PerformCare®	Policy and Procedure

Name of Policy:	Adding or Increasing IBHS During a Current Authorization
Policy Number:	CM-CAS-062
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton
Primary Stakeholder:	Clinical Department
Related Stakeholder(s):	Provider Network Operations
Applies to:	Providers
Original Effective Date:	03/01/22
Last Revision Date:	01/25/24
Last Review Date:	01/25/24
OMHSAS Approval Date:	N/A
Next Review Date:	01/01/25

Policy: Establishes protocols for the adding or increasing Intensive Behavioral Health Services (IBHS) for Members with current IBHS authorizations.

Purpose: To assure that network providers meet requirements for requesting additions or increases to IBHS during a current authorization.

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: **Assistant BC-ABA:** Assistant Behavior Consultation – ABA
ASP: After School Program
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
CANS: Child and Adolescent Needs and Strengths
FFT: Family Functional Therapy
ITP: Individual Treatment Plan
MT: Mobile Therapy

MST: Multi-Systemic Therapy
YFACTS: Youth Fire Setting Program

Procedure:

1. Requests to start a service or add hours within the IBHS level of care that was prescribed in the original Written Order/BPE, but the initial assessment did not indicate clinical need.
   1.1. This applies to any IBHS level of care.
   1.2. The provider is required to complete the following:
      1.2.1. Updated IBHS assessment that includes the clinical rationale and information to support a change in or addition to IBHS. Direct observation and feedback is required if a new setting is being added. The IBHS provider should document in the IBHS assessment if the new setting will not permit direct observation.
      1.2.2. Updated ITP.
   1.3. An updated CANS is not required.
   1.4. The current IBHS provider is responsible for submitting a valid authorization request to PerformCare. The valid request must include:
      1.4.1. Child/Adolescent Services Request Submission Sheet.
      1.4.2. Original Written Order.
      1.4.3. Updated IBHS assessment (within 30 days).
      1.4.4. Updated ITP (within 30 days).
   1.5. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
   1.6. Approved services will begin the date of the medical necessity decision and the original authorization end date will remain unchanged.
   1.7. Provider is required to follow all IBHS regulations for a Written Order, Assessment and ITP.
   1.8. Provider should reference *CM-CAS-042 Initial and Re-auth IBHS (BC-MT-BHT ABA) or CM-CAS-043 Initial and Re-auth IBHS (Group-EBP-Other Individual)* for additional information as needed.
2. Requests to increase hours or add a service within the IBHS level of care that was not prescribed in the original Written Order/BPE.
   2.1. This applies to the following IBHS for the purpose of procedure 2: BC/MT/BHT & BA/BC-ABA/Asst. BC-ABA/BHT-ABA.
   2.2. PerformCare will accept an updated Written Order to increase the hours, add a setting or add one of the services indicated in 2.1.
      2.2.1. Face-to-face interaction with the Member is not required and is at the discretion of the prescriber.

2.2.2. Providers should consider a new Written Order if the current one is within 60 days from expiration (IBHS Written Orders are valid for 12 months).

2.3. The updated Written Order/BPE should include updated clinical information to support the IBHS being prescribed. Revised measurable improvements are required.

2.4. The prescriber should sign and date the updated Written Order/BPE.

2.5. An updated IBHS assessment is required to reflect requested changes to IBHS.

   2.5.1. Direct observation and feedback is required if a new setting is being added. The IBHS provider should document in the IBHS assessment if the new setting will not permit direct observation.

2.6. The ITP is required to be updated to reflect changes in IBHS.

2.7. An updated CANS is not required.

2.8. The current treating provider is responsible for submitting a valid authorization request to PerformCare. The valid request must include:

   2.8.1. Child/Adolescent Services Request Submission Sheet.

   2.8.2. Updated Written Order.

   2.8.3. Updated IBHS assessment (within 30 days).

   2.8.4. Updated ITP (within 30 days).

2.9. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.

2.10. Approved services will begin the date of the medical necessity decision and the original authorization end date will remain unchanged.

2.11. Provider is required to follow all IBHS regulations for a Written Order, IBHS Assessment and ITP.

2.12. Provider should reference *CM-CAS-042 Initial and Re-auth IBHS (BC-MT-BHT ABA)* for additional information as needed.

3. Requests to add a new IBHS level of care that was not prescribed in the Original Written Order/BPE.

3.1. This applies to the following IBHS for the purpose of procedure 3: IBHS group, IBHS ABA-Group, Other Individual IBHS not covered in number 1 (FFT, MST, YFACTS).

   3.1.1. Face-to-face interaction with the Member is not required and is at the discretion of the prescriber.

   3.1.2. Providers should consider a new Written Order if the current one is within 60 days from expiration (IBHS Written Orders are valid for 12 months).

3.2. The updated Written Order/BPE should include updated clinical information to support the IBHS being prescribed. Revised measurable improvements are required.

3.3. The prescriber should sign and date the updated Written Order/BPE.

3.4. An updated IBHS assessment should reflect the added IBHS.

3.5. An updated ITP should reflect the added IBHS.

3.6. The current treating provider is responsible for submitting a valid authorization request to PerformCare. The valid request must include:

    3.6.1. Child/Adolescent Services Request Submission Sheet.

    3.6.2. Updated Written Order.

    3.6.3. Updated IBHS assessment (within 30 days).

    3.6.4. Updated ITP (within 30 days).

3.7. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.

3.8. Approved services will begin the date of the medical necessity decision and the generated authorization period will be for maximum of twelve (12) months (unless otherwise specified in the provider's service description).

3.9. Provider is required to follow all IBHS regulations for a Written Order, Assessment, and ITP.

3.10. Provider should reference *CM-CAS-043 Initial and Re-auth IBHS (Group-EBP-Other Individual)* for additional information as needed.

Related Policies:	*CM-013 Approval/Denial Process and Notification* *CM-CAS-042 Initial and Re-auth IBHS (BC-MT-BHT ABA)* *CM-CAS-043 Initial and Re-auth IBHS (Group-EBP-Other Individual)* *QI-044 Grievance Policy*
Related Reports:	None
Source Documents and References:	*Chapter 1155 & 5240 Intensive Behavioral Health Services Regulations. Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix S (2) HealthChoices Behavioral Health Services Guidelines for Intensive Behavioral Health Services.*
Superseded Policies and/or Procedures:	None
Attachments:	*Attachment 1 PerformCare Child Level of Care Submission Form* *Attachment 2 PerformCare IBHS Written Order Form*

Approved by:

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Primary Stakeholder