

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-016	2. STATE Montana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 07/01/2009	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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. SFY 10 \$138,703 and SFY 11 \$138,703 <i>SFY 2009 YTD BTR 34,676</i>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 2 Attachment 4.19B Methods & Standards for Establishing Payment Rates Service 6.d Licensed Professional Counselors' Services		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 2 Attachment 4.19B Methods & Standards for Establishing Payment Rates Service 6.d Licensed Professional Counselors' Services	
10. SUBJECT OF AMENDMENT: Update the date reimbursement rates are set and effective for services provided.			
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 E. Dalton Attn: Jo Thompson PO Box 4210 Helena MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: Acting State Medicaid Director			
15. DATE SUBMITTED: 6/30/09			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/30/09		18. DATE APPROVED: 8/3/09	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/09		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		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



CENTERS for MEDICARE & MEDICAID SERVICES

Region VIII

August 6, 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 09-016. Licensed Professional Counselors' Services.

Dear Ms. Dalton:

Please be advised CMS has approved Montana State Amendment 09-016, Licensed Professional Counselors' Services, This state plan amendment is approved with an effective date of July 1, 2009. We appreciate the cooperation extended by your staff in the review and approval of this state plan amendment.

If you have any questions regarding this State Plan Amendment please contact Diana Maiden at 303-844-7114.

Sincerely,

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

cc: Ms. Jo Thompson, Montana State Plan Coordinator

- 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, 2009 and are effective for services provided 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 professional counselor licensed in the State of Montana who is enrolled in the Montana Medicaid program.