



Inland Empire Health Plan

BHT Q2 2020 Provider Training

Provider Questions

Can you repeat what areas you are still accepting new Providers?	Barstow, Twentynine Palms/Yucca Valley; Coachella Valley
What are the steps to join as a diagnostic Provider?	Reach out to Provider Services to start the process.
What are the related services that current Providers can offer?	Social Skills Group/ Group Parent Training/PT/OT/ST and Diagnostics
What is a mid-tier Provider?	A mid-tier Provider (H0032) can be a BA/BS with 12 semester units in a related field working towards a Master's Degree. Or A Master's Level (MA/MS) in a related field.
Are mid-tiers required to have a Master's Degree?	It is not required, but it is preferred.
When can a mid-tier be a Bachelor's level only?	When the BA/BS individual has a minimum of 12 semester units towards their Master's Degree (MA/MS) in a related field. (This is for the Provider to monitor.)
Are we allowed to use the S5111 code?	The S5111 code is intended for Parent Group Training, which is for parents of more than one family. A group of two or more. It is a "visit" code whether you provide 30 minutes or 3 hours- 1 visit.
Can you expand on H2014?	Social skills for an individual child within their Treatment Plan. It may include community outings or also used for Social Skills Groups.
Is there a code for individual parent training?	Yes, H0032 with or without the HO or HP modifiers. It is not S5111.



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<p>Regarding the parent training code, our contract does not state it needs to be in a group. Some insurance carriers use this for individual Parent Training, and I want to make sure we are requesting the correct code. Can you explain why this is so?</p>	<p>Other insurances use CPT Codes some use HCPC Codes. These are the chosen codes by IEHP. S5111 is the Group Parent Training Code and it is per visit, not in units. (i.e. when you see parents, in a group of 2 families or more, each time you hold session= 1 visit or 2 sessions per month = 2 visits.)</p>
<p>Can someone with a Master's degree who is not a BCBA use code H0032 (HO)?</p>	<p>A person with a Master's Degree should use H0032 without any modifier. H0032-HO should be used by a BCBA and H0032-HP should be used by a BCBA-D.</p>
<p>Under the mid-level supervisor code (H0032) does that person have to have oversight from a BCBA on the member? If so, what is the percentage of oversight? Example Mid-Level super (BCaBA) providing supervision to a member, does that BCaBA have to have a BCBA oversee the case as well? Or can a mid-level supervisor oversee the case on her own? What are IEHPs requirements for mid-level supervisor?</p>	<p>For mid-level supervision the person must have a Bachelor's degree in a related field and 12 semester units in Master's course work in a related field (working towards a Master's degree) or have a Master's Degree in a related field. IEHP has a three-tiered model and the BCBA or BCBA-D on all of the members cases.</p> <p>This individual must meet the following criteria:</p> <ol style="list-style-type: none">1. Provides behavioral health treatment;2. Is employed and supervised by a BHT Provider;3. Provides treatment pursuant to a treatment plan developed and approved by the BHT Provider;4. A behavioral service Provider approved as a vendor by a California regional center to provide services as an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program;5. A case manager with at least two (2) years of experience in the field of behavioral health services under the supervision of a BHT Provider;6. Possesses at least one hundred and twenty (120) hours of experience specifically in the implementation of behavioral health treatment to individuals with autism;7. Holds a master degree in psychology or related field or is a graduate student in applied behavior analysis leading to certification of BCBA or in psychology or related field leading to licensure in the State of California, with a minimum of twelve semester units in Applied Behavior Analysis (ABA) or related field (Mater's program level staff). <p><i>Note: BCaBA certification in progress will not be accepted for Bachelor's level staff to qualify as BHT Professional. This individual may also hold a Bachelor's degree only if he or she also is a Board Certified Assistant Behavior Analyst (BCaBA).</i></p>



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Can you expand on clinically proportionate?	Per the APL 19-014, “Any portion of medically necessary BHT services that are provided in school must be clinically indicated as well as proportioned to the total BHT services received at home and in the community.” So not only clinically indicated, but proportionate. In other words, balanced. IEHP interprets this to be no more than half of the hours may be provided in school, but certainly can be less in school than what is provided at home.
If a client gets a referral for 1:1 services, can we submit a request for Social Skills?	Per APL 19-014, all BHT services need to be recommended by a licensed medical doctor or licensed psychologist.
Do the parameters for services in the school setting also apply to a daycare setting?	Per APL 19-014 Medi-Cal does not allow BHT Services to be provided in a daycare setting.
Can social skills also be done via Telehealth?	Yes, at this time, IEHP is allowing Telehealth through the end of the year. Social Skills/Social Skills Groups/and Parent Training Groups can be via Telehealth as well as, Direct Therapy and Parent Supervision.
Will Telehealth be approved only through the pandemic or permanently? If permanently, will all codes be approved?	Currently, IEHP has been informed Telehealth will be approved through the end of 2020. All codes are being approved for either Telehealth or in person. It is unknown at this time how far past 2020 IEHP will continue Telehealth.
Is there a preferred Telehealth system IEHP prefers Providers to use (Zoom, TEAMS, etc.)?	At this time, IEHP is allowing Providers to utilize the Telehealth System of their choice.
If we have a family that isn't interested in Telehealth, but wants to wait for our program to reopen, how do we handle that?	When services seem to be on hold or paused, for whatever the reason, the Provider can: <ol style="list-style-type: none">1. Use the BH COC Web Form:<ol style="list-style-type: none">a. Select: No Further Treatment Requestedb. In the “Comment” section, please indicate that services are on hold or for whatever reason, you are requesting to pause services.c. Attach your current, updated, Progress Report so that IEHP has it on file.



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<p>How do we obtain signatures for Telehealth services if families do not want to see us?</p>	<p>There are various ways to get signatures from families during these unprecedented times: IEHP realizes not everyone has the same capabilities.</p> <ol style="list-style-type: none">1. Adobe Acrobat Reader (allows for a signature and parent can save and return via email).2. Email attachment that can be printed/signed/scanned/returned via email.3. Email where the Provider asks parent to verify and just type their name at the end of the email and return.4. Mail a form and provide stamped-return envelope.
<p>What is the process for requesting continuation of services after the family has requested that services be held and are ready now to resume services?</p>	<p>When family is ready to restart, you may use the BH Initial Request web form to restart services and</p> <ol style="list-style-type: none">1. Tell IEHP what you want to do to continue:<ol style="list-style-type: none">a. If it's been 6 months, we suggest you request the FBA to reassess the member.b. If less than 6 months, you may request to restart services and2. Attach the most recent Treatment Plan WITH the updated Assessment (AFLS, Vineland, VB-MAPP, or ABAS-3) if about to expire.
<p>When does the 6-month authorization start? Is it the initial date services went on hold or the date when the authorization expires?</p>	<p>You tell us: IEHP is required to have an “approved Treatment Plan” on file. If the Treatment Plan needs updating (i.e. the assessment) please do so before requesting a start date. AND if your current auth is expired, your Treatment Plan (and assessment) need updating.</p>
<p>Where can we get the template for the request for having sessions in school?</p>	<p>It will be posted on the Provider Portal, along with our FBA and Progress Report Templates. Distance Learning will be considered school hours.</p>
<p>How will this work if school is going to be done in a home setting?</p>	<p>Please refer to the School Template to report to IEHP/SKI Team what the school is providing and what you, the Provider, is proposing to provide. Attach the School Report, along with the Treatment Plan and request your hours along with the hours in the box at the bottom of the Treatment Plan (see Treatment Plan Template). Please see the following question for more information.</p>



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I would like to inquire about ABA services in the home and the integration of the Online Distance Learning module that School Districts in the area are planning to proceed with. As we prepare for the fall semester, we checked in with our families and they inquired if they can obtain ABA support for behavioral and skill acquisition needs during the peak hours that the kids will be engaged for the online distance learning in the home setting. The families are concerned as their children will now be at home and do not have the proper support for curriculum engagement, concerned that there is no structure to be attentive and focused on the material that ultimately, they will become frustrated and engage in maladaptive behaviors and possibly regress in progress. Will IEHP allow ABA support to occur at home during the hours of the distance learning school schedule? Please advise if there are options to support with ABA for the families who will be faced with these issues.

IEHP will allow support for families when school is being taught virtually by another individual (teacher). All support should be ABA based and not educational. The support staff/1:1 or supervisors should not be teaching any school curriculum. ABA can be adjusted based on members/family needs and in an effort to support the family.

We previously had some families wanting Telehealth services. For those members we were creating activity packets for the families to do outside of our zoom calls to continue to work with their child since telehealth sessions were a lot shorter than actual in person sessions. Are we able to bill for the creating of the activity packets and going over them with parents?

Yes, that time should be included in the requested units for supervision H0032, H0032-H0 or H0032-HP depending on the level of staff rendering the services.



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We have a Member we see in school wanting to switch their home services from their current Provider to us. How do we go about obtaining an authorization?	Please have the parent call into IEHP and ask to speak to Behavioral Health. Parent will be transferred to the SKI Team and we will authorize at their request: provided the member has on file a recommendation from a licensed medical doctor or licensed psychologist for BHT services.
What is the best way to reach out to IEHP regarding an edit or adjustment to an authorization?	Please submit your request to change an authorization using the BH Initial Request Form. It will automatically populate H0031, which you can simply tell us “okay to modify the code”. If the change is for an increase in hours, please provide an updated Treatment Plan justifying the increase in hours. You can ask for the changes in the “comment section” of the BH Initial form.
Where in the COC can we change the date for authorization? Do we just note it under the notes?	Yes, please note it in the “comment” section of the COC web form AND in your Recommendation Section at the end of the paragraph.
For families interested in Clinic based ABA services, do those referrals come in separately than families interested in home-based ABA?	ABA is approved the same way for in-home as it is for clinic based. Some Providers provide both, but the authorizations are the same codes. POS may be different, but when submitting a claim, please indicate place of service accordingly.
We have received multiple referrals for families who already have another Provider. Is there a way to check with the family first before sending the referral to us?	It appears parents are not responding to Providers and therefore Providers are requesting redirections. IEHP has no way of knowing the reason for a redirection unless the Provider indicates in the “comment” section of the COC form or in a report exiting the member from their services.
Do we submit the School Report by itself or do we submit it with the report?	The School Report needs to accompany the Treatment Plan and all hours (including those at school) need to be included in the Treatment Plan, and not the School Report.
We received a notification that behavioral health Providers will have to register with Medi-Cal by 12/31/20. Previously this was exclusive for licensed Providers. Can you please provide an update?	IEHP has not been notified of this.
Will we be able to get these slides by email?	Slides of the presentation today, will be posted on the Provider Portal.