

PerformCARE <sup>®</sup>		Policy and Procedure
<b>Name of Policy:</b>	Initial Requirements for Individual Intensive Behavioral Health Services (IBHS) Concurrent with CRR-HH/CRR-ITP or RTF Prior to Discharge	
<b>Policy Number:</b>	CM-CAS-058	
<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	
<b>Last Revision Date:</b>	03/01/22	
<b>Last Review Date:</b>	03/01/22	
<b>Next Review Date:</b>	03/01/23	

**Policy:** Establishes protocols for the initial authorization of Intensive Behavioral Health Services (IBHS) specific to Behavior Analytic (BA), Behavior Consultation (BC), Behavior Consultation-ABA (BC - ABA), Mobile Therapy (MT), or Asst. BC-ABA, services concurrent with CRR-HH/CRR-ITP, or RTF as part of aftercare prior to discharge.

**Purpose:** To assure that network Providers meet requirements for requesting IBHS prior to discharge for Members currently in CRR-HH/CRR-ITP and RTF.

**Definitions:** **ABA:** Applied Behavior Analysis, which 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.  
**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.

**Acronyms:** **Asst. BC-ABA:** Assistant BC-ABA  
**BC:** Behavior Consultation  
**BC-ABA:** BC-ABA: Behavior Consultation – ABA  
**BA:** Behavior Analytic  
**BPE:** Best Practice Evaluation  
**ITP:** Individual Treatment Plan  
**MT:** Mobile Therapy

## **ORP: Ordering, Referring, Prescribing**

- Procedure:**
1. Initial Requests for IBHS specific to BA, BC, BC-ABA, Asst. BC-ABA, MT for Members in a CRR-HH/CRR-ITP, or RTF as part of aftercare planning:
    - 1.1. A Written Order/BPE from an ORP enrolled prescriber at least ninety (90) days prior to discharge for coordination of care for initiation of IBHS as part of after care.
      - 1.1.1. A BPE may serve in lieu of a Written Order, if clinically appropriate, based on Member need, and meets all IBHS regulatory requirements.
    - 1.2. Provider Choice Form completed with the Member/Family/Guardian.
    - 1.3. The Written Order/BPE and Provider Choice Form are sent to provider of choice at Member/Family/Guardian request within four (4) calendar days of completion.
    - 1.4. The IBHS provider submits a valid request to PerformCare including the following:
      - 1.4.1. Child/Adolescent Services Request Submission Sheet
      - 1.4.2. Written Order/BPE
      - 1.4.3. Treatment Plan
      - 1.4.4. Provider Choice Form
    - 1.5. PerformCare will determine medical necessity according to *CM-013 Approval/Denial Process and Notification* and, if approved, generate an authorization for an interim period:
      - 1.5.1. Individual BC/MT = 45 days
      - 1.5.2. BA/BC-ABA/Asst. BC-ABA= 75 days
    - 1.6. The interim authorization period will be approved concurrently with CRR-HH/CRR-ITP or RTF 30 days prior to discharge.
    - 1.7. During this interim 45 (Individual IBHS) or 75 (ABA IBHS) day authorization period, the IBHS provider will complete an assessment and ITP, in addition to delivering services as indicated in the IBHS Written Order, following IBHS regulations time frames and PerformCare *CM-CAS-042 Initial and Re-auth IBHS (BC-MT-BHT ABA)*.
      - 1.7.1. Assessment requirements for Members in CRR-HH/CRR-ITP or RTF include:
        - 1.7.1.1. Documentation of collaboration with Member and Family/Guardian.
        - 1.7.1.2. Documentation of collaboration with the current treating CRR-HH/CRR-ITP, or RTF

- provider (including a review of current treatment plan).
- 1.7.1.3. Virtual interaction or direct observation with the Member in CRR-HH/CRR-ITP or RTF.
  - 1.7.1.4. If possible, direct observation of the Member in the discharge home should also be conducted while the Member is on a Therapeutic Leave (TL) or otherwise present in the discharge home setting for a period of time.
    - 1.7.1.4.1. If barriers prevent direct observation of the Member in the discharge home setting, this should be documented in the assessment and discussed with the Clinical Care Manager during the CRR-HH/CRR-ITP or RTF pre-discharge meeting.
  - 1.7.2. In the event the assessment concludes the hours per month for 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 to discuss. All team members, including PerformCare, should be invited to this treatment team meeting.
    - 1.7.2.1. 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 clinical information gathered from the assessment or if an additional face-to face-interaction with Member is needed.
    - 1.7.2.2. The IBHS Process will need to restart at Step 1 if a prescriber issues a new Written Order/BPE. (Original assessment may be updated).
  - 1.8. Prior to completion of the end of the 45/75 day authorization period, the IBHS Provider will submit a valid request including:
    - 1.8.1. Child/Adolescent Services Request Submission Sheet.
    - 1.8.2. Written Order/BPE.
    - 1.8.3. Treatment Plan.
    - 1.8.4. Provider Choice Form.
    - 1.8.5. The prescriber will complete a CANS (CABHC counties only) if a BPE was completed.
  - 1.9. PerformCare will determine medical necessity according to *CM-013 Approval/Denial Process and Notification*.

- 1.10. If IBHS is approved, direct observation of the Member in the discharge home (and school, as applicable) setting is required to occur within 30 calendar days of discharge from the CRR-HH/CRR-ITP or RTF if it was not part of original assessment.
- 1.11. The updated assessment must be sent to PerformCare with 10 calendar days of completing IBHS assessment.

**Related Policies:** *CM-013 Approval/Denial Process and Notification.*  
*CM-CAS-042 Initial and Re-auth IBHS (BC-MT-BHT ABA).*  
*CM-048 Functional Behavior Assessment (FBA)*  
*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.*

**Superseded Policies and/or Procedures:** *N/A*

**Attachments:** [Attachment 1 PerformCare Child Level Of Care Submission Form](#)  
[Attachment 2 Proposed Treatment Plan](#)

Approved by:

  
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Primary Stakeholder