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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | | 1. TRANSMITTAL NUMBER: 08-027 | 2. STATE Montana |
| | | 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 07/01/2008 | |
| 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 2009 \$ 12,590 FFY 2010 \$ 14,101 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 1 of 1 Attachment 4.19B Methods & Standards For Establishing Payment Rates Supplement to Attachment 3.1A and 3.1B Service 11.b Occupational Therapy Services | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Pages 1 of 1 Attachment 4.19B Methods & Standards For Establishing Payment Rates Supplement to Attachment 3.1A and 3.1B Service 11.b Occupational Therapy Services | |
| 10. SUBJECT OF AMENDMENT: Occupational Therapy Payment Methodology | | | |
| 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 <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 Dalton, Acting Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, Mt 59604 | |
| 13. TYPED NAME: Mary Dalton | | | |
| 14. TITLE: Acting Medicaid Director | | | |
| 15. DATE SUBMITTED: 6/5/09 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 6/5/09 | | 18. DATE APPROVED: JUN 10 2009 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 7-1-08 | | 20. SIGNATURE OF REGIONAL OFFICIAL: | |
| 21. TYPED NAME: Richard C. Allen | | 22. TITLE: Associate Regional Administrator | |
| 23. REMARKS: | | | |

MONTANA

The following limitations apply to Occupational Therapy Services:

1. Occupational Therapy Services for individuals 21 years of age and older are limited to a maximum of 40 hours per state fiscal year. Licensed or unlicensed assistants or aids work under the supervision of a State-licensed therapist. The therapist assumes professional responsibility for the patient and uses that clinical information to evaluate and then treat (or not treat) the patient. The therapist is practicing within the State's Scope of Practice which permits the use of licensed or unlicensed therapy assistants or aids. Montana Medicaid does not require qualifications in addition to the Montana Code Annotated for Business and Occupations.
2. Occupational Therapy Services will be provided in accordance with 42CFR 440.110.
3. "Certified occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy under this chapter, who works under the general supervision of an occupational therapist in accordance with the provisions of the national board for certification in occupational therapy, inc., and adopted by the board.
4. "Occupational therapy aide" means a person who assists in the practice of occupational therapy under the direct supervision of an occupational therapist or occupational therapy assistant and whose activities require an understanding of occupational therapy but do not require professional or advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy.
5. "Occupational therapy assistant" means a person who is licensed to assist in the practice of occupational therapy and who works under the general supervision of an occupational therapist.

TN 08-027

Approved JUN 10 2009

Effective 07/01/2008

Supersedes TN 03-006

MONTANA

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 United States 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 question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

TN 08-027

Approved JUN 10 2008

Effective 07/01/2008

Supersedes TN 03-008

JUN 10 2009

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MONTANA

- I. Reimbursement for Occupational Therapy Services shall be:
 - A. The lower of:
 1. The provider's * usual and customary charge for the service; or
 2. The reimbursement provided in accordance with the methodology described in Section II.
- II. The Department's fee schedule for Occupational Therapy Services is determined:
 - A. In accordance with the Resource Base Relative Value Scale (RBRVS) methodology, by multiplying Medicare's Relative Value Units (RVU), which is numeric, by the Montana Medicaid specific conversion factor, which is a dollar amount, to equal a fee. Specific to Montana Medicaid, there is an ability to multiply the fee times a policy adjuster (either plus or minus) to affect the fee.
 - B. "Resource based relative value scale (RBRVS)" means the most current version of the Medicare resource based relative value scale contained in the physicians' Medicare Physician Fee Schedule adopted by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services.
 - C. "Relative value unit (RVU)" means a numerical value assigned in the resource based relative value scale to each procedure code used to bill for services provided by a health care provider. The relative value unit assigned to a particular code expresses the relative effort and expense expended by a provider in providing one service as compared with another service.

- D. The RVUs are adopted from the RBRVS. For services for which the RBRVS does not specify RVUs, the Department sets those RVUs as follows:
- (1) The RVUs for a Medicaid covered service are calculated as follows:
 - (i) if Medicare sets RVUs, the Medicare RVUs are applicable;
 - (ii) if Medicare does not set RVUs but Medicaid sets RVUs, the Medicaid RVUs are set in the following manner:
 - (A) convert the existing dollar value of a fee to an RVU value;
 - (B) evaluate the RVU of similar services and assign an RVU value; or
 - (C) convert the average by report dollar value of a fee to an RVU value.
- E. If there is not a Medicare RVU or Medicaid history data, reimbursement will be 'by report', 'By report' means paying a percentage of billed charges. The percentage is derived by dividing the previous state fiscal year's total Medicaid reimbursement for services included in the RBRVS by the previous state fiscal year's total Medicaid billings.
- F. The agency's rates were set as of July 1, 2008 and are effective for services on or after that date. All rates are published on the agency's website www.mtmedicaid.org. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

* A provider is an occupational therapist licensed in the State of Montana who is enrolled in the Montana Medicaid program.