

## Provider Notice

To: **All IBHS Providers**  
 From: **PerformCare**  
 Date: **June 21, 2023 (Reissued Notice July 12, 2023)**  
 Subject: **IBHS 23 104 IBHS Updates**

PerformCare recently received further clarification from OMHSAS licensing after the distribution of this Memo specific to settings prescribed in a Written Order. Please note, the number of hours at each setting do not need to be annotated in the Written Order, as IBHS regulations § 1155.32, § 1155.33, and § 1155.34 state:

1) There is a written order for services based on a face-to-face interaction with the child, youth or young adult that meets the following:

- (iv) Orders one or more IBHS for the child, youth or young adult and includes the following:
  - (A) The clinical information to support the medical necessity of the service ordered.
  - (B) The maximum number of hours of each service per month.
  - (C) The settings where services may be provided.

The settings in which the service is going to be occurring need to be marked on the Written Order, but there would be no need to specify number of service hours at each setting. As a reminder, per IBHS regulations § 5240.22, § 5240.86, and § 5240.96, ITP's are required to include the *Service type and the number of hours of each service* as well as *settings where services may be provided*. Written Order and Best Practice Evaluation (BPE) examples for Individual and ABA IBHS are as follows:

- IBHS Individual (BC/BHT/MT)
  - Written Order ex:

II. Recommendations:

Intensive Behavioral Health Service Type	Specific Level of Care	Maximum number of hours per month	Setting(s) in which IBHS is necessary
<input checked="" type="checkbox"/> IBHS Individual Services	<input type="checkbox"/> Behavior Consultant (BC) <input type="checkbox"/> Behavioral Health Technician (BHT) <input checked="" type="checkbox"/> Mobile Therapist (MT)	Up to ___ hours per month Up to ___ hours per month Up to <u>15</u> hours per month	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Center-based <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Community, specify: <b>YMCA</b>

- Best Practice Evaluation (BPE) ex: "Johnny should receive MT up to 15 hours/month in the home, school, and community."

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917  
 Providers: 1-888-700-7370 Fax: 1-855-707-5823  
 Mailing Address: 8040 Carlson Road Harrisburg, PA 17112

- IBHS Individual (Asst BC-ABA/BA/BC-ABA/BHT-ABA)
  - Written Order ex:

<input checked="" type="checkbox"/> IBHS ABA Services	<input type="checkbox"/> Behavior Analytic <input checked="" type="checkbox"/> Behavior Consultant-ABA (BC-ABA) <input type="checkbox"/> Assistant Behavior Consultant-ABA (Assistant BC-ABA) <input checked="" type="checkbox"/> Behavioral Health Technician (BHT-ABA)	Up to ____ hours per month Up to <u>20</u> hours per month Up to ____ hours per month Up to <u>125</u> hours per month	<input type="checkbox"/> Home <input type="checkbox"/> Center-based <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Community, specify: <u>Daycare</u>
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- Best Practice Evaluation (BPE) ex: “Johnny should receive BC-ABA up to 20 hours/month in the home, school, community, as well as BHT-ABA 125 hours/month also in the home, school, and community.”

Please note, PerformCare will implement the requirements set forth in IBHS 23 104 for any valid IBHS request received starting 30 calendar days from the date of this Notice. Please reach out to your Account Executive with any questions.

cc: Scott Suhring, Capital Area Behavioral Health Collaborative  
 Missy Reisinger, Tuscarora Managed Care Alliance