PUBLIC NOTICE

SUBJECT: Final Action for Autism Spectrum Disorder (ASD) Rate Setting Methodology

The South Carolina Department of Health and Human Services (SCDHHS) gives notice of the following action regarding autism spectrum disorder (ASD) services under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective on or after July 1, 2019, the SCDHHS will amend the South Carolina Title XIX State Plan to update the fee schedule reference for ASD. Updates to the fee schedule consider the impact of provider cost drivers on the cost of service delivery to support the development of provider rates as well as adapt to market trends as applied behavior analysis (ABA) therapy broadens in prevalence locally and nationally.

The initial state plan amendment for services for children with ASD received approval for implementation on or after July 1, 2017. Since the implementation of ASD services, SCDHHS has solicited more detailed information about the structure and cost of delivering ABA services.

Based upon this action, SCDHHS projects that annual aggregate Medicaid expenditures will increase by approximately $5,200,000 (total dollars).

Copies of this notice are available at each SCDHHS Healthy Connections Medicaid office and at scdhhs.gov for public review. Additional information regarding this action is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the SCDHHS, Division of Behavioral Health, Jefferson Square Building, 1801 Main Street, Columbia, South Carolina, Monday through Friday between 9 a.m.-5 p.m.
Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.


Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).


Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY: 1-888-842-3620)