

Provider Notice

To: All Behavioral Health Prescribers and IBHS Providers
From: PerformCare
Date: November 2, 2023 (Reissued November 10, 2023)
Subject: IBHS 23 108 Changes to IBHS Written Orders

The initial distribution of this Notice indicated implementation of the below cited changes regarding IBHS Written Orders would begin effective 11/2/2023, the issue date of the Provider Notice. After further consideration of the IBHS regulations specific to the 12-month IBHS regulatory timeframe for valid IBHS Written Orders and the fact that Members prescribed these IBHS services have Written Orders already completed, this Notice is being amended to reflect implementation starting with valid requests that contain an **IBHS Written Order dated on or after 12/4/2023**.

This Notice serves to outline clarifications following consultation with OMHSAS licensing regarding how certain Individual and Group IBHS services (i.e., FFT, MST, YFACTS, ASP, Stepping Stones, IDT, EIBI, EIBS) are prescribed in a Written Order or Best Practice Evaluation to meet IBHS Regulations. Of note, changes were also made to PerformCare’s IBHS Written Order form that reflect these clarifications.

FFT/MST:

- For each FFT or MST recommendation, there also needs to be settings prescribed for these services, which are individualized to the Member based on therapeutic need.
 - Best Practice Evaluation Ex. “FFT is medically necessary up to 90 hours/month in the home and community settings.”
 - Written Order Ex:

<input checked="" type="checkbox"/> IBHS Individual Services, Other	<input type="checkbox"/> Flexible Outpatient - Mobile Therapy (Flex-MT) <input checked="" type="checkbox"/> Functional Family Therapy (FFT) <input type="checkbox"/> Multi-systemic Therapy (MST)	Up to <input type="text"/> hours per month Up to <u>90</u> hours per month Up to <u>50</u> hours per month	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Community, specify: <input style="background-color: #e0e0ff;" type="text"/>
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- Best Practice Evaluation Ex. “MST is medically necessary up to 50 hours/month in the home and community settings.”
- Written Order Ex:

<input checked="" type="checkbox"/> IBHS Individual Services, Other	<input type="checkbox"/> Flexible Outpatient - Mobile Therapy (Flex-MT) <input type="checkbox"/> Functional Family Therapy (FFT) <input checked="" type="checkbox"/> Multi-systemic Therapy (MST)	Up to <input type="text"/> hours per month Up to <u>90</u> hours per month Up to <u>50</u> hours per month	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Community, specify: <input style="background-color: #e0e0ff;" type="text"/>
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YFACTS:

- For each YFACTS recommendation, there also needs to be specific Individual IBHS recommendation for Mobile Therapy (MT) and for each recommendation made, the settings in which services will be delivered is required for each service. Setting recommendations should be individualized to the Member based on therapeutic need.
 - Best Practice Evaluation Ex. “YFACTS is medically necessary including MT up to 20 hours/month in the home and community settings.”
 - Written Order Ex:

<input checked="" type="checkbox"/> IBHS Individual Services, Other	<input checked="" type="checkbox"/> Youth Fire setter Assessment Consultation Treatment Services (YFACTS) <input checked="" type="checkbox"/> Mobile Therapy (MT)	Up to <u>20</u> hours per month	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School <input checked="" type="checkbox"/> Community, specify: _____
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IBHS Group/IBHS ABA Group:

- For each ASP, EIBI, EIBS, IDT, or Stepping Stones recommendation, there needs to be specific IBHS Group or IBHS ABA Group designation as well.
 - Best Practice Evaluation Ex. IBHS Group is medically necessary for ASP up to 115 hours/month”
 - Written Order Ex:

<input checked="" type="checkbox"/> IBHS Group Services (Non-ABA)	<input checked="" type="checkbox"/> IBHS Group - After School Program (ASP) <input type="checkbox"/> IBHS Group - Intensive Day Treatment (IDT) <input type="checkbox"/> IBHS Group - IBHS Group <input type="checkbox"/> IBHS Group - Stepping Stones	Up to <u>115</u> hours per month Up to <u>200</u> hours per month Up to _____ hours per month Up to <u>115</u> hours per month	
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- Best Practice Evaluation Ex. “IBHS ABA Group is medically necessary for EIBI up to 161 hours/month”
- Written Order Ex:

<input checked="" type="checkbox"/> IBHS ABA Group Services	<input checked="" type="checkbox"/> IBHS ABA Group - Early Intensive Behavioral Intervention (EIBI) <input type="checkbox"/> IBHS ABA Group -Enhanced Intensive Behavioral Services (EIBS) <input type="checkbox"/> IBHS ABA Group	Up to <u>161</u> hours per month Up to <u>110</u> hours per month Up to _____ hours per month	
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The above language should also be utilized by clinicians when making recommendations in the IBHS assessment and defining the breakdown of specific service hours to be utilized in each setting as required in the ITP. This pertains to all IBHS ABA, Individual, and Group requests submitted.

Thank you for your ongoing collaboration and commitment to our Members. Please reach out to your Account Executive with any questions.

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