

PerformCARE [®]		Policy and Procedure
Name of Policy:	Initial & Re-Authorization Requirements for Individual Intensive Behavioral Health Services (IBHS) BC/MT/BHT & Individual ABA Services (BA, BC-ABA, Asst. BC-ABA, BHT-ABA)	
Policy Number:	CM-CAS-042	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Department	
Related Stakeholder(s):	Provider Network Operations	
Applies to:	Providers	
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Policy: Establishes protocols for the initial and re-authorization of Individual Intensive Behavioral Health Services (IBHS) specific to I Behavior Consultation (BC), Mobile Therapy (MT), Behavioral Health Technician (BHT) and Individual ABA Intensive Behavioral Health Services (IBHS) specific to Behavior Analytic (BA), Behavior Consultation-ABA (BC-ABA), Assistant Behavior Consultation-ABA (Asst. BC-ABA), Behavioral Health Technician-ABA (BHT-ABA).

Purpose: To assure that network providers meet requirements for requesting Individual and ABA IBHS.

Definitions: **ABA:** Applied Behavior Analysis 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.
Individual ABA IBHS: Include Behavior Analytic, Behavior Consultation-ABA, Assistant Behavior Consultation-ABA, Behavioral Health Technician-ABA for the purpose of this policy.
Individual 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. This includes Behavior Consultation (BC),

Mobile Therapy (MT), Behavioral Health Technician (BHT) for the purpose of this policy.

Acronyms: **ABA:** Applied Behavior Analysis
Assistant BC-ABA: Assistant Behavior Consultation-ABA
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
ITP: Individual Treatment Plan
MT: Mobile Therapy
ORP: Ordering, Referring, Prescribing

Procedure:

1. Initial Requests for Individual and ABA IBHS:
 - 1.1. For initiation of Individual or ABA IBHS, Members receive a Written Order from an ORP-enrolled prescriber.
 - 1.1.1. A BPE may serve in lieu of a Written Order, if clinically appropriate, based on Member need and the BPE meets all Written Order requirements per IBHS regulations.
 - 1.1.1.1. A CANS must be completed if a BPE is conducted (CABHC counties only).
 - 1.2. IBHS Individual/ABA Provider Choice Acknowledgment Form should be completed with the Member/Parent/Guardian at the time the Written Order is completed.
 - 1.3. PerformCare IBHS Initial Service Capacity Acknowledgement form will be utilized if provider does not have capacity and Member/Parent/Guardian does not want to transfer to a provider with capacity.
 - 1.4. The Written Order/BPE and IBHS Individual/ABA Provider Choice Acknowledgment Form are sent to Member's first provider of choice at Member/Parent/Guardian request within four (4) calendar days of completion. Otherwise, Member/Parent/Guardian are provided with copies of the Written Order/BPE and IBHS Individual/ABA Provider Choice Acknowledgment Form and directed to contact an IBHS provider or PerformCare for assistance when ready to pursue services (Note: IBHS Written Order is valid for twelve (12) months).

- 1.5. The provider electronically submits an IBHS Assessment Registration Form to PerformCare within four (4) calendar days of starting the IBHS assessment.
- 1.6. The following should occur if the provider does not have capacity to start an IBHS assessment within seven (7) calendar days of receiving a Written Order/BPE:
 - 1.6.1. The provider discusses a transfer to a provider with capacity. If the Member/Parent/Guardian agrees to a transfer to another provider with capacity, then the transferring provider will submit the following forms to PerformCare to facilitate the transfer:
 - 1.6.1.1. Child/Adolescent Services Request Submission Sheet.
 - 1.6.1.2. IBHS Written Order/BPE.
 - 1.6.2. If the Member/Parent/Guardian declines a transfer to a provider with capacity and decides to wait until provider has capacity, then the provider will electronically submit the following form to PerformCare:
 - 1.6.2.1. IBHS Written Order/BPE Receipt Notification Form.
 - 1.6.2.1.1. Note: Provider will have the Member/Parent/Guardian complete the IBHS Initial Service Capacity Acknowledgement Form for Individual IBHS and ABA IBHS indicating they are declining a transfer and agreeing to wait with the provider for capacity. The IBHS Initial Service Capacity Acknowledgement Form for Individual IBHS and ABA IBHS is submitted with the Written Order/BPE, IBHS Assessment and ITP as part of a complete request.
- 1.7. Upon receipt of the IBHS Assessment Registration Form, PerformCare will authorize an IBHS assessment, beginning on the date the provider designates, for the IBHS provider as follows:
 - 1.7.1. Individual IBHS = 30 calendar days.
 - 1.7.2. Individual ABA IBHS = 45 calendar days.
 - 1.7.3. Providers are required to meet all IBHS regulation time frames for the assessment and ITP completion.
- 1.8. The provider will complete the IBHS assessment per IBHS regulations.
- 1.9. IBHS assessment requirements include observations and interviews with caregivers/staff in all settings in which services are to be delivered. Observation/assessment in

school/daycare/community setting is required when the Written Order indicates Individual or ABA IBHS will be delivered in those settings. The assessment must also include the clinician's (BA/BC-ABA/BC/MT) service recommendations, based on the assessment findings, written in specific hours/month and include settings in which services will be provided.

1.9.1. The IBHS provider should document in the IBHS assessment if the school, day care, community setting will not permit direct observation and how information from those setting was obtained.

1.9.2. In the event the IBHS assessment concludes the hours per month for any IBHS should be higher than the Written Order/BPE originally prescribed OR if another level of care is indicated, the provider will schedule a treatment team meeting within seven (7) calendar days of IBHS assessment completion date to discuss treatment recommendations with team. All team members, including PerformCare, should be invited to this treatment team meeting.

1.9.3. Following the treatment team meeting, the provider will outreach to the original prescriber, who will determine if the Written Order/BPE should be updated based on the additional information provided in the IBHS assessment or if an additional face-to-face-interaction with the Member is needed.

1.9.3.1. A new face-to-face Written Order/BPE is required if the original prescriber cannot/will not modify the initial Written Order/BPE.

1.9.4. The IBHS process will need to restart at Step 1 if a prescriber issues a new Written Order/BPE. Note: In these instances, the original IBHS assessment may be able to be used as long as it recommends and has clinical information to support the service prescribed in the new Written Order/BPE.

1.10. Following completion of the IBHS assessment, an ITP must be developed per IBHS regulations and in collaboration with the Member/Parent/Guardian and contain the following:

1.10.1. Service type and specific number of hours for each service.

1.10.2. Settings where services will be provided, including the specific number of hours in each setting (updated as needed).

- 1.10.3. Whether/how parent, caregiver/school/daycare, or - guardian participation is needed to achieve the goals/objectives.
- 1.10.4. Safety plan to prevent a crisis, which includes a, crisis intervention plan with antecedent information, skills to be implemented by Member/Parent, and a de-escalation plan.
- 1.10.5. Specific measurable goals including measurable baseline information, objectives and interventions to address identified therapeutic needs. This should include specific definable and quantifiable outcomes as well as timeframes to complete each goal.
- 1.10.6. Discharge criteria, proposed discharge date/goal completion and appropriate aftercare plan.
- 1.11. Within ten (10) calendar days of completing the ITP, the provider will then electronically submit a valid request to PerformCare consisting of the following:
 - 1.11.1. Child/Adolescent Services Request Submission Sheet.
 - 1.11.2. IBHS Individual/ABA Provider Choice Acknowledgment Form.
 - 1.11.3. Written Order/BPE.
 - 1.11.3.1. A Written Order must have been completed within 12 months from the IBHS assessment start date according to regulation.
 - 1.11.3.1.1. Written Order expiration dates are determined to be 12 months minus one calendar day from the date of the face-to-face Written Order.
 - 1.11.3.1.1.1. Ex. Written Order completed 1/1/2023 expires 12/31/2023.
 - 1.11.3.1.1.2. Written Order must be valid/not expired when submitted.
 - 1.11.4. IBHS Assessment (FBA is required for ABA).
 - 1.11.5. ITP.
 - 1.11.6. CANS (Capital Only).
 - 1.11.6.1. Note: CANS will be completed by the prescriber if a BPE was completed and by a CANS-certified BA/BC/BC-ABA/MT if completed with the IBHS assessment and ITP.
 - 1.11.7. IBHS Fee-for-Service (FFS) to PerformCare Transition Form (required for initial IBHS requests for Members whose Medicaid eligibility has changed from Fee-for-Service to PerformCare ONLY).

- 1.12. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
- 1.13. If changes regarding additions or increases are needed during a current authorization time frame, refer to *CM-CAS-062 Adding or Increasing IBHS During a Current Authorization*.
- 1.14. Approved services will begin the date of the medical necessity decision and the authorization period will be generated for a maximum of 12 months.
- 1.15. Prior to the initiation of services, the provider must obtain consent for services from the Member/Parent/Guardian.
- 1.16. The ITP shall be reviewed and updated at least every 6 months and be submitted to PerformCare.
 - 1.16.1. A CANS (CABHC counties only) is required with all six (6) month updates to the ITP, and both should also be submitted to PerformCare.
 - 1.16.2. Treatment team meetings should occur as clinically indicated as collaboration and cross systems planning is integral to care. PerformCare (or other team member) may request a team meeting if limited or no progress is noted in the ITP.
- 1.17. If in Step 1.1 the Written Order/BPE provides clear clinical justification that IBHS should start prior to completing the IBHS assessment and ITP, then a valid request must be submitted to PerformCare including the following:
 - 1.17.1. Child/Adolescent Services Request Submission Sheet.
 - 1.17.2. Written Order/BPE.
 - 1.17.3. Proposed Treatment Plan.
 - 1.17.4. IBHS Individual/ABA Provider Choice Acknowledgment Initial Requests Form.
 - 1.17.5. The prescriber will complete a CANS (CABHC counties only) if a BPE was completed.
- 1.18. PerformCare will determine medical necessity according to *CM-013 Approval/Denial Process and Notification* and, if approved, generate a treatment authorization for an interim period per IBHS regulations:
 - 1.18.1. Individual BC/MT/BHT = 45 days.
 - 1.18.2. BA/BC-ABA/Assistant BC-ABA/BHT-ABA = 75 days.
- 1.19. When the IBHS request indicates that services should start prior to completing the IBHS assessment,

PerformCare will authorize a supplemental IBHS assessment authorization as follows:

- 1.19.1. Individual IBHS = 30 calendar days.
- 1.19.2. Individual ABA IBHS = 45 calendar days.
- 1.20. During this interim 45/75-day authorization period, the provider will complete an IBHS assessment and ITP in addition to delivering all approved services.
- 1.21. If following the completion of the IBHS assessment it is determined IBHS should continue past 45/75 calendar days, a valid request should be submitted to PerformCare at least two (2) business days prior to the expiration of the interim authorization period to ensure continuity of services. A complete request contains the following:
 - 1.21.1. Child/Adolescent Services Request Submission Sheet.
 - 1.21.2. IBHS Individual/ABA Provider Choice Acknowledgment Form.
 - 1.21.3. Written Order/BPE completed within 12 months of start of Assessment.
 - 1.21.4. IBHS Assessment. (FBA is required for ABA requests.)
 - 1.21.5. ITP.
 - 1.21.6. CANS with ITP (CABHC counties only.) Note: CANS will be completed by the prescriber if a BPE was completed and by a CANS-certified BA/BC/BC-ABA/MT with the ITP.
- 1.22. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
- 2. Approved services will begin the date of the medical necessity decision and the authorization period will be generated for a maximum of 12 months. Re-authorization Requests:
 - 2.1. For continuation of Individual (BC/MT/BHT) or ABA IBHS, a Member must receive a new Written Order/BPE from an ORP-enrolled prescriber.
 - 2.1.1. A BPE may serve in lieu of a Written Order/BPE if clinically appropriate based on Member need and includes all components of a Written Order per regulations.
 - 2.1.1.1. A CANS must be completed if a BPE is conducted (CABHC counties only).
 - 2.1.2. If the new Written Order/BPE prescribes a different IBHS, then provider follows Step 1.1 for initial IBHS as noted above.

- 2.2. The current treating provider will update the ITP and complete an updated IBHS assessment.
 - 2.2.1. IBHS assessment requirements include observations and interviews with caregivers/staff in all settings in which services are to be delivered. Observation/assessment in school/daycare/community setting is required when the Written Order indicates Individual or ABA IBHS will be delivered in those settings. The IBHS assessment must also include the clinicians (BA, BC-ABA, BC, MT) service recommendations, based on the IBHS assessment, written in hours/month and include settings in which services should be provided.
 - 2.2.2. The IBHS provider should document in the IBHS assessment if the school, day care community setting will not permit direct observation and how information from those setting was obtained.
 - 2.2.3. In the event the IBHS assessment concludes the hours per month for any IBHS should be higher than the Written Order/BPE originally prescribed OR if another level of care is indicated, the IBHS provider will request a treatment team meeting within seven (7) calendar days of IBHS assessment completion date to discuss with team. All team members, including PerformCare, should be invited to this treatment team meeting.
 - 2.2.4. Following the treatment team meeting, the provider will outreach to the prescriber to determine if the Written Order should be updated based on additional information from the IBHS assessment or if an additional face-to face-interaction with the Member is needed.
 - 2.2.5. The IBHS process will need to restart at Step 1 if a prescriber issues a new Written Order.
- 2.3. The current treating provider is responsible for submitting a valid re-authorization request to PerformCare within sixty (60) calendar days prior to the end of the current authorization period to prevent an expired authorization. The valid request must include:
 - 2.3.1. Child/Adolescent Services Request Submission Sheet.
 - 2.3.2. Written Order.
 - 2.3.2.1. Written Order expiration dates are determined to be 12 months minus one calendar day from the date of the face-to-face Written Order.

- 2.3.2.1.1. Ex. Written Order completed 1/1/2023 expires 12/31/2023.
 - 2.3.3. Updated IBHS assessment (within 30 days).
 - 2.3.4. Updated ITP (within 30 days).
 - 2.3.5. CANS with ITP. (CABHC counties only.)
 - 2.3.5.1. Note: CANS will be completed by the prescriber if a BPE was completed and by a CANS-certified BA/BC/BC-ABA/MT with the ITP.
 - 2.4. Treatment team meetings should occur as clinically indicated as collaboration and cross systems planning is integral to care.
 - 2.5. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
 - 2.6. Approved services will begin the day after the current authorization ends and will be generated for a maximum of 12 months.
 - 2.6.1. Note: If the re-authorization request is submitted and/or the medical necessity decision occurs after the current authorization expires, approved services will begin the date of the medical necessity decision.
 - 2.6.2. The ITP shall be reviewed and updated at least every 6 months and be submitted to PerformCare.
 - 2.6.2.1. A CANS (CABHC counties only) is required with all six (6) month updates to the ITP.
 - 2.6.3. PerformCare (or other team member) may request a team meeting if limited or no progress is noted in the ITP.
 - 2.7. If changes regarding additions or increases are needed during a current authorization time frame, refer to *CM-CAS-062 Adding or Increasing IBHS During a Current Authorization*.
 - 2.8. The IBHS provider is required to meet all IBHS time frame regulations.
- 3. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
- 4. Discharge Process:
 - 4.1. Within forty-five (45) calendar days, prior to the date of discharge, a pre-discharge planning treatment team meeting is required, and all members of the treatment team are required to be invited. The meeting with focus on reason for discharge, treatment progress, goals for next level of care and recommendations for after care services.

- 4.2. A pre-discharge planning meeting is required for all unplanned discharges prior to formal notification of actual discharge from IBHS. No immediate discharge should occur until a pre-discharge planning meeting is held to discuss reason for unplanned discharge, after care services and discharge resources. PerformCare Clinical Care Manager and Parent/Guardian are required to participate in discharge planning meeting.
- 4.3. Within forty-five (45) calendar days after the date of discharge, the current treating provider must submit an IBHS Discharge Summary Form, updated CANS (CABHC counties only) and a Child/Adolescent Services Request Submission Sheet to PerformCare.
 - 4.3.1. A copy of the IBHS Discharge Summary Form must be provided to the Member/Parent/Guardian.

Related Policies: *CM-013 Approval/Denial Process and Notification*
CM-048 Functional Behavior Assessment (FBA)
CM-CAS 060 Initial Individual Intensive Behavioral Health Services (IBHS) Service Capacity Monitoring: Individual BC/MT/BHT & ABA Services BA, BC-ABA, Asst. BC ABA/BHT-ABA
CM-CAS-062 Adding or Increasing IBHS During a Current Authorization
QI-044 Grievance Policy

Related Reports: None

Source Documents and References: *Chapter 1155 & 5240 Intensive Behavioral Health Services Regulations.*
Medical Assistance Bulletin 99-16-07 Enrollment of Ordering, Referring and Prescribing Providers, Issue Date April 1, 2016.
Medical Assistance Bulletin 99-17-02 Submission of Claims that Require the National Provider Identifier (NPI) of a Medical Assistance enrolled Ordering, Referring or Prescribing Provider, Issue Date January 30, 2017.
42 CFR §455.410 Enrollment and screening of providers.
Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix S 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 Proposed Treatment Plan for Initial Requests](#)
[Attachment 3 PerformCare IBHS Discharge Summary Form](#)
[Attachment 4 PerformCare IBHS Assessment Registration Form](#)
[Attachment 5 PerformCare IBHS Initial Service Capacity Acknowledgement Form for Individual IBHS and ABA IBHS](#)
[Attachment 6 PerformCare IBHS Written Order/BPE Receipt Notification Form](#)
[Attachment 7 PerformCare IBHS Written Order Form](#)
[Attachment 8 PerformCare IBHS Provider Choice Acknowledgment Form](#)

Approved by:



Primary Stakeholder