SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Autism Spectrum Disorder (ASD) Services Provider Manual Policy Updates – BCBA Panel

Dr. Shawna McCafferty
Senior Autism Policy Consultant
Office of Behavioral Health
South Carolina Department of Health and Human Services
July 23, 2026

Disclaimer

- All information in this presentation pertains to South Carolina Healthy Connections Medicaid members, and that prior to treatment, all members must meet the medical necessity criteria for the requested service.
- This training will address the general updates regarding Autism Spectrum Disorder (ASD) services, with the support of key South Carolina Board Certified Behavior Analyst (BCBA) providers.
- For comprehensive policy guidelines and detailed descriptions, providers must refer to the full ASD Services Manual.
- Slides will be available on the South Carolina Department of Health and Human Services (SCDHHS) website following completion of the ASD training series.
- Remaining questions should be emailed to MedicaidStatePlan@scdhhs.gov.

Summary Policy Update and Objectives

Objectives for today's training will:

1. Clarify medical necessity expectations,
2. Review SCDHHS requirements for clinical service notes (CSNs) and
3. **Discuss documentation requirements for select Applied Behavioral Analysis (ABA) treatment services under July 1, 2026, ASD policy expectations.**
    - Services in school locations (POS Code 03)
    - Services in community locations (POS Code 99)
    - Documentation of fade-In/transition/generalization/discharge
    - Appropriate documentation of 97155

Medically Necessary ABA Treatment Services

Section 4: Covered Services and Definitions Clarification

- ASD assessment and treatment services must be **medically** necessary.
- A diagnosis of autism spectrum disorder allows members to access behavior identification assessment services (97151); however the intensity of medically necessary ABA services is dependent on the quality of the BIA and FBA, not the ASD diagnosis.
- When rendering medically necessary ABA treatment, maladaptive behaviors must be identified (pg. 20 of ASD Service Manual).
  - **Requirement to identify and treat maladaptive behaviors is not a new requirement**
  - Treating problem/interfering behavior has always been a core component of Medicaid-funded ABA services.
  - SCDHHS maintains the expectation that ABA providers will identify and treat maladaptive and impairing behaviors.

Section 4: Covered Services and Definitions Clarification *(cont.)*

- **Providers must deliver behavioral treatment and actively address behavioral challenges for provision of medically necessary ABA.**
- **The following practices are considered inappropriate utilization of Medicaid ABA services:**
  - Billing for comprehensive behavioral treatment, but then discharging children from services for displaying challenging behaviors, particularly developmentally appropriate behaviors (ex., 2–3-year-old who bites)
  - Offering behavioral identification assessments as a pathway to "access immediate ABA" but being unable/unwilling to start ABA treatment for children assessed to have significant behaviors, or select out, those members determined to have severe behaviors and/or Level 3 Autism (per The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders [DSM criteria])
  - Preferentially or solely offering comprehensive behavioral treatment to the youngest and least behaviorally impaired children.
  - Triaging out of ABA services any families who are expressly seeking behavioral treatment, to focus only on skills acquisition.
  - Discouraging families from bringing up behavioral concerns and challenges for fear of discharge if children are seen as too "behavioral."
- **SCDHHS affirms the value of medically necessary ABA treatment, including the importance of skills acquisition goals, as long as skills acquisition goals are connected to a core deficit or weakness related to the diagnosis of autism. Skills acquisition cannot be prioritized over medically necessary behavioral goals or caregiver concerns for impairing or challenging behavior.**

CSNs

Updated CSN Requirements

- Each discrete treatment service rendered must have its own CSN, documented in accordance with ABA standards and guidelines and must meet SCDHHS documentation requirements. (Including 97151)
- Different service locations represent discrete services and goals.
  - **A NEW CSN is required when the point of service (POS) changes; ie, transitioning from home location to community location → two different CSNs.**
- **Documentation in the CSN must justify the level of service performed and support the number of units (hours) billed to Medicaid:**
  - The member's name and Medicaid or organizational ID
  - Date of service
  - Name of the service and the appropriate procedure code
  - Place of service and POS code
  - Name and credentials of **ALL** providers and staff present; signature of provider rendering (or supervising) the service
  - Names of all **natural** caregivers present.
    - School Based Service Locations: When rendering services in POS location 03, the member's teacher and any directly assigned school staff (aide/para) should be included as present during treatment; however teachers and school staff are not considered "caregivers". They are educators and paraprofessionals.
  - Duration of treatment (exact start and end time of the session)**.**
  - Documentation of the intervention must accurately reflect treatment duration. Explanation must be given when service is discontinued early.
  - **A clinical narrative that sufficiently supports the intensity/duration/location/goal of the treatment service**

Updated CSN Requirements: Clinical Narrative

Documentation in the CSN must justify the level of service performed and support the number of units billed to Medicaid. As such, the clinical narrative must reflect the appropriate implementation of the treatment plan and the medical necessity for the service.

- **Clinical narrative must clearly indicate active and direct involvement of ABA provider in rendering the specific goal and interventions**.
- Specifically, **In the narrative of every clinical service note, the following must be explicitly included:**
  - **The goal and treatment target from the treatment plan that is specific to that day's service.**
  - **One or more structured activities that the member engaged in during the session.**
  - **The intervention used, and the assessment of the member's response/effectiveness of the intervention and the member's progress towards the member's goal**
  - **Updates/plans for future sessions.**
- ***Note:*** *ABA provider should include a brief explanation of any significant changes in medical, behavioral or psychiatric status that may have impacted or led to unexpected changes in the day's treatment plan.*

Updated CSN Requirements: Narrative Requirements

- **The goal and treatment target within the treatment plan that is specific to that day's service**
  - Registered Behavior Technician (RBT)/Behavior Technician (BT) can describe which protocols they are running that day.
  - RBT/BT can include the number of the objective on the treatment plan or the name of the objective:
    - "Objectives targeted during session:
      - The therapist presents an object or food and asks, "Do you want ___?"
      - Therapist presents a community helper card and asks, "What is this" (firefighter, astronaut, chef)?"

Updated CSN Requirements: Narrative Requirements *(cont.)*

- **One or more structured activities that the member engaged in during the session:**
  - **Structured** activities are intentionally directed **by the therapist**.
  - **Structured** activities are **goal oriented** and involve following rules or instructions.
  - If pairing was completed during the session, the therapist must include **structured activities** that occurred during the pairing process to meet the requirement.
- **<u>Consider the following examples:</u>**
  - Brushed teeth, followed recipe for muffins, role played community helpers (doctor, police officer, chef). **Acceptable**
  - Walked to the community center. **Not acceptable**

Updated CSN Requirements: Narrative Examples

- The **intervention** used, the **member's response/effectiveness** of the intervention and the **member's progress** towards the member's goal, including any data collected, as well as **plans for future sessions**.
  - **Consider the following examples of specific interventions used.**
    - Goals and Interventions Used: Toilet Training: used visual supports. Decrease frequency of tantrums: antecedent-based interventions. **Acceptable**
    - Evidence Based, Applied Behavior Analysis Interventions Used. **Insufficient and not acceptable**
  - **Consider the following examples of member's response to intervention.**
    - Data collection sheet **with key** for any abbreviations on the document. **Acceptable** ***(If key is included so reviewer can interpret and understand data.)***
    - "During the current reporting period, the client experienced progress in all domain areas and exhibited no maladaptive behaviors." **Insufficient and not acceptable**

Updated CSN Requirements: Narrative Examples *(cont.)*

- **Consider the following examples of member's documented progress.**
  - Demonstrated progress on: Objects SD13 (**in baseline**, Objects SD15B (**in baseline**), Actions SD4 **(in baseline**), Community Helpers SD3, Body parts SD1, Safety Awareness SD1, Functional Pretend Play SD1, Emotions SD3. Needs improvement on: Desires SD3, Basic Manding SD1. **Acceptable**
  - Demonstrated Progress: Objects, actions, community helpers, body parts, safety awareness, emotions, shapes, colors and basic manding. **Insufficient and not acceptable**
- **Consider the following examples of updates for future sessions.**
  - Plan for next session: Undressing SD15, Dressing SD8, Early Social Games SD5,Stimulus Orienting SD2, Following Instructions SD1, Nonvocal Imitation SD6, Peer Play SD1, Teeth Care SD1, continue to implement behavior plan. **Acceptable**
  - Plans for next session: Continue ABA. **Insufficient and not acceptable**

Updated CSN Requirements: Signatures

- **Every** CSN must be signed, titled and dated, with credentials, by the enrolled BCBA-Doctoral, BCBA, Board Certified Assistant Behavior Analyst (BCaBA), or licensed independent practitioner (LIP), who is directly responsible for the member's treatment plan and under whom the service was billed.
  - **When ABA services are rendered by BT/RBT, documentation must be signed and dated by BOTH the BT/RBT with their credentials, as well as the enrolled individual provider (BCaBA/BCBA, BCBA-D) whom the service was billed under.**
  - SCDHHS does not permit any group provider to designate a general "authorized signee" to sign off on any clinical service notes for treatment services that they did not personally render and/or services that were not billed under their individual National Provider Identifier (NPI).
  - **Signatures must be present on all CSNs prior to their submission for reimbursement.**
- ***Note:*** *When signed by a BT, the BT must also include in their signature line the exact day that their* ***one-time*** *90-day grace period began; this would be the date of their* ***FIRST HIRE as a BT****.*

Moderated Clinical Discussion

Documentation Requirements for Select ABA Treatment Services

POS Code(s)	Place of Service Name	Place of Service Description
02	Telehealth provided other than in patient's home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. **The GT modifier must be used to indicate direct telehealth services and is only permitted with 97156 or with 97155 when approved by the Quality Improvement Organization (QIO).**
03	School	A facility whose primary purpose is education; including daycare and preschool settings. **Permitted only with prior authorization, as part of a detailed and specific Individualized Plan of Care (IPOC).**
10	Telehealth provided in patient's home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. The GT modifier must be used to indicate telehealth services. **The GT modifier must be used to indicate direct telehealth services and is only permitted with 97156, or with 97155 when approved by the QIO.**
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
99	Other place of service	Other place of service not identified above, to include community settings. **Permitted only with prior authorization, as part of a detailed and specific IPOC.**

ABA Treatment Services in School Settings (POS Code 03)

Section 4: Non-covered Services

- Medically necessary ABA in South Carolina is **not allowable** for habilitative, custodial, convenience, educational or non-behavioral services.
- **BTs and RBTs are not 1:1 aides, paraprofessionals, personal care attendants, respite workers, babysitters, educators or personal shadows.**
- BTs/RBTs **must** deliver medical ABA treatment protocols per a child's individualized treatment plan.

ABA Treatment Services in School Setting (POS Code 03)

Schools' responsibility

- Academic instruction and grading
- Classroom safety and staffing
- 100% of tasks related to curriculum and testing administration
- The Individuals with Disabilities Education Act (IDEA) identification/Development/Implementation of the members' Individualized Education Plan (IEP)
- Behavior supports required under IDEA categories
- One-to-one aides (when educationally required)
- Educational accommodations

Note: Medicaid funded, medically necessary ABA treatment does not replace, supplant, or take priority over the school's responsibilities to provide members with a Free and Appropriate Public Education (FAPE).

Medically necessary ABA's role

- **After** school supports are in place, Medically necessary ABA can…
  - Reduce behaviors that interfere with learning, despite implementation of IEP and behavior intervention plan (BIP)
  - Increase behavioral flexibility
  - Improve transitions
  - Teach replacement behaviors

ABA Treatment Services in School Setting (POS Code 03) *(cont.)*

- **Prerequisites to requesting and starting Medicaid funded ABA services in a school setting:**
  - SCDHHS diagnostic requirements must be met (Section 2 of the ASD Services Manual)
  - Copies of the member's updated IEP and BIP
  - Observation conducted in the member's school-based environment where treatment services are anticipated
  - Functional assessment of behaviors completed as part of the Behavior Identification Assessment (BIA) and/or updated for a continuing authorization
  - Location code requested during prior authorization, supported in IPOC with individualized and specific school-related goals
    - **School-specific behaviors must be connected to *medically necessary* school-specific goals**
  - Ability to staff ABA treatment in school locations with a fully credentialed RBT at a **minimum. Any treatment rendered by a BT in the school setting is not allowable**
  - Parental consent
  - **School collaboration authorization (release of information [ROI]) (District dependent requirement, not a SCDHHS specific requirement)**

ABA Treatment Services in School Setting (POS Code 03) *(cont.)*

Steps for rendering ABA in school settings (student has a Functional Behavioral Assessment FBA/BIP as part of IEP)

1. **Parent/natural guardian** requests ABA team provides services in school
2. ABA provider requests and reviews the **school's IEP AND FBA and BIP.**
3. ABA provider has parent sign authorization for ROI form
4. **Parent** reaches out to teacher/principal to request/schedule an observation in the school.
5. ABA provider conducts school-based observation and speaks with relevant stakeholders, determines if medically necessary ABA is recommended for this student in the school setting.
6. ABA gathers enough data to complete all steps required for FBA as required by SCDHHS ASD policy. Determine the appropriate number of hours per week.
7. If an initial or reauthorization, this can be added to the BIA/IPOC, requesting the service location (03) and goals that will be specifically targeted in the school.
8. If in the middle of an authorization period, this can be sent as an authorization modification request
9. Get approval from Medicaid to fund medically necessary ABA in a school location.

Remember, medically necessary ABA therapy serves a different purpose and is funded separately, from any IDEA related supports that are determined to be required through the South Carolina Department of Education. Each department has a unique role in supporting children and SCDHHS services can not be duplicative.

ABA Treatment Services in School Setting (POS Code 03) *(cont.)*

- **Steps for rendering ABA in school settings (student does not have an FBA/BIP as part of IEP):**
  1. **Parent/natural guardian** requests ABA team provides services in school
  2. ABA provider reviews IEP (identifies that there is **no FBA/BIP**).
  3. Parent signs authorization for ROI to the school.
  4. ABA provider advises parent/caregiver to request an IEP meeting with their child's school to determine if school-based behavioral supports through an FBA/BIP are necessary for the student.
     - If their child is making meaningful progress at school or **you (the ABA provider)** believes medically necessary ABA treatment is not clinically indicated, consider a parent/caregiver-requested meeting to explain why ABA may not be appropriate in school.
     - **(Optional)** Parent/caregiver or clinician (with ROI in place) reaches out to teacher/principal to schedule an observation in the school. This would be useful to have input into whether the client needs an FBA/BIP or medical ABA in the school.
     - **(Optional)** Attend IEP meeting if ABA from outside provider is necessary to share data and collaborate with IEP team in ensuring the FBA/BIP is completed (attendance at IEP meeting is not billable to Medicaid).
  5. **If IEP team determines that an FBA and/or BIP is *not* required to support the student, then ABA is not medically necessary in school setting.**
  6. **If IEP team determines an FBA and BIP *is* necessary, then it is the school's responsibility to implement the BIP before an ABA provider begins to assess for medically necessary ABA treatment as outlined on the previous slides.**

ABA Treatment Services in School Setting (POS Code 03) *(cont.)*

**** Note ****

- The member's updated, IEP-related, FBA and BIP must be included in the documentation that the ABA provider submits to SCDHHS QIO as required for prior authorization for ABA treatment, to ensure treatment is not duplicated; however, the IEP-related FBA and BIP **do not replace the need for a separate and independent BIA/FBA as described in Section 8 to access medically necessary ABA treatment.**
  - The **IEP-related FBA and BIP** and **SCDHHS required IPOC/BIA/FBA** must be completed by unrelated entities.
  - The IPOC, **as required by SCDHHS policy**, must **clearly delineate medically necessary ABA treatment goals planned using POS Code 3, from any autism supports listed in the child's IEP and BIP.**
  - SCDHHS services can not be duplicative of the educational supports required by federal regulations.
  - While ABA is an approved treatment to support autistic children, not all autism supports meet the threshold for medically necessary ABA treatment.
- If a private ABA provider contracts with the school, to assess/develop an IEP-related FBA/BIP through the South Carolina Department of Education, **then that ABA provider is not permitted to also assess and treat for medically necessary ABA services rendered through Medicaid funds using POS code 03.** This would constitute a dual relationship and represents a conflict of interest.
- **ABA providers can not bill SCDHHS for 97151 services that are intended to develop an IEP-related FBA/BIP that will be implemented through the South Carolina Department of Education.**

ABA Treatment Services in School Setting (POS Code 03) *(cont.)*

- **Important things to be aware of that are not supported by SCDHHS' requirements for medically necessary ABA treatment:**
  - Teachers asking "can you watch the class" while they use the restroom (enrolled providers and RBTs cannot be left responsible for the other students in the classroom);
  - Being left alone with a student in a classroom under any situation. A school representative must always be **physically** present while enrolled provider and/or RBT is with the student.
  - Serving as a behavior monitor for general classroom management.
  - Supporting, restraining, educating, and/or intervening in behavior management of children not under your direct care.

ABA Treatment Services in School Setting (POS Code 03) (cont.)

- **For perspective, BCBA's should…**
  - Plan to assess for medically necessary ABA in a school setting by explaining to the family that your role is to target specific behavioral goals, and to reduce behaviors enough so that your presence at school becomes unnecessary.
  - Plan to continuously engage the member's teacher and relevant school admin personnel to discuss progress and transition plans, clearly indicating goals to successfully fade ABA supports once the child can manage their behavior through optimal IEP-based school accommodations.

ABA Treatment Services in School Setting (POS Code 03) *(cont.)*

Appropriate goals - School-specific behaviors must be connected to medically necessary school-specific goals:

- By October 2026, student A will independently transition from the library to the classroom without eloping (running more than one foot away from the student line) with an accuracy of 100% of opportunities, maintained for at least four weeks, across two therapists as measured by therapist collected data.
- By January 2027, student B will request a break during group instruction using functional communication instead of engaging in aggression, with an accuracy of 100% of learning opportunities , across three consecutive sessions and two providers, as measured by therapist recorded data.
- By January of 2027, student C will tolerate denied access without self-injury across classroom routines, with an accuracy of 100% of learning opportunities , across three consecutive sessions and two providers, as measured by therapist recorded data.

ABA Treatment Services in School Setting (POS Code 03) *(cont.)*

- **Sample goals that are not medically necessary (non-behavioral and/or academic/educational-based):**
  - Client will complete his morning journal with no spelling errors, 80% of opportunities across three sessions.
  - Client will complete math worksheet with no more than two errors, 80% of opportunities across three sessions
    - **Consider instead:** Client will allow teacher to correct his errors on a math worksheet without engaging in self-injurious behavior, 80% of the time.
  - **Avoid student handwriting goals as this should be targeted by Occupational Therapy in school and addressed through IEP.**

ABA Treatment Services in School Setting (POS Code 03) *(cont.)*

- **Examples of incomplete goals requiring revision:**
  - **Instead of: Client will complete 80% of math assignments.**
    - **Write:** Client will remain engaged in teacher-directed instruction for two minutes without engaging in escape-maintained behaviors.
  - **Instead of: Client will complete classwork as instructed.**
    - **Write:** Client will attend to assigned task within 30 seconds of teacher presentation when given one additional verbal prompt.

ABA Treatment Services in School Setting (POS Code 03) *(cont.)*

- **Example of IPOC documentation to support medically necessary ABA in school service locations:**
  - Student D demonstrated severe escape-maintained behavior during instructional activities including aggression, elopement, and property destruction. These behaviors have been objectively documented and prevent safe participation in classroom routines. Treatment targets include functional communication, behavioral regulation, transition tolerance, and replacement skills necessary to prevent severe behavioral escalation. Services are coordinated with the educational team and do not replace instructional and behavioral services as documented in the IEP and BIP.

ABA Treatment Services in School Setting (POS Code 03) *(cont.)*

- **Example of inappropriate IPOC documentation to support medically necessary ABA in school service locations:**
  - Client needs ABA because he struggles in math, has poor reading skills, and requires assistance and prompting to complete schoolwork. Therapist will help him complete assignments, remain on task throughout the school day and redirect, as necessary.
    - **Problems in this example include:**
      - An educational focus
      - Includes academic remediation
      - Provider is supplanting IEP-related para-professional or 1:1 aide services
      - Does not meet medical necessity

ABA Treatment Services in Community Settings (POS Code 99)

ABA Treatment Services in Community Settings (POS Code 99)

- **Examples of community-based ABA treatment goals:**
  - **Medical clinics during training visits (9-year-old):**
    - By December 2026, XXX will tolerate the equipment within a health care office visit when placed within one to two feet of her for two seconds for 80% of opportunities over three visits, as measured by provider collected data.
      - Source: Clinical observation
      - Location: Community (health care setting)
    - By December 2026, XXX will tolerate the equipment used during a health care office visit that is placed on her body for 80% of opportunities over three visits, as measured by provider collected data.
      - Source: Clinical observation
      - Location: Community (health care setting)

ABA Treatment Services in Community Settings (POS Code 99) *(cont.)*

- **Examples of community-based ABA treatment goals:**
  - **Generalization** (6-year-old):
    - By December 2026, XXX will independently inhibit screaming and repetitive mands and engage in a toleration response without being instructed during community outings across three pre-planned, consecutive outings with accuracy in 80% of opportunities, as measured by therapist-collected data.
      - Source: Clinical observation
    - Location: Community (park, library, restaurant, etc.)

ABA Treatment Services in Community Place of Service Locations (POS Code 99)

- **Examples of Community-based ABA treatment goals:**
  - **Social navigation in community environments (20-year-old):**
    - By July 2026, XXX will independently respond to barriers or obstacles when traveling in shared spaces by engaging in socially appropriate behavior when presented with the vocal stimulus, "what should you do?“ with accuracy of 80% of learning opportunities, maintained for at least four weeks, across two Registered Behavior Technicians (RBTs), as measured by therapist-collected data
    - By January 2027, XXX will demonstrate mastery of locating personal items within the community setting as demonstrated by locating at least five different items, with an accuracy of 80% of learning opportunities, across three consecutive sessions and two providers, as measured by therapist-recorded data.

Documenting Fade-in Treatment Plans

Fade-In/Transition: Medically Necessary changes to the ratio of 97155:97153

- **97155: Adaptive Behavior Treatment with Protocol Modification**
  - Both 97155 and 97153 must be provided routinely and consistently throughout the authorized period of service delivery.
  - Protocol modification can be rendered at a rate of 10% of the total rendered 97153 treatment hours. **This ratio is unchanged from ASD Policy prior to July 1, 2026.**
  - There may be brief, medically necessary periods of inconsistent delivery of 97155 compared to 97153, such as during "fade-in" and transition periods.
  - The ratio of 97155 to 97153 **rendered** must align with the **authorized** ratio by the end of the prior authorization period.

Fade-In/Transition Periods Use of 97155 and 97153

- **97155: Adaptive Behavior Treatment with Protocol Modification** (continued from previous slide)
  - **Clinically appropriate scenarios that may involve inconsistent delivery of 97153 compared to 97155 must be:**
    - Explicitly discussed in the member's IPOC
    - Clearly documented in CSN
    - Supported by an FBA, when indicated, to address impairing behaviors.
  - **Clinically appropriate exceptions to the ratio of 97155/97153 *do not* include:**
    - Using 97155 to provide **direct treatment per protocol** by a BCaBA/BCBA/BCBA-D. When administering direct treatment per protocol, 97153 is the appropriate code, regardless of the provider's credential.
    - Using 97155 to provide treatment in lieu of 97153 for most of the prior authorization period, or outside the time-frame requested. **Direct delivery of 97153 is a requirement for all ABA authorizations.**

Requesting Services to Support Fade-in

- When beginning services with a new client and family, either with or without a full team of behavior technicians, providers may request front loading of 97156 and 97155 to ensure an effective and supported treatment implementation.

Requesting Services to Support Fade-in *(cont.)*

- When planning for fade-in services for initiating ABA treatment, this should be explicitly described in the IPOC. A reccomendation would include the following plan:

CPT Code	Description	Time Increment	Clinical Recommendation Hours/Time Period	Requested Service Frequency Hours/Time Period
97153	Adaptive behavior treatment, administered by a technician (face-to-face)	15 min	Total: 15/wk Clinic and Home	Total: 15/wk Clinic and Home
97155	Protocol modification by BCBA/BCaBA (face-to-face)	15 min	Total: Two hrs/wk Clinic and Home Ratio: 13.3%	Total: Two hrs/wk Clinic and Home Ratio 13.3%
97156	Adaptive behavior treatment family guidance by BCBA/BCaBA. This can include training parents, caregivers, daycare workers. (face-to-face)	15 min	Two hrs/month	Two hrs/month

Requesting Services to Support Fade-in *(cont.)*

- **Narrative description of the fade-in process submitted with the treatment recommendations:**
  - "Given that this is a client and family new to ABA services, for the first eight weeks a higher ratio of 97155 and 97156 services will be provided by the BCBA in the home in order to (1) build an effective rapport with the child and family, (2) observe responsiveness to the treatment protocol in a familiar setting, (3) modify the protocol based on the observed response and family priorities, and (4) provide intensive family guidance, thereby increasing the likelihood of effective service delivery."
  - During the first eight weeks, the BCBA will deliver, in the home, the following services per week: 1 hour of 97153, 1 hour of 97155, and 1 hour of 97156.
  - After that period, services will transition to the clinic setting and will be delivered by a team including behavior technicians and the BCBA. Family guidance will thereafter be provided monthly."

Documenting Transition/Fade-out Treatment Plans

Requesting Services to Fade-out or Transition Services

- When fading services for a client we often back load 97156 services to ensure an effective transition.

CPT Code	Description	Time Increment	Clinical Recommendation Hours/Time Period	Requested Service Frequency Hours/Time Period
97153	Adaptive behavior treatment, administered by a technician (face-to-face)	15 min	Total: 10/wk Home Community	Total: 10/wk Home Community
97155	Protocol modification by BCBA/BCaBA (face-to-face)	15 min	Total: Two hrs/wk Home Community Ratio: 20%	Total: Two hrs/wk Home Community Ratio 20%
97156	Adaptive behavior treatment family guidance by BCBA/BCaBA. This can include training parents, caregivers, daycare workers. (face-to-face)	15 min	Two hrs/month	Two hrs/month

Requesting Services to Fade-out or Transition Services *(cont.)*

- **Example: Narrative description of the transition process submitted with the treatment recommendations:**
  - "The client is projected to be discharged from adaptive behavior treatment services in September 2026. During July 2026, 10 hours of 97153 will be provided in the home and community settings, with a higher ratio (20%) of 97155 recommended to allow for modifications to the behavior plan in preparation for full transition to discharge. During August 2026, the BCBA will provide one hour of 97153, one hour of 97155, and one hour of 97156 per week to fully prepare the client and family for discharge from services. During September 2026, two hours of 97156 will be provided each week prior to discharge."

Requesting Services to Fade-out or Transition Care *(cont.)*

- **Example from Project Hope:**
  - **Phase A:** Once the below criteria are met, the client's direct hours of adaptive behavior treatment will reduce from 35 hours per week to 25 hours per week.
  - Aggression, elopement and property destruction will reduce to 80% of baseline measures across all environments for 16 consecutive weeks.
  - The client's Verbal Behavior Milestones Assessment and Placement Program (VB MAPP) Milestones score will increase to 120 (from a baseline score of 45).
  - The client's VB MAPP Barriers score will reduce by 50% (from a baseline score of 84).
  - The client will imitate parent actions upon request and comply with caregiver instructions regarding daily living activities as measured by family guidance goals.
- **Update: Mastered, May 2026.**

Requesting Services to Fade-out or Transition Services *(cont.)*

- **Current Phase - June 2026**
  - **Phase B:** The client's adaptive behavior treatment hours will reduce from 25 hours per week in the practice setting to 15 hours per week in the home when the following criteria are met:
    - All goals from Phase A will be maintained for an additional eight consecutive weeks.
    - Aggression, elopement, and property destruction will each occur no more than once per week for eight consecutive weeks.
    - The client's VB MAPP Milestones score will increase to 150 (from a baseline score of 45).
    - The client's VB MAPP Barriers score will reduce by 75% (from a baseline score of 84).
    - The client will tolerate parent-initiated transitions from preferred items/activities to non-preferred activities in the community without engaging in behaviors targeted for reduction as measured by family guidance goals.

Requesting Services to Fade-out or Transition Services *(cont.)*

- **Example:**
  - **Phase C:** The client's adaptive behavior treatment hours will reduce from 15 to 10 hours per week in the home when the following criteria are met:
    - All goals from Phase A and B are maintained for two months.
    - The client will return to a regular school day in the school environment daily, with at least an 80% attendance rate for nine weeks.
    - Caregivers demonstrate implementation of the behavior plan in the home with 80% or greater fidelity across two consecutive months.
  - XXX will receive 10 hours per week of treatment for approximately three months, focused on generalization and maintenance of skills, prior to discharge. XXX may be recommended for continued focused treatment targeting social skills.

Documentation of 97155: Adaptive Behavior Treatment with Protocol Modification

97155: Adaptive Behavior Treatment with Protocol Modification

- **Updated policy language** differentiates ABA provider "supervision" responsibilities for their patients and staff requiring supervision as determined by national guidelines and discussed in Section 3, from the billable **direct services** as outlined in Section 8 of the ASD Services Manual.
  - **For clarity:**
    - Authorization requests that include **"SUPERVISION"** requirements will assume a discussion about the ABA provider's professional responsibility as per RBT/BCaBA/BCBA certification requirements and/or standards to remain in good standing with the BACB, **which are non-billable/non-reimbursable activities.**
    - Authorization requests that include the medically necessary and appropriate use of the code 97155 must be referred to by the CPT code, or as "ADAPTIVE TREATMENT WITH PROTOCOL MODIFICATION" and be framed around the delivery of a direct and billable service to the member.
  - SCDHHS **does not** prevent ABA providers from counting and/or documenting direct patient facing/billable hours towards BACB certification/supervision requirements.
  - The ABA provider is responsible for ensuring that Medicaid is only billed for direct services delivered as per Section 8 of the ASD Services Manual, to the member and/or caregiver.

ABA Service Code Updates
Billing Requirements for 97155

- 97155 can only be billed for the time that the enrolled provider spends **in session with the member**; this does not include reviewing records, documentation or feedback with the RBT/BT/BCaBA after direct patient contact is completed.
- 97155 may be concurrently billed with 97153 when CSNs are clear that the threshold of **each** code is clearly met in delivering a direct service at the same time by two different providers to a single member. **Each provider's role must be clearly documented in the clinical service note with clarification about which goals and/or treatment within the member's treatment protocol were interrogated and/or modified.**
- **97155 may not be billed concurrently with 97153 when the enrolled provider is teaching an RBT how to deliver the member's initial treatment protocol.**
- **97155 is not intended to be used as a mechanism for staff training; it must always represent a direct service to the member and modification of an existing behavior protocol.**

Documenting 97155

- **The CSN narrative:**
  - Must address the specific objective(s)/goal(s) from the IPOC toward which the session is focused **and a discussion of the BCBA's member-directed involvement and resultant protocol modifications.**
  - If the member's treatment protocol is **not modified,** the narrative must include an explanation of the provider's clinical decision-making that sufficiently justifies billing 97155 without modifying a protocol.
  - If a member's treatment plan **consistently does not require modification,** this is an indication that services need to be titrated or faded-out.
  - **When 97155 does not represent a billable service:**
    - Documentation **with** a narrative that mentions only non-descript supervision and/or non-patient facing activities, or
    - Documentation **without** a narrative describing the protocol modification process provided the member.

Conclusion

This presentation was designed to enhance understanding of the Medicaid standards regarding the ASD Services Manual policy updates.

Providers are responsible for independently reviewing and adhering to the detailed policies established in the ASD Services Manual **and** the Provider Administrative and Billing Manual.

For policy related questions, please email
MedicaidStatePlan@scdhhs.gov

For clinically related ABA questions, please contact our colleagues at the South Carolina Association for Behavior Analysts (SCABA) at Secretary@sc-aba.org


SOUTH CAROLINA
ANIMIS OPIBUSQUE PARATI
DUM SPIRO SPERO
SPES
QUIS SEPARABIT
MELIOREM LAPSA LOCAVIT
1776