DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 61 Forsyth Street S.W. Suite 4T20 Atlanta, Georgia 30303



Atlanta Regional Operations Group

November 12, 2019

Mr. Joshua D. Baker 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 19-0007

Dear Mr. Baker:

We have reviewed the proposed South Carolina State Plan Amendment, SC 19-0007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 27, 2019. This plan amendment updates the fee schedule for Applied Behavior Analysis (ABA) services for Autism Spectrum Disorder.

Based on the information provided, the Medicaid State Plan Amendment SC 19-0007 was approved on November 7, 2019. The effective date of this amendment is July 1, 2019. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Cheryl Wigfall at (803) 252-7299 or <u>Cheryl wigfall@cms.hhs.gov</u>.

Sincerely,

Davida R. Digitally signed by Davida R. Kimble -S Date: 2019.11.12 07:26:03 -05'00'

Davida R. Kimble Acting Deputy Director

Division of Medicaid Field Operations South

Enclosures

RECEIVED

NOV 132019

partment of Health & Human Service:

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 19-0007	2. STATE SC
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2019	
5. TYPE OF PLAN MATERIAL (Check One)		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act Sections 1905(a)(4)(B) and 1905(r) 42 CFR 440.130(c) Preventive Services		'50 million .98 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Attachment 4.19-B page 2.1.1	Attachment 4.19-B, page 2.1.1	
10. SUBJECT OF AMENDMENT: This plan amendment will update the r (ASD) services.	ates for Applied Behavioral Analysis (Al	BA) for Autism Spectrum Disorde
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 Mr. Baker was designated I Governor to review and app State Plans.	-
13 TYPED NAME Joshua D. Baker 14. TITLE Director 15. DATE SUBMITTED	16. RETURN TO South Carolina Department of Health an Post Office Box 8206 Columbia, South Carolina 29202-8206	d Human Services
September 27, 2019 FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED 09/27/19	18. DATE APPROVED 11/07/19	
PLAN APPROVED - ON	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 2 07/01/19	SIGNATURE OF REGIONAL OFFICIAL	
	TITLE Acting Deputy Director vision of Medicaid Field Operations South	
23. REMARKS		

Applied Behavior Analysis

Effective for services provided on and after July 1, 2019, 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, 2019. 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 19-0007

EFFECTIVE DATE: 07/01/19 RO APPROVAL: 11/07/19 SUPERSEDES: SC 18-0003