

PerformCARE <sup>®</sup>		Policy and Procedure
<b>Name of Policy:</b>	Initial & Re-Authorization Requirements for Individual Intensive Behavioral Health Services (IBHS) BC/MT/BHT & Individual ABA Services (BA, BC-ABA, Asst. BC-ABA, BHT-ABA)	
<b>Policy Number:</b>	CM-CAS-042	
<b>Contracts:</b>	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
<b>Primary Stakeholder:</b>	Clinical Department	
<b>Related Stakeholder(s):</b>	Provider Network Operations	
<b>Applies to:</b>	Providers	
<b>Original Effective Date:</b>	03/01/22	
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**Policy:** Establishes protocols for the initial and re-authorization of Intensive Behavioral Health Services (IBHS) specific to Individual Behavior Consultation (BC), Mobile Therapy (MT), Behavioral Health Technician (BHT) and Individual ABA services.

**Purpose:** To assure that network providers meet requirements for requesting Individual and ABA IBHS.

**Definitions:** **ABA:** Applied Behavior Analysis is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior; or to prevent loss of attained skill or function by including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.  
**ABA-Services:** Include Behavior Analytic, Behavior Consultation-ABA, Assistant Behavior Consultation-ABA, Behavioral Health Technician-ABA for the purpose of this policy.  
**IBHS-Individual:** Intensive Behavioral Health Services, which is an array of therapeutic interventions and supports provided to a child, youth, or young adult in the home, school, or other community setting. This includes BC, BHT and MT for the purpose of this policy.

**Acronyms:** **Assistant BC-ABA:** Assistant Behavior Consultation-ABA  
**BA:** Behavior Analytic  
**BC:** Behavior Consultation

**BC-ABA:** Behavior Consultation–ABA  
**BHT:** Behavioral Health Technician  
**BHT-ABA:** Behavioral Health Technician-ABA  
**BPE:** Best Practice Evaluation  
**CANS:** Child and Adolescent Needs and Strengths  
**ITP:** Individual Treatment Plan  
**MT:** Mobile Therapy  
**ORP:** Ordering, Referring, Prescribing

- Procedure:**
1. Initial Requests for Individual BC/MT/BHT and ABA IBHS:
    - 1.1. For initiation of Individual or ABA IBHS, Members receive a Written Order from an ORP-enrolled prescriber.
      - 1.1.1. A BPE may serve in lieu of a Written Order, if clinically appropriate, based on Member need and the BPE meets all Written Order requirements per IBHS regulations.
        - 1.1.1.1. A CANS must be completed if a BPE is conducted (CABHC counties only)
    - 1.2. Provider Choice Form should be completed with the Member/Family/Guardian.
    - 1.3. PerformCare IBHS Initial Service Capacity Acknowledgement form will be utilized if provider does not have capacity and Member/Family/Guardian does not want to transfer to a provider with capacity.
    - 1.4. The Written Order/BPE and Provider Choice Form are sent to Member's first provider of choice at Member/Family/Guardian request within four (4) calendar days of completion. Otherwise, Member/Family/Guardian are provided with copies of the Written Order/BPE and Provider Choice Form and directed to contact an IBHS provider or PerformCare for assistance when ready to pursue services (Note: IBHS Written Order is valid for twelve (12) months).
    - 1.5. The provider electronically submits an IBHS Assessment Registration Form to PerformCare within four (4) calendar days of starting the assessment.
    - 1.6. The following should occur if the provider does not have capacity to start an IBHS/ABA assessment within seven (7) calendar days of receiving a Written Order/BPE:
      - 1.6.1. The provider discusses a transfer to a provider with capacity. If the Member/Family/Guardian agrees to a transfer to another provider with capacity, then the transferring provider will submit the following forms to PerformCare to facilitate the transfer:
        - 1.6.1.1. Child/Adolescent Services Request Submission Sheet.

- 1.6.1.2. IBHS Written Order/BPE.
- 1.6.2. If the Member/Family/Guardian declines a transfer to a provider with capacity and decides to wait until provider has capacity, then the provider will electronically submit the following forms to PerformCare:
  - 1.6.2.1. Child/Adolescent Services Request Submission Sheet.
  - 1.6.2.2. IBHS Written Order/BPE.
  - 1.6.2.3. IBHS Written Order/BPE Receipt Notification Form.
    - 1.6.2.3.1. Note: Provider will have the Member/Family/Guardian complete an acknowledgment form indicating they are declining a transfer and agreeing to wait with the provider for capacity. The IBHS Initial Service Capacity Acknowledgement Form for Individual IBHS and ABA IBHS is submitted with the Written Order/BPE, Assessment and ITP as part of a complete request.
- 1.7. Upon receipt of IBHS Registration Form, PerformCare will authorize an assessment for the IBHS provider as follows:
  - 1.7.1. BC/MT/BHT = 30 calendar days
  - 1.7.2. BA/BC-ABA/Assistant BC-ABA, BHT-ABA = 45 calendar days
  - 1.7.3. All IBHS regulation time frames to complete the assessment and ITP are required.
- 1.8. The provider will complete the assessment per IBHS regulations.
- 1.9. Assessment requirements include observations and interviews with caregivers/staff in all settings in which services are to be delivered. Observation/assessment in school/day care/community setting is required when the Written Order indicates BHT in those settings. The assessment must also include the service recommendations, based on the assessment, written in specific hours/month and include settings in which services will be provided.
  - 1.9.1. The IBHS provider should document in the IBHS assessment if the school, day care, community setting will not permit direct observation.
  - 1.9.2. In the event the assessment concludes the hours per month for any IBHS should be higher than the

- Written Order/BPE originally prescribed OR if another level of care is indicated, the provider will schedule a treatment team meeting within seven (7) calendar days of assessment completion date to discuss treatment recommendations with team. All team members, including PerformCare, should be invited to this treatment team meeting.
- 1.9.3. Following the treatment team meeting, the provider will outreach to the original prescriber, who will determine if the Written Order/BPE should be updated based on the additional information provided in the assessment or if an additional face-to-face interaction with the Member is needed.
- 1.9.3.1. A new face-to-face Written Order/BPE is required if the original prescriber cannot/will not modify the initial Written Order/BPE.
- 1.9.4. The IBHS process will need to restart [at Step 1] if a prescriber issues a new Written Order/BPE.
- 1.10. Following completion of the IBHS assessment, an ITP must be developed per IBHS regulations and in collaboration with the Member/Family/Guardian and contain the following:
- 1.10.1. Service type and specific number of hours for each service.
- 1.10.2. Settings where services will be provided, including the specific number of hours in each setting (updated as needed).
- 1.10.3. Whether/how parent, caregiver, or legal guardian participation is needed to achieve the goals/objectives.
- 1.10.4. Safety plan to prevent a crisis, crisis intervention plan including triggers, and a transition plan.
- 1.10.5. Specific measureable goals including measurable baseline information, measurable objectives and interventions to address identified therapeutic needs with specific definable and measurable outcomes as well as timeframes to complete each goal
- 1.10.6. Discharge criteria, proposed discharge date/goal completion and appropriate aftercare plan.
- 1.11. Within ten (10) calendar days of completing the ITP, the provider will then submit a valid request to PerformCare consisting of the following:
- 1.11.1. Child/Adolescent Services Request Submission Sheet.
- 1.11.2. IBHS Provider Choice Acknowledgment Form.
- 1.11.3. Written Order/BPE.

- 1.11.4. Assessment. (FBA is required for ABA).
- 1.11.5. ITP.
- 1.11.6. Intensive Behavioral Health Services (IBHS) Initial Service Capacity Acknowledgement Form for Individual IBHS and ABA IBHS per 1.5.1.2.1.
- 1.11.7. CANS with ITP. (Capital Only).
  - 1.11.7.1. Note: CANS will be completed by the prescriber if a BPE was completed and by a CANS-certified BA/BC/BC-ABA/MT if completed with the assessment and ITP.
- 1.12. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
- 1.13. Approved services will begin the date of the medical necessity decision and the authorization period will be generated for a maximum of 12 months (unless otherwise specified in the approved service description).
- 1.14. The ITP shall be reviewed and updated at least every 6 months and be submitted to PerformCare
  - 1.14.1. PerformCare (or other team member) may request a team meeting if limited or no progress is noted in the ITP.
  - 1.14.2. A CANS (CABHC counties only) is required with all six (6) month updates to the ITP.
- 1.15. Treatment team meetings should occur as clinically indicated as collaboration and cross systems planning is integral to care.
- 1.16. If in Step 1.1 the Written Order/BPE provides clear clinical justification that IBHS should start prior to completing the assessment and ITP, then a valid request must be submitted to PerformCare including the following:
  - 1.16.1. Child/Adolescent Services Request Submission Sheet.
  - 1.16.2. Written Order/BPE.
  - 1.16.3. Treatment Plan.
  - 1.16.4. IBHS Provider Choice Acknowledgment Form.
  - 1.16.5. The prescriber will complete a CANS (CABHC counties only) if a BPE was completed.
- 1.17. PerformCare will determine medical necessity according to *CM-013 Approval/Denial Process and Notification* and, if approved, generate a treatment authorization for an interim period per IBHS regulations:
  - 1.17.1. Individual BC/MT/BHT = 45 days.
  - 1.17.2. BA/BC-ABA/Assistant BC-ABA/BHT-ABA = 75 days.

- 1.18. When the IBHS request indicates that services should start prior to completing the assessment, PerformCare will authorize as assessment authorization as follows:
  - 1.18.1. BC/MT/BHT = 30 calendar days
  - 1.18.2. BA/BC-ABA/Assistant BC-ABA, BHT-ABA = 45 calendar days.
- 1.19. During this interim 45/75-day authorization period, the provider will complete an assessment and ITP in addition to delivering services as indicated in the IBHS Written Order/BPE.
- 1.20. If following the completion of the assessment it is determined IBHS should continue past 45/75 calendar days, a valid request should be submitted to PerformCare at least two (2) business days prior to the expiration of the interim authorization period to ensure continuity of services. A complete request contains the following:
  - 1.20.1. Child/Adolescent Services Request Submission Sheet.
  - 1.20.2. IBHS Provider Choice Form.
  - 1.20.3. Written Order/BPE.
  - 1.20.4. Assessment. (FBA is required for ABA.)
  - 1.20.5. ITP.
  - 1.20.6. CANS with ITP. (CABHC counties only)
    - 1.20.6.1. Note: CANS will be completed by the prescriber if a BPE was completed and by a CANS-certified BA/BC/BC-ABA/MT with the ITP.
2. Re-authorization Requests:
  - 2.1. For continuation of individual (BC/MT/BHT) or ABA IBHS, a member must receive a new Written Order/BPE from an ORP-enrolled prescriber.
    - 2.1.1. A BPE may serve in lieu of a Written Order/BPE if clinically appropriate based on Member need and includes all components of a Written Order per regulations.
      - 2.1.1.1. A CANS must be completed if a BPE is conducted (CABHC counties only).
    - 2.1.2. If the new Written Order/BPE prescribes a different IBHS, then provider follows Step 1.1 for initial IBHS as noted above.
  - 2.2. The current treating provider will update the ITP and complete an updated assessment.
    - 2.2.1. Assessment requirements include observations from and interviews with caregivers/staff in all

- settings in which services are to be delivered.  
Observation/assessment in school setting is required when the Written Order indicates BHT in school. The assessment must also include the clinicians (BA, BC-ABA, BC, MT) service recommendations, based on the assessment, written in hours/month and include settings in which services should be provided.
- 2.2.2. The IBHS provider should document in the IBHS assessment if the school, day care community setting will not permit direct observation.
  - 2.2.3. In the event the assessment concludes the hours per month for any IBHS should be higher than the Written Order/BPE originally prescribed OR if another level of care is indicated, the provider will request a treatment team meeting within seven (7) calendar days of assessment completion date to discuss with team. All team members, including PerformCare, should be invited to this treatment team meeting.
  - 2.2.4. Following the treatment team meeting, the provider will outreach to the prescriber to determine if the Written Order should be updated based on additional information from the assessment or if an additional face-to face-interaction with the Member is needed.
  - 2.2.5. The IBHS process will need to restart at Step 1 if a prescriber issues a new Written Order.
- 2.3. The current treating provider is responsible for submitting a valid re-authorization request to PerformCare within sixty (60) calendar days prior to the end of the current authorization period to prevent an expired authorization. The valid request must include:
- 2.3.1. Child/Adolescent Services Request Submission Sheet.
  - 2.3.2. Written Order.
  - 2.3.3. Updated assessment (within 30 days).
  - 2.3.4. Updated ITP (within 30 days).
  - 2.3.5. CANS with ITP. (CABHC counties only).
    - 2.3.5.1. Note: CANS will be completed by the prescriber if a BPE was completed and by a CANS-certified BA/BC/BC-ABA/MT with the ITP.
- 2.4. Treatment team meetings should occur as clinically indicated as collaboration and cross systems planning is integral to care.

- 2.5. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
- 2.6. Approved services will begin the date of the medical necessity decision and the authorization period will be generated for maximum of 12 months (unless otherwise stated in approved service description).
  - 2.6.1. The ITP shall be reviewed and updated at least every 6 months and be submitted to PerformCare.
  - 2.6.2. PerformCare (or other team member) may request a team meeting if limited or no progress is noted in the ITP.
  - 2.6.3. A CANS (CABHC counties only) is required with all six (6) month updates to the ITP.
- 2.7. The IBHS Provider is required to meet all IBHS time frame regulations.
3. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
4. Discharge Process:
  - 4.1. Within forty-five (45) calendar days, prior to the date of discharge, a pre-discharge planning treatment team meeting is required, and all members of the treatment team are required to be invited.
  - 4.2. Within forty-five (45) calendar days after the date of discharge, the current treating provider must submit an IBHS Discharge Summary Form, updated CANS (CABHC counties only) and a Child/Adolescent Services Request Submission Sheet to PerformCare.
    - 4.2.1. A copy of the IBHS Discharge Summary Form must be provided to the Member/Family/Guardian.

**Related Policies:** *CM-013 Approval/Denial Process and Notification*  
*CM-048 Functional Behavior Assessment (FBA)*  
*CM-060 Initial Individual Intensive Behavioral Health Services (IBHS) Service Capacity Monitoring: Individual BC/MT/BHT & ABA Services BA, BC-ABA, Asst. BC ABA/BHT-ABA*  
*CC-CG-004 Grievance Policy*

**Related Reports:** None

#### **Source Documents**

**and References:** *Chapter 1155 & 5240 Intensive Behavioral Health Services Regulations.*

*Medical Assistance Bulletin 99-16-07 Enrollment of Ordering, Referring and Prescribing Providers, Issue Date April 1, 2016.*



*Medical Assistance Bulletin 99-17-02 Submission of Claims that Require the National Provider Identifier (NPI) of a Medical Assistance enrolled Ordering, Referring or Prescribing Provider, Issue Date January 30, 2017.*

*42 CFR §455.410 Enrollment and screening of providers.*

*Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix S HealthChoices Behavioral Health Services Guidelines for Intensive Behavioral Health Services.*

**Superseded Policies  
and/or Procedures:** None

**Attachments:** [Attachment 1 PerformCare Child Level of Care Submission Form](#)  
[Attachment 2 PerformCare Proposed Treatment Plan for Initial Services](#)  
[Attachment 3 PerformCare IBHS Discharge Summary Form](#)  
[Attachment 4 PerformCare IBHS Assessment Registration Form](#)  
[Attachment 5 PerformCare \(IBHS\) Initial Service Capacity Acknowledgement Form](#)  
[Attachment 6 PerformCare \(IBHS\) IBHS Written Order Form](#)

Approved by:

  
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Primary Stakeholder