Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 19-0023

This file contains the following documents in the order listed:

- Approval Letter
 179
 Approval SDA D
- 3) Approved SPA Pages

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

Denver Regional Operations Group

November 19, 2019

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-19-0023. This amendment removes selective contracting references from the state plan coverage page.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2019. We are enclosing the summary page and the amended plan page(s).

If you have any questions regarding this SPA please contact Sonja Madera at (303) 844-3522.

Sincerely,

Richard C. Allen Director, Western Regional Operations Group Denver Regional Office Centers for Medicaid and CHIP Services

cc: Sheila Hogan, Montana Department Director Mary Eve Kulawik, Montana



DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 19-0023	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 10/01/2019	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ⊠ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	ENDMENT (Separate Transmittal for each amendment) 7. FEDERAL BUDGET IMPACT:	
42 CFR 440.130(c) Social Security Act 1905(a)(13) Social Security Act 1902(a)(30)(A)	a. FFY 20 (12 months) \$0 b. FFY 21 (12 months) \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Preventive Services, Service 13.c, Supplement to Attachment 3.1A, pages 6-8 of 8	Preventive Services, Service 13.c, Supplement to Attachment 3.1A, pages 5-8 of 8	
Preventive Services, Service 13.c, Supplement to Attachment 3.1B, pages 6-8 of 8	Preventive Services, Service 13.c, Supplement to Attachment 3.1B, pages 5-8 of 8	
10. SUBJECT OF AMENDMENT:		
The Preventive Services-Autism Treatment Services State Plan is being amended to align with the termination of the 1915(b)(4) Montana Autism Evaluation and Service Review waiver. All references to the Comprehensive Evaluation component will be removed. Language will be added to the Provider Qualifications and Billing Requirements section regarding the required state licensure for the Board Certified Behavior Analyst (BCBA), Board Certified Behavior Analyst-Doctoral (BCBA-D), and the Board Certified Assistant Behavior Analyst (BCBA). Also, language will be included to indicate that the Family Support Specialist with an Autism Endorsement (FSS-AE) certification will expire after December 31, 2019.		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	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	
13. TYPED NAME: Marie Matthews	Attn: Mary Eve Kulawik PO Box 4210	
14. TITLE: State Medicaid Director	Helena MT 59620	
15. DATE SUBMITTED: 9-30-19		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 18. DATE APPROVED: September 30, 2019 November 19, 2019 PLAN APPROVED – ONE COPY ATTACHED		9, 2019
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2019	20_SIGNATURE OF REGIONAL OFFIC	CIAL:
21. TYPED NAME: Richard C. Allen	22. TITLE: Director, WROG	
23. REMARKS:		

Page 6 of 8 Supplement to Attachment 3.1A Service 13.c Preventive Services-Autism Treatment Services

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).

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, including therapy services pursuant to 42 CFR 440.110.

Service Components

Treatment Plan—A Board Certified Behavior Analysts (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 Autism Spectrum Disorder (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.

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.

Page 7 of 8 Supplement to Attachment 3.1A Service 13.c Preventive Services-Autism Treatment Services

MONTANA

Provider Qualifications and Billing Requirements

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

- Services Provided: 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. 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.

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. 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.
- 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. All endorsements will expire after December 31, 2019.
 - 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.

Page 8 of 8 Supplement to Attachment 3.1A Service 13.c Preventive Services-Autism Treatment Services

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.

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.

Page 6 of 8 Supplement to Attachment 3.1B Service 13.c Preventive Services-Autism Treatment Services

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).

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, including therapy services pursuant to 42 CFR 440.110.

Service Components

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MONTANA

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 - 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. Current license in accordance with the Montana Board of Psychologists.
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 - License/Certification: Current endorsement through the Developmental Disabilities Program. All endorsements will expire after December 31, 2019.
 - 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.

Page 8 of 8 Supplement to Attachment 3.1B Service 13.c Preventive Services-Autism Treatment Services

MONTANA

Registered Behavior Technician (RBT)

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- Education and Training: Minimum of a high school diploma or national equivalent and at least 18 years of age.

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