

PerformCARE®		Policy and Procedure
<b>Name of Policy:</b>	School, Daycare, and Other Community Program Input into the Intensive Behavioral Health Services Request Process	
<b>Policy Number:</b>	CM-CAS-061	
<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>	All Departments	
<b>Applies to:</b>	Associates	
<b>Original Effective Date:</b>	03/01/22	
<b>Last Revision Date:</b>	01/25/24	
<b>Last Review Date:</b>	01/25/24	
<b>OMHSAS Approval Date:</b>	01/25/24	
<b>Next Review Date:</b>	01/01/25	

**Policy:** PerformCare requires that an IBHS assessment be completed in collaboration with the school/daycare/community program anytime services are being requested/prescribed in these settings. The IBHS provider should complete direct observation and data collection in the school, daycare, and other community programs as part of the IBHS assessment process.

**Purpose:** To ensure that school, daycare, and other community program information and input is collected as part of the IBHS assessment process when treatment is going to be provided in these settings.

**Definitions:** **IBHS:** Intensive Behavioral Health Services. For the purposes of this Policy & Procedure, IBHS refers to Individual (BC, MT, BHT) and ABA (Assistant BC-ABA, BA, BC-ABA, BHT-ABA) that is delivered in the school setting, including Group service in the school, as well as services in the daycare and community settings.

**Acronyms:** **ABA:** Applied Behavior Analysis  
**Assistant BC-ABA:** Assistant Behavior Consultation-Applied Behavior Analysis  
**BA:** Behavior Analytic  
**BC:** Behavior Consultation  
**BC-ABA:** Behavior Consultation-Applied Behavior Analysis

**BHT:** Behavioral Health Technician  
**BHT-ABA:** Behavioral Health Technician Applied Behavior Analysis  
**MT:** Mobile Therapy

- Procedure:**
1. IBHS in the school, daycare, and/or other community program settings.
    - 1.1. The IBHS provider is required to complete direct observation in the school, daycare, and other community programs, including data collection and documenting clinical information to support the need for IBHS treatment in those settings.
    - 1.2. If direct observation is not able to be completed in this setting, the reason for this should be clearly documented in the IBHS assessment, as well as how information from these settings were obtained.
  2. The following information should be part of the IBHS assessment and the IBHS provider should document in the IBHS assessment why any of the following could not be obtained during the IBHS assessment.
    - 2.1. Current school, daycare, and other community program placement.
    - 2.2. IEP responsibilities and placement (if applicable).
      - 2.2.1. The IBHS provider should document in the IBHS assessment if the family is not in agreement with releasing IEP information.
    - 2.3. Strengths of the child in the school, daycare, and other community program.
    - 2.4. Other interventions that have been tried in the setting and the outcome of those interventions.
    - 2.5. Behavioral and emotional needs of the child in the school, daycare, and other community program.
    - 2.6. The measurable baseline of the identified behaviors in the school, daycare, or other community program, provided by the school/daycare/community participant, when available, or obtained during observation of the child.
    - 2.7. Progress from the previous authorization period if the services were provided in the school, daycare, and/or other community program setting.
    - 2.8. This information should be integrated into an Individual Treatment Plan (ITP) that outlines goals for each treatment location recommended (i.e., home, school, daycare, community, etc.), and should meet all IBHS regulatory requirements.
    - 2.9. If submitting a re-authorization request, information regarding Member progress on ITP goals should be

included. Refer to *CM-CAS-042 Initial & Re-Authorization Requirements for IBHS/ABA*.

**Related Policies:** *CM-CAS-042 Initial & Re-Authorization Requirements for Individual Intensive Behavioral Health Services (IBHS) BC/MT/BHT & ABA Services*

**Related Reports:** None

**Source Documents and References:** None

**Superseded Policies and/or Procedures:** None

**Attachments:** None

Approved by:



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Primary Stakeholder