

## Frequently Asked Questions (FAQ) for Pediatric Behavioral Therapy May 27, 2016

**Q: What are the qualifications needed for the person submitting information for a prior authorization request? Does it need to be a certified BCBA?**

A: All of the qualifications for providers are listed on our website at <https://www.colorado.gov/pacific/hcpf/pediatric-behavioral-therapies-information-providers>. BCBA is one type of certification that is accepted, but this benefit is not limited to just BCBA's.

**Q: Do these three questions need to be addressed in the treatment plan submitted to Medicaid?**

- Have less intrusive or less intensive behavioral interventions been provided or considered?
- Have other therapy services such as occupational therapy, physical therapy, or speech therapy been provided or considered?
- Is it your professional opinion that no equally effective alternative is available for reducing interfering behaviors, increasing prosocial behaviors, or maintaining desired behaviors?

A: The questions need to be answered, but will not result in a denied PAR. The Department would like something in writing stating the questions have been asked. We want the dialogue to be open about these other services with families. This is one avenue to helping families know there are other Medicaid services available that may benefit their child, such as Personal Care or speech therapy.

**Q: Are there any concessions for therapists to go into a school? If they are not part of their Individual Education Plan (IEP) are there any concessions if we are recommending that it be in their IEP if it isn't currently? What about private schools?**

A: Behavioral therapy services can be delivered on public or private school grounds for educational purposes under the IDEA act. However, in most cases, the provider would be reimbursed by Medicaid indirectly, through the school district or the Behavioral Health Organization (BHO), Medicaid's managed care program for mental and behavioral health services. Providers generally cannot be paid fee for service for behavioral therapy services provided at schools.

School districts are responsible for paying for services related to a student's special health care and educational needs (IDEA). When a student with special health care and education needs is enrolled in a private school, school districts are still responsible for funding these services (Colorado's Exceptional Children's Educational Act (ECEA) and the federal Individuals with Disabilities Education Improvement Act of 2004 (IDEA)).

According to the Medicaid state plan (our contract with our federal partner CMS), the School Health Services program is the only way for districts to be reimbursed by Medicaid for administration of health care services.

In addition, some behavioral health organizations (BHOs) may support licensed therapists who work at schools. They would be paid through the BHO managed care program.

Federal law prohibits Medicaid paying for the same service twice.

**Q: What does educational in nature mean?**

A: Day care or school. As explained above, different funding mechanisms are already paying for services at educational institutions and are educational in nature.

**Q: Right now behavioral services may be provided concurrent to other HCBS waiver services, including respite. Removing this option may make it difficult to find respite providers for waiver participants.**

A: All services, EPSDT and waiver, should work to meet the needs of the child as a whole. All EPSDT services should be cohesive and should not change a client's ability to receive services via a waiver. If a case manager has a situation with a client's waiver services they should consult with the Department's waiver manager.

**Q: Waiver programs have a point person/case manager. Will these cases also have dedicated case managers to submit Treatment Plans, Auth. Requests etc. to?**

A: State plan behavioral health services will be assessed by the therapy agency, who will also submit the PARs. Agency staff are the point people for behavioral therapy services.

**Q: Do I need to leave my waiver service provider for an EPSDT provider?**

A: No – waiver services will remain as waiver services for now and you should not be told you need to switch to another delivery mechanism or another provider. Continuity and consistency are key to treatment and children will not be made to leave their waiver provider while the service remains as a waiver benefit.

**Q: I was told that when my CES waiver is redetermined, I will not be able to receive any behavioral therapy services now. Why?**

A: Your child should continue to receive services under their waiver until further notice.

**Q: My child's CES provider has limited hours for behavioral therapy. Can I add an EPSDT provider for more hours?**

A: We would like to review your CES plan to see how and why your child has the number of hours they do. Please work with your waiver case manager for assistance with the review. They can ask the state for further assistance by calling the waiver manager at the Department.