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Proposed Regulation Agency Background Document

Agency name	DEPT OF MEDICAL ASSISTANCE SERVICES
Virginia Administrative Code (VAC) citation(s)	12 VAC 30-50-130; 12 VAC 30-60-61; 12 VAC 30-80-97; 12 VAC 30-120-380
Regulation title(s)	Amount, Duration, and Scope of Services: Skilled Nursing Facility Services, EPSDT, School Health Services and Family Planning; Utilization Control: Services Related to the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT); Community Mental Health Services for Children; Methods and Standards for Establishing Reimbursement Rates: Fee for Service Applied Behavior Analysis (under EPSDT); Medallion 3.0 MCO Responsibilities
Action title	EPSDT Behavioral Therapy Services
Date this document prepared	August 3, 2016

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

This action establishes Medicaid coverage for behavioral therapy services for children under the authority of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. EPSDT is a mandatory Medicaid-covered service that offers preventive, diagnostic, and

treatment health care services to young people from birth through the age of 21 years. To be covered for this service, these children must have a psychiatric diagnosis relevant to the need for behavioral therapy services, including but not limited to autism or autism spectrum disorders, or other similar developmental delays, and they must meet the medical necessity criteria. The proposed regulations define the behavioral therapy service requirements, medical necessity criteria, provider clinical assessment and intake procedures, service planning and progress measurement requirements, care coordination, clinical supervision, and other standards to assure quality. The behavioral therapy service will be reimbursed by DMAS outside of the Medallion 3 managed care contracts.

Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.

DBHDS = Department of Behavioral Health and Developmental Services

DMAS = Department of Medical Assistance Services

DSM = Diagnostic Statistical Manual

EPSDT = Early and Periodic Screening, Diagnosis, and Treatment

ISP=Individual Service Plan

LABA=Licensed Assistant Behavior Analyst

LBA=Licensed Behavior Analyst

LMHP = Licensed Mental Health Professional

QMHP = Qualified Mental Health Professional

Legal basis

Please identify the (1) the agency (includes any type of promulgating entity) and (2) the state and/or federal legal authority for the proposed regulatory action, including the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable. Your citation should include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

The *Code of Virginia* (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance and to "make, adopt, promulgate and enforce" regulations to implement the state plan. The *Code of Virginia* (1950) as amended, § 32.1-324, authorizes the Director of DMAS to administer and amend the Plan for Medical Assistance according to the Board's requirements. The Medicaid authority as established by § 1902 (a) of the *Social Security Act* [42 U.S.C. 1396a] provides governing authority for payments for services.

Section 1905 of the *Social Security Act* requires state Medicaid programs to provide early and periodic screening, diagnosis, and treatment (EPSDT) services for individuals who are eligible under the plan and are younger than the age of 21, to include "Such other necessary health care, diagnostic services, treatment, and other measures described in section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening

services, whether or not such services are covered under the State plan.” If an individual is determined through an EPSDT screening to need a medical service that is not otherwise covered in Virginia’s State Plan, then this provision in federal law requires the Commonwealth to cover that service. Behavioral therapy services are an EPSDT service.

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

The proposed regulatory action is intended to promote an improved quality of Medicaid-covered behavioral therapy services provided to children and adolescents. The proposed regulation will differentiate Medicaid's coverage of behavioral therapy and applied behavior analysis services from coverage of community mental health and other developmental services.

This regulatory action is essential to protect the health, safety, and welfare of these affected individuals and to ensure the quality of services rendered to children and adolescents who demonstrate the medical need for EPSDT behavioral therapy services. Regulations are needed to establish clear criteria for Medicaid payment of these services. Regulatory action is needed to ensure that Medicaid individuals and their families and service providers are well informed about service specifications prior to receiving or providing these services. These services will allow these children to improve interactions with their schools, families, communities, future employers and jobs and thus benefit a broad range of citizens.

These regulations are not expected to negatively affect the health, safety or welfare of citizens of the Commonwealth.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the “Detail of changes” section below.

Currently, Medicaid payment for behavioral therapy services is being authorized on an individual-case basis under the authority provided by the basic EPSDT definition found in 12 VAC 30-50-130.B.4:

"Consistent with the Omnibus Budget Reconciliation Act of 1989 § 6403, early and periodic screening, diagnostic, and treatment services means the following services: screening services, vision services, dental services, hearing services, and such other necessary health care, diagnostic services, treatment, and other measures described in Social Security Act § 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services and which are medically necessary, whether or not such

services are covered under the State Plan and notwithstanding the limitations, applicable to recipients ages 21 and over, provided for by the Act § 1905(a)".

The absence of consistently applied definitions, service requirements, required provider qualifications, and quality assurance standards might result in arbitrary decisions that cannot be sustained in an appeal. With increasing numbers of children being diagnosed with autism and autism spectrum disorders in need of such services, the individual-case-basis method of covering these services is no longer satisfactory or appropriate.

DMAS proposes to initiate uniform coverage of behavioral therapy services for individuals under the age of 21 who meet the medical necessity criteria. Trained professionals rendering early intensive treatment, including but not limited to applied behavior analysis techniques, has been shown to be effective in ameliorating impairments in major life functions arising from autism spectrum disorders and other diagnosed conditions. Coverage of EPSDT behavioral therapy services will not cause more individuals to be eligible for this service but will ensure appropriate treatment of eligible children who are already in the care delivery system as well as those initiating behavioral therapy services.

Prior to treatment, an appropriate health care practitioner conducts an intake documenting the child's medical and psychiatric diagnosis and describing how service needs can best be met through behavioral therapy interventions. The assessment includes a description of the behavior or behaviors targeted for treatment, including data on the frequency, duration, and intensity of the behavior(s). An individualized service plan (ISP) is developed based on the assessment. The ISP describes each targeted behavior, the behavioral modification strategy to be used to manage each targeted behavior, and the measurement and data collection methods to be used for each targeted behavior in the plan.

Behavioral analysis treatment strategies are systematic interventions that are primarily provided in the family home. Family training and counseling related to the implementation of the behavioral therapy shall be included as part of the behavioral therapy service. Behavioral therapy may be intermittently provided in community settings when approved settings are deemed by DMAS or its contractor as medically necessary treatment. These services are designed to enhance communication skills and decrease maladaptive patterns of behavior which, if left untreated, could lead to more complex problems and the need for a greater or a more restrictive level of care, such as institutionalization. Successful implementation of behavioral therapy services requires the participation of a parent or guardian.

The service goal is to ensure that the member's family is trained to successfully manage clinically designed behavioral modification strategies in the home setting. The family involvement in therapy is meant to increase the child's adaptive functioning by training the family in effective methods of behavioral modification strategies. Family members do not have to be present during all hours of therapy. Family members must be present and participate with their treatment plan objectives in an effective manner as documented by the clinical supervisor.

EPSDT Behavioral Therapy services are intended to improve the functional behaviors of the member by integrating multi-disciplinary clinical and medical services with the behavioral

therapy protocol to increase the member’s adaptive functioning and communicative abilities. Treatment results must be documented to indicate a generalization of behaviors across different settings to maintain the targeted functioning outside of the treatment setting in the patient’s residence and the larger community within which the individual resides.

Behavioral therapy services are currently excluded from Medicaid managed care contracts and reimbursed by the Behavioral Health Services Administrator (currently, Magellan) on a fee-for-service basis.

Technical corrections are made to the catch lines of several existing services (12 VAC 30-60-61) to create consistency in regulatory text and improve readability.

Issues

Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.

The proposed regulation is advantageous to individuals and their families by ensuring that Medicaid funded behavioral therapy services are provided by licensed practitioners with the education, experience, and clinical training necessary to effectively correct or ameliorate problematic behaviors through the use of evidence based behavior modification principles. Regulatory action will ensure that individuals, their families and service providers are well informed about Medicaid service requirements prior to receiving or providing these services, thereby avoiding DMAS’ recovery of provider payments made for inappropriate or inadequate services. This regulatory action will also support the efforts of DMAS and its contractors to provide effective care coordination and administrative oversight of service delivery by clarifying provider requirements and service delivery requirements in the Virginia Administrative Code.

The primary advantage to the Commonwealth, in the setting of these criteria and standards, will be the statewide uniform application of policies which should result in fewer costly provider appeals and reduced risks for fraud, waste, and abuse. There are no disadvantages to the Commonwealth for this action.

Requirements more restrictive than federal

Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

There are no requirements in this proposal that are more restrictive than federal requirements.

Localities particularly affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

There are no requirements that will affect one locality more than another as they apply statewide.

Public participation

Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.

In addition to any other comments, DMAS is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, DMAS is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments for the public comment file may do so by mail, email or fax to Brian Campbell, DMAS, 600 E. Broad Street, Richmond, VA 23219, 804-225-4272, or brian.campbell@dmas.virginia.gov. Comments may also be submitted through the Public Forum feature of the Virginia Regulatory Town Hall web site at: <http://www.townhall.virginia.gov>. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will not be held following the publication of this stage of this regulatory action.

Economic impact

Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirement creates the anticipated economic impact.

Projected cost to the state to implement and enforce the proposed regulation, including: a) fund source / fund detail; and b) a delineation of one-time versus on-going expenditures	DMAS does not project additional costs to the state to implement and enforce these regulations.
Projected cost of the new regulations or changes to existing regulations on localities.	No impact is expected for localities since local government entities do not render these services.
Description of the individuals, businesses, or other entities likely to be affected by the new	Medicaid service providers of behavioral therapy services include both public and private providers.

<p>regulations or changes to existing regulations.</p>	<p>The public providers are represented by local community services boards and private behavioral therapy and mental health service providers who employ LMHP's, LMHP-R, LMHP-S, LMHP-RP, LBA's and LABA's.</p>
<p>Agency's best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</p>	<p>As of August, 2016, 348 behavioral therapy providers are credentialed with Magellan. DMAS estimates that 90 percent of these providers are small businesses which offer mental health and behavioral therapy services. There are 488 licensed behavioral analysts and 103 licensed assistant behavior analysts in the Commonwealth.</p>
<p>All projected costs of the new regulations or changes to existing regulations for affected individuals, businesses, or other entities. Please be specific and include all costs including: a) the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; and b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the proposed regulatory changes or new regulations.</p>	<p>No change in costs is projected based on the new regulations.</p>
<p>Beneficial impact the regulation is designed to produce.</p>	<p>The regulations are intended to ensure that adequately trained providers furnish effective behavioral therapy services. These regulatory requirements are also intended to prevent Medicaid payments to inadequately trained and inappropriately licensed providers.</p>

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.

DMAS considered administering behavioral therapy services under the existing regulations for EPSDT Intensive In-Home Services. This proved not to be a good fit due to the different treatment modalities and specialized training and qualifications needed to provide effective behavioral therapy services. Intensive In-Home Services are designed to address the needs of children having serious emotional disturbances who are at imminent risk of being placed out of the home, such as in a psychiatric hospital, a group home, or foster care. Most children having autism spectrum and other related disorders who need behavioral therapy services do not meet this definition. A provider that currently offers services under an Intensive In-Home license does not automatically meet criteria to provide EPSDT Behavioral Therapy; which requires specific individual license requirements and requires credentialing with Magellan, the behavioral health services administrator.

DMAS considered permitting Medicaid reimbursement for behavioral therapy services provided by schools. Some private health insurance policies pay for these services if they are provided by private schools. DMAS does not currently reimburse school divisions for behavioral therapy services and adding schools as providers would increase costs to the Medicaid program. In addition, the inclusion of schools would require extensive justification and negotiation with the Centers for Medicare & Medicaid Services (DMAS’ federal funding agency) to ensure that federal matching funds are limited to coverage based on medical needs and not for educational purposes. Therefore, the proposed regulatory action excludes reimbursement to local educational agencies. If these concerns can be resolved, the Commonwealth may wish to investigate the feasibility of adding schools as Medicaid providers of behavioral therapy services in the future.

Regulatory flexibility analysis

Pursuant to § 2.2-4007.1B of the Code of Virginia, please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.

The consulted provider community has emphasized the importance of relevant education, training, and supervision for behavioral therapy practitioners. These regulations are essential to establish clear, consistent criteria for Medicaid payment to ensure quality of service. Regulatory action will ensure that individuals and their families and service providers are well informed about Medicaid service specifications prior to receiving or providing these services.

Family Impact

Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

These changes do not strengthen or erode the authority or rights of parents in the education, nurturing, and supervision of their children; nor encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents. It does not strengthen or erode the marital commitment, but may decrease disposable family income depending upon which provider the recipient chooses for the item or service prescribed.

Public comment

Please summarize all comments received during the public comment period following the publication of the NOIRA, and provide the agency response.

DMAS’ Notice of Intended Regulatory Action was published in the *Virginia Register of Regulations* on January 13, 2013 (VR 29:10). Comments were received from 15 companies and individuals. The summary of comments received and the agency’s responses follow:

Commenter	Comment	Agency response
Far Beyond, LLC (two individuals made the same comment.)	Board Certified Behavioral Analysts (BCBA) should only be allowed to supervise applied behavioral analysis (ABA) cases. Typically, Licensed Mental Health Professionals (LMHPs) do not have the clinical experience, oversight, or coursework to adequately implement effective ABA treatment programs.	The proposed regulation requires that services be provided by an LMHP, LMHP-Resident, LMHP-Resident in Psychology, LMHP-Supervisee, licensed behavior analyst, or licensed assistant behavior analyst with the goal of assuring that the service is available statewide and also is flexible enough to meet individual needs while assuring sufficient expertise for effective intervention. *Please note that since the public comment period ended in 2013 the Board of Medicine has promulgated regulations that define the license requirements for Behavior Analysts which has significantly impacted the provider requirements for behavioral therapy services.
Dominion ABA	After the initial 6 months of prior authorized services, clients are receiving subsequent prior authorization for only 3 months. Given the amount of time/ paperwork required, it would be beneficial for subsequent prior authorization periods to be 4-6 months. It is also difficult to show significant progress in skills in such a short amount of time.	Authorization periods are not defined in the proposed regulation as these will vary based on the individual’s medical needs and progress.
Individual	Agency would be in favor of developing requirements for direct services staff similar to QMHP, QIDP or QSAP for practitioners of behavioral Treatment services. Specific training developed and required by DMAS/DBHDS would be welcomed. Agency would not be in favor of requiring a BCBA to supervise behavioral treatment services instead of a Licensed Mental Health Professional (LMHP). In larger areas, contracting with a BCBA would not rule out the provision of behavioral therapy services but it would in SW Virginia. BCBA credentialing does not provide the same training in	The proposed regulations define a range of qualified practitioners with the goal of assuring that the service is available statewide and also is flexible enough to meet individual needs while ensuring sufficient expertise for effective intervention.

	assessment of underlying mental health symptoms that are known to exist in the autism spectrum disorder and intellectually disabled populations.	
MR Community Services Board	LMHPs are required to have diagnosis and treatment coursework pertaining to all DSM diagnoses, including developmental and intellectual disabilities. This creates an adequate foundation on which to build the necessary ABA by additional training and support. There is no reason to believe that an LMHP cannot utilize such training in implementing an effective ABA program and can also address co-morbidities that may exist in the child/family. In the five counties and one city covered by this agency, there are 0 to 1 registered BCBAs within 50 miles of this agency's service locations.	This comment is addressed above.
First Home Care	When requesting a continuation of service, there is a large amount of paperwork that must be submitted. For reauthorizations, it would be helpful to reduce this.	Requirements for submitting documentation for service authorization are not defined in the proposed regulation as these will vary based on the individual's medical needs and progress.
Family Preservation Services (4 individuals)	LMHPs and LMHP-Es have been functioning successfully in the EPSDT program. A solid understanding of autism and other developmental disabilities should be required for supervisors in the EPSDT program. Both BCBAs and LMHPs/LMHP-Es have much to offer.	This comment is addressed above.
	Please clarify requirements for the maintenance of raw data and whether it must become part of the permanent record.	The proposed regulation does not define maintenance of records requirements particular to behavioral therapy. General requirements applicable to all Medicaid services will apply.
	Requests for extension of services should be granted for an additional 6 months instead of the current 3 months.	This comment is addressed above.
	BCBAs are well equipped to provide oversight of quality treatment services. BCBAs will not have incentive to work for Medicaid-funded agencies due to the current limitations and reimbursement rates. Behavioral therapy can best be provided by professionals with specific training and demonstrated competency in Applied Behavioral	<p>The comment about practitioner and supervisory qualifications is addressed above.</p> <p>The comment about extension requests is addressed above.</p> <p>The proposed regulation includes standards to assure high quality assessments. Reimbursement for the initial service-specific provider intake and ISP is limited to five hours</p>

	<p>Analysis. The 3-month 'turn over rate' for extension requests adds a significant burden to direct care staff. Quality assessment is important. Recommended the option of 7-10 hours for administration and interpretation of the VB-MAPP to children with emerging language development.</p>	<p>without service authorization. However, additional assessment hours may be authorized on an individual basis if needed.</p>
<p>Providence Service Corp.</p>	<p>Behavioral therapy services are most effective when provided by direct care staff with specific training in ABA and proven competencies. Mastery of ADLs should be tracked through use of task analysis for each skill as well as being child-specific developmentally appropriate. Independence should be documented through task analysis by all on the treatment team, family, and attendants.</p>	<p>In order to make services available statewide and to allow reimbursement for a variety of effective behavioral therapy modalities, specific training in ABA is not being required in these proposed regulations. The proposed regulation requires documentation of the individual's progress toward achieving each behavioral objective through analysis and reporting of quantifiable behavioral data. *Please note that since the public comment period ended in 2013 the Board of Medicine has promulgated regulations that define the license requirements for Behavior Analysts which has significantly impacted the provider requirements for behavior therapy services.</p>
<p>Grafton</p>	<p>Company would like to see regulations that are consistent with the Behavioral Analyst Certification Board's guidelines and standards. Company supports this Board's position that the BCBA/BCaBA is responsible for an individual's ABA treatment. More time should be permitted and compensated for assessments (up to 10 hours). Re-authorization period should be longer than 3 months; 6 months were recommended. A differential rate of reimbursement is needed for BCBAs and Behavior Specialists.</p>	<p>Qualifications for practitioners are addressed above. Reauthorization periods and payment for assessment hours are addressed above. The proposed regulation does not distinguish LBA's or LABA's from other behavioral therapy practitioners for reimbursement rates.</p>
<p>Family Insight</p>	<p>LMHP/LMHP-E with ABA expertise/experience should be included with LBA/BCBAs. Company has benefited greatly from having the LBA train staff but the LBA is not permitted to supervise in the EPSDT program because company is licensed under the Intensive In-home license. Requiring additional training for supervisors and credentialing behavior analysts to provide supervision and assessments would raise the standard of supervision provided to clinicians thereby enhancing the quality of services provided.</p>	<p>Qualifications for practitioners and supervisors are addressed above. *Please note that since the public comment period ended in 2013 the Board of Medicine has promulgated regulations that define the license requirements for Behavior Analysts which has significantly impacted the provider requirements for behavioral therapy services. Under the proposed regulation, behavioral therapy will not be reimbursed under an Intensive In-Home Services license. The new regulations clarify covered services and limitations. Covered services, including clinical supervision, are defined specific to</p>

	<p>Counselors should have the specific training and demonstrated competency for the practice of ABA. The ABA Outpatient track more consistently prepared staff to meet the needs of the population served by requiring 40 hours of specialized training. The same training standard should be applied to Intensive In-Home because the same clients are being served but staff qualifications vary drastically.</p> <p>Some things appear to be mentioned twice under Covered Services. Providers want to bill responsibly so further clarification is indicated.</p>	<p>behavioral therapy.</p>
Virginia Office for Protection and Advocacy	<p>This agency represents clients seeking ABA services through EPSDT. The new regulations should ensure appropriate licensure and certification of providers ABA services. The regulations should include an evaluation mechanism or the development of a plan of care before the provider requests service authorization to ensure the child's behavioral therapy needs are appropriately addressed.</p>	<p>Qualifications for practitioners are addressed above.</p> <p>The proposed regulation includes standards for service-specific provider intakes and provides coverage for intakes and planning before the provider requests authorization for services.</p>
Commonwealth Autism Services	<p>Some of the Directors of Special Education have asked how the proposed regulatory action and changes specific to Medicaid coverage may impact the work of our Behavior Analysts in their schools.</p>	<p>The proposed regulations define services provided in the home and will not impact the work of behavior analysts within schools.</p>

Detail of changes

Please list all changes that are being proposed and the consequences of the proposed changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact. Please describe the difference between existing regulation(s) and/or agency practice(s) and what is being proposed in this regulatory action. If the proposed regulation is intended to replace an emergency regulation, please list separately: (1) all differences between the pre-emergency regulation and this proposed regulation; and 2) only changes made since the publication of the emergency regulation.

For changes to existing regulation(s), use this chart:

Current section	Proposed new section	Current requirement	Proposed change, intent, rationale, and likely impact of proposed
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number	number, if applicable		requirements
12VAC30-50-130		Behavioral therapy services are not addressed.	Specifies that behavioral therapy services will be covered for qualified children under the authority of EPSDT.
12VAC30-60-61		Behavioral therapy services are not addressed.	Establishes authorization, documentation, staff, and other requirements that will be part of utilization review.
12VAC30-80-97	Specifies that applied behavior analysis services are reimbursed on a fee-for-service basis.		Establishes the method of payment for behavioral therapy services.
12VAC30-120-380		Applied behavior analysis services are not addressed.	Behavioral therapy services are to be provided outside of the DMAS managed care networks. Other changes are editorial in nature to update text.