

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

In the matter of the amendment of)
ARM 37.85.104, 37.85.105, and)
37.85.106 pertaining to updating)
Medicaid and non-Medicaid provider)
rates, fee schedules, and effective)
dates)

TO: All Concerned Persons

1. On July 1, 2021, at 10:00 a.m., the Department of Public Health and Human Services will hold a public hearing via remote conferencing to consider the proposed amendment of the above-stated rules. Because there currently exists a state of emergency in Montana due to the public health crisis caused by the coronavirus, there will be no in-person hearing. Interested parties may access the remote conferencing platform in the following ways:

(a) Join Zoom Meeting at: <https://mt-gov.zoom.us/j/87819771558>; meeting ID: 878 1977 1558; or

(b) Dial by telephone +1 646 558 8656; meeting ID: 878 1977 1558. Find your local number: <https://mt-gov.zoom.us/u/klwkz8SKp>.

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 25, 2021, to advise us of the nature of the accommodation that you need. Please contact Heidi Clark, 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:

37.85.104 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 ~~July 1, 2020~~ July 1, 2021.

(b) 72-hour presumptive eligibility for adult-crisis stabilization services reimbursement for services, as provided in ARM 37.89.523, is effective ~~July 1, 2020~~ July 1, 2021.

(c) Youth respite care services, as provided in ARM 37.87.2203, is effective ~~July 1, 2020~~ July 1, 2021.

(d) Substance use disorder services provider reimbursement, as provided in ARM 37.27.905, is effective ~~July 1, 2020~~ July 1, 2021.

(2) remains the same.

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 ~~84 Federal Register 221, page 62568 (November 12, 2019) effective January 1, 2020~~ 85 Federal Register 248, page 84472 (December 28, 2020) effective January 1, 2021, which is adopted and incorporated by reference. Procedure codes created after January 1, 2021 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, 2021~~ July 1, 2021. The conversion factor for physician services is ~~\$39.54~~ \$41.88. The conversion factor for allied services is ~~\$24.66~~ \$24.75. The conversion factor for mental health services is ~~\$23.40~~ \$21.44. The conversion factor for anesthesia services is \$30.57.

(c) Policy adjusters are effective ~~July 1, 2016~~ July 1, 2021. The maternity policy adjuster is ~~442%~~ 100%. The family planning policy adjuster is 105%. The psychological testing for youth policy adjuster is 145%. The psychological testing policy adjuster applies only to psychologists. The evaluation and management policy adjuster is 83.67%.

(d) The BCBA/BCBA-D services policy adjuster is ~~405%~~ 115.8% effective ~~July 1, 2020~~ July 1, 2021.

(e) The payment-to-charge ratio is effective ~~July 1, 2020~~ July 1, 2021 and is ~~45.2%~~ 44.4% of the provider's usual and customary charges.

(f) through (h) remain the same.

(i) Optometric services receive a ~~447.50%~~ 115.69% provider rate of reimbursement adjustment to the reimbursement for allied services as provided in ARM 37.85.105(2) effective ~~July 1, 2020~~ July 1, 2021.

(j) and (k) remain the same.

(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 84, Issue 218, page 61142 (November 12, 2019) Federal Register Volume 85, Issue 249, page 85866 (December 29, 2020), effective January 1, 2020 January 1, 2021, and reviewed annually by CMS as required in 42 CFR 419.5 (2016) as updated by the department;

(ii) remains the same.

(iii) the Medicaid statewide average outpatient cost-to-charge ratio is ~~48%~~ 41.06%; and

(iv) the bundled composite rate of ~~\$255.47~~ \$258.02 for services provided in an outpatient maintenance dialysis clinic effective on or after July 1, 2020 July 1, 2021.

(c) The hearing aid services fee schedule, as provided in ARM 37.86.805, is effective January 1, 2021 July 1, 2021.

(d) The Relative Values for Dentists, as provided in ARM 37.86.1004, reference published in ~~2020~~ 2021 resulting in a dental conversion factor of ~~\$34.74~~ \$35.06 and fee schedule is effective January 1, 2021 July 1, 2021.

(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, 2020 July 1, 2021:

(i) for pharmacies with prescription volume between 0 and 39,999, the minimum is ~~\$2.23~~ \$6.06 and the maximum is ~~\$15.42~~ \$15.57;

(ii) for pharmacies with prescription volume between 40,000 and 69,999, the minimum is ~~\$2.23~~ \$6.06 and the maximum is ~~\$13.36~~ \$13.49; or

(iii) for pharmacies with prescription volume greater than 70,000, the minimum is ~~\$2.23~~ \$6.06 and the maximum is ~~\$11.30~~ \$11.41.

(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 ~~\$14.34~~ \$15.50 for each additional administered vaccine, effective January 1, 2021 July 1, 2021.

(i) remains the same.

(j) The home infusion therapy services fee schedule, as provided in ARM 37.86.1506, is effective July 1, 2020 July 1, 2021.

(k) Montana Medicaid adopts and incorporates by reference the Region D Supplier Manual, effective January 1, 2021 July 1, 2021, 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, 2021 July 1, 2021. The prosthetic devices, durable medical equipment, and medical supplies fee schedule, as provided in ARM 37.86.1807, is effective January 1, 2021 July 1, 2021.

(l) The nutrition services fee schedule, as provided in ARM 37.86.2207(2), is effective July 1, 2020 July 1, 2021.

(m) remains the same.

(n) The orientation and mobility specialist services fee schedule, as provided in ARM 37.86.2207(2), is effective July 1, 2020 July 1, 2021.

(o) The transportation and per diem fee schedule, as provided in ARM 37.86.2405, is effective ~~July 1, 2020~~ July 1, 2021.

(p) The specialized nonemergency medical transportation fee schedule, as provided in ARM 37.86.2505, is effective ~~July 1, 2020~~ July 1, 2021.

(q) The ambulance services fee schedule, as provided in ARM 37.86.2605, is effective ~~January 1, 2021~~ July 1, 2021.

(r) The audiology fee schedule, as provided in ARM 37.86.705, is effective ~~July 1, 2020~~ July 1, 2021.

(s) The therapy fee schedules for occupational therapists, physical therapists, and speech therapists, as provided in ARM 37.86.610, are effective ~~July 1, 2020~~ July 1, 2021.

(t) The optometric services fee schedule, as provided in ARM 37.86.2005, is effective ~~January 1, 2021~~ July 1, 2021.

(u) The chiropractic fee schedule, as provided in ARM 37.85.212(2), is effective ~~July 1, 2020~~ July 1, 2021.

(v) The lab and imaging services fee schedule, as provided in ARM 37.85.212(2) and 37.86.3007, is effective ~~January 1, 2021~~ July 1, 2021.

(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, 2020~~ July 1, 2021.

(x) The Targeted Case Management for High Risk Pregnant Women fee schedule, as provided in ARM 37.86.3415, is effective ~~July 1, 2020~~ July 1, 2021.

(y) The mobile imaging services fee schedule, as provided in ARM 37.85.212, is effective ~~January 1, 2021~~ July 1, 2021.

(z) The licensed direct-entry midwife fee schedule, as provided in ARM 37.85.212, is effective ~~January 1, 2021~~ July 1, 2021.

(aa) The private duty nursing services fee schedule, as provided in ARM 37.86.2207(2), is effective ~~July 1, 2020~~ July 1, 2021.

(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) The home and community-based services for elderly and physically disabled persons fee schedule, as provided in ARM 37.40.1421, is effective ~~October 1, 2020~~ July 1, 2021.

(b) The home health services fee schedule, as provided in ARM 37.40.705, is effective ~~July 1, 2020~~ July 1, 2021.

(c) The personal assistance services fee schedule, as provided in ARM 37.40.1135, is effective ~~July 1, 2020~~ July 1, 2021.

(d) The self-directed personal assistance services fee schedule, as provided in ARM 37.40.1135, is effective ~~July 1, 2020~~ July 1, 2021.

(e) The community first choice services fee schedule, as provided in ARM 37.40.1026, is effective ~~July 1, 2020~~ July 1, 2021.

(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) The mental health center services for adults fee schedule, as provided in ARM 37.88.907, is effective ~~October 1, 2020~~ July 1, 2021.

(b) The home and community-based services for adults with severe disabling mental illness fee schedule, as provided in ARM 37.90.408, is effective ~~July 1, 2020~~ July 1, 2021.

(c) The substance use disorder services fee schedule, as provided in ARM 37.27.905, is effective ~~July 1, 2020~~ July 1, 2021.

(6) 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 ~~January 1, 2021~~ July 1, 2021.

AUTH: 53-2-201, 53-6-113, MCA, 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, 2020~~ July 1, 2021, 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

4. STATEMENT OF REASONABLE NECESSITY

The Department of Public Health and Human Services (department) is proposing to amend ARM 37.85.104, 37.85.105, and 37.85.106 pertaining to updating Medicaid and non-Medicaid provider rates, fee schedules, and effective dates.

The following explanation represents the reasonable necessity for the proposed amendments. The 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.

The proposed amendments are explained below, with reference to the specific subsections of ARM 37.85.104, 37.85.105, and 37.85.106.

ARM 37.85.104 Effective Dates of Provider Fee Schedules for Montana Non-Medicaid Services

(1)(a), (b), and (d) Addictive and Mental Disorders Division Non-Medicaid Fee Schedules

The department proposes to amend the fee schedules for the Mental Health Services Plan, 72-Hour Presumptive Eligibility for Adult Crisis Stabilization, and non-

Medicaid Substance Use Disorder Services July 1, 2021. This change is necessary to incorporate the legislatively approved provider rate increase.

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

(1)(c) Children's Mental Health Bureau Fee Schedule

Although the department proposes no changes to youth respite care services, the date for this fee schedule must be amended to July 1, 2021, because the department proposes changes in other parts of that fee schedule and the date will be changed. See below at ARM 37.85.105(6).

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

ARM 37.85.105 Effective Dates, Conversion Factors, Policy Adjusters, And Cost-To-Charge Ratios of Montana Medicaid Provider Fee Schedules

(2)(a) Resource-Based Relative Value Scale (RBRVS) Federal Register

The department proposes to adopt the January 1, 2021, federal register for the RBRVS reimbursement methodology. This adoption is necessary to adopt and incorporate the most up-to-date changes made by the Centers for Medicare and Medicaid Services (CMS).

(2)(b) RBRVS Conversion Factors (CF)

For allied health services, mental health services, and anesthesia services, the conversion factors were calculated and proposed to provide for an overall provider rate increase of 1.0%, effective July 1, 2021.

For the physician services conversion factor, the department is directed by 53-6-125, MCA, to increase the conversion factor by the consumer price index for medical care for the previous year which for this adjustment period is 6%.

(2)(c) Policy Adjustors

Montana Medicaid utilizes payment policy adjustors to modify reimbursement. Effective July 1, 2021, Montana Medicaid is proposing to decrease the maternity policy adjustor to 1.0 and is proposing a new policy adjustor of 0.8367 for Evaluation and Management codes (CPT 99202-99499). These proposed changes are necessary to offset the Medicare increases in RVUs and to maintain budget neutral expenditures for physicians. Physicians were excluded from the provider rate increase approved in HB2 by the Montana Legislature.

(2)(d) BCBA/BCBA-D Services Policy Adjuster

The BCBA/BCBA-D services policy adjuster rate of reimbursement changed from 105% to 115.8% effective July 1, 2021, due to changes in relative values.

(2)(e) Payment to Charge Ratio

The payment to charge ratio, which is utilized to price some allowable procedures which do not have set reimbursement, is proposed to be 44.4%, effective July 1, 2021. This ratio is updated annually as part of the department's annual RBRVS updates and will change when there are changes in the average provider charges and/or changes to reimbursement.

(2)(i) Optometric Services Provider Rate of Reimbursement

The optometric services provider rate of reimbursement changed from 117.50% to 115.69% due to changes in relative values and an increase in the allied health conversion factor. This will ensure the optical service provider rate increase meets the provider rate increase approved by the Montana Legislature.

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

(3)(b)(i) Outpatient Prospective Payment System (OPPS) Federal Register

Effective July 1, 2021, the department proposes to adopt the January 1, 2021, federal register for the OPPS reimbursement methodology. This adoption is necessary to ensure outpatient hospital updates are aligned with CMS.

(3)(b)(iii) Medicaid Statewide Average Cost-to-Charge Ratio

The Medicaid statewide average cost-to-charge ratio is calculated utilizing submitted cost reports and is updated annually. The proposed updated cost-to-charge ratio is 41.06%. Individual hospital cost-to-charge ratios can fluctuate annually which can result in shifts to the Montana statewide average cost-to-charge ratio. This ratio is required to be updated annually to keep the ratio current.

(3)(b)(iv) Outpatient Maintenance Dialysis Clinic

The bundled composite rate for outpatient maintenance dialysis clinics is proposed to increase to \$258.02 to incorporate the provider rate increase approved by the Montana Legislature.

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

(3)(c), (j), (l), and (n) through (aa) Fee Schedules

The department proposes the adoption of fee schedules effective July 1, 2021. The fee schedules incorporate changes proposed within this rule notice, including federal register changes, conversion factor updates, and the legislatively approved provider rate increases. The above-listed subsections represent the following fee schedules: hearing aid services; home infusion therapy services; nutrition services; orientation and mobility specialist services; transportation and per diem fee schedule; specialized nonemergency medical transportation; ambulance services, audiology services; physical, occupational, and speech therapy services; optometric services; EPSDT chiropractic services; lab and imaging services; Targeted Case Management (TCM) for Children and Youth with Special Health Care Needs; TCM

for High Risk Pregnant Women; mobile imaging services; licensed direct-entry midwife; and private duty nursing.

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

(3)(d) Dental Reimbursement

The department proposes three changes to this subsection: 1) adoption of the Relative Values for Dentist reference published in 2021; 2) modification of the dental conversion factor to \$35.06; and 3) adoption of the July 1, 2021 Dental Services fee schedules. These proposed changes are necessary to incorporate the legislatively approved provider rate increase and keep current with updated dental procedure codes.

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

(3)(f) Outpatient Drugs Dispensing Fee

Annually the department surveys enrolled pharmacies to establish the state fiscal year minimum dispensing fee. The results from the annual survey provide the data necessary to calculate the minimum dispensing fee, which is proposed to be \$6.06. The maximum dispensing fee, for each volume range, is proposed to increase to incorporate the legislatively approved provider rate increase.

(3)(h) Outpatient Drugs Reimbursement Vaccine Administration Fee

The department proposes to increase the fee paid for each additional vaccine administered to \$15.50. This change is necessary to maintain a vaccine administration fee aligned with physicians.

(3)(k) Prosthetic Devices, Durable Medical Equipment, and Medical Supplies

The department proposes to revise the effective date of the reference to the Region D Supplier Manual to July 1, 2021, and to revise the effective date of local coverage determinations (LCDs) and national coverage determinations (NCDs), that are provided in ARM 37.86.1802 to July 1, 2021.

The department also proposes to revise the effective dates for the durable medical equipment fee schedule to July 1, 2021, to reflect the Calendar Year 2021 Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule. This allows the department to update department set fees, Medicare fees, additions, deletions, or changes to procedure codes when Medicare releases and updates their fee schedule.

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

(4)(a) through (e) Senior and Long-Term Care Division

The department proposes the adoption of fee schedules effective July 1, 2021. The changes incorporate the legislatively approved provider rate increase. The above-listed subsections are for the following fee schedules: home and community-based services for elderly and physically disabled persons; home health services; personal assistance services; self-directed personal services; and community first choices services.

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

(5) Addictive and Mental Disorders Division

The department proposes to amend the fee schedules for Mental Health Center Services for Adults, Home and Community Based Services for Adults with Severe and Disabling Mental Illness, and Substance Use Disorder Services to July 1, 2021. This is necessary to incorporate the provider rate increase approved by the Montana Legislature during the 2021 regular session.

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

(6) Developmental Services Division Medicaid youth mental health services fee schedule

The department proposes to revise the effective dates and reimbursements on the Medicaid youth mental health services fee schedule to July 1, 2021. This update incorporates the legislatively approved provider rate increase.

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

ARM 37.85.106 Medicaid Behavioral Health Targeted Case Management Fee Schedule

(2) Fee schedule

The department proposes to amend ARM 37.85.106 to update the fee schedule date for the Medicaid Behavioral Health Targeted Case Management Fee Schedule to July 1, 2021. This proposed change is necessary to incorporate the provider rate increase approved by the Montana Legislature during the 2021 regular session.

The proposed July 1, 2021 fee schedules can be found at <https://medicaidprovider.mt.gov/proposedfs>.

Fiscal Impact

The following table displays the number of providers affected by the amended fee schedules, effective dates, conversion factors, and rates for services for SFY 2022 based on the proposed amendments.

Provider Type	SFY 2022 Budget Impact (Federal Funds)	SFY 2022 Budget Impact (State Funds)	SFY 2022 Budget Impact (Total Funds)	Active Provider Count
Ambulance	\$95,729	\$26,255	\$121,984	201
Audiologist	\$1,456	\$606	\$2,062	75
BCBA/BCBA-D	\$8,483	\$4,566	\$13,049	32
Chemical Dependency Clinic	\$168,548	\$27,680	\$196,228	52
Community First Choice	\$99,697	\$28,321	\$128,018	68
Dental	\$468,518	\$179,232	\$647,750	672
Denturist	\$25,834	\$6,875	\$32,709	18
Dialysis Clinic	\$26,768	\$10,383	\$37,151	25
Durable Medical Equipment	\$207,410	\$80,659	\$288,069	501
EPSDT - Chiropractic	\$5,904	\$2,889	\$8,793	157
Free Standing Birthing Center	\$0	\$0	\$0	2
Hearing Aid Dispenser	\$1,446	\$560	\$2,006	34
Home & Comm Based Services	\$209,055	\$112,365	\$321,420	561
Home Health Agency	\$2,026	\$590	\$2,616	26
Home Infusion Therapy	\$16,212	\$5,249	\$21,461	16
Hospital	\$0	\$0	\$0	431
Indep Diag Testing Facility	\$9,003	\$2,515	\$11,518	26
Laboratory	\$197,479	\$39,208	\$236,687	191
Licensed Clinical Social Worker	\$148,660	\$43,244	\$191,904	904
Licensed Professional Counselor	\$229,333	\$71,003	\$300,336	1,086
Mental Health Center	\$237,522	\$106,970	\$344,492	37
Mid-Level Practitioner	\$0	\$0	\$0	5,547
Mobile Imaging Service	\$507	\$178	\$685	2

Nutritionist/Dietician	\$981	\$460	\$1,441	126
Occupational Therapist	\$31,403	\$15,322	\$46,725	309
Optician	\$911	\$288	\$1,199	29
Optometrist	\$49,869	\$15,849	\$65,718	237
Orientation and Mobility	\$12	\$6	\$18	4
Personal and Commercial Transportation	\$1,218	\$555	\$1,773	12
Personal Care Agency	\$1,675	\$694	\$2,369	68
Personal Care Agency - Adult MH	\$89	\$25	\$114	68
Personal Care Agency - Child MH	\$5	\$3	\$8	68
Pharmacy Dispensing Fee	\$259,840	\$61,043	\$320,883	447
Physical Therapist	\$70,546	\$17,462	\$88,008	1,005
Physician	\$0	\$0	\$0	13,068
Podiatrist	\$0	\$0	\$0	80
Private Duty Nursing Agency	\$31,578	\$16,996	\$48,574	5
Psychiatric Res Treatment Facility	\$139,582	\$74,225	\$213,807	26
Psychiatrist	\$0	\$0	\$0	192
Psychologist	\$14,053	\$4,038	\$18,091	349
Public Health Clinic	\$2,724	\$909	\$3,633	43
C SCT Children's Mental Health	\$166,164	\$89,425	\$255,589	440
Speech Pathologist	\$25,955	\$13,371	\$39,326	284
Targeted Case Management - Children and Youth with Special Health Care Needs	\$392	\$194	\$586	14
Targeted Case Management - High Risk Pregnant Women	\$127	\$63	\$190	4
Targeted Case Management - Mental Health	\$79,259	\$37,471	\$116,730	22

Therapeutic Family Care	\$46,936	\$25,136	\$72,072	14
Therapeutic Group Home	\$148,550	\$79,590	\$228,140	26
Transportation Non-Emergency	\$68	\$35	\$103	7

The department intends for the proposed amendments to be effective retroactively to July 1, 2021.

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: Heidi Clark, 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 dphslegal@mt.gov, and must be received no later than 5:00 p.m., July 9, 2021.

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 sponsor was notified by email on June 1, 2021.

9. With regard to the requirements of 2-4-111, MCA, the department has determined that the amendment of the above-referenced rules will significantly and directly impact small businesses.

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/ Erica Johnston for Adam Meier
Adam Meier, Director
Public Health and Human Services

Certified to the Secretary of State June 1, 2021.