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**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 17-0005**

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**

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September 7, 2017

Ms. Deidra T. Singleton  
Acting Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

Re: South Carolina State Plan Amendment 17-0005

Dear Ms. Singleton:

We have reviewed the proposed South Carolina state plan amendment, SC 17-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 13, 2017. This amendment adds Autism Spectrum Disorder (ASD) services to medically eligible beneficiaries' ages 0-21 to the State Plan.

Based on the information provided, the Medicaid State Plan Amendment SC 17-0005 was approved on September 7, 2017. The effective date of this amendment is July 1, 2017. We are enclosing the approved HCFA-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or [Maria.Drake@cms.hhs.gov](mailto:Maria.Drake@cms.hhs.gov), or Cheryl Wigfall at (803) 252-7299 or [Cheryl.Wigfall@cms.hhs.gov](mailto:Cheryl.Wigfall@cms.hhs.gov).

Sincerely,

/s/

Shantrina Roberts  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
17-0005

2. STATE  
South Carolina

**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  
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:  
Social Security Act Sections 1905(a)(4)(B) and 1905(r)  
42 CFR 440.60 Other Licensed Practitioner Services  
42 CFR 440.130(c) Preventive Services

7. FEDERAL BUDGET IMPACT:  
a. FFY 2017    \$ 2.85 Million  
b. FFY 2018    \$ 28.5 Million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages 1c.2 & 1c.3 (new pages)  
Attachment 4.19-B, pages 2a.1a & 2a.1b (new pages)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

10. SUBJECT OF AMENDMENT: This plan amendment will add Autism Spectrum Disorder (ASD) services to medically eligible beneficiaries' ages 0-21 to the State Plan.

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:  
Mrs. Singleton was designated by the  
Governor to review and approve all State  
Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
//s//

16. RETURN TO:

13. TYPED NAME:  
Deirdra T. Singleton

South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

14. TITLE:  
Acting Director

15. DATE SUBMITTED:  
July 12, 2017

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
07/13/17

18. DATE APPROVED: 09/07

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
07/01/17

20. SIGNATURE OF REGIONAL OFFICIAL:  
//s//

21. TYPED NAME:  
Shantrina Roberts

22. TITLE: Acting Associate Regional Administrator Division  
Medicaid & Children Health Opns

23. REMARKS: Approved with the following changes to block # 6 and 8 as authorized on email dated 08/03/17:

Block # 6 changed to read: Social Security Act Sections 1905(a)(4)(B) and 1905(r); 42 CFR 440.130(c) Preventive Services. Block # 8 changed to read: Attachment 4.19-B pages, 2.1.1 and 2.1.2(new pages; Attachment 3.1-A Pages 1c.2 and 1c.3 (new)

Autism Spectrum Disorder (ASD) Treatment Services

General Description

Services to treat autism spectrum disorders (ASD), as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, are provided to Medicaid beneficiaries under age twenty-one pursuant to the EPSDT benefit. Pursuant to Social Security Act Section 1905(a)(13) and 42 C.F.R. § 440.130(c), these services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the individual. These services may be provided in the beneficiary's home, in a clinic setting, or other settings as authorized in the applicable section of the SCDHHS provider manual.

Autism Spectrum Disorder (ASD) Treatment Services include a variety of behavioral interventions which have been identified as evidence-based by nationally recognized research reviews, identified as evidence-based by other nationally recognized substantial scientific and clinical evidence, and/or any other intervention supported by credible scientific or clinical evidence, as appropriate to each individual.

Autism Spectrum Disorder (ASD) Assessment and Treatment Services must be prior authorized.

Individuals Providing Services

ASD services shall be rendered by qualified individuals as follows:

Qualified individuals must be enrolled with SCDHHS as an ASD provider and must possess either a license to practice at the independent level from the state in which the individual renders services, or a national certification appropriate to the services they provide. Additional information regarding professional licenses, certifications, and the services that may be rendered by qualified individuals can be found in the ASD Services and Qualified Individuals Chart in the applicable section of the provider manual.

Licensed providers are:

- Licensed Psychologists;
- Licensed Independent Social Workers-Clinical Practice;
- Licensed Marriage and Family Therapist;
- Licensed Psycho-Educational Specialist;
- Licensed Professional Counselor

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Allowable ASD services for licensed professionals:

- Treatment services - Direct beneficiary contact (and collaterals as clinically indicated) to render Evidence-Based Practice (EBP) services as listed in the provider manual to manage and ameliorate clinically significant symptoms and their day-to-day manifestations, as per the beneficiary's Individualized Plan of Care (IPOC). For further information on EBPs please refer to the ASD Services Provider Manual.

Certified and credentialed providers include:

- Board Certified Behavior Analysts - Doctoral (BCBA-D) as defined by the Behavior Analyst Certification Board (BACB);
- Board Certified Behavior Analyst (BCBA) as defined by the BACB;
- Board Certified Assistant Behavior Analyst (BCaBA) under supervision as defined by the BACB;
- Registered Behavior Technician (RBT) under supervision as defined by the BACB

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

- Behavior identification assessment - Direct beneficiary contact (and collaterals 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.
- Observational behavioral follow-up assessment - Direct beneficiary contact (and collaterals 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 beneficiary contact (and collaterals 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.
- 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.

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Autism Services

Effective for services provided on and after July 1, 2017, the Medicaid agency will reimburse both private and governmental providers of autism services based upon a state developed fee schedule. The services to be provided under this section are as follows and can be accessed via the following agency website address:

<https://msp.scdhhs.gov/autism/site-page/fee-schedule>

Procedure Code	Service Description	Qualifications	Unit
0359T	Behavior Identification Assessment (ABA)	BCBA/BCaBA	30 minutes
90791	Behavior Assessment (non-ABA)	Ph.D./Psy.D., LISW, LMFT, LPC, LPES	Encounter
0368T & 0369T	Adaptive Behavior Treatment With Protocol Modification	BCBA/BCaBA	30 minutes
0360T & 0361T	Observational Behavioral Follow-up Assessment	BCBA/BCaBA/RBT II	30 minutes
0362T, 0363T	Exposure Behavioral Follow-up Assessment	BCBA/BCaBA RBT I & RBT II	30 minutes
0364T, 0365T	Adaptive Behavior Treatment By Protocol	BCBA/BCaBA RBT I & RBT II	30 minutes
0370T	Family Adaptive Behavior Treatment Guidance	BCBA/BCaBA	30 minutes
H2019	Therapeutic Behavioral Services (Non-ABA)	Ph.D./Psy.D., LISW, LMFT, LPC, LPES	15 minutes

In order to determine the fee schedule rates for the procedure code rates listed above, the agency first employed the use of its current Pervasive Developmental Disorder Waiver (PDD) rates and cross-walked the rates and PDD procedure codes to the new autism service procedure codes. 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 used the midpoint of the comparable South Carolina state government positions and determined the average hourly rate for BCBA/BCaBA staff. After applying the applicable fringe rate and adding estimated operational expenses (travel, training and 10% indirect rate), the sum was divided by an estimated number of billable hours to determine an hourly billing rate. To convert the hourly rate to a thirty minute unit rate, the Medicaid agency simply reduced the hourly rate by fifty percent. This methodology would apply to procedure codes 0368T, 0369T, and 0370T. The rate for procedure code 0359T provided by BCBA/BCaBA staff is derived from comparable state developed fee schedule rates currently in existence.

To determine an hourly rate for the services provided by a Registered Behavior Technician I (RBT I) or a Registered Behavior Technician II (RBT II), the Medicaid Agency used the midpoint of the comparable South Carolina state government position and determined the average hourly rate for a RBT I as well as a RBT II. After applying the applicable fringe rate and adding estimated operational expenses (travel, training and 10% indirect rate) for a RBT I and a RBT II, the sum of each position was divided by an estimated number of billable hours to determine an hourly billing rate. To convert the hourly rate to a thirty minute unit rate, the Medicaid agency simply reduced the hourly rate by fifty percent. Because procedure codes 0360T, 0361T, 0362T thru 0365T account for the majority of services provided under this section, the Medicaid Agency applied a 27.25% trend factor to these procedure code rates to ensure adequate compensation for the services provided.

Finally, to determine the rates for procedure codes 90791 and H2019, the rates were established using state developed fee schedule rates currently in effect as follows:

- Procedure code H2019 was priced by using the rate paid to private providers of mental health services under procedure code 90832 provided by a masters level individual and reduced by 50% to account for the change in unit measurement (i.e. from 30 minutes to 15 minutes).
- Procedure code 90791 was priced by using the rate paid to private providers of mental health services and provided by a master's level individual.

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