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State/Territory Name: Montana

State Plan Amendment (SPA) #: 21-0002

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
December 17, 2021

Marie Matthews, State Medicaid Director
Montana Department of Public Health & Human Services
Attn: Mary Eve Kulawik
P.O. Box 4210
Helena, MT  59604

RE:  Montana State Plan Amendment (SPA) Transmittal Number 21-0002

Dear Director Matthews:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 24, 2021. This plan amendment increases the Autism Treatment State Plan Services rate and conversion factor to reflect the 2021 legislative appropriation of a 1% increase.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith via 214-767-6453 or lajoshica.smith@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
   HEALTH CARE FINANCING ADMINISTRATION
   DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 21-0002
2. STATE Montana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE 07/01/2021

5. TYPE OF PLAN MATERIAL (Check One):
   □ NEW STATE PLAN  □ AMENDMENT TO BE CONSIDERED AS NEW PLAN  ☑ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
   42 CFR 440.130(c)
   Social Security Act 1905(a)(13)
   Social Security Act 1902(a)(30)(A)

7. FEDERAL BUDGET IMPACT:
   a. FFY 21 (3 months) $2,140
   b. FFY 22 (12 months) $9,224

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Preventive Services-Autism Treatment, Service 13.c, Attachment 4.19B, page 3 of 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Preventive Services-Autism Treatment, Service 13.c, Attachment 4.19B, page 3 of 3

10. SUBJECT OF AMENDMENT:
    Effective July 1, 2021, Autism Treatment State Plan Services rate and conversion factor will be increased to reflect the 2021 legislative appropriation of 1.00% increase.

11. GOVERNOR’S REVIEW (Check One):
    □ GOVERNOR’S OFFICE REPORTED NO COMMENT
    □ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

    ☑ OTHER, AS SPECIFIED:
    Single Agency Director Review

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Marie Matthews

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: 9-24-21

FOR REGIONAL OFFICE USE ONLY

16. RETURN TO:
    Montana Department of Public Health and Human Services
    Marie Matthews
    Attn: Mary Eve Kulawik
    PO Box 4210
    Helena MT 59620

17. DATE RECEIVED: 09/24/21

18. DATE APPROVED: December 17, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/21

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Todd McMillion

22. TITLE: Director, Division of Reimbursement Review

23. REMARKS:
Autism Treatment Services

I. Reimbursement for autism treatment services will be the lower of:

A. The provider’s usual and customary (billed) charge for the service; or

B. The Department’s fee schedule which is based on a resource based relative value scale (RBRVS) methodology. In accordance with RBRVS methodology, a Relative Value Unit (RVU), which is numeric, is multiplied 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.

1. Current Procedural Terminology (CPT) Category I codes are being utilized for adaptive behavior assessment/intervention services (ABA) for the assessment and treatment of Autism Spectrum Disorders: Codes 97151, 97153, and 97155. For Behavior Identification Assessments 97151 and Adaptive Treatment with Protocol 97155, the Department fee is based on a service provided by a Board Certified Behavior Analyst, the fee is reduced approximately 26% when provided by a Board Certified Assistant Behavior Analyst or a student enrolled in an accredited BCBA graduate level education program.

II. The Department’s rates are set as of July 1, 2021, and are effective for services provided on or after that date. All rates are published on the agency’s website www.medicaidprovider.mt.gov. Unless otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.