# Connecticut interChange MMIS

## Provider Manual

## Chapter 7 – Autism Spectrum Disorder

## October 1, 2020

**Connecticut Department of Social Services (DSS)**
**55 Farmington Avenue**
**Hartford, CT 06105**

**Gainwell Technologies**
**55 Hartland Street**
**East Hartford, CT 06108**

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

# CONNECTICUT MEDICAL ASSISTANCE PROGRAM
## Autism Spectrum Disorder Regulation/Policy
## Chapter 7

This section of the Provider Manual contains the Medical Services Policy and Regulations of Connecticut State Agencies pertaining to autism spectrum disorder services.

Policy updates, additions, and revisions are approved in accordance with the Connecticut Uniform Administrative Procedure Act. Should this occur, providers are notified through the Provider Bulletin process.

R-39 Rev. 02/2012
(Title page)

State of Connecticut
REGULATION
of

NAME OF AGENCY
Department of Social Services

**Concerning**

SUBJECT MATTER OF REGULATION
Requirements for Payment of Autism Spectrum Disorder Services[1]

**Section 1.** The Regulations of Connecticut State Agencies are amended by adding new sections 17b-262-1051 to 17b-262-1065, inclusive, as follows:

**(NEW) Sec. 17b-262-1051. Scope**

Sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies, set forth the Department of Social Services requirements governing payment for autism spectrum disorder services provided to Medicaid members under age twenty-one.

**(NEW) Sec. 17b-262-1052. Definitions**

As used in sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Advanced practice registered nurse" or "APRN" means an individual licensed pursuant to section 20-94a of the Connecticut General Statutes;

(2) "Applied Behavior Analysis" or "ABA" means a behavioral treatment model that focuses on the careful assessment of behaviors and their underlying functions, examination of how the environment triggers and maintains behaviors and structured teaching of skills and positive behaviors. ABA is an empirical model that requires collecting and analyzing data to understand behaviors and chart progress. ABA includes a variety of individual interventions that can be selected and tailored as appropriate to each individual's needs;

[1] **NOTE**: **Proposed Regulation / Operational Policy – Updated as of December 24, 2014** –This proposed regulation / operational policy is being posted to the Secretary of State and DSS websites. Pursuant to section 17b-10 of the Connecticut General Statutes, as amended, effective January 1, 2015 or immediately after being posted to the Secretary of State's website, whichever is later, DSS plans to implement these draft regulations as a binding operational policy / policies and procedures pending final adoption of the regulations.

(3) "ASD treatment services" means medically necessary interventions designed to treat individuals with ASD provided in accordance with section 17b-262-1058 of the Regulations of Connecticut State Agencies, including: (A) services identified as evidence-based by nationally recognized research reviews, (B) services identified as evidence-based by other nationally recognized substantial scientific and clinical evidence or (C) any other intervention supported by credible scientific or clinical evidence, as appropriate to each individual. ASD treatment services include a variety of behavioral interventions that meet the criteria in one or more of subparagraphs (A), (B) or (C) of this subdivision, such as evidence-based ABA interventions that meet the criteria in one or more of such subparagraphs;

(4) "ASD services" means the comprehensive diagnostic evaluation, behavior assessment, development of the behavioral plan of care and ASD treatment services;

(5) "Autism Spectrum Disorder" or "ASD" means a spectrum of neurodevelopmental conditions marked by challenges with social functioning, communication, restricted interests and repetitive behaviors and sensory processing and which are classified as ASD by the DSM;

(6) "Behavior assessment" means a clinical compilation of observational data, behavior rating scales, and reports from various sources such as schools, family, pediatricians and other sources designed to identify the member's current strengths and needs across developmental and behavioral domains and that is provided in accordance with subsection (b) of section 17b-262-1057 of the Regulations of Connecticut State Agencies;

(7) "Behavioral health clinic" has the same meaning as provided in section 17b-262-818 of the Regulations of Connecticut State Agencies;

(8) "Behavioral plan of care" means a detailed written plan of treatment services specifically tailored to address each individual's behavioral needs that contains the type, amount, frequency, setting and duration of services to be provided and the specific goals and objectives for each service and that is developed in accordance with subsection (c) of section 17b-262-1057 of the Regulations of Connecticut State Agencies;

(9) "Billing provider" means the licensed practitioner, licensed practitioner group, BCBA, BCBA group or behavioral health clinic that is (A) enrolled in Medicaid with a valid provider agreement on file with the department and (B) bills the department for ASD services performed by the provider or by a performing provider affiliated with the billing provider;

(10) "Board Certified Behavior Analyst" or "BCBA" means an individual certified as a BCBA by the Behavior Analyst Certification Board and who provides services in accordance with such individual's scope of practice;

(11) "Caregiver" means the member's parent, guardian or any other individual who is responsible for caring for a member at any time of the day or week, including, but not limited to, other family members taking care of the member, babysitters and child care workers;

(12) "Comprehensive diagnostic evaluation" means a neurodevelopmental assessment of cognitive, behavioral, emotional, adaptive and social functioning that is provided in accordance with subsection (c) of section 17b-262-1056 of the Regulations of Connecticut State Agencies;

(13) "Department" means the Department of Social Services or its agent;

(14) "DSM" or "Diagnostic and Statistical Manual of Mental Disorders" means the most current edition of the manual of mental disorders produced by the American Psychiatric Association;

(15) "Early and Periodic Screening, Diagnostic and Treatment special services" or "EPSDT special services" means services that are not otherwise covered under Medicaid but that are covered for Medicaid members under age twenty-one pursuant to 42 USC 1396d(r)(5) when the service is (A) medically necessary, (B) identified in an EPSDT screen as needed, (C) provided by a provider who is enrolled in Medicaid and (D) coverable by Medicaid under 42 USC 1396d(a);

(16) "Licensed clinical social worker" means an individual licensed pursuant to subsection (c) or subsection (e) of section 20-195n of the Connecticut General Statutes;

(17) "Licensed marital and family therapist" means an individual licensed pursuant to section 20-195c of the Connecticut General Statutes;

(18) "Licensed practitioner" means a physician, advanced practice registered nurse, physician assistant, psychologist, licensed marital and family therapist, licensed clinical social worker or licensed professional counselor who practices within such individual's scope of practice under state law;

(19) "Licensed professional counselor" means an individual licensed pursuant to sections 20-195cc and 20-195dd of the Connecticut General Statutes;

(20) "Medicaid" means the program operated by the department pursuant to section 17b-260 of the Connecticut General Statutes and authorized by Title XIX of the Social Security Act;

(21) "Medicaid State Plan" means the current Medicaid plan established, submitted and maintained by the department and approved by the United States Centers for Medicare and Medicaid Services in accordance with 42 CFR 430, Subpart B;

(22) "Medical / physical evaluation" means a review of the member's overall medical health, hearing, speech, and vision, including relevant information that is provided in accordance with subsection (b) of section 17b-262-1056 of the Regulations of Connecticut State Agencies;

(23) "Medical necessity" or "medically necessary" has the same meaning as provided in section 17b-259b of the Connecticut General Statutes;

(24) "Member" means an individual eligible to receive services under Medicaid who is under age twenty-one;

(25) "Performing provider" means the licensed practitioner or BCBA who: (A) is enrolled in Medicaid with a valid provider agreement on file with the department and (B) performs ASD services in accordance with sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies, including supervision of ASD treatment services performed by a technician;

(26) "Physician" means an individual licensed pursuant to section 20-13 of the Connecticut General Statutes;

(27) "Physician assistant" means an individual licensed pursuant to section 20-12b of the Connecticut General Statutes;

(28) "Prior authorization" means approval for the provision of a service or the delivery of goods from the department before the provider actually provides the service or delivers the goods;

(29) "Provider" means a billing provider or a performing provider;

(30) "Provider agreement" means the signed, written agreement between the department and the provider for enrollment in Medicaid;

(31) "Psychologist" means an individual licensed pursuant to section 20-188 or section 20-190 of the Connecticut General Statutes;

(32) "State Medicaid Manual" means the current manual established by the United States Centers for Medicare and Medicaid Services that provides guidance to state Medicaid agencies regarding the Medicaid program;

(33) "Technician" means an individual who provides direct ASD treatment services under the supervision of a licensed practitioner or BCBA in accordance with section 17b-262-1058 of the Regulations of Connecticut State Agencies;

(34) "Usual and customary charge" means the amount that the billing provider charges for the service or procedure in the majority of non-Medicaid cases. If the billing provider varies the charges so that no one amount is charged in the majority of cases, "usual and customary" means the median charge. Token charges for charity patients and other exceptional charges shall be excluded when calculating the usual and customary charge; and

(35) "Week" means a calendar week beginning on Sunday and ending on Saturday.

**(NEW) Sec. 17b-262-1053. Provider Participation and Qualifications**

(a) In order to enroll in Medicaid and receive payment from the department, performing providers and billing providers shall comply with sections 17b-262-522 to 17b-262-533, inclusive, and sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies and shall maintain their enrollment status pursuant to valid provider agreements on file with the department.

(b) The performing provider shall provide services within the provider's scope of practice under state law and shall comply with all applicable federal and state requirements, including, but not limited to, the applicable provisions of 42 CFR 440 and the department's regulations applicable to the provider.

(c) Performing providers and billing providers shall meet the applicable minimum qualifications in order to provide ASD services as set forth in sections 17b-262-1056 to 17b-1058, inclusive, of the Regulations of Connecticut State Agencies.

(d) Performing providers shall enroll in Medicaid as performing providers and billing providers shall enroll in Medicaid as billing providers, as directed by the department.

(e) Behavioral health clinics may bill for ASD services only if such services (A) are performed by performing providers affiliated with the clinic who meet applicable minimum provider qualifications and (B) comply with applicable requirements, including sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies and the provisions of 42 CFR 440 applicable to the particular service.

**(NEW) Sec. 17b-262-1054. Eligibility**

The department pays each billing provider for ASD services provided to each member who needs such services and for whom such services are medically necessary, subject to applicable requirements.

**(NEW) Sec. 17b-262-1055. Services Covered and Limitations – General Provisions**

(a) The department shall pay only for medically necessary ASD services that are directly related to the member's diagnosis, symptoms or medical history.

(b) The following limits apply to covered services:

(1) The provider shall obtain prior authorization for all ASD services.

(2) The provider shall meet all applicable provider qualifications and other requirements before performing a service.

(3) The member's total ASD treatment services received from all sources may only be the amount medically necessary for the member in accordance with the behavioral plan of care, up to a maximum of twenty-five hours per week. With prior authorization from the department, such twenty-five hour limit may be exceeded to the extent medically necessary, based on sufficient documentation as determined by the department.

**(NEW) Sec. 17b-262-1056. Medical / Physical Evaluation and Comprehensive Diagnostic Evaluations**

(a) The medical / physical evaluation and the comprehensive diagnostic evaluation shall comply with all federal and state statutes and regulations applicable to the provider who is performing such evaluation.

(b) Medical / Physical Evaluation.

(1) The medical / physical evaluation is necessary to rule out medical or behavioral conditions other than ASD, including conditions that may have behavioral implications and conditions that may co-occur with ASD. The medical / physical evaluation should screen individuals for ASD and, if appropriate, should include a validated ASD screening tool. If appropriate based on the provider's clinical judgment, the provider should refer a member who screened positive for ASD to receive a comprehensive diagnostic evaluation.

(2) Provider Qualifications. Medical / physical evaluations shall be provided by a physician, APRN or physician assistant.

(3) The member shall receive a medical / physical evaluation or an update thereto not more than twelve months before the department receives a prior authorization request for ASD treatment services.

(c) Comprehensive Diagnostic Evaluation.

(1) The provider performing the comprehensive diagnostic evaluation shall use validated evaluation tools and shall review the most current available medical/physical evaluation. After performing the comprehensive diagnostic evaluation, the licensed practitioner who meets the qualifications described in this subsection shall, based on the licensed practitioner's clinical judgment, determine the member's diagnosis and, if appropriate, make general recommendations regarding appropriate ASD treatment services and describe any such recommendations in the evaluation report.

(2) If the practitioner diagnoses the member with ASD based on the comprehensive diagnostic evaluation, the practitioner shall refer the member for a behavior assessment if clinically appropriate based on the practitioner's clinical judgment.

(3) Provider Qualifications. Comprehensive diagnostic evaluations shall be performed by a licensed practitioner who is working within such practitioner's scope of practice and meets at least the following minimum qualifications:

(A) Is one of the following: a physician with a specialty in psychiatry or neurology; a physician with a sub-specialty in developmental pediatrics, developmental-behavioral pediatrics or a related discipline; a physician with a specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD or behavioral health; a psychologist; an APRN with training, experience, or expertise in ASD or behavioral health; a physician assistant with

training, experience or expertise in ASD or behavioral health; or a licensed clinical social worker;

(B) Qualified and experienced in diagnosing ASD; and

(C) Effective January 1, 2016, in order to provide comprehensive diagnostic evaluations, each provider shall:

(i) Comply with subsection (d) of section 17b-262-1057 of the Regulations of Connecticut State Agencies, provided that supervised professional experience under subparagraph (B) of subdivision (3) of subsection (d) of section 17b-262-1057 of the Regulations of Connecticut State Agencies, if applicable, shall be provided by a licensed practitioner who meets the qualifications of both this subdivision and also subsection (d) of section 17b-262-1057 of the Regulations of Connecticut State Agencies; and

(ii) Be credentialed by the Department of Developmental Services as meeting the requirements of this subdivision, subsection (d) of section 17b-262-1057 of the Regulations of Connecticut State Agencies and any other qualifications necessary to be a qualified provider of ASD services.

(4) The member shall receive a comprehensive diagnostic evaluation before receiving a behavior assessment. The comprehensive diagnostic evaluation shall occur in one of the two following ways:

(A) It is performed or updated not more than twelve months before the department receives the initial prior authorization request for ASD treatment services; or

(B) If the member had a previously established ASD diagnosis by a licensed practitioner who meets the qualifications described in this subsection, as documented in a medical record, such diagnosis may then be confirmed by a licensed practitioner who meets the qualifications described in this subsection or by any physician, APRN or physician assistant. Such confirmation shall occur not more than twelve months before the department receives a prior authorization request for ASD treatment services.

**(NEW) Sec. 17b-262-1057. Behavior Assessment and Development of Behavioral Plan of Care**

(a) The behavior assessment and development of the behavioral plan of care shall comply with 42 C.F.R. 440.130(c) and any other applicable federal Medicaid requirements, including, but not limited to, section 4385 of the State Medicaid Manual or any successor sections.

(b) Behavior Assessment.

(1) As part of performing the behavior assessment, a provider who meets the qualifications in subsection (d) of this section shall determine and recommend which specific ASD treatment services would be most appropriate for the member.

(2) Behavior assessments shall include a validated assessment tool or instrument and can include direct observational assessment, observation, record review, data collection and analysis. Behavior assessments are not required to repeat elements that were performed as part of the comprehensive diagnostic evaluation.

(3) The behavior assessment shall include the member's current level of functioning using a validated data collection instrument or tool.

(4) The provider shall perform or update the behavior assessment not more than six months before the department receives a prior authorization request for ASD treatment services or more recently as clinically appropriate for a member's individual circumstances.

(c) Development of Behavioral Plan of Care.

(1) After performing the behavior assessment, a provider who meets the qualifications in subsection (d) of this section shall develop the behavioral plan of care based on the results of the behavior assessment. Except in extenuating circumstances, the same provider who performed the behavior assessment shall develop the behavioral plan of care.

(2) The behavioral plan of care shall include at least the following elements: measurable goals and expected outcomes to determine if treatment services are effective; specific description of the recommended amount, type, frequency, setting and duration of ASD treatment services; and amount and type of ongoing caregiver participation in the ASD treatment services necessary to maximize the clinical success and quality of the services.

(3) The provider shall develop or update the behavioral plan of care not more than 120 days before the department receives a prior authorization request for ASD treatment services or more recently as clinically appropriate for a member's individual circumstances.

(d) Provider Qualifications. Behavior assessments and development of the behavioral plan of care shall be performed by a licensed practitioner listed in subdivision (4) of this subsection or a BCBA, each of whom shall have specialized training, experience or expertise in ASD and shall also meet at least all of the following minimum qualifications:

(1) Training. Eighteen hours of continuing education in ASD services in the last three years, which may include any training approved for maintenance of certification for BCBAs, any training approved for license maintenance for any category of licensed practitioners and any other training that meets comparable standards to such training.

(2) Professional Experience. Two years of full-time equivalent work experience in treating individuals with ASD beginning after the individual graduated with the degree that made the individual eligible for applicable licensure or certification or the date of actual certification, whichever is later.

(3) Education or Supervised Professional Experience. All licensed practitioners and BCBAs shall meet the requirements of either subparagraph (A) or subparagraph (B) of this subdivision:

(A) Education. Passing grades in not less than fifteen credit hours or the equivalent of graduate-level courses from an accredited college or university which, when considered together, include significant content in all of the following: ASD treatment, diagnosis and assessment; child development; psychopathology; family systems; and multi-cultural diversity and care; or

(B) Supervised Professional Experience. Supervised professional experience may overlap with one or more years of professional experience described in subdivision (2) of this subsection. Supervised professional experience may also be peer supervision and shall include at least one year of supervised experience under a licensed practitioner or a BCBA who is also a licensed practitioner who shall (i) work within such individual's scope of practice, (ii) have experience in providing applicable ASD services and (iii) already meet the requirements of this subsection.

(4) Licensed Practitioners. In order to perform behavior assessments and develop the plan of care, a licensed practitioner shall be one or more of the following: a physician; an APRN; a physician assistant; a psychologist; a licensed clinical social worker; a licensed professional counselor; or a licensed marital and family therapist.

(5) Credentialed by the Department of Developmental Services. Effective January 1, 2015, in order to provide a behavior assessment and develop a behavioral plan of care, a BCBA shall first be credentialed by the Department of Developmental Services as meeting the requirements of this subsection and any other qualifications necessary to be a qualified provider of ASD services. Effective January 1, 2016, in order to provide a behavior assessment and develop a behavioral plan of care, a licensed practitioner shall first be credentialed by the Department of Developmental Services as meeting the requirements of this subsection and any other qualifications necessary to be a qualified provider of ASD services.

**(NEW) Sec. 17b-262-1058. ASD Treatment Services and Supervision of Technicians**

(a) ASD treatment services shall comply with 42 C.F.R. 440.130(c) and any other applicable federal Medicaid requirements, such as section 4385 of the State Medicaid Manual.

(b) The performing provider shall supervise and take full professional responsibility for all ASD treatment services and shall provide and select such services in accordance with the behavioral plan of care and the provider's clinical judgment as appropriate to each member's needs. The provider shall adjust the behavioral plan of care as medically necessary based on data collected by the provider and as otherwise necessary to meet the member's needs. ASD treatment services are generally designed to be delivered in the member's home or other appropriate community settings, as specified in the behavioral plan of care.

(c) Participation by Caregiver in ASD Treatment Services.

(1) Based on the performing provider's clinical judgment, in order to ensure the quality and clinical effectiveness of the services, a caregiver shall participate in treatment sessions in a manner specified in the behavioral plan of care that is sufficient to be effective in maximizing the quality and clinical effectiveness of the services, as tailored to the needs of each member.

(2) As specified in the behavioral plan of care, the caregiver shall participate in not less than fifty percent of all treatment sessions, which may be reduced if appropriate for a member's unique circumstances in a manner that continues to ensure the medical

necessity, quality and clinical effectiveness of the services. In the behavioral plan of care, the performing provider shall document any such unique circumstances and the recommended type and extent of caregiver participation in the behavioral plan of care and shall explain how the reduced caregiver participation will continue to ensure the medical necessity, quality and clinical effectiveness of the services.

(3) The caregiver's participation in ASD treatment sessions shall include training of the caregiver for the benefit of the member in order to enable the caregiver to reinforce the ASD treatment services for the member in a clinically effective manner.

(4) The performing provider shall document the caregiver's participation in ASD treatment sessions in the treatment notes, including the caregiver's name and relationship to the member, date, time, extent and type of participation.

(d) Presence or Availability of Caregiver. In order to ensure that the ASD treatment services are covered under Medicaid and do not include non-coverable services such as child care, respite, or related services, as well as to ensure the clinical success of the services, a caregiver shall be present or available in the setting where services are being provided at all times in order to care for members under age eighteen, even when the caregiver is not directly participating in the services.

(e) Provider Qualifications. In order to provide and supervise ASD treatment services, the provider shall meet at least the same minimum provider qualifications required for behavior assessments and development of the behavioral plan of care, as set forth in subsection (d) of section 17b-262-1057 of the Regulations of Connecticut State Agencies.

(f) Technician's Qualifications. The technician shall meet at least the following minimum qualifications in order to perform treatment services under the performing provider's supervision:

(1) Education and Experience.

(A) Have a bachelor's degree from an accredited college or university in a behavioral health field, behavior analysis or a related field, plus one year of full-time equivalent experience working with children with ASD; or

(B) Have an associate's degree or an equivalent number of credit hours with a passing grade from an accredited college or university in a behavioral health field, behavior

analysis or a related field, plus two years of full-time equivalent experience working with children with ASD.

(2) Eighteen hours of continuing education in ASD services in the last three years.

(g) Performing Provider's Supervision of Technician. The performing provider shall supervise and take professional responsibility for all ASD services performed by the technician. Such supervision shall:

(1) Be one-on-one with the provider and the technician. The performing provider shall document the supervision on an ongoing basis, including the exact time, location, format and topics discussed.

(2) On an ongoing basis, equal at least ten percent of the amount of hours that the technician is providing ASD treatment services to each member, which may be prorated as appropriate.

(3) Include, on a regular basis, the provider directly observing the technician providing services to the member.

**(NEW) Sec. 17b-262-1059. Services Not Covered**

The department shall not pay a billing provider for the following:

(1) Any procedure or service of an unproven, experimental, cosmetic or research nature; any service that is not medically necessary for a member; or services not directly related to the member's diagnosis, symptoms or medical history;

(2) Cancelled services or appointments not kept;

(3) Any services, treatment or items for which the provider does not usually charge;

(4) Any services provided to a member that would duplicate services being received concurrently from any other source, regardless of the source of payment;

(5) Any service requiring prior authorization for which the provider did not obtain prior authorization before performing the service;

(6) Services that are solely educational, vocational, recreational, or social;

(7) Services that are related solely to specific employment opportunities, work skills, work settings or academic skills that are not medically necessary;

(8) Services that are not coverable within the Medicaid State Plan, such as respite care, child care or other custodial services; and

(9) Information or services provided to a member by a provider in any setting other than face-to-face, except as otherwise specifically authorized in writing by the department.

**(NEW) Sec. 17b-262-1060. Prior Authorization**

(a) Prior authorization is required for all ASD services. Prior authorization is also required for:

(1) EPSDT special services; and

(2) Any procedure or service that is not listed on the department's fee schedule.

(b) The department, in its sole discretion, shall determine what information is necessary to approve a prior authorization request. Prior authorization does not guarantee payment unless all other requirements for payment are met.

(c) The provider shall attach a prescription from a licensed practitioner and all necessary documentation of medical necessity to each prior authorization request for EPSDT special services. The provider may attach a physical or electronic copy of the prescription from the licensed practitioner to the prior authorization request in lieu of the actual signature of the licensed practitioner on the prior authorization request form. The provider shall keep the original prescription on file, which is subject to the department's review.

(d) The provider shall submit each prior authorization request signed by the performing provider, in a form and manner required by the department for each category of ASD services and shall include sufficient documentation of medical necessity, as determined by the department.

(1) Comprehensive Diagnostic Evaluations. Prior authorization requests for comprehensive diagnostic evaluations shall include documentation of the performing provider's qualifications and any other necessary information, as determined by the department. Such requests shall also include, if available, a copy of the medical / physical evaluation and a completed ASD screening tool.

(2) Behavior Assessments. Prior authorization requests for behavior assessments shall include a copy of the comprehensive diagnostic evaluation (as documented pursuant to subdivision (5) of subsection (c) of section 17b-262-1065 of the Regulations of Connecticut State Agencies) and any other necessary information, as determined by the department. Such requests shall also include, if available, a copy of the medical / physical evaluation.

(3) ASD Treatment Services. Prior authorization requests for ASD treatment services shall include the following documents:

(A) The medical / physical evaluation, which shall have been completed or updated not more than twelve months before the department receives the prior authorization request for ASD treatment services;

(B) Comprehensive diagnostic evaluation, which shall have been completed, updated or confirmed in accordance with subsection (c) of section 17b-262-1065 of the Regulations of Connecticut State Agencies not more than twelve months before the department receives the prior authorization request for ASD treatment services;

(C) Behavior assessment, which shall have been completed or updated not more than six months before the department receives the prior authorization request for ASD treatment services or more recently as clinically appropriate for a member's individual circumstances;

(D) Behavioral plan of care, which shall have been completed or updated not more than 120 days before the department receives the prior authorization request for ASD treatment services or more recently as clinically appropriate for a member's individual circumstances;

(E) Documents necessary to establish that the requested services are coverable under the Medicaid State Plan;

(F) Documents necessary to establish that the requested services do not duplicate services being received from any other source; and

(G) Any other necessary information, documents or both, as determined by the department.

(e) Pursuant to 42 CFR 440.130(c), prior authorization requests for behavior assessments and ASD treatment services shall include documentation that a licensed practitioner recommends the

requested services. If the comprehensive diagnostic evaluation report is signed by a licensed practitioner and recommends services consistent with the requested behavior assessment or ASD treatment services, as applicable, then such report may be used as the licensed practitioner's recommendations of the services pursuant to this subsection.

(f) The initial authorization for ASD treatment services shall not exceed forty-five days in order for the provider to demonstrate the quality of the baseline data during such time period. After such initial authorization, the department may authorize continued ASD treatment services for additional six month periods if medically necessary or a shorter period of time if appropriate for a member's unique circumstances, including a detailed review of progress every twelve months.

**(NEW) Sec. 17b-262-1061. Billing Procedures**

(a) The billing provider shall submit claims electronically or on the department's designated form and shall include all information required by the department to process the claim for payment.

(b) The billing provider shall bill its usual and customary charge for the services provided.

**(NEW) Sec. 17b-262-1062. Payment**

(a) The Department shall pay the billing provider the lowest of:

(1) The amount in the department's fee schedule;

(2) The lowest applicable Medicare rate;

(3) The amount billed by the billing provider;

(4) The billing provider's usual and customary charge; or

(5) The lowest price charged or accepted by the billing provider from any person or entity for the same or substantially similar services, except that, subject to the department's approval, a billing provider may occasionally charge or accept a lesser amount based on a showing by the billing provider of financial hardship to an individual without affecting the amount paid by the department for the same or substantially similar goods or services.

(b) Payment Limitations

(1) The department shall reimburse the provider only when all applicable requirements, including sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies have been met.

(2) Only the billing provider may bill and receive payment from the department for ASD services. The technician may neither bill nor receive payment from the department for ASD services.

**(NEW) Sec. 17b-262-1063. Documentation**

(a) The provider shall document all services provided in a form and manner specified by the department and shall include sufficient information to demonstrate that each service complies with applicable requirements.

(b) Each provider shall maintain a specific record for all services provided to each member, including, but not limited, to:

(1) Member's name, address, birth date and Medicaid identification number;

(2) For ASD treatment services, the behavioral plan of care, including all updates and related information and documents and copies of all other relevant documents that establish the medical necessity of such services, including, but not limited to, the medical / physical evaluation, comprehensive diagnostic evaluation, behavior assessment and any other relevant documents;

(3) A clinical progress note for each ASD treatment service rendered. The technician shall sign all clinical progress notes. In addition, the performing provider shall also sign all clinical progress notes where the performing provider was present at or supervising a service. Clinical progress notes shall include:

(A) Types of ASD treatment services provided;

(B) Date and time of treatment;

(C) Length of time for each treatment;

(D) The location or site at which the treatment was rendered, including the type of setting where the treatment was rendered;

(E) Which individuals participated in the treatment services; and

(F) Which individuals were present in the location where the ASD treatment services were provided.

(c) The provider shall maintain all required documentation in its original form or a secured electronic format for five years or longer as required by applicable statutes or regulations and subject to review by the department. In the event of a dispute concerning a service provided between the provider, member, department or a third party, the provider shall maintain all required documentation until the end of the dispute, five years or the length of time required by statute or regulation, whichever is longest.

(d) If the provider fails to maintain all required documentation, the department may disallow and recover any amounts that it has paid to the provider for which the required documentation is not maintained or not provided to the department upon request.

(e) The department may audit all relevant records and documentation and take any other appropriate quality assurance measures it deems necessary to assure compliance with regulatory and statutory requirements.

**(NEW) Sec. 17b-262-1064. Reserved**

**(NEW) Sec. 17b-262-1065. Reserved**

**Section 2.** Section 17b-262-348 of the Regulations of Connecticut State Agencies is amended by adding a new subsection (s) as follows:

(s) Autism Spectrum Disorder Services. In order to provide and be reimbursed by the department for autism spectrum disorder services as described in sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies, the provider shall comply with sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies and shall also comply with the department's enrollment and billing procedures for such services. Notwithstanding any requirement to the contrary in sections 17b-262-337 to 17b-262-349, inclusive, of the Regulations of Connecticut State Agencies, the provider may bill for autism spectrum disorder services performed by a non-licensed individual who is being supervised by the provider, in accordance with sections 17b-262-1051 to 17b-262-1065 of the Regulations of Connecticut State Agencies.

**Section 3.** Section 17b-262-462 of the Regulations of Connecticut State Agencies is amended by adding a new subsection (k) as follows:

(k) Autism Spectrum Disorder Services. In order to provide and be reimbursed by the department for autism spectrum disorder services as described in sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies, the psychiatrist shall comply with sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies and shall also comply with the department's enrollment and billing procedures for such services. Notwithstanding any requirement to the contrary in sections 17b-262-452 to 17b-262-463, inclusive, of the Regulations of Connecticut State Agencies, the psychiatrist may bill for autism spectrum disorder services performed by a non-licensed individual who is being supervised by the psychiatrist, in accordance with sections 17b-262-1051 to 17b-262-1065 of the Regulations of Connecticut State Agencies.

**Section 4.** Section 17b-262-477 of the Regulations of Connecticut State Agencies is amended by adding a new subsection (d) as follows:

(d) Autism Spectrum Disorder Services. In order to provide and be reimbursed by the department for autism spectrum disorder services as described in sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies, the psychologist shall comply with sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies and shall also comply with the department's enrollment and billing procedures for such services. Notwithstanding any requirement to the contrary in section 17b-262-477 of the Regulations of Connecticut State Agencies, the psychologist may bill for autism spectrum disorder services performed by a non-licensed individual who is being supervised by the psychologist, in accordance with sections 17b-262-1051 to 17b-262-1065 of the Regulations of Connecticut State Agencies.

**Section 5.** Section 17b-262-617 of the Regulations of Connecticut State Agencies is amended by adding a new subsection (m) as follows:

(m) Autism Spectrum Disorder Services. In order to provide and be reimbursed by the department for autism spectrum disorder services as described in sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies, the provider shall comply with sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies and shall also comply with the department's enrollment and billing procedures for such services. Notwithstanding any requirement to the contrary in sections 17b-262-607 to 17b-262-618, inclusive, of the Regulations of Connecticut State Agencies, the provider may

bill for autism spectrum disorder services performed by a non-licensed individual who is being supervised by the provider, in accordance with sections 17b-262-1051 to 17b-262-1065 of the Regulations of Connecticut State Agencies.

**Section 6.** Section 17b-262-827 of the Regulations of Connecticut State Agencies is amended by adding a new subsection (i) as follows:

(i) Autism Spectrum Disorder Services. In order to provide and be reimbursed by the department for autism spectrum disorder services as described in sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies, the provider shall comply with sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies and shall also comply with the department's enrollment and billing procedures for such services.

**Section 7.** Section 17b-262-924 of the Regulations of Connecticut State Agencies is amended by adding a new subsection (c) as follows:

(c) Autism Spectrum Disorder Services. In order to provide and be reimbursed by the department for autism spectrum disorder services as described in sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies, the provider shall comply with sections 17b-262-1051 to 17b-262-1065, inclusive, of the Regulations of Connecticut State Agencies and shall also comply with the department's enrollment and billing procedures for such services. Notwithstanding any requirement to the contrary in section 17b-262-918 of the Regulations of Connecticut State Agencies, the provider may bill for autism spectrum disorder services performed by a non-licensed individual who is being supervised by the provider, in accordance with sections 17b-262-1051 to 17b-262-1065 of the Regulations of Connecticut State Agencies.

R-39 Rev. 02/2012
(Statement of Purpose page)

## Statement of Purpose

*Pursuant to CGS Section 4-170(b)(3), "Each proposed regulation shall have a statement of its purpose following the final section of the regulation." Enter the statement here.*

The purpose of the regulation is to establish new requirements governing payment for ASD services, including the comprehensive diagnostic evaluation, behavior assessment, development of the behavioral plan of care and ASD treatment services.

**(A) The problems, issues or circumstances that the regulation proposes to address:** On July 7, 2014, the U.S. Centers for Medicare and Medicaid Services issued an Informational Bulletin explaining that a variety of medically necessary ASD services are coverable within the Medicaid State Plan pursuant to 42 USC 1396d(a) and are therefore required to be covered for all Medicaid members under age twenty-one pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements set forth in 42 USC 1396(d)(r)(5). In accordance with that CMS guidance, this regulation is necessary to implement payment for ASD services pursuant to EPSDT. These regulations also establish rules to expand medically necessary ASD services for Medicaid members under age twenty-one, which is particularly important as the prevalence of ASD has been rising and earlier treatment is generally more effective. Because the treatment services described in this regulation are primarily designed to be delivered in the home and in community-based settings, this regulation also helps increase the opportunities for care in home and community-based settings. Finally, this regulation establishes rules to help ensure that ASD services are high quality, carefully tailored to each member's unique needs based on a behavioral plan of care, and are provided by qualified providers.

**(B) The main provisions of the regulation:** (1) Define necessary terms; (2) describe the services covered, service limitations, required provider qualifications and services not covered; (3) describe prior authorization requirements; (4) identify billing and payment rules; (5) describe documentation requirements; and (6) add necessary cross-references in the regulations of appropriate provider types.

**(C) The legal effects of the regulation, including all of the ways that the regulation would change existing regulations or other laws:** The proposed regulation establishes rules governing payment for ASD services, including adding cross-references in the regulations of appropriate provider types.