

Multiple State Plan Amendments Posted Online for Public Comment February 27, 2026

On or before April 1, 2026, the Montana Department of Public Health and Human Services (DPHHS) will submit the following Montana Medicaid State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS) for approval.

Subject: Comprehensive School and Community Treatment (CSCT) - Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Proposed Effective Date: May 9, 2026

DPHHS proposes returning to the 15-minute unit rate funding methodology, with a monthly maximum number of 15-minute units a team can provide a month, at 1350 units for a team of three.

Subject: Home Support Services (HSS) - Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Proposed Effective Date: May 9, 2026

DPHHS proposes to add an HSS group procedure code, set weekly group limits, and require HSS service coordination with CSCT and coordination of HSS, Therapeutic Group Home (TGH), and Outpatient therapy treatment planning.

Subject: New Primary Care Case Management Program: Primary Care Montana

Proposed Effective Date: July 1, 2026

This SPA will implement Montana's new primary care case management (PCCM) program, Primary Care Montana (PCMT), via a 1932(a) SPA, integrating Montana's existing Passport to Health, Patient-Centered Medical Home (PCMH), and Comprehensive Primary Care Plus (CPC+) programs into a single, comprehensive value-based program.

Proposed Three-Tiered Model

The proposed PCMT program features three tiers designed to accommodate providers of varying capacities and resources. It establishes a glide path toward advanced population health management, with clearly defined expectations for organizational structure and performance. Pending federal approval of this SPA, DPHHS plans to begin Tiers 1 and 2 on July 1, 2026, with Tier 3 added at a later date and with a subsequent SPA. Details of the proposed tiers are included in Table 1.

Table 1: Overview of Proposed Tiers

	Tier 1	Tier 2	Tier 3
Goal	Improve outcomes on select quality metrics	Increase post-hospital PCP follow-up visits and reduce hospital readmissions	Tier 1 and 2-participating providers with a DPHHS-defined minimum number of attributed beneficiaries alone or as part of a clinically integrated network
Providers Eligible to Participate	Any willing primary care provider (PCP) with continued participation contingent on meeting performance targets	PCPs actively managing post-hospital transitions of care with continued participation contingent on meeting performance targets	Tier 1 and 2-participating providers with a DPHHS-defined minimum number of attributed beneficiaries either alone or as part of a clinically integrated network
Provider Payment	\$6.00 Per member per month (PMPM) care coordination fee	\$11.00 PMPM care coordination fee	TBD PMPM care coordination fee with opportunity for shared savings

Objectives

DPHHS’ objectives for PCMT include:

- Promoting preventive care, optimizing care coordination, and improving health management;
- Avoiding barriers for rural and small practice provider participation;
- Providing timely data to allow providers to act on gaps in care and improve outcomes; and
- Incorporating value-based payments to incentivize improved outcomes while remaining budget neutral.

Member Eligibility

Medicaid enrollees are not required to select a PCP participating in PCMT. If an enrollee in any of the following eligibility groups elects to do so, they will have access to the program’s additional population health management services.

- Children (Medicaid and Healthy Montana Kids Plus (HMK+))
- Parent and Caretaker Relatives
- Aged, Blind & Disabled
- Foster Care Children
- Expansion Adults
- Pregnant Women
- Breast and Cervical Cancer Program Enrollees

Fiscal Impact

The projected total cost, including state and federal share, allocated between traditional Medicaid and Medicaid expansion, for Tier 1 and Tier 2 PCMT implementation, is \$13,277,819 in state fiscal year (SFY) 2027 and \$13,543,375 in SFY 2028. The PCMT program will be consolidated into a new tiered value-based program that maintains overall funding levels while reallocating resources. The proposed change is budget-neutral and assumes funding from the current PCCM program and cost savings from the tier 2 requirements.

DPHHS is committed to an extensive public process. We invite your comments and questions on these state plan amendments emailed or postmarked **through March 29, 2026**. You may direct comments to the Medicaid State Plan Amendment and Waiver Coordinator at (406) 444-2584 or dphhscomments@mt.gov or the Director's Office, PO Box 4210, Helena, MT 59604-4210.