

## Provider Notice

**To:** PerformCare IBHS Providers  
**From:** Dan Eisenhauer, Director of Operations  
**Date:** June 16, 2021  
**Subject:** IBHS 21 104 IBHS Updates

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This notice serves to provide additional updates to IBHS protocols.

Effective August 1, 2021, PerformCare will begin authorizing all Individual, ABA, and Group IBHS for 12 months.

- 1.1. Note: Evidence-Based Treatments (MST/FFT) and other Individual Services (SPIN/JFACTS/STAP) will continue to follow the approved service description and related authorization time frames
  - 1.2. The ITP shall be reviewed and updated at least every 6 months from the date of the current ITP, and be submitted to PerformCare. A CANS (Capital Only) is required with all six (6) month updates to the ITP.
  - 1.3. PerformCare (or other team members) may request a team meeting if limited or no progress is noted in the ITP.
2. As a reminder, per OMHSAS clarification and PerformCare Provider Notice IBHS 21 101 dated 2/4/2021, only the Written Order for IBHS may contain “up to” language. The assessment and ITP must reflect the specific hours that should be provided and may not contain (or imply) “up to” language.
- 2.1. Note: The required ITP breakdown of services should therefore add up to the number of service hours recommended in the assessment.

3. The following clarifies a clinician’s flexibility when completing an IBHS assessment specific to fine-tuning the Written Order:

Permitted per IBHS regulations	Not Permitted per IBHS regulations
Recommend a lower # of service hours than those prescribed in the Written Order	Recommend an IBHS service not in the original Written Order
Exclude a service recommended in the original Written Order	Recommend a higher # of service hours than those prescribed in the Written Order

4. Authorization code 97155 U7 allows a BCBA-credentialed staff providing BC-ABA to bill at a higher rate.
5. PerformCare has reformatted its *IBHS Written Order Form* to designate each IBHS level of care by the IBHS category for Individual, ABA or Group. Refer to *IBHS Written Order Form* attachment.
6. The start date for a re-authorization request will begin the day after the end of the current authorization period by default. For requests for re-authorization recommendations to take immediate effect (i.e. on the date of the medical necessity decision), the IBHS Provider must indicate this in the assessment and include a reason (adding an IBHS service, requesting additional hours, etc.).
7. The following reflects expectations for completion of CANS (Capital Contract ONLY). Note: CANS needs to be included with all applicable document submissions.
- 7.1. Best Practice Evaluator:
- 7.1.1. At the time of a Best Practice Evaluation serving as IBHS Written Order
- 7.2. IBHS Providers:
- 7.2.1. At the time of the initial ITP prior to IBHS service approval/delivery
- 7.2.2. At the time of each 6-month ITP update
- 7.2.3. At the time of final discharge from IBHS

Thank you for your ongoing commitment to our Members and IBHS implementation. Any questions should be directed to your Account Executive.

cc: Lisa Hanzel, PerformCare  
 Scott Suhring, Capital Area Behavioral Health Collaborative  
 Missy Reisinger, Tuscarora Managed Care Alliance  
 PerformCare Account Executives