

PerformCARE[®]		Policy and Procedure
Name of Policy:	Initial & Re-Authorization Requirements IBHS & ABA Group/EBP/Other Individual IBHS	
Policy Number:	CM-CAS-043	
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	
Original Effective Date:	03/01/22	
Last Revision Date:	03/11/26	
Last Review Date:	04/03/26	
OMHSAS Approval Date:	01/25/24	
Next Review Date:	04/01/27	

Policy: Establishes protocols for the initial and re-authorization of IBHS & ABA Group/EBP/Other Individual IBHS.

Purpose: To ensure that network providers meet requirements for requesting IBHS & ABA Group/EBP/Other Individual IBHS.

Definitions: **IBHS-ABA Group:** Intensive Behavioral Health Services, which include therapeutic interventions, provided primarily in a group format through ABA services.

IBHS-Group: Intensive Behavioral Health Services, which include therapeutic interventions, provided primarily in a group format through various treatment modalities.

Acronyms: **ABA:** Applied Behavior Analysis
BPE: Best Practice Evaluation
FFT: Functional Family Therapy
IDT: Intensive Day Treatment
ITP: Individualized Treatment Plan
MST: Multi-systemic Therapy
ORP: Ordering, Referring, Prescribing

Procedure:

1. Initial Requests for IBHS & ABA Group/EBP/Other Individual IBHS:
 - 1.1 For initiation of IBHS & ABA Group/EBP/Other Individual IBHS, Members will 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 needs and meeting all regulatory requirements.
 - 1.1.1.1 Prescriber must complete a CANS must be completed if a BPE is conducted (CABHC counties only).
- 1.1.2 Prescribers working out of an Outpatient Clinic must include the MA number for the Medical Director of the Clinic or MA number for Clinic to meet ORP requirement.
- 1.2 IBHS MST Provider Choice Form completed with the Member/ Guardian (when applicable).
- 1.3 The Provider electronically submits a valid request to PerformCare consisting of:
 - 1.3.1 Child/Adolescent Services Request Submission Sheet.
 - 1.3.2 Written Order/BPE.
 - 1.3.2.1 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.
 - 1.3.2.1.1 Ex. Written Order/BPE completed 1/1/2025 expires 12/31/2025.
 - 1.3.2.1.2 Written Order/BPE needs to be valid/not expired when submitted.
 - 1.3.3 Proposed Treatment Plan for Initial Requests.
 - 1.3.4 IBHS MST Provider Choice Form completed with the Member/ Guardian (MST only).
- 1.4 PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.
- 1.5 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).
- 1.6 Prior to the initiation of services, the provider must obtain consent for services from the Member/Parent/Guardian.
- 1.7 Following the initiation of services, the following must be completed:
 - 1.7.1 The provider will complete the IBHS-ABA assessment per IBHS regulations.
 - 1.7.2 The clinician completing the IBHS assessment should include observations and data across all environments (group, home, school, community settings as applicable to the level of care approved), including interviews with staff. The IBHS provider should

- document in the IBHS assessment the reason and setting if direct observation could not occur.
- 1.7.3 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 Provider of Choice will request a treatment team meeting within seven (7) calendar days of IBHS assessment completion date to discuss with team.
 - 1.7.4 Following the treatment team meeting, the provider will outreach to the prescriber to determine if the Written Order/BPE should be updated based on additional information from the IBHS assessment or if additional face-to-face interaction with the Member is needed.
 - 1.7.4.1 A new face-to-face Written Order/BPE is required if the original prescriber cannot/will not modify the initial Written Order/BPE.
 - 1.7.5 The IBHS Process will need to restart at Step 1 if a prescriber issues a new Written Order/BPE.
 - 1.7.6 Note: In these instances, the original IBHS assessment may be able to be used if it recommends and has clinical information to support the service prescribed in the new Written Order/BPE.
- 1.8 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:
- 1.8.1 Service type and settings where services may be provided, including the specific number of hours in each setting (updated as needed).
 - 1.8.2 Whether/how parent, caregiver, or legal guardian participation is needed to achieve the goals/objectives.
 - 1.8.3 Safety plan to prevent a crisis including a crisis intervention plan with antecedent information, skills to be implemented by Member/Parent/Guardian, and a de-escalation plan.
 - 1.8.4 Specific measurable goals including baseline information, measurable objectives, and interventions to address identified therapeutic needs. This should include specific, definable, and quantifiable outcomes, as well as timeframes to complete each goal.
 - 1.8.5 Discharge criteria, proposed discharge date/goal completion, and appropriate aftercare plan.

- 1.9 Treatment team meetings should occur as clinically indicated, as collaboration and cross systems planning is integral to care.
- 1.10 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*.
- 1.11 The provider is required to meet all IBHS time frame regulations.
- 1.12 The ITP shall be reviewed and updated at least every 6 months.
2. Re-authorization Requests for IBHS & ABA Group/EBP/Other Individual IBHS:
 - 2.1 For continuation of group and other individual IBHS as well as evidence-based treatment programs, 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, if clinically appropriate, based on Member needs, and meeting all regulatory requirements.
 - 2.1.2 Prescribers working out of an Outpatient Clinic must include the MA number for the Medical Director of the Clinic or MA number for Clinic to meet ORP requirement.
 - 2.1.2.1 A CANS must be completed if a BPE is conducted (CABHC counties only).
 - 2.1.3 If the new Written Order/BPE recommends a different type of IBHS, then the provider follows Step 1.1 for initial IBHS as noted above.
 - 2.2 The current treating provider will update Member's ITP and complete an updated IBHS assessment.
 - 2.2.1 The IBHS assessment should take place across all environments (home, school, community settings).
 - 2.2.2 In the event the IBHS assessment concludes the hours per month for other Individual or Group IBHS should be higher than the Written Order/BPE originally prescribed OR if another level of care is indicated, the IBHS provider will schedule a treatment team meeting within seven (7) calendar days of IBHS assessment completion date to discuss with team.
 - 2.2.3 Following the treatment team meeting, the provider of choice will outreach to the prescriber who will determine if the Written Order/BPE should be updated based on additional information from the IBHS assessment and additional face-to face-interaction with the Member.

- 2.2.3.1 A new face-to-face Written Order/BPE is required if the original prescriber cannot/will not modify the initial Written Order/BPE.
- 2.2.4 The IBHS process will need to restart at Step 1 if a prescriber issues a new Written Order/BPE with a change in recommended services.
- 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 request must include:
 - 2.3.1 Child/Adolescent Services Request Submission Sheet.
 - 2.3.2 New Written Order/BPE.
 - 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 ITP (within 30 days).
 - 2.3.4 Updated IBHS assessment (within 30 days).
- 2.4 PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*. Approved services will begin the day after the current authorization ends and will be generated for a maximum of 12 months (unless otherwise specified in the provider's service description).
 - 2.4.1 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.
- 2.5 Treatment team meetings should occur as clinically indicated, as collaboration and cross systems planning is integral to care.
- 2.6 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*.
- 2.7 The IBHS provider is required to meet all IBHS time frame regulations.
- 2.8 The ITP shall be reviewed and updated at least every 6 months.
- 3. Discharge Process for IBHS & ABA Group/EBP/Other Individual IBHS:
 - 3.1 Within (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, including PerformCare. The meeting should focus on the reason for discharge, treatment progress, goals for next level of care, and recommendations for after-care services.

- 3.2 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 reasons for discharge, after-care services and discharge resources. PerformCare Clinical Care Manager and Parent/Guardian are required to participate in discharge planning meeting.
- 3.3 Within (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.
 - 3.3.1 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-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

OMHSAS IBHS Regulatory Compliance Guide (RCG) Chapter 5240 12.23.2024

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

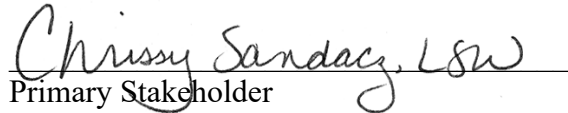
42 CFR §455.410 Enrollment and screening of providers.
Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and

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 Written Order Form](#)
[Attachment 5 PerformCare IBHS MST Provider Choice Form](#)

Approved by:


Primary Stakeholder