

PerformCARE [®]		Policy and Procedure
Name of Policy:	Requirements for IBHS Concurrent with CRR-HH/CRR-ITP or RTF Prior to Discharge	
Policy Number:	CM-CAS-058	
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:	04/11/25	
Last Review Date:	04/11/25	
OMHSAS Approval Date:	01/25/24	
Next Review Date:	04/01/26	

Policy: Establishes protocols for the initial authorization of Intensive Behavioral Health Services (IBHS), specific to ABA, Individual and EBP, services concurrent with CRR-HH/CRR-ITP, or RTF as part of aftercare prior to discharge.

Purpose: To assure that network Providers meet requirements for requesting IBHS prior to discharge for Members currently in CRR-HH/CRR-ITP and RTF.

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 BC-ABA

BA: Behavior Analytic

BC: Behavior Consultation

BC-ABA: Behavior Consultation – ABA

BPE: Best Practice Evaluation

CRR-HH: Community Residential Rehabilitation Host Home

CRR-HH-ITP: Community Residential Rehabilitation Host Home – Intensive Treatment Program

EBP: Evidence-Based Programs

FFT: Functional Family Therapy
IDT: Intensive Day Treatment
ITP: Individual Treatment Plan
MST: Multi-systemic Therapy
MT: Mobile Therapy
ORP: Ordering, Referring, Prescribing
RTF: Residential Treatment Facility
YFACTS: Youth Fire setter Assessment Consultation Treatment Service

- Procedure:**
1. PerformCare will prior authorize, based on medical necessity, for Individual IBHS, IBHS-EBP & ABA IBHS to occur concurrently with CRR-HH/CRR-ITP//RTF for 30 days prior to discharge for treatment planning and assessment for services to be in place at the time of discharge.
 2. Initial Requests for interim IBHS specific to Asst. BC-ABA, BA, BC, BC-ABA, MT for Members in a CRR-HH/CRR-ITP, or RTF as part of aftercare planning:
 - 2.1. A Written Order/BPE from an ORP-enrolled prescriber at least ninety (90) days prior to discharge for coordination of care for initiation of IBHS as part of after care.
 - 2.1.1. A BPE may serve in lieu of a Written Order, if clinically appropriate, based on Member need, and meets all IBHS regulatory requirements.
 - 2.2. A IBHS Provider Choice Acknowledgment Form must be completed with the Member/Parent/Guardian.
 - 2.3. The Written Order/BPE and IBHS Provider Choice Acknowledgment Form are sent to provider of choice at Member/Parent/Guardian request within four (4) calendar days of completion.
 - 2.4. The IBHS provider submits a valid request to PerformCare including the following:
 - 2.4.1. Child/Adolescent Services Request Submission Sheet.
 - 2.4.2. Written Order/BPE.
 - 2.4.3. Proposed Treatment Plan for Initial Requests.
 - 2.4.4. IBHS Provider Choice Acknowledgment Form.
 - 2.5. PerformCare will determine medical necessity according to *CM-013 Approval/Denial Process and Notification* and, if approved, generate an authorization for an interim period:
 - 2.5.1. Individual BC/MT = 45 days
 - 2.5.2. BA/BC-ABA/Asst. BC-ABA = 75 days

- 2.6. The interim authorization period will be approved concurrently with CRR-HH/CRR-ITP or RTF 30 days prior to discharge.
- 2.7. PerformCare will also authorize a supplemental IBHS assessment authorization as follows:
 - 2.7.1. Individual IBHS = 30 calendar days
 - 2.7.2. ABA IBHS = 45 calendar days
- 2.8. During this interim 45 (Individual IBHS) or 75 (ABA IBHS) day authorization period, the IBHS provider will complete an IBHS assessment and ITP, in addition to delivering services as indicated in the Written Order, following IBHS regulations time frames and PerformCare *CM-CAS-042 Initial and Re-auth IBHS (BC-MT-BHT ABA)*.
 - 2.8.1. IBHS assessment requirements for Members in CRR-HH/CRR-ITP or RTF include:
 - 2.8.1.1. Documentation of collaboration with Member and Parent/Guardian.
 - 2.8.1.2. Documentation of collaboration with the current treating CRR-HH/CRR-ITP, or RTF provider (including a review of current treatment plan).
 - 2.8.1.3. Virtual interaction or direct observation with the Member in CRR-HH/CRR-ITP or RTF.
 - 2.8.1.4. If possible, direct observation of the Member in the discharge home should also be conducted while the Member is on a Therapeutic Leave (TL) or otherwise present in the discharge home setting for a period of time.
 - 2.8.1.4.1. If barriers prevent direct observation of the Member in the discharge home setting, this should be documented in the IBHS assessment and discussed with the Clinical Care Manager during the CRR-HH/CRR-ITP or RTF pre-discharge meeting.
 - 2.8.2. In the event the IBHS assessment concludes the hours per month for IBHS should be higher than the Written Order/BPE originally prescribed OR if another level of care is indicated, the Provider will request a treatment team meeting to discuss. All team members, including PerformCare, should be invited to this treatment team meeting.
 - 2.8.2.1. Following the treatment team meeting, the Provider will outreach to the Prescriber who will determine if the Written Order/BPE should be

- updated based on additional clinical information gathered from the IBHS assessment or if an additional face-to face-interaction with Member is needed.
 - 2.8.2.2. The IBHS Process will need to restart at Step 1 if a prescriber issues a new Written Order/BPE. (Original IBHS assessment may be updated).
 - 2.9. Prior to completion of the end of the 45/75-day interim authorization period, the IBHS Provider will submit a valid request including:
 - 2.9.1. Child/Adolescent Services Request Submission Sheet.
 - 2.9.2. Written Order/BPE.
 - 2.9.3. IBHS Assessment.
 - 2.9.4. ITP.
 - 2.9.5. IBHS Provider Choice Acknowledgment Form.
 - 2.10. PerformCare will determine medical necessity according to *CM-013 Approval/Denial Process and Notification*.
 - 2.11. If IBHS is approved, direct observation of the Member in the discharge home (and school, as applicable) setting is required to occur within 30 calendar days of discharge from the CRR-HH/CRR-ITP or RTF if it was not part of original IBHS assessment.
 - 2.12. The updated IBHS assessment must be sent to PerformCare with 10 calendar days of completion.
- 3. Initial Requests for IBHS specific to FFT, MST, or YFACTS for Members in a CRR-HH/CRR-ITP or RTF as part of aftercare planning:
 - 3.1. A Written Order/BPE from an ORP enrolled prescriber at least thirty (30) days prior to discharge for coordination of care for initiation of IBHS as part of after care.
 - 3.1.1. A BPE may serve in lieu of a Written Order, if clinically appropriate, based on Member need, and meets all IBHS regulatory requirements.
 - 3.1.2. A CANS must be completed if a BPE is conducted (CABHC counties only).
 - 3.1.3. For each YFACTS recommendation, there also needs to be a specific Individual IBHS recommendation for Mobile Therapy (MT) for the clinician and indicate the settings in which the services will be delivered. Setting recommendations should be individualized to the Member based on therapeutic need.

- 3.1.4. For each FFT or MST recommendation, there also needs to be settings prescribed for these services, which are individualized to the Member based on therapeutic need.
- 3.2. IBHS MST Provider Choice Form completed with the Member/ Guardian (MST only).
- 3.3. The Written Order/BPE and IBHS MST Provider Choice Form, if applicable, are sent to provider of choice at Member/Parent/Guardian request within four (4) calendar days of completion.
- 3.4. The IBHS provider submits a valid request to PerformCare including the following:
 - 3.4.1. Child/Adolescent Services Request Submission Sheet.
 - 3.4.2. Written Order/BPE.
 - 3.4.2.1. Written Order/BPE expiration dates are determined to be 12 months minus one calendar day from the date of the face-to-face Written Order/BPE.
 - 3.4.2.1.1. Ex. Written Order/BPE completed 1/1/2023 expires 12/31/2023.
 - 3.4.2.2. Written Order/BPE needs to be valid/not expired when submitted.
 - 3.4.3. Proposed Treatment Plan for Initial Requests.
 - 3.4.4. IBHS MST Provider Choice Form, if applicable.
- 3.5. PerformCare will determine medical necessity according to *CM-013 Approval/Denial Process and Notification*.
- 3.6. Approved services will begin the date of the medical necessity decision, and the authorization period will be generated for maximum of 12 months (unless otherwise specified in the provider's service description).
- 3.7. If IBHS is approved, direct observation of the Member in the discharge home (and school, as applicable) setting is required to occur within 30 calendar days of discharge from the CRR-HH/CRR-ITP or RTF if it was not part of original IBHS assessment.
- 3.8. The updated IBHS assessment must be sent to PerformCare with 10 calendar days of completion.

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)
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.

Superseded Policies

and/or Procedures: None

Attachments: [Attachment 1 PerformCare Child Level of Care Submission Form](#)
[Attachment 2 Proposed Treatment Plan for Initial Requests](#)
[Attachment 3 PerformCare IBHS Provider Choice Acknowledgment Form](#)
[Attachment 4 PerformCare IBHS Written Order Form](#)
[Attachment 5 PerformCare IBHS MST Provider Choice Form](#)

Approved by:



Primary Stakeholder