Intensive Behavioral Health Services (IBHS)

PerformCARE®

Care is the Heart of Our Work

Types of IBHS

- 1. Individual services
- 2. Applied behavior analysis (ABA)
- 3. Group services

- Individual services
 - Individual Intensive Behavioral Health Services (IBHS) are intensive therapeutic interventions and supports used to reduce and manage identified therapeutic needs of a child, youth, or young adult.
 - Evidence Based Practices (EBP) will fall within individual IBHS
 - Multisystemic Therapy (MST).
 - Functional Family Therapy (FFT).
 - MST and FFT will follow MNG per EBP requirements.

- Individual service
 - SPIN, JFACTS, and IDT will follow Individual IBHS MNG.
 - Approved service descriptions and program requirements will be used in MNC decisions for these programs.

- Individual services CRR-HH and CRR-ITP:
 - PerformCare requires a BPE for this level of care.
 - ISPT meeting is **required**.
 - We are following MNG for individual IBHS.

Other types of treatment that can be recommended as individual IBHS include:

- Behavior consultation (BC).
- Mobile therapy (MT).
- Behavioral health technician (BHT).

Initial request:

- Written order or BPE must support the need for an assessment and Individual Treatment Plan (ITP) and must take into account that:
 - The use of BC, MT, or BHT is reasonably expected to reduce behaviors and increase coping skills.

Initial request:

- IBHS can also be used to support skill development to achieve or maintain maximum functional capacity.
- Must not need a more restrictive level of care.
- Hours recommended are medically necessary for an assessment to be conducted and an ITP completed.

Continued care request:

- The member shows improvement and/or has developed replacement or alternative behaviors, or
- There is reasonable expectation that continuation of individual IBHS will reduce or ameliorate identified therapeutic need.

Continued care request:

- Member does not need a higher level of care.
- Services are needed to maintain maximum functional capacity.
- If documentation does not support the above, request must be otherwise medically necessary.

Discharge criteria:

- Goal completion: IBHS is no longer required.
- Lack of progress on ITP goals.
 - Treatment team meeting necessary.

Discharge criteria:

- More restrictive treatment is needed.
 - Treatment team meeting is required.
- Consent is revoked for treatment.
- Member agrees services should be discontinued.
- Member does not attend treatment for 45 days (after three attempts by IBHS provider).

ABA IBHS

- Applied behavior analysis (ABA) services:
 - ABA can be delivered using IBHS-ABA.
 - Regulations provide the minimum training requirements and qualifications to provide ABA.

ABA IBHS

- Type of treatment that can be recommended via a written order or BPE:
 - Behavior analytic BA.
 - Assistant behavior consultation Assistant BC-ABA.

ABA IBHS

- Type of treatment that can be recommended:
 - Behavior consultation ABA (BC-ABA).
 - Behavior health technician ABA (BHT-ABA).

Initial request — ABA:

- Written order or BPE must support the need for an assessment and ITP to be completed and must:
 - Have a reasonable expectation to reduce or ameliorate identified therapeutic need and increase coping strategies.

Initial request — ABA:

- Service is necessary to support skill development to promote positive behaviors.
- Member does not require a higher level of care.
- The number of hours of services recommended are necessary for an assessment to be conducted and an ITP completed.

Initial request — ABA:

 If the written order or BPE does not support the previously mentioned services, treatment must be otherwise medically necessary to meet the behavioral health needs of the member.

Continued care request — ABA:

- The member shows improvement and/or has developed replacement or alternative behaviors, or
- There is reasonable expectation that continuation of ABA IBHS will reduce or ameliorate identified therapeutic need.

Continued care request — ABA:

- Reasonable expectation that continuation of ABA is necessary to support skill development or promote positive behaviors.
- Services are needed to maintain maximum functional capacity.

Continued care request — ABA:

- Member does not need a higher level of care.
- If documentation does not support the above, request must be otherwise medically necessary.

Discharge criteria:

• Discharge criteria for ABA are the same as for individual IBHS.

Group Services IBHS MNG

Initial request, continued request, and discharge:

 Except as applicable to group treatment, MNG for initial, continued stay, and discharge criteria are the same ones used for other IBHS treatment.

Group Services IBHS MNG

- Group services include:
 - STAP.
 - EIBS.
 - ASP.
 - Stepping Stones.

How to Access IBHS

- Services must be prescribed by means of written order or a BPE.
- Individuals permitted to recommend services has been expanded under IBHS:
 - IBHS can be prescribed by a licensed physician/psychologist, CRNP, or other licensed professional whose scope of practice includes the diagnosis and treatment of behavioral health disorders and the prescribing of behavioral health services, including IBHS.

What's a Written Order?

- Best Practice Evaluation (BPE) can be considered as written order, if clinically indicated based on member need.
- Written order or BPE must be written within 12 months of IBHS initiation.

What's a Written Order?

- Must include the following, or it is **not** a valid request:
 - Behavioral health diagnoses (most recent DSM/ICD).
 - Detailed clinical information, including presenting problems with frequency, intensity, and duration.
 - Maximum number of **hours/month** for each service (e.g., "MT is recommended up to XX hours/month in the home").
 - Settings where services are to be provided (e.g., within all settings; home and school).
 - Detailed list of measurable improvements that will indicate when services can be reduced, changed, or discharged.
- PerformCare has a Written Order Form on the website for providers to use, but providers may develop their own.

- An assessment is a comprehensive review of member functioning for the purpose of developing a clinical formulation summarizing therapeutic needs and to specify supports needed to address those needs (e.g., refine written order; determine treatment intensity).
- Completion time frames:
 - Within 15 days of initiation of individual/group/EBP IBHS.
 - Within 30 days of initiation of ABA IBHS.
- Completed prior to ITP development:
 - Assessment should guide ITP development process.

Completed by a person meeting IBHS qualifications for BC/BC-ABA/MT, face-to-face with member, in settings in which services are being recommended:

- Informants from each setting should be interviewed.
- Must include all regulatory requirements.

Regulatory requirements of an assessment:

- Member strengths and needs across developmental and behavioral domains.
- Family strengths and needs in relation to member.
- Existing and needed natural and formal supports.
- Specific services, skills, supports, and resources required to address identified therapeutic need.
- Specific supports and resources, if any, the parent or caregiver requires to assist in addressing therapeutic need.

Regulatory requirements of an assessment:

- Clinical information, including:
 - Treatment history.
 - Medical history.
 - Developmental history.
 - Family structure and history.
 - Educational history.
 - Social history.
 - Trauma history.
 - Other relevant clinical information.

Regulatory requirements of an assessment:

- Member's level of developmental, cognitive, communicative, social, and behavioral functioning across the home, school, and other community settings.
- Cultural, language, or communication needs and preferences of the member and family.
- Summary of treatment recommendations received from health care providers, school, or other service providers.

- The assessment must be signed by the staff who completed it.
- Note: PerformCare is not requiring a specific tool or format for the assessment for individual or group IBHS.
- ABA-IBHS requires completion of a Functional Behavior Assessment (FBA).

IBHS Authorizations

- The written order, assessment, and ITP will be used to determine MNC for most individual and ABA IBHS.
- For requests that are an "immediate start," PerformCare will use the written order to determine MNC.
 - Examples of immediate start include:
 - EBP.
 - Group IBHS.
 - Member behaviors and symptoms are such that in-vivo treatment is needed immediately.
 - An assessment and ITP must still be completed within time frames, but the member is able to receive services while this is occurring.
- Initial treatment plan (TP) is needed when treatment is started prior to completion of assessment and ITP.

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IBHS Authorizations

Authorization length:

- Individual IBHS (BC/MT/BHT) = 6 months
- ABA IBHS (BC-ABA/BHT-ABA) = 12 months
- ASP = 6 months
- EIBI/EIBS = 12 months
- FFT = 6 months
- IDT = 6 months
- JFACTS = 12 months
- MST = 6 months
- SPIN = 12 months
- Stepping Stones = 6 months

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