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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 17-0006

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
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 28, 2017

Mr. Dave Richard
Deputy Secretary for Medical Assistance
North Carolina Department of Health and Human Services
1985 Umstead Drive
Raleigh, NC 27699-2501

RE: SPA 17-0006

Dear Mr. Richard:

Enclosed is an approved copy of North Carolina's state plan amendment (SPA) 17-0006 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2017. SPA 17-0006 adds Research-Based Intensive-Behavioral Health Treatment services for ages 0-21 to the state plan.

Based on the information provided, the Medicaid State Plan Amendment NC 17-0006 was approved on December 21, 2017. The effective date of this SPA is July 1, 2017. The signed 179 and the approved plan pages are enclosed.

CMS appreciates the work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Kenni Howard at 404-562-413 or by email at kenni.howard@cms.hhs.gov.

Sincerely,

//s//

Charles Friedrich
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 17-0006	2. STATE NC
	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 July 1, 2017	

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 AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130(c)	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$ 5,198 b. FFY 2019 \$21,018
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 15-A.1, Attachment 3.1-A.1, Page 15-A.2, Attachment 3.1-A.1, Page 15-A.3, Attachment 3.1-A.1, Page 15-A.4 and Attachment 4.19-B, Section 13, Page 29	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): N/A

10. SUBJECT OF AMENDMENT:

Research-Based Intensive-Behavioral Health Treatment (RBI-BHT)

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED: Secretary
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
13. TYPED NAME: Mandy Cohen, MD, MPH	
14. TITLE: Secretary	
15. DATE SUBMITTED: 09/29/17	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09/29/17	18. DATE APPROVED: 12/21/17
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/17	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Charles Friedrich	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS: Approved with following changes to block # 8 as authorized by the state agency

Block # 8 changed to read: Attachment 3.1-A.1 pages 15-A.1, 15-A.2, 15-A.3, 15-A.4 and 15-A.5: Attachment 4.19-B Section 13 page 29

State Plan Under Title XIX of the Social Security Act
 Medical Assistance Program
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13. c. Preventive Services under Other Diagnostic, Screening, Preventive, Treatment, and Rehabilitative Services

Research-based Behavioral Health Treatment (RB-BHT):

RB-BHT services are researched-based behavioral intervention services that prevent or minimize the disabilities and behavioral challenges associated with Autism Spectrum Disorder (ASD) and promote, to the extent practicable, the adaptive functioning of a beneficiary. Research Based-Behavioral Health Treatments, demonstrates clinical efficacy in treating ASD, prevents or minimizes the adverse effects of ASD and; promotes, to the maximum extent possible, the functioning of a beneficiary.

In accordance with 42 CFR 440.130(c), RB-BHT services are covered as medically necessary services based upon the recommendation and referral of a licensed physician or a licensed doctorate- level psychologist for individuals who have been diagnosed with Autism Spectrum Disorder as defined below. Services that treat or address ASD under this state plan are available only for the following beneficiaries: infants, children and adolescents age 0 to up to 21st birthday. Services that treat or address ASD will be provided to all individuals (age 0 to up to 21st birthday) who meet the medical necessity criteria for receipt of the service(s).

Individuals (0 to up to the 21st birthday) diagnosed with Autism Spectrum Disorder utilizing a scientifically validated tool or tools for diagnosis of ASD including individuals diagnosed under Section 8A of the State plan. For an individual (0-3), at the time if initiating services, a provisional diagnosis of ASD is accepted.

- Behavioral / Adaptive / Functional assessment and development of treatment plan;
- Delivery of RB-BHT services;
 - Adapting environments to promote positive behaviors and learning while reducing negative behaviors (*e.g.*, naturalistic intervention, antecedent based intervention, visual supports);
 - Applying reinforcement to change behaviors and promote learning (*e.g.* Reinforcement, differential reinforcement of alternative behaviors, extinction);
 - Teaching techniques to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills (*e.g.*, discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting);
 - Using typically developing peers (*e.g.*, individuals who do not have ASD) to teach and interact with children with ASD (*e.g.*, peer mediated instruction, structured play groups);
 - Applying technological tools to change behaviors and teach skills (*e.g.*, video modeling, tablet-based learning software); and
- Training of parents/ guardians/caregivers on interventions consistent with the RB-BHT, and

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- Observation and Direction Performing Provider's observation and direction of the BCaBA or Technician, which is reimbursed only when: (A) the Performing Provider is in the same location as both the individual and the BCaBA or technician and (B) the observation is for the benefit of the individual. The Performing Provider delivers observation and direction regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child. Observation and direction also informs any modifications needed to the methods to be implemented to support the accomplishment of outcomes in the Treatment Plan. Observation and direction must be provided on an ongoing basis throughout the time that RB-BHT services are being provided to an individual.

In addition to the categories of interventions listed immediately above, covered RB-BHT services not specifically listed above also include any other intervention supported by credible scientific and/or clinical evidence, as appropriate to each individual.

A provisional diagnosis of ASD is a diagnosis made by a licensed professional as provisional or rule-out based on significant concern for ASD (e.g., physician screening results, parent report, early intervention documentation of concern, or observation of symptoms) when a comprehensive evaluation has not yet been completed. Provisional diagnosis maybe made by licensed psychologist, physician, or clinicians with a Master's degree for whom this service is within their scope of practice (e.g., licensed Psychological Associate, Licensed Clinical Social Worker)

Limitations:

RB-BHT services are provided under a prior authorized treatment plan that has measurable goals over a specific timeline for the specific individual being treated developed by a licensed Qualified Autism Service Provider (LQASP). The treatment plan shall be reviewed no less than once every six months by a Licensed Qualified Autism Service Provider (LQASP) and modified whenever appropriate. Extension of service authorization must be received to continue coverage of the service. Services provided without prior authorization shall not be considered for payment or reimbursement except in the case of retroactive Medicaid eligibility. Services must be provided and supervised under an approved treatment plan developed by a Licensed Qualified Autism Service provider (LQASP). Coverage is limited to medically necessary services.

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Research-based Behavioral Health Treatment (RB-BHT):

Assessment and Treatment Plan:

The behavioral / functional / adaptive assessment shall:

1. Be based on the individual's strengths and interests.
2. Describe the core and associated deficits of ASD for the individual and how those deficits impact the individual

The treatment plan shall:

1. Be person centered and developmentally appropriate with individualized goals.
2. Describe the individual's behavioral health or developmental skills / challenges that are to be treated;
3. Delineate an intervention plan that includes the service type, number of hours of direct service and supervision, and parent/guardian/caregiver participation needs to achieve the long-term, intermediate, and short-term goals and objectives that are specific, behaviorally defined, measurable, and based upon clinical observation; the frequency at which the beneficiary's progress is evaluated and reported, and identifies the individual providers responsible for delivering the services;
4. Provide intervention plans that utilize research- based practices, with demonstrated clinical efficacy in treating ASD and that are specific to the individual's needs and developmental level;
5. Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives and goals identified in the intervention plan;
6. Update goals and objectives when the treatment goals and objectives are achieved or no longer appropriate.
7. Services should be reviewed and evaluated for termination, transfer to a different provider or transfer to a different service/treatment when:
 - The individual has achieved the treatment goals as defined in the treatment plan; or
 - The individual who has a provisional diagnosis for ASD does not meet the diagnostic criteria for ASD (as measured by appropriate scientifically validated tools) or is not appropriate for the particular service type; or
 - The individual no longer meets Medical Necessity criteria for receipt of the services; or
 - The family/caregiver desires to discontinue services; or

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Research-based Behavioral Health Treatment (RB-BHT):

Transition and discharge planning from a treatment program shall include a written plan that specifies details for monitoring and follow-up as is appropriate for the individual and family/caregiver. The treatment plan is not to be used for purposes of providing for the reimbursement of respite, day care, or educational services and is not to be used to reimburse a parent for participating in a treatment program. The treatment plan shall be available to a health plan upon request. A unit of service is defined according to the Current Procedural Terminology (CPT) approved code set and other AMA approved codes, unless otherwise specified.

Provider Qualifications:

These services are regularly scheduled and provided by a Licensed Qualified Autism Service Provider (LQASP) provider, a Certified Qualified Autism Provider (C-QP), or a paraprofessional.

A Licensed Qualified Autism Provider is:

Licensed Qualified Autism Service Provider (LQASP): Person, entity, or group who meets one of the following credentials: A person licensed as a physician or developmental and developmental/behavioral pediatrician, psychologist or psychological associate, occupational therapist, speech-language pathologist, clinical social worker, professional counselor, licensed marriage or family therapist or other licensee allowed to independently practice RB-BHT under the scope of practice permitted in North Carolina, provided the services are within the experience and competence of the state licensee. The Licensed Qualified Autism Service Provider develops the treatment plan and may also supervise or provide RB-BHT.

A Certified Qualified Professional (C-QP) is:

Certified Qualified Professional (C – QP) means a certified or provisionally licensed professional, including a Board Certified Behavioral Analyst certified by a national entity that is accredited by the National Commission for Certifying Agencies, or an individual who holds a provisional license in North Carolina and is practicing within the scope of practice permitted by that license. The C-QP is at least 21 years of age and has training and experience in providing services for ASD. The Certified Qualified Professional provides, supervises, or provides and supervises RB-BHT pursuant to a treatment plan developed by a Licensed Qualified Autism Service provider.

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Provider Qualifications (Cont.):

A Paraprofessional is:

Paraprofessional means a person who has completed specific competency-based RB-BHT training for persons with ASD that is equivalent to the minimum hour requirements of the lowest level paraprofessional (e.g. Technician) as specified by the Behavior Analyst Certification Board (BACB). The paraprofessional is at least 18 years of age and has a GED or high school diploma. The paraprofessional provides RB-BHT pursuant to a treatment plan developed by a Licensed Qualified Autism Service provider and is supervised by either a LQASP or C-QP.

Amount, Duration and Scope:

A unit of service is defined according to the Current Procedural Terminology (CPT) or other approved AMA code sets consistent with the National Correct Coding Initiative unless otherwise specified. RB-BHT can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services and/or socializes.

MEDICAL ASSISTANCE
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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

30. Research-Based Intensive Behavioral Health Treatment (RBI-BHT)

The agency's fee schedule rates are effective for services provided on or after the effective date of July 1, 2017. The fee schedule is published on the NC Division of Medical Assistance website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of RBI-BHT services.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

TN No: 17-0006
Supersedes
TN No: NEW

Approval Date: 12-21-2017

Effective Date: 07/01/2017