Important Reminders: For Applied Behavior Analysis (ABA) Providers

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are excited to work with you directly and provide important information as we insource behavioral health and mental health services.

On **Saturday, April 1, 2023**, the Alliance started overseeing all behavioral health treatment (BHT) and mental health (MH) services. **We have created a handout of questions and answers (Q&A) and a training video to inform our providers of these changes.** Please see the enclosed document for the Q&A.

In addition, please note the following key points:

- ABA providers should request access to the Alliance Provider Portal. There is no limit to the number of users who can request access.
- All existing treatments initiated before Saturday, April 1, 2023, will NOT need to be reauthorized by the Alliance. Please do not enter them into the Alliance Provider Portal.
- For MH and BHT services, the Alliance will ensure Continuity of Care (CoC) and honor all MH and BHT services for up to 12 months.
- New ABA treatment on or after Saturday, April 1, 2023, requires prior authorization. Prior authorization requests can be submitted via the Alliance Provider Portal under the 'Authorization' tab. Please attach the member's functional behavioral assessment (FBA) or progress report when submitting a prior authorization through the Alliance Provider Portal. Authorizations for requests submitted can also be viewed on the Alliance Provider Portal.
- For dates of service on or after Saturday, April 1, 2023, providers should submit claims directly to the Alliance.

  Claims can be submitted in one (1) of the following ways:

  - Alliance Provider Portal - To register, visit the Alliance website at **www.alamedaalliance.org** and click on **Provider Portal** in the upper right corner.
  - Electronic Data Interchange (EDI) through a clearing house – Complete and submit the **EDI Form** available on the public Alliance website at **www.alamedaalliance.org/providers/provider-forms**.
  - Mail – Please mail claims to:

    Alameda Alliance for Health
    PO Box 2460
    Alameda, CA 94501-0460

ABA Provider Training Video: www.youtube.com/watch?v=GxoVDki7Gwc&feature=youtu.be

Thank you for partnering with the Alliance in providing high-quality services to our members.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

ALAMEDA ALLIANCE FOR HEALTH
Applied Behavior Analysis (ABA) Provider Questions and Answers (Q&A)

Overview

On Saturday, April 1, 2023, the administration covered behavioral health treatment (BHT) and mental health (MH) services for Alliance members changed from Beacon to Alameda Alliance for Health (Alliance).

Q: Does the Alliance allow telehealth?

A: Yes, telehealth is a covered benefit for eligible Alliance members.

Q: Do telehealth services require prior authorization?

A: Yes. Prior authorization (PA) is required for ABA telehealth services. Telehealth must be clinically appropriate and meet the needs of the member or family. Providers must:

- Ensure the patient has an adequate internet connection and device to receive telehealth services.
- Indicate and justify the request for telehealth in the treatment plan for any procedure code; and
- Monitor the progress and response to telehealth services to ensure it is not a barrier to the patient's progress.

TELEHEALTH CATEGORIES	CODE	DESCRIPTION
Place of Service (POS)	02	Telehealth service
Modifiers	95	For services or benefits provided via synchronous, interactive audio, and telecommunications systems

Q: Can H2012 and H2019 be billed on the same day and be allowed concurrently?

A: From a clinical perspective, this is appropriate and allowed when the supervisor overlaps with the BI/therapist (paraprofessional providing direct ABA/H2019).

Q: What CPT/HCPC code is used for direct supervision and Parent Training (PT)?

A: Direct Supervision: Code H2012

Parent Training (PT): Code S5111

Q: What percentage of the supervision can be indirect?

A: Direct supervision time typically accounts for 50% or more of case supervision (case supervision includes both direct and indirect supervision duties). The provider will need to make a clinical and ethical decision about the member's needs for direct and indirect supervision. Some cases may require more direct supervision depending on the severity of behaviors and the member's response to treatment. If a provider needs to devote over 50% of their supervision time to indirect supervision, they must justify it in their treatment plan.

Q: Who can provide supervision (procedure code H2012)?

A: Qualified Autism Service (QAS) providers (BCBA) and QAS professionals can provide supervision. The QAS provider/BCBA and/or QAS professional must meet SB 946 and CA Health and Safety Code 1374.73 standards. The QAS professional may provide up to 75% of total supervision hours.

Q: Which activities count as "indirect supervision" under H2012?

A: Below are some examples of direct and indirect supervision. Typically indirect means the member is not present during that time/task.

<table>
<tr><th>DIRECT SUPERVISION</th><th>INDIRECT SUPERVISION</th></tr>
<tr><td>Directly observe treatment implementation to determine if any changes are needed. Sometimes treatment plans need to be modified more frequently.</td><td>Analyze and summarize direct observation data to evaluate the member's progress toward goals. Typically done weekly (depending on member's needs/ response to treatment).</td></tr>
<tr><td>Provide direction/guidance to staff and/or caregivers in the implementation of the treatment plan (with member present). Typically done during treatment sessions.</td><td>Engage in care coordination with other service providers.</td></tr>
<tr><td rowspan="3">Observe and monitor treatment reliability to ensure implementation of treatment plan/protocols by behavior interventionist (BI)/staff. This will be important if there are staff changes or revisions to a member's treatment plan.</td><td>Develop treatment plans and data collection systems.</td></tr>
<tr><td>Develop transition/discharge plans.</td></tr>
<tr><td>Make adjustments/revise treatment plans and protocols.</td></tr>
</table>

Q: How will continuity of care (CoC) work?

A: The Alliance will provide continuity of care (CoC) for ABA providers serving Alliance members that were previously authorized by Beacon Health Options (Beacon). Treatment plans will need to be reviewed every **six (6) months** for medical necessity, and we will offer CoC for up to **12 months** with out-of-network (OON) providers.

Q: What is your credentialing timeframe?

A: Credentialing generally takes **45 days** to complete. The timeframe may be extended if there are questions or when additional information is needed.

Q: Does the Alliance require a diagnosis (DX) evaluation to be completed within a certain period to be "valid"?

A: We request the most current ABA recommendations and/or diagnostic (DX) evaluation/psychological evaluation that the member has to be submitted with the Prior Authorization (PA) Request Form to the Alliance.

Q: Should authorizations be requested under the group name and NPI or the individual provider's name and NPI?

A: The authorization request should be submitted under the group name and group NPI.

Q: How will the Alliance determine the start date for an ABA authorization?

A: For initial ABA authorizations, the start date will be the date the prior authorization (PA) request was submitted by the provider.

For subsequent or continued authorization, the Alliance will review the current open authorization report from Beacon that lists open authorizations for members with a lookback period of six (6) months and will determine the next start date based on the report. Providers may include the date in the progress report if preferred.

For Social Skills (Code H2014):

Q: Is four (4) children per one (1) adult the maximum number of children who can be in the group?

A: Yes. This is the recommended ratio which is consistent with other Medi-Cal plans that also use this procedure code.

Q: How many hours per week can each child be approved for?

A: It depends on the member's individual needs, treatment plan, and goals. The Board Certified Behavior Analyst (BCBA) or clinician needs to make that determination and provide sufficient data and clinical documentation to justify the need.

Q: Would providers bill for each client individually (i.e., 1 hour (4 units) per client per week)?

A: Yes, providers must bill each client individually.

Q: What is the maximum number of hours allowed for code H0032 for reassessment?

A: Maximum hours: 8 hours = 32 units for H0032.

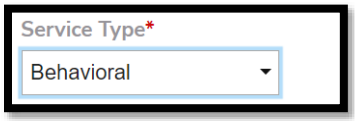
Q: Does the Alliance allow a 3-tier model (mid-level)? If so, are there requirements for the mid-level supervisor?

A: According to California Health and Safety Code HSC 1374.73, supervision can be provided by a Qualified Autism Service (QAS) Provider and QAS Professional. According to this code, the QAS Paraprofessional does not provide supervision.

Q: For authorization requests submitted via the Alliance Provider Portal, what service type should be selected for outpatient ABA?

A: When entering the request via the Alliance Provider Portal, there will be a Service Type field where you can select the Behavioral drop-down option.

Below is a screenshot:



You may also refer to the ABA Provider Training PowerPoint for step-by-step instructions.

Q: Will the existing rate structure under our contract remain in effect?

A: The rates in the contract will remain in effect unless otherwise indicated.

Q: If a patient changes insurance and they have already had an assessment recently with another provider, will that be a valid assessment for the Alliance?

A: The Alliance will review on a case-by-case basis. The new provider can submit the treatment plan/assessment. If it meets Alliance requirements, we may approve it.

Q: Is there an age limit for using H2014 when billing?

A: There is no age limit on the code itself if the member is under age 21 and eligible to receive BHT/ABA services under the Medi-Cal benefit.

Q: Can any staff member, (e.g., BCBA, Registered Behavior Technician (RBT), etc.) bill for Social Skills Group (SSG)?

A: Staff must be qualified to provide and bill for these services.

Q: How can providers request hybrid services (in-home and office/clinic)?

A: Providers can only select one (1) option for the place of service when submitting via the Alliance Provider Portal. If a provider is going to provide services in more than one (1) location (e.g., home and office or clinic), they will need to indicate this information in the treatment plan. This information can added in the recommendations section of the report indicating which of the procedure codes will be provided in more than one (1) location.

Q: Does the Alliance require authorization for ABA services when the Alliance is the secondary payer?

A: The Alliance does not require authorization If there is a different primary insurance that has provided authorization. Providers can submit secondary claims via the Alliance Provider Portal and include the primary insurance Evidence of Benefits (EOB) statement as an attachment. Q: Does the Alliance allow Place of Service (POS) 03 for school?

A: The school is financially responsible for services provided in a school setting. If it is medically necessary to provide ABA services in a school setting, prior authorization (PA) from the Alliance is required. In addition, we will need justification about how the services are not duplicating the services provided by the school as a part of the individual education plan.

Q: What are the different ways to submit professional claims to the Alliance?

A: The Alliance accepts professional claims in the following ways:

1. **Alliance Provider Portal –** This is the preferred option. Providers do not need to pay for a third-party clearinghouse, and no additional enrollment form is required.
2. **Electronic Data Interchange (EDI) –** To submit claims through a clearinghouse, providers can complete and submit the Electronic Data Interchange (EDI) Enrollment Form to the Alliance. To access the EDI Enrollment Form, please visit the Alliance website at **www.alamedaalliance.org/providers/provider-forms**.
3. **Paper claims –** Please mail paper claims to:

   Alameda Alliance for Health
   PO Box 2460
   Alameda, CA 94501-0460

Q: Is there a maximum number of users for the Alliance Provider Portal per office?

A: No. There is no limit on users for the Alliance Provider Portal. Individual users can register to create a new account.

Q: Who can providers contact for more information or if they have any questions?

A: For more information or other questions, please contact:

Alliance Provider Services Department
Monday - Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
Email: **providerservices@alamedaalliance.org**