

# ABA Revised Regulation Rollout JOT CALL Questions

## 1. WHAT ACTIVITIES WOULD BE CONSIDERED APPROPRIATE SERVICES TO BILL UNDER THE ABA TREATMENT PLANNING CODES IDENTIFIED IN THE REGULATION CHANGES?

- a) *Creating materials*: This activity is included as part of the revision of treatment plan and goals. However, providers will not be authorized any more than 4 hours per month for all ABA treatment planning activities.
- b) *Updating data collection methods*: This activity is included as part of the revision of treatment plan and goals. However, providers will not be authorized any more than 4 hours per month for all ABA treatment planning activities.
- c) *Creating teaching protocols*: This activity is included as part of the revision of treatment plan and goals. However, providers will not be authorized any more than 4 hours per month for all ABA treatment planning activities.
- d) *Completing any billing or supervision notes*: Completion of supervision notes occurs within hours approved for direct and/or remote supervision. Completing or submitting billing for services is not a covered service under the Maryland Medicaid ABA program.
- e) *Reviewing technician session notes*: Reviewing technician session notes is not a covered service under the Maryland Medicaid ABA program.

Per COMAR 10.09.28.04B(12), ABA treatment planning is an ongoing indirect service that:

- (a) Is performed by a licensed psychologist, a licensed BCBA-D or a licensed BCBA; and
- (b) Includes:
  - (i) Development and revision of the treatment plan and goals;
  - (ii) Data analysis; and
  - (iii) Real-time, direct communication and coordination with the participant's other service providers.

<http://www.dsd.state.md.us/comar/comarhtml/10/10.09.28.04.htm>

## 2. SHOULD A PROVIDER BE CONCERNED IF A STAFF STARTED WORKING WITH MEMBERS PRIOR TO COMPLETING A CJIS BACKGROUND CHECK?

- a) Any individual rendering services to Medicaid participants is required to have completed the enrollment process with Maryland Medicaid. As part of the enrollment process, providers are reminded that CJIS background checks are required and records of completion may be requested at any time. This requirement has been included in COMAR 10.09.28 since ABA services were implemented on January 1<sup>st</sup>, 2017. For any staff that is rendering ABA services to Medicaid participants, it is the provider's responsibility to ensure that a CJIS background check has been completed and record of completion is on file.

### 3. HOW SHOULD WE HANDLE PROVIDERS THAT WERE ENROLLED IN MEDICAID TEMPORARILY, BUT ARE NO LONGER WORKING FOR US?

- a) Any staff that had claims submitted while enrolled in Medicaid temporarily must submit an application in the Department's electronic Provider Revalidation and Enrollment Portal (ePREP). The Department completed the enrollment process on behalf of all providers who notified Beacon that temporary staff is no longer with the provider group. If a group did not previously notify Beacon that a rendering provider is no longer employed, then the Department did not complete their enrollment in the system and claims paid by Medicaid may be retracted in the future if the provider does not get entered into the Medicaid system.