Provider Portal – Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) Forms Training

ALAMEDA Alliance FOR HEALTH

Presentation Topics

- How to create an account or log into the Alliance Provider Portal
- Navigating the Alliance Provider Portal to access the Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) Forms
- Submitting an Initial BHT/ABA Form
- Submitting a Subsequent BHT/ABA Form
- Resources

How to create an account or log into the Alliance Provider Portal

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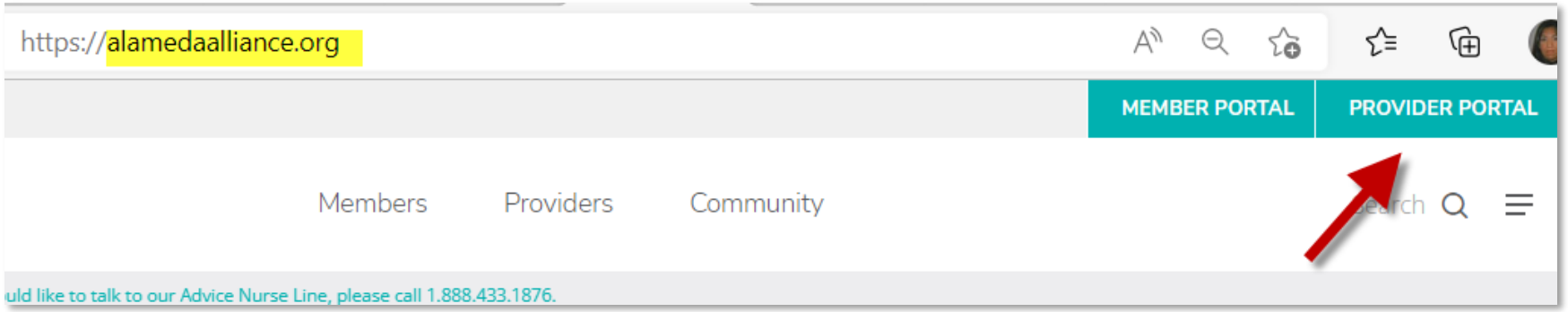
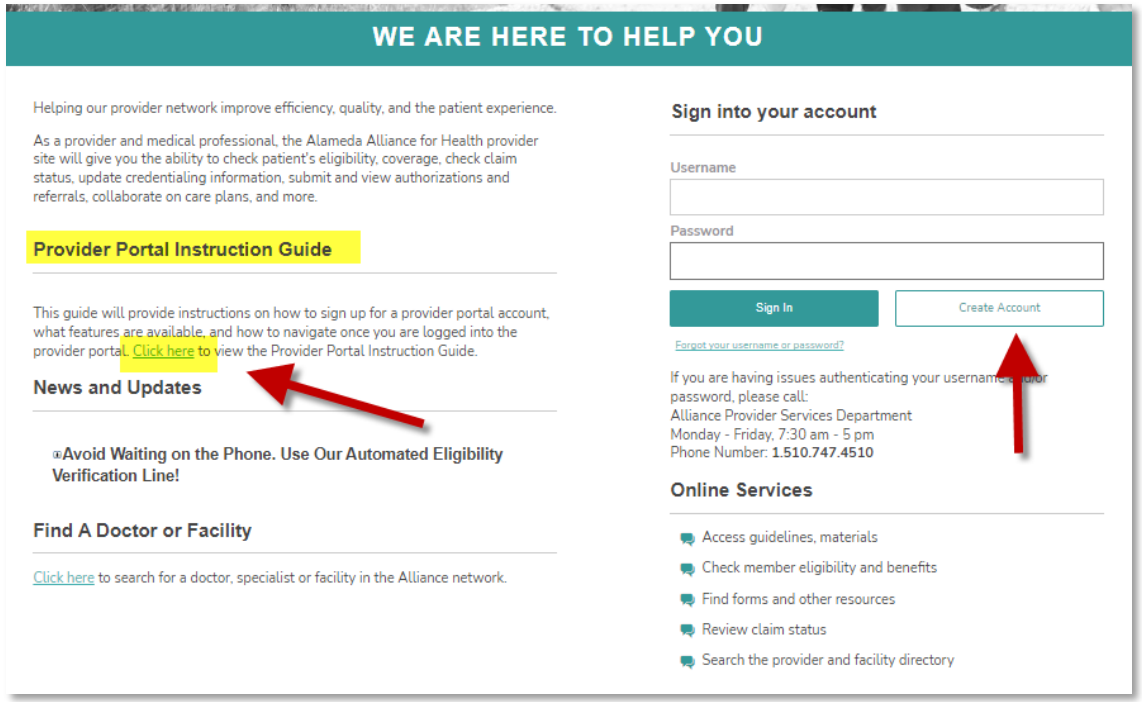
Alliance Provider Portal

- Visit **www.alamedaalliance.org**.
- Click the **Provider Portal** button at the upper right corner of the webpage.



Alliance Provider Portal (cont.)

- Create an account or sign in.
- The **Provider Portal Instruction Guide** is available from the landing page with instructions on how to use the portal and its functionality.



Navigating the Alliance Provider Portal to access the Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) Forms

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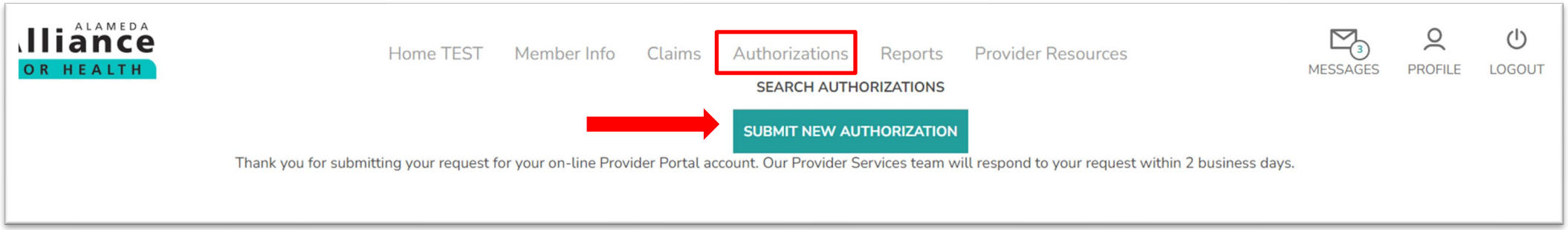
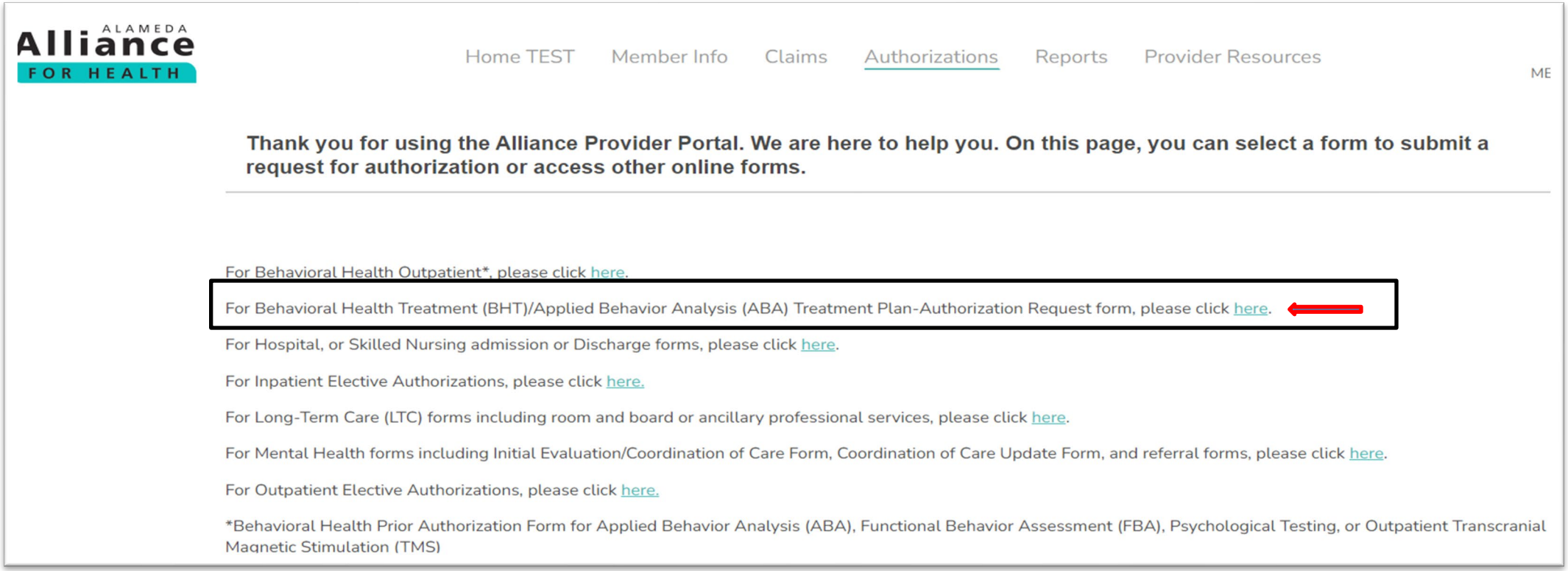
Accessing the BHT/ABA Authorization Form

- Hover over **Authorizations** from the menu bar
- Click **SUBMIT NEW AUTHORIZATION**



Submitting the BHT/ABA Treatment Plan-Authorization Form

- To access the form, click the teal text **here** next to **For Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) Treatment Plan-Authorization Request Form**.



Submit an Initial or Subsequent Treatment Plan (TP) Prior Authorization (PA) Form

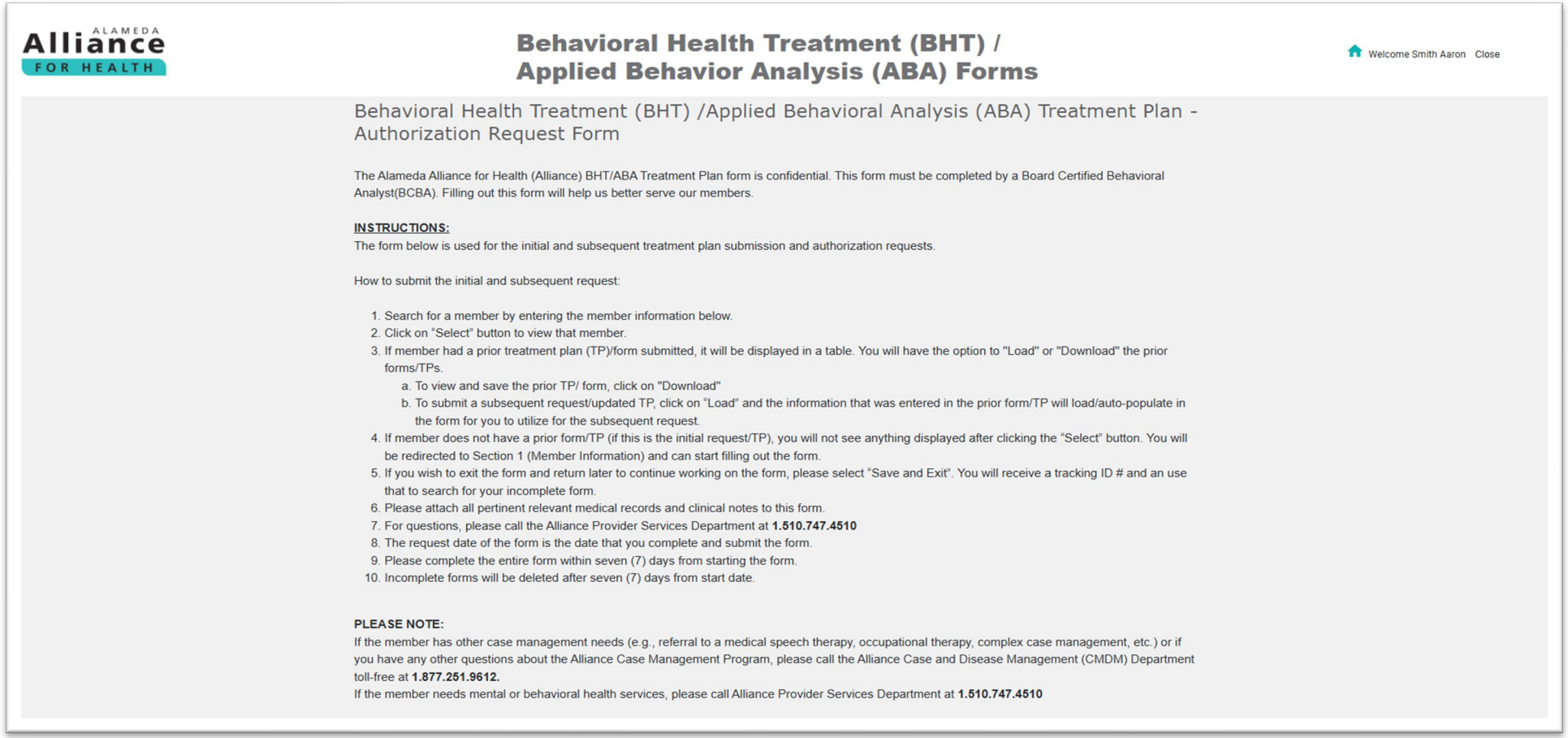
- To submit an initial or subsequent treatment plan (TP) prior authorization (PA) form that has **not yet** been initiated, click on **Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) Treatment Plan-Authorization Request Form**.

Click here to search for completed forms that were previously submitted. You can search by the tracking ID provided to you upon submission of that complete form.

Click here to search for any incomplete forms that you have saved and submitted but haven't yet completed. You can search by the tracking ID provided to you upon submission of that incomplete form.

Submit an Initial or Subsequent Treatment Plan (TP) Prior Authorization (PA) Form

- Please read the instructions before proceeding with the form!



ALAMEDA Alliance FOR HEALTH

Behavioral Health Treatment (BHT) / Applied Behavior Analysis (ABA) Forms

Welcome Smith Aaron Close

Behavioral Health Treatment (BHT) /Applied Behavioral Analysis (ABA) Treatment Plan - Authorization Request Form

The Alameda Alliance for Health (Alliance) BHT/ABA Treatment Plan form is confidential. This form must be completed by a Board Certified Behavioral Analyst(BCBA). Filling out this form will help us better serve our members.

INSTRUCTIONS:
The form below is used for the initial and subsequent treatment plan submission and authorization requests.

How to submit the initial and subsequent request:

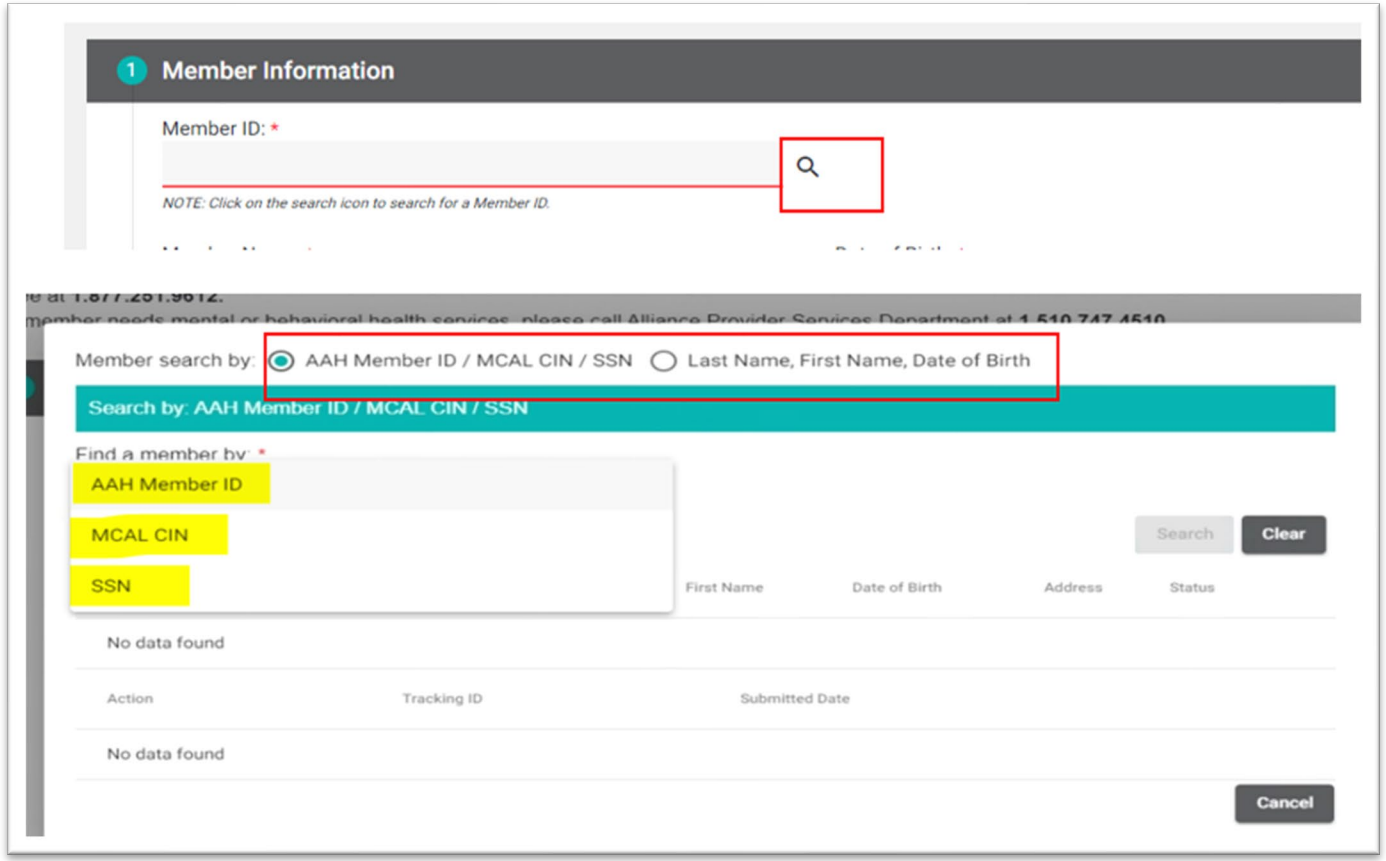
1. Search for a member by entering the member information below.
2. Click on "Select" button to view that member.
3. If member had a prior treatment plan (TP)/form submitted, it will be displayed in a table. You will have the option to "Load" or "Download" the prior forms/TPs.
   a. To view and save the prior TP/ form, click on "Download"
   b. To submit a subsequent request/updated TP, click on "Load" and the information that was entered in the prior form/TP will load/auto-populate in the form for you to utilize for the subsequent request.
4. If member does not have a prior form/TP (if this is the initial request/TP), you will not see anything displayed after clicking the "Select" button. You will be redirected to Section 1 (Member Information) and can start filling out the form.
5. If you wish to exit the form and return later to continue working on the form, please select "Save and Exit". You will receive a tracking ID # and an use that to search for your incomplete form.
6. Please attach all pertinent relevant medical records and clinical notes to this form.
7. For questions, please call the Alliance Provider Services Department at **1.510.747.4510**
8. The request date of the form is the date that you complete and submit the form.
9. Please complete the entire form within seven (7) days from starting the form.
10. Incomplete forms will be deleted after seven (7) days from start date.

PLEASE NOTE:
If the member has other case management needs (e.g., referral to a medical speech therapy, occupational therapy, complex case management, etc.) or if you have any other questions about the Alliance Case Management Program, please call the Alliance Case and Disease Management (CMDM) Department toll-free at **1.877.251.9612.**
If the member needs mental or behavioral health services, please call Alliance Provider Services Department at **1.510.747.4510**

How to Complete and Submit the Forms

Initial TP and Subsequent TP Form

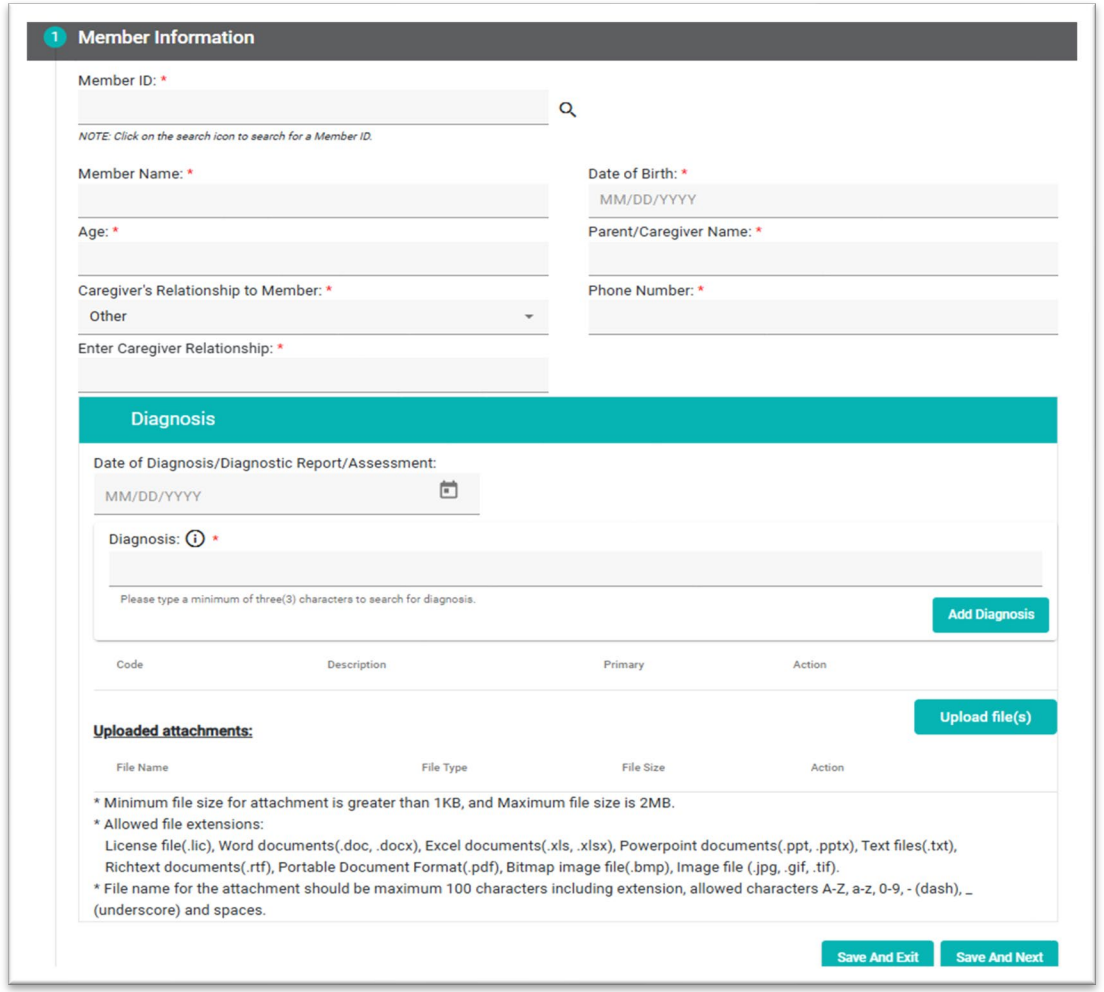
- **Section 1** – Member Information
  - Click the **magnifying glass** to search for member.
  - Select **Member ID/MCAL CIN/SSN** or **Name and Date of Birth**.
  - Click one (1) of the options highlighted in yellow to search by that category.
- Click **Save And Next** to proceed to the next section and continue with the form.



How to Complete and Submit the Forms (cont.)

Initial TP Form

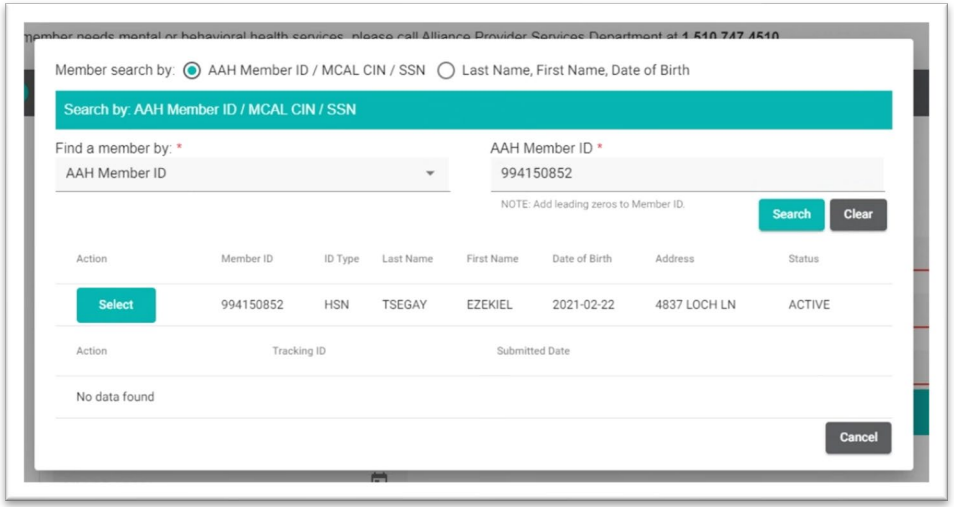
- If a member does not have a prior completed TP Form and this is the initial request for a treatment plan, you will not see anything displayed after clicking **Select**. You will be redirected to **Section 1 – Member Information** and can start filling out the form there.
- The member ID will display in the **Member ID** field. You will need to add the rest of the information and proceed to the next sections.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.

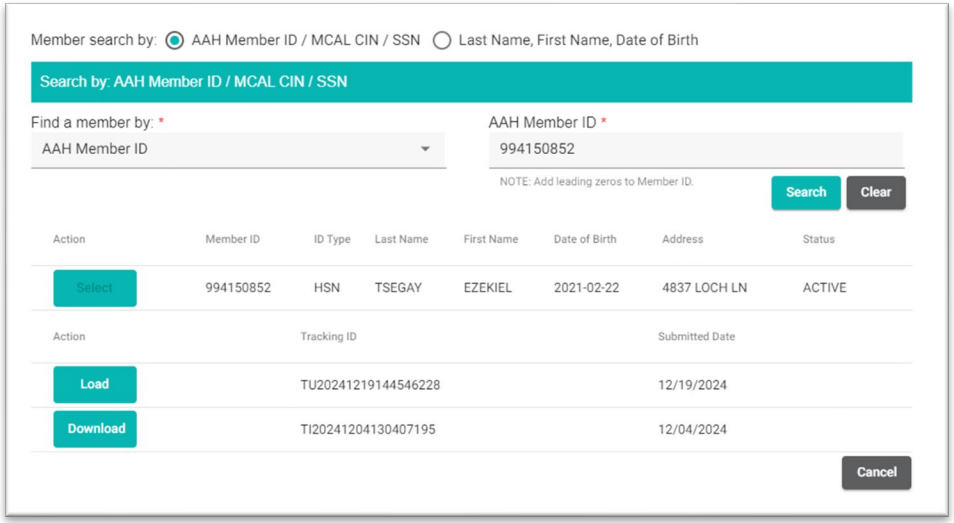


How to Complete and Submit the Forms (cont.)

Subsequent TP (Progress Report)

- If a member had a prior TP Form submitted, it will be displayed in the table once you click **Select**.
- To update and submit the subsequent TP requests (Progress Report), click **Load**.
- You will be redirected to **Section 1 – Member Information** to continue the form. The information that was entered in the prior form (the one you selected to load) will be populated in Section 1.
- You can edit and update the information in Section 1, if needed.
- The following slides will provide instructions for the remaining sections. For subsequent TP requests or prior authorization submissions, the information you entered in the prior form will be populated and you can edit and update the sections as needed. If the information remains the same, you do not need to re-enter it since it will already be there.

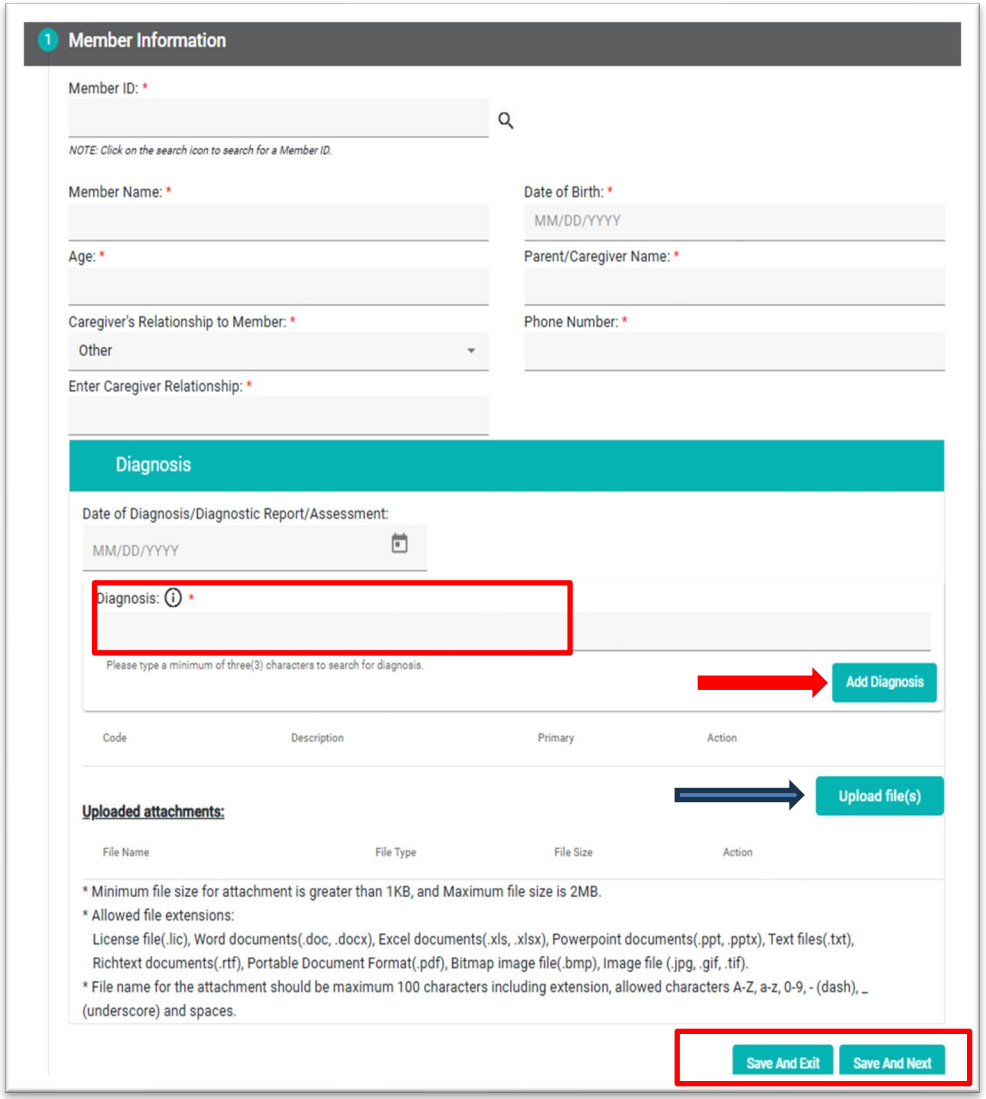




Treatment Plan (TP) Form

Section 1 – Member Information

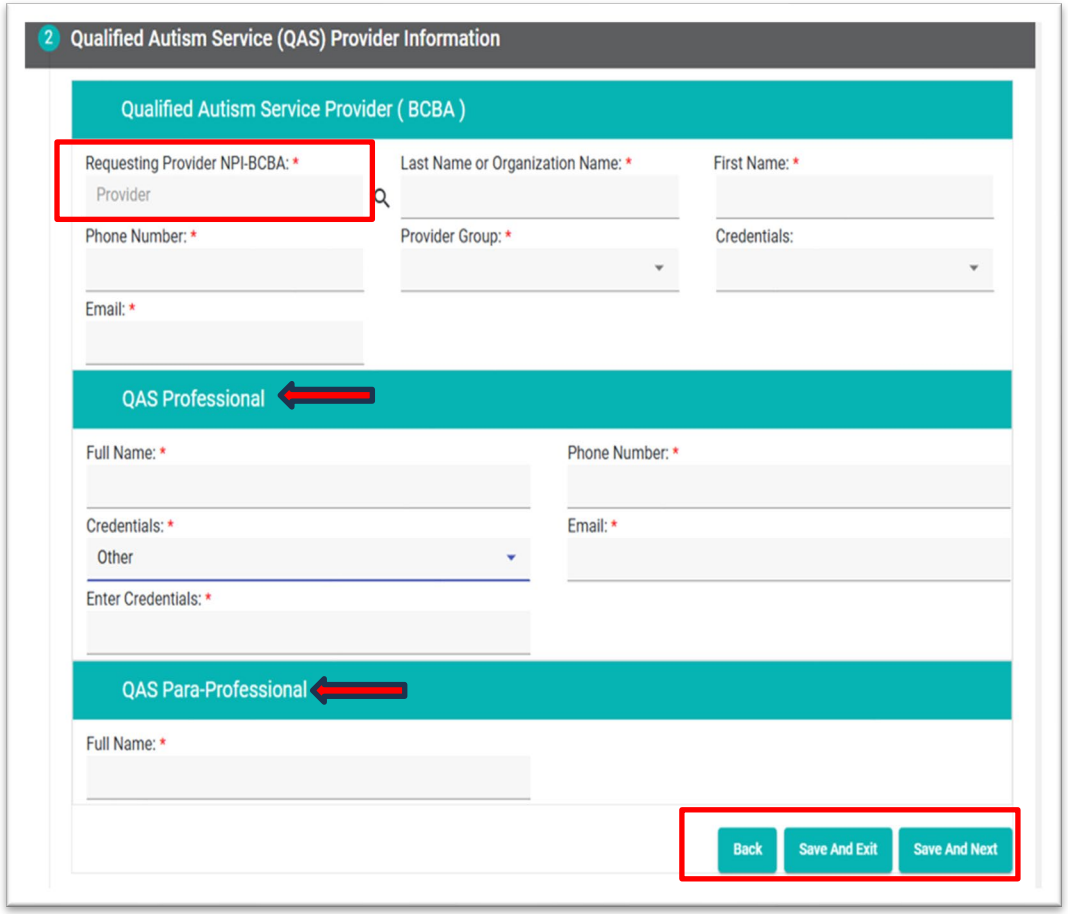
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- If the member does not have an established diagnosis (Dx), you can leave the **Date of Diagnosis** field blank.
- At least one (1) diagnosis code is required for prior authorization. If the member does not have an established Dx, enter **F98.9** or **F989**.
- Once you start entering the Dx code, you will see the options and can select the correct one.
- Click **Add Diagnosis** to add each code. This will appear in a table format.
- To add attachments (e.g., diagnostic assessments, primary care provider (PCP) referrals), click **Upload** and attach your files.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 2 – Provider Information

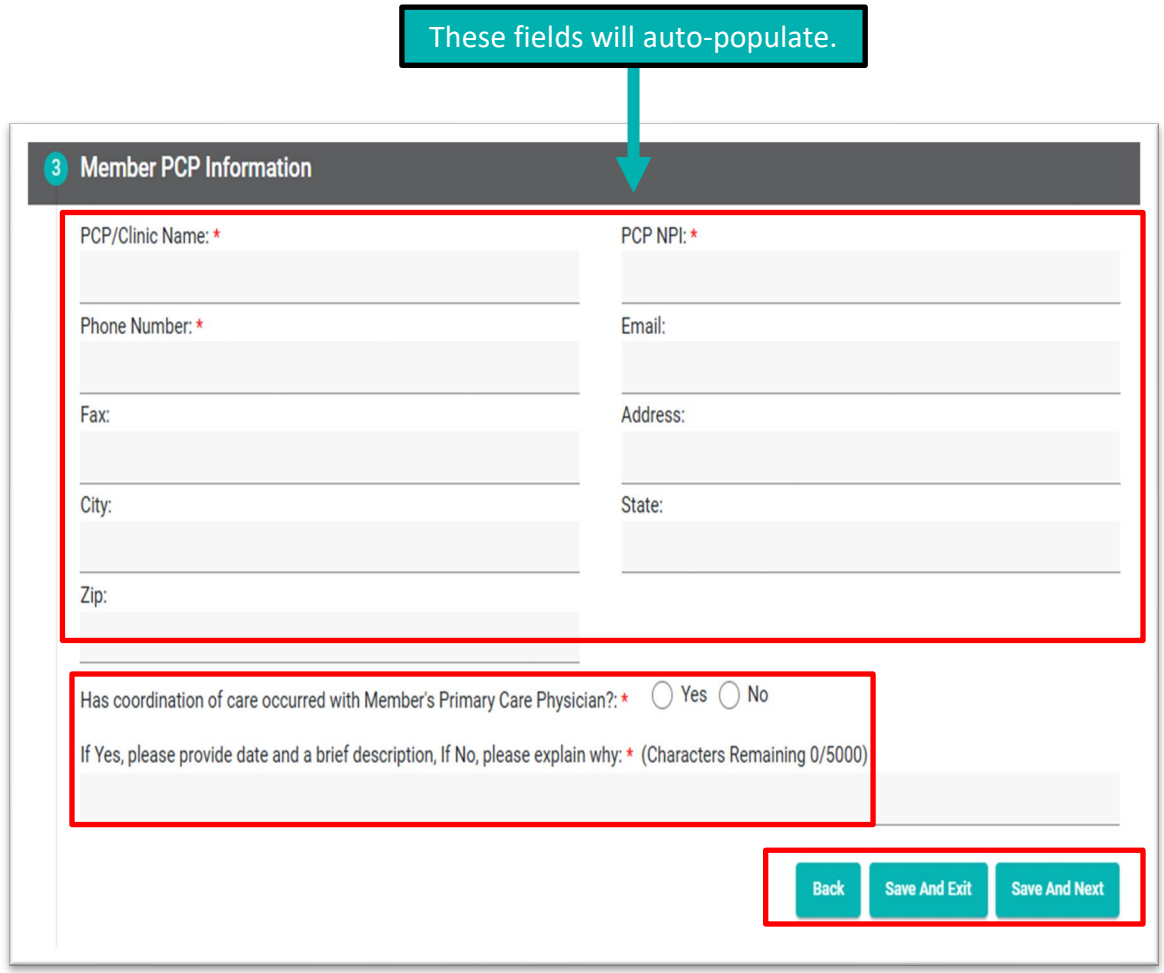
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- **Qualified Autism Services Provider (BCBA) –** Click the **magnifying glass** to search for requesting provider by provider **NPI**, **TIN**, or **Last Name/Organization** and **First Name**. This will be the individual our team will usually contact if we have clinical questions regarding members' TPs.
- **QAS Professional (this may be the mid-level supervisor) –** Enter this individual's information in the fields.
- **QAS Para-Professional (this is the BI/Behavior Therapist) –** Enter this individual's name.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 3 – Member PCP Information

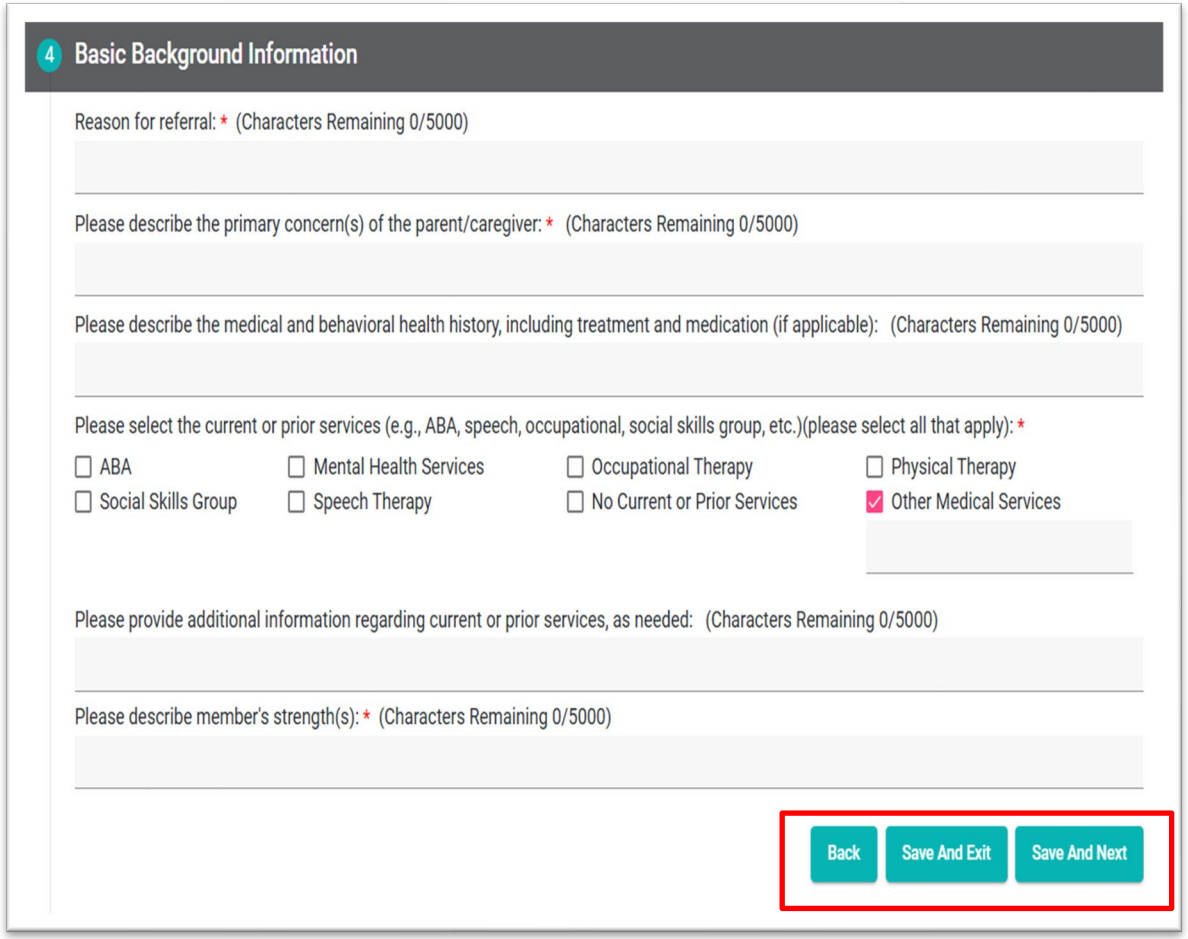
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- The PCP information should auto-populate in the appropriate fields based on the member ID. If the member does not have an assigned PCP, you will see a note indicating that.
- Complete the next required sections regarding care coordination with the member's PCP.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 4 – Basic Background Information

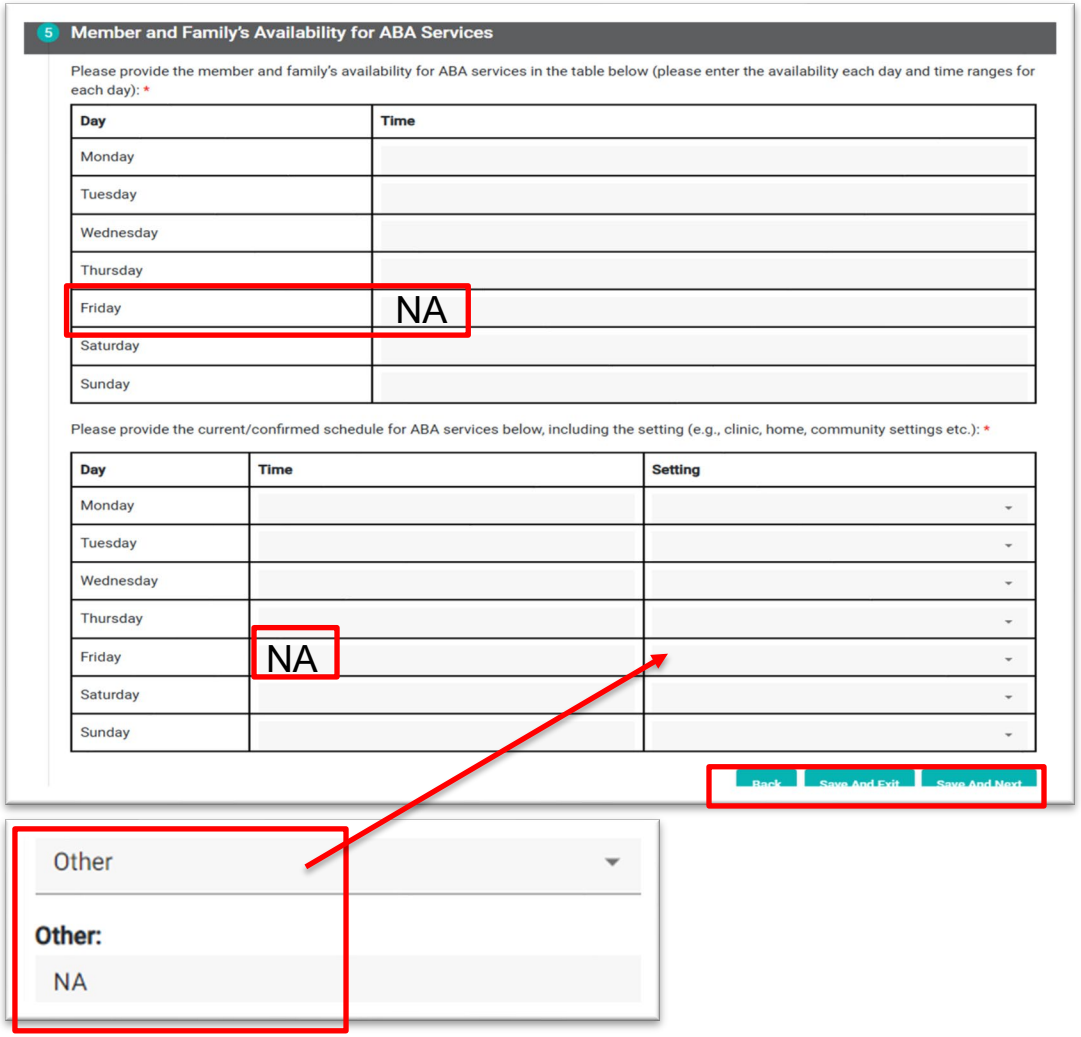
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- For the **current or prior services** section, select the appropriate option.
  - If the member is not receiving any other services, select **No Current or Prior Services**.
  - If none apply, select **Other** and enter the information in the text box.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 4 – Basic Background Information

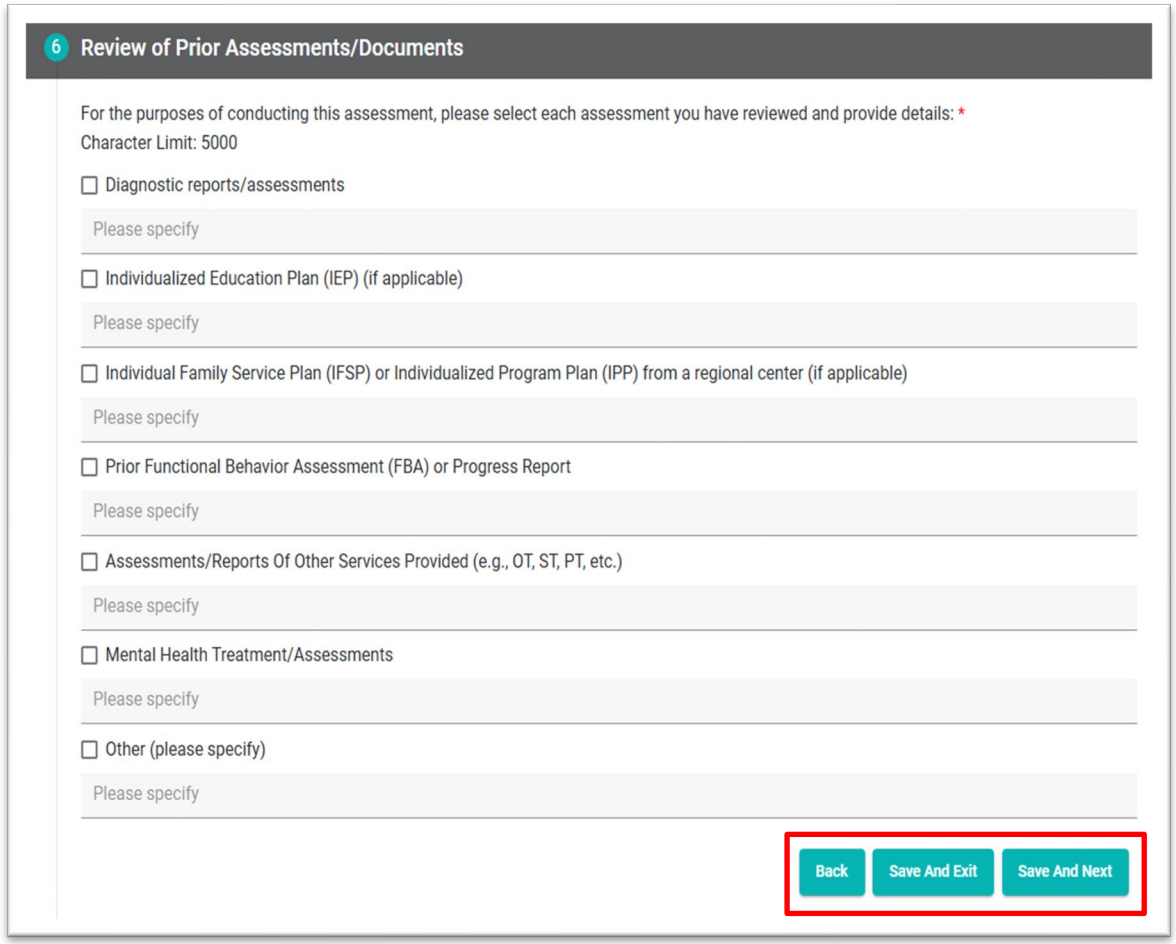
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- If the member has availability on that day, type in the time range in **Time** column next to each day (e.g., 2pm-5pm). If member is not available on that day (e.g., Friday), type in **N/A** in the **Time** column next to that day of the week.
- In the next table, list the member's current/proposed schedule for ABA treatment. Select the setting from the drop-down options in the **Setting** column. If member is not available on that day (e.g., Friday), type in **N/A** in the **Time** column and select **Other** from the **Settings** options and type in **N/A** as displayed in the example here.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 6 – Review of Prior Assessments/Documents

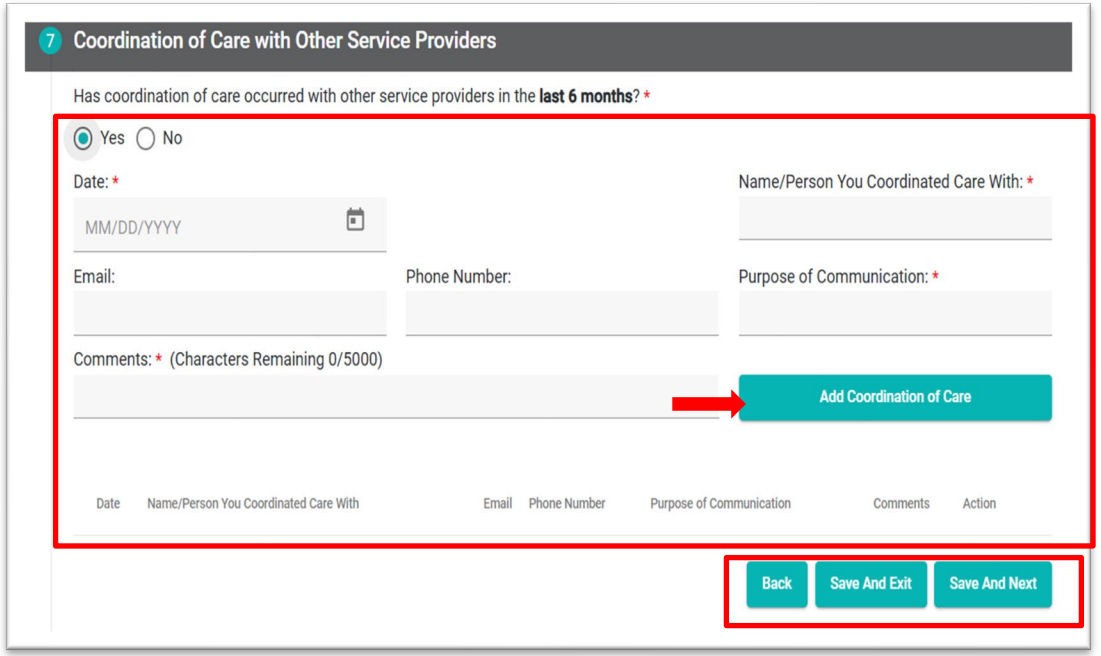
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- You must select at least one (1) option from the list provided. Provide a brief description of what was reviewed and any clinically relevant information that you think is important to note.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.

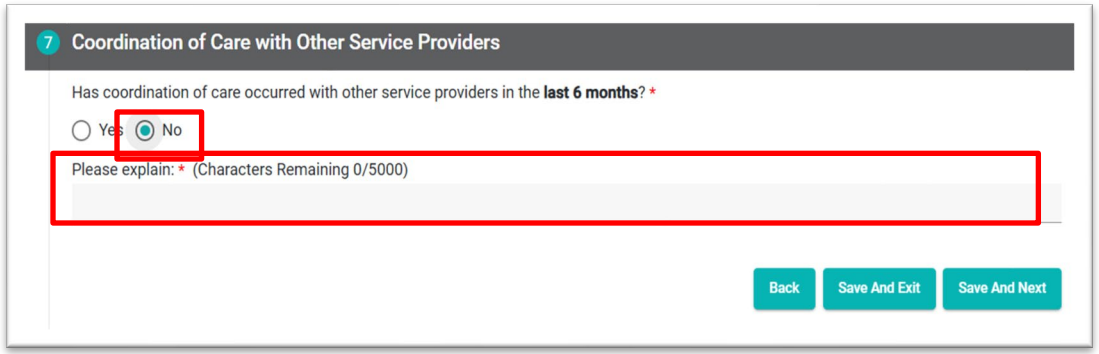


Treatment Plan (TP) Form (cont.)

Section 7 – Coordination of Care with other Service Providers (in the last six (6) months)

- Complete all fields that apply. Required fields are marked with an asterisk (*).
- You must select **Yes** or **No**.
  - If you select **Yes**, complete all fields that apply and are required. If care coordination occurred with multiple individuals, you can add their information one-by-one. Once you add the first individual, click **Add Coordination of Care** and that individual will be listed in a table. You can then add additional individuals, if needed.
  - If you select **No**, please add your explanation in the text field.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.

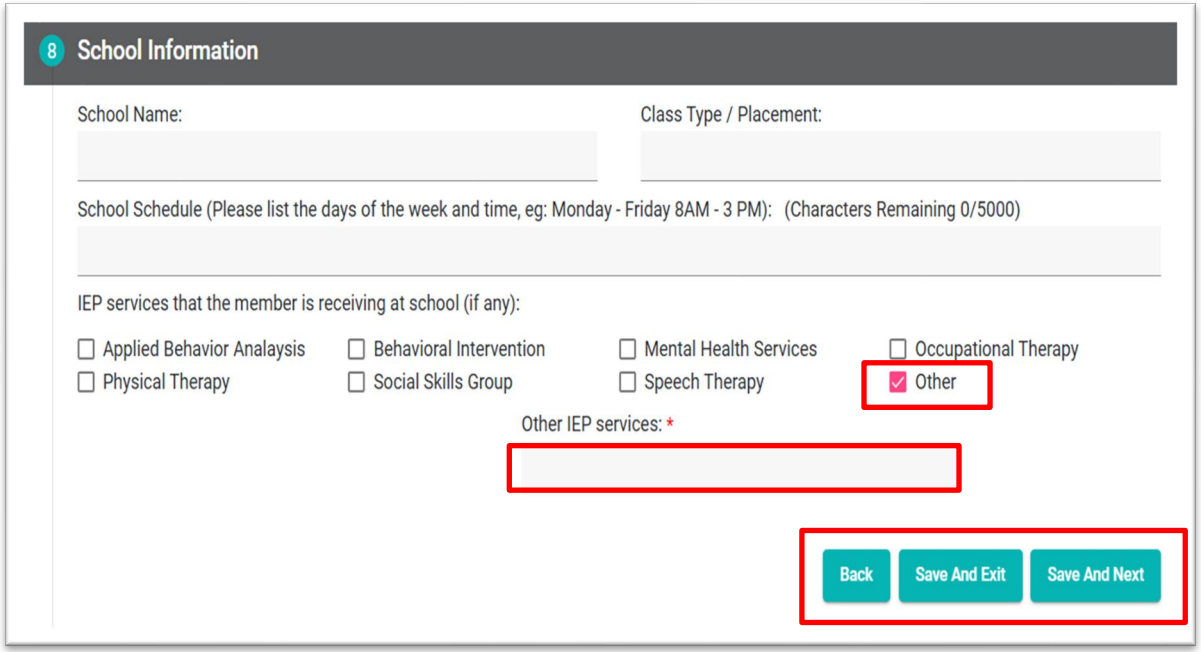




Treatment Plan (TP) Form (cont.)

Section 8 – School Information

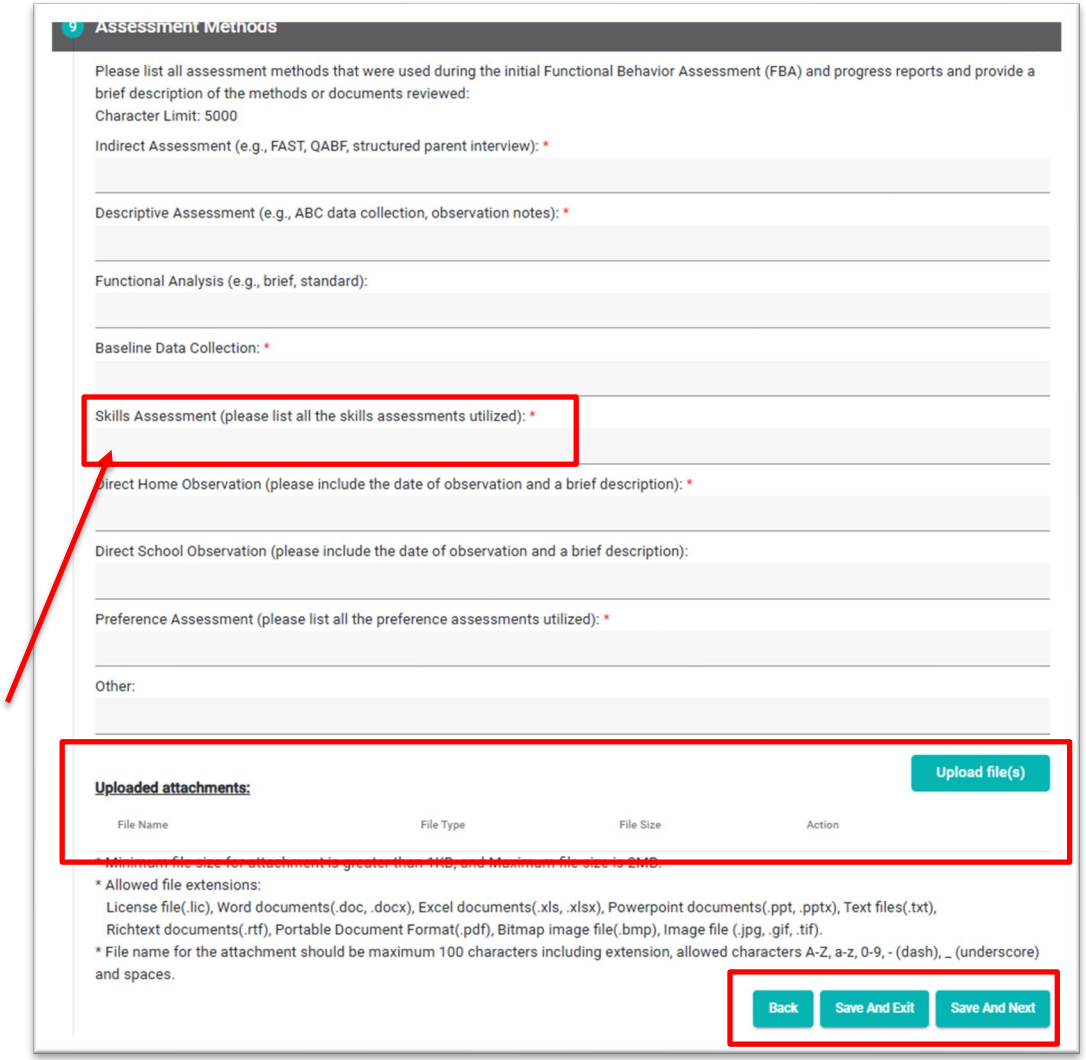
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- If the member is not attending school/not school-aged, you do not need to enter anything in this section.
- If the member is attending school and has an active Individual Education Plan (IEP), please select the services the member is receiving at school. If none apply, select **Other** and list the other IEP service/services.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 9 – Assessment Methods

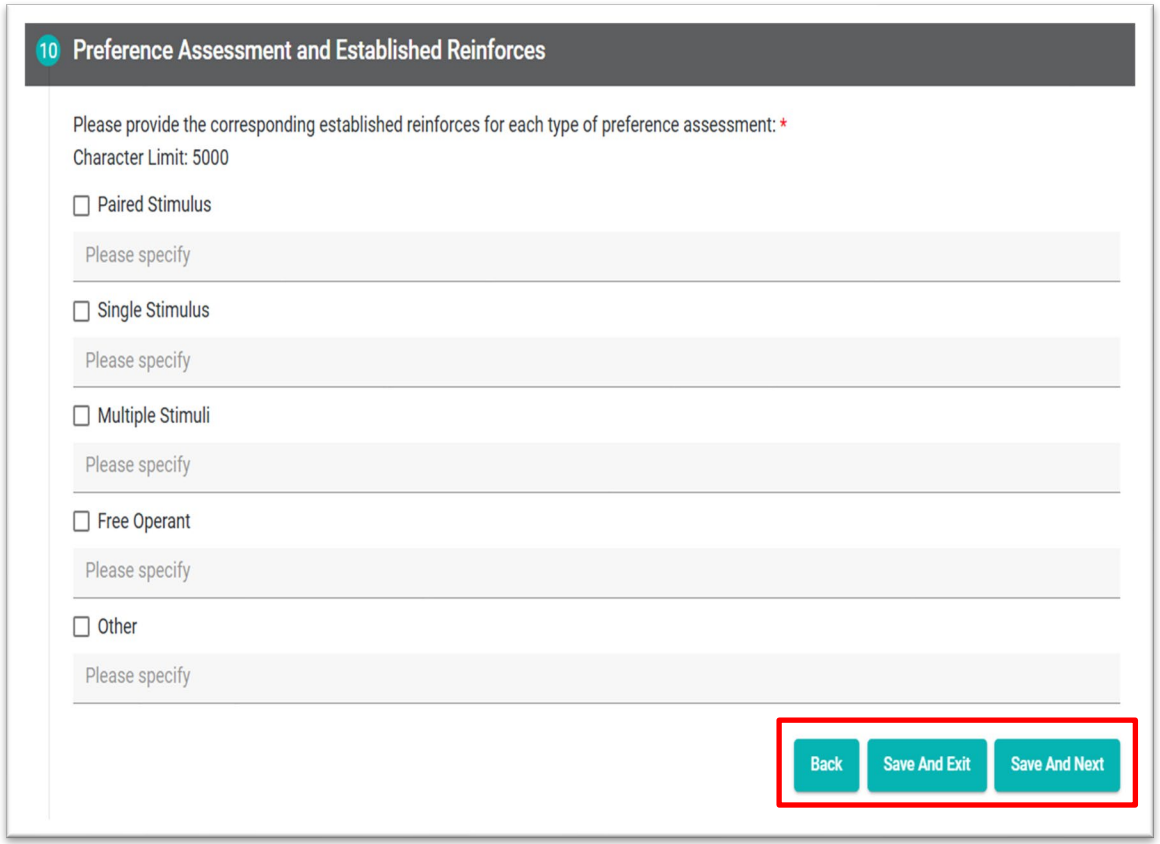
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- If you did not utilize any of the assessment methods listed here or the FBA was not warranted, type in **N/A** in the required fields and add your notes/explanation in the **Other** field.
- To add attachments, click **Upload File(s)** and upload your attachments. Each attachment will then appear in the **Uploaded attachments** table.
- For the **Skills Assessment**, please note that you will be asked to provide the results for the skills assessment(s) and additional details in **Section 11 – Skills Assessment**.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 10 – Preference Assessment and Established Reinforcers

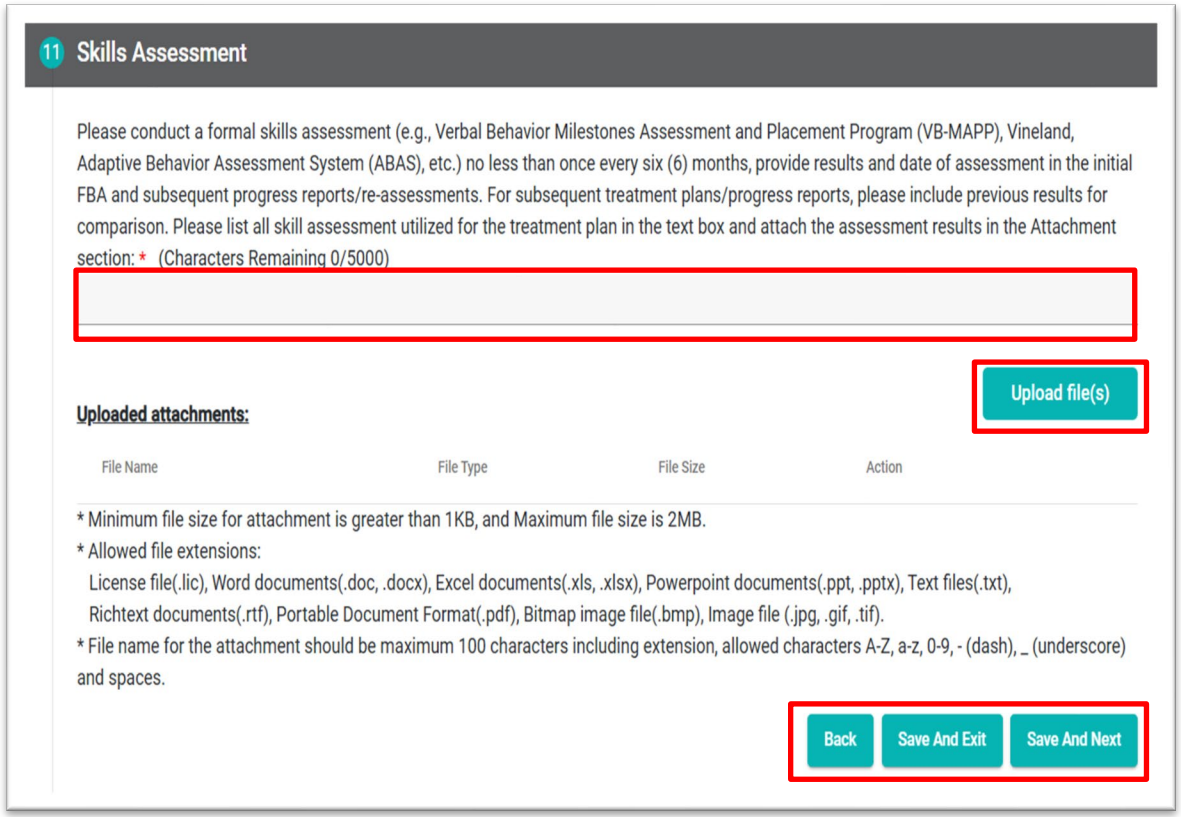
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- At least one (1) is required.
  - **Please Note:** These are examples of commonly used preference assessments, if none apply or you would like to add additional methods not listed here, please select **Other** and enter the other methods used/details in the **Other** field.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 11 – Skills Assessment

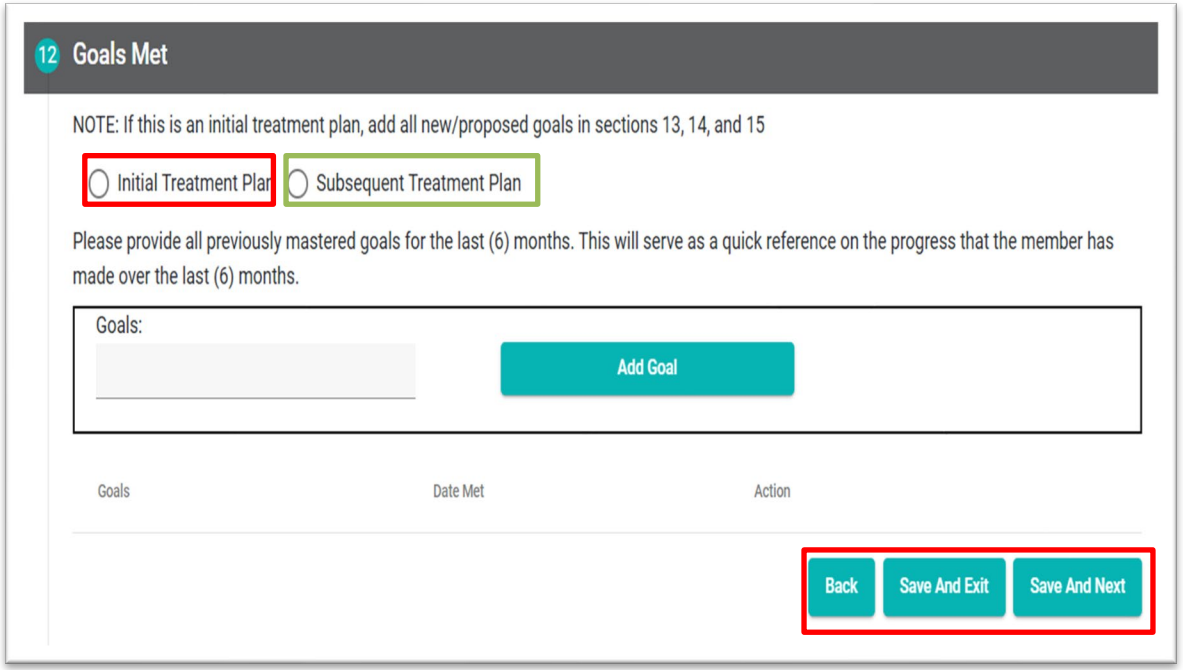
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- Please read the instructions and list the **Skills Assessments** utilized during this assessment process (e.g., Vineland, VB-MAPP). At least one (1) is required. The assessment results should be updated every six (6) months and included in the subsequent requests.
- To add the results of the assessment (graphs/tables), click **Upload File(s)** and upload your attachments. Each attachment will then appear in the **Uploaded attachments** table.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 12 – Goals Met

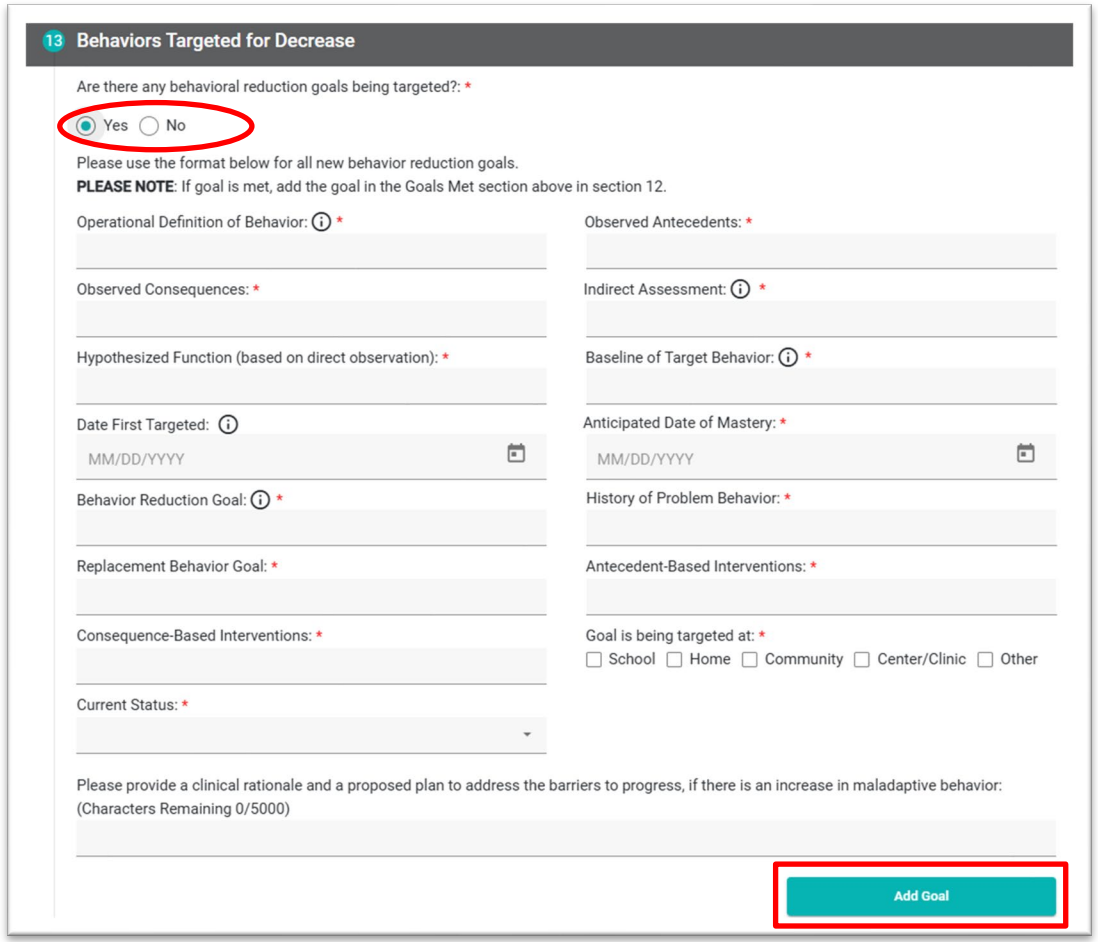
- When completing the initial assessment, select **Initial Treatment Plan**. You do not need to complete this section for the Initial TP Form submission.
- When completing the subsequent form/submitting the progress report, select **Subsequent Treatment Plan**. Add the goals that were met in the last authorization period in this section. Once you are done adding the goal, click **Add Goal**. The goals will be listed in a table on this page.
- If member did not meet any goals during last authorization period, you can leave it blank.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 13 – Behaviors Targeted for Decrease

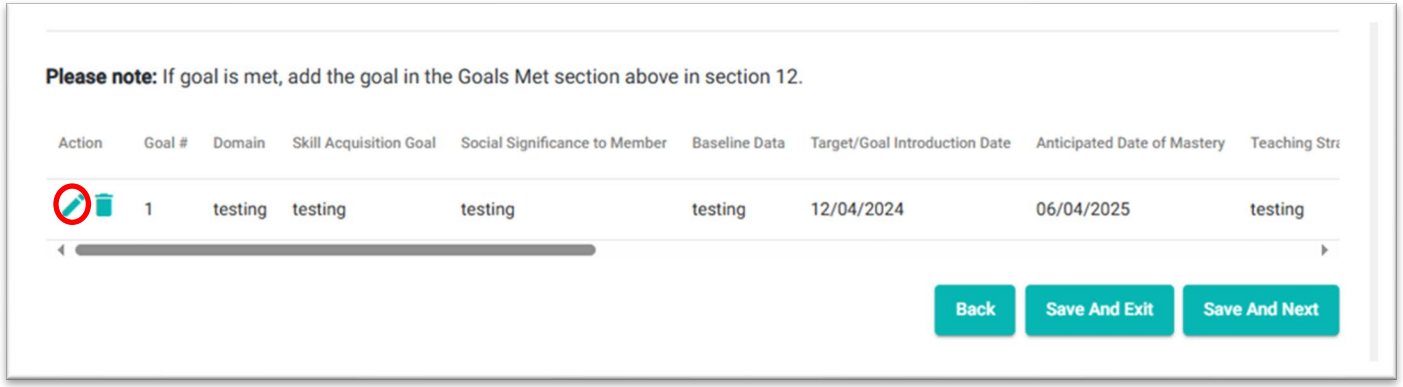
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- Select if there are behavior reduction goals being targeted.
  - If there are no behavioral reduction goals or behavioral concerns that need to be targeted in the member's TP Form, select **No**. If you select **No**, you do not need to complete the remainder of this section.
  - If you are proposing behavior reduction goals, select **Yes** and complete the rest of the fields for each goal.
- The yellow highlighted field on the right is not required and should only be completed if it applies to the member/member's TP.
- Click **Add Goal** after each goal and enter the details. The details that you entered in each field will be transferred to a table in this section.
  - You can edit the goal and details or delete the goal from the table, as needed.
    - → The **pencil** icon allows you to edit.
    - → The **trash can** icon allows you to delete.

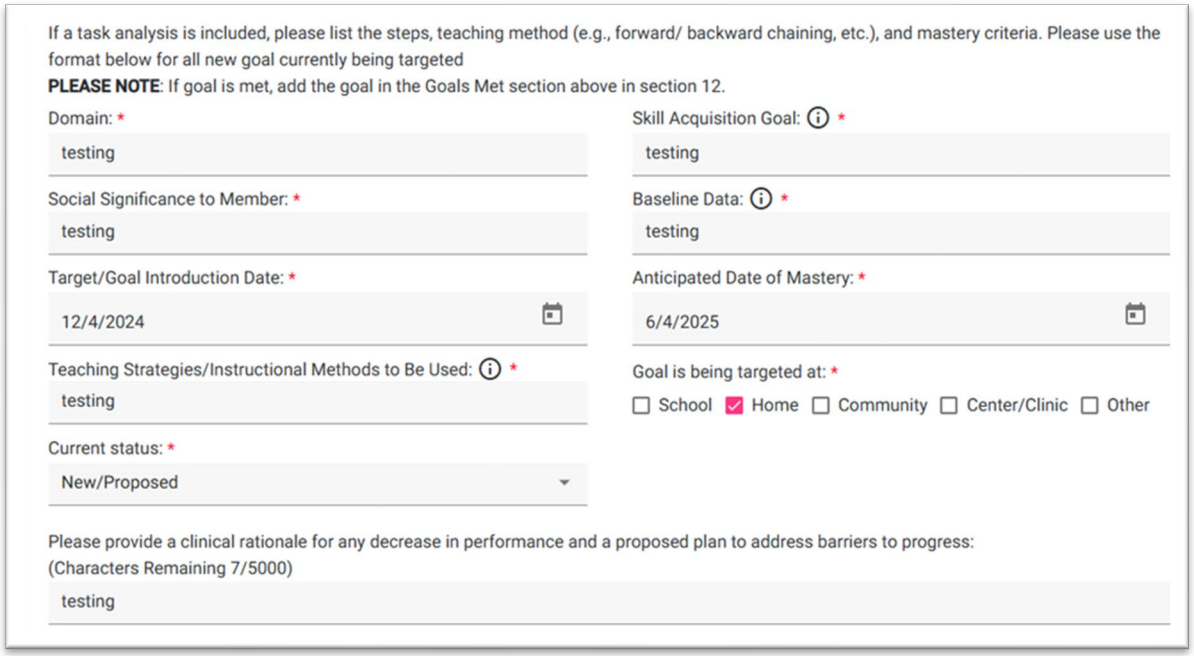


Treatment Plan (TP) Form (cont.)

Section 13 – Section 15 (Updating Goals)

- Complete all fields that apply. Required fields are marked with an asterisk (*).
- In Sections 13-15: The subsequent requests/TPs goals that were added in the prior TP section will appear in a table.
- To update the goal/progress status, click the **pencil** icon. The goal details will auto-populate in the corresponding fields for you to make updates and edits.

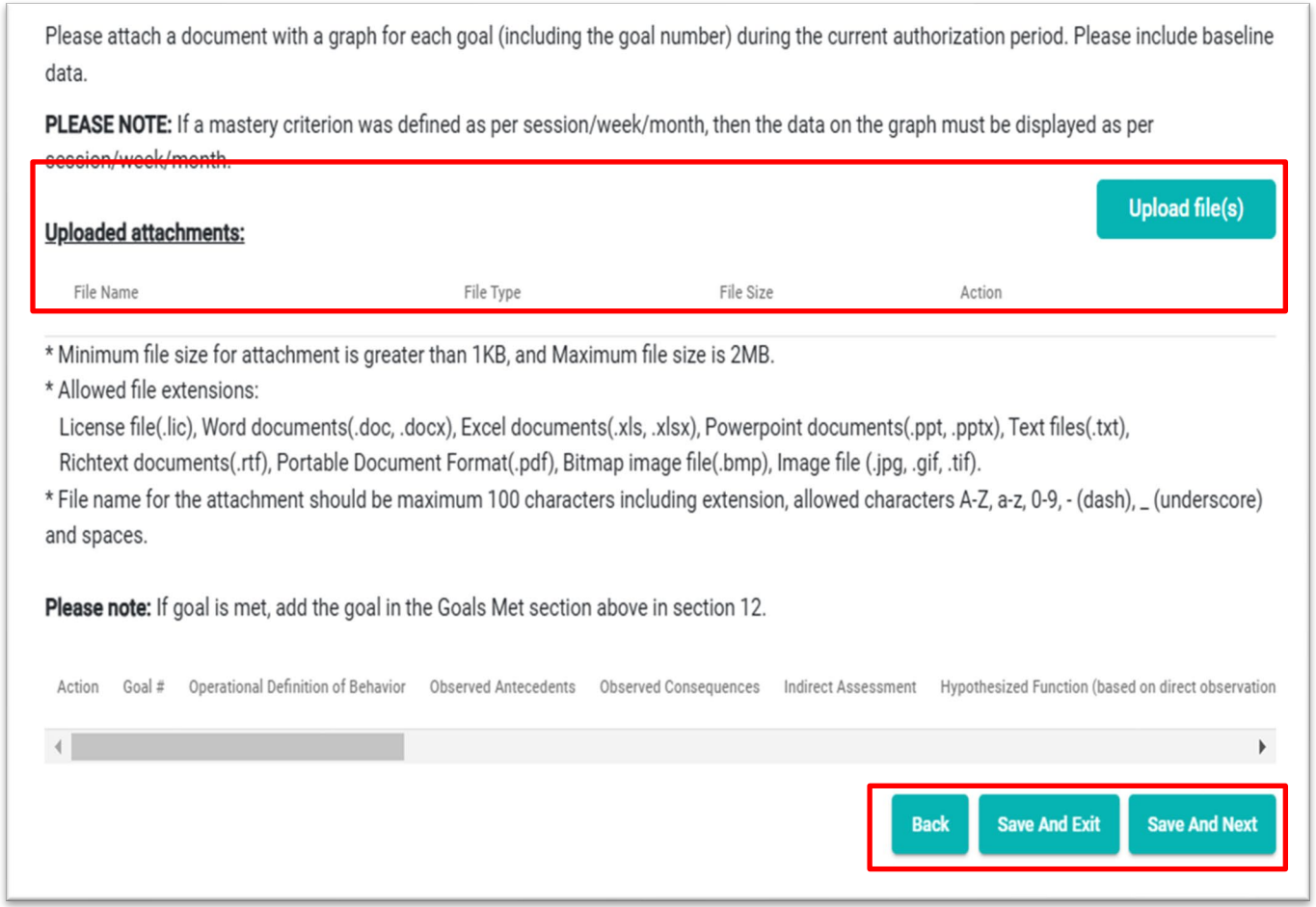




Treatment Plan (TP) Form (cont.)

Section 13 (cont.)

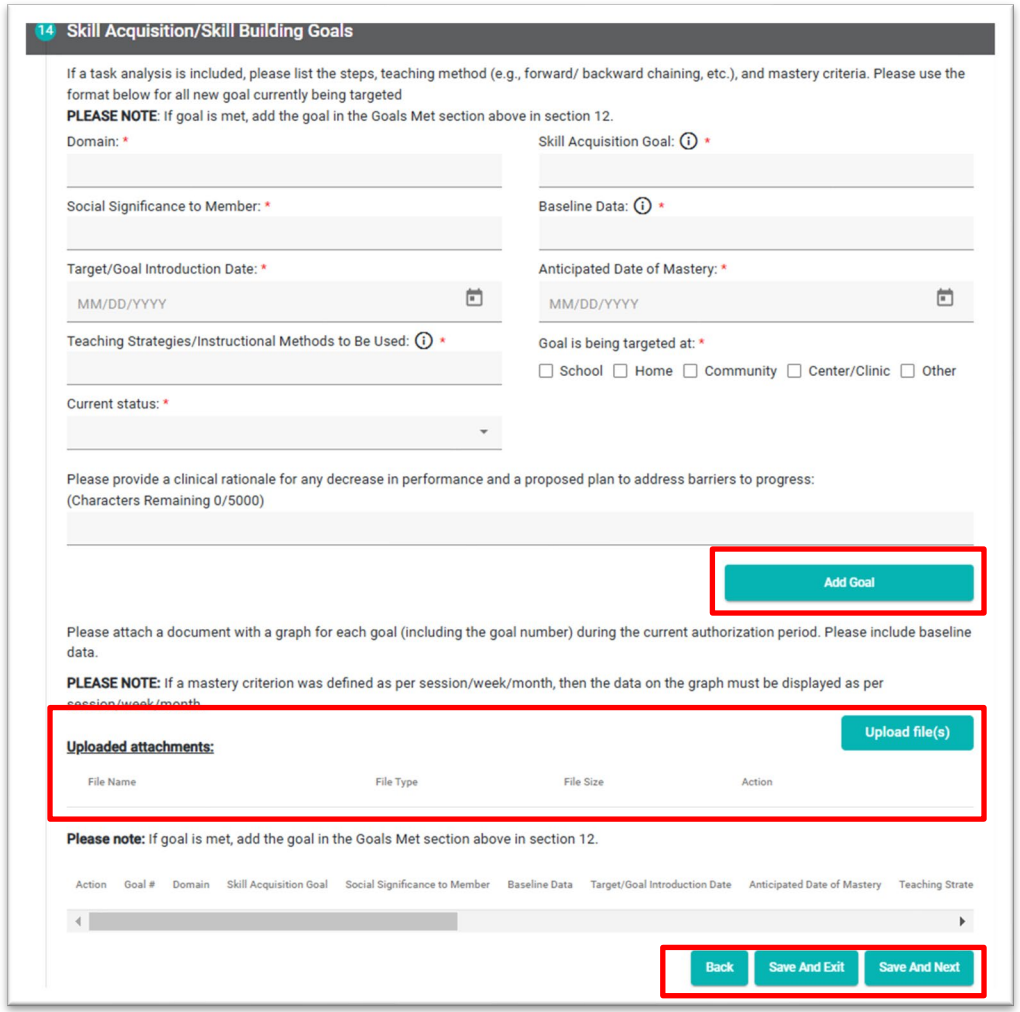
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- To add graphs, tables, or any other document, click **Upload File(s)** and upload your attachments. Each attachment will then appear in the **Uploaded attachments** table.
  - Progress data is **not required** for the Initial TP Form.
  - Progress data is **required** for subsequent treatment plans/progress reports.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 14 – Skill Acquisition/Skill Building Goals

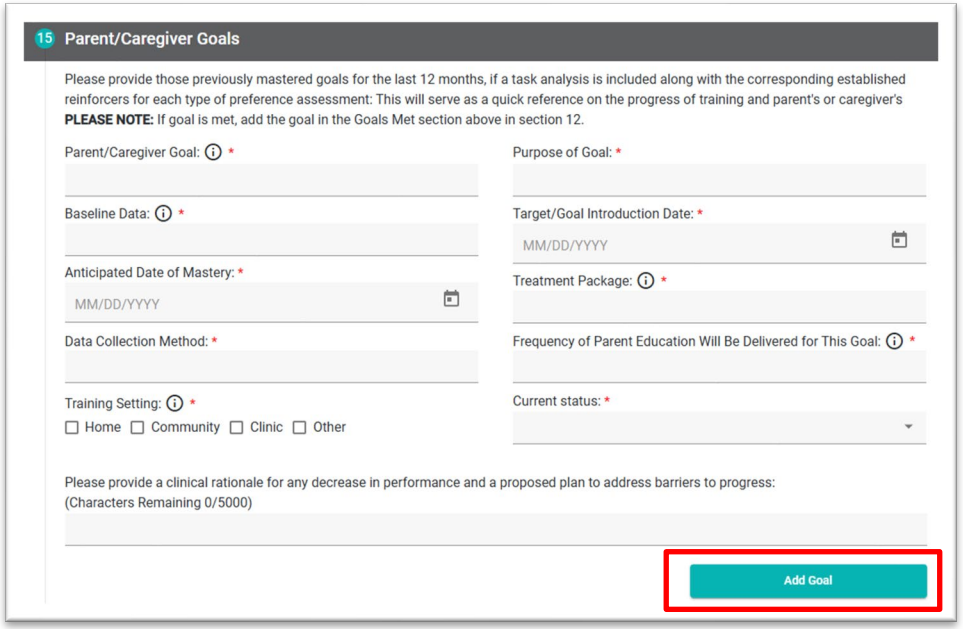
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- Enter each goal you are planning to target or are proposing.
- Click **Add Goal** after each goal and enter the details. The details that you entered in each field will be transferred to a table in this section.
  - You can edit the goal and details or delete the goal from the table, as needed.
    - → The **pencil** icon allows you to edit.
    - → The **trash can** icon allows you to delete.
- The highlighted field is not required and should only be completed if it applies to member/member's TP.
- To add graphs, tables, or any other document, click **Upload File(s)** and upload your attachments. Each attachment will then appear in the **Uploaded attachments** table.
  - Progress data is **not required** for the Initial TP Form.
  - Progress data is **required** for subsequent treatment plans/progress reports.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.

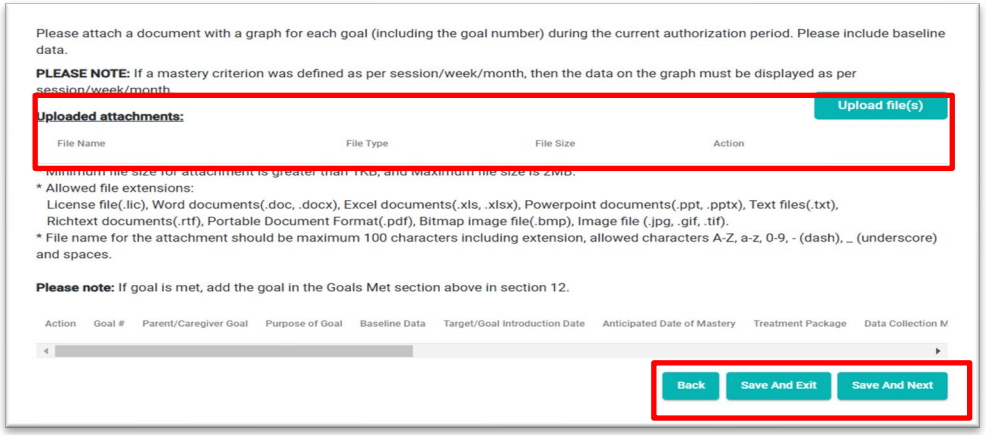


Treatment Plan (TP) Form (cont.)

Section 15 – Parent/Caregiver Goals

- Complete all fields that apply. Required fields are marked with an asterisk (*).
- Enter each goal you are planning to target and are proposing.
- Click **Add Goal** after each goal and enter the details. The details that you entered in each field will be transferred to a table in this section.
  - You can edit the goal and details or delete the goal from the table, as needed.
    - → The **pencil** icon allows you to edit.
    - → The **trash can** icon allows you to delete.
- The highlighted field is not required and should only be completed if it applies to member/member's TP.
- To add graphs, tables, or any other document, click **Upload File(s)** and upload your attachments. Each attachment will then appear in the **Uploaded attachments** table.
  - Progress data is **not required** for the Initial TP Form.
  - Progress data is **required** for subsequent treatment plans/progress reports.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.

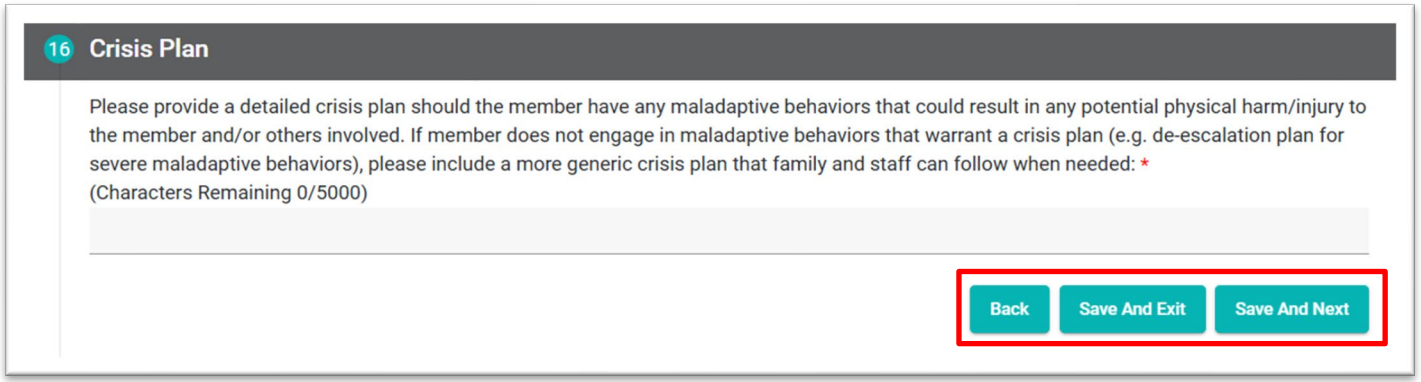




Treatment Plan (TP) Form (cont.)

Section 16 – Crisis Plan

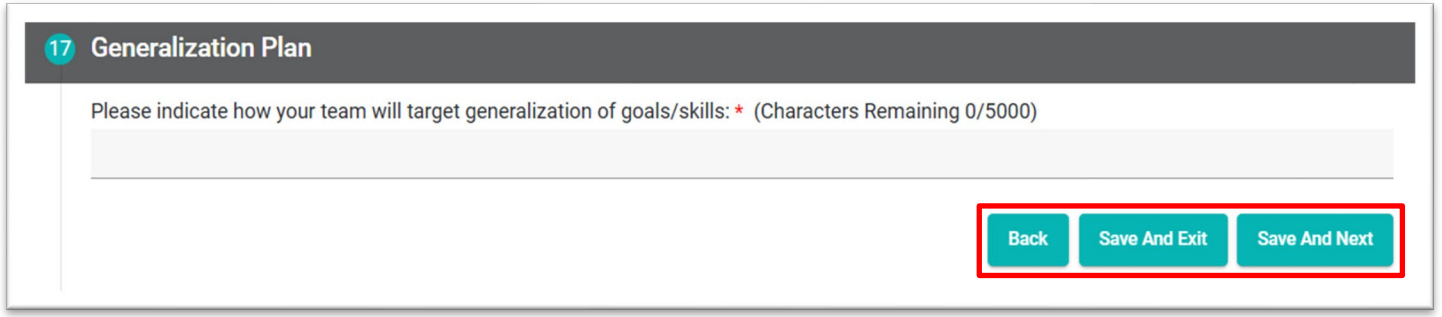
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- If the member does not engage in any behaviors that warrant a crisis plan, please add that in the field. You can also add a more generic crisis plan.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 17 – Generalization Plan

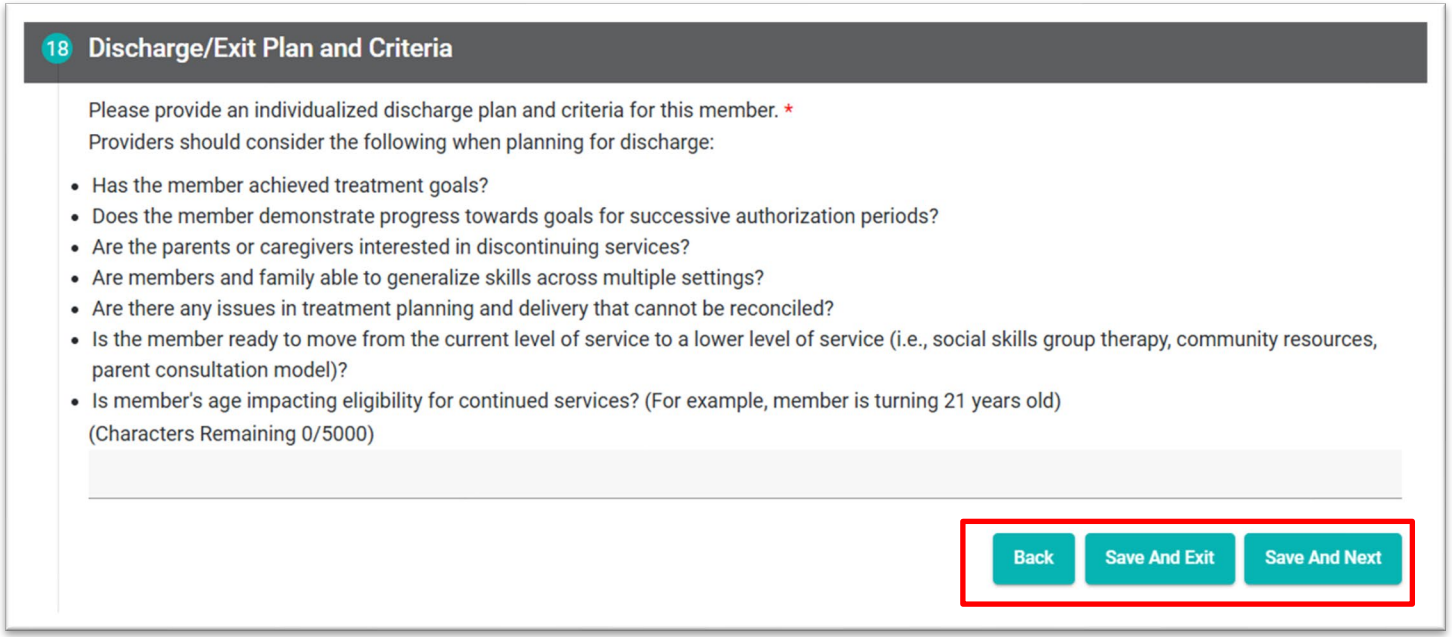
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 18 – Discharge/Exit Plan and Criteria

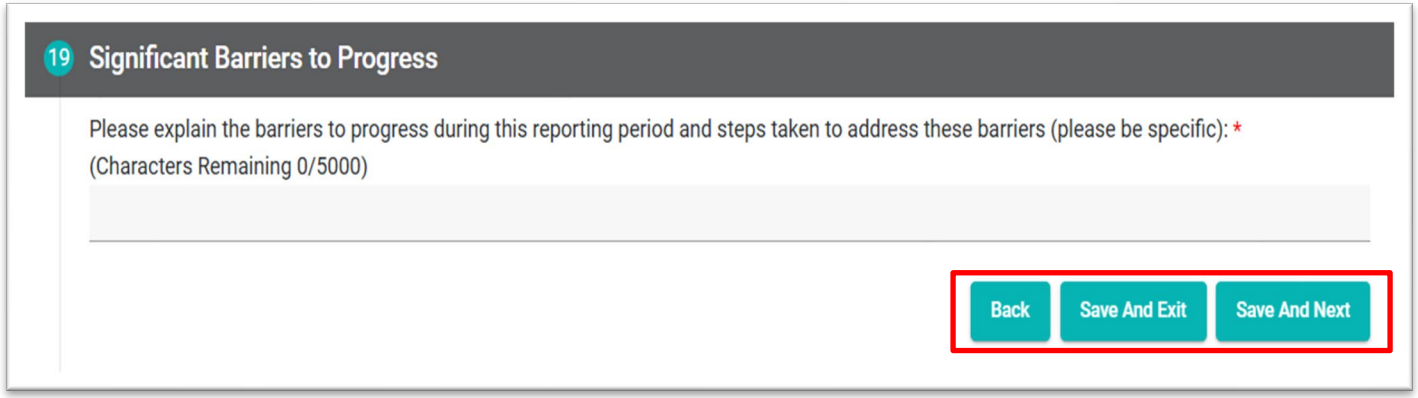
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 19 – Significant Barriers to Progress

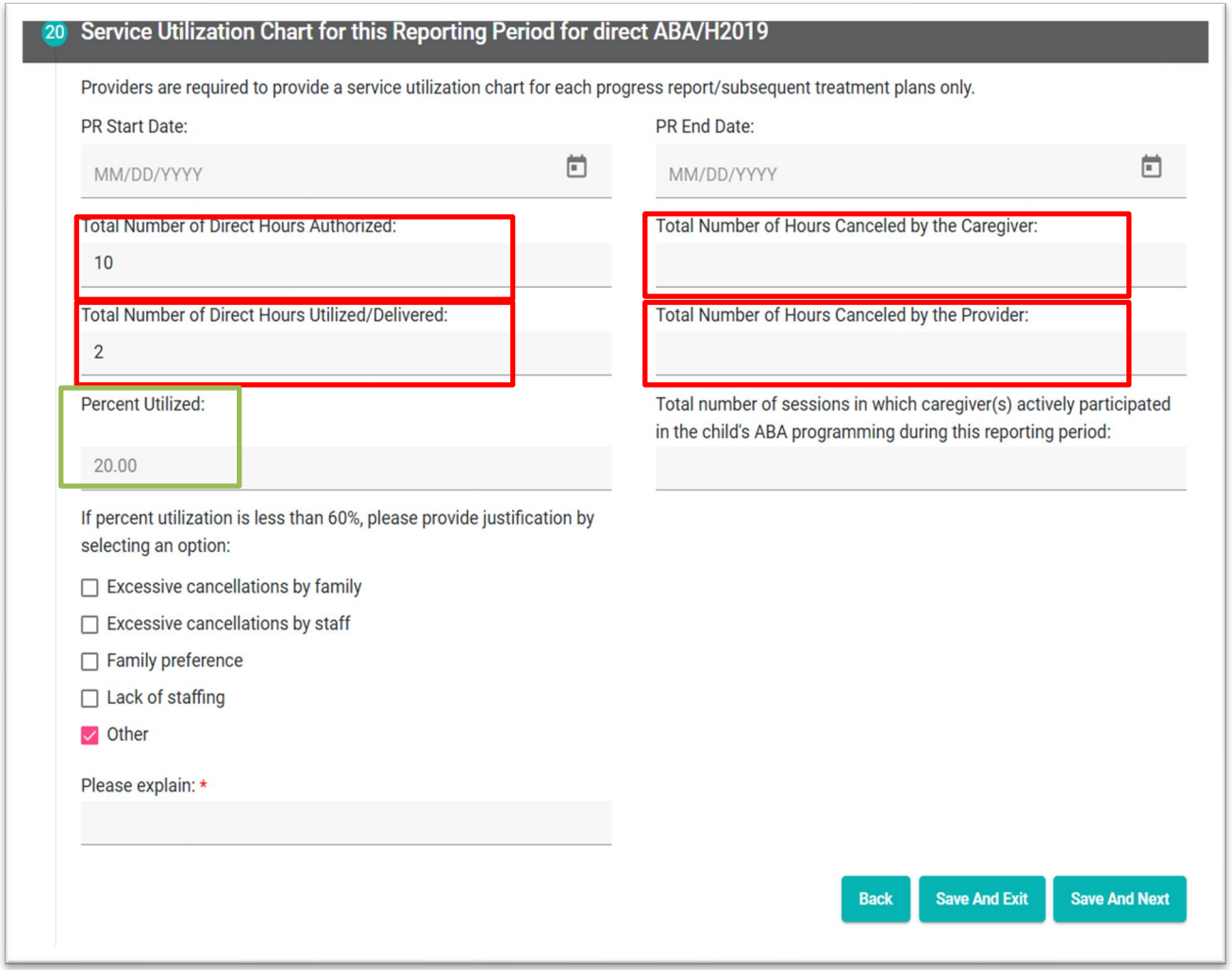
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- If there are no barriers to report, please type in **N/A** in this field.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 20 – Service Utilization Chart

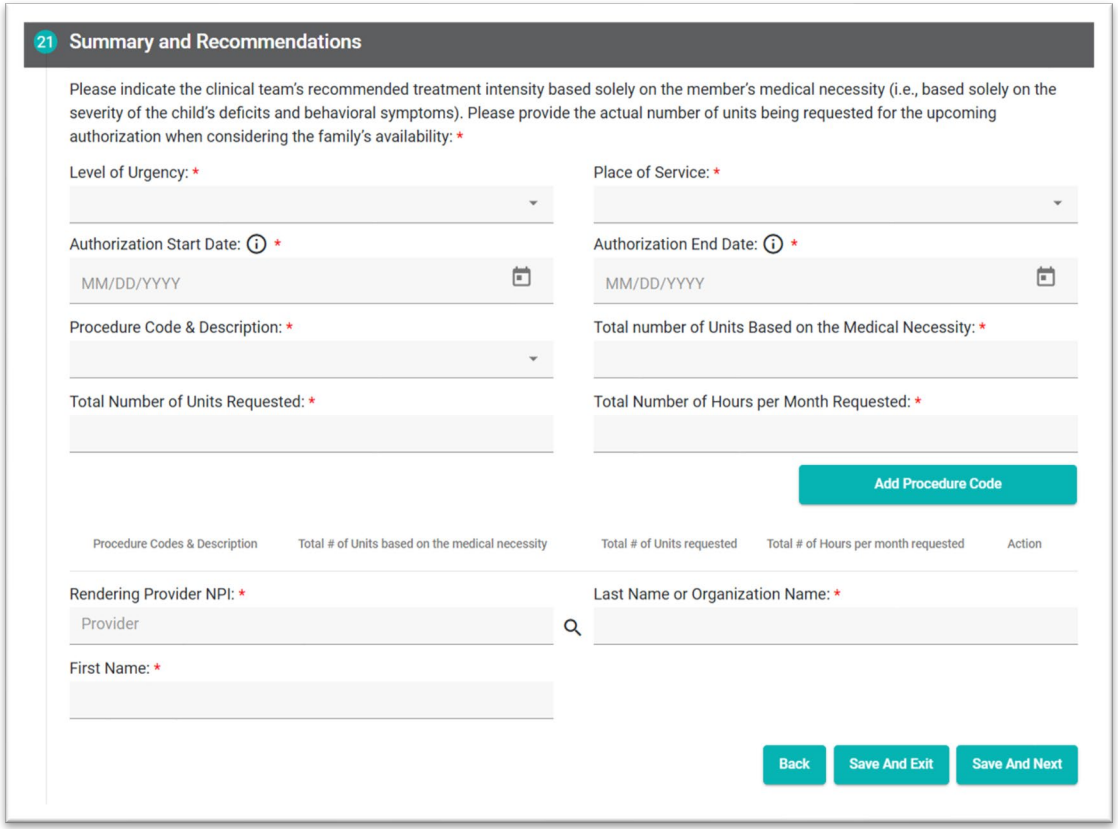
- This section is not required for the Initial TP Form.
- For the subsequent request, please complete all the fields to indicate the hours utilized during the last authorization period. The **Percent Utilized** will be auto-calculated once the other fields are filled out.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.



Treatment Plan (TP) Form (cont.)

Section 21 – Summary and Recommendations

- Complete all fields that apply. Required fields are marked with an asterisk (*).
- If the **Level of Urgency is Routine** – Our ABA team has up to five (5) business days to make the determination (approve, deny, or request for more information). For routine requests, the authorization end date will automatically be set to six (6) months form the request date.
- If **the Level of Urgency is Retro/Post Service** – Please review the instructions our team provided for how to submit retro requests. Our ABA team has up to 30 calendar days to make the determination (approve, deny, or request for more information).
- **Place of Services** – Where services will take place. Select the appropriate option.
- **Procedure codes** – Once you start typing in the code, you will see a list of options that you can select from.
  - **Please Note:** We do not use CPT codes for ABA treatment. We utilize HCPCs codes (H2019, H2014, H2012, H0031, H0032, and S5111).



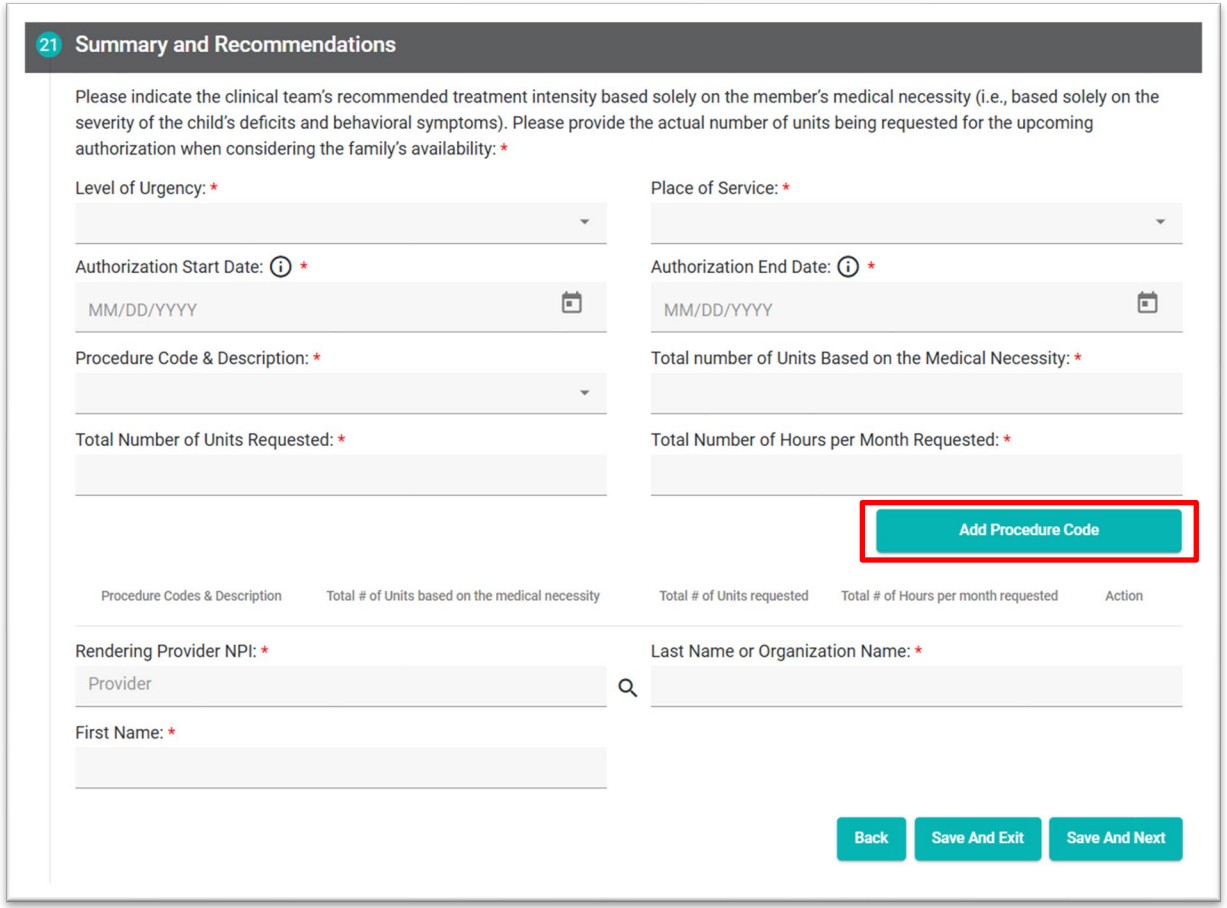
Treatment Plan (TP) Form (cont.)

Section 21 – Summary and Recommendations (cont.)

- Complete all fields that apply. Required fields are marked with an asterisk (*).
- For **Total Number of Units Based on the Medical Necessity**, enter the units you are recommending.
- For **Total Number of Units Requested**, enter the units you are requesting for this authorization (based on the member or family's availability). This may be the same number of units that are medically necessary, or it might be less due to the member or family's availability.

This is the number of units that gets added to the prior authorization request.

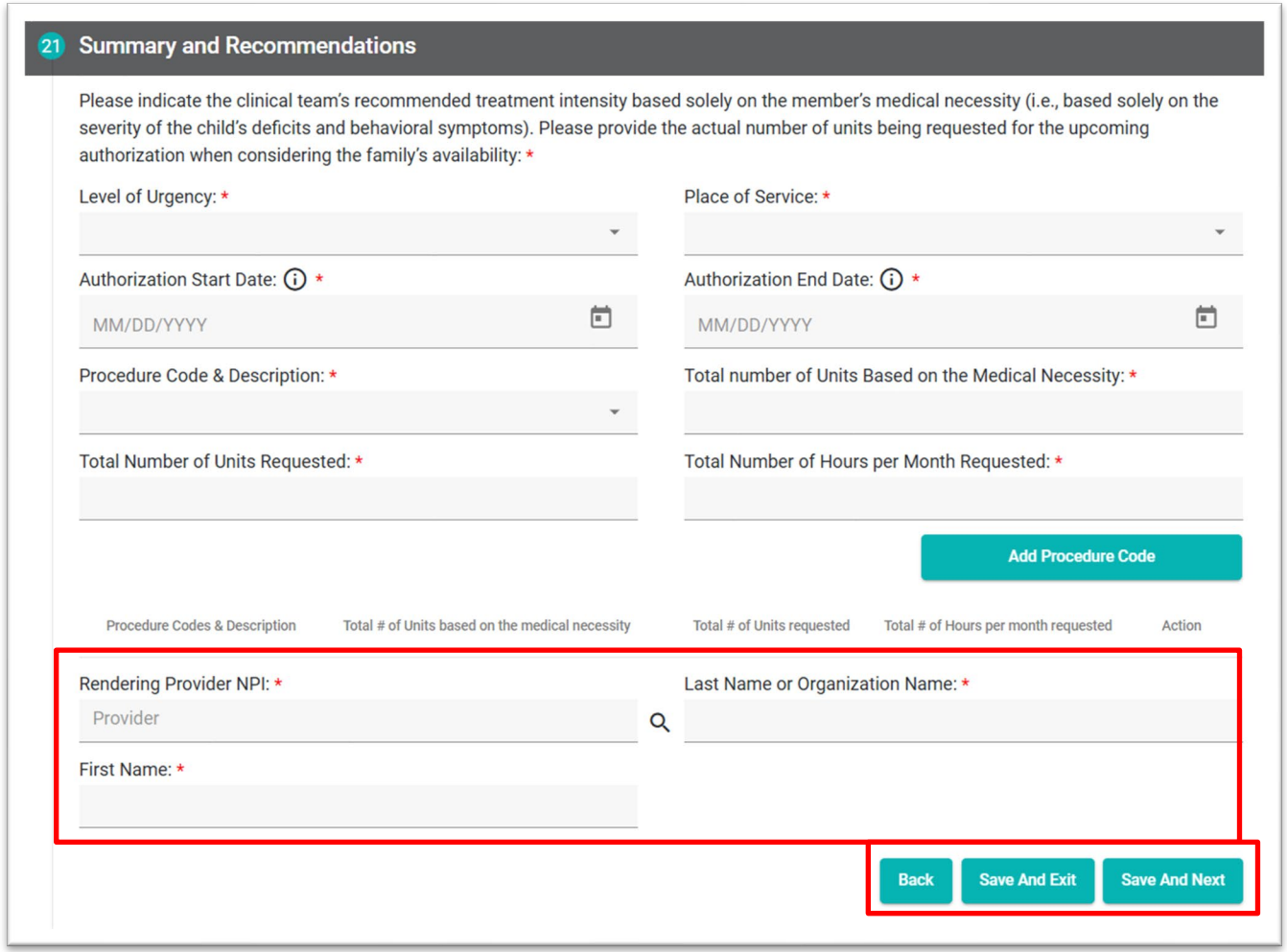
- For **Total Number of Hours per Month Requested**, enter the number of hours.
- Click **Add Procedure Code** to add each code along with the details you entered in the above fields. The codes and details will be displayed in a table. You can make edits, if needed.
- One you add the first procedure code you will need to complete these fields for any additional codes and add them.



Treatment Plan (TP) Form (cont.)

Section 21 – Summary and Recommendations (cont.)

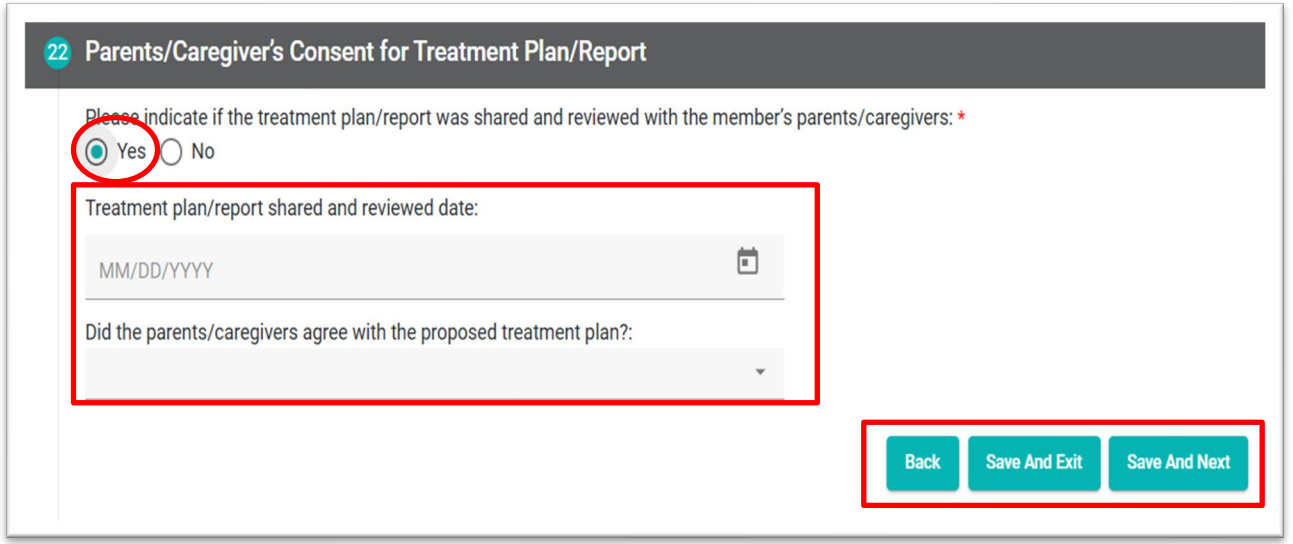
- Complete all fields that apply. Required fields are marked with an asterisk (*).
- Enter the servicing provider information in the section framed in red on the right. You can search by provider NPI, or Name.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.

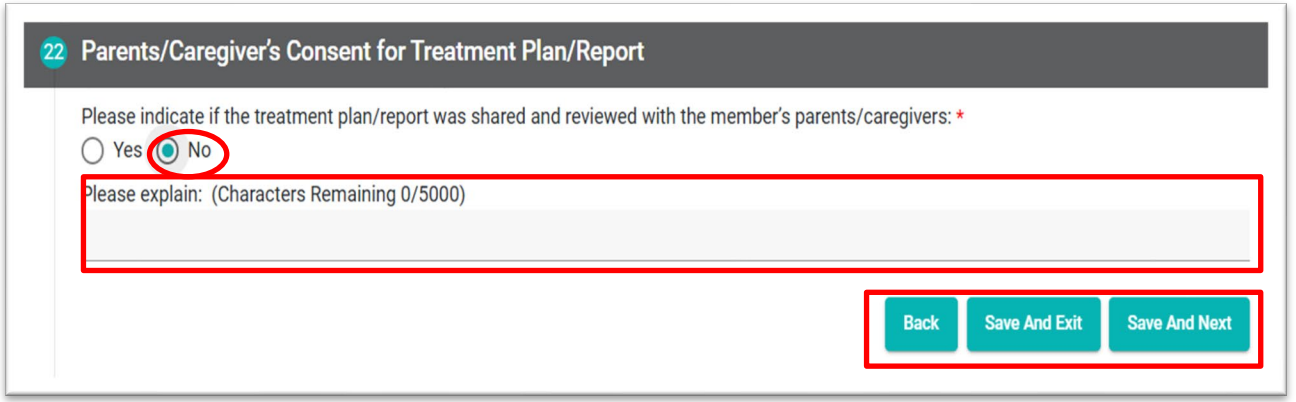


Treatment Plan (TP) Form (cont.)

Section 22 – Parents/Caregivers Consent

- Complete all fields that apply. Required fields are marked with an asterisk (*).
- Indicate if the TP/report was shared and reviewed with the member's parents/caregivers.
  - If you select **Yes**, please complete the other fields.
  - If you select **No**, please provide the explanation in the provided field and include the date you plan to have the discussion with the parents/caregivers.
- Click **Back** if you wish to go back to the prior section.
- Click **Save And Exit** if you wish to leave the form.
- Click **Save And Next** to proceed to the next section and continue with the form.





Treatment Plan (TP) Form (cont.)

Section 23 – Preview and Submit

- Review all the sections and the information you have entered and have an opportunity to make edits, if needed.
  - To edit a section, click on the **pencil icon** in red.
  - If no edits are needed, scroll down the form to the section on the right to the preview page.
- Check the box and enter the information if you are the designee signing on behalf of the BCBA. **This section must be complete before you can submit the TP Form.**
- Click **Back** if you wish to go back to the prior section.
- Click **Reset** to clear and reset form.
- Click on **Submit** if you are ready to submit the form.

Resources

We are here to help

- Alliance Website: **www.alamedaalliance.org**
- Provider Manual: **www.alamedaalliance.org/providers/alliance-provider-manual/**
- Alliance Provider Services Department
  Monday – Friday, 7:30 am – 5 pm
  Phone Number: **1.510.747.4510**
  Email: **ProviderServices@alamedaalliance.org**

Thank you!

ALAMEDA Alliance FOR HEALTH