

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 10-015	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 07/01/2010	
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: N/A		7. FEDERAL BUDGET IMPACT: a. FFY 10      \$0.00 b. FFY 11      \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19B Methods & Standards for Establishing Payment Rates for Service 8 Private Duty Nursing Services.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 4.19B Methods & Standards for Establishing Payment Rates for Service 8 Private Duty Nursing Services.	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to document the revised date the agency's rates were set.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Mary E. Dalton</i>		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: 6/25/2010			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 6/25/10		18. DATE APPROVED: 8/10/10	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/10		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Mary Marchioni</i>	
21. TYPED NAME: Mary Marchioni		22. TITLE: Acting ARA	
23. REMARKS:			

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, 2010 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.

TN 10-015 Approved: 8/10/10 Effective: 07/01/2010

Supersedes TN 09-020