

State of Mississippi

**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED**

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 ASD services for EPSDT-eligible beneficiaries when medically necessary and prior authorized by a Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity:
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 beneficiary 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 week.
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. ASD services are non-covered when:

1. The services do not meet medical necessity criteria,
2. There is no documentation of clinically significant developmental progress in any of the following areas as measured by either progress assessment or developmental status measured by standardized tests:
 - a) Social skills,
 - b) Communication skills,
 - c) Language skills, or
 - d) Adaptive functioning, or
3. The services include, but are not limited to, any of the following:
 - 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) who 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 and is licensed by the Mississippi Board of Autism to practice under the supervision of a MS licensed BCBA,

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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 supervision and direction of a BCBA or BCaBA, and
4. The following Qualified Health Care Practitioners (QHCP) working within their scope of practice and professional license:
 - 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

The Division of Medicaid reimburses ASD services in accordance with 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 is 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 is 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 according to the payment methodology in Attachment 4.19-B Page 13 of the State Plan.

Licensed Professional Counselor (LPC) Services: Reimbursement for LPC services for ASD service codes is 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 according to the payment methodology in Attachment 4.19-B Page 13 of the State Plan.

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/#>.