

# Research Based – Behavioral Health Treatment (RB-BHT)

## Frequently Asked Questions

Licensed Professionals/Credentials		
1.	Can a Board-Certified Behavior Analyst (BCBA) licensed in another state practice as a Licensed Qualified Autism Service Provider (LQASP)?	No. BCBAs are not currently licensed in the State of North Carolina.
2.	How are you going to determine if people are practicing within their scope of license?	This is determined through a review of the Licensed Professional’s applicable Scope of Practice.
3.	Does a BCaBA (Board Certified Assistant Behavior Analyst) qualify as a support person to a BCBA? Or do they fall under para-professional?	<p>Clinical Coverage Policy 8F Section 6.1 (c)</p> <p>Provider Roles: “a paraprofessional provides RB-BHT pursuant to a treatment plan developed by a Licensed Qualified Autisms Service provider and is supervised by either a LQASP or a C-QP.</p> <p><a href="https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies">https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies</a></p> <p>The BCaBA would only be able to supervise a licensed professional if they were of equal licensure or higher. Please note that BCBAs are not currently licensed in the State of North Carolina.</p>
4.	Do we have to have an ABA certified person delivering the service or can we use ABA techniques in lieu of an ABA certified professional?	<p>Licensed and Certified staff shall obtain licensure or certification according to N.C. General Statutes and Practice within the scope of practice as defined by the individual practice board.</p> <p>Paraprofessionals must complete competency-based RB-BHT training for persons with ASD that is equivalent to the minimum hours requirements of the lowest level paraprofessional as specified</p>

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		by the Behavior Analyst Certification Board (BACB)
5.	Since the policy appears to be open. Would an independent practitioner who would qualify as a LQASP be able to provide RB-BHT as long as their interventions are research based?	Yes. An Independent Practitioner, who would qualify as an LQASP, could provide prior approved research based interventions that meet the policy standards. Information on these standards can be found on pages 1 and 2 of CCP 8F. <a href="https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies">https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies</a>
6	What do you mean that the LQASP can be an entity or group?	A Licensed Qualified Autism Service Professional is an individual who meets the criteria in CCP 8F Section 6.1.  A Licensed Qualified Autism Service Provider is an agency who meets the criteria in CCP 8F Section 6.1.
7	Which of those licensed professionals on the PowerPoint can provide ABA services ordered by a doctor?	ABA is considered a Researched-based behavioral intervention service. Licensed professionals listed within the PowerPoint can provide any RB-BHT intervention, within their scope of practice.  Information on these Licensed Professionals can be found on page 8 of CCP 8F. <a href="https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies">https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies</a>
8	Are BCBA's, practicing with a group, under the supervision of a LP or LPA, considered LQASP? What about BCBA's?	BCBA are considered Certified Qualified professionals unless they hold a professional license that is recognized in North Carolina and listed in CCP 8F.
9	If a BCBA is under the supervision of a licensed provider are we able to provide and bill for codes for supervision, plan writing, etc.?	Treatment plans must be developed and supervised by an LQASP. A BCBA may work with an LQASP to develop the Treatment Plan; however, the LQASP is ultimately responsible for the Treatment Plan.

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10	Do the paraprofessionals need to be RBTs?	A paraprofessional is a person who has completed specific competency-based RB-BHT training for persons with ASD that is equivalent to the minimum hour requirements of the lowest level paraprofessional (Technician) as specified by the Behavior Analyst Certification Board (BACB)
11	Thank you for the presentation. For one example, is it correct that a LCSW would supervise a BCBA for the service?	Yes, this is possible if the LCSW has competencies in ASD and the BCBA does not hold a recognized license in the State of NC.
<b>Provisional Diagnosis/Diagnostic Tools/Intervention Models</b>		
12.	What diagnostic tools are allowed? Is there a list of acceptable tools somewhere?	Acceptable diagnostic tools can be found at <a href="https://www.cdc.gov/ncbddd/autism/hcp-screening.html">https://www.cdc.gov/ncbddd/autism/hcp-screening.html</a>
13.	Are ABA (Applied Behavioral Analysis) services covered with this policy?	Yes. Applied Behavioral Analysis is covered through RB-BHT.
14.	If the child is on a waiting list for the full diagnosis that takes longer than 6 months will services still be cut off at 6 months?	Yes. A valid Autism Spectrum Diagnosis is needed for the service to continue. A provisional diagnosis is only appropriate for 6 months and is only appropriate for an individual under three years of age.
15.	Can you provide examples of models other than ABA that would be covered under RB-BHT?	Any model meeting researched based behavioral interventions; demonstrating clinical efficacy in treating ASD, or any intervention supported by credible scientific or clinical evidence as appropriate for treatment of Autism Spectrum Disorder.  CCP 8F Section 1.0 defines this model criteria <a href="https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies">https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies</a>

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		<p>Examples of Adapting Environments include naturalistic intervention, antecedent based intervention, and visual supports.</p> <p>Examples of Applying Reinforcement include Reinforcement, differential reinforcement of alternative behaviors, and extinction.</p> <p>Examples of Teaching Techniques include discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, and prompting.</p> <p>Examples of Using Typically Developing Peers include peer mediated instruction and structured play groups</p> <p>Examples of Applying Technological Tools include video modeling and tablet-based learning software.</p>
<b>Telehealth</b>		
16.	Will telehealth be allowed within RB-BHT? There is research supporting its effectiveness	<p>Clinical Coverage Policy for Telemedicine and Telepsychiatry (1-H) can be found at the following link:</p> <p><a href="https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/telemedicine-and-telepsychiatry-clinical-coverage-policies">https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/telemedicine-and-telepsychiatry-clinical-coverage-policies</a></p> <p>For beneficiaries enrolled in managed care or receiving services through an MCO, the provider needs to obtain this information from the PHP or MCO as there are additional flexibilities for which the plan may seek DHB approval.</p>
<b>Services in Community Settings</b>		
17.	Using typically developing peers? Does this include services in school? Where typically developing peers are found? Is	<p>Yes, services in school are potentially covered when prior approved. Services in the school <u>must be directly linked to the individual's ASD needs</u> and not related to educational goals.</p>

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	that something that will be covered?	
<b>Service Request/Prior Approval/Authorizations</b>		
18	Can more than one RB-BHT services be approved under the policy? For example, if a Speech and Language Pathologist (SLP) requests an authorization under RB-BHT can a psychologist also request an authorization?	Yes. An individual can potentially utilize two different RB-BHT models if the models show evidence of working well with each other, the combination supports the individuals Autism Spectrum (ASD) needs, and the requests meet medical necessity criteria.
19.	Who authorizes and pays for Qualified Non-citizens (Legal aliens)?	Authorization for 0-3, North Carolina Health Choice (NCHC), and Qualified Non-Citizens who are enrolled in Medicaid Direct are obtained through Beacon Health Options. Claims are submitted and paid through NC TRACKS.  Information on Beacon Health Options can be found at <a href="https://www.beaconhealthoptions.com/providers/beacon/">https://www.beaconhealthoptions.com/providers/beacon/</a>
20.	In order to provide RB-BHT services, does a provider need to contract directly with the state? Or with each individual LME-MCO? Or both?	RB-BHT can only be provided by providers enrolled with NC Medicaid.  The provider must contract with Standard Plan PHPs or LME-MCOs (depending on the plan in which the individual is enrolled).  For children 0-3, children in North Carolina Health Choice and Qualified non-citizen Legal aliens) who are not enrolled in Standard plans, billing is submitted to NC TRACKS
21.	When should an assessment be sent to the MCO for review?	Prior approval is required before rendering RB-BHT.  You should contact your local LME-MCO for utilization review requirements when

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		the individual is enrolled in Medicaid and receiving services through the LME-MCO.
<b>Billing/Service Codes/Rates</b>		
22.	Can only a LAQSP bill 97151?	Yes. Only an individual, entity or group that meets the criteria for an LAQSP can provide 97151.
23.	Who can deliver 97152? Is this for paraprofessionals as AMA code definition suggests?	The LQASP, C-QP, or a paraprofessional may can provide 97152.
24.	Can 97153 and 97155 be billed concurrently for program modification/observation during direct treatment?	We are currently making system changes that will allow 97153 and 97155 to be billed concurrently. Communication will be provided when changes have been completed.
25.	What will be the MUEs for 97155 or 97151?	<p>Medically Unlikely Edits (MUEs) are intended to reduce paid claims errors. Per CMS, guidelines MUE for HCPC/CPT codes is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service.</p> <p>Services can exceed Medicaid Unlikely Edits based on the needs of the individual.</p>
26.	Are rates different for the CQP than the LQAP?	<p>LME/MCOs have rate setting authority and may pay different rates.</p> <p>For Medicaid Fee-For-Service rates are based on the service being provided.</p>
27.	Can you clarify exactly what services should be billed under 97151 vs 97152?	<p>Per AMA guidelines</p> <p>97151 should include Behavior Identification assessment by the LQASP. This may include:</p> <ul style="list-style-type: none"> <li>• Face-to-face time with individual, guardian/caregivers,</li> <li>• Administration of assessments</li> </ul>

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		<ul style="list-style-type: none"> <li>• Discussion of findings and recommendations,</li> <li>• non-face-to-face analysis of past data, scoring/interpreting the assessment, and preparing the report/treatment plan</li> </ul> <p>97152: is the behavior identification supporting assessment that can be provided by the LQASP, C-QP, or a paraprofessional.</p>
28.	Which codes can be provided/billed by which credentials?	<p>97151 is the only code with specific designation, of being provided by a Licensed Qualified Autism Service Provider.</p> <p>LQASP can provide services under any codes within the array, however those activities must be Reported under those codes.</p>
<b>Assessments/Treatment Plans</b>		
29.	Are there any guidelines on services per week/month/etc.?	Guidelines are based on the clinical efficacy of the RB-BHT modality, the corresponding age group, and the needs of the beneficiary.
30.	Can you please confirm that treatment plans required are not the Person-Centered Plan (PCP) as outlined in the State PCP manual - but rather inclusive of the components you mentioned? Additionally, what about unified plans for those receiving other services?	<p>RB-BHT treatment plans are not the PCP outlined in the State PCP manual. However, the treatment plan should be inclusive of Person-Centered Planning components, as outlined in Section 5.3.3 of CCP 8 F.</p> <p><a href="https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies">https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies</a></p>
31.	What is the expected length of treatment for RB-BHT?	Expected length and intensity of treatment are based on the clinical efficacy of the RB-BHT modality and the corresponding age group and the needs of the individual.

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32.	Please clarify whether the treatment plan needs to identify the list of professionals that will be involved with the treatment... does this include para-professionals?	Yes, it is best practice that treatment plan identifies the list of professionals and the task they will implement, this includes para-professionals.
<b>General Inquiry</b>		
33.	How can a copy of this presentation be obtained?	The presentation is available at <a href="https://medicaid.ncdhhs.gov/providers/programs-services/mental-health/Behavioral-Health-Services">https://medicaid.ncdhhs.gov/providers/programs-services/mental-health/Behavioral-Health-Services</a>
34.	As stated, ASD is lifelong disability so why cap service at age 21?	RB-BHT is under the NC State Plan title XIX Preventive services under Diagnostic, screening, preventive, Treatment, and Rehabilitation services; which targets children and adolescents age 0-21.
35.	Will the LOC form be used for this service like IW?	No. The LOC form is to determine if the individual meets level of care for ICF-IID.