

CHAPTER 1100
Adaptive Behavior Services

1101 Services to Assess and Treat Autism Spectrum Disorders

Effective July 1, 2017, Adaptive Behavior Services to assess and treat Autism Spectrum Disorder (ASD) are covered for Medicaid eligible members under age twenty-one and PeachCare for Kids® eligible members under age nineteen. Pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, coverage is provided for a comprehensive array of assessment and treatment services according to severity and based on medical necessity. Members must have a documented DSM-5 diagnosis of ASD from a licensed physician or licensed psychologist to be eligible for Adaptive Behavior Services (ABS).

Prior Authorization is required for all Medicaid-covered ABS.

ABS are authorized and performed in two distinct parts:

- 1) Assessment
- 2) Treatment

ABS are authorized in three (3) to six (6) month increments. The diagnostic results from the administration of a recognized and valid instrument such as the Autism Diagnostic Observation Schedule (ADOS) are required to substantiate the request for an assessment prior authorization.

A plan of care (POC) or treatment plan is required for review to determine medical necessity and issue the treatment prior authorization. Recommended treatment must align with the assessed need and severity according to the results of the administration of recognized and valid tools such as the *Assessment of Basic Language & Learning Skills (ABLLS-R)* or *Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)*, or *Skills for Autism* and according to DSM-V severity level classifications.

The modality of treatment for implementation of the POC must be evidence-based and recognized as best practice for the care and treatment of ASD.

1101.1 Providers of Services for Members with ASD

An **enrolled** provider of ABS is a Qualified Health Care Provider (QHCP) with a minimum of one (1) year, full-time verifiable experience in the delivery of direct care to children with Autism Spectrum Disorder (ASD). Direct care includes, but is not limited to assessing, evaluating, developing treatment plans, and/or implementing treatment plans for children with ASD. The QHCP may be qualified by one of the following credentials:

- a Licensed and Georgia Medicaid enrolled Physician, or
- a Licensed and Georgia Medicaid enrolled Psychologist, or
- a licensed and Georgia Medicaid enrolled provider of Children's

- Intervention Services who holds a dual BCBA certification, or
- a credentialed behavioral health and/or developmental disability agency with a Medical/Clinical Director who is a Licensed Physician, Psychologist, Clinical Social Worker, or Professional Counselor who supervises direct services staff who meet the one (1) year direct experience requirement, or
 - an otherwise credentialed, non-physician, non-licensed practitioner certified by the national Behavior Analyst Certification Board as a Board Certified Behavior Analyst.

NOTE: NON-ENROLLED PRACTITIONERS

Any non-Board Certified Behavior Analyst, such as a Board Certified Assistant Behavior Analyst (BCaBA) or a Registered Behavioral Technician (RBT) are ineligible to enroll as a Georgia Medicaid provider, but can work under the supervision of an enrolled QHCP. Non-Enrolled practitioners must also meet the minimum one (1) year experience requirement to provide direct care to Medicaid members with ASD under this benefit.

Supervision of Services

The QHCP must supervise non-enrolled practitioners who are involved in the delivery of ABS to Medicaid members with ASD and for which such services are being claimed to Medicaid under the enrolled provider identification number of the QHCP.

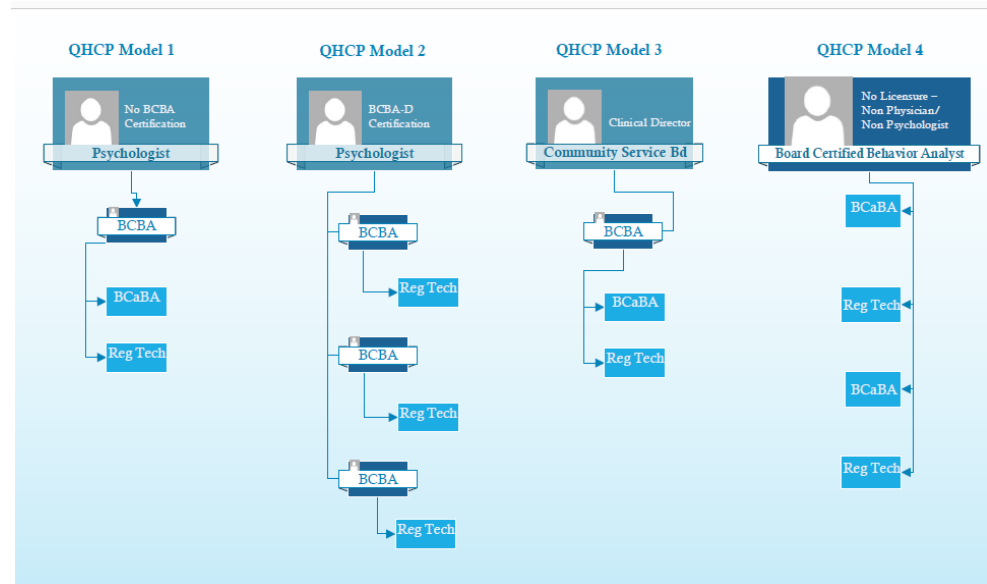
The licensed, non BCBA QHCP (individual practitioner) may supervise up to a total of three (3) practitioners directly or indirectly as listed below:

- BCBA
- BCaBA
- RBT or other non-certified practitioner who meets the one year minimum experience requirement.

A BCBA-D or BCBA QHCP (individual practitioner) may supervise up to six (6) certified or non-certified individuals at any point in time. However, such supervision must be performed in accordance with the supervision guidelines of the Behavior Analyst Certification Board.

An approved and enrolled facility provider of ABS, may supervise under the management a Medical Director (Physician) up to six (6) practitioners who meet the minimum one year direct care experience and under the management of a Clinical Director (Psychologist, LCSW, LPC) up to three (3) practitioners who meet the minimum one year direct care experience.

There are several potential models for enrollment and supervision. The exhibit below demonstrates example supervision models. The examples are not intended to reflect the full scope of all potential models.



Delegation by QHCP

- 1) The QHCP is responsible for the delegated work performed by any supervisees.
- 2) The QHCP shall not delegate professional responsibilities to a person who is not qualified to provide such services. Physicians, Psychologists, Behavioral Health Agencies, Developmental Disability Agencies, BCBA-Ds, and BCBA-Ds may delegate to the supervisee, with the appropriate level of supervision, only those responsibilities within the scope of practice.
- 3) The QHCP must have completed education and training, including training on supervision rules and professional ethics as outlined by applicable administrative practice acts, standards of practice, or certification guidelines, to perform the delegated functions. The QHCP is responsible for determining the competency of the supervisee and will not assign or allow the supervisee to undertake tasks beyond the scope of the supervisee's training and/or competency. The QHCP is also responsible for providing the supervisee with specific instructions regarding the limits of the supervisee's role.
- 4) If the *payee* for a QHCP is a facility (i.e., business agency/organization not owned by the QHCP), the QHCP must be employed by the facility and may not be an independent contractor of the facility.
- 5) The supervisee may be an employee or independent contractor of the QHCP. If not employed, the contract with the QHCP must reflect and align with the Department's policies in the delivery of ABS.

Attestation

The QHCP must provide supervision to any additional staff involved in the delivery of ABS to Medicaid members with ASD. The enrolled provider must attest to meeting the one (1) year of experience with serving youth with ASD. Other ABS direct care professionals supervised by the QHCP must also attest to meeting the one (1) year experience. New providers will submit the Attestation upon enrollment and existing providers must do so in order to provide adaptive behavior services. Both the lead QHCP and supervised QHCPs must cite any Degrees, Certifications, and/or Licenses or other relevant credentials on the Attestation which is required to be on file with the Department. The Attestation must be updated and submitted to the Department within two (2) weeks of any change in staffing of QHCPs providing care. The Attestation is found online at <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/FORMS/Autism%20Services%20Attestation%20Form%2020170417165401.pdf>

The attestation may be downloaded, completely filled out and submitted by facsimile to the Attention of DCH ABS Enrollment to 404-656-8366. The online attestation is scheduled to be available for electronic completion and online submission to GAMMIS by October 1, 2017.

1102 Autism Spectrum Disorder Services Record Requirements

a. Member Records

The member's record is a comprehensive legal document inclusive of detailed descriptions of the member's treatment. In cases where the service definition may list additional requirements and standards which are service-specific; when there is a conflict, providers must defer to those requirements which are most stringent.

Information in the record at minimum should include:

- Organized, complete, current and meaningful documentation;
- Documentation written in black or blue ink (red ink may be used to denote allergies or precautions);
- The practitioner's printed name as listed on his or her practitioner's license.
- The name of the individual, precautions, allergies (or no known allergies - NKA)
- Individual's identification and emergency contact information;
- Medical necessity of the service is supported;
- Financial and insurance information;

- Rights, consent and legal information including guardianship documentation;
- Pertinent medical information;
- Records or reports from previous or other current providers, including previous assessments;
- Correspondence;
- Frequency and style of documentation are appropriate to the frequency and intensity of services, supports, and treatment and in accordance with the Services;
- Clear evidence that the services billed are the services provided;
- Documentation includes record of contacts with persons involved in other aspects of the individual's care, including but not limited to internal or external referrals;
- For individuals who are deaf, deaf-blind, and hard of hearing, communication documentation includes communication accommodations provided;
- All signatures (and initials, where appropriate), which must be original, belong to the person creating the signature or initials. Signatures (and initials, where appropriate) must be dated by the person signing or initialing to reflect the date on which the signature/initials occurred (e.g., no backdating, no postdating, etc.). The Department will accept secure electronic signatures as defined in the Definitions section of Part I Policies and Procedures for Medicaid and Peachcare for Kids manual.

b. Other Provider Record Requirements:

Providers are required to maintain documented evidence of ASD-specific credentials in ownership, employee, payroll or other applicable records/files. The provider is required to maintain member, ownership, employee and contractor records for five (5) years from the last date of service performed. Such records must be available upon request or in the event of an audit.

1103 Covered Services

Covered Adaptive Behavior Services for Autism Spectrum Disorder include:

Behavior Identification Assessment - 0359T

Behavior identification assessment, by the Physician or other QHCP, 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. This service can only be administered

by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA

Observational Behavioral Follow-up Assessment - 0360T

Observational Behavioral Follow-up assessment, includes, Physician or other QHCP direction with interpretation and report, administered by one technician; first thirty (30) minutes of technician time, face-to-face with the patient. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA
- BCaBA
- RBT or other qualified practitioner who meets the minimum one year of required experience

Observational Behavioral Follow-up Assessment-Additional Time - 0361T

Each additional thirty (30) minutes of technician time, face-to-face with the patient. (Use 0361T in conjunction with 0360T. List separately in addition to code for primary service.) This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA
- BCaBA
- RBT or other qualified practitioner who meets the minimum one year of required experience

Exposure Behavioral Follow-up Assessment - 0362T

Exposure Behavioral Follow-up assessment, includes Physicians or QHCP direction with interpretation and report, administered by Physician or QHCP with the assistance of one or more technicians; first thirty (30) minutes of technician's, face-to-face with the patient. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA
- BCaBA
- RBT or other qualified practitioner who meets the minimum one year of required experience

Exposure Behavioral Follow-up Assessment-Additional Time - 0363T

Each additional thirty (30) minutes of technician(s) time, face-to-face with the patient List separately in addition to code for primary procedure.

NOTE: Use 0363T in conjunction with 0362T. 0362T and 0363T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA
- BCaBA
- RBT or other qualified practitioner who meets the minimum one year of required experience

Adaptive Behavior Treatment - 0364T

Adaptive Behavior Treatment by protocol, administered by technician, face-to-face with one patient; first thirty (30) minutes of technician time.

This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA
- BCaBA
- RBT or other qualified practitioner who meets the minimum one year of required experience

Adaptive Behavior Treatment-Additional Time - 0365T

Each additional thirty (30) minutes of technician time (List separately in addition to code for primary procedure.)

NOTE: Use 0365T in conjunction with 0364T. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA
- BCaBA
- RBT or other qualified practitioner who meets the minimum one year of required experience

Group Adaptive Behavior Treatment - 0366T

Group Adaptive Behavior Treatment by protocol, administered by technician, face-to-face with two or more patients; first thirty (30) minutes of technician time. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D

- BCBA
- BCaBA
- RBT or other qualified practitioner who meets the minimum one year of required experience

Group Adaptive Behavior Treatment-Additional Time - 0367T

Each additional thirty (30) minutes of technician time. (List separately in addition to code for primary procedure.)

NOTE: Use 0367T in conjunction with 0366T. Do not report 0366T, 0367T if the group is larger than 8 patients. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA
- BCaBA
- RBT or other qualified practitioner who meets the minimum one year of required experience

Adaptive Behavior Treatment with Protocol Modification - 0368T

Adaptive Behavior Treatment with protocol modification administered by Physician or other QHCP with one patient; first thirty (30) minutes of patient face-to-face time. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA

Adaptive Behavior Treatment with Protocol Modification-Additional Time - 0369T

Each additional thirty (30) minutes of patient face-to-face time. (List separately in addition to code for primary procedure.)

NOTE: Use 0369T in conjunction with 0368T. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA

Family Adaptive Behavior Treatment - 0370T

Family Adaptive Behavior Treatment guidance, administered by Physician or other QHCP (without the patient present). This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D

- BCBA

Multiple-Family Group Adaptive Behavior Treatment Guidance - 0371T

Multiple-Family Group Adaptive Behavior Treatment Guidance, administered by Physician or other QHCP (without the patient present).

NOTE: Do not report 0371T when the families of more than eight (8) patients are participants. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA

Adaptive Behavior Treatment Social Skills Group - 0372T

Adaptive Behavior Treatment Social Skills Group, administered by Physician or other QHCP face-to-face with multiple patients.

NOTE: Do not report 0372T if the group is larger than eight (8) patients. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA

Exposure Adaptive Behavior Treatment with Protocol Modification- 0373T

Exposure Adaptive Behavior Treatment with protocol modification requiring two (2) or more technicians for severe maladaptive behavior(s); first sixty (60) minutes of technician's time, face to face with patient. This service can only be provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA
- BCaBA
- RBT or other qualified practitioner who meets the minimum one year of required experience

Exposure Adaptive Behavior Treatment with Protocol Modification- Additional Time- 0374T

Each additional thirty (30) minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure.)

NOTE: Use 0374T in conjunction with 0373T. 0373T, 0374T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians. This service can only be

provided by the following:

- Physicians
- Psychologists
- BCBA-D
- BCBA
- BCaBA
- RBT or other qualified practitioner who meets the minimum one year of required experience

Behavioral Health Intensive Day Treatment – H2012

Behavioral Health Day Treatment. Limit of six (6) units (hours) per day/360 units per six month PA

Psychiatric Health Facility Inpatient Service – H2013

Psychiatric Health Facility Service. Limit of one (1) unit (day) per day/180 days per six (6) month PA.

Clinical Care Coordination – T2022

Clinical Care Coordination/Case Management. Limit of one (1) unit per month in conjunction with the delivery/implementation of ABS treatment services.

Billing for ABS

All services with exception of Intensive Day Treatment, Inpatient, and Clinical Care Coordination are to be billed with modifiers specific to practitioner level and service delivery setting (in-clinic or out-of-clinic). All services are to be billed with the use of the “EP” modifier. See Appendix X for Covered Services Procedure and Rate Schedule.

1104 PRIOR APPROVAL/AUTHORIZATION

Adaptive Behavior Services (ABS)

Prior Authorization (PA) is required for all Medicaid-covered ABS. Services without a PA will not be covered. ABS are authorized in three (3) to six (6) month increments and performed in two distinct parts:

1. Assessment - valid for three (3) months from date of determination.
2. Treatment - valid for six (6) months from date of determination.

All ABS PAs must be requested by the enrolled QHCP.

A documented diagnosis of ASD must be established by a licensed physician or psychologist to perform a behavioral assessment and develop a resulting Plan of Care (POC). A PA to perform the assessment and/or follow-up assessment (0359T – 0363T) is required separately from the PA for treatment (0364T-0374T) and to implement the services as detailed in the POC.

For the purposes of authorizing treatment services, Medicaid will accept for submission the findings from an assessment that was not approved/covered by Medicaid. The findings from the assessment may provide the necessary documentation for the treatment PA as long as the assessment was conducted/dated no more than six (6) months prior to the treatment PA request submission.

Assessment

A PA is required for the behavioral assessment. An assessment is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functions. The QHCP must use valid and reliable evaluation tools (such as the ADOS) to conduct the assessment. Based on the assessment, the QHCP validates the individual's diagnosis of ASD and identifies the severity level of the ASD diagnosis according to the DSM-5 manual. Based on analysis of the assessment, the QHCP recommends ABS treatment and interventions and develops an individualized Plan of Care (POC).

Treatment

A PA is required for ABS treatment. Treatment is dictated by the POC. Treatment should be commensurate with the member's assessed severity level. The documentation that must be submitted to substantiate the request for a treatment PA should include:

- Proposed POC inclusive of information documenting all other services the member is receiving to ensure effective care coordination.
- Individualized Family Service Plan (as applicable)
- Individual Education Plan (as applicable)
- Psychological Assessment (as applicable)

- Previous Hospitalization or out-of-home placement documents (as applicable)
- Progress Notes
- Other as required

All PA requests for ABS must be submitted electronically through the secure online GAMMIS Medical Review portal at:

www.mmis.georgia.gov

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Plan of Care (POC)

The Plan of Care (POC) or treatment plan is specifically tailored to address each individual's adaptive behavioral needs per the individual's assessment findings, capacity and age. The POC must describe the recommended ABS treatment and interventions. Recommended treatment must align with the assessed determination of severity according to the DSM-5 ASD severity levels.

The POC includes at a minimum the following:

- measurable goals, objectives and expected outcomes to monitor the effectiveness of ABS
- specific description of the recommended amount, type, frequency, setting and duration of ABS
- the practitioner(s) responsible for each component of POC implementation
- amount of ongoing caregiver participation required to maximize the success of the ABS

To ensure effective coordination, the POC must reflect all other services the member is currently receiving from the enrolled QHCP. It should also reference other services provided by other providers than the QHCP.

Progress Notes

Progress Note documentation includes the actual implementation and outcome(s) of the designated services in an individual's POC. The content must provide all the necessary supporting evidence to justify the need for the services based on medical necessity criteria and support all requirements for billing and adjudication of the service claims. Progress notes must include observations of the individual's:

- Symptoms
- Behaviors
- Affect/Said Response
- Level of Functioning
- Reassessment for Risk (when indicated)
- Member Medicaid ID
- Date of Service
- Documentation of In and Out Time
- QHCP's signature and date
- Information regarding the exact nature, duration, frequency and purpose of the service, intervention and/or modality.

Sequential progress notes should provide a snapshot of the individual over a specified time frame.

Appendix G

Attestation Form Specialty Provider for Autism Services

Name of Provider and Agency name if applicable

The Georgia Department of Community Health (DCH) Division of Medical Assistance Plans covers treatment of Autism Spectrum Disorder (ASD) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program effective July 1, 2015. In order to provide assessment and therapy services to eligible Medicaid members with ASD, I attest to the following:

I have a minimum of at least one year experience in evaluating, assessing, and/or treating youth with ASD as described in the Credentials and Qualifications section below. I am able to submit verifying documentation of such experience upon request or in the event of an audit including transcripts, employment history, and/or certifications.

By signing this attestation, I affirm to meeting the criteria to provide these services. I have read and will comply with the requirements as established by the Georgia Medicaid Program. I will stay abreast of and comply with any changes to the Georgia Medicaid Program. This compliance includes the responsibility for oversight of the staff who I have also determined to meet the one year of experience requirement and who will render services to members with ASD under my supervision. Their names, titles, and licenses as applicable are listed below.

Signature

GA Medicaid Provider ID Number

Date

Printed/Typed Name of Signer

Address of Signer
(full mailing address)

Contact Phone Number

Fax Number

Email Address

Is the Provider a BCBA or BCBA-D. Please check if applicable.

Board Certified Behavior Analyst (BCBA) Board Certified Behavior Analyst Doctoral (BCBA-D)

Please describe Provider's ASD Credentials and Qualifications:

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List names, licenses, license numbers as applicable and title for up to three (3) qualified providers that deliver services to ASD individuals under your direct supervision. This attestation must be updated and submitted by the enrolled provider within two weeks of any staffing change.

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