

Beacon Health Options, Inc. ABA Provider Council Meeting Minutes

Beacon Health Options 1099 Winterson Road, Suite 200 Linthicum, MD 21090 Thursday, September 27, 2018 11:00 am to 11:30 am

In attendance: Dannene Drummond, Rick Murray, Gina Moon, Kim Motosicky, Cathy Hughes, Amber Mendres-Smith, Josh Carlson, Sara Daugherty, Dominick Lesperance, Taisha Harrington, Abiba Wynn

Telephonically: Stephanie Guijarro, Ed Littleton, Katie Zakula, Kevin Schock, Rebecca Correll, Dominika Cwalina, Jada Tucker, Monique McGovern, Gloria Becerra, Al Laws, Violet Gonzalez

Beacon Health Options Update

Beacon Health Options will begin conducting audits of ABA services next quarter.
Beacon will select 5 provider groups for the initial audits. Beacon will ask to review
records on a number of consumers. Once Providers receive the request for the
consumer records there is a 3 business day turnaround time to get the requested
records together for the audit. The audits will be conducted onsite. The audit tools
and the definitions will be posted on Beacons website. Beacon is asking providers to
make sure there is a room available for the auditors to review the requested files.
The audit Tools can be found at:

http://maryland.beaconhealthoptions.com/autism/2018/Audit-Tools.pdf The definitions can be found at: http://maryland.beaconhealthoptions.com/autism/2018/Definitions.pdf

 Consumers and their families should have received a CDE notice in the mail. This is sent out when the CDE is going to expire or has already expired and a new one is needed. At this point, Beacon is just updating the records when the new CDE is received and are not notifying families.

Provider Questions



1. Can prospective RBTs complete their competency requirement with Medicaid recipients without enrolling as a Medicaid provider at that time?

The RBT competency assessment requires that a BCBA observe a prospective RBT conducting specific tasks prior to applying for approval. According to those rules, the RBT must complete at least 1 of the 12 tasks in a live environment. The remainder of the tasks can be completed as part of a role-play, which would not require directly interacting with a Medicaid member. MDH has determined that providers would be able to conduct the elements outlined in the RBT competency requirements with prospective staff. Providers would not be able to bill for the prospective RBT, as this would not constitute a reimbursable service for that member.

2. What distinguishes a nonconventional setting from other community settings? Many types of social skills goals can be addressed in a variety of settings, including summer camps. Are there any circumstances when this would be permissible?

At this time, any services that take place in resorts, spas or camps as outlined in COMAR 10.09.28.05(C) (1) (a) (vii), are not allowed. The exclusion of these settings is further supported by the fact that services cannot be vocational or recreational in nature. Providers have in particular inquired about summer camps. While we understand that some settings would allow for social opportunities and generalization, these camps have staff dedicated to members and would most often be duplicative in nature. If requesting to work with a member in a setting other than the individual's natural environment, the treatment plan must include specific goals that will be addressed in those additional environments.

3. Can consumers who have Medicaid as a secondary be included in the audits as well?

Providers are subject to audit for any member whom they have received Medicaid reimbursement for services rendered.

4. Will the audits include consumers who have been discharged?

The audits selection is member based and from a select date range, so discharged consumers may be included.

5. Has there been any further discussion or consideration for an extension to hire someone while working through the RBT process?



At this time, there will not be any extensions granted for providers to fulfill the RBT requirement after 1/1/19.