



**Beacon Health Options, Inc.
ABA Provider Council Meeting Minutes**

**Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Tuesday, December 18, 2018
11:00 am to 11:30 am**

In attendance: Gina Moon, Elise Bhagwat, Josh Carlson, Sara Daugherty, Dominick Lesperance, Taisha Harrington,

Telephonically: Stephanie Guijarro, Ed Littleton, Katie Zakula, Kevin Schock, Rebecca Correll, Dominika Cwalina, Jada Tucker, Monique McGovern, Gloria Becerra, Al Laws, Violet Gonzalez, Michael Zhe, Anayis Mermer, Kim Motosicky, Elizabeth Zeppernick, Kimberly Perks, Angela West, Abiba Wynn, Catherine Hughes.

Beacon Health Options Update

- RBT requirement: Please keep Beacon informed of the status of all BTs progress toward RBT credentialing. The more information that is shared by providers regarding your efforts, the more that we can collaborate with you regarding possible solutions.
- Beacon will be adopting the CPT code changes made by the AMA effective January 1, 2019. Providers who were unable to attend the webinars that were held are encouraged to review the recorded webinar that has been posted to the website. Please reach out to us directly regarding any questions or concerns. No action is needed from providers to update current authorizations. Be advised that any assessment request will only be approved until December 31, 2018. If any additional time is needed, please email the amount of units remaining after January 1st and the balance will be authorized.



Provider Questions

Question #1: The average turnaround time for RBT certification has been around 60 days. In consideration of the challenges associated with hiring staff, particularly when replacing staff on open cases, if a provider can upload proof of the RBT training commencement, would it be possible to enroll for a 30-day period while staff are completing the training process? If staff do not obtain the certification by the end of this period, then the staff will be suspended until they obtain the RBT certification. This is of particular importance for staff who speak English as a second language, who are essential in many areas. The staff are able to demonstrate the skills required, but the language barrier for the needed to staff are preventing them from passing the test.

Answer: Medicaid is aware of the challenges facing providers regarding staffing cases. It was this fact that led to the 2 year delay in the requirement of the RBT. For current staff that are in the process of completing their RBT coursework requirements, we ask that you send the current status of their progress toward certification. We will work with providers to ensure that we do everything possible to prevent any lapses in services for currently active providers who are completing this requirement.

As for the request for an ongoing enrollment window, we cannot incorporate this into the regulations at this time. Beacon and the state will be monitoring the enrollment process, especially as it impacts the access to care for the members around the state. We recognize that turnover is a realistic issue in the field of ABA.

Beacon will be reaching out to MABA and District ABA in hopes of creating more opportunities to enhance the pool of qualified staff for the network. We would welcome the opportunity to coordinate a work group of providers to brain storm some possible solutions to this issue, which so many providers are facing.

Question #2: How was the determination made for reimbursement of parent training determined to be less without child?

Answer: Beacon and Medicaid both recognize the limited availability of the members to receive the authorized services. While the delivery of parent training without the child present clearly requires a level of expertise, parent training with the child present involves more opportunities for generalization of the skills being taught to the child and is often a more complex service to deliver. Parent training without the child present can be billed simultaneously with direct ABA treatment; however, parent training with the child present is an independent service and cannot be billed at the same time with direct ABA treatment.



Question #3: How was the determination of an untimed code converted?

Answer: The AMA made the decision to have all of the codes be timed services. The rates that paid per unit previously, have been converted to pay per hour under the new CPT codes. Therefore, if previously parent training without the child present sessions were 1.5 hours, the reimbursable amount will be higher in 2019 however if those sessions were a half hour, the reimbursable amount will be less. Beacon and Medicaid made an effort to identify a common service length, although recognizing that every organization may have been rendering this service at different session durations. Please keep in mind however, parent training without the child present can be rendered at the same time that direct ABA treatment is occurring. Conversely, parent training with the child present, which pays at a higher rate, cannot be billed with direct ABA treatment. The group codes (multi-family group training and social skills) were previously untimed have also been converted to pay per hour. Keep in mind that in order to be reimbursed, at least 2 but no more than 8 participants must be present. Multi-family group parent training is a service rendered without the child present and can be billed with direct ABA treatment if that is occurring at the same time. Social skills group is a service where the child is present and therefore cannot be billed at the same time as direct ABA treatment.