

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

November 29, 2018

RECEIVED

DEC 04 2018

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Joshua Baker
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 18-0003

Dear Mr. Baker:

We have reviewed the proposed State Plan Amendment, SC 18-0003, which was submitted to the Atlanta Regional Office on September 28, 2018. This amendment was submitted to update the rate setting methodology for Autism Spectrum Disorder. Specifically, this amendment updates the methodology used to establish provider reimbursement rates for Applied Behavior Analysis Services effective July 1, 2018.

Based on the information provided, the Medicaid State Plan Amendment SC 18-0003 was approved on November 28, 2018. The effective date of this amendment is July 1, 2018. We are enclosing the approved HCFA-179 and the plan page.

If you have any additional questions or need further assistance, please contact Cheryl Wigfall at (803) 252-7299.

Sincerely,

A handwritten signature in cursive script that reads "Shantrina Roberts".

Shantrina D. Roberts, MSN
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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

1. TRANSMITTAL NUMBER:
18-0003

2. STATE
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2018

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:
1902(a)(30) of the Act
42 CFR Part 447

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 - \$1.27 Million (\$7.1 Million * 71.58% * 3/12)
b. FFY 2019 - \$5.10 Million (\$7.1 Million * 71.22%)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:


Attachment 4.19-B pages, 2.1.1
(Attachment 4.19-B page 2.1.2 is being removed from the State Plan
because of language shifting due to language deletion)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B pages, 2.1.1

10. SUBJECT OF AMENDMENT: This plan amendment provides updated applied behavior analysis (ABA) service rates that are uniformly applied to both private and governmental providers based upon a state developed fee schedule.

11. GOVERNOR'S REVIEW (*Check One*):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Mr. Baker was designated by the Governor
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Joshua D. Baker

14. TITLE:
Director

15. DATE SUBMITTED:
September 28, 2018

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09/28/2018

18. DATE APPROVED: 11/28/18

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
07/01/2018

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME: Shantrina D. Roberts

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS:

Applied Behavior Analysis

Effective for services provided on and after July 1, 2018, 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. The agency's fee schedule rate was set as of July 1, 2018. 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.

SC 18-0003
EFFECTIVE DATE: 07/01/18
RO APPROVAL: 11/28/18
SUPERSEDES: SC 17-0005