Applied Behavioral Analysis (ABA) Providers
Frequently Asked Questions (FAQ)

The administration of outpatient behavioral health care and behavioral health treatment (BHT) services for Medi-Cal members will transition from Magellan directly to CalOptima, effective January 1, 2018. Magellan will continue to manage OneCare and OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) services.

Authorizations

1. **Are we required to participate in a live review? *(03/09/2018)***

   Do not submit the BH-ARF until contacted by a care manager. The care manager will either indicate:
   - Treatment plan review is complete and BH-ARF is requested.
   - Live review is requested.

   If contacted for a live review, you may decline to participate in the live review process. At that point, the care manager will advise that you can submit the Behavioral Health Authorization Request Form (BH-ARF), as the treatment plan review is complete. By not participating in a live review, you will waive the opportunity to provide clarification or additional information to the treatment plan under review.

2. **What is the process for a member to switch ABA providers? *(03/06/2018)***

   Members who have a current authorization with one ABA provider and are seeking a new ABA provider should contact CalOptima BH Customer Service and let the member liaison know of their request and reason for seeking a new provider. The new ABA provider will be expected to request (or have the member request) treatment documentation from the current ABA provider. The new ABA provider should submit treatment documentation and a BH-ARF to CalOptima for authorization of the current ABA treatment plan with a new agency. Per CalOptima policy GG.1508, requests for authorization with a new ABA provider may be denied if the member has not indicated to CalOptima that they wish to switch to the provider submitting the BH-ARF.

3. **I have a member who wishes to be served by my agency and they either do not have an ABA vendor or have an ABA vendor that will not be contracting with CalOptima. Who do we call to initiate that change? Is there a similar process for a member who would like to change from one contracted ABA vendor to another? *(03/06/2018)***

   Members should call **855-877-3885** to request a provider change if they wish to do so. In addition, members who have a current authorization with one ABA provider and are seeking a new ABA provider, should contact CalOptima BH Customer Service and let the member liaison know of the request and reason for seeking a new provider. The new ABA provider will be expected to request or instruct the member to request treatment

documentation from the current ABA provider. The new ABA provider should submit treatment documentation and a BH-ARF to CalOptima for authorization of the current ABA treatment plan with a new agency.

4. **Where and when do ABA providers send the CalOptima initial treatment plan or treatment plan update? *(12/14/2017)***

   Please send updated treatment plans and recommendations to CalOptima for review within 30 days, but no later than 14 days, prior to the end of the current authorization period.
   - For authorizations ending ***January 1, 2018, or later***, fax treatment plans to the CalOptima BH ABA Inbox at **714-481-6424**.
   - For authorizations ending on ***December 31, 2017, or earlier***, continue to send treatment plans to Magellan.
     - Any treatment plan updates sent to Magellan for authorizations expiring January 1 or later, must be re-sent to CalOptima for review, as they will not be reviewed by Magellan nor transferred to CalOptima for review.

5. **How much data is required to be within the treatment plan? Is there a requirement to have data from two weeks prior to the authorization end? *(12/11/2017)***

   Please include the latest data in your treatment plan updates/progress reports, to the extent that is practicably possible regarding submitting treatment plan updates/progress reports in a timely manner.

6. **Will CalOptima backdate authorizations if I submitted documentation after the current authorization has expired? *(12/11/2017)***

   Authorizations will, at the earliest, have a start date of the day that the BH-ARF is received. CalOptima will not backdate authorizations in instances where a vendor has not submitted necessary documentation in a timely manner.

7. **For new members seeking ABA services through CalOptima, what is the CalOptima Functional Behavior Assessment (FBA) process? *(11/29/2017)***

   CalOptima will email vendors with general, non-protected health information regarding the referral.
   - Vendors will respond to CalOptima to indicate availability.
   - CalOptima will then select a vendor who has indicated availability.
   - The turnaround time is a maximum of 7 business days.
   - CalOptima will send an authorization for the FBA to the vendor selected to serve the referral.

8. **What is the process? Will an Authorization Request Form be needed separate from the report? *(11/29/2017)***

   Yes, with the CalOptima initial treatment plan or treatment plan update, fax treatment plans to **714-481-6424**.
   - Upon review of the treatment plan, the CalOptima ABA clinical team may contact you for a live review if we need further information or clarification.
   - On completion of the treatment plan, we will ask you to fax a BH-ARF to **714-954-2300**.
   - All treatment plans sent must include a copy of the previous treatment plan (previous six-month report) to ensure timely review.
   - For the first CalOptima authorization, provide the date that ABA services began for the member and include information regarding the most recent diagnosis (by whom, when, etc.).

9. **How do members obtain new ABA services? *(11/29/2017)***

   Members seeking ABA services should call **855-877-3885** to initiate assessment for medically necessary ABA services. CalOptima will identify a provider with availability and refer members directly to providers to initiate the assessment and treatment processes.

Clinical Requirements

10. **Will cognitive testing be required for FBAs? *(3/20/2018)***

    Cognitive testing is not required yet; however, it will be required upon a future date.

11. **Are there any specific items that need to be in the crisis plan besides the obvious ones? *(3/16/2018)***

    Crisis plans may include:
    - When and how to call a Board Certified Behavior Analyst (BCBA) for behavioral emergencies or de-escalation procedures.
    - When, who and how to contact for emergency mental health or medical care. If a specific member has more specialized crisis needs, those directions should be included.

12. **What is the requirement to have 100 percent supervision with the "two-tier" model by a Qualified Autism Services (QAS) Professional, either a BCBA or a Behavior Management Consultant (BMC)? *(3/16/2018)***

    As discussed in the ABA Transition Council, by 2019, the goal (but not a requirement), is to have 50 percent "two-tier" model. The "two-tier" model involves QAS Paraprofessional supervision by a QAS Professional, either BCBA or BMC, as outlined in the State Plan Amendment (SPA 14-026).

13. **What is the requirement of a QAS Professional (either BCBA or BMC) to provide supervision? *(3/16/2018)***

    As outlined in the SPA 14-026, a Board Certified Assistant Behavior Analyst (BCaBA) or a Behavior Management Assistant (BMA) may currently provide some direct supervision of the paraprofessional in an intervention setting if there is documentation that this mid-level supervision has the BCBA's or BMA's guidance. In an intervention setting, a BCaBA or a BMA may also provide caregiver/family training or direct services. Indirect supervision is not allowed to be provided by a mid-level supervisor.

14. **Do we need to use CalOptima's treatment plan template? *(03/07/2018)***

    Yes, starting April 16, 2018, CalOptima requires ABA providers to use the treatment plan template.

15. **Will a Vineland need to be completed for new treatment plans? *(12/11/2017)***

    The Vineland-3 or ABAS-3 will be required to be completed for all ongoing treatment plan updates and progress reports.

16. **What are the requirements for autism spectrum disorder (ASD) diagnosis documentation turned in to CalOptima? What are the specific requirements for diagnosis documentation? Within the past two years? Done by an M.D. or Ph.D.? Done by an M.A.-level clinician or school district? Specific requirements about what is in the diagnosis report? *(11/29/2017)***

    The Magellan form for a recent confirmation of the diagnosis will be accepted for re-authorizations of current ABA treatment. For new cases, the following is required per the Department of Health Care Services All Plan Letter 15-025:

    - A Comprehensive Diagnostic Evaluation performed by a licensed physician or licensed psychologist with training and direct experience assessing children with developmental disabilities (developmental or neuro-psychologist preferred) typically consists of the following:
        1. Comprehensive unclothed medical examination (by the primary care provider/pediatrician as required by EPSDT)
        2. A parent/guardian interview
        3. Direct play observation
        4. Review of relevant medical, psychological and/or school records
        5. Cognitive/developmental assessment
        6. Measure of adaptive functioning
        7. Language assessment (by a speech language pathologist)
        8. Sensory evaluation (by an occupational therapist)

9. If indicated, neurological and/or genetic assessment to rule out biological issues (by a developmental pediatrician, pediatric neurologist and/or geneticist)

17. Is CalOptima following Regional Center of Orange County's requirement beginning January 1, 2018, that all new ABA services must have 100 percent Board Certified Behavior Analyst (BCBA) direct supervision? *(11/29/2017)*

At this time, CalOptima will NOT require new ABA services to have 100 percent BCBA direct supervision, as we move towards this goal through 2018.

18. What will CalOptima's supervision model look like? *(11/29/2017)*

CalOptima's supervision model follows the State Plan Amendment (SPA) 14-026 in which a BCBA or BMC provides direct intervention setting supervision of the paraprofessional.

- CalOptima will typically authorize supervision hours at a rate that falls between 10–20 percent of weekly direct paraprofessional service hours.
- Initially, as much as 90 percent of the supervision of the paraprofessional by a BMA will be acceptable if oversight is well documented.
- Of supervision hours authorized, most supervision hours are expected to take place directly supervising the paraprofessional. No more than 20 percent of the total supervision hours per six months (minimum of three hours and a maximum of eight hours) may be used for the following "indirect supervision:"
    - In-office functional analysis and skills assessment
    - In-office development of goals/objectives and behavior intervention plans/reports
    - In-office reviewing direct staff summary notes
    - In-office clinic meetings with paraprofessionals and parents

19. What is the requirement of a QAS Professional to provide supervision in the "two-tier" model? *(11/29/2017)*

As outlined in the SPA 14-026, only the BCBA or BMC provides supervision to the QAS Paraprofessional. However, during 2018, other QAS Professionals, a BCaBA or a BMA may provide some of the direct supervision of the paraprofessional in an intervention setting.

20. What are CalOptima's QAS Paraprofessional requirements? *(11/29/2017)*

Per SPA 14-026, a QAS Paraprofessional is an unlicensed and uncertified individual who meets **all** the following criteria:

- Is employed and supervised by a qualified autism service provider
- Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider

- Meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code
- Has adequate education, training and experience, as certified by a qualified autism service provider

Network Requirements

21. What is the credentialing requirement? *(11/29/2017)*

CalOptima requires providers to maintain credentialing status every three years. CalOptima will honor current credentialing filed with Magellan.

22. Who will need to be credentialed? *(11/29/2017)*

All ABA groups/organizations must submit the CalOptima QAS Organization Enrollment and Credentialing Application including accompanying documents and roster of all providers and paraprofessionals employed by the group/organization.

If an application has not been provided by Contracting, please email: MyCredentialingUpdates@CalOptima.org

23. The Fee Schedule in the ABA contract includes BMAs. What is the definition of a BMA and how will they be credentialed? *(11/29/2017)*

Regulations define a BMA as an individual who meets the following minimum requirements:

- A Bachelor's degree **and**;
- One year of ABA experience designing/implementing behavior modification intervention services, with 12 semester units in ABA, **or**
- Two years of experience in designing and/or implementing behavior modification intervention services, **or**
- Registered as a California Psychological Assistant or as an Associate Clinical Social Worker

24. I have a certification from an entity that is not accredited by the National Commission for Certifying Agencies (NCCA). Will my certification be honored by CalOptima? *(11/29/2017)*

For those applying to be credentialed as a BCBA, certification **must** be obtained from an NCCA entity. For those applying to be credentialed as a BCaBA, other certifying entities will be considered on a case-by-case basis. Once a list of acceptable certifications has been identified, CalOptima will distribute to the provider network.

25. I am enrolled in Medi-Cal and I am the owner of an ABA organization. Do I need to complete the CalOptima QAS Organization Enrollment and Credentialing application? *(11/29/2017)*

Yes, CalOptima still is required to collect the organizational information requested in the application.

26. I have questions about my credentialing application, who do I contact? *(11/29/2017)*

Submit all credentialing related questions to: MyCredentialingUpdates@CalOptima.org

Claims

27. Can H0032 HO and H0032 NH be billed at the same time for the same member? *(3/16/2018)*

No. CalOptima does not allow for provision of the same services by multiple providers for the same member on the same day.

28. Can we bill H0032 using the HN modifier even though those hours were authorized with the HO modifier? *(02/14/2018)*

Currently, H0032 HO can be billed and paid at the lower H0032 HN rate; however, an authorization for H0032 HN cannot be billed at the HO modifier rate.

29. Where do we submit claims? *(11/29/2017)*

Claims with dates of service on or before December 31, 2017, should be sent to Magellan and claims billed with **dates of service on or after January 1, 2018,** to CalOptima:

Paper Claims Submission	**Electronic Claims Submission**
CalOptima Direct Claims	Office Ally
P.O. Box 11037	866-575-4120 or www.officeally.com
Orange, CA 92856	Payer ID: “CALOP”

Appeals

30. What rights do members have if they don’t agree with a denial or change in BHT services? *(02/23/2018)*

Members should always contact CalOptima first. If the member received a Notice of Action (NOA) from CalOptima denying, delaying, changing or ending a service and the member does not agree with the decision, the member can file an appeal.

An appeal can be filed by phone, in writing or online:

- **Phone**: The member may call CalOptima and provide his/her name, CalOptima ID number and the service he or she is appealing.

- **Mail**: The member may call CalOptima and ask to have a form sent to him/her. The member must fill the form out and include his/her name, CalOptima ID number and the service he or she is appealing.
- **Online**: The member may visit CalOptima's website. If the member filed an appeal and received a letter from CalOptima telling him or her that they did not change the decision, or the member never received a letter telling him or her of the decision and it has been past 30 days, the member can:
    - Request a State Fair Hearing (SFH), and a judge will review the case.

Regional Center Transition

31. What is the update on the transition? *(3/16/2018)*

Per APL 18-006, on July 1, 2018, DHCS will transition the provision of medically necessary BHT services for eligible members under 21 years of age without an ASD diagnosis from the Regional Centers (RCs) to CalOptima. Members receiving BHT services through the California Department of Developmental Services (DDS) prior to July 1, 2018, will continue to receive the RC-coordinated BHT services at the RCs until the transition date. Beginning on July 1, 2018, the authorization and payment of BHT services will transition from the RCs to the MCPs.

Provider Relations

32. Who do we contact with additional questions? *(11/29/2017)*

Please contact your Provider Relations representative for further assistance.

- Email: ProviderServicesInbox@CalOptima.org
- Phone**: 714-246-8600**