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State/Territory Name: Montana

State Plan Amendment (SPA) #: 20-0017

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

September 17, 2020

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

RE: TN 20-0017

Dear Director Matthews:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B 20-0017, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 29, 2020. This plan amendment updates fee schedule reimbursement as of July 1, 2020 for autism treatment services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tom Couch at 208-861-9838 or Thomas.Couch@cms.hhs.gov or LaJoshica Smith via lajoshica.smith@cms.hhs.gov

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

Cc: Mary Eve Kulawik

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. 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, 2020 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.