

## ABA FAQ

### **With the policy changes, how should out-of-state contracted providers proceed?**

*Please contact Provider Enrollment at 1-800-522-0114, option 5 for Provider Contracts. OHCA asks that you continue to provide services to members until further guidance is given.*

### **How do the proposed policy changes impact medical necessity criteria, coding and claims submission?**

*Current policy still requires that the provider is responsible for ensuring that eligibility, medical necessity, procedural coding, claims submission, and all other state and federal requirements are met. OHCA retains the final administrative review over both authorization and review of services as required by 42 C.F.R. 431.10.*

### **Only certain examples of deficits or maladaptive behaviors are provided in the policy. Are these the only deficits/behaviors OHCA will prior authorize?**

*Deficits or maladaptive behaviors described in policy are examples but not limited to these specific behaviors. It is the responsibility of the treating provider to identify the frequency of a member's care through assessment and observation, and provide the supporting documentation (i.e., current behaviors/deficits, treatment plan to address behaviors/deficits, behavior intervention plan and/or functional behavior assessment, titration plan).*

## **Can we utilize interns or behavior technicians that are not certified by the BACB?**

*All contracted providers rendering services to SoonerCare members must be certified or licensed by the national accrediting BACB. BCBA's must be licensed by the BACB and the Oklahoma Licensed Behavioral Analyst Board. Interns are not permitted to provide services unless they are a BCaBA or RBT. All providers must be contracted with OHCA to provide services and to receive reimbursement.*

## **Can I provide services in the school?**

*Services in school are only to be provided pursuant an IEP. Currently, ABA is not reimbursable by Medicaid in a school or daycare setting. It may be utilized in a school-based setting for a time-limited basis when a member is transitioning from clinic back to school. This must be prior authorized by OHCA. Please refer to covered Medicaid compensable services in a school based setting at [PART 103. QUALIFIED SCHOOLS AS PROVIDERS OF HEALTH-RELATED SERVICES](#). Therapeutic Behavioral Services as outlined in the school-based services policy does not include ABA.*

## **What is the expectation if I am approved for time-limited services in a school setting?**

*For time-limited ABA in school, the treatment plan must identify goals outlined to assist school staff with the member without ABA staff being present throughout the school year. It must include a titration plan of services to school paraprofessionals/staff. ABA services may continue with the member external to the school and will be based on medical necessity criteria.*

**What if I have parents that can not attend parent training during an authorization period?**

*It is the expectation that the member's parent/guardian attend at least 85% of training during the prior authorization period. If the parent/guardian is unable to meet this requirement, please provide clinical justification in the prior authorization request, including what efforts are being done to complete training. This documentation should be maintained in the member clinical record.*

*Please note that sending the complete member record to OHCA does not replace the agency/clinic keeping a medical record of each member they serve. Start and stop times must be provided in the prior authorization. Providing the same clinical justification each prior authorization period, without identifying what continual efforts have been attempted to coordinate parent training, will not be considered as acceptable. The absence of any parent training during an authorization period will not be acceptable and does not meet the requirement as defined in OHCA's ABA policy.*

**Can ABA services be billed concurrently with other therapies such as OT, PT or speech?**

*ABA services may not be billed alongside any other therapies.*

**If a member leaves treatment or transfers to another provider, how should I proceed?**

*An OHCA discharge notification form shall be submitted when a member has completed treatment, moved to a new provider or will no*

*longer be returning to care. OHCA will have the discharge notification form uploaded on the “Child Health” page under the ABA initial/extension template by close of business on Nov. 15. Fax to 405-708-7181.*

**What should I do in the interim until the OHCA discharge notification form is uploaded?**

*Please fax your agency discharge form or send an email to your OHCA ABA reviewer until the form is uploaded for use. OHCA will have the discharge notification form uploaded on the “Child Health” page under the ABA initial/extension template by close of business on Nov. 15. Fax to 405-708-7181.*

**How should I document it if my services are in person, telehealth or will be done via hybrid?**

*Please document this within your prior authorization request form and utilize the appropriate modifier for telehealth when billing.*

**Are comprehensive evaluations/clinical assessments accepted from out-of-state providers?**

*Please refer to policy number 317:30-5-313 (1) (a-f) and (2) (a-c).*

**Restraint, Seclusion and Serious Occurrence Reporting Requirements**

*Physical restraint is not appropriate during any service provided to SoonerCare clients under the Autism Services benefit except in emergency instances of threat of physical harm to the child/youth or*

*others around them. The OHCA critical incident reporting form must be faxed to OHCA no later than 5 p.m. CT the following business day. OHCA will have the critical incident reporting form uploaded on the “Child Health” page under the ABA initial/extension templates by close of business on Nov. 15. Fax to 405-708-7181.*

*Please refer to policy 317:30-5-317.*

### **Service Quality Review**

*A service quality review (SQR) will be completed for ABA providers. The SQR staff will send a letter in writing to providers requesting medical records for identified members. The review may include but not be limited to reviewing active treatment, treatment plan documentation, critical incidents, or any other area of ABA policy. Failure to respond to the medical records request in the identified timeframe may result in a referral to OHCA’s legal unit, program integrity or quality assurance. Please refer to policy 317:30-5-318.*

### **Documentation of Records**

*All services provided to SoonerCare members must be documented in the medical record. Please refer to policy 317:30-5-248.*

### **Billing Claims for Telehealth**

*All claims for services completed via telehealth must be billed using the GT modifier.*

**Receiving an increase in RBT hours in the first extension request.**

*It is the expectation that parents attend training at least 85% of the prior authorization period. While this will not be an exclusion to treatment, it must be thoroughly documented in the prior authorization request for the clinical rationale of why the parent training was not completed and what efforts are being done to complete training. This must be maintained in the medical record.*

*Documentation of parent training must be provided to consider an increase in RBT direct service hours in an extension request. Providing the same clinical justification for lack of parent training in each prior authorization period, without identifying what continual efforts have been attempted to coordinate parent training, will not be considered as acceptable. The absence of any parent training will not be acceptable and does not meet the requirement as defined in OHCA's ABA policy.*

***Future extension request for an increase in RBT hours will require parent training be provided for 2 hours/week for 3 months, including start and stop times.***

*OHCA believes in empowering parents. While the parent/guardian does not take the place of a trained professional, it is appropriate that they be involved in member care for optimal outcomes. It is very important that the ABA provider emphasize the importance of parent training at the first initiation of services. This will not be an exclusion to treatment. However, it must be thoroughly documented in the prior authorization request for the clinical rationale of why the parent training was not completed and what efforts are being done to complete training. This information must be maintained in the medical record.*

*Providing the same clinical justification each prior authorization period for lack of parent training, without identifying what continual efforts*

*have been attempted to coordinate parent training, will not be considered as acceptable. The absence of any parent training will not be acceptable and does not meet the requirement as defined in OHCA's ABA policy.*

***Documentation requirement in the ABA prior authorization request.***

*It is required that the ABA prior authorization form be completed. "Please see attachment" should only be utilized for treatment plans, assessments and other relevant information used to support medical necessity criteria. Providing the information in the treatment plan does not take the place of the provider answering each of the questions on the prior authorization template. We ask that providers please refrain from sending the whole medical record to OHCA for review. For efficiency purposes, we ask that you only send documentation that supports MNC.*

**Treatment Plans**

*Treatment Plans are to be developed by the BCBA or a licensed psychologist and must include all the components as outlined in 317:30-5-312. Treatment plans will not be considered as valid unless it is signed and dated by the parent/legal guardian or member receiving service if age 14 or older. If a member is age 14 or older and is unable to sign and date documentation, please document this in the record. It is not acceptable for the treatment plan to be completed by the RBT or BCaBA.*