

PerformCARE [®]		Policy and Procedure
Name of Policy:	Initial & Re-Authorization Requirements for Intensive Behavioral Health Services (IBHS)-Group/Evidence-Based Therapy /Other Individual Services.	
Policy Number:	CM-CAS-043	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Department	
Related Stakeholder(s):	Provider Network Operations	
Applies to:	Providers	
Original Effective Date:	03/01/22	
Last Revision Date:	03/01/22	
Last Review Date:	03/01/22	
Next Review Date:	03/01/23	

Policy: Establishes protocols for the initial and re-authorization of Group, evidence-based programs and other Individual IBHS excluding BC/MT/BHT and ABA IBHS.

Purpose: To assure that network Providers meet requirements for requesting Individual and Group IBHS.

Definitions: **IBHS:** 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 does not include Assistant BC-ABA, BA, BC-ABA, BHT-ABA BC, BHT and MT for the purpose of this policy.

Group IBHS: Intensive Behavioral Health Services, which include therapeutic interventions, provided primarily in a group format through psychotherapy; structured activities, including ABA services; and community integration activities that address a child, youth, or young adults identified treatment needs.

EBT: Evidence-based therapy, which is behavioral health therapy that uses scientifically established behavioral health interventions and meets one of the following: (1) categorized as effective by the Substance Abuse and Mental Health Services Administration in the Evidence-Based Practice Resource Center; (2) categorized as Model or Model Plus in the Blueprints for Healthy Youth Development registry; (3) categorized as well-established by the American Psychological Association Society of Clinical Child and Adolescent Psychology; or (4) Rated as having positive effects by the Institute of Education Services What Works Clearinghouse.

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
MT: Mobile Therapy
ORP: Ordering, Referring, Prescribing

- Procedure:**
1. Initial Requests for Group and Individual IBHS, as well as evidence-based programs:
 - 1.1 For initiation of Group and Individual IBHS including evidence-based treatment programs, Members receive a Written Order/BPE 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 meets regulatory requirements.
 - 1.1.1.1 A CANS must be completed if a BPE is conducted (CABHC counties only).
 - 1.2 Provider Choice Form completed with the Member/Family/Guardian, when applicable.
 - 1.3 The Provider electronically submits a valid request to PerformCare consisting of:
 - 1.3.1 Child/Adolescent Services Request Submission Sheet.
 - 1.3.2 Written Order/BPE.
 - 1.3.3 Treatment Plan.
 - 1.4 PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
 - 1.5 Approved services will begin the date of the medical necessity decision and the authorization period will be generated for maximum of twelve (12) months (unless otherwise specified in the provider's service description).
 - 1.6 Prior to the initiation of services, the provider must obtain consent for services from the Member/Family/Guardian.
 - 1.7 Following the initiation of services, the following must be completed:
 - 1.7.1 The Provider will complete the assessment per IBHS regulations.
 - 1.7.2 The clinician completing the assessment should include observations and data from all settings that are recommended in the written order, including interviews with staff. The IBHS Provider should

- document in the IBHS assessment the reason and setting if direct observation could not occur.
- 1.7.3 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 of Choice will request a treatment team meeting within seven (7) calendar days of assessment completion date to discuss with team.
 - 1.7.4 Following the treatment team meeting, the Provider will outreach to the prescriber who will determine if the Written Order/BPE should be updated based on additional information from the assessment or if an additional face-to face-interaction with the Member is needed.
 - 1.7.5 The IBHS Process will need to restart at Step 1 if a prescriber issues a new Written Order/BPE.
- 1.8 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:
- 1.8.1 Service type and settings where services may be provided, including the specific number of hours in each setting and updated as needed.
 - 1.8.2 Whether/how parent, caregiver, or legal guardian participation is needed to achieve the goals/objectives.
 - 1.8.3 Safety plan to prevent a crisis, crisis intervention plan including triggers, and a transition plan.
 - 1.8.4 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.
 - 1.8.5 Discharge criteria, proposed discharge date/goal completion and appropriate aftercare plan.
- 1.9 Treatment team meetings should occur as clinically indicated, as collaboration and cross systems planning is integral to care.
- 1.10 The Provider is required to meet all IBHS time frame regulations.

2. Re-authorization Requests:
 - 2.1 For continuation of group and individual IBHS (excluding BC/MT/BHT, ABA), as well as evidence-based treatment programs), 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, if clinically appropriate, based on member needs.
 - 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 Member ITP and complete an updated assessment.
 - 2.2.1 The assessment should include observations from and interviews with staff in all settings in which services are to be delivered.
 - 2.2.2 In the event the assessment concludes the hours per month for Individual or Group IBHS should be higher than the Written Order/BPE originally prescribed OR if another level of care is indicated, the Provider of Choice will schedule a treatment team meeting within seven (7) calendar days of assessment completion date to discuss with team.
 - 2.2.3 Following the treatment team meeting, the provider of choice will outreach to the prescriber who will determine if the Written Order/BPE should be updated based on additional information from the assessment and additional face-to face-interaction with the Member.
 - 2.2.4 The IBHS Process will need to restart at Step 1 if a prescriber issues a new Written Order/BPE with a change in recommended services.
 - 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 request must include:
 - 2.3.1 Child/Adolescent Services Request Submission Sheet.
 - 2.3.2 New Written Order/BPE.
 - 2.3.3 Updated ITP (within 30 days)
 - 2.3.4 Updated assessment (within 30 days)
 - 2.4 PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.

- 2.5 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 specified in the provider's service description).
- 2.6 Treatment team meetings should occur as clinically indicated, as collaboration and cross systems planning is integral to care.
- 2.7 The IBHS Provider is required to meet all IBHS time frame regulations.
- 3. Discharge Process:
 - 3.1 Within (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.
 - 3.2 Within (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.
 - 3.2.1 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*
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 (2) HealthChoices Behavioral Health
Services Guidelines for Intensive Behavioral Health Services.*

Superseded Policies and/or Procedures: N/A

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 \(IBHS\) IBHS Written Order Form](#)

Approved by:



Primary Stakeholder