# Medicaid/HUSKY Autism Spectrum Disorders Services

# 1-877-552-8247


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http://www.ctbhp.com/asd.html


## BEACON HEALTH OPTIONS AUTISM SPECTRUM DISORDER SERVICES

The Beacon Health Options Autism Disorder Services team is responsible for reviewing documentation to support level of care guidelines and medical necessity to authorize Autism Spectrum Disorders (ASD) Services for Medicaid/HUSKY A, C, and D members under the age of 21.

### ASD Peer Specialists and Care Coordinators Objectives

- To help the member and their family understand what Autism Services are available to them through their Medicaid benefit
- To assess the needs of the member and their family
- To help families navigate the journey of accessing services

### AUTISM SERVICES FOR HUSKY MEDICAID

Diagnostic Evaluation: For those members who are not yet diagnosed but suspected to meet criteria for an Autism Spectrum Diagnosis

Behavioral Assessment: A Functional Behavior Assessment (FBA) is completed to determine the specific behavioral needs of the member (takes 8–10 hours to complete)

Treatment Plan Development: A Behavior Intervention Plan (BIP) is developed from the FBA and will include a plan to decrease maladaptive behaviors and increase replacement behaviors with observable and measurable goals and objectives. This guides the direct intervention by qualified behavior technicians. This also includes parent training goals and crisis plans.

Program Book Development: This is a living document that should stay in the home of the member. The Program Book should include, but is not limited to: details of specific interventions related to treatment goals in the BIP, a list of target behaviors, data sheets, program protocol, BIP, crisis plan, contact notes, etc. as they relate directly to the current treatment plan.

Direct Intervention: In-home and community based services, behavior technician supervised by a BCBA or licensed clinician (number of hours is based on medical necessity and the recommendation within the treatment plan)

Group Treatment Services: These include social skills groups and parent groups for members and their families

*These services are available through community providers.*

### WHAT IS NEEDED TO GET SERVICES STARTED?

- Active HUSKY A, C, or D and be under the age of 21
- An Autism Diagnostic Evaluation (ADE) demonstrating the assessment tools used resulting in a diagnosis of an Autism Spectrum Disorder (ADOS, ADI-R, CARS, GARS) completed by a Licensed Clinician, MD, APRN or Licensed Psychologist
- If the ADE was completed more than a year ago, a supporting letter by a current treating provider supporting the ASD diagnosis
- Releases of Information for providers within our Medicaid Network, past and current providers, as well as for any related service

## ANSWERS TO PROVIDER'S FREQUENTLY ASKED QUESTIONS

### WHAT IS NEEDED TO GET SERVICES STARTED?

If the provider has the required documentation, it can be submitted directly to Beacon Health Options (Beacon) along with your release to share information. If this documentation still needs to be gathered, a Peer Specialist or Care Coordinator will be happy to assist. If you are calling for an Autism Diagnostic Evaluation (ADE) authorization, the member must only meet the first criteria outlined above. If the member is older than 21 or on HUSKY B, a Peer Specialist or Care Coordinator will still be assigned; however, the member would not be eligible to access an authorization for ABA services. Once a provider is ready to start services, a prior telephonic request for authorization for behavior assessment, treatment plan and program book development can be completed by calling 877-552-8247 and asking to speak with a Clinical Care Manager.

### CAN A PROVIDER DIRECTLY REFER A CHILD TO CT BHP/BEACON?

Yes! Providers may contact the Beacon team directly or the family can call 877-552-8247 directly and request to speak with an Autism Spectrum Disorder Services (ASD) team member. The member and family will be assigned to one of our Peer Specialists (PS) or Care Coordinators (CC) to support them in accessing services with a provider. The PS or CC may meet with the family face-to-face to gather documentation, including Releases of Information, required to begin services and will also assess whether other resources are needed and make referrals as necessary.

### HOW DO REFERRALS COME TO MY AGENCY?

There are several different ways this may happen:

1. Beacon has members with the required paperwork noted above and ready to start in home services for ABA around the state. A Clinical Care Manager will contact you on a regular basis to determine if you are accepting new referrals. When you are contacted in this circumstance, you will be provided the referred member's demographic information and basic clinical information. It is up to you to complete an intake with the member and their family and determine whether you can serve a family and meet their needs.
2. A provider may request referrals from Beacon based on a geographical area served. For example, "I am looking for 5 cases in the following area." The Clinical Care Managers then determine which members to refer based on acuity, length of time waiting for a provider and family availability.
3. A provider may have families make a direct referral or request for services. Please ensure all paperwork is collected and submitted to us **prior** to accessing an authorization **OR** have the member call us so that a Peer Specialist or Care Coordinator can assist in gathering this documentation.

### WHAT IF A PROVIDER HAS ALREADY BEEN SERVING A CHILD WITHIN THEIR AGENCY UNDER A DIFFERENT CONTRACT AND AN (FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)/ TREATMENT PLAN DEVELOPMENT (BIP) WAS RECENTLY COMPLETED? MAY SERVICES START UNDER MEDICAID/HUSKY?

Beacon would need written documentation including a copy of the current FBA and BIP. If the current FBA/BIP is older than 6 months, Beacon can authorize 1 unit to update the Treatment Plan or a portion of Behavior Assessment units to reevaluate and update the FBA/BIP. An authorization from Beacon is required.

### WHAT IS AUTHORIZED FOR THE INITIAL ASSESSMENT? (FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)/ TREATMENT PLAN DEVELOPMENT (BIP)/PROGRAM BOOK DEVELOPMENT)

Beacon can authorize a time period of 4–6 weeks; however, extensions are easily requested by email.

- Up to 10 units (hours) for the FBA
- 1 unit for Treatment Plan Development
- Up to 3 units for the Program Book Development

Send completed reports to the ASD dedicated fax **(855-901-2493)** and documentation will be reviewed. The assigned Clinical Care Manager will contact providers with any feedback or needed information and/or request to schedule a phone call to complete an authorization for direct service delivery.

## HOW LONG ARE AUTHORIZATION PERIODS? WHEN DO I SEND A PROGRESS REPORT?

- The authorization for Behavior Assessment, Treatment Plan and Program Book Development is 4–6 weeks.
- The authorization for DIRECT SERVICES is for an initial period of 45 days to allow time to collect baseline data and further develop a crisis plan if this has not already been completed. Subsequent authorizations for ongoing services can be 90 days or 6-months, dependent on the acuity, number of hours requested and amount of feedback given.
- Progress reports that include data, progress on goals, request for an increase in hours and/or a plan to decrease hours are requested to be submitted 10–14 days prior to the expiration date of an authorization. Following a review of documentation, Beacon Health Options can authorize up to 6 months of continued service and up to 25 hours per week of services based on level of care. If hours over 25 hours per week is requested, this must be reviewed with Beacon Health Options Medical Director for medical necessity.

## HOW MANY HOURS MAY I REQUEST FOR DIRECT SERVICES?

As part of the clinical behavioral assessment, behaviors to increase and decrease should be outlined along with their operational definition and plan to address them. SMART goals should be developed as well as a recommendation/request for the hours/week the BCBA or licensed clinician hypothesizes it will take to address these concerns and assist that child (and family) in reaching their goals. The family's schedule, availability and needs should also be taken into consideration when making this request for hours. 100% of documentation sent to Beacon is reviewed by a Clinical Care Manager to determine if the documentation supports the level of care specified. For some of our members, a request of 25 hours/week or greater may be warranted. Plans submitted that support 25 hours/week or more are reviewed with our medical director for medical necessity.

It is recommended that hours be requested in a way that is clear; for example:

- 15 hours/week direct service by tech on Mondays, Wednesday and Fridays (0345t/0365t)
- 1.5 hours/week observation and direction by BCBA (H0046)
- 1 hour/week of direct service by BCBA (H2014)
- Any request for BIP update and Program Book updates may also be requested within a progress report. We do ask to have the updated BIP submitted. We can authorize an updated BIP request 90 days past the date of the last BIP as needed. (H0031 –BIP); (H0032 TS Program Book)
- We will give you an authorization which comes out in units

## WHAT IF THE CHILD HAS A SPIKE IN BEHAVIORS THAT REQUIRE MORE HOURS THAN FIRST ANTICIPATED WITHIN MY CURRENT AUTHORIZATION? MAY I HAVE ADDITIONAL HOURS/UNITS?

It is required that a clinical progress note with clarification regarding the behavior(s) including supporting data that warrant the increase and the targeted plan to address this behavior. Please also include a hypothesis of why this has changed and a request for update to the treatment plan if this is also warranted.

## WHAT HAPPENS IF BEHAVIORS TO DECREASE ARE NOT OBSERVED DURING THE ASSESSMENT?

Please outline behaviors to increase in your treatment plan along with teaching protocols for skill acquisition. Include a plan on how to transfer these skills and techniques to parents.

## WHERE CAN SERVICES BE PROVIDED?

As indicated in the treatment plan, services can be provided in any setting that behaviors occur **except** hospitals, group homes, residential treatment facilities and school. A caregiver (e.g. parent, guardian, family member, babysitter, child care worker, etc.) shall participate in treatment sessions in a manner specified in the behavioral plan of care. A caregiver should participate in at least 50% of all treatment sessions as documented and explained in the plan of care. In order to ensure ASD treatment services are Medicaid coverable services and do not include non-coverable services such as child care, respite, or related services, a caregiver shall be present or available in the setting where service are being provided **at all times** in order to care for members under the age of eighteen, even when the caregiver is not directly participating in the services.

## WHAT IF THERE ARE SCHEDULING PROBLEMS, ILLNESS OR OTHER REASONS THAT SERVICES WERE NOT ABLE TO BE PROVIDED DURING THE AUTHORIZATION PERIOD? MAY I HAVE A DATE EXTENSION?

A provider may request a date extension as warranted. When requesting a date extension, clarify the reason the extension is being requested. This information must also be included in the submitted progress report. *It is the responsibility of the provider to keep track of unit expenditure. This can be found on CTDSSMAP in remittance data. It is also the responsibility of the provider to have a clear policy regarding missed or canceled appointments as claims cannot be submitted if services are not delivered.*

- Units cannot be added to an authorization line without a progress report
- Authorizations cannot be changed once all units within the authorization line have been paid on
- If the member is sick or misses an appointment, the provider cannot bill Medicaid

## WHAT IF THERE ARE PROBLEMS WITH BILLING FOR SERVICES DELIVERED?

- Please call DXC TECHNOLOGY (formerly HPE) directly: 1-800-842-8440
- The assigned Beacon Health Options Clinical Care Manager can also confirm the authorization is accurate
- Beacon Health Options Provider Relations can also assist. Please call 1-877-552-8247; at the prompts press numbers 1, 3 and 7

## OTHER HELPFUL INFORMATION

### PROVIDER MANUAL: CHAPTER 5; SECTION 5.3 "INSTRUCTIONS AND FORMS FOR THIRD PARTY LIABILITY"

- When Medicare is Primary (page 15): If Medicare reimburses the provider for medical services provided to an eligible Connecticut Medical Assistance Program client, the appropriate coinsurance and/or deductible may be submitted to DXC Technology for payment up to the Connecticut Medical Assistance Program's maximum allowed amount.
- When Private Insurance is Primary (page 17): If another insurance carrier reimburses the provider, a Connecticut Medical Assistance Program claim may be submitted for the balance of payment up to the Connecticut Medical Assistance Program maximum allowed amount. Refer to Chapter 8 for claim submission instructions.

## PROVIDERCONNECT

https://www.valueoptions.com/pc/eProvider/providerLogin.do

- The online application can be accessed above or from the "For Providers" Home Page of our website (http://www.ctbhp.com/providers/providers.html ). We suggest once you access the page, you add it to your bookmarks or favorites. Users will only be able to log in once they have completed the request form and received their ID and password.
- Providers can access this site to check current authorizations or approved authorizations for members

## CTDSSMAP – What information is included here?

For the most up to date information regarding member benefits, eligibility and coverage, it is recommended that providers check CTDSSMAPS on a regular basis. CTDSSMAP also has remittance information as well as all authorizations with real time unit expenditures.

## POLICY TRANSMITTAL

http://www.ctbhp.com/providers/bulletins/2016/PB2016-47.pdf

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## CT BHP/BEACON HEALTH OPTIONS AUTISM SERVICES WEBSITE

http://www.ctbhp.com/asd.html