Maryland Medicaid ABA Regulations Revision Overview

Presented 3/26/18 - 4/5/18



Objectives

- Overview of highlighted changes
 - Remote Supervision
 - Rate Increase
 - Reimbursement of Indirect Hours
- Questions



- Remote Supervision overview:
 - Providers must have HIPAA compliant technology that provides an auditory and visual connection between supervisor, supervisee, and the participant.
 - The supervisor must be the same treating BCBA-D, BCBA or licensed psychologist.
 - The supervisee must be a BCaBA/BT/RBT who is providing direct services (0364T/0365T) to the participant.
 - At least 25% of monthly supervision sessions must be conducted directly (in-person).
 - Regulations require that all parent training must be conducted in-person.
 - Preauthorization is required.

- Regulations still require that at least 10% of direct services being provided by a BCaBA/RBT/BT be supervised by a BCBA-D/BCBA/Licensed Psychologist.
- How to request remote supervision?
 - The code for remote supervision is 0368T/GT and 0369T/GT.
 - Providers may request up to 75% of monthly supervision units as remote supervision.
 - The code for direct supervision will remain 0368T and 0369T.
 - At least 25% of monthly supervision must be conducted inperson

- Where to include the GT modifier in:
 - A treatment plan:

CPT Code	Description of Service	Breakdown per Week or Month	Sessions per Week or Month	Location (Where services are to be delivered)	Who is providing services?
0364T/0365T	ABA Therapy	10 hours per week	5 sessions per week	8 hrs in home 2 hrs in clinic	Behavior Tech/RBT
0368T/0369T	Direct Supervision	1 hour per week	1 session per month	In home	BCBA
0368T-GT/0369T-GT	Remote Supervision	1 hour per week	3 sessions per month	Office	BCBA
0368T/0369T	Parent Training with the child present	1 hour per week	2 sessions per month	In home	ВСВА
0370T	0370T Parent Training without the Child Present		1 session per month	In home	BCBA
0372T Social Skills Group		2 hours per week	1 session per week	Clinic	BCBA

• ProviderConnect:



Where to include the GT modifier in a claim:

Submit A Claim - Step 3 of 3

Required fields are denoted by an asterisk (*) adjacent to the label.

Note: Disable pop-up blocker functionality to view all appropriate links.

Member ID	Member Name	Birth Date	NPI Number	Service Address	Pay To Address
987654321	PETER TUMNUS	12/02/1979	987654321	14 BEAVER TRAIL, STE C, NARNIA, VA 12345-1234	14 BEAVER TRAIL, STE C, NARNIA, VA 12345-1234

To enter detail service lines for the claim, please follow these steps:

- 1. Enter your first (or only) service line entry.
- 2. Click the "Add Service Line" button to add that information into the claim.
- 3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.
- 4. The Service Through date will default to the Service From date if not keyed.

Service Line Entry



Rate Increase



Rate Increase

- The previous rate of \$20 per unit of 0364T/0365T rendered by RBT/BTs has been increased to \$27.50 per unit.
- Reminder: both remote and direct supervision can be billed concurrently with 0364T/0365T.
- The effective date of the rate increase is 04-01-2018.

Reimbursement for Indirect Services



Indirect Hours

- Providers can request up to 4 hours per month for indirect services using 0360T/0361T.
- What activities are covered under indirect hours?
 - ABA treatment planning
 - Development and revision of the treatment plan
 - Data Analysis
 - Direct communication and coordination with the participant's other service providers.
- Providers will continue to be authorized for 3 hours for a reassessment at the end of the authorization period.

Addendum Requests



Addendum Requests

- ABA Treatment Planning (Indirect Services)
- Submit via Provider Connect for each authorization as a concurrent request
 - Attach a document outlining the following:
 - Member Name
 - Member Medicaid #
 - Service Codes being requested
 - » ABA Treatment Planning (0360/0361T)
 - Requested number of hours per month
 - Plan for utilization of the requested services
 - » ABA treatment planning activities reference COMAR (10.09.28.04)

http://www.dsd.state.md.us/COMAR/SearchTitle.aspx?scope=10

Addendum Requests

- Remote Supervision
- Submit via Provider Connect for each authorization as a concurrent request
 - Attach a document outlining the following:
 - Member Name
 - Member Medicaid #
 - Service Codes being requested
 - » Remote Supervision (0368T-GT/0369T-GT)
 - Requested number of remote supervision units to be reallocated from currently authorized direct supervision units
 - » OR
 - Requested number of units to be added to the authorization
 plus clinical justification for the requested increase
 - Be sure to monitor utilization throughout the authorization
 - Contact the Clinical Team (<u>abaservices@beaconhealthoptions.com</u>) if at any time you require units to be reallocated

ABA Provider Reminders

- All rendering providers must be enrolled with Maryland Medicaid prior to delivering any services
- Per COMAR 10.09.28.02D all ABA providers are required to complete a CJIS background check. Additionally, all ABA groups agree to keep verification of CJIS background checks on file for all employees rendering services to Medicaid participants, when completing their Medical Assistance Program application.
- RBT credential will be required starting January 1, 2019

https://www.bacb.com/rbt/rbt-application/

- As the RBT credential is obtained for any current behavior technician; the provider can complete a supplemental application for the individual through ePREP.
- Further details on ePREP and how to submit a supplemental application can be found at:

https://mmcp.health.maryland.gov/Pages/ePREP.aspx

Joint Operations Team (JOT) Calls

Beacon Health Options and Medicaid will be conducting a JOT call for all providers on a weekly basis to answer any questions or concerns about the new regulations.

You are invited to attend the weekly JOT calls scheduled Thursdays (4/12, 4/19 and 4/26) at 3:00 p.m. EST

Call-in toll free: 1-877-668-4493

Access code: 648 289 263

Questions should be submitted in advance, at least two days prior to the JOT call.

Submit questions by email to Maryland Provider Relations

Email: <u>abamarylandproviderrations@beaconhealthoptions.com</u>

Thank you

