Florida Medicaid
Behavior Analysis Updates
2019

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Housekeeping

• Presentation Availability
  – [http://AHCA.myflorida.com/Medicaid](http://AHCA.myflorida.com/Medicaid)
    • From the Medicaid homepage, select *Behavior Analysis Services Information*

• Lines will be muted for the duration of the webinar to minimize disruption.
  – Questions can be submitted utilizing the Citrix “questions” feature. Simply type your question and select “submit”.
  – Questions will be held until the end.
Behavior Analysis Services Overview

- Florida Medicaid offers coverage of behavior analysis (BA) services for eligible recipients ages birth through 20 years old, when medically necessary.
  - 11,376 children received services in March 2019
  - 9,439 enrolled providers
  - Estimated total expenditures for BA services for SFY 2018-2019: $500 million
Service Updates

• The Agency will review several proposed changes or updates related to coverage of BA services to ensure that:
  – Services are medically necessary
  – Children are receiving quality care
  – There is comprehensive care planning
  – Services are being delivered as authorized
  – We deter aberrant billing and practice patterns
Covered Topics

- Reimbursement Rates
- Health Care Clinic License
- Service Authorization
- Coverage Policy Revisions
- Electronic Visit Verification
- Moratorium
Covered Topics

Myth vs. Truth
Reimbursement Rates
Reimbursement Rates

• The Agency will not change rates for behavior analysis services in 2019.
• Current Medicaid Rates:

<table>
<thead>
<tr>
<th>Service</th>
<th>Hourly Medicaid Rate</th>
</tr>
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<tbody>
<tr>
<td>Lead Analyst (e.g., BCBA)</td>
<td>$76.20 per hour</td>
</tr>
<tr>
<td>Assistant Analyst</td>
<td>$60.96 per hour</td>
</tr>
<tr>
<td>Registered Behavior Technician</td>
<td>$48.76 per hour</td>
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</tbody>
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Health Care Clinic Licensure
Health Care Clinic License

- Florida law requires entities providing health care services and that bill third party payers to obtain a health care clinic license pursuant to Part X of Chapter 400, Florida Statutes.
- The law strengthened the regulation of health care clinics to prevent significant cost and harm to patients.
- The law allows for certain exemptions from the licensure requirement.
- Behavior analysis group providers must furnish proof of the health care clinic licensure or provide a copy of the certificate of exemption by July 1, 2020.
Important Information

• For more information, please visit the Agency’s website. You will find:
  – Links to applicable statutes and rules
  – Forms for licensure and exemption from licensure
  – Survey regulation sets
  – Frequently asked questions
  – Contact information:
    • Phone: (850) 412-4549
    • Florida Relay Service (TDD): (800) 955-8771
    • Email: hospitals@ahca.myflorida.com
Multidisciplinary Team Approach
Multidisciplinary Team Approach

- The Agency will be implementing a multidisciplinary team (MDT) approach for authorizing behavior analysis services in **Regions 4 and 7**, effective **July 1**

<table>
<thead>
<tr>
<th>Region 4</th>
<th>Region 7</th>
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</thead>
<tbody>
<tr>
<td>Baker</td>
<td>Brevard</td>
</tr>
<tr>
<td>Clay</td>
<td>Orange</td>
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<tr>
<td>Duval</td>
<td>Osceola</td>
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<td>Flagler</td>
<td>Seminole</td>
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<tr>
<td>Nassau</td>
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<tr>
<td>St. Johns</td>
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<tr>
<td>Volusia</td>
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</table>
Multidisciplinary Team Approach

• The MDT approach helps to ensure that children with special health care needs are receiving a comprehensive service package to meet their developmental and behavioral needs.

• The MDT approach is NOT designed to reduce services!
Child Centered Approach

- The MDT revolves around the child.
- Members of the team include the parent, clinicians from eQHealth (service coordinator, reviewers, and a physician), the child’s health plan, and providers involved in the child’s care.
- A BCBA will always be one of the eQHealth clinicians that participates in the MDT review process.
How will the MDT approach work?

The provider contacts eQHealth via phone to request authorization 30 days before services are initiated.

A service coordinator will contact the parent to collect additional information.

The eQHealth BCBA/BCBA-D will review all information, along with any other clinical reviewers assigned the case.

When needed, the MDT meets to review the case. The BCBA/BCBA-D or MD will make the final decision.
# Frequency of MDT Reviews

<table>
<thead>
<tr>
<th>Number of Requested Hours</th>
<th>MDT Approach</th>
<th>Prior Authorization Approval Period</th>
</tr>
</thead>
</table>
| Less than **20** hours per week | • Discussion with parent  
• Documentation review  
• A team meeting will not be scheduled unless there has been no progress or there is a request for increased hours upon reauthorization | • 6 months |
| **20 – 29** hours per week | • Discussion with parent  
• Documentation review  
• Team meeting | • Up to 6 months |
| **30+** hours per week | • Discussion with parent  
• Documentation review  
• Team meeting | • Up to 3 months |
Rewarding Quality

• The Agency is exploring implementing a reward program that recognizes providers that exceed certain quality benchmarks by reducing the frequency of prior authorization reviews. Examples include:
  – Fading services appropriately and in accordance with the behavior plan
  – Submitting comprehensive data books each time
  – Low requests for additional information

• We want your help in designing this program. Implementation will be in Spring 2020.
Strengths of the MDT Approach

• Involves the parent and child in the review process
• Reduces administrative burdens on the provider
• Enhances quality oversight in the delivery of services
• Improves communication between the parent, provider, and eQHealth
• Identifies services needs and gaps so they can be resolved quicker
• Offers parents additional resources and support
• Improves the authorization turnaround time
• Recognizes and rewards quality

Additional training about the model will begin the week of May 6th.
Coverage Policy Revisions
Coverage Policy Revisions

• Behavior Interventions Coverage Policy
  – The BA coverage policy will be combined into one policy with other Medicaid-covered behavior modification and intervention services
    • Behavioral Health Day Services
    • Therapeutic Behavioral On-Site Services (TBOS)
  – This will highlight the continuum of services that are available for children with maladaptive behaviors
Coverage Policy Changes

• Strengthen description/requirements for behavioral analysis services
  – Incorporating evidence-based practices/guidelines
  – Ensuring parent/caregiver training to develop the skills needed to execute the procedures on the behavior plan
• Clarify supervision requirements
• Strengthen documentation requirements
• All changes will be codified in rule
Supervision Requirements

• The Lead Analyst may seek reimbursement from Florida Medicaid for up to eight hours of supervision of the RBT or BCaBA per month.
  – It must be an in-person (individual) visit
  – The child must be present during the visit
  – The lead analyst must be directing the RBT/BCaBA during the visit
  – The RBT/BCaBA may not concurrently bill for the same time
Supervision Requirements

• If the lead analyst is **not a BCBA**, but is licensed in another behavioral health profession (e.g., LMHC), the lead analyst may only bill for the supervision of an RBT if operating under the oversight of an RBT Requirements Coordinator.

• The RBT supervisor form must be maintained in the employee record under these circumstances (and be available upon request).
Comprehensive Evaluation

• Providers will have to submit a comprehensive diagnostic evaluation when requesting the initial service authorization.
• Providers will have to submit updated evaluations every two - three years when requesting continued authorization.
  – Updated evaluations may target specific behaviors or skill deficits and are not required to be comprehensive.
Behavior Assessment Requirements

- The behavior assessment (or functional assessment) must consist of the following:
  - Objective list of direct observations
  - Tests to define target behaviors
  - Interview records
  - Operational definitions of all behaviors targeted for change
  - Description of conditions under which the behavior is most likely to occur
  - Measures of current level of behavior targeted for change
  - Putative functional relationships between targeted behavior and environment
Behavior Intervention Plan
Requirements

- The behavior intervention plan must consist of the following:
  - Summary of program monitoring and any other factors affecting behavior
  - Graphic and narrative summary of all target behaviors
  - Analysis of data and summary of progress
  - A plan for maintaining and generalizing behavioral improvements
  - Criteria for the reduction and fading of services
Data Book Minimum Requirements

• Data books must include the following:
  – Dates when each specific observation occurred
  – Number of responses emitted during an observation period
  – Rate, frequency, and duration of target behaviors
  – Measure of change across a period of time
  – Graphs that chart the measurement and pattern of target behaviors
Additional Documentation Requirements

- Appointment logs signed and dated by the child’s parent or guardian
- Treatment/progress notes signed by the rendering provider
- Documentation of training for parents and caregivers to ensure program effectiveness
Electronic Visit Verification (EVV)
Electronic Visit Verification (EVV)

• The Agency will be implementing electronic visit verification in the Fall 2019 in the following regions/counties:

<table>
<thead>
<tr>
<th>Region 9</th>
<th>Region 10</th>
<th>Region 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian River</td>
<td>Broward</td>
<td>Miami-Dade</td>
</tr>
<tr>
<td>Okeechobee</td>
<td></td>
<td>Monroe</td>
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<tr>
<td>St. Lucie</td>
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<tr>
<td>Martin</td>
<td></td>
<td></td>
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<tr>
<td>Palm Beach</td>
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</tbody>
</table>

• The Agency may add regions/counties at a later date.
Electronic Visit Verification

• Training will be available to providers both in-person and through live web-based sessions.
• Providers will need to register with the vendor to use the EVV system.
• Group providers will help their rendering providers get set up in the EVV system.
• Once EVV is implemented, providers will bill through the EVV portal and no longer bill via the Medicaid MMIS provider portal.
Scheduling Services

- Providers will still need to receive prior authorization through eQHealth before delivering services.
- Once authorization is obtained, providers will use the EVV system to schedule services based on the prior authorization.
- Providers will have the ability to make updates to scheduled services.
Smartphone Application

- EVV requires the rendering provider to check in and check out using a Smartphone application each time a visit begins and ends
- The free application:
  - is enabled with Global Positioning System (GPS) technology
  - links provider check in and check out with claim submission
  - ensures submitted claims information is valid and aligns with the prior authorization information
EVV Web-Based Provider Training

• Web-based (webinar) training will begin **May 15, 2019**, and run through September 2019
• Training will be offered weekly and is separated by topic:
  – Scheduling and Dashboard
  – Claims
  – Mobile Application
• Approximately 100 individual training sessions will be offered.
  – Training sessions will be offered multiple days of the week on a flexible schedule throughout the day and early evening
  – Spanish sessions will be offered for each training topic
• Refresher training courses will also be available
EVV Provider In-person Training

- In-person training will start **June 12, 2019** and run through August 2019
- In-person training will focus on:
  - Scheduling and Dashboard
  - Claims
- Multiple in-person training sessions will be offered in one location per region.
- Approximately 25 individual in-person training sessions will be offered
Provider Enrollment Moratorium
Provider Enrollment Moratorium

• The Agency is requesting federal permission to partially lift the BA provider enrollment moratorium in Miami-Dade and Broward counties.
  – Includes registered behavior technicians, lead analysts, and board certified assistant behavior analysts seeking enrollment to participate as a member of provider group that is already enrolled in Florida Medicaid

• The moratorium will remain in effect for new group providers and lead analysts practicing independently.
Provider Enrollment Training

- Webinars to help BA providers understand the provider enrollment process were held on April 23 and 24.
- A recording of the webinar will be posted on the Agency BA webpage soon.
- Additional webinars will be scheduled in the near future.
Next Steps and Resources

• Public Webinars in April and May
• Rule Workshops and Hearings in Tallahassee
• Website Updates at [http://ahca.myflorida.com/Medicaid](http://ahca.myflorida.com/Medicaid)
  – Click on “Behavior Analysis Services Information”
• Provider Alerts
Provider Alerts

Visit [http://ahca.myflorida.com/SMMC](http://ahca.myflorida.com/SMMC)

The Agency for Health Care Administration is responsible for administering the Statewide Medicaid Managed Care (SMMC) program. Most Florida Medicaid recipients are enrolled in the SMMC Program. The SMMC program has three components, the Long-Term Care (LTC) program, the Managed Medical Assistance (MMA) program, and the Dental Program.
Additional Resources

• Dedicated email address for comments and questions, specifically related to behavior analysis services
  – BACOMMENTS@AHCA.MYFLORIDA.COM

• Medicaid Helpline (toll-free)
  – 1-877-254-1055
Questions

- If you wish to ask questions, utilize the "chat box" feature.