

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 6, 2024

Robert M. Kerr

Director

South Carolina Department of Health & Human Services

P.O. Box 8206

Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment (SPA) 24-0011

Dear Director Kerr:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0011. This amendment proposes to establish rates for four additional autism spectrum disorder (ASD) services, and to clarify the service definition for family adaptive behavior treatment guidance.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act, Section 1902(a)(13) and 42 CFR 447.201. This letter informs you that South Carolina's SPA TN 24-0011 was approved on November 6, 2024, effective July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

Sincerely,

James G. Scott, Director

Division of Program Operations

Enclosures

cc: Shelia Chavis

Margaret Alewine

Eunice Medina

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 4 — 0 0 1 1

2. STATE
S C

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of SSA, Sect. 1902(a)(13) and 42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 2024 \$ 243,355
b FFY 2025 \$ 975,380

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Limitation Supplement, page 1c.4

Attachment 4.19-B, page 2.1.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 3.1-A Limitation Supplement, page 1c.4

Attachment 4.19-B, page 2.1.1

9. SUBJECT OF AMENDMENT

This SPA will establish service definitions, service limits, and rates for four additional Autism Spectrum Disorder (ASD) services.

10. 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. Kerr was designated by the Governor to
review and approve all State Plans.

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME
Robert M. Kerr

13. TITLE
Director

14. DATE SUBMITTED
September 30, 2024

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

FOR CMS USE ONLY

16. DATE RECEIVED
September 30, 2024

17. DATE APPROVED
November 6, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

On 10-28-2024 SC requested a pen and ink change to Box 9 to reflect the following:
This SPA will establish rates for (4) additional Autism Spectrum Disorder (ASD) services and clarify the service definition for family adaptive behavior
treatment guidance

- Observational behavioral follow-up assessment - Direct contact with the beneficiary and collateral contacts such as parents/guardians, case managers, or other treatment providers, as clinically indicated, to identify and evaluate factors that may impede adaptive behavior. This assessment includes structured observation and/or standardized tests to determine adaptive behavior. This service may include psychological testing, as clinically indicated.
- Exposure behavior follow-up assessment: Direct beneficiary contact to examine triggers, events, cues, responses, and consequences associated with maladaptive behavior.
- Adaptive behavior treatment - Direct contact with the beneficiary and collateral contacts such as parents/guardians, case managers, or other treatment providers, as clinically indicated, to address the beneficiary's treatment goals as defined by the assessments and Individualized Plan of Care (IPOC). Adaptive behavior treatment includes analysis and alteration of motivating factors and contextual events, stimulus-consequence strategies and replacement behavior, as well as the monitoring of outcome variables.
- Group adaptive behavior treatment - Adaptive behavior treatment as described above, provided in a group setting with multiple patients.
- Family adaptive behavior treatment guidance - Direct contact with the family/caregiver for specialized training and education to assist with the beneficiary's treatment goals and development. The provider observes and trains the family/caregivers on the beneficiary's status, as well as instructs family/caregivers on techniques to promote the child's development. This may be provided to individual families or in multi-family groups.

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.

Effective January 1, 2022, the following ABA codes were increased by thirty percent (30%) in order to improve the provider network based upon recent market rate comparisons (97153, 97155, and 97156). Effective July 1, 2023, the following actions were implemented in order to improve the provider network based upon recent market rate comparisons: 97153 was increased by 24%; service limits were increased for 97156; additional codes were added for group adaptive behavior treatment, multiple patients (97154, 97158). Effective July 1, 2024, the following ABA procedure codes were added: Behavior identification supporting assessment (97152) and behavior identification supporting assessment with two or more technicians (0362T), adaptive behavior treatment with protocol modification with two or more technicians (0373T), and Multiple-family group adaptive behavior treatment guidance (97157). These services follow the previously described payment methodology.

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 24-0011
EFFECTIVE DATE: 07/01/24
APPROVAL DATE: 11/06/24
SUPERSEDES: SC 23-0009