

BEFORE THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES OF THE STATE OF MONTANA

In the matter of the amendment of ) NOTICE OF PUBLIC HEARING ON  
ARM 37.27.902, 37.85.104, ) PROPOSED AMENDMENT  
37.85.105, 37.85.106, and 37.88.101 )  
pertaining to Medicaid rates, services, )  
and benefit changes )

TO: All Concerned Persons

1. On June 13, 2019, at 10:30 a.m., the Department of Public Health and Human Services will hold a public hearing in the auditorium of the Department of Public Health and Human Services Building, 111 North Sanders, Helena, Montana, to consider the proposed amendment of the above-stated rules.

2. The Department of Public Health and Human Services will make reasonable accommodations for persons with disabilities who wish to participate in this rulemaking process or need an alternative accessible format of this notice. If you require an accommodation, contact the Department of Public Health and Human Services no later than 5:00 p.m. on June 4, 2019, to advise us of the nature of the accommodation that you need. Please contact Gwen Knight, Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena, Montana, 59604-4210; telephone (406) 444-4094; fax (406) 444-9744; or e-mail dphhslegal@mt.gov.

3. The rules as proposed to be amended provide as follows, new matter underlined, deleted matter interlined:

37.27.902 MEDICAID SUBSTANCE USE DISORDER SERVICES:  
AUTHORIZATION REQUIREMENTS (1) remains the same.

(2) In addition to the requirements contained in rule, the department has developed and published the Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health (~~Manual~~), dated ~~January 1, 2019~~ July 1, 2019, which it adopts and incorporates by reference. The purpose of the ~~Manual~~ manual is to implement requirements for utilization management and services. A copy of the ~~Manual~~ manual may be obtained from the department by a request in writing to the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 100 N. Park, Ste. 300, P.O. Box 202905, Helena, MT 59620-2905 or at <http://dphhs.mt.gov/amdd.aspx>.

(3) In addition to the requirements contained in rule, the department has developed and published the Addictive and Mental Disorders Division Non-Medicaid Services Provider Manual for Substance Use Disorder, dated July 1, 2019, which it adopts and incorporates by reference. The purpose of the manual is to implement requirements for utilization management and services. A copy of the manual may

be obtained from the department by a request in writing to the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 100 N. Park, Ste. 300, P.O. Box 202905, Helena MT 59620-2905 or at <http://dphhs.mt.gov/amdd.aspx>.

AUTH: 53-6-113, 53-24-204, 53-24-208, 53-24-209, MCA  
IMP: 53-6-101, 53-24-204, 53-24-208, 53-24-209, MCA

37.85.104 EFFECTIVE DATES OF PROVIDER FEE SCHEDULES FOR MONTANA NON-MEDICAID SERVICES (1) The department adopts and incorporates by reference the fee schedule for the following programs within the Addictive and Mental Disorders Division and Developmental Services Division on the dates stated:

(a) Mental health services plan provider reimbursement, as provided in ARM 37.89.125, is effective ~~January 1, 2019~~ July 1, 2019.

(b) 72-hour presumptive eligibility for adult-crisis stabilization services reimbursement for services, as provided in ARM 37.89.523, is effective ~~January 1, 2019~~ July 1, 2019.

(c) Youth respite care services, as provided in ARM 37.87.2203, is effective ~~July 1, 2018, as revised and labeled "version 2 July 1, 2019."~~

(d) Substance use disorder services provider reimbursement, as provided in ARM 37.27.905, is effective ~~January 1, 2019~~ July 1, 2019.

(2) Copies of the department's current fee schedules are posted at <http://medicaidprovider.mt.gov> and may be obtained from the Department of Public Health and Human Services, Health Resources Division, 1401 East Lockett, P.O. Box 202951, Helena, MT 59620-2951. A description of the method for setting the reimbursement rate and the administrative rules applicable to the covered services are published in the chapter or subchapter of this title regarding that service.

AUTH: 53-2-201, 53-6-101, 53-6-113, MCA  
IMP: 53-2-201, 53-6-101, 53-6-111, MCA

37.85.105 EFFECTIVE DATES, CONVERSION FACTORS, POLICY ADJUSTERS, AND COST-TO-CHARGE RATIOS OF MONTANA MEDICAID PROVIDER FEE SCHEDULES (1) remains the same.

(2) The department adopts and incorporates by reference, the resource-based relative value scale (RBRVS) reimbursement methodology for specific providers as described in ARM 37.85.212 on the date stated.

(a) Resource-based relative value scale (RBRVS) means the version of the Medicare resource-based relative value scale contained in the Medicare Physician Fee Schedule adopted by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services and published at ~~82 83~~ 82 83 Federal Register ~~249 226~~, page ~~52976 59452~~ 52976 59452 (~~November 15, 2017~~) (November 23, 2018) effective ~~January 1, 2018~~ January 1, 2019 which is adopted and incorporated by reference. Procedure codes created after January 1, 2019 will be reimbursed using the relative value units from the Medicare Physician Fee Schedule in place at the time the procedure code is created.

(b) Fee schedules are effective ~~January 1, 2019~~ July 1, 2019. The conversion factor for physician services is ~~\$37.84~~ \$36.46. The conversion factor for allied services is ~~\$23.67~~ \$23.97. The conversion factor for mental health services is ~~\$23.92~~ \$23.36. The conversion factor for anesthesia services is ~~\$29.76~~ \$30.03.

(c) through (g) remain the same.

(h) Optometric services receive a ~~447%~~ 117.26% provider rate of reimbursement adjustment to the reimbursement for allied services as provided in ARM 37.85.105(2) effective ~~July 1, 2018~~ July 1, 2019.

(i) remains the same

(j) Reimbursement for vaccines described at ARM 37.86.105 is effective ~~January 1, 2019~~ July 1, 2019.

(3) The department adopts and incorporates by reference, the fee schedule for the following programs within the Health Resources Division, on the date stated.

(a) remains the same.

(b) The outpatient hospital services fee schedules including:

(i) the Outpatient Prospective Payment System (OPPS) fee schedule as published by the Centers for Medicare and Medicaid Services (CMS) in Federal Register Volume ~~82~~ 83, Issue ~~247~~ 225, page ~~52356~~ 58818 (~~November 13, 2017~~) (November 21, 2018), effective ~~January 1, 2018~~ January 1, 2019, and reviewed annually by CMS as required in 42 CFR 419.5 (2016) as updated by the department;

(ii) through (iv) remain the same.

(c) The hearing aid services fee schedule, as provided in ARM 37.86.805, is effective ~~January 1, 2019~~ July 1, 2019.

(d) The Relative Values for Dentists, as provided in ARM 37.86.1004, reference published in ~~2018~~ 2019 resulting in a dental conversion factor of ~~\$33.78~~ \$34.09 and fee schedule is effective ~~July 1, 2018~~ July 1, 2019.

(e) remains the same.

(f) The outpatient drugs reimbursement, dispensing fees range as provided in ARM 37.86.1105(3)(b) is effective ~~July 1, 2018~~ July 1, 2019, as revised and labeled "version 2":

(i) for pharmacies with prescription volume between 0 and 39,999, the minimum is ~~\$2.75~~ \$2.32 and the maximum is ~~\$15.00~~ \$15.14;

(ii) for pharmacies with prescription volume between 40,000 and 69,999, the minimum is ~~\$2.75~~ \$2.32 and the maximum is ~~\$13.00~~ \$13.12; or

(iii) for pharmacies with prescription volume greater than 70,000, the minimum is ~~\$2.75~~ \$2.32 and the maximum is ~~\$14.00~~ \$11.10.

(g) remains the same.

(h) The outpatient drugs reimbursement, vaccine administration fee as provided in ARM 37.86.1105(6), will be \$21.32 for the first vaccine and ~~\$13.83~~ \$14.08 for each additional administered vaccine, effective ~~July 1, 2018~~ July 1, 2019, as revised and labeled "version 2."

(i) remains the same.

(j) The home infusion therapy services fee schedule, as provided in ARM 37.86.1506, is effective ~~July 1, 2018~~ July 1, 2019.

(k) Montana Medicaid adopts and incorporates by reference the Region D Supplier Manual, effective ~~January 1, 2019~~ July 1, 2019, which outlines the Medicare coverage criteria for Medicare covered durable medical equipment, local

coverage determinations (LCDs), and national coverage determinations (NCDs) as provided in ARM 37.86.1802, effective ~~January 1, 2019~~ July 1, 2019. The prosthetic devices, durable medical equipment, and medical supplies fee schedule, as provided in ARM 37.86.1807, is effective ~~January 1, 2019~~ July 1, 2019.

~~(l) Fee schedules for nutrition, children's special health services, and orientation and mobility specialists, The nutrition services fee schedule, as provided in ARM 37.86.2207(2), are is effective July 1, 2018 July 1, 2019, as revised and labeled "version 2."~~

~~(m) The children's special health services fee schedule, as provided in ARM 37.86.2207(2), is effective July 1, 2019.~~

~~(n) The orientation and mobility specialist services fee schedule, as provided in ARM 37.86.2207(2), is effective July 1, 2019.~~

~~(m) (o) The transportation and per diem fee schedule, as provided in ARM 37.86.2405, is effective July 1, 2016 July 1, 2019.~~

~~(n) (p) The specialized nonemergency medical transportation fee schedule, as provided in ARM 37.86.2505, is effective July 1, 2016 July 1, 2019.~~

~~(o) (q) The ambulance services fee schedule, as provided in ARM 37.86.2605, is effective July 1, 2018 July 1, 2019, as revised and labeled "version 2."~~

~~(p) (r) The audiology fee schedule, as provided in ARM 37.86.705, is effective July 1, 2018 July 1, 2019, as revised and labeled "version 2."~~

~~(q) (s) The therapy fee schedules for occupational therapists, physical therapists, and speech therapists, as provided in ARM 37.86.610, are effective July 1, 2018 July 1, 2019, as revised and labeled "version 2."~~

~~(r) (t) The optometric services fee schedule, as provided in ARM 37.86.2005, is effective January 1, 2019 July 1, 2019.~~

~~(s) (u) The chiropractic fee schedule, as provided in ARM 37.85.212(2), is effective July 1, 2018 July 1, 2019, as revised and labeled "version 2."~~

~~(t) (v) The lab and imaging services fee schedule, as provided in ARM 37.85.212(2) and 37.86.3007, is effective January 1, 2019 July 1, 2019.~~

~~(u) The Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) fee schedule for add-on services, as provided in ARM 37.86.4412, is effective January 1, 2018.~~

~~(v) (w) The Targeted Case Management for Children and Youth with Special Health Care Needs fee schedule, as provided in ARM 37.86.3910, is effective July 1, 2018 July 1, 2019.~~

~~(w) (x) The Targeted Case Management for High Risk Pregnant Women fee schedule, as provided in ARM 37.86.3415, is effective July 1, 2018 July 1, 2019.~~

~~(x) (y) The mobile imaging services fee schedule, as provided in ARM 37.85.212, is effective January 1, 2019 July 1, 2019.~~

~~(y) (z) The licensed direct-entry midwife fee schedule, as provided in ARM 37.85.212, is effective January 1, 2019 July 1, 2019.~~

~~(z) (aa) The private duty nursing services fee schedule, as provided in ARM 37.86.2207(2), is effective July 1, 2018 July 1, 2019.~~

(4) The department adopts and incorporates by reference, the fee schedule for the following programs within the Senior and Long Term Care Division on the date stated:

(a) ~~Home~~ The home and community-based services for elderly and physically disabled persons fee schedule, as provided in ARM 37.40.1421, is effective ~~July 15, 2018~~ July 1, 2019.

(b) ~~Home~~ The home health services fee schedule, as provided in ARM 37.40.705, is effective ~~July 1, 2018~~ July 1, 2019.

(c) ~~Personal~~ The personal assistance services fee schedule, as provided in ARM 37.40.1135, is effective ~~July 1, 2018~~ July 1, 2019.

(d) ~~Self-directed~~ The self-directed personal assistance services fee schedule, as provided in ARM 37.40.1135, is effective ~~July 1, 2018~~ July 1, 2019.

(e) ~~Community~~ The community first choice services fee schedule, as provided in ARM 37.40.1026, is effective ~~July 1, 2018~~ July 1, 2019.

(5) The department adopts and incorporates by reference, the fee schedule for the following programs within the Addictive and Mental Disorders Division on the date stated:

(a) ~~Mental~~ The mental health center services for adults ~~reimbursement fee schedule~~, as provided in ARM 37.88.907, is effective ~~January 1, 2019~~ July 1, 2019.

(b) ~~Home~~ The home and community-based services for adults with severe disabling mental illness, ~~reimbursement fee schedule~~, as provided in ARM 37.90.408, is effective ~~January 1, 2019~~ July 1, 2019.

(c) ~~Substance~~ The substance use disorder services ~~reimbursement fee schedule~~, as provided in ARM 37.27.905, is effective ~~January 1, 2019~~ July 1, 2019.

(6) ~~The department adopts and incorporates by reference, the fee schedule for the following program within the Developmental Services Division, on the date stated: Mental health services for youth, as provided in ARM 37.87.901 in the Medicaid Youth Mental Health Services Fee Schedule, is effective July 1, 2018, as revised and labeled "version 2." For the Developmental Services Division, the department adopts and incorporates by reference the Medicaid youth mental health services fee schedule, as provided in ARM 37.87.901, effective July 1, 2019.~~

AUTH: 53-2-201, 53-6-113, MCA

IMP: 53-2-201, 53-6-101, 53-6-125, 53-6-402, MCA

37.85.106 MEDICAID BEHAVIORAL HEALTH TARGETED CASE MANAGEMENT FEE SCHEDULE (1) remains the same.

(2) The Department of Public Health and Human Services (department) adopts and incorporates by reference the Medicaid Behavioral Health Targeted Case Management Fee Schedule effective ~~July 1, 2018~~ July 1, 2019, for the following programs within the Developmental Services Division (DSD) and the Addictive and Mental Disorders Division (AMDD):

(a) through (3) remain the same.

AUTH: 53-2-201, 53-6-113, MCA

IMP: 53-2-201, 53-6-101, 53-6-113, MCA

37.88.101 MEDICAID MENTAL HEALTH SERVICES FOR ADULTS, AUTHORIZATION REQUIREMENTS (1) remains the same.

(2) In addition to the requirements contained in rule, the department has developed and published the Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health (Manual), dated ~~January 1, 2019~~ July 1, 2019, which it adopts and incorporates by reference. The purpose of the Manual is to implement requirements for utilization management and services. A copy of the Manual may be obtained from the department by a request in writing to the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 100 N. Park, Ste. 300, P.O. Box 202905, Helena, MT 59620-2905 or at <http://dphhs.mt.gov/amdd.aspx>.

(3) through (5) remain the same.

AUTH: 53-2-201, 53-6-113, MCA

IMP: 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA

#### 4. STATEMENT OF REASONABLE NECESSITY

The Department of Public Health and Human Services (department) administers the Montana Medicaid and non-Medicaid program to provide health care to Montana's qualified low income, elderly, and disabled residents. Medicaid is a public assistance program paid for with state and federal funds appropriated to pay health care providers for the covered medical services they deliver to Medicaid members.

Pursuant to 53-6-113, MCA, the Montana Legislature has directed the department to use the administrative rulemaking process to establish rates of reimbursement for covered medical services provided to Medicaid members by Medicaid providers. The department proposes these rule amendments to establish Medicaid rates of reimbursement which are necessary for the purposes of the Medicaid program. In establishing the proposed rates of reimbursement, the department considered as primary factors the availability of funds appropriated by the Montana Legislature during the 2019 regular legislative session, the actual cost of services, and the availability of services.

The purpose of the proposed rule amendments is to:

(1) incorporate legislatively appropriated provider rate increases with an effective date of July 1, 2019;

(2) incorporate the July 1, 2019 RBRVS changes;

(3) incorporate the physician conversion factor as provided in 53-6-125, MCA;

(4) update federal register references for the RBRVS and Outpatient Prospective Payment System payment methodologies;

(5) revise fee schedules;

(6) update the Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health;

(7) adopt and incorporate the Addictive and Mental Disorders Division Non-Medicaid Services Provider Manual for Substance Use Disorder;

(8) add a bundled rate for Intensive Outpatient Services for substance use disorder; and

- (9) incorporate coverage and reimbursement for peer support services.

### Proposed Provide Rate Increases

The department is proposing provider rate increases effective July 1, 2019, for most Medicaid and non-Medicaid provider rates in accordance with the funding appropriated by the Montana Legislature during the 2019 regular session.

### Resource-Based Relative Value Scale (RBRVS) Methodology Summary

Many Montana Medicaid providers' rates are established through the resource-based relative value scale (RBRVS) model. RBRVS is used nationwide by most health plans, including Medicare and Medicaid to establish Montana Medicaid provider rates. The relative value unit component of RBRVS is revised annually by the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA). The department annually proposes to amend ARM 37.85.105 to adopt the recently revised relative value units (RVUs). An RVU is a numerical value assigned to each medical procedure. RVUs are based on physician work, practice expense, and malpractice insurance expenses, and RVUs express the relative effort and expense expended to provide one procedure compared with another. In the annual revision of RVUs, CMS and the AMA add RVUs for new procedures and increase or decrease RVUs of particular procedures, depending on the factors listed above.

"Conversion factor" (CF) means a dollar amount by which RVUs are multiplied to establish the RBRVS fee for a service. The department annually calculates conversion factors for allied services, mental health services, and anesthesia services taking into consideration the changes to RVUs and appropriations.

For allied health services, mental health services, and anesthesia services, the conversion factors were calculated to provide for an overall increase of 0.91%.

### Physician Conversion Factor

Section 53-6-125, MCA, directs the department to increase the physician's conversion factor by the consumer price index (CPI) for medical care for the previous year.

In addition, during the 2019 legislative session, HB 669 amended 53-6-125, MCA, to reduce general fund expenditures for physicians by \$200,000 to fund the Health Information Exchange. After applying the federal match, the total expenditure reduction calculated to \$570,288.

The changes to the physician conversion factor were completed in two steps, first applying the annual CPI increase and then applying the reduction associated with HB 669. These changes were applied multiplicatively resulting in a proposed physician conversion factor of \$38.46.

### Fee Schedules

The department is proposing the adoption of fee schedules effective July 1, 2019. The fee schedules incorporate changes due to the proposed amendments within this rulemaking.

In addition, the department proposes to eliminate the reference to the FQHC and RHC fee schedule. The rates and codes referenced in this fee schedule are on the outpatient fee schedule which is the fee schedule FQHC and RHC providers utilize for covered services. Any guidance about billing and reimbursement will be issued within the FQHC and RHC provider manuals and/or FQHC provider notices.

The department has posted proposed fee schedules at <http://medicaidprovider.mt.gov/proposedfs>.

### Federal Register Updates

Effective July 1, 2019, the department is proposing to adopt the January 1, 2019, federal register references for the RBRVS and Outpatient Prospective Payment System reimbursement methodologies. These updates are necessary to incorporate the most up to date changes made by CMS.

### Provider Manual Updates

ARM 37.27.902 and 37.88.101 refer to provider manuals. These manuals are proposed to be updated.

The Addictive and Mental Disorders Division, Non-Medicaid Services Provider Manual for Substance Use Disorder (SUD), effective July 1, 2019, is proposed to be incorporated into the Administrative Rules of Montana. The Addictive and Mental Disorders Division (AMDD) Non-Medicaid Services Provider Manual provides information and service requirements pertaining to non-Medicaid substance use disorder (SUD) treatment services. This manual replaces the Chemical Dependency Provider Manual.

The Addictive and Mental Disorders Division, Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health, effective July 1, 2019 is proposed to be amended to include: 1) peer support services, a new benefit for Medicaid members; 2) new bundled rate reimbursement options for providers delivering substance use disorder intensive outpatient services; 3) allowing additional provider types to conduct substance use disorder assessments and referral to appropriate acute services; and 4) general housekeeping items to provide additional clarity to providers.

Proposed manuals can be found at <https://dphhs.mt.gov/amdd>.



Bundled Rate for Substance Use Disorder (SUD) Intensive Outpatient (IOP) Services

SUD IOP 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.

This reimbursement model will promote individualized treatment planning consistent with ASAM 2.1 criteria while increasing statewide access of intensive outpatient services.

Peer Support

The department is proposing to add a new adult member benefit of peer support for substance use disorder and mental health. Peer support services are proposed to be provided in Mental Health Centers, Substance Use Clinics, Federal Qualified Health Centers (FQHC), and Rural Health Clinics (RHC) at a fee schedule rate.

Fiscal Impact - Provider Rate Changes

The following table displays the number of providers affected by the amended fee schedules, effective dates, conversion factors, and rates for services, as well as the fiscal impact to State general funds for SFY 2020 based on the proposed amendments.

Provider Type	SFY 2020 Budget Impact (State Funds)	SFY 2020 Budget Impact (Federal Funds)	SFY 2020 Budget Impact (Total Funds)	Active Provider Count
Ambulance	21,522	80,396	101,918	186
Audiologist	560	1,427	1,987	68
Targeted Case Management - Mental Health	21,070	51,804	72,874	21
Targeted Case Management - High Risk Pregnancy	339	765	1,104	18
Chemical Dependency Clinic	15,141	92,849	107,990	41
Chiropractor	87	161	248	101
Community First Choice	129,722	249,171	378,893	66

Dental	168,207	440,371	608,578	617
Denturist	5,804	20,827	26,631	17
EPSDT	2,146	5,010	7,156	130
Hearing Aid Dispenser	770	1,975	2,745	35
Home & Comm Based Services	160,255	297,040	457,295	516
Home Health Agency	1,891	6,165	8,056	26

Home Infusion Therapy	5,403	14,905	20,308	16
Independent Diagnostic Testing Facility	2,509	10,577	13,086	20
Laboratory	31,060	156,161	187,221	174
Licensed Professional Counselor	50,406	164,482	214,888	849
Mental Health Center	79,600	186,638	266,238	28
Mid-Level Practitioner	193,193	689,534	882,727	4,557
Mobile Imaging Service	170	407	577	1
Nutritionist/ Dietitian	262	653	915	96
Occupational Therapist	9,994	20,798	30,792	228
Optician	295	952	1,247	28
Optometrist	15,850	49,130	64,980	221
Orientation and Mobility	614	1,148	1,762	3
Personal Care Agency	2,150	4,666	6,816	66
Personal Care Agency Adult MH	101	241	342	66

Pharmacy Dispensing Fee	55,740	248,641	304,381	435
Physical Therapist	14,911	62,318	77,229	797
Physician	616,246	2,246,049	2,862,295	11,505
Podiatrist	9,081	36,876	45,957	66
Private Duty Nursing Agency	12,794	23,688	36,482	4
PRTF	58,813	131,444	190,257	26
Psychiatrist	26,597	80,537	107,134	225
Psychologist	3,264	11,675	14,939	276
Social Worker	29,072	97,656	126,728	657
Speech Pathologist	10,397	20,330	30,727	220
Personal and Commercial Transportation	620	1,459	2,079	13
Therapeutic Family Care	12,921	29,498	42,419	14
Therapeutic Group Home	61,739	126,180	187,919	20
Transportation Non-Emergency	55	103	158	7

Fiscal Impact - Peer Support Services

The following table displays the number of providers affected by implementing a reimbursement avenue for peer support services, as well as the fiscal impact to State general Funds for SFY 2020 based on the proposed amendments.

Provider Type	SFY 2020 Budget Impact (State Funds)	SFY 2020 Budget Impact (Federal Funds)	SFY 2020 Budget Impact (Total Funds)	Active Provider Count
Mental Health Centers	\$1,005,296	\$3,476,310	\$4,481,606	28

Federally Qualified Health Centers	\$260,207	\$899,797	\$1,160,004	59
Rural Health Clinics	\$107,584	\$372,024	\$479,608	66
Substance Use Clinics	\$680,121	\$2,368,398	\$3,048,519	41

Fiscal Impact - Intensive Outpatient Services

The following table displays the number of providers affected by the changes to intensive outpatient services reimbursement, as well as the fiscal impact to State general funds for SFY 2020 based on the proposed amendments.

Provider Type	SFY 2020 Budget Impact (State Funds)	SFY 2020 Budget Impact (Federal Funds)	SFY 2020 Budget Impact (Total Funds)	Active Provider Count
Substance Use Clinics	\$440,848.76	\$3,263,887.23	\$3,704,736	41

The proposed rulemaking is estimated to affect 271,283 Medicaid members. In addition, it will impact the provider populations outlined in the tables above.

The department intends to apply the proposed rule amendments retroactively to July 1, 2019.

5. Concerned persons may submit their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to: Gwen Knight, Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena, Montana, 59604-4210; fax (406) 444-9744; or e-mail [dphhslegal@mt.gov](mailto:dphhslegal@mt.gov), and must be received no later than 5:00 p.m., June 21, 2019.

6. The Office of Legal Affairs, Department of Public Health and Human Services, has been designated to preside over and conduct this hearing.

7. The department maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this agency. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies for which program the person wishes to receive notices. Notices will be sent by e-mail unless a mailing preference is noted in the request. Such written request may be mailed or delivered to the contact person in 5 above or may be made by completing a request form at any rules hearing held by the department.

8. The bill sponsor contact requirements of 2-4-302, MCA, apply and have been fulfilled. The primary bill sponsors were notified by electronic mail on May 14, 2019.

9. With regard to the requirements of 2-4-111, MCA, the department has determined that the amendment of the above-referenced rules may significantly and directly impact small businesses that are state-approved substance use disorder providers and mental health centers.

10. Section 53-6-196, MCA, requires that the department, when adopting by rule proposed changes in the delivery of services funded with Medicaid monies, make a determination of whether the principal reasons and rationale for the rule can be assessed by performance-based measures and, if the requirement is applicable, the method of such measurement. The statute provides that the requirement is not applicable if the rule is for the implementation of rate increases or of federal law.

The department has determined that the proposed program changes presented in this notice are not appropriate for performance-based measurement and therefore are not subject to the performance-based measures requirement of 53-6-196, MCA.

/s/ Brenda K. Elias  
Brenda K. Elias  
Rule Reviewer

/s/ Sheila Hogan  
Sheila Hogan, Director  
Public Health and Human Services

Certified to the Secretary of State May 14, 2019.