

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. 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 Behavioral Health (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. Due to 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.

2. Where and when do ABA providers send the CalOptima initial treatment plan or treatment plan update? (08/15/2019)

Please send updated treatment plans and recommendations to CalOptima via facsimile at **714-954-2300** for review within 30 days, but no later than 14 days, prior to the end of the current authorization period.

3. 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? (08/15/2019)

Please include the latest data to the extent that is possible when using the CalOptima-approved treatment plan template.

4. Will CalOptima backdate authorizations if I submitted documentation after the current authorization has expired? (08/15/2019)

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

5. 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 seven business days.
- CalOptima will send an authorization for the FBA to the vendor selected to serve the referral.

6. What documentation should be sent to request re-authorization for ongoing ABA services? (06/07/2019)

ALL authorization requests must include a BH-ARF form. Please fax the BH-ARF form, treatment plan, and latest diagnostic information to **714-954-2300**.

- Authorization requests will receive a response within five business days of receipt.
- A BH-ARF form is **required** for consideration of authorization.
- Please ensure the BH-ARF form is complete and accurate.
- The most recent diagnosis/recommendation for ABA and current ABA treatment plan (progress report) is required.

7. 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

8. Will cognitive testing be required for FBAs?

Cognitive testing is required and, as of June 1, 2019, the Vineland III is the only CalOptima-approved cognitive testing battery.

9. Are there any specific items that need to be in the crisis plan?

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 (e.g., seizure disorder, allergic reaction).

10. What is the requirement of a Qualified Autism Service (QAS) professional, either BCBA or Behavior Management Consultant (BMC), to provide supervision? (3/16/2018)

As outlined in the SPA 14-026, individuals who are a Board Certified Assistant Behavior Analyst (BCaBA) or a Behavioral 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.

11. 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 CalOptima-approved treatment plan template.

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

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

13. What are the requirements for 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? (06/07/2019)

Per CalOptima Policy GG1548, before initiating BHT services for a member, CalOptima will select and provide authorization for an appropriate provider to conduct a complete diagnostic and developmental evaluation by a physician or licensed clinical psychologist.

The evaluation shall include:

- Diagnosis of behavioral health condition(s)
- Identification of impairing behaviors
- Assessment of intellectual capacity for services
- Verification of results of medical history and physical, including audiology evaluation
- Identification of ongoing role of medical and behavioral health providers
- Review of Local Education Agency/Individualized Education Plan (LEA/IEP) plan
- Identification of ongoing role of LEA/Making appropriate recommendations for BHT Assessment or other interventions

14. 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? (06/07/2019)

At this time, CalOptima does **not** require new ABA services to have 100 percent BCBA direct supervision.

15. 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

16. 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.

17. 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

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

CalOptima requires providers to maintain credentialing status every three years.

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



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

20. Do ABA groups and providers need to be enrolled with DHCS?

No. ABA groups and their affiliated providers do not have a pathway for Medi-Cal enrollment.

21. 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

22. I have a certification from an entity 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.

23. I am enrolled in Medi-Cal and I am the owner of an ABA organization. Do I need to complete the CalOptima Credentialing Application? (11/29/2017)

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

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

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

Claims

25. 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.

26. 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.

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

Submit claims with dates of service on or **after January 1, 2018**, to CalOptima:

Paper Claims Submission

CalOptima Direct Claims
P.O. Box 11037
Orange, CA 92856

Electronic Claims Submission

Office Ally
866-575-4120 or www.officeally.com
Payer ID: "CALOP"

Appeals

28. 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 complete the form 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

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



Per APL 18-006, on July 1, 2018, DHCS transitioned the provision of medically necessary BHT services for eligible members under 21 years of age without an autism spectrum disorder (ASD) diagnosis from the regional centers (RCs) to the managed care plans (MCPs) like CalOptima. The authorization and payment of BHT services for eligible members under 21 years of age has transitioned from the RCs to the MCPs.

Provider Relations

30. 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**