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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 23-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

September 29, 2023

Robert M. Kerr, Director
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

Re: South Carolina State Plan Amendment (SPA) 23-0009

Dear Director Kerr:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0009. This SPA proposes to increase rates and service limits for two autism spectrum disorder (ASD) services and add two additional codes with service description to the ASD Services Manual.

We conducted our review of your submittal according to statutory requirements in 42 C.F.R. §447.201. This letter is to inform you that South Carolina's Medicaid SPA 23-0009 was approved on September 29, 2023, with an effective date of July 1, 2023.

Enclosed are copies of the approved CMS-179 summary form and the approved SPA page to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

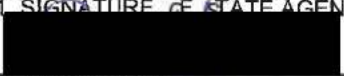

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Margaret Alewine
Sheila Chavis

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 3 — 0 0 0 9</u>	2. STATE <u>S C</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">July 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of SSA, Sect. 1902(a)(13) and 42 CFR 447.201		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>476,415</u> b. FFY <u>2024</u> \$ <u>1,877,310</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A Limitation Supplement page 1c.4 (new) Attachment 3.1-A Limitation Supplement, page 1c.3 Attachment 4.19-B, page 2.1.1		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Limitation Supplement, page 1c.3 Attachment 4.19-B, page 2.1.1	
9. SUBJECT OF AMENDMENT Amendment of the SC title XIX State Plan to increase rates and service limits for two Autism Spectrum Disorder (ASD) services and add two additional codes with service description to the ASD Services Manual.			
10. GOVERNOR'S REVIEW (Check One)			
<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="radio"/> OTHER, AS SPECIFIED: Mr. Kerr was designated by the Governor to review and approve all State Plans.	
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
12. TYPED NAME Robert M. Kerr			
13. TITLE Director			
14. DATE SUBMITTED August 9, 2023			
FOR CMS USE ONLY			
16. DATE RECEIVED August 9, 2023		17. DATE APPROVED September 29, 2023	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division Program Operations	
22. REMARKS 9-5-2023: South Carolina authorizes a pen and ink change to add page 1c.4 as a new page to b ox 7.			

Allowable ASD services for licensed professionals:

- Treatment services - Direct contact with the beneficiary and collateral contacts such as parents/guardians, case managers, or other treatment providers, as clinically indicated, to render ASD services as specified below to manage and ameliorate clinically significant symptoms and their day-to-day manifestations, as per the beneficiary's Individualized Plan of Care (IPOC).

Providers of ASD Services must be certified and appropriately credentialed by the Behavior Analyst Certification Board (BACB) as follows:

- Board Certified Behavior Analyst (BCBA) - The BCBA must obtain a graduate degree from an Association for Behavior Analysis International (ABAI) accredited school; complete the ABAI verified course sequence of behavior-analytic coursework; conduct postgraduate research and teach as faculty in an ABAI program; or obtain postdoctoral experience in ABA and pass the BCBA examination.
- Board Certified Behavior Analyst - Doctoral (BCBA-D) - The BCBA-D must have doctoral or postdoctoral training in behavior analysis and pass the BCBA examination as indicated above; the BCBA-D is recognized as a designation of BCBA and functions in the same capacity.
- Board Certified Assistant Behavior Analyst (BCaBA) - The BCaBA must obtain an undergraduate degree from an ABAI accredited school or complete the ABAI verified course sequence required for taking the BCaBA examination. The BCaBA must be under the supervision of a BCBA.
- Registered Behavior Technician (RBT) - The RBT is a paraprofessional with a minimum high school diploma who has completed 40-hours of training and passed the initial competency assessment administered by the BACB. An RBT must be under the supervision of an RBT Supervisor, BCaBA, or BCBA.

Allowable Autism Spectrum Disorder (ASD) Treatment Services for certified providers, as per competency level, include:

- Behavior identification assessment - Direct contact with the beneficiary and collateral contacts such as parents/guardians, case managers, or other treatment providers, as clinically indicated, in order to identify maladaptive behaviors, completing a mental health evaluation to establish treatment needs and a treatment plan. This service may include psychological testing, as clinically indicated.

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SUPERSEDES: SC 17-0005

- Observational behavioral follow-up assessment - Direct contact with the beneficiary and collateral contacts such as parents/guardians, case managers, or other treatment providers, as clinically indicated, to identify and evaluate factors that may impede adaptive behavior. This assessment includes structured observation and/or standardized tests to determine adaptive behavior. This service may include psychological testing, as clinically indicated.
- Exposure behavior follow-up assessment: Direct beneficiary contact to examine triggers, events, cues, responses, and consequences associated with maladaptive behavior.
- Adaptive behavior treatment - Direct contact with the beneficiary and collateral contacts such as parents/guardians, case managers, or other treatment providers, as clinically indicated, to address the beneficiary's treatment goals as defined by the assessments and Individualized Plan of Care (IPOC). Adaptive behavior treatment includes analysis and alteration of motivating factors and contextual events, stimulus-consequence strategies and replacement behavior, as well as the monitoring of outcome variables.
- Group adaptive behavior treatment - Adaptive behavior treatment as described above, provided in a group setting with multiple patients.
- Family adaptive behavior treatment guidance - Direct contact with the family/caregiver for specialized training and education to assist with the beneficiary's treatment goals and development. The provider observes and trains the family/caregivers on the beneficiary's status, as well as instructs family/caregivers on techniques to promote the child's development.

Applied Behavior Analysis

Effective for services provided on and after July 1, 2019, the Medicaid agency will reimburse both private and governmental providers of applied behavior analysis (ABA) services based upon a state developed fee schedule. The services to be provided under this section can be accessed via the following agency website address: <https://msp.scdhhs.gov/autism/site-page/fee-schedule>. Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers.

Effective January 1, 2022, the following ABA codes were increased by thirty percent (30%) in order to improve the provider network based upon recent market rate comparisons (97153, 97155, and 97156). Effective July 1, 2023, the following actions were implemented in order to improve the provider network based upon recent market rate comparisons: 97153 was increased by 24%; service limits were increased for 97156; additional codes were added for group adaptive behavior treatment, multiple patients (97154, 97158).

All rates are published on the SCDHHS public website.

Reimbursement for ABA services is authorized for the treatment, family guidance, and periodic assessment of Autism Spectrum Disorder (ASD) pursuant to the provisions expressed in Attachment 3.1-A of this plan.

To determine an hourly rate for the services provided by a Board Certified Behavior Analyst (BCBA) and a Board Certified Assistant Behavior Analyst (BCaBA), the Medicaid Agency uses the midpoint of the comparable South Carolina state government positions and determines the average hourly rate for BCBA/BCaBA staff. After applying the applicable fringe rate and adding estimated operational expenses, the sum is divided by a productivity factor representative of an estimated number of billable hours to determine an hourly billing rate. Hourly rates are then converted to the time units corresponding to approved billing (HCPCS/CPT) codes to determine the reimbursement rate by billing codes.

To determine an hourly rate for the services provided by a Registered Behavior Technician (RBT), the Medicaid Agency uses the midpoint of the comparable South Carolina state government position and other data sources such as RBT wage surveys and interviews of ABA provider practices to determine the average hourly rate for an RBT. After applying the applicable fringe rate and adding estimated operational expenses for an RBT, the sum of each position is divided by a productivity factor representative of an estimated number of billable hours to determine an hourly billing rate. Hourly rates are then converted to the time units corresponding to approved billing (HCPCS/CPT) codes to determine the reimbursement rate by billing codes.

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SUPERSEDES: SC 22-0001