



## Medicaid Tribal Consultation Medicaid State Plan and Waiver Updates December 5, 2017

On August 29, 2017, the Department of Public Health and Human Services sent a Medicaid consultation letter to Tribal Governments, Urban Indian Centers and Indian Health Service (attached for your reference).

**This handout provides you some updates to that letter.**

The proposed submission and effective dates outlined in the August 2017 letter did not transpire as planned and, as a result, on or before December 31, 2017, the department will be submitting the Montana Medicaid State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS) for approval, effective January 1, 2018.

The **purpose of the state plan amendments is to update provider rates and fee schedules** to take into consideration the 65th Montana Legislature's appropriations adopted in House Bill 2; and reflect the mandated legislative reductions required to comply with Senate Bill (SB) 261 when certain state revenue levels are not achieved. Due to the decreases in revenues, DPHHS initially planned to implement a 3.47% across the board decrease in payment for certain Medicaid services and supplies.

Because of decisions made during the subsequent November 2017 Montana Legislative Special Session, the **rate reduction has been decreased from 3.47% to 2.99%**.

In addition to the 2.99% rate reduction, Senate Bill 261 contains an additional rate reduction to Medicaid Targeted Case Management (TCM) State Plan services for adult and children's mental health.

There are exceptions to the across the board reductions and we have again listed those below for your information and use:

### **Medicaid Services Not Receiving a Rate Reduction**

A. The following Medicaid services will not receive the 2.99% rate reduction effective January 1, 2018:

- Federally Qualified Health Center services;
- Rural Health Clinic services;
- Indian Health Service and Tribal 638 Facility services **that receive reimbursement at the all-inclusive rate or a negotiated rate;**
- Eyeglasses;

- Average Acquisition Cost for pharmacy ingredient;
  - Member Transportation;
  - Integrated Co-occurring Treatment;
  - Early and Periodic Screening, Diagnostic and Treatment Rehabilitation Direct Care Wage reimbursement;
  - Primary Care Case Management (Comprehensive Primary Care Plus and Patient Centered Medical Home; and
  - The 1915(b) Passport to Health Waiver (Team Care and Health Improvement Program).
- B. The following 1915(c) Home and Community Based Waiver Services will not receive the 2.99% rate reduction:
- Developmental Disabilities Comprehensive Waiver: Community Transition Services; Live-in Caregiver, Adaptive Equipment; Individual Goods and Services; Personal Emergency Response Systems; and Environmental Modifications.
  - Children's Autism Waiver: Individual Goods and Services, and Environmental Modifications.
  - Big Sky Waiver: Pain and Symptom Management-Hyperbaric Oxygen Therapy; Respite–Nursing Facility; and Non-Medical Transportation in the self-directed Big Sky Bonanza component of the waiver will be reduced from \$0.51 per mile to \$0.32 per mile.
  - Severe Disabling Mental Illness Waiver: Pain and Symptom Management-Hyperbaric Oxygen Therapy; and Respite–Nursing Facility.