



Status or Approval Date	Effective Date	Medicaid State Plan Amendment Purpose
Submitted	7/1/2019	<p>Other Rehabilitative Services, coverage and reimbursement to add Peer Supports and a bundled tiered rate for Intensive Outpatient Treatment (IOP):</p> <p>Substance Use Disorder (SUD) Intensive Outpatient Treatment has historically been delivered and billed as fee-for-service. The department is proposing a comprehensive service bundle with two tiered per-diem rates for adults, one tier for adolescent IOP services, and an enhancement add-on for mental health integration as a billing option for State-approved SUD providers.</p> <p>Peer support services may now be reimbursed via Medicaid when provided in Mental Health Centers, Substance Use Clinics, Federal Qualified Health Centers (FQHC), and Rural Health Clinics (RHC) at a fee schedule rate of \$13.48 per 15-minute unit.</p>
Submitted	7/1/2019	Pharmacy, reimbursement 4.19B: rate increase; increase the maximum dispensing fee for each tier, to accurately reflect the provider rate increases, in accordance with the funding appropriated by the Montana Legislature.
Submitted	7/1/2019	Nursing Facilities reimbursement: 0.91% rate increase
Submitted	7/1/2019	Personal Care Services, updates the distribution for add-on payments for Direct Care Wages and Health Insurance for Health Care Workers and updates the fee schedule.
Submitted	7/1/2019	Community First Choice, updates the distribution for add-on payments for Direct Care Wages and Health Insurance for Health Care Workers and updates the fee schedule.
Submitted	7/1/2019	Psychiatric Residential Treatment Facilities (PRTF), reimbursement rate change: In accordance with the funding appropriated by the Montana Legislature during the 2019 regular session, the department is proposing a .91% provider rate increase for PRTF Services.
Submitted	7/1/2019	Early, Periodic Screening, Diagnostic and Treatment (EPSDT) Services, reimbursement rate change: In accordance with the funding appropriated by the Montana Legislature during the 2019 regular session, the department is proposing a .91% provider rate increase for EPSDT Services. The department is also incorporating the July 1, 2019 Resource-Based Relative Value Scale changes.
Submitted	7/1/2019	Autism reimbursement: added to the Introduction Page.



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Submitted	7/1/2019	Introduction Page. The department updated fee schedules to incorporate the annual resource-based relative value scale reimbursement updates. In addition, Service 26 - Personal Care Services and 1915K Community First Choice Services were added.
4/29/2019	4/1/2019	Recovery Audit Contractor exception: Section 4.5-The State of Montana requested a two year exception for the requirement to have a Recovery Audit Contractor.
5/6/2019	1/1/2019	Attachment 2.2-A, pertaining to Breast & Cervical Cancer Program services, to update language from “women” to “individuals.”
3/26/2019	1/1/2019	Autism, replaces the temporary Current Procedural Terminology (CPT) Category III codes for Adaptive Behavior Assessment and Treatment with the new permanent CPT Category I codes. The fee schedule is updated to reflect the new codes and unit limits. Due to adjustments in the units, the Relative Value Units are also adjusted.
12/27/2018	1/1/2019	Outpatient Hospital, restores the 10% reduction to the outpatient conversion factor. The conversion factor was set to \$56.64.
3/5/2019	1/1/2019	Inpatient Hospital, restores the previously approved 5% inpatient hospital base rate reduction. The general hospital base rate was set to \$5,425.
11/26/2018	1/1/2019	Introduction Page, updates fee schedules to incorporate new Medicare fees and added, deleted or changed procedures codes to align with Medicare.
11/28/2018	10/1/2018	21st Century Cures Act, confirms Montana is in compliance with the requirements of Section 5006 requiring publication of the fee-for-service Provider Directory.
5/23/2019	7/1/2013	Clinic & Other Rehabilitative Services: coverage & reimbursement. The original purpose of this SPA was to incorporate a provider rate increase. During the course of CMS’s SPA review, it was determined the proposed rate resulted in an Upper Payment Limit overage. The final approved dialysis rate was set at the UPL rate.