

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 09-007	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 7/31/09	
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: 42 CFR 438		7. FEDERAL BUDGET IMPACT: current ARRA FMAP a. FFY 09      \$28,155.00 b. FFY 10      \$112,625.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, 3.1B, and 4.19B Service 13.c, pages 1-5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A, 3.1B and 4.19B Service 13.c, pages 1-5 (TN 09-007)	
10. SUBJECT OF AMENDMENT: Preventive Services—Disease Management Program, Nurse First			
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 <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Montana Dept. of Public Health and Human Services Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 3/31/09 + 7/22/2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 7/22/09		18. DATE APPROVED: 7/31/09	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/31/2009		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

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July 31, 2009

Ms. Mary Dalton  
Medicaid Director  
Montana Department of Public Health and Human Services  
Health Policy and Services division  
111 North Sanders, Room 301  
P.O. Box 4210  
Helena, MT 59620-4210

RE: SPA 09-007

Dear Ms. Dalton:

This is your official notification that Montana State Plan amendment 09-007, Disease Management Program, Nurse First has been approved effective July 31, 2009.

If you have any questions concerning this state plan amendment, please contact Cindy Smith at (303) 844-7041.

Sincerely,

Richard C. Allen  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

## MONTANA

The following limitations apply to preventive services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to questions but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

The following limitations apply to Preventive Services Disease Management

The State of Montana will provide a statewide Disease Management Program, to Medicaid clients eligible for Title XIX Medicaid coverage who receive services through the Medicaid Services Bureau and who have one or more of the following diseases:

- Asthma
- Diabetes
- Heart Failure
- Chronic Pain

The State of Montana will provide a confidential, statewide, 24-hour a day, seven days a week Nurse Advice Line. The Nurse Advice Line will provide assessment of symptoms, general medical information, education, and referral to appropriate interventions.

Individuals Eligible for Services

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TN\_09-007

Approved JUL 31 2009

Effective 01/01/09

Supercedes TN 07-003

## MONTANA

**Target Group:** The target group of Medicaid clients to receive statewide Disease Management services is clients who:

- Receive medical services through Montana Medicaid (including those participating in a HCBS waiver program);
- Are not already receiving care coordination services as residents of nursing homes, institutions or skilled nursing facilities, or enrollees in hospice programs;
- Are not enrolled in both Medicare and Medicaid (dual eligible individuals); and
- Have diagnoses of asthma, diabetes, heart failure, or chronic pain, are of sufficient age and cognitive ability to actively respond to health information and care coordination activities, and do not already have catastrophic conditions that take precedence over clients' asthma, diabetes, heart failure, or chronic pain.

**Target Group:** The target group of Medicaid clients to receive statewide Nurse Advice Line services is clients who:

- Are eligible for Disease Management and all current Medicaid eligible clients.

### Components of Disease Management

The contracted disease management organization will provide the following services to clients enrolled in the program:

- Initial health assessment by a licensed registered nurse and periodic follow-up of the ongoing health status of enrolled clients. The assessment process includes the development and implementation of an individual plan of care that addresses clients' multiple health, behavioral and social needs, and that ensures continuity, quality and effectiveness of care in consultation with health care providers (physician, physician's assistant, advanced practice registered nurse). In addition, the licensed registered nurse will: provide clients with health information related to patient self management skills, patient self-administration of medications, and crisis health care management; evaluate clients' health conditions and make short-term medical recommendations subject to providers' approvals; and assist providers with implementation of providers' care plans for patients.

## MONTANA

- When necessary, assist in accessing appropriate primary and preventive medical care; care coordination; referrals for specialty, social and ancillary services; and promotion of self-management.

The contracted Nurse Advice Line will provide the following services to all Medicaid eligible clients:

- Services will be performed using clinically sound algorithms that are based on physician developed criteria.
- Notification to Primary Care Provider when their client has called the nurse line and what care or appropriate intervention was recommended.
- Appropriate interventions include self care, provider visit, or emergency room.
- Customer Service Representatives will verify caller's name, date of birth and Medicaid eligibility, provide referral numbers (i.e. Montana Medicaid Help Line, Tobacco Quit Line, etc.) and then transfer all callers to a Registered Nurse.
- Registered Nurses will triage all calls.

### Choice of Providers

The State has a 1915(b) (4) approved waiver to selectively contract with a single Disease Management Organization, as the provider of the disease management services. Eligible clients also have free choice of providers of other medical care under the program.

The state has a 1915(b) (4) approved waiver to selectively contract with a Nurse Advice Line Vendor to provide these services. Eligible clients also have free choice of providers of other medical care under the program.

### Criteria for Disease Management Providers

- a. All Disease Management case managers shall be licensed registered nurses who meet the requirements of the contracted disease management organization.
- b. The State will contract through a bidding process with the disease management organization that best meets the program requirements.

MONTANA

- c. The disease management provider that contracts with the Department to provide disease management services must meet the following conditions:
1. Has not been sanctioned by a State or federal government within the last 10 years;
  2. Has a minimum of three years' experience providing disease management services;
  3. Maintains a computer system sufficient to carry out all of the required components of the disease management contract;
  4. Has an evidenced-based health care practice guideline for specific disease state being managed;
  5. Has an established collaborative health care practice model to include Montana Medicaid's current providers, community-based partners including, but not limited to, faith based organizations, school nursing programs, and other support-service providers.
  6. Has patient self-care management educational materials and methods appropriate to each targeted disease population;
  7. Has internal quality assurance and improvement, outcomes measurement, evaluation, and management systems;
  8. Has demonstrable and successful experience in disease management for the targeted disease populations;
  9. Meets applicable federal and state laws and regulations governing the participation of providers and clients in the Medicaid program.

Criteria for Nurse Advice Line Services

1. Provides access to a call center 24 hours per day, seven days per week with Customer Service Representatives and Registered Nurses. All staff must be trained in at least the areas of establishing rapport, cultural sensitivity, and stages of change. The call center must also be equipped with appropriate technology to accept calls from all members, ensuring program responsiveness and access to all services for people with limited English proficiency.
2. Provides alternative electronic forms of communication for clients who would like more information about nutrition, a chronic disease, or other medical conditions. The call center must be able to transfer caller to an audio health library, email or be directed to a web site.
3. Every call will be triaged by a Registered Nurse.

Comparability of Services

## MONTANA

All clients eligible to participate in the disease management program will receive comparable services, based on their level of disease and co-morbid conditions. All clients will be assessed for their risk levels and will receive follow-up education and disease management services.

All Medicaid eligible clients are able to participate in the Nurse Advice Line and will receive comparable services. All clients will be triaged for symptomatic, non-symptomatic calls and can receive alternative forms of communication about chronic diseases, nutrition or other medical conditions.

### Enrollment/Disenrollment Process

Medicaid clients identified as eligible for the Nurse First Disease Management Program are contacted by the contractor's team of specialized enrollment and assessment nurses and health resource counselors. The contractor sends letters explaining the Disease Management Program and why the clients have been selected for enrollment.

Contractor staff members attempt to reach all clients by telephone. If the nurses are able to reach clients by phone, they typically enroll about 90 percent of these clients. The nurses make a minimum of five call attempts over a two to three week period, leaving messages if not successful in reaching clients. If nurses are unable to make contact with clients by telephone, they send letters informing clients that nurses were unsuccessful with the calling attempts.

The letters to clients contain contact information for clients to call or write for enrollment. Clients who cannot be reached may also be referred to field nurses or locators for additional attempts.

Clients are not considered enrolled until assessments have been completed by program nurses. If nurses are never able to make contact with clients for assessments, those clients are not actively managed by the contractor, but they do receive educational materials about their diseases.

Clients may opt out of the program at any time by written notice to the contractor or to the State, by telling a telephonic or home visiting nurse they wish not to participate, or by having their medical providers advise the State or the contractor they wish to opt out.

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Medicaid clients who have opted out of the Disease Management Program may enroll or re-enroll at any time by contacting the Medicaid Help Line, the disease management contractor, or the State Medicaid program.

Enrollment/Disenrollment Process is not applicable to Nurse Advice Line Services.

### Payment Methodology for the Program

The State will use a per member per month method of payment for the contracted Disease Management program and will comply with the requirements for actuarially sound payments in 42 CFR 438.6(c).

The agency's fee schedule rate for the Nurse Advice Line services was set as of May 1, 2009, and is effective for services provided on or after that date. All rates are set forth in the fully executed contract between the State and the Nurse Advice Line contractor, submitted to CMS for approval.

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TN 09-007

Approved

JUL 31 2009

Effective 01/01/09

Supersedes TN 07-003

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  3. Maintains a computer system sufficient to carry out all of the required components of the disease management contract;
  4. Has an evidenced-based health care practice guideline for specific disease state being managed;
  5. Has an established collaborative health care practice model to include Montana Medicaid's current providers, community-based partners including, but not limited to, faith based organizations, school nursing programs, and other support-service providers.
  6. Has patient self-care management educational materials and methods appropriate to each targeted disease population;
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2. Provides alternative electronic forms of communication for clients who would like more information about nutrition, a chronic disease, or other medical conditions. The call center must be able to transfer caller to an audio health library, email or be directed to a web site.
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### Comparability of Services

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Approved *JUL* 31 2009  
*JUL* 31 2009

Effective 01/01/09

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The letters to clients contain contact information for clients to call or write for enrollment. Clients who cannot be reached may also be referred to field nurses or locators for additional attempts.

Clients are not considered enrolled until assessments have been completed by program nurses. If nurses are never able to make contact with clients for assessments, those clients are not actively managed by the contractor, but they do receive educational materials about their diseases.

Clients may opt out of the program at any time by written notice to the contractor or to the State, by telling a telephonic or home visiting nurse they wish not to participate, or by having their medical providers advise the State or the contractor they wish to opt out.

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Medicaid clients who have opted out of the Disease Management Program may enroll or re-enroll at any time by contacting the Medicaid Help Line, the disease management contractor, or the State Medicaid program.

Enrollment/Disenrollment Process is not applicable to Nurse Advice Line Services.

Payment Methodology for the Program

The State will use a per member per month method of payment for the contracted Disease Management program and will comply with the requirements for actuarially sound payments in 42 CFR 438.6(c).

The agency's fee schedule rate for the Nurse Advice Line services was set as of May 1, 2009, and is effective for services provided on or after that date. All rates are set forth in the fully executed contract between the State and the Nurse Advice Line contractor, submitted to CMS for approval.

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Effective 01/01/09

Supersedes TN 07-003

## MONTANA

### Reimbursement for Other Preventive Services

- I. Reimbursement for Other Preventive Services shall be:
- a. For physicians and public health clinics, those fees provided and reimbursed for under Attachment 4.19B Methods & Standards for Establishing Payment Rates for Service 5(a) Physician Services;
  - b. For mid-level practitioners, those fees provided and reimbursed for under Attachment 4.19B Methods & Standards for Establishing Payment Rates for Service 6 (d) Other Practitioner Services;
  - c. For Disease Management contractors, a prepayment methodology that is in compliance with 42 CFR 438.6(c). Capitation payments will be made monthly. Capitation rates will vary according to the specific disease state group.
  - d. Reimbursement for Nurse Advice Line Services provided:

The agency's fee schedule rate for the Nurse Advice Line services was set as of May 1, 2009 and is effective for services provided on or after that date. All rates are set forth in the fully executed contract between the State and the Nurse Advice Line contractor, submitted to CMS for approval.

The State of Montana will pay a rate per eligible beneficiary call for symptomatic, non-symptomatic, and alternative electronic call.

Symptomatic calls – caller presents symptoms to receive direction of care from a nurse (examples not exclusive, skin rash, vomiting, diarrhea, pain and respiratory).

Non-symptomatic calls – caller has questions about medications they received, tests performed, or doctor instructions.

Alternative electronic communication – caller states they would like more information about nutrition, a chronic disease, or other medical condition. The caller is transferred to an audio health library, email or directed to the website.

Non-Medicaid calls are screened by the State comparing the invoiced calls to a monthly billing report spreadsheet that the vendor sends to the state program officer. No FFP is claimed for non-Medicaid calls