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**State/Territory Name:** Montana

**State Plan Amendment (SPA) #:** MT-15-0028

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Region VIII**

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March 10, 2016

Mary Dalton, Medicaid & CHIP Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Re: SPA MT-15-0028

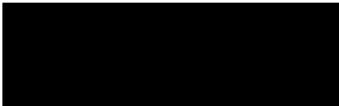
Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0028. This amendment incorporates reimbursement requirements for Hospice Care adopted in the federal Medicare regulations.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2016. We are enclosing the summary page and the amended plan page(s).

If you have any questions regarding this SPA please contact Sophia Hinojosa at (303) 844-7129.

Sincerely,



Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Richard Opper, Department Director  
Duane Preshinger  
Jo Thompson  
Mary Eve Kulawik

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 15-0028	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/2016	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:  a. FFY 16: \$ 3,286,800 b. FFY 17: \$ 3,562,686	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19B, Pages 1 – 2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19B, Pages 1 – 2 of 2	
10. SUBJECT OF AMENDMENT: This amendment incorporates reimbursement requirements for Hospice Care adopted in the federal Medicare regulations.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Single Agency Director Review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  [REDACTED]		16. RETURN TO: Montana Dept of Public Health and Human Services Mary E. Dalton Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 12-20-15			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: December 20, 2015		18. DATE APPROVED: March 10, 2016	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016		20. [REDACTED] OFFICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: CHAIRMAN, DMCHO	
23. REMARKS:			

MONTANA

REIMBURSEMENT FOR HOSPICE CARE

- 1) Medicaid payment for covered hospice care will be made for the specific categories of covered hospice care listed below in accordance with procedures established by Medicare and Medicaid rates set by the Centers for Medicare & Medicaid services on an annual basis.

- a) Routine Home Care Rate Day 1 to day 60
- b) Routine Home Care Rate Day 61 +
- c) Continuous Home Care Day
- d) Inpatient Respite Care Day
- e) General Inpatient Care Day
- f) Service Intensity Add-On Payment

Hospices that fail to comply with Medicare quality data submission requirements each fiscal year will have the market basket update used to set the rates reduced by 2 percentage points.

- 2) The room and board rate to be paid a hospice for a Medicaid recipient who resides in a nursing facility (Skilled Nursing Facility/Intermediate Care Facility) will be the Medicaid rate established by the Department for the individual facility less any offset due to post eligibility treatment of income contributions towards the cost of care. Payment for room and board will be made to the hospice and, in turn, the hospice will reimburse the nursing facility. General inpatient care or hospice respite care in a nursing facility will not be reimbursed directly by the Medicaid program when a Medicaid member elects the hospice benefit payment. Under such circumstances, payment will be made to the hospice in accordance with this rule.

- a) In this context, the term "room and board" includes performance of personal care services, such as:
  - i. assisting in the activities of daily living;
  - ii. socializing activities;
  - iii. administering medication;
  - iv. maintaining the cleanliness of a resident's room; and
  - v. supervising and assisting in the use of durable medical equipment and prescribed therapies.

- 3) The following services performed by hospice physicians are included in the rates described in subsection 1) above:

- a) General supervisory services of the medical director; and
- b) Participation in the establishment of plans of care, supervision of care and services, periodic review and updating of plans of care, and establishment of governing policies by the physician member of the interdisciplinary group.

MONTANA

- 4) For services not described in subsection 3), Medicaid will pay the hospice for those physician services furnished by hospice employees or under arrangements with the hospice in accordance with Attachment 4.19B, Service 5 of the Montana Medicaid State Plan. Reimbursement for these physician services is included in the amount subject to the hospice limit described below. Services furnished voluntarily by physicians are not reimbursable.
- 5) Services of the patient's attending physician, if he or she is not an employee of the hospice or providing services under arrangements with the hospice, are not considered hospice services and are not included in the amount subject to the hospice payment limit.
- 6) Medicaid reimbursement to a hospice in a cap period is limited to a cap amount established using Medicare formulas.
- 7) The Department will notify the hospice of the determination of program reimbursement at the end of the cap year.
- 8) Payments made to a hospice during a cap period that exceed the cap amount are overpayments and must be refunded.