

PerformCARE <sup>®</sup>		Policy and Procedure
<b>Name of Policy:</b>	Initial Individual Intensive Behavioral Health Services (IBHS) Service Capacity Monitoring: Individual BC/MT/BHT & ABA Services – BA, BC-ABA Asst. BC-ABA/BHT-ABA	
<b>Policy Number:</b>	CM-CAS-060	
<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 monitoring of Members when Intensive Behavioral Health Services (IBHS), specific to Individual Behavior Consultation (BC), Mobile Therapy (MT), Behavioral Health Technician (BHT) or ABA services, are recommended but the provider cannot begin services in a timely manner.

**Purpose:** To establish a monitoring process of Members who receive a Written Order or Best Practice Evaluation (BPE) recommending Individual IBHS (BC/MT/BHT) or ABA (BA, BC-ABA, Assistant BC-ABA, BHT-ABA) for the first time and the Provider is unable to initiate an assessment within seven (7) calendar days of receiving a Written Order/BPE.

**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.

**ABA-Services:** include Behavior Analytic, Behavior Consultation-ABA, Assistant BC-ABA, Assistant Behavior Consultation-ABA, BHT-ABA, Behavioral Health Technician-ABA for the purpose of this policy.

**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 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  
**ITP:** Individual Treatment Plan  
**MT:** Mobile Therapy

- Procedure:**
1. In the event an Individual or ABA IBHS provider is unable to begin the IBHS assessment within seven (7) calendar days of receiving a Written Order/BPE, the provider notifies PerformCare by means of completing the IBHS Written Order/Best Practice Evaluation (BPE) Receipt Notification via the Provider Portal and provides the following information:
    - 1.1. Provider of Choice (Name of Provider).
    - 1.2. Provider County Site.
    - 1.3. Date of Written Order.
    - 1.4. Date Written Order received.
  2. PerformCare Care Connectors will track and maintain bi-weekly contact with all Individual and ABA IBHS providers requesting updates on all Members for whom the provider is unable to start the assessment within seven (7) calendar days of receiving a Written Order/BPE.
    - 2.1. PerformCare will continue to outreach every two (2) weeks until an IBHS assessment start date is received. Dialogue between PerformCare and IBHS providers will focus on the following for each Member:
      - 2.1.1. Provider staffing capacity and timeline for staffing Member IBHS assessment.
      - 2.1.2. Member/Family/Guardian offered a transfer to another IBHS provider.
        - 2.1.2.1. If a decision is made to transfer to another provider by the Member/Family/Guardian, then PerformCare will assist the

- Member/Family/Guardian in the identification of a new provider and facilitate the transfer.
    - 2.1.2.2. The transferring Provider will submit the following forms to PerformCare:
      - 2.1.2.2.1. Child/Adolescent Services Request Submission Sheet.
      - 2.1.2.2.2. IBHS Written Order/BPE
    - 2.1.2.3. . PerformCare will coordinate with the identified provider, and if they accept the transfer request, PerformCare will send the referral to the new provider.
    - 2.1.2.4. If a decision is made to not transfer to another provider by the Member/Family/Guardian, the provider will complete the PerformCare (IBHS) Initial Service Capacity Acknowledgement form indicating that the family does not agree to a transfer and submit form with IBHS request.
  - 3. The PerformCare Clinical Care Manager (CCM) will outreach to Member/Parent/Guardian three (3) weeks from the date the Written Order/BPE was received by provider if the assessment has not started.
    - 3.1. The CCM outreach will continue every three (3) weeks until an IBHS assessment start date is received. Dialogue between the CCM and the Member/Parent/Guardian will focus on the following:
      - 3.1.1. Discussion of provider transfer based on capacity.
      - 3.1.2. Obtaining a clinical update.
      - 3.1.3. Determining the need for a treatment team meeting.
      - 3.1.4. Discussing the need for an interim level of care or an alternate level of care based on updated/new clinical information as collected by the CCM.
      - 3.1.5. Coordination with other providers/systems will occur as needed.
    - 3.2. Note: If the CCM is not able to contact the Member/Parent/Guardian after three (3) attempts in three (3) weeks then the CCM outreach will be discontinued and an unable to contact letter will be sent asking Member/Parent/Guardian to contact CCM.
  - 4. The provider will outreach to the Member/Family/Guardian when the provider can start the assessment. The PerformCare

CCM will be notified if the provider is unable to contact family.

5. CCM notification to a PerformCare Account Executive occurs if problems contacting a provider are identified.
  - 5.1. The Account Executive will escalate the issue to the provider management contact within the agency until resolution is reached.
6. All IBHS- Individual and IBHS-ABA providers are required to report current capacity for each county served, on a biweekly basis, or more frequently when there is a change in capacity via PerformCare Provider Portal system.
  - 6.1. PerformCare staff will utilize the IBHS capacity report on the PerformCare website while monitoring cases to offer a transfer to the family to a provider with capacity.
  - 6.2. Providers and PerformCare will encourage families to utilize the IBHS capacity report on the PerformCare website in order to allow for provider choice.
7. PerformCare will utilize claims data to monitor the time frame between an assessment end date and the start date for BC/MT/BHT/ABA.
  - 7.1. PerformCare Account Executives will review IBHS provider capacity monthly in order to identify and report status and trends to the Director of Network to determine need for expansion of IBHS Providers.
  - 7.2. PerformCare will manage IBHS capacity per *PR-007 Development of Services Not Available In-Network and PR-029 Expansion Request Process for State Plan Service for Providers*.
  - 7.3. PerformCare Quality Improvement (QI) Department will follow current Quality Improvement Process (QIP) protocols based on capacity trends in order to continually improve initiation of IBHS.

**Related Policies:** *CM-CAS-042 Initial & Re-Authorization Requirements for Individual Intensive Behavioral Health Services (IBHS) – BC/MT/BHT & ABA Services.*  
*CM-CAS-057 Children's Service Provider Transfer Process.*  
*PR-007 Development of Services Not Available In-Network*  
*PR-029 Expansion Request Process for State Plan Service for Providers*

**Related Reports:** None

**Source Documents**

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

**Superseded Policies**

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

**Attachments:** [Attachment 1 PerformCare \(IBHS\) Initial Service Capacity Acknowledgement](#)

Approved by:

  
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Primary Stakeholder