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0:05
Hey, everybody. This is Kenneth Bausell and La Costa Parker at North Carolina, Medicaid. And we are going to get started with our presentation as it is 103. We know that some others will be joining as we go.

0:19
And we will be able to provide these slides after our presentation.

0:27
So, again, my name is Kenneth Bausell, I am the manager of a unit of Medicaid that supports individuals with Intellectual and Developmental Disabilities and traumatic brain injury, as well as autism spectrum disorder, And La Costa, do you want to introduce yourself as well? Yes, Good afternoon. This is LaCosta Parker and the IDD clinical consultant at North Carolina Medicaid Behavioral Health section and I report to Kenneth Bausell.

0:54
Very, very good. Thank you. Awesome. We can go to the next slide.

1:01
So, for today's webinar, we're really going to talk about an overview of Research Behavioral Health Treatment Services and just to kind of ground us.

1:09
And then we're going to go over some recent updates to get people's feedback, and then also just to let you all know what's coming down the pipe.

1:19
So, next slide.

1:26
Next slide.

1:29
So just to kind of ground this, again, Research Behavioral, Research Behavioral Health services are for individuals currently with an autism spectrum disorder diagnosis.

1:41
And it's currently, right now, limited to those under the age of 21. And we'll talk about that a little bit later. And it's to prevent or minimize the disability of behavioral challenges associated with autism spectrum disorder is to promote, to the extent practicable, the adaptive functioning of the individual. Demonstrates clinical efficacy and treating autism spectrum disorder. It prevents or minimizes the adverse effects of that diagnosis, and it promotes to the maximum extent possible to functioning of the beneficiaries.

2:11
So, we know that all of us have support needs, and we're always learning and growing. So, we want people to be supported as they're on that journey.

2:21
Our Research Based Behavioral Health treatment service is kind of an umbrella, policy and service that can provide research-based interventions that are dedicated and have good clinical

efficacy for individuals with autism spectrum disorder. It's not limited to one modality. We do have a lot of individuals in our state using the applied behavioral analysis or the ABA.

2:46
However, it can allow for other modalities as well.

2:49
Next slide.

2:54
So, again, just to kind of ground us for our research based behavioral health treatment, it falls on our state plan under the preventative services under diagnostic screening, treatment, preventative, and rehabilitative services, and preventative services are recommended by a physician, so that's when that that order comes through. And then other licensed practitioners of the healing arts acting within the scope of their practice to prevent disease and disability or other health conditions on, their progression prolong life and promote physical and mental health efficiency.

3:25
So, this is really just where it lives within our Medicaid state plan. It's falls under the preventative services, and that's why we were able to start providing these services for the guidance of CMS, saying that these autism services could be built into our Medicaid state plan.

3:41
Next slide.

3:45
So, what we do through this research based behavioral health treatment and the Medicaid State plan, is it allows for diagnostics, screening, and preventative, and rehabilitation.

3:56
So really, when we're looking at our RBHT, it's preventing someone from needing a lot more care going forward. And it's also CMS, took the stance that it is rehabilitative in nature, and that's why we can provide it to our state plan.

4:12
Again, this is just to ground us.

4:14
Next slide.

4:18
So, now, the policy updates, and this is what we really wanted to talk to you all about today, but wanted to ground you, and what we're doing.

4:25
Currently, as we recently have been working with our federal partners at the Centers for Medicaid and Medicare Services, to increase the coverage ages for RBBHT .

4:38
So, currently, or, historically, RBBHT benefit was only available to those under the age of 21.

4:48

Now, we have worked with CMS for approval to allow Medicaid to cover RBBHT services for beneficiaries 21 years of age and older, diagnosed with autism spectrum disorder, utilizing scientifically validated diagnostic tools or tools for the diagnosis of ASD.

5:05
Then you see below for individuals, 21 years of age and older, the intervention provided must be supported by credible, scientific, or clinical evidence, as appropriate for the treatment of the autism spectrum disorder and the individual's age range.

5:20
So, what this means is, right now, as we're working to operationalize the ability for our payers, in our fee for service, to be able to provide RBBHT authorizations for individuals over the age of 21. Working on some system changes to allow for those claims and encounters to come through.

5:40
And then we will also be doing is working on a Medicaid bulletin, and a JCB to kind of map out what this means and provide a little bit more information on what credible scientific or clinical evidence looks like.

5:52
We're starting to see in some of our private pay areas that people are assigned to receive these services kind of bumping up to the age of 26.

6:02
And that's where a lot of good scientific evidence says, we expect that to continue growing as we get more clinical evidence in this, in the service array, and the supports. So, the big thing. I think that what you just want to say and get feedback, and then also let you know that we are operationalizing is that we do have an approval for CMS to start operationalizing the ability for individuals over 21. to utilize RBBHT. When there is credible scientific evidence and clinical evidence that that intervention is appropriate for the treatment of Autism for that individual's age range.

6:37
So, as we know when we're looking at RBBHT, previously, we look at different age ranges.

6:43
And different interventions may have better efficacy, treating people 0 to 5.

6:50
Others have better efficacy. Treating individuals who are aging, from middle school to high school, that kind of thing. So, still looking at that credible scientific evidence and the evidence that it's related to that individual's age range. So, again, we're working to operationalize this now, and we'll have more information from the community coming out through Medicaid bulletins and joint communication.

7:12
Next slide.

7:16
And I think this now we're going to turn it over LaCosta r, and LaCosta is really going to start talking about concurrent billing and different types of code updates related to RBBHT

7:27

that have come to us through some questions from providers and LME-MCO's MCOs.

7:35
But thank you.

7:38
Thank you, Kenneth. So, I would like to start by thanking each of you for the services that you are providing in the community, especially during the public health emergency, and I, if I can say the excellent services that you have provided and maintaining the individuals in the community. So, we send out a big thank you for that, and your ability to maintain and sustain through a difficult time, and still going through a difficult time. So, I just want it to extend that as Kenneth stated, we just wanted to go over with you, an update you on some service codes. And as can, the state previously stated, these are questions that we've received from numerous providers. And I know a lot of you have been waiting on the answer for it, the answer to these questions. So, thank you so much for your patience and allowing us to work with our internal resources to respond to your questions and to also bring them into fruition, if you will.

8:33
So, one of the first, well, not one of the first, but some of this question we were seeing from many providers is allowing the concurrent billing of 97153 and, 97155. And, as you know, 97153 allows the face-to-face with the patience, and 97155 allows the qualified health professional to address protocol modifications with the technician and face-to-face with the patient. So, again, as I stated, thank you for your patience in this.

9:06
We have finally been able to input the edits in the system to allow for the billing for the billing to occur, concurrent doling, So, as of March first, providers that would like to utilize concurrent billing, or these two service codes may do so.

9:30
So, again, multiple providers have sent in questions asking, for clarification, regarding caregivers, and what it means, and especially, as it pertains to service code 97156, which is the family adaptive behavior treatment guidance. And so, the procedure code treatment allows for guardians and caregivers. I believe on our description, I think what cause some of the confusion is that it just states, guardian, or guardians. So, we wanted to bring this to the forefront to just kind of discussed and give you more clarity around it. And that CMS defines a caregiver as a family, member, or friend neighbor, who provides unpaid assistance to a person with a chronic illness or disabling condition further.

10:22
We went and obtained a more narrow definition from, as it's defined of a caregiver under the North Carolina Juvenile Code.

10:33
And, um, this PowerPoint will have a resource page, so there will be a link to this general statute.

10:42
At the end of this PowerPoint, however, that statute expound expands the definition further of caregivers, as anyone, or any person, other than a parent, guardian, or custodian, who has responsibility for the health and welfare of a juvenile. This includes a stepparent foster parent adult member of the juvenile’s household outside the household or, an adult entrusted with the

juvenile care. So, we wanted to make sure that we clarified what a caregiver. The definition of a caregiver, we've received many questions as to the training of individuals who parents are not. but they are actively involved in the individuals' lives and also could benefit from training of this service.

11:33
So, we've received questions regarding questions, which are medical, medically unlikely edits. And these questions are frequently asked as far as can they be adjusted. So, our response to that is that MUE. are frequently, as I stated, ask as it relates to North Carolina tracks and the MCOs. Can they be adjusted North Carolina Medicaid adheres to the guidance of CMS on national correct coding initiatives. Or as you may refer to it in CCI, as the Affordable Health Care Act requires that all State Medicaid programs incorporate in CCI methodologies. at this time, The MUE will remain at the limit set by this governing body. So, we want it to follow up with you and give some clarity. Also, just some confirmation to the providers at large, across the state as to our stance on MUE's.

12:39
So, we've received services, I mean, sorry, questions around providing services and an ICF or TFC(therapeutic foster homes). So ICF's are intermediate care facilities for individuals with intellectual disabilities.

12:56
Of course, the function of these is primarily for the diagnosis's treatment or rehabilitation of individuals with intellectual disabilities or with the related conditions. Also, it provides ongoing evaluation planning, 24-hour supervision, coordination, and integration of health or rehabilitation services in a residential setting.

13:21
Because ICF provide what we consider all-inclusive interdisciplinary and services or team, RBHHT services funded or reimbursed through Medicaid cannot be provided in the facilities. However, that does not prevent the ICF facility from entering into an independent contract with an RBBHT provider in the community to come into their facility and provide the service or a training on interventions. As it relates to the therapeutic foster care, which involves the placement of children and or teens with families who have been specially trained to care for children with certain medical or behavioral needs, RBBHT services may be or can be provided to a Medicaid eligible individual in this setting.

14:13
So next, we're going to discuss telehealth a little bit, and I'm going to turn it over to Kenneth to address the next two slides.

14:27
Thanks, LaCosta.

14:29
So, let's first kind slide is what is telehealth, and how does it work? and just want everyone to know that during the Covid or beginning of the Covid pandemic ,we worked pretty hard to update a number of our policies to include Telehealth.

14:45

To allow for people to continue receiving services and really push our service delivery system forward, in terms of people being able to utilize services in a telework. So, what is telehealth and how does it work? Telehealth is the use of two-way real-time, interactive audio and video.

15:04
Telehealth can also be referred to as virtual visits, video visits, and or virtual care.

15:10
And next slide.

15:15
Oh, let's go back once more.

15:20
So, basically, what we did is we worked to update our clinical coverage policy 8 F, to include telehealth and telehealth codes for a number of our services.

15:32
We also allowed, for some services to be done through the phone only, if there is good evidence for it, and that's typically used for that kind of family caregiver training, those late codes that are further down on the...list. For telehealth. We also look to make sure that the person can benefit from telehealth when that's being used. So, making sure that someone can respond to directions. There's, no safety risks and its clinically indicated for the individual.

16:01
So, now, the next line.

16:13
So now you see here the telehealth kind of update in the grid.

16:18
What it applies to the codes and the procedures. And then using the GT and CR modifiers. The GT indicates that it's related to Telehealth. The CR is related to Covid. So, once we get out of the public health emergency, we're going to be just using the GT modifier and the CR will fall off. So, we'll update that guidance.

16:40
Then you see at the bottom, it says, If two-way audio, visual options are not accessible to the beneficiary, services may be offered via the telephonic modality. And that's really looking at those services that have the beta next to them.

16:55
So, the 97156 and 97157, um, and then you see that we want to make sure that the person is really going to be able to benefit from those services. More information is on our clinical covers policy about Telehealth and RBBHT.

17:11
Next slide.

17:17
OK, look, I'll turn it back over to you.

17:22

OK, so we wanted to take a moment just to acknowledge and express our excitement for the new legislation that is permitting the establishment of a North Carolina Behavioral Analysis Board, which will be responsible for the licensing of Behavior Analyst in North Carolina. And so, what we wanted to convey to you today is that the department is working to be in alignment with the board by ensuring timely access to billing of the BCBA taxonomies. And so, of course, that means when they're ready to go live, we plan to be lock step with them and being able to prevent any barriers that would or remove any barriers that would prevent you from billing. By adding those taxonomies or anything else that needs to be updated within the North Carolina Track system.

18:17
So, wanted to talk about EPSDT, Early Periodic, Diagnostic Screening Treatment, we've had questions from provider regarding services or codes, I should say that are not listed here.

18:31
What the guidance that we're giving on this is that if a code is not, these are the codes that we cover, 97151 through 97157.

18:42
If there is a code that is not listed here and the child is 21 and under and eligible for Medicaid, because North Carolina Health Choice does not fall under EPSDT coverage. And if the child meets criteria and eligibility, then codes or services can be requested through EPSDT request. So, we just wanted to bring that to the forefront and provide guidance on when some codes are needed, or the treatment team identifies that we need another code or another code that will cover an intervention. Those codes can be requested through as a EPSDT review.

19:29
And so, finally, coming up before we get to questions, thank you for the e-mails that you send and I enjoy the e-mails. Sometimes it may take me a moment to get back to you on some e-mails, given everything else that we're having to address. However, our leadership has encouraged us and we are encouraging you to ensure accountability on our end for all provider inquiries and tracking purposes to submit your questions to the provider ombudsmen link here that you see here, of course, the Questions.

20:05
nine times out of 10 will come to us. If you don't think, or if you're in fear that the question may not reach, reach us, then you are welcome to e-mail us as well. However, we are asking that you will log any questions or concerns here at this link. And like I stated, that is for tracking of questions and concerns. And that allows the department to assess areas where we need to improve, or it allows us to track if there are any issues, prevalent issues that are going on in the community that we may need to begin to address.

20:40
So, again, you will have these PowerPoint sent out to you so you will have access to these links.

20:51
So now, Kenneth, I guess we can open it up for questions, if there are any, I can, man. the dashboard. I don't see any questions.

21:01
Well, I see one question here. So, if you're ready? Kenneth?

21:09
Sure, it got worse.

21:10
For some reason, I can't see the questions but, but, however, you OK, well, we have one question here that says whether it will there be a taxonomy code for BCaBA as well as just the BCBA?

21:28
So, I think that's not going to necessary. We can't answer that question fully.

21:33
So, if B, C a B A's fall within the licensure group of the new licensing board, then we will be able to have a taxonomy for B C a S.

21:46
If for some reason they're not licensed , then we're still going to be in that similar situation that they're unlicensed individual, and they wouldn't have a specific NPI number.

21:59
But what we are doing, and what LaCosta was talking about earlier, is that we kind of understand how ... in their licensure and their NPIs work in other states. So, working with our teams here to make sure that once the temperature is all that kind of stuff that we can have that switch flip on for our system.

22:23
And then, of course, working with the various plans, Tailored plans, and when the MCOs standard plans to make sure that they have that good information, as well.

22:34
OK, so that is the only question we have in the Chat box, I believe individuals can come off of mute, or if you raise your hand, I can unmute you to address or ask your questions.

22:55
OK.

22:59
I don't see any hands ways raises in the box, um, OK, so I don't see any hand raised, Kenneth, I don't know if you want to end. Let's stay on for a few more minutes, for questions. If not, we can, we can drop off. But, again, LaCosta said, thank you all for all the hard work that you've been doing. We're really excited to operationalize being able to provide supports, especially those are ... supports to people over 21.

23:34
And we think that that's going to really assist some people, especially because as the cohorts getting older, hopefully we won't have some service cliffs and then we're also excited about us that some people, you know, because of the time we were able to operationalize ..., they may not have been able to take part in a very long. So, this will hopefully extend some of those services for those people who it continues to be appropriate for.

23:58
But again, thank you all for your time today, and I'm glad that we've saved everybody some time, which is always exciting, OK?

24:12

OK, so the questions that we've addressed on the PowerPoint today will be added to the FAQ. So, the FAQ, this online will be updated with these, the responses to the questions that we have here. As stated before, we will also send out this PowerPoint to the individuals who are on this call.

24:34
Yeah.

24:48
Oh, OK, I see Beth Waterson has a question.

24:52
Well, Beth, if you had a question, I think you can, OK, you should be able to unmute yourself name, OK, hello, Hello.

25:06
Hey, yeah, I did that but apparently didn't go through. Just ask if you would please summarize what you said about EPSDT review.

25:17
Yes, so let me go back to that slide. I sure can. Oh, here we are.

25:22
So, with the EPSDT, we as I stated before we received a lot of questions. Well, not a lot, let me take that back. We were seeing some questions around codes that are not here.

25:35
We've discussed internally. These are the codes that the department will cover that you see on the screen. If there are codes outside of this that you feel where they cover treatment that you feel are necessary for the individual that you are serving than those codes can be and the child and the person is 21 an under, then those codes can be requested for an EPSDT review or requested under EPSDT Review.

26:05
Did that answer your question?

26:08
Yes. Thank you, OK? No problem, OK.

26:11
Next, I see Alicia McCoy. I'm going to unmute you on this end, OK. You're unmuted.

26:19
OK, I did try to include two of my questions in the chat box. My first question is: Has a licensing board been established for the ...? Is it up and running? And if not, is there a timeline for it to take effect?

26:36
Kennewick, do you want to take that one?

26:39
Sure, I believe we have So, that's outside of the control of North Carolina, Medicaid and DHHS.

26:45

So, the legislature has established some individuals who are working to get the, the, the, the board up and running. To our, to our knowledge, there's not a timeline associated with that or a public timeline.

27:03
But I would suggest reaching out to those individuals who are kind of working to stand up that process. And I know that some of them are on this call, so if anyone who's part of that process wants to kind of speak to it, feel, please feel free to do so.

27:20
Yes, and I was looking on the research page, and I'm so sorry. I forgot to add their link. But, yeah, if someone is on. And please feel free to speak.

27:33
And I see, Salina, I'm going to try to get to you to.

27:40
To unmute you, hold on one minute.

27:49
Hey, well. Yeah. OK, So I'm sorry, Selena, I thought you had a hand raised. I apologize if you didn't.

28:02
OK, Alicia, was that all your questions share? There's still a hand raise there.

28:14
OK, and I guess what we can say as well is that if you are Yeah. Sorry. I had again, OK? Yes, I did, is RB BHT allowed during speech. I do know, if I'm not mistaken, then we both use similar, same codes.

28:32
So, I was just trying to verify or find out if it is allowed for ABA because we provide ABA. It's my understanding that is not, but I just want to get confirmation language pathologists can provide these services.

28:49
I'm sorry. Excuse me.

28:51
Are you asking? Do you said: Can this be allowed during speech? Yes. My understanding is please correct me if I'm wrong: this speech falls under Army BHP.

29:04
And we provide aid services which is a little different from, of course, with speech.

29:11
Services are either, but are they both allowed? Because sometimes the behavioral issues that some of my clients have prohibited stemmed from actually being able to have speech in a VA provider is needed. But are both able to bill at the same time. Always, one, able to bill only.

29:33
So typically, two Medicaid services can't be billed at the same time.

29:38

I think that that could be an API request or it's someone well there at speech, um, two to have that person with them, so I think that would be the best way to do it.

29:52
Speech pathologists can also provide ... if that's comfortable doing that. Not everyone is, of course, but yes, that would be an opportunity to extend our RBBHT teach to individuals over 21.

30:14
EPSDT will not be available to those individuals, but it would always be available to people under the age of 21, OK?

30:24
Do you know what codes, because I know you indicated that you usually used to separate codes, but I know we just talked about (971) 559-7153 being able to be billed concurrently. Do you have any idea what code speech?

30:40
It's actually billing.

30:43
So, speech has distinct CPT codes. And what we can do is drop or more send out, when we send out the slides as the fee schedule that are related to speech and language. They will probably be using different codes, if they're, if they're not billing and ...

31:02
code, you would put in your justification that this person in order to access the service, needs that additional support.

31:11
OK, whenever we're asking for EPSDT, so we would need to ask for through EPSDT.

31:18
Right, correct, OK yes, no problem.

31:25
Thank you, Alicia. Millimeter, thank you.

31:30
Celine, sorry, I see you now I will, I'm unmuting you and you will be able to engage.

31:38
Selene. Thank you. Yes, thank you.

31:42
I am, I am the chair of the North Carolina Licensure Board and I just wanted to speak to a couple of the questions.

31:46
one question was asked about whether or not board-certified assistant behavior analysts would be a license. And the answer to that is yes. That is part of the statute, that that assistant behavior analysts will also be required to be licensed in order to practice. And then, the second question was with regard to whether or not the board is fully formed and the answer to that is yes.

32:11

The board has been fully formed since October of 2021, and while we cannot say with certainty, it is our hope that we will have the licensure process in place within the next six months.

32:27
There is a video question, or a presentation, and a Q and A session that I did for the Council of Autism Service Providers, North Carolina Special Interest Group. And I'm not exactly sure how to go about finding that, but if you reach out to cast, you should be able to get a recording of that, and, hopefully, some of your questions will be answered there, as well.

32:52
OK, thank you so much, Elaine. We appreciate you.

33:01
Yeah, I don't know if we want to ask people and put something into the chat, since we can't see it, to just e-mail us, and then we'll work through those, and develop an FAQ based on those calls. Yes, definitely.

33:14
So, um, and I've noted the questions that we've had come in.

33:20
I thought I saw about two more hands raised, maybe not, maybe they, maybe the questions were answered, OK.

33:36
All right, I'm just going back there to make sure I didn't miss any raised hands. I don't want to overlook anyone.

33:46
OK, Kenneth, that is all I don't see any more hand raised.

33:51
OK, well, great. Well, thank you all so much. Again, thank you for your time. We hope that this was helpful.

33:57
Again, we'll look, please stand that e-mail that you sent in the chat, and we couldn't get to it.

34:03
But thank you all for your time today and for all of your hard work, and we will talk to everybody later.

34:09
Yes, thank you. Bye, bye.

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