Behavioral Health Treatment (BHT)
and Applied Behavior Analysis (ABA) Providers FAQ

CalOptima Health administers BHT services, including ABA, for Medi-Cal members.

Authorizations

1. **What is the process for a member to switch ABA providers?**
   Members who have a current authorization with one ABA provider and are seeking a new ABA provider should contact the CalOptima Health Behavioral Health Line for assistance with the transition. The existing and new ABA provider are responsible for coordination to obtain necessary documentation and any release of information to ensure a smooth transition. The new ABA provider will need to submit an authorization to CalOptima Health.

2. **Where and when do ABA providers send the CalOptima Health Behavioral Health Treatment-Authorization Request Form (BHT-ARF)?**
   Please send the completed BHT-ARF, medical necessity and current/completed treatment plans to CalOptima Health via fax at **714-954-2300**. For consideration for review, submit continued treatment requests no more than 30 calendar days from the current authorization's last covered date.

3. **How much data is required to be within the treatment plan?**
   Please include current data that supports the proposed targeted treatment goals and interventions in the new request.

4. **Does CalOptima Health allow retrospective authorization requests?**
   Yes, CalOptima Health accepts retrospective authorization requests and will review them based on CalOptima Health Policy GG.1500 and Department of Health Care Services (DHCS) All-Plan Letter (APL) 19-014. Please submit all necessary information at the time of the request.

5. **What if I submitted a BHT-ARF and have not received an authorization?**
   If a BHT-ARF was submitted, a fax confirmation was received and there is nothing pending on the CalOptima Health Provider Portal, please follow the steps below:
   - Check the Provider Portal
   - Check your messages and voicemails for any communication from CalOptima Health
   - Ensure the BHT-ARF has the correct contact person and number

6. **How do members obtain new ABA services?**
   Members seeking ABA services should call the CalOptima Health Behavioral Health Line at **855-877-3885** for assistance in connecting to a contracted provider. The contracted provider will obtain all medical necessity information from the member and submit a request for authorization for treatment to CalOptima Health.

Clinical Requirements

7. **What testing will be required for functional behavioral assessments (FBAs)?**
   Per Policy GG.1548, CalOptima Health accepts cognitive and adaptive testing tools including Vineland, Adaptive Behavior Assessment System (ABAS) and Developmental Assessment of Young Children (DAYC), to assess the member's age-specific impairments.

8. **Are there any specific items that need to be in the crisis plan?**
   Crisis plans need to be individualized for each member and may include:
   - When and how to call a board-certified behavior analyst (BCBA) for behavioral emergencies or de-escalation procedures
   - When, who and how to contact for emergency mental health or medical care. If a specific member has more specialized crisis needs, those directions should be included (e.g., seizure disorder, allergic reaction)

9. **Do we need to use CalOptima Health's FBA/treatment platform?**
   Yes, per CalOptima Health policy GG.1548. All fields and items on the template cannot be altered or removed.

10. **Will adaptive testing (e.g., Vineland) need to be completed for new treatment plans and for every reporting period?**
    Yes, per CalOptima Health Policy GG.1548.

11. **What are the requirements for medical necessity documentation to be turned into CalOptima Health?**
    When submitting any request for treatment, make sure that clinical documentation for medical necessity includes, but is not limited to:
    - Member's most current diagnosis
    - Recommendation for BHT/ABA
    - Signed by a Physician or Licensed Psychologist
    - Supporting documentation such as, but not limited to:
      - Developmental screenings
      - Psychological testing results
      - Neurological testing results

12. What does CalOptima Health's supervision model look like?

- CalOptima Health will typically authorize supervision hours at a rate that falls between 10–20% of weekly direct paraprofessional services hours **that were provided.**
- Initially, as much as 90% of the supervision of the paraprofessional by a behavioral management assistant (BMA) will be accepted if oversight is documented.
- Of the authorized supervision hours, most are expected to take place directly supervising the paraprofessional. No more than 20% of the total supervision hours per six months (minimum of three hours and a maximum of eight hours) may be used for the following indirect supervision:
    - In-office functional analysis and skills assessment
    - In-office development of goals/objectives and behavior intervention plans/reports
    - In-office reviewing of direct staff summary notes
    - In-office clinic meetings with paraprofessionals and parents
    - Up to three hours of indirect supervision may be used by the mid-tier supervisor for report writing

13. What are CalOptima Health's Qualified Autism Service (QAS) paraprofessional requirements?

Per SPA 14-026, a QAS paraprofessional is an unlicensed and uncertified individual who meets **all** the following criteria:

- Is employed and supervised by a QAS provider
- Provides treatment and implements services pursuant to a treatment plan developed and approved by the QAS provider
- Meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code
- Has adequate education, training and experience as certified by a QAS provider

14. What are the supervision requirements for parent training-only cases?

For parent training-only cases, CalOptima Health typically approves three hours of supervision per reporting period. Staff providing parent training need to have sufficient education, training and experience to provide the services independent of BCBA supervision.

Network Requirements

15. What is the credentialing requirement?

CalOptima Health requires providers to maintain credentialing status every three years.

16. Who will need to be credentialed?

All ABA groups/organizations must submit the CalOptima Health Credentialing Application and must include accompanying documents and a roster of all providers and paraprofessionals employed by the group/organization.

17. **Do ABA groups and providers need to be enrolled with DHCS?**
    No. ABA groups and their affiliated providers do not have a pathway for Medi-Cal enrollment.

18. **The fee schedule in the ABA contract includes BMAs. What is the definition of a BMA, and how will they be credentialed?**
    Regulations define a BMA as an individual who meets the following minimum requirements:
    - A bachelor's degree **and**
    - One year of ABA experience designing/implementing behavior modification intervention services with 12 semester units in ABA, **or**
    - Two years of experience designing and/or implementing behavior modification intervention services, **or**
    - Registered as a California Psychological Assistant or as an associate level per the Board of Behavioral Sciences (BBS).

19. **I have questions about my credentialing application, whom do I contact?**
    Submit all credentialing-related questions to orgproviderquality@caloptima.org

Claims

20. **Can H0032 HO and H0032 HN be billed at the same time for the same member?**
    No, CalOptima Health does not allow for providing the same services by multiple providers for the same member on the same day.

21. **Can we bill H0032 using the HN modifier even though those hours were authorized with the HO modifier?**
    Currently, H0032 HO can be billed and paid at the lower H0032 HN rate. Authorizations for H0032 HN cannot be billed at the HO modifier rate.

22. **Where do we submit claims?**
    Claims can be submitted to CalOptima Health:

Paper Claims Submission	**Electronic Claims Submission**
CalOptima Direct Claims P.O. Box 11037 Orange, CA 92856	Refer to section H3 of 2023 CalOptima Health Provider Manuals

Appeals

23. **What rights do members and/or providers have if they do not agree with a denial or change in BHT services?**

Members and/or providers may contact CalOptima Health for any information or questions regarding the appeals process. If the member and/or provider received a Notice of Action (NOA) from CalOptima Health denying, delaying, changing or ending a service, and the member and/or provider does not agree with the decision, the member and/or provider can file an appeal.

An appeal can be filed by phone, in writing or online:

- **Phone**: The member and/or provider may call CalOptima Health and provide the member name, CalOptima Health ID number and the service the member and/or provider is appealing.
- **Mail**: The member and/or provider may call CalOptima Health and ask to have a form sent to them. The member and/or provider must fill the form out and include the member name, CalOptima Health ID number and the service that is being appealed
- **Online**: The member and/or provider may visit CalOptima Health's website.

If the member and/or provider filed an appeal and received a letter from CalOptima Health stating that the decision has not been changed, or the member and/or provider never received a letter and it has been more than 30 days, the member and/or provider can:

- Request a State Fair Hearing (SFH), and a judge will review the case.

Provider Relations

24. Whom do we contact with additional questions?

Please contact your Provider Relations representative for further assistance.

- Email: providerservicesinbox@caloptima.org
- Phone**: 714-246-8600**