

## PUBLIC NOTICE

Pursuant to 42 C.F.R. § 447.205, the Georgia Department of Community Health is required to give public notice of any significant proposed change in its methods and standards for setting payment rates for services.

### **Department of Community Health, Medical Assistance Plans, State Plan Amendment: Enroll Board Certified Behavior Analysts as Providers, and Reimburse for Adaptive Behavior Services**

Pending Centers for Medicare and Medicaid Services (CMS) approval, the Department of Community Health proposes to enroll Board Certified Behavior Analysts and to reimburse for Adaptive Behavior Services, effective January 1, 2018.

Autism Spectrum Services Coverage is provided for assessment and treatment services according to severity, and is based on medical necessity. Members must have a documented DSM-V diagnosis of Autism Spectrum Disorder (ASD) from a licensed physician or licensed psychologist to be eligible for Adaptive Behavior Services (ABS). ABS services shall be in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards and according to medical necessity.

Prior Authorization is required for all Medicaid-covered ABS. ABS are authorized in two parts: (1) Assessment and (2) Treatment Plan and Services. An Assessment is the administration of an industry standard assessment tool, and is required to substantiate services. A Treatment Plan is a plan of care required to determine medical necessity and to coordinate treatment.

Georgia Medicaid will enroll Board Certified Behavioral Analysts (BCBA) to provide ABS. The BCBA must have a graduate-level certification in behavior analysis. Providers who are certified at the BCBA level are independent practitioners who provide behavior-analytic services. In addition, BCBA's supervise the work of Board Certified Assistant Behavior Analysts (BCaBA), Registered Behavior Technicians (RBT), and others who implement behavior-analytic interventions.

Please see Table 1 for a description of Provider Types Authorized to Provide ABS Services.

Please see Table 2 for Assessment Descriptions and Authorized Providers.

Please see Table 3 for Treatment Descriptions and Authorized Providers.

### **Recommendation:**

Initial adoption of enrolling Board Certified Behavior Analysts as providers and Reimburse for Adaptive Behavior Services, effective January 1, 2018.

**Table 1.** Provider Types Authorized to Provide ABS Services.

<b>Authorized Provider Type</b>	<b>Description</b>
<b>BCBA-D: Board Certified Behavior Analyst</b>	Doctoral Level. A doctoral level practitioner qualified to diagnose and provide direct services and supervise BCBA's
<b>BCBA: Board Certified Behavior Analyst</b>	Masters/graduate level independent practitioners who provide behavior-analytic services. May supervise the work of Board Certified Assistant Behavior Analysts, Registered Behavior Technicians, and others who implement behavior-analytic interventions
<b>BCaBA: Board Certified Assistant Behavior Analyst</b>	Bachelor's level practitioner, must be supervised by BCBA/BCBA-D; can supervise Registered Behavior Technicians
<b>RBT: Registered Behavior Technicians</b>	Paraprofessional who implements the service plan under supervision of Certified Behavior Analyst

**Table 2.** Assessment Descriptions and Authorized Providers.

<b>Code</b>	<b>Description</b>	<b>Authorized Provider Type</b>
<b>Behavior Identification Assessment</b>	Behavior identification assessment, by the Physician or other Authorized Provider Type, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report for plan of care. Limit of one (1) unit per six (6) months.	BCBA-D BCBA
<b>Observational Behavioral Follow-up Assessment</b>	Observational Behavioral Follow-up assessment, includes, Physician or other Authorized Provider Type direction with interpretation and report, administered by one of the Authorized Provider Type; first thirty (30) minutes of the Authorized Provider Type's time, face-to-face with the patient.	BCBA-D BCBA BCaBA RBT or other qualified practitioner who meets the minimum one year of required experience
<b>Observational Behavioral Follow-up Assessment-Additional Time</b>	Each additional thirty (30) minutes of the Authorized Provider Type's time, face-to-face with the patient. (Use 0361T in conjunction with 0360T. List separately in addition to code for primary service.)	BCBA-D BCBA BCaBA RBT or other qualified practitioner who meets the minimum one year of required experience

<b>Exposure Behavioral Follow-up Assessment</b>	Exposure Behavioral Follow-up assessment, includes Physicians or other Authorized Provider Type, direction with interpretation and report, administered by Physician or Authorized Provider Type with the assistance of one or more Authorized Provider Type; first thirty (30) minutes of the Authorized Provider Type's, face-to-face with the patient.	BCBA-D BCBA BCaBA RBT or other qualified practitioner who meets the minimum one year of required experience
<b>Exposure Behavioral Follow-up Assessment-Additional Time</b>	Each additional thirty (30) minutes of Authorized Provider Type's time, face-to-face with the patient.	BCBA-D BCBA BCaBA RBT or other qualified practitioner who meets the minimum one year of required experience

**Table 3.** Treatment Descriptions and Authorized Providers.

<b>Code</b>	<b>Description</b>	<b>Authorized Provider Type</b>
<b>Adaptive Behavior Treatment</b>	Adaptive Behavior Treatment by protocol, administered by Authorized Provider Type, face-to-face with one patient; first thirty (30) minutes of the Authorized Provider Type's time.	BCBA-D BCBA BCaBA RBT or other qualified practitioner who meets the minimum one year of required experience
<b>Adaptive Behavior Treatment-Additional Time</b>	Each additional thirty (30) minutes of the Authorized Provider Type's time.	BCBA-D BCBA BCaBA RBT or other qualified practitioner who meets the minimum one year of required experience
<b>Group Adaptive Behavior Treatment</b>	Group Adaptive Behavior Treatment by protocol, administered by the Authorized Provider Type, face-to-face with two or more patients and in accordance with credentialing standards; first thirty (30) minutes of Authorized Provider Type's time.	BCBA-DBCBA BCaBA RBT or other qualified practitioner who meets the minimum one year of required experience

<b>Group Adaptive Behavior Treatment Additional Time</b>	Each additional thirty (30) minutes of the Authorized Provider Type’s time. (List separately in addition to code for primary procedure.)	BCBA-D BCBA BCaBA RBT or other qualified practitioner who meets the minimum one year of required experience.
<b>Adaptive Behavior Treatment with Protocol Modification</b>	Adaptive Behavior Treatment with protocol modification administered by Physician or other Authorized Provider Type with one patient; first thirty (30 minutes of patient face-to-face time.	BCBA-D BCBA
<b>Adaptive Behavior Treatment with Protocol Modification-Additional Time</b>	Each additional thirty (30) minutes of patient face-to-face time.	BCBA-D BCBA
<b>Family Adaptive Behavior Treatment</b>	Family Adaptive Behavior Treatment guidance, administered by Physician or other Authorized Provider Type (without the patient present).	BCBA-D BCBA
<b>Multiple-Family Group Adaptive Behavior Treatment Guidance</b>	Multiple-Family Group Adaptive Behavior Treatment Guidance, administered by Physician or other Authorized Provider Type (without the patient present).	Physicians Psychologists BCBA-D BCBA
<b>Adaptive Behavior Treatment Social Skills Group</b>	Adaptive Behavior Treatment Social Skills Group, administered by Physician or other Authorized Provider Type, face-to-face with multiple patients.	BCBA-D BCBA

<b>Exposure Adaptive Behavior Treatment with Protocol Modification</b>	Exposure Adaptive Behavior Treatment with protocol modification requiring two (2) or more Authorized Provider Type for severe maladaptive behavior(s); first sixty (60) minutes of the Authorized Provider Type's time, face to face with patient.	BCBA-D BCBA BCaBA RBT or other qualified practitioner who meets the minimum one year of required experience.
<b>Exposure Adaptive Behavior Treatment with Protocol Modification-Additional Time</b>	Each additional thirty (30) minutes of the Authorized Provider Type's time face-to-face with patient.	BCBA-D BCBA BCaBA RBT or other qualified practitioner who meets the minimum one year. of required experience
<b>Behavioral Health Intensive Day Treatment</b>	Mental health services including alcohol and drug treatment. Behavioral Health Day Treatment.	Outpatient
<b>Psychiatric Health Facility Inpatient Service</b>	Mental health services including alcohol and drug treatment. Psychiatric Health Facility Service.	Inpatient
<b>Clinical Care Coordination</b>	Clinical Care Coordination/Case Management. Billable on a Per Member, Per Month basis.	BCBA-D BCBA BCaBA RBT or other qualified practitioner who meets the minimum one year of required experience

This public notice is available for review at each county Department of Family and Children Services office. An opportunity for public comment will be held on **October 19, 2017** at 3:00 p.m., at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479. Citizens wishing to comment in writing on any of the proposed changes should do so on or before **October 26, 2017**, to the Board of Community Health, Post Office Box 38406, Atlanta, Georgia 30334.

Comments submitted will be available for review by submitting a request via email to Danisha Williams, danwilliams@dch.ga.gov. Comments from written and public testimony will be provided to the Board of Community Health prior to the **November 9, 2017** Board meeting. The Board will vote on the proposed changes at the Board meeting to be held at 10:30 a.m. at the

Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

**NOTICE IS HEREBY GIVEN THIS 12<sup>th</sup> DAY OF OCTOBER, 2017**

**Frank W. Berry, Commissioner**