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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-16-0010

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages

TN: MT-16-0010  Approval Date: 10/06/2016  Effective Date: 07/01/2016
October 6, 2016

Mary Dalton, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Re: SPA MT-16-0010

Dear Ms. Dalton:

We have approved the State Plan Amendment (SPA) submitted under transmittal number MT-16-0010. The amendment revises the list of qualified providers authorized to provide group nutrition and lifestyle counseling to prevent diabetes and cardiovascular disease.

The amendment includes the Department’s selection of the option under Section 4106(b) of the Affordable Care Act, covering specified preventive services without cost sharing. As a result, the Department is eligible to receive an additional 1% federal match on these services.

Please be informed that this State Plan Amendment was approved October 6, 2016, with an effective date of July 1, 2016. We are enclosing the summary page and the amended plan page(s).

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children’s Health Operations

cc: Richard Opper, Department Director
    Duane Preshinger
    Jo Thompson
    Mary Eve Kulawik
HEALTH DEPARTMENT

23. prevent

The without administration, Montana

ATTACHMENT:

17.

13.

14.

12.

8.

15.

Section 6.

FOR:

PAGE TYPE I.

REMARKS:

DATE

GOVERNOR' SIGNATURE

SUBJECT

amendment

DATE

SUBMITTED:

APPROVED—

ONE COPY ATTACHED

PLAN APPROVED

16. RETURN TO:

Montana Department of Public Health and Human Services
Mary E. Dalton
Attn: Mary Eve Kulawik
PO Box 4210
Helena MT 59620

15. DATE SUBMITTED: 7-25-16

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: July 25, 2016

18. DATE APPROVED: October 6, 2016

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016

21. TYPED NAME: Richard C. Allen

23. REMARKS:

The amendment will revise the list of providers to include: physicians, mid-level practitioners, registered dieticians who also hold a current Montana license as a nutritionist, hospitals, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services/Tribal Health Services, Groups/Clinics, and Public Health Departments. Their services are limited to group nutrition and lifestyle counseling to prevent diabetes and cardiovascular disease.

The Department is also submitting a new page within the Preventive Services State Plan that attests the Department covers and reimburses all preventive services assigned a grade A or B by the United States Preventive Services Task Force, and all approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices, without cost sharing. By covering these services without cost sharing, the Department is eligible to receive an additional 1% federal match on these services.

11. GOVERNOR’S REVIEW (Check One):

GOVERNOR’S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Single Agency Director Review

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Mary E. Dalton

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

1607-02-02

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

16-0010

2. STATE

Montana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

07/01/2016

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN
AMENDMENT TO BE CONSIDERED AS NEW PLAN
AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 4106(b) of the Affordable Care ACT
2713 of the Public Health Service Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 (3 months): $29,048
b. FFY 2017 (12 months): $37,783
c. FFY 2018 (12 months): $49,049

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1A, Service 13.c, Preventive Services, Pages 4-5 of 5

Supplement to Attachment 3.1B, Service 13.c, Preventive Services, Pages 4-5 of 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1A, Service 13.c, Preventive Services, Page 4 of 4

Supplement to Attachment 3.1B, Service 13.c, Preventive Services, Page 4 of 4

10. SUBJECT OF AMENDMENT:

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21. TYPED NAME: Richard C. Allen

22. TITLE: ARA, DMCHO

23. REMARKS:
MONTANA

A. Services to prevent diabetes and cardiovascular disease provided to people at risk for diabetes and cardiovascular disease:

1) Group nutrition and lifestyle counseling to prevent diabetes and cardiovascular disease.

B. Providers:

1) Physicians,
2) Mid-level practitioners,
3) Registered dieticians who also hold a current Montana license as a nutritionist,
4) Hospitals,
5) Federally Qualified Health Centers,
6) Rural Health Clinics,
7) Indian Health Services/Tribal Health Services,
8) Groups/Clinics, or
9) Public Health Departments.

Listed providers will provide services for reimbursement under the diabetes and cardiovascular disease prevention program. Services for the program are limited to group nutrition and lifestyle counseling to prevent diabetes and cardiovascular disease.

A physician or mid-level practitioner supervising a provider not listed above, such as a licensed nurse, a certified diabetes educator, or an exercise physiologist, will assume professional liability for care of the patient and will furnish services within his or her scope of practice under State law.
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MONTANA

In accordance with section 4106 of the Affordable Care Act, Montana Medicaid covers and reimburses all preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) and all approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP), without cost sharing.

The State assures the availability of documentation to support the claiming of federal reimbursement for these preventive services. The State assures that the benefit package will be updated as changes are made to the USPSTF and ACIP recommendations, and the State will update the coverage and billing codes to comply with these revisions.

TN 16-0010
Supersedes NEW

Approved 10/6/2016
Effective 7/1/16
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