
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 17-0038

This file contains the following documents in the order listed:

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

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



REGION VIII - DENVER

March 1, 2018

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

Re: SPA MT-17-0038

Dear Ms. Matthews:

We have approved the State Plan Amendment (SPA) submitted under transmittal number MT-17-0038. The amendment implements a statewide 2.99% rate reduction for Autism Treatment services.

Please be informed that this State Plan Amendment was approved February 28, 2018, with an effective date of January 1, 2018. We are enclosing the summary page and the amended plan page(s).

The State assures that the change in reimbursement for Autism Treatment services is not expected to have an effect on access to care for Medicaid beneficiaries. The State did receive public comments concerning Autism Treatment services but those comments were not specific to the reimbursement reduction. The State provided evidence from analysis reflected in a revised Addendum to Montana Medicaid 2016 Access Monitoring Plan that revealed consistent beneficiary utilization and enrollment information for those licensed practitioners authorized to provide Autism Treatment services. Based on this information, CMS infers that the amendment does not affect consistency with the access to care requirements described in §1902(a)(30)(A) of the Social Security Act. While this SPA results in an overall decrease in State expenditures for Autism Treatment services, it was determined to be a nominal change in overall reimbursement as described in State Medicaid Director Letter (SMDL) #17-004.

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage, report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9.

For Autism Treatment services, the expenditures should be reported on: Line 34 – Diagnostic Screening and Preventive Services.




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: Sheila Hogan, Department Director
Mary Eve Kulawik

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|--|--|---|---------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 17-0038 | 2. STATE Montana |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 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 1/01/2018 | |
| 5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>) | | | |
| 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 18 (9 months) \$(43,132) b. FFY 19 (12 months) \$(102,655) c. FFY 20 (3 months) \$(32,877) | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Preventive Services, Service 13.c, Attachment 4.19B, page 3 of 3 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Preventive Services, Service 13.c, Attachment 4.19B, page 3 of 3 | |
| 10. SUBJECT OF AMENDMENT: The purpose of the amendment is to update the fee schedule and provider rates to take into consideration the 65 th Montana Legislature's appropriations adopted in House Bill 2 and reflect the mandated legislative reductions to comply with Montana Senate Bill 261. | | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>): <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 Single Agency Director Review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Montana Department of Public Health and Human Services Christie Matthews Attention: Mary Eve Kulawik Box 4210 Helena MT 59620 | |
| 14. TITLE: State Medicaid Director | | | |
| 15. DATE SUBMITTED:  | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: December 28, 2017 | | 18. DATE APPROVED: February 28, 2018 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018 | | 20. SIGNATURE OF REGIONAL OFFICIAL:  | |
| 21. TYPED NAME: Richard C. Allen | | 22. TITLE: 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 approximately 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 are set as of January 1, 2018, and are effective for services provided on or after that date. All rates are published on the agency's website www.medicicaidprovider.mt.gov. Unless otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.