

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

In the matter of the amendment of	)	AMENDED NOTICE OF PUBLIC
ARM 37.40.307, 37.40.315,	)	HEARING ON PROPOSED
37.85.104, 37.85.105, 37.85.106,	)	AMENDMENT
37.85.212, 37.86.1006, 37.86.2002,	)	
37.86.2102, 37.86.2105, and	)	
37.86.3607 pertaining to updating	)	
Medicaid and non-Medicaid provider	)	
rates, fee schedules, and effective	)	
dates	)	

TO: All Concerned Persons

1. On May 24, 2024, the Department of Public Health and Human Services published MAR Notice No. 37-1067 pertaining to the public hearing on the proposed amendment of the above-stated rules at page 1132 of the 2024 Montana Administrative Register, Issue Number 10.

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 July 5, 2024, to advise us of the nature of the accommodation that you need. Please contact Bailey Yuhas, Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena MT 59604-4210; telephone (406) 444-4094; fax (406) 444-9744; or e-mail [hhsadminrules@mt.gov](mailto:hhsadminrules@mt.gov).

3. The proposed fee schedule for the Big Sky Waiver home and community-based services for elderly and physically disabled persons referenced in ARM 37.85.105(4)(a) was posted on the department's website with the following incorrect rates:

- T1016 UA - Case Management: \$16.78. The correct proposed rate is \$17.45.
- T2031 UA Level 1 - Assisted Living Facilities and Adult Foster Homes: \$152.51. The correct proposed rate is \$124.75.
- G0238 Respiratory Therapeutic Procedures: \$13.63. The correct proposed rate is \$8.44.

- A0080 UA U9 Transportation Miles: \$0.53. The correct proposed rate is \$0.59.
- T1000 UA U9 Private Duty Nursing: \$17.64. The correct proposed rate is \$19.30.
- T2040 UA U9 Financial Manager: \$188.10. The correct proposed rate is \$181.92.
- T2041UA U9 Independence Advisor: \$188.10. The correct proposed rate is \$181.92.

On June 11, 2024, the department corrected these errors in the proposed fee schedule. The corrected proposed fee schedule is accessible at: <https://medicaidprovider.mt.gov/proposedfs>.

4. 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: Bailey Yuhas, 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 [hhsadminrules@mt.gov](mailto:hhsadminrules@mt.gov), and must be received no later than 5:00 p.m., July 19, 2024.

/s/ Robert Lishman  
Robert Lishman  
Rule Reviewer

/s/ Charles T. Brereton  
Charles T. Brereton, Director  
Department of Public Health and Human  
Services

Certified to the Secretary of State June 11, 2024.