

# Behavior Analysis Multidisciplinary Team (MDT) Process

*Provider Training*

# Objectives

Outline the MDT Process

Set Expectations & Goal

Keys to Success 

– MDT Provider Experience 5/21/2019-  
7/15/2019

# Multidisciplinary Team Approach Pilot Program

## Medicaid Area 4

- Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia

## Medicaid Area 7

- Brevard, Orange, Osceola, Seminole

# BA MDT Model for Providers

## INTAKE

- Provider submit the request for services to eQHealth
- Provider Contacted by MDT Coordinator (one business day)
- All required documentation received, request entered in eQSuite, guardian contacted (one business day)

## Review Process

- BA Reviewer Level One #1
- BA Reviewer Level One #2 (five business days)
- BA reviewer Level Two (two business days)

## MDT Meeting

- Participants: Recipient, guardian, eQHealth Team, BA Provider, ordering Physician, other providers (up to fifteen business day)

# What is New for the Providers



- The BA provider will not be entering BA requests in eQSuite
- The MDT Coordinator will enter the requests for you!
- Reassessments code H0032 requests will be approved in advance with the service requests
- The MDT Coordinator will notify the provider by phone if additional documentation is required. The providers will also have access to eQSuite to upload documents directly
- The provider will be able to contact the assigned MDT Coordinator with questions about the BA service requests.
- An eQHealth customer representative will be able to help the BA provider locating the assigned MDT coordinator as needed

# How These Changes Benefit The Providers?



- Improve communication and prior authorization experience with eQHealth
- Provide personalized support from a designated MDT Coordinator
- Reduce administrative time and review processing time
- Reduce administrative pends
- Opportunity to consult with other clinical experts to facilitate development of comprehensive care plans for the recipient and family

# Required Documentation

## Diagnostic Evaluation and In-depth Assessment

- A Comprehensive Diagnostic Evaluation for recipients diagnosed with autism or autism spectrum disorders or an in-depth behavioral health assessment not older than two years, for children with other diagnoses is a required document
  - the evaluation or assessment should be updated every two years if BA services are still required
- If an updated diagnostic evaluation or assessment is needed the MDT Coordinator will notify the guardian and provide helpful resources.

# Administrative Approval

## Administrative approval

- If the parent needs additional time to complete the evaluation and the recipient is currently authorized to receive BA services, an administrative extension of services can be applied as shown below:
  - Approved services equal or less than 10 hrs./week (6 months)
  - Approved services between 10 – 29 hrs./week (4 months)
  - Approved services between 30 – 40 hrs./week (1-3 months)
- The guardian and the BA provider will be notified of the administrative approval

# First Step: Intake



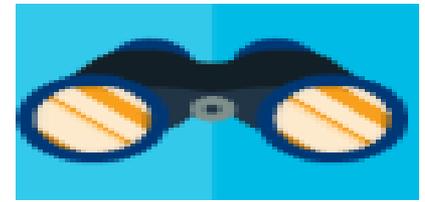
- The BA providers should submit requests for authorization at least 15 business days prior to service initiation date. Request can be submitted up to 30 days in advance
- Please, submit the authorization request form and the BA clinical questionnaire form with the required documentation
  - the Authorization Request form and the clinical questionnaire will be available in the eQHealth website
  - the BA fax number will be posted in the eQHealth website prior to 7/1/2019

# First Step: Intake



- The MDT Coordinator will input the review in the eQHealth authorization system and will contact the provider via phone to notify that the request was received. If additional documentation is required, it will be requested at this time
  - one business day turnaround time
- Once provider is notified of additional documentation requirements, the review will be pended to the provider. The provider will have the opportunity to upload requested documentation in the system; detailed explanation of required documentation was already provided to avoid delays
  - the provider has two business days to submit requested documentation. The provider can contact the assigned MDT Coordinator at any time

# First Step: Intake



- Upon receiving required documentation the MDT Coordinator will contact the recipient's guardian to notify that the authorization request is being processed and complete the BA Family Survey Tool (3 attempts over 2 business days). This tool will be completed every 180 days for all requests. The MDT meeting will also be scheduled at this time, if required
  - two business days turnaround time

**END INTAKE**

# Refer to Level One Reviewers



- Once the MDT Coordinator has completed the BA Family Survey Tool with the guardian and all required documentation is present, the review will be referred to the BA Reviewers Level One:
  - BCBAs
  - OT
  - LSP
  - LCSW
  - LMHC

# Review Process-Level One reviewers



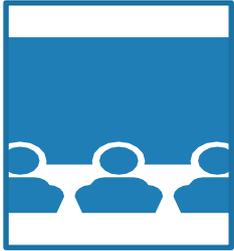
- Two BA Reviewers Level One will determine medical necessity. One of the reviewers will be a **BCBA**. The second Reviewer Level One will be an **OT, SLP, LMHC or LCSW**, depending on the developmental and behavioral challenges of the child.
  - The Review can be approved at Level One if both reviewers agree upon the same decision
    - up to five days turnaround time
- If the BA Reviewers Level One do not agree, the review will be referred to a BA Reviewer Level Two (**BCBA-Ds, Physicians, and Medical Directors**)

# Review Process-BA Reviewer Level Two



- The BA Reviewer Level Two (**BCBA-Ds, Physicians, and Medical Directors**) will evaluate all submitted documents, collected information, BA Reviewers Level One recommendations, request additional documentation from the BA provider, conduct peer-to-peer discussion, and make a decision
  - The BA request could be approved or denied
    - up to two days turnaround time
- The MDT coordinator will schedule the meeting, if required
  - \*an MDT meeting **MUST** be completed before and adverse determination is issued
    - up to fifteen days turnaround time; however, the MDT Coordinator will attempt to schedule promptly to avoid delays

# When is a meeting required?



- **Authorization requests for less than 20hrs/week if:**
  - Reauthorization request with no progress shown from baseline
  - Request for an increase in hours, or level of service
  - The recipient doesn't meet medical necessity
  - ✓ Prior Authorization could be issued for up to 6 months
- **All authorization requests for 20-29hrs/week:**
  - ✓ Prior Authorization could be issued for up to 6 months
- **All Authorization requests for more than 30hrs/week:**
  - ✓ Prior Authorization could be issued for up to 3 months
- **All modification requests to increase hours or levels of service will require a Multidisciplinary Team Meeting**

# The MDT Meeting



Working  
together

- The MDT meeting is scheduled at the guardian's convenience
- Translator services will be available as needed
- All providers involved in the recipient's care will be invited
- The Multidisciplinary Team will involve the family, review the case, identify needs, and establish goals
- If new information is presented during the meeting that impacts the projected outcome of the clinical review it will be presented to the BA Reviewer Level Two (BCBA-D or MD)

# The MDT Meeting



Working  
together

- The BA Reviewer Level Two (BCBA-D or MD) will make the final decision after evaluating MDT meeting summary
- If the MDT process results in an adverse determination the MDT Coordinator will offer additional resources and help the family access recommended services. Due rights are protected.
  - the MDT Coordinator will attempt to notify the family by phone within one business day of the decision. Written letters will be sent out within one business day & due rights will be protected

# eQHealth Authorization Request Form



Return to:  
Ph: 855-444-3747  
Fax: 855-444-3747

## Behavioral Analysis Services PRIOR AUTHORIZATION REQUEST

I. GENERAL INFORMATION					
Recipient Number	Last Name	First Name	Date of Birth		
<b>Type of Request:</b> <input type="checkbox"/> New (prior to service) <input type="checkbox"/> Retrospective (after service due to retroactive eligibility) <input type="checkbox"/> Modification of existing eQHealth PA <input type="checkbox"/> Continuation of services If this is a Modification or Continuation of services, please include the initial eQHealth authorization number: <b>PA#</b> <input type="text"/>					
<b>Summary:</b> Please refer to the applicable Medicaid Handbook for required supporting documentation and covered services. Please check the applicable fee schedule to verify if the service requires prior authorization. If you are submitting a retrospective request, please indicate the reason why.					
II. DIAGNOSES					
ICD10 DX code(s):					
III. SERVICES					
HCP # Code	Modifier 1	Modifier 2 (if applicable)	Start Date	End Date	Units
H8001 (Behavior Assessment)	QA		/ /	/ /	1 unit = 1 assessment
H8002 (Behavior Reassessment)	QA		/ /	/ /	1 unit = 1 assessment
H2012 (Assistant Analyst)	QA		/ /	/ /	1 unit = 15 minutes
H2014 (Technician) (For group therapy add "GH" modifier)	QA		/ /	/ /	1 unit = 15 minutes
H2019 (Lead Analyst)	QA		/ /	/ /	1 unit = 15 minutes
IV. PHYSICIAN/PROVIDER INFORMATION					
Physician Name: <input type="text"/>		Medicaid Number: <input type="text"/>			
Physician Phone: <input type="text"/>					
Provider Name: <input type="text"/>		Medicaid Number: <input type="text"/>			
Contact Name: <input type="text"/>		Contact Phone: <input type="text"/>	Contact Fax: <input type="text"/>		
<b>Preferred Method for Contact to receive PA#:</b> <input type="checkbox"/> Call Back <input type="checkbox"/> Fax					
I hereby attest that, as the provider or provider representative, an order for services has been received for the recipient. In addition, I attest that the treatment plan has been approved by the provider. A provider who knowingly or willfully makes, or causes to be made, any false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments, may be subject to the application of sanctions, which include, but are not limited to, fines, suspensions, and termination. In addition, the provider may be prosecuted under federal and/or state criminal laws and may be subject to civil monetary penalties and/or fine.					
<small>FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION DISCLAIMER STATEMENT                      eQHealth Solutions certification determination does not guarantee Medicaid payment for services. Eligibility for and payment of Medicaid services are subject to all terms and conditions and limitations of the Medicaid program.</small>					

# Team Work



Q&A