NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
MELANIE BUSH • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Melanie Bush

FROM: Chrissy Pitner, SPA Coordinator

DS MB

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2026-0005

Purpose
Attached for your review and signature is a Medicaid State Plan Amendment (**Research Based Behavioral Health Treatment (RB-BHT))** summarized below, and submitted on September 15, 2026 with a due date of September 18, 2026.

Clearance
This amendment has been reviewed for both accuracy and completeness by:

Chrissy Pitner, Kathryn Horneffer, Todd Baustert, Tabitha Evans, Chris Gordon, Sarah Gregosky, Melanie Bush

Background and Summary of Request
It is recommended that you sign this State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

The purpose of the revisions to the State Plan Amendment is to expand Research-Based Behavioral Health Treatment (RB-BHT) service coverage. The changes being implemented in the SPA clarify the covered RB-BHT services, treatment planning requirements, and RB-BHT provider qualifications.

The proposed effective date for the SPA is August 1, 2026.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at 919-280-8729.

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Research-based Behavioral Health Treatment (RB-BHT):

Research-Based Behavioral Health Treatment (RB-BHT) covers research-based behavioral interventions that demonstrate clinical efficacy in preventing or minimizing the disabilities and behavioral challenges associated with Autism Spectrum Disorder (ASD). This service promotes, to the extent practicable, the adaptive functioning of a beneficiary. RB-BHT services include any intervention or treatment model supported by credible scientific or clinical evidence, as appropriate for the treatment of ASD.

RB-BHT is provided in accordance with 42 CFR 440.130(c).

Eligibility for RB-BHT Services

Individuals eligible for RB-BHT must meet the following medical necessity criteria for receipt of the service:

- the beneficiary has a current ASD diagnosis recognized by the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);
- for a beneficiary under three years of age at the time services are initiated, a provisional diagnosis of ASD is accepted;
- the covered treatment type and treatment intensity (hours requested) being requested is medically necessary and is scientifically demonstrated to address adaptive functioning and prevent or minimize ASD-related disabilities and behavioral challenges. Treatment must not be in excess of the beneficiary's needs;
- the service is indicated based on current psychological and other relevant assessments that inform the treatment plan;
- the service promotes the adaptive functioning of the beneficiary; and
- a less intensive, alternative treatment intervention is unlikely to be equally or more effective based on North Carolina or Indigenous community practice standards.

An ASD diagnosis must be made using a scientifically validated tool or tools by a: Licensed Psychologist; Licensed Psychological Associate; or physician (Medical Doctor [MD] or Licensed Doctor of Osteopathic Medicine [DO]). A provisional diagnosis of ASD must be made by a: Licensed Psychologist; Licensed Psychological Associate; physician (MD or DO); or a licensed clinician with a master's degree who has completed the required training and supervision to administer scientifically validated diagnostic tools for ASD and for whom this service is within their scope of practice. To continue receipt of services, individuals must have a confirmed ASD diagnosis within six months of the provisional diagnosis.

Covered Services:

- behavioral, adaptive, or functional assessment and development of treatment plan;
- delivery of RB-BHT services, which includes:
    - adapting the beneficiary's environment to address 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);
    - teaching techniques to increase positive behaviors, build motivation, and develop social skills, communication skills, 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);

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  - using typically developing peers (e.g., a beneficiary who does not have ASD) to teach and interact with children with ASD (e.g., peer mediated instruction, structured play groups);
  - applying technological tools to change behaviors and teach skills (e.g., modeling, tablet-based learning software); and
  - training of parents, guardians, and caregivers on interventions consistent with RB-BHT.
- observation for protocol modification and paraprofessional direction.

The following activities are not covered RB-BHT services:

- time spent on the beneficiary's activities that are not explicitly part of a goal in the approved treatment plan (recreational activities, meals, naps, transportation time, and breaks);
- services teaching academic subjects or as a substitute for educational personnel, including a teacher, teacher's aide or an academic tutor;
- childcare services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision;
- custodial or respite care;
- services primarily intended to provide direct assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) (e.g. personal care services);
- covered services that have not been rendered;
- services not identified on the beneficiary's authorized treatment plan;
- services provided without prior authorization;
- services provided to children, spouses, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not included in the eligible beneficiary's treatment plan;
- services that are not based in credible scientific or clinical evidence;
- services available through the Individuals with Disabilities Education Act (IDEA) or other educational programs that are duplicative of or supplant services identified in the beneficiary's authorized treatment plan;
- staff-only meetings and trainings where the beneficiary or caregiver is not present;
- administrative and documentation-related tasks, with the exception of clinically appropriate, treatment-concurrent documentation, and where non-face-to-face documentation and treatment plan development are permitted by the 97151 CPT code; or
- non-RB-BHT Medicaid services billed at the same time as an RB-BHT service; same-day delivery is allowable.

Prior Authorization

RB-BHT services provided without prior authorization shall not be considered for payment or reimbursement except in the case of retroactive Medicaid eligibility. RB-BHT services must be provided under a prior authorized treatment plan that has measurable goals over a specific timeline for the specific beneficiary being treated. RB-BHT services provided under CPT codes 97151 and 97152 do not require a treatment plan for prior authorization.

An authorized treatment plan involving 16 hours or fewer of services per week shall be reviewed, modified, and submitted for reauthorization at least once every 180 calendar days. An authorized treatment plan involving more than 16 hours of services per week shall be reviewed, modified, and submitted for reauthorization at least once every 90 calendar days. Reauthorization of services must be received to continue coverage of the service.

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Treatment Planning:

All RB-BHT treatment plans must:

- be based on completed assessments that describe the core and associated deficits related to ASD for the beneficiary and how those deficits impact the beneficiary;
- be person-centered and developmentally appropriate, and individualized to the beneficiary's strengths, functional impairments, and adaptive skill levels; and
- not include default recommended service hours (recommended treatment dosage must reflect the behavioral support needs of each beneficiary).

Provider Qualifications:

ABA services must be delivered by one of the following provider types:

- Behavior technician: a paraprofessional who delivers ABA services and who practices under the close, ongoing supervision of a physician (MD or DO); Licensed Psychologist; Licensed Psychological Associate; Licensed Behavior Analyst; a non-licensed behavior analyst under supervision; a Licensed Assistant Behavior Analyst; a non-licensed assistant behavior analyst under supervision; or other licensed professional, so long as the services of the licensed professional are within the scope of practice of the license possessed by that licensed professional, and the services performed are commensurate with the licensed professional's education, training, and experience. The behavior technician cannot design assessment or intervention plans or procedures but delivers services as assigned by a supervisor who is responsible for the behavior technician's work.
- Licensed assistant behavior analyst (LaBA)
- Licensed behavior analyst (LBA)
- Physician (MD or DO) for whom ABA services are within their scope of practice and within their experience and competence
- Licensed Psychologist for whom ABA services are within their scope of practice and within their experience and competence
- Licensed Psychological Associate for whom ABA services are within the scope of practice and within their experience and competence
- Non-licensed behavior analysts or assistant behavior analysts who are supervised by a Licensed Psychologist or Licensed Psychological Associate for whom ABA services are within the scope of practice and within their experience and competence

All other RB-BHT interventions or treatments may be provided by a Licensed Qualified Autism Service Provider (LQASP), a Certified Qualified Autism Provider (C-QP), or a paraprofessional. These rendering providers shall provide RB-BHT services as follows:

- An LQASP develops and modifies the treatment plan; completes the behavioral, functional, or adaptive assessment(s); and may supervise, observe, or provide RB-BHT services.
- A C-QP provides and/or supervises RB-BHT pursuant to a treatment plan developed by an LQASP.
- A paraprofessional provides RB-BHT services pursuant to a treatment plan developed by an LQASP and is supervised or observed to modify behavior interventions by an LQASP or C-QP.

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North Carolina defines an LQASP as one of the following provider types:

- Physician;
- Licensed Psychologist;
- Licensed Psychological Associate;
- Occupational Therapist;
- Speech and Language Pathologist;
- Licensed Clinical Social Worker;
- Licensed Clinical Mental Health Counselor;
- Licensed Marriage and Family Therapist;
- Licensed Behavior Analyst; and
- Other licensees 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.

A Certified Qualified Professional (C-QP) is a certified or provisionally licensed professional who is not licensed to practice independently but who otherwise meets the requirements to supervise a paraprofessional.

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 as specified by the Behavior Analyst Certification Board.

All providers must obtain licensure or certification according to N.C. General Statutes and practice within the scope of practice as defined by their individual practice board.

According to 25 U.S.C. 1621, licensed health professionals employed by a tribal health program are exempt, if licensed in any state, from the licensing requirements of the State (North Carolina) in which the tribal health program performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

Amount, Duration and Scope:

A unit of service is defined according to the Current Procedural Terminology (CPT) or other approved AMA code sets consistent with the National Correct Coding Initiative unless otherwise specified. RB-BHT can occur in a variety of settings including community locations where the beneficiary lives, works, attends school, engages in services and/or socialize.

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