



November 29, 2017 Montana Health Coalition Meeting Medicaid State Plan & Waiver Updates

On or before December 31, 2017, the Montana Department of Public Health and Human Services (DPHHS) will be submitting the following Montana Medicaid State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS) for approval, effective January 1, 2018.

Medicaid Rate Reductions

The purpose of the 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 is implementing a 2.99% across the board decrease in payment for certain Medicaid services and supplies.

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

Medicaid Services Not Receiving a Rate Reduction

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 services).



The following 1915(c) Home and Community Based waiver services will not receive the 2.99% rate/allocation 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; and Respite–Nursing Facility. 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.

Other Medicaid SPA Updates effective January 1, 2018:

- Medication Assisted Treatment will be added to the Other Rehabilitative Services State Plan.
- References to the Third Party Administrator will be removed from the following State Plans:
 - Patient Centered Medical Homes;
 - Comprehensive Primary Care Plus;
 - Medicaid Aligned Alternative Benefit Plan; and
 - Cost Share.
- The Preventive Services State Plan will clarify that only the providers listed in the State Plan may be reimbursed under the diabetes and cardiovascular disease prevention program; and that programs must be supervised by a physician, mid-level practitioner, registered dietician, or certified diabetes educator.

Other Medicaid State Plan and Waiver News:

- * CMS has approved the EPSDT SPA dating from 2013. *
- * CMS is reviewing, and hopefully soon approving, the Other Rehabilitative SPA from 2013. *
- * Recent new CMS guidance has been released about the federal agency reviewing and approving SPAs, 1915(c) Home & Community Based Services Waivers, and 1115 Demonstration Waivers in a more timely manner. *