To: All Enrollees, Stakeholders, and Providers  
From: Cham Trowell, UM Director  
Date: October 24, 2016  
Subject: Programs to serve Children with Medicaid using Applied Behavior Analysis

There are many services that can be used for treatment of Autism Spectrum Disorder (ASD); however, not all of them are currently covered by NC Medicaid under either the Medicaid State Plan or the Home and Community Based 1915(c) Innovations Waiver. One treatment modality that is growing in recognition of its effectiveness is adaptive behavior treatment (and specifically Applied Behavior Analysis). However, this service is not currently covered by NC Medicaid, except on a consumer-specific basis. Therefore, at present, Trillium is not establishing a network of providers for ABA services.

However, Trillium shares our communities’ growing concern and creative drive to address the needs of individuals with Autism Spectrum Disorders. According to the recent statistics by the Center for Disease Control, nationally one in every 68 children has been identified with ASD. In North Carolina, the estimated rate of prevalence for ASD is one in every 59 children. Trillium is taking an active role in efforts in the state to address the need for early identification, diagnosing, and treatment to improve long term outcomes for children with ASD. We are participating with the NC Department of Health and Human Services in developing a Medicaid State Plan Amendment that includes research-based behavioral health treatment services and the use of Board Certified Behavior Analysts, Board Certified Assistant Behavior Analysts, and Behavior Health Technicians under the supervision of a qualified autism service provider. When it is completed, this amendment will be submitted to the federal Centers for Medicare and Medicaid Services (CMS) for approval. Assuming that CMS approves the amendment to cover adaptive behavior treatment such as ABA under the Medicaid State Plan, Trillium will evaluate the need to initiate a request for proposals (RFP) to select a qualified network of ABA providers.

As noted above, under the current federally-approved Medicaid State Plan and Innovations Waiver, Trillium can only cover behavioral treatment services such as Applied Behavior Analysis to address ASD on a child-specific basis under the provisions of Section 1905 (a)(4)(B) of the Medicaid program. This section is known as the Early and Periodic Screening, Diagnostic and Treatment services (EPSDT) provision and is only applicable to Medicaid-eligible children under the age of 21. EPSDT specifically requires the services to be evaluated individually for each child and a child-specific decision to be made based upon medical necessity.
In order to authorize ABA under EPSDT, the provider must submit to Trillium clinical information to support BOTH the medical necessity for the service AND the required documentation outlined in the corresponding Clinical Coverage Policy (8A-8P) for children under the age of 21 who are eligible for EPSDT services.

**Process for Submitting a Non-covered Service Authorization Request to provide ABA services**

The following description outlines the processes for a provider to use in submitting an authorization request to provide ABA services:

**A. For providers who are currently enrolled as a Trillium Network Provider (WITH ABA codes currently in their contract):**

**Enrollee With Innovations Funding:**
1. Specialized Consultative Services (SCS) and/or Specialized Consultative Services-Board Certified Behavior Analyst (SCS-BCBA) services should be a part of the Annual Individual Support Plan (ISP) or revised ISP.
2. Submit a Treatment Authorization Request for SCS and/or SCS-BCBA services.
3. Attach pertinent clinical documentation to establish diagnosis, medical necessity and meet required documentation standards for current Clinical Coverage Policy 8-P. Such documents may include:
   a. ISP packet with SIS and NC SNAP (if applicable) if it has not already been uploaded into Trillium’s software platform, CIE
   b. Psychological Evaluation with documented diagnosis of Autism Spectrum Disorder
   c. Valid and Reliable screening tool(s) for ASD
   d. Prior behavior plan(s) (used in inpatient or PRTF setting or school setting)
   e. An estimate of the number of sessions needed to complete the assessment
   f. A copy of the functional behavior assessment and treatment plan developed by the qualified licensed psychologist or licensed Psychologist Associate (LPA)

**B. For providers who are currently enrolled as a Trillium Network Provider (WITH ABA codes currently in their contract):**

**Enrollee Without Innovations Funding:**
1. Submit a completed EPSDT Non-Covered Service Request form to UM@TrilliumNC.org.
2. Attach pertinent clinical documentation to establish diagnosis, medical necessity and meet required documentation standards of the related Clinical Coverage Policy. Such documents may include:
   a. Psychological evaluation with documented diagnosis of Autism Spectrum Disorder
   b. Valid and Reliable screening tool(s) for ASD
   c. Service order from MD or PhD
   d. Prior behavior plan(s) (used in inpatient or PRTF setting or school setting)
   e. Completed CCA or submit an authorization request for the number of sessions needed to complete the assessment and submit a CCA
   f. A copy of the functional behavior assessment and treatment plan developed by the qualified licensed psychologist or LPA

Note: If it is determined that there are no In-Network providers to deliver the requested service, Trillium’s UM and Network Departments will work with a qualified Out of Network provider to complete a Consumer Specific Agreement (CSA) and receive authorization for applicable services.
C. For providers who are currently enrolled as a Trillium Network Provider (WITHOUT ABA codes currently in their contract):

**Enrollee With Innovations Funding:**
1. Care Coordinator submits the Site/Service Request form (SSR) to Network on behalf of the selected provider to have the ABA codes added to their contract.
2. Provider will be contacted by Network to complete required paperwork for adding eligible service codes to his/her contract and placed into CIE system.
3. SCS and/or SCS-BCBA services should be a part of the Annual Individual Support Plan or revised ISP.
4. Submit a Treatment Authorization Request for SCS and/or SCS-BCBA services.
5. Attach pertinent clinical documentation to establish diagnosis, medical necessity and meet required documentation standards for current Clinical Coverage Policy 8-P. Such documents may include:
   a. ISP packet with SIS and NC SNAP (if applicable) if it has not already been uploaded into CIE or revised ISP
   b. Psychological Evaluation with documented diagnosis of Autism Spectrum Disorder (ASD)
   c. Valid and Reliable screening tool(s) for ASD
   d. Prior behavior plan(s) (used in inpatient or PRTF setting or school setting)
   e. An estimate of the number of sessions needed to complete the assessment
   f. A copy of the functional behavior assessment and treatment plan developed by the qualified licensed psychologist or LPA

D. For providers who are currently enrolled as a Trillium Network Provider (WITHOUT ABA codes currently in their contract):

**Enrollee Without Innovations Funding:**
1. Submit a completed EPSDT Non-Covered Service Request form to UM@TrilliumNC.org.
2. Attach pertinent clinical documentation to establish diagnosis, medical necessity and meet required documentation standards of the related Clinical Coverage Policy. Such documents may include:
   a. Psychological evaluation with documented diagnosis of Autism Spectrum Disorder
   b. Valid and Reliable screening tool(s) for ASD
   c. Service order from MD or PhD
   d. Prior behavior plan(s) (used in inpatient or PRTF setting or school setting)
   e. Completed CCA or submit an authorization request for the number of sessions needed to complete the assessment and submit a CCA
   f. A copy of the Functional behavior assessment and treatment plan developed by the qualified licensed psychologist or LPA
3. Once services are approved by UM, a representative from Trillium’s Network Dept. will assist the provider in completing the Network Application Request Process to have the service codes added to the contract and place in CIE system.

Note: If it is determined that there are no In-Network providers to deliver the requested service, Trillium’s UM and Network Departments will work with a qualified Out of Network provider to complete a Consumer Specific Agreement (CSA) and receive authorization for applicable services.
E. For Non-Network providers:

**Enrollee With Innovations Funding:**
1. Care Coordinator submits the Site/Service Request form (SSR) to Network on behalf of the selected provider for a contract with ABA codes included.
2. Provider will be contacted by Network to complete required paperwork for a contract with eligible service codes for ABA and placed into CIE system.
3. SCS and/or SCS-BCBA services should be a part of the Annual Individual Support Plan or revised ISP.
4. Submit a Treatment Authorization Request for SCS and/or SCS-BCBA services
5. Attach pertinent clinical documentation to establish diagnosis, medical necessity and meet required documentation standards for current Clinical Coverage Policy 8-P. Such documents may include:
   a. ISP packet with SIS and NC SNAP (if applicable) if it has not already been uploaded into CIE or revised ISP
   b. Psychological evaluation with documented diagnosis of Autism Spectrum Disorder
   c. Valid and Reliable screening tool(s) for ASD
   d. Prior behavior plan(s) (used in inpatient or PRTF setting or school setting)
   e. An estimate of the number of sessions needed to complete the assessment
   f. A copy of the functional behavior assessment and treatment plan developed by the qualified licensed psychologist or LPA.

F. For Non-Network providers:

**Enrollee Without Innovations Funding:**
1. Submit a completed EPSDT Non-Covered Service Request form to UM@TrilliumNC.org.
2. Attach pertinent clinical documentation to establish diagnosis, medical necessity and meet required documentation standards of the related Clinical Coverage Policy. Such documents may include:
   a. Psychological evaluation with documented diagnosis of Autism Spectrum Disorder
   b. Valid and Reliable screening tool(s) for ASD
   c. Service order from MD or PhD
   d. Prior behavior plan(s) (used in inpatient or PRTF setting or school setting)
   e. Completed CCA or submit an authorization request for the number of sessions needed to complete the assessment and submit a CCA
   f. A copy of the functional behavior assessment and treatment plan developed by the qualified licensed psychologist or LPA
3. If UM determines that the services are medically necessary for the enrollee, UM will verify with Network Department that there are no In-Network providers available to serve the needs of the enrollee. If none are available, then UM will coordinate with Network Department to complete a Consumer Specific Agreement (CSA) for the Non-Network provider that includes ABA codes in a contract.
4. Once CSA is completed, UM complete authorization for services.

**Note:** All providers that enter into a contract with Trillium to provide any services, including non-covered services, are expected to be familiar with and abide by the following:
- APSM 45-2 Records Management and Documentation Manual
- Clinical Coverage Policies (8A-8P) and IH as applicable
- DSM 5 diagnostic criteria
- NC Tracks Provider Claims and Billing Assistance Guide
- Individualized plan of care as listed in 10A NCAC27G. 0205(d)
- ICD-10 procedure codes, Current Procedural Terminology (CPT), Health Care Procedure Coding system (HCPCS), and Ub-04 Data Specifications Manual
- Scope of practice guidelines by related NC licensing boards (including supervision, development of behavior support plans, etc.)