

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**DIVISION OF MEDICAID AND MEDICAL ASSISTANCE**  
Statutory Authority: 31 Delaware Code, Section 512 (31 Del.C. §512)

**PROPOSED**

**PUBLIC NOTICE**

**Medical Care and Other Types of Remedial Care - Services to Treat Autism Spectrum Disorder**

In compliance with the State's Administrative Procedures Act (APA - Title 29, Chapter 101 of the Delaware Code), 42 CFR §447.205, and under the authority of Title 31 of the Delaware Code, Chapter 5, Section 512, Delaware Health and Social Services (DHSS) / Division of Medicaid and Medical Assistance (DMMA) is proposing to amend the Delaware Title XIX Medicaid State Plan regarding Medical Care and Other Types of Remedial Care, specifically, *to establish coverage and reimbursement for treatment services for Medicaid recipients up to age twenty-one (21) years of age who have a diagnosis of Autism Spectrum Disorder.*

Any person who wishes to make written suggestions, compilations of data, testimony, briefs or other written materials concerning the proposed new regulations must submit same to Kimberly Xavier, Planning & Policy Development Unit, Division of Medicaid and Medical Assistance, 1901 North DuPont Highway, P.O. Box 906, New Castle, Delaware 19720-0906 or by fax to 302-255-4425 by May 2, 2016. Please identify in the subject line: Service to Treat Autism Spectrum Disorder.

The action concerning the determination of whether to adopt the proposed regulation will be based upon the results of Department and Division staff analysis and the consideration of the comments and written materials filed by other interested persons.

**SUMMARY OF PROPOSAL**

The purpose of this notice is to advise the public that Delaware Health and Social Services/Division of Medicaid and Medical Assistance is proposing to amend the Title XIX Medicaid State Plan regarding Medical Care and Other Types of Remedial Care, specifically, *to establish coverage and reimbursement for treatment services for Medicaid recipients up to age twenty-one (21) years of age who have a diagnosis of Autism Spectrum Disorder.*

**Statutory Authority**

- §1905 of the Social Security Act (a)(4)(B), *Early and Periodic Screening, Diagnostic, and Treatment Services*
- §1905 of the Social Security Act (a)(6), *Remedial Care and any other type of remedial care (services of other licensed practitioners)*
- §1905 of the Social Security Act (a)(13)(c), *Preventive services*
- §1905 of the Social Security Act (r)(5), *Other necessary health care, diagnostic service, and other measures as described in section 1905(a)*
- 42 CFR §440.60(a), *Medical or other remedial care provided by licensed practitioners*
- 42 CFR §440.130(c), *Diagnostic, screening, preventive, and rehabilitative services*
- 42 CFR §447.205, *Public notice of changes in statewide methods and standards for setting payment rates*

**Background**

Autism Spectrum Disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. A diagnosis of ASD now includes several conditions that used to be diagnosed separately: autistic disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), and Asperger syndrome. These conditions are now all called Autism Spectrum Disorder.

Treatments for children with ASD can improve physical and mental development. Generally these treatments can be categorized in four categories: 1) behavioral and communication approaches; 2) dietary approaches; 3) medications; and 4) complementary and alternative medicine.

The federal Medicaid program may reimburse for services to address ASD through a variety of authorities. Services can be reimbursed through section 1905(a) of the Social Security Act (the Act), section 1915(i) state plan Home and Community-Based Services, section 1915(c) Home and Community-Based Services (HCBS) waiver programs, and section 1115 research and demonstration programs.

**State Plan Authorities**

Under the Medicaid state plan, services to address ASD may be covered under several different section 1905(a) benefit categories. Those categories include: section 1905(a)(6) - services of other licensed practitioners; section

1905(a)(13)(c) - preventive services; and section 1905(a)(10) - therapy services. States electing these services may need to update the Medicaid State Plan in order to ensure federal financial participation (FFP) is available for expenditures for these services. In addition, for children, as discussed below, states must cover services that could otherwise be covered at state option under these categories consistent with the provisions at 1905(a)(4)(B) for Early and Periodic Screening, Diagnostic, and Treatment services (EPSDT). The following information briefly describes these coverage categories for services to address ASD. Under these section 1905(a) benefit categories, all other state Medicaid plan requirements such as state-wideness and comparability, must also be met.

1) Other Licensed Practitioner Services

Other Licensed Practitioner services, defined at 42 CFR 440.60(a), are "medical or remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law." If a state licenses practitioners who furnish services to address ASD, the state may elect to cover those providers under this section of their state plan even if the providers are not covered under other sections of the plan (e.g., physical therapist, occupational therapist, etc.). A state would need to submit a state plan amendment (SPA) to add the new licensed provider to their Medicaid plan. The SPA must describe the provider's qualifications and include a reimbursement methodology for paying the provider.

2) Preventive Services

Preventive Services, defined at 42 CFR 440.130(c) are "services recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice under state law to---

- Prevent disease, disability, and other health conditions or their progression;
- Prolong life; and
- Promote physical and mental health and efficiency."

A regulatory change that took effect January 1, 2014, permits coverage of preventive services furnished by non-licensed practitioners who meet the qualifications set by the state, to furnish services under this state plan benefit as long as the services are recommended by a physician or other licensed practitioner. Under the preventive services benefit, in the state plan, the state must 1) list the services to be provided to ensure that services meet the definition of preventive services as stated in section 4385 of the State Medicaid Manual (including the requirement for the service to involve direct patient care); 2) identify the type(s) of non-licensed practitioners who may furnish the services; and 3) include a summary of the state's provider qualifications that make these practitioners qualified to furnish the services, including any required education, training, experience, credentialing, supervision, oversight and/ or registration.

3) Therapy Services

Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders, may be covered under the Medicaid therapies benefit at 42 CFR 440.110. Physical and occupational therapy must be prescribed by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under state law and provided to a beneficiary by or under the direction of a qualified therapist. Services for individuals with speech, hearing, and language disorders include diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.

## Summary of Proposal

### *Purpose*

Effective July 1, 2016 Delaware Health and Social Services/Division of Medicaid and Medical Assistance proposes to adopt provisions to establish coverage and reimbursement methodologies for treatment services for Medicaid recipients up to twenty-one (21) years of age who have a diagnosis of Autism Spectrum Disorder pursuant to 42 CFR §440.60(a) and 42 CFR 440.130(c).

The purpose of this proposal is to establish service descriptions and reimbursement methodologies in the Medicaid State Plan for treatment services for Medicaid recipients up to age twenty-one (21) years of age who have a diagnosis of Autism Spectrum Disorder.

### *Recipient Criteria*

In order to qualify for Autism Spectrum Disorder Treatment Services, a Medicaid recipient must:

- Be under 21 years of age;
- Exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (examples include, but are not limited to: aggression, self-injury, elopement, etc.);
- Receive a Medical/Physical Evaluation by a qualified professional, inclusive of a validated ASD screening tool, in order to rule out medical or behavioral conditions other than ASD, including those that may have behavioral implications and/or may co-occur with ASD;

- Must be medically stable and not require 24-hour medical/long-term care monitoring or procedures provided in a hospital or Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID);
- Receive a Comprehensive Diagnostic Evaluation by a qualified health care professional, using validated evaluation tools, that results in a diagnosis of ASD; and
- Be recommended for ASD Treatment Services, including, but not limited to, Applied Behavioral Analysis (ABA).

*Covered Services*

Medicaid covered Autism Spectrum Disorder Treatment Services must be:

- Medically necessary;
- Previously authorized by the Delaware Medical Assistance Program (DMAP) or its designee; and
- Delivered in accordance with the recipient's Behavioral Support Plan that details the plan of ASD treatment services.

*Public Notice*

In accordance with the *federal* public notice requirements established at Section 1902(a)(13)(A) of the Social Security Act and 42 CFR 447.205 and the *state* public notice requirements of Title 29, Chapter 101 of the Delaware Code, Delaware Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) gives public notice and provides an open comment period for thirty (30) days to allow all stakeholders an opportunity to provide input on the agency's decision to increase the personal needs allowance for individuals institutionalized in long-term care facilities. Comments must be received by 4:30 p.m. on Monday May 2, 2016.

*CMS Review and Approval*

The provisions of this draft state plan amendment (SPA) are subject to the Centers for Medicare and Medicaid Services (CMS) review and approval. The draft SPA page(s) may undergo further revisions before and after submittal to CMS based upon public comment and/or CMS feedback. The final version may be subject to significant change.

*Provider Manual Update*

Also, upon CMS approval, the applicable Delaware Medical Assistance Program (DMAP) Provider Policy Specific Manuals will be updated. Manual updates, revised pages or additions to the provider manual are issued, as required, for new policy, policy clarification, and/or revisions to the DMAP program. Provider billing guidelines or instructions to incorporate any new requirement may also be issued. A newsletter system is utilized to distribute new or revised manual material and to provide any other pertinent information regarding manual updates.

**Cost/Budgetary Impact**

The following represents the potential increase in expenditures with the increased level of treatment services for Medicaid recipients up to twenty-one (21) years of age who have a diagnosis of Autism Spectrum Disorder effective July 1, 2016.

The following fiscal impact is projected:

	Federal Fiscal Year 2016 <sup>1</sup>	Federal Fiscal Year 2017
General (State) funds	\$301,710	\$1,223,105
Federal funds	\$450,120	\$1,784,218

1. Represents July - September 2016 only

**DMMA PROPOSED REGULATION #16-008a  
REVISION**

ATTACHMENT 3.1-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: DELAWARE

LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY

**13.c. Preventive Services**

In accordance with section 4106 of the Affordable Care Act, Delaware Medicaid Covers and reimburses all preventative services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF), ~~and~~ all approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP), and services to treat Autism Spectrum Disorder (ASD) without cost-sharing.

Preventative services are any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under State law and include all preventive services not otherwise covered under the State Plan pursuant to Section §1905(r)(5) of the Social Security Act, Early and Periodic Screening, Diagnostic, and Treatment Services, for other necessary health care, diagnostic services, treatment, and other measures described in section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan. Preventive Services are reimbursed according to the methodologies for services described in Attachment 4.19-B. Methods and Standards for Establishing Payment Rates - Other Types of Care, of the State Plan.

The State assures the availability of documentation to support the claiming of federal reimbursement for these preventative services.

The State assures that the benefit package will be updated as changes are made to the USPSTF and ACIP recommendation, and that the State will update the coverage and billing codes to comply with these revisions.

## **DMMA PROPOSED REGULATION #16-008b**

### **NEW:**

ATTACHMENT 3.1-A

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: DELAWARE

### LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

#### **13.c. Preventive Services Continued**

##### **Services to Treat Autism Spectrum Disorder (ASD) Pursuant to Act, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services**

Covered services are provided in accordance with §1905(a)(4)(B), 1905 (A)(13), and 1905(r) of the Social Security Act. Services to treat Autism Spectrum Disorder (ASD) pursuant to EPSDT are provided only to Medicaid beneficiaries under age twenty-one. Pursuant to 42 C.F.R. § 440.130(c), these services are provided as preventive services and are recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the individual.

If the Comprehensive Diagnostic Evaluation report (described below) is signed by a licensed practitioner and recommends services consistent with a requested Functional Behavioral Assessment, development of a Behavioral Support Plan, and/or ASD Treatment Services, as applicable, then such evaluation report is the licensed practitioner's recommendation of the services pursuant to 42 C.F.R. § 440.130(c).

Pursuant to section 4385 of the State Medicaid Manual, preventive services must be direct patient care provided to the individual for the primary purpose of diagnosing, treating or preventing ASD, which is a set of conditions that directly affects the individual's mental and physical health.

##### Evaluations:

Prior to receiving a Functional Behavior Assessment, a Behavioral Support Plan, or ASD Treatment Services, the individual must receive the following evaluations:

- (1). Medical / Physical Evaluation: This evaluation is a review of the individual's overall medical health, hearing, speech, and vision, including relevant information and should include a validated ASD screening tool. The evaluation is designed to rule out medical or behavioral conditions other than ASD, including those that may have behavioral implications and/or may co-occur with ASD. The Medical/Physical Evaluation must be provided by a qualified practitioner that meet the requirements of the regulations cited above in this section and other applicable state law and regulations as per 42 CFR 440.6. These evaluations shall be provided by licensed practitioners under Delaware State regulation, including medical doctors (MD and DO), advanced practice registered nurses (APRN), nurse practitioners, and physician assistants consistent with their scope of practice.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: DELAWARE

LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY

**13.c. Preventive Services Continued**

**Services to Treat (ASD) Pursuant to Act, (EPSDT) Services Continued**

*Evaluations Continued*

(2). Comprehensive Diagnostic Evaluation: This evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning and must use validated evaluation tools. Based on the evaluation, the practitioner determines the individual's diagnosis and recommends general ASD treatment interventions, such as one or more of the categories of interventions listed in the ASD Treatment Services description below. If the practitioner diagnoses the individual with ASD based on the Comprehensive Diagnostic Evaluation, the practitioner should refer the individual for a behavior assessment.

Comprehensive Diagnostic Evaluations must be provided by a qualified practitioner that meets the requirements of the regulations cited above in this section and other applicable state law and regulations as per 42 CFR 440.6. These evaluations shall be provided by licensed practitioners under Delaware State regulation, including medical doctors (MD and DO), psychiatrists, and psychologists. Unlicensed practitioners may operate under the supervision of a licensed medical doctor (MD or DO), psychiatrist, or psychologists that is responsible for the work and work methods, regularly reviews the work performed, and is accountable for the results. Supervision must adhere to the requirements of the practitioners licensing board and the supervisory relationship must be documented in writing. The licensed practitioner must co-sign documentation for all services provided by practitioners under his or her supervision. Any staff that is unlicensed and performing a Comprehensive Diagnostic Evaluation must be certified by the Behavior Analyst Certification Board (BACB) as a Board Certified Behavior Analyst® (BCBA®).

These evaluations may not be performed by the same professional who delivers or supervises the beneficiary's direct ASD treatment. In geographic areas with a provider shortage, as determined by the Medicaid Agency, the same professional may perform the medical/physical exam and/or the Comprehensive Diagnostic Evaluation and deliver or supervise the beneficiary's direct ASD treatment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: DELAWARE

LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY

**13.c. Preventive Services Continued**

**Services to Treat (ASD) Pursuant to Act, (EPSDT) Services Continued**

*Autism Spectrum Disorder (ASD) Covered Services:*

(1). Functional Behavior Assessment (FBA)

(a.) Service Description: The FBA attempts to determine the function of maladaptive behaviors subsequent to the diagnosis and to determine appropriate treatment options and recommendations. The FBA is a clinical compilation of observational data, behavior rating scales, and reports from various sources (e.g., schools, family, pediatricians, and other sources) designed to identify the individual's current strengths and needs across developmental and behavioral domains. It takes into account all available information, including the Medical/Physical Evaluation and Comprehensive Diagnostic Evaluation.

(b.) Assessment Tool: FBA practitioners must use a validated assessment tool or instrument and can include direct observational assessment, observation, record review, data collection and analysis. The

FBA must include the current level of functioning of the individual using a validated data collection instrument or tool.

(c.) Limitations on Functional Behavior Assessments: An individual is limited to a single Functional Behavioral Assessment conducted within the ages of 1 - 12, 13 - 17 and 18 - 20 (up-to an individual's 21st birthday). This limitation may be exceeded with prior authorization based on medical necessity.

(2.) Behavior Support Plan

(a.) Service Description: Based on the Functional Behavior Assessment, the Behavioral Support Plan of Care is a detailed plan of ASD treatment services specifically tailored to address each individual's adaptive and/or behavioral needs. The plan includes at least the following: measurable goals and expected outcomes to determine if ASD treatment services are effective; specific description of the recommended amount, type, frequency, setting and duration of ASD treatment services; and amount and type of caregiver (defined below) ongoing participation in the ASD treatment services necessary to maximize the success of the services. The service includes skill modeling, feedback, and reinforcement to family members or caregivers based on the Behavior Support Plan to ensure that treatment strategies outlined in the Plan are being transferred and implemented by the family or caregiver. The service is for the direct benefit of the Medicaid recipient.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: DELAWARE

LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY

**13.c. Preventive Services Continued**

**Services to Treat (ASD) Pursuant to Act, (EPSDT) Services Continued**

ASD Covered Services Continued

(3.) ASD Treatment Services

(a.) Service Description: ASD treatment services are interventions designed to treat individuals with ASD, including a variety of behavioral interventions, which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized substantial scientific and clinical evidence. These services are designed to be delivered primarily in the home or in other community settings and include any intervention supported by credible scientific and/or evidence, as appropriate to each individual, such as Applied Behavior Analysis (ABA). ABA is the design, implementation, and evaluation of environmental modifications, including the use of direct observation, measurement, and functional analysis of the relationship between the environment and behavior and the use of behavioral stimuli and consequences, to produce socially significant improvement in human behavior.

(b.) Prohibited practices in the treatment of ASD include:

(1.) Aversive interventions

(2.) Seclusion

(3.) Denial of nutritionally adequate diet

(4.) Chemical Restraints

(5.) Mechanical Restraints

(6.) The use of Behavior Modifying Medications without a formal assessment and diagnosis of a corresponding mental health disorder by physician

(c.) ASD Service Delivery: ASD treatment services shall be rendered in accordance with the beneficiary's treatment plan. The treatment plan shall:

(1.) Be person-centered and based upon individualized goals over a specific timeline;

(2.) Be developed by a qualified autism service provider for the specific beneficiary being treated;

(3.) Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors;

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: DELAWARE

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PROVIDED TO THE CATEGORICALLY NEEDY

**13.c. Preventive Services Continued**

**Services to Treat (ASD) Pursuant to Act. (EPSDT) Services Continued**

ASD Covered Services - ASD Treatment Services Continued

(c.) ASD Service Delivery Continued:

- (4.) Identify long, intermediate, and short-term goals and objectives that are specific, behaviorally defined, measurable, and based upon clinical observation;
- (5.) Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives;
- (6.) Utilize evidence-based practices with demonstrated clinical efficacy in treating ASD, that are tailored to the beneficiary;
- (7.) Ensure that interventions are consistent with evidenced-based ASD treatment techniques;
- (8.) Clearly identify the service type, number of hours of direct service and supervision, and parent or guardian participation needed to achieve the plan's goals and objectives;
- (9.) Clearly identify the frequency at which the individual's progress is reported;
- (10.) Clearly identify the individual providers responsible for delivering the services;
- (11.) Include case management involving the parents or guardians, school, state disability programs, and others as applicable;
- (12.) Include parent/guardian training, support and participation to benefit the Medicaid eligible child, as described in the treatment plan.

Participation by Caregiver in ASD Treatment Services: For the purposes of this section, "caregiver" means any person who is responsible for the care of the individual at any given time, including, but not limited to, parents, guardians, other family members, and child care providers. Based on the practitioner's clinical judgment as specified in the Behavior Support Plan, in order to ensure the quality and clinical effectiveness of the services, a caregiver must participate in up to fifty percent (50%) of all treatment sessions based on clinical judgment, which may be reduced if appropriate for an individual's unique circumstances, in a manner that continues to ensure the medical necessity, quality, and clinical effectiveness of the services. This participation also acts as training of the caregiver for the benefit of the individual and enables the caregiver to be able to reinforce the services for the individual in a clinically effective manner.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: DELAWARE

LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY

**13.c. Preventive Services Continued**

**Services to Treat (ASD) Pursuant to Act. (EPSDT) Services Continued**

ASD Covered Services - ASD Treatment Services Continued

- (e.) Presence / Availability of Caregiver: In order to ensure that the services are covered under the preventive services benefit category and do not include non- coverable services such as child care, respite, or related services, as well as to ensure the clinical success of the services, a caregiver must be present and/or available in the setting where services are being provided at all times (even when not directly participating in the services) in order to care for individuals under the age of eighteen.
- (f.) Limitations on ASD Treatment Services: Total ASD treatment services from all sources may only be the amount medically necessary for each individual, up to 25 hour per week, which may be exceeded with prior authorization based on medical necessity.

(4.) ASD Treatment Services Qualified Providers:

Autism Spectrum Disorder services must be provided by qualified practitioners, listed in the section below, that meet the requirements of the regulations cited above in this section and other applicable state law and regulations as per 42 CFR 440.6. Unlicensed practitioners may operate under the supervision of a licensed practitioner that is responsible for the work and work methods, regularly reviews the work performed, and is accountable for the results. Supervision must adhere to the requirements of the practitioners licensing board and the supervisory relationship must be documented in writing. Qualified practitioners must also be certified by the Behavior Analyst Certification Board (BACB) under one of the categories listed below, and must act within the scope of their certification, as determined by the BACB.

(a.) Licensed Practitioners --

(1.) Qualified Licensed Practitioners under Delaware State regulation are licensed by Delaware and include Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors of Mental Health (LPCMH), advanced practice nurses (APNs), medical doctors (MD and DO), psychiatrists, and psychologists or their assistants.

(2.) Licensed Practitioners must be certified by the Behavior Analyst Certification Board (BACB) under one of the following categories:

(a.) Board Certified Behavior Analyst-Doctoral® (BCBA-D®)

(b.) Board Certified Behavior Analyst ® (BCBA®)

ATTACHMENT 3.1-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

LIMITATIONS ON AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES

PROVIDED TO THE CATEGORICALLY NEEDY

**13.c. Preventive Services Continued**

**Services to Treat (ASD) Pursuant to Act. (EPSDT) Services Continued**

ASD Covered Services - ASD Treatment Services Continued

(4.) ASD Treatment Services Qualified Providers Continued:

(b.) Unlicensed Professionals --

(1.) Any staff that is unlicensed and providing ASD services must be supervised by a licensed, Board-Certified Behavior Analyst (BCBA® or BCBA-D). The supervisory relationship must be documented in writing.

(2.) Unlicensed Professionals must be certified by the Behavior Analyst Certification Board (BACB) under one of the following categories:

(a.) Board Certified Assistant Behavior Analyst ® (BCaBA®)

(b.) Registered Behavior Technician

(c.) The provider who develops the behavioral plan of care should be the same provider who performed the behavior assessment, except in extenuating circumstances, such as if the provider changed employers, moved to another geographic area, or needed to collaborate with another provider with different expertise.

Medicaid shall not cover for program services or components of services that are of an unproven, experimental, of a research nature, or that do not relate to the individual's diagnosis, symptoms, functional limitations or medical history.

**DMMA PROPOSED REGULATION #16-008c**

**NEW:**

ATTACHMENT 4.19-B

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

## **5. Other EPSDT Services Continued**

(f) Services to Treat Autism Spectrum Disorder (ASD) Pursuant to EPSDT:

As available, rates are developed using the Resource Based Relative Value Scale (RBRVS) methodology. Rates are established and updated based on the RBRVS methodology as adopted by the Medicare Fee Schedule Data Base.

If no RVU exists, the agency examines the CMS-approved Medicaid fee-for-service rate schedules of other states for similar services that are comparable in program design, program structure and relative costs to Delaware's services. For those services that are substantially similar, another state's fee for the procedure may be adopted.

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of these services. Rates are published on the agencies website at the following link:

The fee schedule and any annual periodic adjustments to these rates are published on the Delaware Medical Assistance Program (DMAP) website at: <http://www.dmap.state.de.us/downloads/feeschedules.html>

**19 DE Reg. 898 (04/01/16) (Prop.)**