

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 21-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid  
Services 601 E. 12th St., Room 355  
Kansas City, Missouri 64106



**Medicaid and CHIP Operations Group**

---

December 16, 2021

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

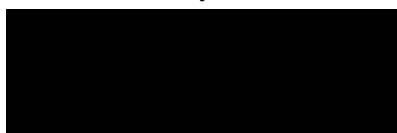
Dear Ms. Matthews:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number MT-21-0020. This amendment revises the coverage location of Applied Behavior Analysis (ABA) services in the state plan, clarifies that ABA services are provided for individuals under the age of 21 pursuant to EPSDT, clarifies the qualified practitioners that can furnish ABA services in Montana, and makes conforming changes to the corresponding reimbursement pages.

Please be informed that this State Plan Amendment was approved effective August 1, 2021. Enclosed is a copy of the CMS 179 summary page and the amended plan page(s).

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or [barbara.prehmus@cms.hhs.gov](mailto:barbara.prehmus@cms.hhs.gov).

Sincerely,

 Digitally signed by  
James G. Scott -S  
Date: 2021.12.16  
13:46:33 -06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Adam Meier, Department Director  
Mary Eve Kulawik

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: 21-0020	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 08/01/2021	
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:		7. FEDERAL BUDGET IMPACT:	
<ul style="list-style-type: none"> <li>• Social Security Act 1905(a)(6)</li> <li>• 42 CFR 440.60(a)</li> <li>• Social Security Act 1905(a)(4)(B)</li> <li>• 42 CFR 440(b)</li> <li>• Social Security Act 1905(a)(13)</li> <li>• Social Security Act 1902(a)(30)(A)</li> </ul>		a. FFY 21 (2 months)    \$ 86,675 b. FFY 22 (12 months)    \$ 490,002	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
EPSDT, Service 4b, Supplement to Attachment 3.1A, pages 20-21 of 21		Preventive Services, Service 13.c, Supplement to Attachment 3.1A, pages 6-8 of 8	
EPSDT, Service 4b, Supplement to Attachment 3.1B, pages 20-21 of 21		Preventive Services, Service 13.c, Supplement to Attachment 3.1B, pages 6-8 of 8	
EPSDT, Service 4b, Attachment 4.19B, page 15 of 15		Preventive Services, Service 13.c, Attachment 4.19B, page 3 of 3	
10. SUBJECT OF AMENDMENT:			
This SPA revises the coverage location of ABA services in the state plan, clarifies that ABA services are provided for individuals under the age of 21 pursuant to EPSDT, and clarifies the qualified practitioners that can furnish ABA services in Montana.			
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:	
[Redacted Signature]		Montana Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 9/24/2021 Resubmitted: 11/22/ 2021			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 24, 2021		18. DATE APPROVED: December 16, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted Signature] <small>ally signed by James G. Scott -5</small>	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

MONTANA

This page intentionally left blank

MONTANA

This page intentionally left blank

EPSDT - Applied Behavior Analysis (ABA) Services

MONTANA

Applied Behavior Analysis (ABA) services are provided in accordance with 42 CFR 440.60(a) Licensed Practitioners and other applicable state and federal law or regulations.

The Montana Medicaid Program meets the requirements of the Social Security Act to provide medically necessary Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

**Provider Qualifications**

Board Certified Behavior Analyst, Board Certified Behavior Analyst-Doctoral (BCBA, BCBA-D)

- 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. Current license in accordance with the Montana Board of Psychologists.
- 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.

1) Board Certified Assistant Behavior Analyst (BCaBA)

- License/Certification: Current certification as a BCaBA through the BACB. The BACB is the national entity accredited by the National Commission of Certifying Agencies. Current license in accordance with the Montana Board of Psychologists.
- 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.

MONTANA

Registered Behavior Technician (RBT)

- 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.

All services delivered directly by the BCBA and services delivered by the BCaBA's or RBTs are under the supervision and direction of the BCBA, and the BCBA assumes professional liability for the services of the above unlicensed practitioners.

MONTANA

This page intentionally left blank



MONTANA

This page intentionally left blank

## MONTANA

Applied Behavior Analysis (ABA) services are provided in accordance with 42 CFR 440.60(a) Licensed Practitioners and other applicable state and federal law or regulations.

The Montana Medicaid Program meets the requirements of the Social Security Act to provide medically necessary Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

### **Provider Qualifications**

Board Certified Behavior Analyst, Board Certified Behavior Analyst-Doctoral (BCBA, BCBA-D)

- 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. Current license in accordance with the Montana Board of Psychologists.
- 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.

#### 1) Board Certified Assistant Behavior Analyst (BCaBA)

- License/Certification: Current certification as a BCaBA through the BACB. The BACB is the national entity accredited by the National Commission of Certifying Agencies. Current license in accordance with the Montana Board of Psychologists.
- 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.

MONTANA

Registered Behavior Technician (RBT)

- 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.

All services delivered directly by the BCBA and services delivered by the BCaBA's or RBTs are under the supervision and direction of the BCBA, and the BCBA assumes professional liability for the services of the above unlicensed practitioners.

MONTANA

This page intentionally left blank

MONTANA

This page intentionally left blank

MONTANA

**Applied Behavior Analysis (ABA) Services**

- I. Reimbursement for Applied Behavior Analysis (ABA) 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 for the assessment and treatment of a Serious Emotional Disturbance (SED) including Autism Spectrum Disorder, or Developmental Disability diagnosis, that meets Functional Impairment Criteria. 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.medicaprovider.mt.gov](http://www.medicaprovider.mt.gov). Unless otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.