



NC Department of Health and Human Services

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

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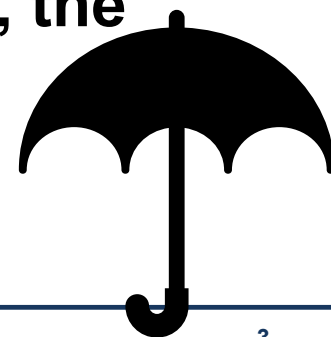
# Today's Webinar

- **Research Based – Behavioral Health Treatment (RB-BHT) Policy Status**
- **What is RB-BHT**
- **Medicaid State Plan Background**
- **Policy Overview**
- **Medicaid Transformation**

# What is RB-BHT?

**Research Based – Behavioral Health Treatment (RB-BHT) services are researched-based behavioral intervention services that prevent or minimize the adverse effects of Autism Spectrum Disorder (ASD) and promote, to the extent practicable, the functioning of a beneficiary.**

**Research Based-Behavioral Health Treatments,, demonstrate clinical efficacy in treating ASD, prevent or minimizes the adverse effects of ASD and; promote, to the maximum extent possible, the functioning of a beneficiary.**



# RB-BHT Policy Status

- **The RB-BHT Policy will be posted on the Medicaid Website effective 8/15/19**
- **How was the policy developed?**

# State Plan Frame

# Medicaid State Plan

## 13. c. Preventive Services under Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services

- (c) “Preventive services” means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to -
  - (1) Prevent disease, disability, and other health conditions or their progression;
  - (2) Prolong life; and
  - (3) Promote physical and mental health and efficiency.

# Medicaid State Plan, Con't

- **In accordance with 42 CFR 440.130(c), RB-BHT services are covered as medically necessary services based upon the recommendation and referral of a licensed physician or a licensed doctorate-level psychologist for individuals who have been diagnosed with Autism Spectrum Disorder as defined below.**
- **Services that treat or address ASD under this state plan are available only for the following beneficiaries: infants, children and adolescents age 0 to up to 21<sup>st</sup> birthday. Services that treat or address ASD will be provided to all individuals (age 0 to up to 21<sup>st</sup> birthday) who meet the medical necessity criteria for receipt of the service(s).**

# Prior Authorization

- **RB-BHT services are provided under a **prior authorized treatment plan** that has **measurable goals** over a specific timeline for the specific patient being treated developed by a **Licensed Qualified Autism Service Provider**.**
- **The treatment plan shall be reviewed **no less than once every six months** by a **Licensed Qualified Autism Service Provider** and modified whenever appropriate.**
- **Additional service authorization must be received to continue the service.**



# Prior Authorization

- **Services provided without prior authorization shall not be considered for payment or reimbursement except in the case of retroactive Medicaid eligibility.**
- **Services must be provided and supervised under an approved treatment plan developed by a Licensed Qualified Autism Service.**
- **Coverage is limited to medically necessary services.**

# Policy Overview

# Who is Eligible

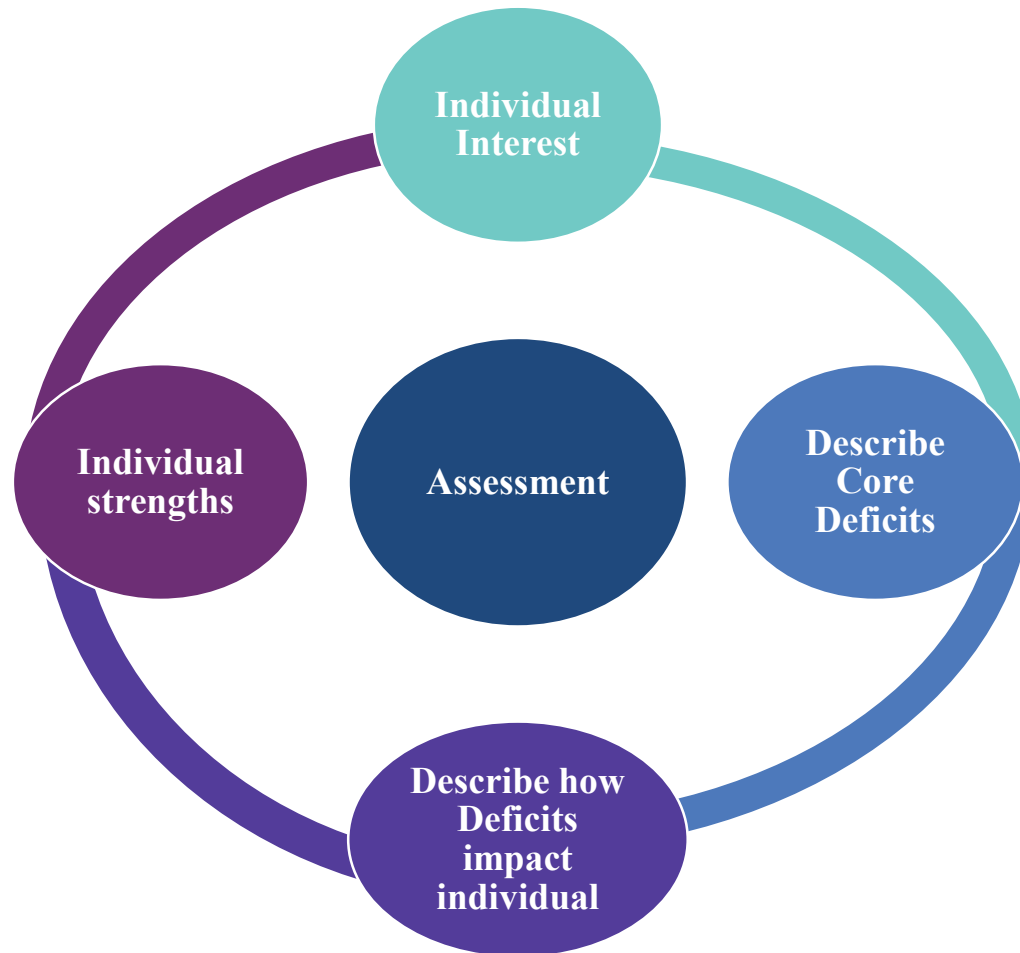
- **Services that treat or address ASD under this state plan are available only for the following beneficiaries:**
  - infants,
  - children and
  - adolescents age 0 to up to 21<sup>st</sup> birthday.
- **This applies to individuals who are enrolled in Medicaid or enrolled in Health Choice.**

# Eligibility and medical necessity

- **Diagnosed with Autism Spectrum Disorder utilizing a scientifically validated tool for diagnosis ASD including individuals diagnoses under Section 8A of the State plan.**
- **Children (0-3) can have a provisional diagnosis of ASD when initiating the service.**

# Assessment

# Behavioral / Functional / Adaptive Assessment



# Assessment, Cont'd

## Assessments will reflect the following criteria

- **The covered treatment must be medically necessary for preventing and minimizing the disabilities associated with of ASD;**
- **The Research-Based Behavioral Health Treatment being requested has clinical efficacy in treating ASD;**
- **Based on the current or Psychological or adaptive or other relevant assessments that informs the plan, this service is indicated;**
- **This service prevents or minimizes the disability and behavioral challenges associated with ASD;**

# Assessment, Cont'd

## Assessments will reflect the following criteria

- **There is evidence that this intervention is equally or more effective than an alternative intervention based on North Carolina community practice standards (Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Society of Addiction Medicine); and**
- **There are no indications that available alternative interventions would be equally or more effective based on North Carolina community practice standards and within the Local Management Entity-Managed Care Organization (LME-MCO) (or subsequent System) service array.**



# Assessment, Cont'd



# Treatment Plan Overview

# Treatment Plan Overview

**RB-BHT Services require a Treatment Plan. The Treatment Plan must contain ALL of the following elements:**

- A. Person centered and developmentally appropriate with individualized goals.**
- B. Describe the individual's behavioral health or developmental skills / challenges that are to be treated;**

# Treatment Plan, Cont'd

## **C. Delineate an intervention plan that documents:**

- 1. the service type; number of hours of direct service and supervision;**
- 2. location of the service;**
- 3. parent/guardian/caregiver participation needs to: achieve the long-term, intermediate, and short-term goals and objectives that are specific, behaviorally defined, measurable, and based upon clinical observation;**
- 4. the frequency at which the beneficiary's progress is evaluated and reported; and**
- 5. identifies the individual providers responsible for delivering the services. Individual provider list can be modified with the beneficiary's and legal guardian's consent.**

# Treatment Plan, Cont'd

- D. Provide intervention plans that utilize research-based practices, with demonstrated clinical efficacy in treating ASD and that are specific to the child's needs and developmental level;**
- E. Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives and goals identified in the intervention plan;**
- F. Update goals and objectives when the treatment goals and objectives are achieved or no longer appropriate.**
- G. Must be signed and dated by Plan Developer and Legally Responsible Person prior to delivery of services.**

# Treatment Plan Responsibility

**All RB-BHT Services must be provided and supervised under an approved Treatment Plan developed by an LQASP.**

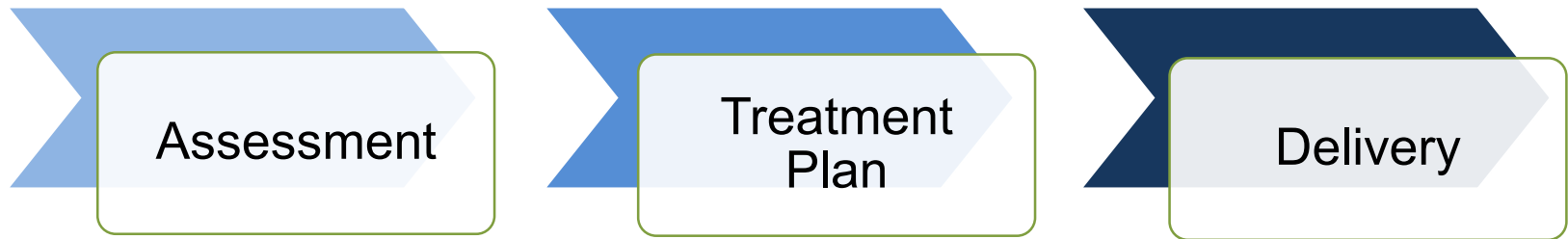
**Coverage is limited to medically necessary services.**

# Treatment Plan Responsibility, cont'd

**An LQASP is a person, entity, or group who meets ONE of the following credentials:**

- **licensed as a physician or developmental and developmental/behavioral pediatrician, psychologist or psychological associate;**
- **occupational therapist;**
- **speech-language pathologist;**
- **clinical social worker;**
- **professional counselor;**
- **licensed marriage or family therapist; or**
- **other licensee allowed to independently practice RB-BHT under the scope of practice permitted in North Carolina, provided the services are within the experience and competence of the state licensee.**

# The Treatment Plan, cont'd





# Delivery Of Services



# What is Covered: Delivery

- **Adapting environments to promote positive behaviors and learning while reducing negative behaviors (e.g., antecedent based intervention, visual supports);**
- **Applying Treatment procedures to change behaviors and promote learning (e.g. Reinforcement, differential reinforcement of alternative behaviors, extinction);**
- **Teaching techniques to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills (e.g., discrete trial teaching, modeling, naturalistic intervention, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting);**

# What is Covered?

- **Behavioral / Adaptive / Functional assessment and development of treatment plan**
- **Delivery of Research Based – Behavioral Health Treatment (RB-BHT) services**
- **Training of parents/guardians on interventions consistent with the RB-BHT.**
- **Observation**

# Criteria for Other Interventions

- **In addition to the categories of interventions listed above, covered RB-BHT services are any other intervention supported by credible scientific or clinical evidence, as appropriate for the treatment of Autism Spectrum Disorder.**

# Criteria for Other Interventions

**An intervention is considered to have credible scientific and/or clinical evidence if it meets the specific criteria listed below:**

- 1. Randomized or quasi-experimental design studies.**
- 2. Single-subject design studies.**
- 3. Combination of evidence.**
- 4. Interventions programs that have a strong evidence base for American Indian youth.**

# Observation

- **Observation and Direction Performing Provider's observation and direction of the BCaBA or Technician, which is reimbursed only when:**
  - (A) The Performing Provider is in the same location as both the individual and the BCaBA or technician and**
  - (B) The observation is for the benefit of the individual.**

# Observation, Cont'd



# Specific Criteria



# Specific Criteria-Continued Stay

**Medicaid and NCHC shall cover a continued stay: if the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the beneficiary's Treatment Plan, or the beneficiary continues to be at risk for regression based on current clinical assessment, history, or the tenuous nature of the functional gains; AND:**

- 1. Current goals have been achieved and additional goals are indicated;**
- 2. Documentation that supports the continued need for services;**
- 3. Identified need for a Treatment plan modification (to promote greater gains);**
- 4. Demonstrates lack of progress or regression; requiring reassessment; and**
- 5. Documented support that reduction or removal of services would result in regression.**

# Specific Criteria – Transition of Discharge

**Beneficiary shall meet at least one of the following:**

- A. The beneficiary ages out of the service;**
- B. The family/caregiver/individual desires to discontinue services;**
- C. The individual who has a provisional diagnosis for ASD does not meet the diagnostic criteria for ASD (as measured by appropriate scientifically validated tools);**
- D. The beneficiary and team determine that RB-BHT services are no longer needed based on the attainment of goals as identified in the Treatment Plan, no additional goals are needed, and a different level of care / level of support would adequately address current goals;**

# Specific Criteria – Transition of Discharge

- E. The beneficiary and the treatment team determines that a different RB-BHT provider agency is needed to attain the goals as identified in the Treatment Plan;**
  
- F. The beneficiary and the treatment team determines that a different RB-BHT treatment modality is needed to attain the goals as identified in the Treatment Plan;**
  
- G. The beneficiary moves out of the catchment area and the provider has facilitated the referral to either a new RB-BHT provider or other appropriate service in the new place of primary private residence and has assisted the beneficiary in the transition process;**

# Specific Criteria – Transition of Discharge

- H. The beneficiary and, if appropriate, the legally responsible person, chooses to withdraw from services and documented attempts by the program to re-engage the beneficiary with the service have not been successful;**
  
- I. The beneficiary is functioning effectively with this service and discharge is indicated. It is not anticipated that regression is likely to occur if the service is removed. The decision must be based on either of the following:**
  - 1. The beneficiary does not have a documented history of regression in the absence of RB-BHT team services, or attempts to titrate RB-BHT team services downward have not resulted in regression; or**
  - 2. There is a clinically sound expectation that ongoing treatment interventions are needed to sustain functional gains.**

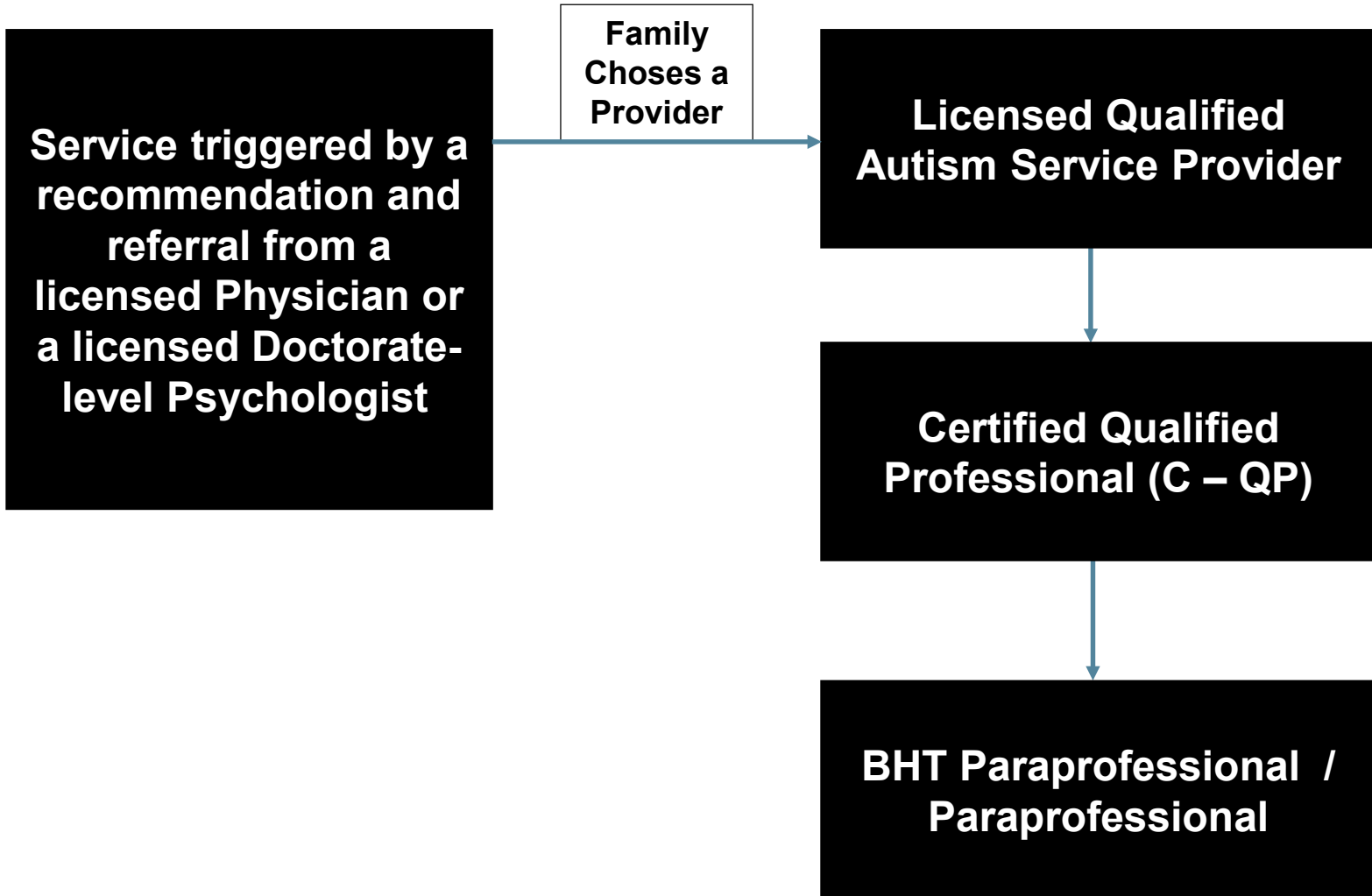
# Specific Criteria – Transition of Discharge

- J. The beneficiary has not demonstrated significant improvement following reassessment and several adjustments to the treatment plan, personnel or modality over at least six months and:**
- 1. Alternative treatment or providers have been identified that are deemed necessary and are expected to result in greater improvement; or**
  - 2. The beneficiary's core and associated deficits have worsened, such that continued treatment is not anticipated to result in sustainable change; or**
  - 3. The beneficiary is not appropriate for the service type.**

**Transition and discharge planning from a treatment program shall include a written plan that specifies details for monitoring and follow-up as is appropriate for the individual and family/caregiver.**

# Provider Qualifications

# Provider Qualifications



# **Licensed Qualified Autism Service Provider:**

**Person, entity, or group who meets the following credentials:**

- **A person licensed as a physician or developmental and developmental/behavioral pediatrician,**
- **Psychologist or psychological associate,**
- **Occupational therapist, speech-language pathologist,**
- **Clinical social worker, professional counselor, licensed marriage family therapist or**
- **Other licensee allowed to independently practice RB-BHT under the scope of practice permitted in North Carolina, provided the services are within the experience and competence of the state licensee**



# **Licensed Qualified Autism Service Provider:**

- **What does the Licensed Qualified Autism Service Provider do:**
  - **Develops the RB-BHT Treatment Plan**
  - **Supervises RB-BHT services, and**
  - **Provides RB-BHT services**

# **Certified Qualified Professional (C – QP)**

- **Provisionally licensed or certified professional who supervises, provides, or supervises and provides RB-BHT.**
- **The Certified Qualified Professional provides RB-BHT pursuant to a treatment plan developed by the Licensed Qualified Autism Service provider.**

# Paraprofessionals

- **Person who provides RB-BHT and is employed by a Licensed Qualified Autism Service provider or the Certified Qualified Professional.**
- **Completed specific competency-based RB-BHT training for persons with ASD that is equivalent to the minimum hour requirements of the lowest level paraprofessional (e.g. Technician) as specified by the Behavioral Analyst Certification Board (BACB).**

# Codes

97151	1 unit=each 15 minute increment Behavior Identification assessment, data analyzation, and Treatment Plan Development
97152	1 unit= each 15 minute increment Behavior Identification –supporting assessment
97153	1 unit=each 15 minute increment Adaptive Behavior Treatment-This describes face –to-face services
97154	1 unit=each 15 minute increment Adaptive Behavior Treatment- This describes face-to-face services with two or more beneficiary
97155	1 unit=each 15 minute increment Adaptive Behavior Treatment with Protocol modification. This includes face-to-face with beneficiary.
97156	1 unit=each 15 minute increment Family Adaptive Behavior Treatment Guidance
97157	1 unit=each 15 minute increment Multiple Family Adaptive Behavior Treatment Guidance

# Questions

**Send to [Kenneth.Bausell@dhhs.nc.gov](mailto:Kenneth.Bausell@dhhs.nc.gov)**