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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>   |  | 1. TRANSMITTAL NUMBER:<br>09-020  | 2. STATE<br>Montana |
| <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>   |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                     |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE<br>07/01/2009  |                     |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><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:<br>N/A   |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 09      \$12,276<br>b. FFY 10      \$49,105   |                     |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>Page 1 of 1 Attachment 4.19B<br>Methods & Standards for Establishing Payment Rates<br>Page 1 of 1 Supplement to Attachments 3.1 A and 3.1 B<br>Service 8 Private Duty Nursing   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br>Page 1 of 1 Attachment 4.19B<br>Methods & Standards for Establishing Payment Rates<br>Page 1 of 1 Supplement to Attachments 3.1 A and 3.1 B<br>Service 8 Private Duty Nursing |                     |
| 10. SUBJECT OF AMENDMENT:<br>Update reimbursement rates based on a legislatively approved provider rate increase & to update the PDN Service State Plans to mirror the associated CFR.   |  |   |                     |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |   |                     |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br><i>Mary E. Dalton</i>   |  | 16. RETURN TO:<br>Montana Dept of Public Health and Human Services<br>Mary E. Dalton, State Medicaid Director<br>Attn: Jo Thompson<br>PO Box 4210<br>Helena MT 59604  |                     |
| 13. TYPED NAME: Mary E. Dalton   |  |   |                     |
| 14. TITLE: State Medicaid Director   |  |   |                     |
| 15. DATE SUBMITTED: 9/9/2009   |  |   |                     |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |   |                     |
| 17. DATE RECEIVED:<br>Original 6/30/09 Revised 9/9/09  |  | 18. DATE APPROVED: 9/2/09   |                     |
| PLAN APPROVED - ONE COPY ATTACHED  |  |   |                     |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>7-01-09  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><i>Richard Allen</i>   |                     |
| 21. TYPED NAME:<br>Mary Marchioni Acting for Richard Allen   |  | 22. TITLE:<br>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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September 21, 2008

Ms. Mary Dalton  
Medicaid & Health Services Manager  
Montana Department of Public Health & Human Services  
111 North Sanders, Room 301  
P.O. Box 4210  
Helena, MT 59604

Re: Approval of State Plan Amendment (SPA) MT 09-020

Dear Ms. Dalton:

We have received Montana's State Plan Amendment 09-020. The intent of this SPA is to up-date reimbursement for Private Duty Nursing care.

CMS has completed its review of this SPA. Please be advised that the amendment is approved with an effective date of July 1, 2009.

Sincerely,

/s/

Mary Marchioni, Acting for  
Richard C. Allen  
Associate Regional Administrator  
Divisions of Medicaid and Children's Health Operations

Cc: Duane Preshinger  
Jo Thompson

MONTANA

I. Reimbursement for Private Duty Nursing Services shall be the lowest of the following:

- A. The provider's usual and customary charge for the service.
- B. The Department's fee schedule.

II. A reimbursable unit of service is up to 15 minutes.

III. The Department's fee schedule is determined using a methodology, based on an evaluation of the prevailing wages for Nurses in combination with review of past utilization.

IV. The agency's rates were set as of July 1, 2009 and are effective for services on or after that date. All rates are published on the agency's website, [www.mtmedicaid.org](http://www.mtmedicaid.org) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

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TN 09-020 Approved: 9/21/09 Effective: TN 07/01/2009

Supersedes TN 08-030

MONTANA

The following limits apply to Private Duty Nursing Services:

1. Private duty nursing services are limited to nursing services provided to a hospital inpatient when the patient requires individual and continuous skilled nursing care beyond that routinely provided by the hospital nursing staff.
2. Private duty nursing service must be furnished under the direction of the recipient's physician (ordered in writing by the patient's physician) and authorized by the department.
3. Private duty nursing services are limited to services provided by a qualified Registered Nurse (RN) or a qualified Licensed Practical Nurse (LPN).
4. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
  - a. 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.
  - b. 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.
  - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

MONTANA

The following limits apply to Private Nursing Services:

1. Private duty nursing services are limited to nursing services provided to a hospital inpatient when the patient requires individual and continuous skilled nursing care beyond that routinely provided by the hospital nursing staff.
2. Private duty nursing service must be furnished under the direction of the recipient's physician (ordered in writing by the patient's physician) and authorized by the department.
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  - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.