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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 18-0051**

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**

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October 4, 2018

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

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-18-0051. This amendment restores rates to levels prior to the State's budget reduction.

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

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 Preventive Services – Autism Treatment Services expenditures should be reported on:

Line 34 – Diagnostic Screening & Preventive Services.

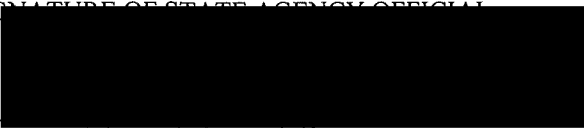

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



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

cc: Sheila Hogan, Department Director  
Duane Preshinger  
Mary Eve Kulawik

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 18-0051	2. STATE Montana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 7/01/2018	
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 (3 months)      \$ 2,331 b. FFY 19 (12 months)    \$ 51,405 c. FFY 20 (9 months)     \$ 77,307	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Preventive Services-Autism 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-Autism Services, Service 13.c, Attachment 4.19B, page 3 of 3	
10. SUBJECT OF AMENDMENT:  Effective July 1, 2018, this amendment restores the across the board Medicaid provider rates and fee schedules that were reduced by 2.99% effective January 1, 2018, due to budget shortfalls in State Fiscal year 2018. The proposed 2.99% rate reversal is the result of two Temporary Restraining Orders (TRO) that were filed as court orders in August 2018.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<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 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: 9-13-18			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 13, 2018		18. DATE APPROVED: October 4, 2018	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 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 July 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](http://www.medicicaidprovider.mt.gov). Unless otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.