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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0029

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

March 20, 2017

Mary Dalton, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Re: SPA MT-15-0029

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0029. This amendment will add autism services for Montana Medicaid members up to age 21.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2017. We are enclosing the summary page and the amended plan page(s).



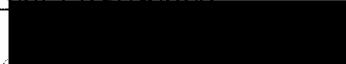
If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Richard Opper, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0029	2. STATE Montana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 01/01/2017	
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: 42 CFR 440.130(c) Social Security Ac1905(a)(13)		7. FEDERAL BUDGET IMPACT: a. FFY 17 (9 months) \$2,865,075 b. FFY 18 (12 months) \$3,690,525 c. FFY 19 (3 months) \$ 990,300	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Preventive Services, Service 13.c, Supplement to Attachment 3.1A, pages 5-9 of 9 Preventive Services, Service 13.c, Supplement to Attachment 3.1B, pages 5-9 of 9 Preventive Services, Service 13.c, Attachment 4.19B, page 3 of 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A	
10. SUBJECT OF AMENDMENT: The Preventive State Plan is being amended to add autism services for Montana Medicaid members up to age 21.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Department of Public Health and Human Services Mary E. Dalton Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: 			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: Original submittal date: 12/29/2015 Resubmittal date: 2-8-17			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 29, 2015		18. DATE APPROVED: March 20, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017		20. REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		20. REGIONAL OFFICIAL: ARA, DMCHO	
23. REMARKS:			

MONTANA

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. New Current Procedural Terminology (CPT) Category III codes being utilized for adaptive behavior assessment/intervention services (ABA) for the assessment and treatment of Autism Spectrum Disorders: Codes 0359T, 0364T, 0365T, 0368T, and 0369T. For Behavior Identification Assessments 0359T, Adaptive Treatment with Protocol initial 30 minutes 0368T, and Adaptive Treatment with Protocol additional 30 minutes 0369T; the Department fee is based on a service provided by a Board Certified Behavior Analyst; the fee is reduced 26% when provided by a Family Support Specialist with an autism endorsement, a Board Certified Assistant Behavior Analyst or a student enrolled in an accredited BCBA graduate level education program.
 2. CPT Category III codes are temporary (5-year) codes and, as such, have no nationally recognized relative value units (RVUs) until they are converted into permanent Category I CPT codes. Because CPT Category III codes do not have recognized RVUs, Montana developed temporary relative value weights and code modifiers.
 3. Temporary RVUs and code modifiers were determined for each new CPT Category III code by comparing RBRVS weights and calculated rates of current similar allowable service codes, along with current service codes that contain components and / or staffing requirements of the new autism services to develop temporary RVU weights.
- II. The Department's rates were set as of January 1, 2017, and are effective for services provided on or after that date. All rates are published on the agency's website www.medicaprovider.mt.gov. Unless otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

MONTANA

Autism treatment services, in accordance with EPSDT, are provided to Medicaid members up to age 21. These preventative services are recommended by a physician or other licensed practitioner pursuant to 42 CFR 440.130(c).

A Medicaid member who has initially been diagnosed with Autism Spectrum Disorder (ASD) by a physician or psychiatrist may be referred by a physician, psychiatrist or other licensed practitioner for a comprehensive evaluation to determine if the person is eligible and in need of ASD services. A Medicaid member who has not been diagnosed with ASD may be referred by a physician, psychiatrist, physician assistant, advanced practice registered nurse, or licensed clinical psychologist for a comprehensive evaluation, including a diagnostic assessment, to determine if the person is eligible and in need of ASD services.

Service Components—Autism Treatment Services

1915(b)(4) Comprehensive Evaluation—A comprehensive evaluation will be conducted by a team consisting of 1) a child and adolescent psychiatrist or pediatrician; 2) a Board Certified Behavior Analyst (BCBA), licensed clinical psychologist, licensed clinical professional counselor, or licensed clinical social worker; and 3) at least two of the following: speech therapist, occupational therapist, and/or physical therapist. The evaluation will involve age appropriate validated evaluation tools for functional development, gathering information from individuals who have knowledge regarding the child’s behavior, and direct observation. The results of the comprehensive evaluation must include recommendation of treatment needs to prevent the progression of disability and promote mental health and efficiency. The recommended scope, intensity, and frequency of treatment will be based on each individual’s assessed needs. The comprehensive evaluation must be reviewed and signed by a pediatrician or child and adolescent psychiatrist to indicate their recommendation of the services in the evaluation. A medical necessity review will take place every six months with information submitted by the BCBA responsible for treatment. Members must continue to meet all the criteria to continue to receive services.

Treatment Plan—A BCBA or intermediate professional meeting the qualifications and working under the supervision of the BCBA, will develop a treatment plan using evidence-based practices. Intermediate professionals include Board Certified Assistant Behavior Analysts (BCaBA), Family Support Specialists with an Autism Endorsement (FSS-AE), and students enrolled in an accredited BCBA graduate level program. Evidence-based practices include those on the National Autism Center’s National Standards Project list of Established Interventions for ASD or the National Professional Development Center on ASD list. These interventions may include, but are not limited to, Antecedent-based Intervention, Discrete Trial Teaching, Extinction, Functional Behavioral Assessment, Modeling, Naturalistic Intervention, Parent-implemented Intervention, Picture Exchange Communication System, Prompting, Response Interruption/Redirection, and Social Skills Training. The plan will include developmentally appropriate functional goals, treatment outcomes, methods of implementation, data collection process, treatment modality, intensity, frequency, duration, and setting. The provider must see the child face to face to bill for the service. The treatment plan must be reviewed and signed by a parent/legal guardian. The treatment plan will be updated every six months. The BCBA assumes responsibility for all services provided by an intermediate professional.

MONTANA

Implementation Guidance--The BCBA or intermediate professional who wrote the treatment plan will also educate and coach parents/caregivers in this plan. The BCBA or intermediate professional will correctly model an evidence-based intervention directly to the member, such as demonstrating pivotal response training, discrete trial training, or prompting. The parent/caregiver will imitate the intervention with the member while receiving constructive feedback from the BCBA or intermediate professional. Any updates or changes to the treatment plan will also be completed by the BCBA or intermediate professional and modeled for the parents/caregivers. Implementation guidance will be provided in the home or other community environments that are a part of the member's typical day. The BCBA assumes responsibility for all services provided by an intermediate professional.

Intensive Treatment— All intensive treatment services must be provided under the direct oversight of the BCBA who wrote the treatment plan. Services may be delivered by a Registered Behavior Technician (RBT). The BCBA assumes responsibility for all services provided. Intensive treatment will be provided in the home setting or other community settings that are a part of the member's typical day. The RBT delivers face-to-face services implementing the treatment plan, developmental and behavioral techniques, progress measurement, data collection, function of behaviors and generalization of acquired skills.

Provider Qualifications and Billing Requirements—Autism Treatment Services

Pediatrician

- Services Provided: Comprehensive evaluation.
- License/Certification: Current license through the Montana Board of Medical Examiners.
- Education and Training: Doctor of medicine or doctor of osteopathic medicine degree from an accredited medical school. Completion of residency program specializing in infant, child, and young adult healthcare.

Child and Adolescent Psychiatrist

- Services Provided: Comprehensive evaluation.
- License/Certification: Current license through the Montana Board of Medical Examiners.
- Education and Training: Doctor of medicine or doctor of osteopathic medicine degree from an accredited medical school. Completion of residency program specializing in child and adolescent psychiatry.

Licensed Clinical Psychologist

- Services Provided: Comprehensive evaluation.
- License/Certification: Current license through the Montana Board of Psychologists.
- Education and Training: Minimum of a doctoral degree in clinical psychology from an institution accredited by the American Psychological Association (APA) or curriculum approved by the APA or Montana Board of Psychologists. Completion of supervised experience in the practice of psychology.

MONTANA

Licensed Clinical Professional Counselor

- Services Provided: Comprehensive evaluation.
- License/Certification: Current license through the Montana Board of Behavioral Health.
- Education and Training: Minimum of a master's degree with a counseling curriculum from an accredited institution. Completion of supervised clinical work experience.

Licensed Clinical Social Worker

- Services Provided: Comprehensive evaluation.
- License/Certification: Current license through the Montana Board of Behavioral Health.
- Education and Training: Minimum of a master's degree in social work from an institution accredited by the Council on Social Work Education. Completion of supervised social work experience.

Speech Therapist

- Services Provided: Comprehensive evaluation.
- License/Certification: Current license through the Montana Board of Speech Language Pathologists and Audiologists.
- Education and Training: Minimum of a master's degree in speech pathology or communication disorders. Completion of supervised clinical work experience.

Occupational Therapist

- Services Provided: Comprehensive evaluation.
- License/Certification: Current license through the Montana Board of Occupational Therapy Practice.
- Education and Training: Minimum of a bachelor's degree in occupational therapy from an institution accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education or the American Occupational Therapy Association, Inc. Completion of supervised fieldwork experience.

Physical Therapist

- Services Provided: Comprehensive evaluation.
- License/Certification: Current license through the Montana Board of Physical Therapy Examiners.
- Education and Training: Minimum of a bachelor's degree in physical therapy from an institution accredited by the Commission on Accreditation in Physical Therapy Education. Completion of supervised clinical experience.

MONTANA

Board Certified Behavior Analyst (BCBA, BCBA-D)

- Services Provided: Comprehensive evaluation, treatment plan, and implementation guidance.
- License/Certification: Current certification as a BCBA through the Behavior Analyst Certification Board (BACB). If supervising, meet the BACB supervisory requirements for intermediate professionals and Registered Behavior Technicians. The BACB is the national entity accredited by the National Commission of Certifying Agencies.
- Education and Training: Minimum of a master's degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence.

Intermediate Professional

1) Board Certified Assistant Behavior Analyst (BCaBA)

- Services Provided: Treatment plan and implementation guidance.
- License/Certification: Current certification as a BCaBA through the BACB. The BACB is the national entity accredited by the National Commission of Certifying Agencies.
- Education and Training: Minimum of a bachelor's degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence.

2) Family Support Specialist with an Autism Endorsement (FSS-AE)

- Services Provided: Treatment plan and implementation guidance.
- License/Certification: Current endorsement through the Developmental Disabilities Program.
- Education and Training: Minimum of a bachelor's degree in a human services field. Completion of the 40-hour Registered Behavioral Technician training credentialed by the BACB and completion of continuing education requirements.

3) BCBA Student

- Services Provided: Treatment plan and implementation guidance.
- License/Certification: Actively pursuing a BCBA certification.
- Education and Training: Currently enrolled in a minimum of a master's degree program with at least three credits of coursework and/or practicum approved by the BACB.

MONTANA

Registered Behavior Technician (RBT)

- Services Provided: Intensive treatment.
- License/Certification: Current certification as an RBT through the BACB. The BACB is the national entity accredited by the National Commission of Certifying Agencies.
- Education and Training: Minimum of a high school diploma or national equivalent and at least 18 years of age.

The comprehensive evaluation and medical necessity review are provided and reimbursed through the 1915(b)(4) waiver.

All services delivered directly by the BCBA and services delivered by the intermediate professionals or RBTs under the supervision and direction of the BCBA must be billed by each BCBA responsible for the service.

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- Services Provided: Comprehensive evaluation.
- License/Certification: Current license through the Montana Board of Medical Examiners.
- Education and Training: Doctor of medicine or doctor of osteopathic medicine degree from an accredited medical school. Completion of residency program specializing in child and adolescent psychiatry.

Licensed Clinical Psychologist

- Services Provided: Comprehensive evaluation.
- License/Certification: Current license through the Montana Board of Psychologists.
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- License/Certification: Current endorsement through the Developmental Disabilities Program.
- Education and Training: Minimum of a bachelor's degree in a human services field. Completion of the 40-hour Registered Behavioral Technician training credentialed by the BACB and completion of continuing education requirements.

3) BCBA Student

- Services Provided: Treatment plan and implementation guidance.
- License/Certification: Actively pursuing a BCBA certification.
- Education and Training: Currently enrolled in a minimum of a master's degree program with at least three credits of coursework and/or practicum approved by the BACB.

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Registered Behavior Technician (RBT)

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- License/Certification: Current certification as an RBT through the BACB. The BACB is the national entity accredited by the National Commission of Certifying Agencies.
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