

## PUBLIC NOTICE

October 17, 2016

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given to the submission of a Medicaid State Plan Amendment (SPA). The Division of Medicaid, in the Office of the Governor, is submitting SPA 16-0020 Autism Spectrum Disorder (ASD) Services. Effective January 1, 2017, and contingent upon approval from the Centers for Medicare and Medicaid Services (CMS), the Division of Medicaid will cover Autism Spectrum Disorder (ASD) services.

1. Mississippi Medicaid SPA 16-0020 Autism Spectrum Disorder (ASD) Services is being submitted to cover Autism Spectrum Disorder (ASD) services for Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-eligible beneficiaries when medically necessary, prior authorized and provided by certain qualified providers operating within their scope of practice.
2. The expected annual economic impact is \$2,859,429 in state dollars and \$8,411,478 in federal dollars if ten percent (10%) of the 3,696 EPSDT-eligible beneficiaries currently diagnosed with ASD received medically necessary ASD services at an average of the clinically recommended twenty-five (25) hours per week services.
3. The Division of Medicaid is mandated by Miss. Code Ann. § 83-9-26 to provide coverage for the screening, diagnosis, and treatment of autism spectrum disorder.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from [www.medicaid.ms.gov](http://www.medicaid.ms.gov) or may be requested at [Margaret.Wilson@medicaid.ms.gov](mailto:Margaret.Wilson@medicaid.ms.gov) or 601-359-2081.
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or [Margaret.Wilson@medicaid.ms.gov](mailto:Margaret.Wilson@medicaid.ms.gov) for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov).
6. A public hearing on this SPA will not be held.

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**Autism Spectrum Disorder (ASD) Services**

- a. Autism Spectrum Disorder (ASD) is defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the edition that was in effect at the time of diagnosis.
- b. The Division of Medicaid covers the following Autism Spectrum Disorder (ASD) services for EPSDT-eligible beneficiaries when medically necessary and prior authorized by a Utilization Management and Quality Improvement Organization (UM/QIO), the Division of Medicaid or designee:
  1. Behavior Identification Assessment is defined by the Division of Medicaid as the administration of standardized and non-standardized tests, obtaining detailed behavioral history, as well as beneficiary observation and caregiver interview in order to identify deficient adaptive or maladaptive behaviors to determine areas that need to be addressed. Behavior Identification Assessments are limited to one (1) every six (6) months.
  2. Observational Behavioral Follow-Up Assessment is defined by the Division of Medicaid as the administration of standardized and non-standardized tests to determine the levels of adaptive behavior and social behavior in order to identify and evaluate factors that may impede the expression of adaptive behavior. Observational Behavioral Follow-Up Assessments are limited to two (2) every six (6) months.
  3. Exposure Behavioral Follow-Up Assessment is defined by the Division of Medicaid as the manipulation of environmental or social contexts to examine triggers, events, cues, responses and consequences associated with maladaptive destructive behavior. Exposure Behavioral Follow-Up Assessments are limited to two (2) every six (6) months.
  4. Adaptive Behavior Treatment by Protocol is defined by the Division of Medicaid as skill training for poor emotional responses or poor social interactions by introducing gradual incremental changes to the beneficiary's expected routine with a reinforcer delivered each time as the patient appropriately responds to a given stimulus change in order to improve toleration in variations of daily activities. Adaptive Behavior Treatment by Protocol is limited to fifty (50) per week.
  5. Adaptive Behavior Treatment with Protocol Modification is defined by the Division of Medicaid as demonstrating the new or modified protocol to the guardian and/or legal representative or technician in order for them to understand and learn how to

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- apply the protocol(s) to facilitate the desired outcome of a situation. Adaptive Behavior Treatment with Protocol Modification is limited to two (2) per month.
6. Group Adaptive Behavior Treatment by Protocol is defined by the Division of Medicaid as skill training in a group of peers with at least two (2) and no more than eight (8) individuals with similar issues in order to assess whether the use of the protocols, specific to the beneficiary's treatment plan, are producing adequate progress. Group Adaptive Behavior Treatment by Protocol is limited to six (6) per week.
  7. Family Adaptive Behavior Treatment Guidance is defined by the Division of Medicaid as teaching the guardian and/or legal representative, how to apply the treatment protocols to reduce maladaptive behaviors and reinforce appropriate behaviors in order for them to utilize the various protocols without the beneficiary present. Family Adaptive Behavior Treatment Guidance is limited to one (1) per week.
  8. Multiple-Family Group Adaptive Behavior Treatment Guidance is defined by the Division of Medicaid as teaching multiple guardians and/or legal representatives (without the beneficiary present) how to apply the treatment protocols to reduce maladaptive behaviors and reinforce appropriate behaviors in order for them to utilize the various protocols. Multiple-Family Group Adaptive Behavior Treatment Guidance is limited to one (1) per week.
  9. Adaptive Behavior Treatment Social Skills Group is defined by the Division of Medicaid as monitoring the needs of the beneficiary in a group setting to adjust the therapeutic techniques in real-time in order to address targeted social deficits and problem behaviors. Adaptive Behavior Treatment Social Skills Group is limited to three (3) per week.
  10. Exposure Adaptive Behavior Treatment with Protocol Modification is defined by the Division of Medicaid as staging environmental conditions to address specific severe destructive behaviors and train appropriate alternative responses under the environmental contexts that typically evoke problem behavior in order to modify ineffective components until treatment goals are achieved and destructive behavior has lessened or ceased. Exposure Adaptive Behavior Treatment with Protocol Modification is limited to one (1) per month.

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- c. Applied Behavior Analyst Services are non-covered when:
1. There is no documentation for clinically significant developmental progress in any of the following areas: social skills, communication skills, language skills, or adaptive functioning as measured by either progress assessment or developmental status measured by standardized tests,
  2. Do not meet medical necessity criteria, or
  3. Services including, but not limited to:
    - a) Vocational,
    - b) Recreational,
    - c) Respite,
    - d) Child care,
    - e) Education,
    - f) Play therapy,
    - g) Psychotherapy,
    - h) Hypnotherapy,
    - i) Diagnosis of mental or physical disorder,
    - j) Cognitive therapy,
    - k) Long term counseling,
    - l) Psychoanalysis,
    - m) Psychological testing,
    - n) Neuropsychological testing, or
    - o) Equine therapy.
- d. ASD services may be delivered by:
1. A Board Certified Behavior Analyst (BCBA) has a current and active certification from the Behavior Analyst Certification Board and is licensed by the Mississippi Board of Autism,
  2. A Board Certified assistant Behavior Analyst (BCaBA) who has a current and active certification from the Behavior Analyst Certification Board (BACB) and is licensed by the Mississippi Board of Autism to practice under the supervision of a MS licensed BCBA,
  3. A Registered Behavior Technician (RBT) who has a current and active certification from the Behavior Analyst Certification Board and who is under the direct

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supervision and direction of a BCBA or BCaBA.

4. The following qualified health care practitioners (QHCP) working within their scope of practice and professional license who have at least two thousand (2,000) hours of clinical experience in the examination and treatment of those with ASD or has the equivalent coursework at a graduate level by an accredited university in the area of ASD diagnostics:
  - a) Licensed physician,
  - b) Licensed psychologist,
  - c) Mental Health Nurse Practitioner,
  - d) Licensed Clinical Social Worker (LCSW), or
  - e) Licensed Professional Counselor (LPC).

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### Methods and Standards for Establishing Payment Rates – Other Types of Care

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The Division of Medicaid reimburses ASD services in accordance to the most recent publication of the Current Procedural Terminology (CPT) ©American Medical Association.

**Board Certified Behavior Analyst (BCBA) Services:** Reimbursement for BCBA services for Autism Spectrum Disorder (ASD) service codes are the lesser of the usual and customary charge or a rate calculated by an actuarial firm based on Division of Medicaid anticipated mix of providers delivering each service, Bureau of Labor Statistics (BLS) wage and benefit information, provider overhead cost estimates, and annual hours at work and percentage of work time that is billable. The rates are updated annually based on changes in the seasonally adjusted health care and social assistance compensation for civilian workers as reported by BLS on July 1 and are effective for services provided on or after July 1.

**Licensed Clinical Social Worker (LCSW) Services:** Reimbursement for LCSW services for ASD service codes are the lesser of the usual and customary charge or a rate calculated by an actuarial firm based on Division of Medicaid anticipated mix of providers delivering each service, BLS wage and benefit information, provider overhead cost estimates, and annual hours at work and percentage of work time that is billable. The rates will be updated annually based on changes in the seasonally adjusted health care and social assistance compensation for civilian workers as reported by BLS on July 1 and are effective for services provided on or after July 1.

Reimbursement for LCSW non-ASD services to EPSDT-eligible beneficiaries is the lesser of the usual and customary charge or ninety percent (90%) of the Medicare Physician Fee Schedule.

**Licensed Professional Counselor (LPC) Services:** Reimbursement for LPC services for ASD service codes are the lesser of the usual and customary charge or a rate calculated by an actuarial firm based on Division of Medicaid anticipated mix of providers delivering each service, BLS wage and benefit information, provider overhead cost estimates, and annual hours at work and percentage of work time that is billable. The rates will be updated annually based on changes in the seasonally adjusted health care and social assistance compensation for civilian workers as reported by BLS on July 1 and are effective for services provided on or after July 1.

Reimbursement for LPC non-ASD services to EPSDT-eligible beneficiaries is the lesser of the usual and customary charge or ninety percent (90%) of the Medicare Physician Fee Schedule.

Rates for ASD services are the same for private and governmental providers and are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.