



Intensive Behavioral Health Services (IBHS): Guide to Prescribing and Access



City of
Philadelphia



Objectives

- Provide overview of IBHS for wider provider network
- Provide guidance on prescription, service requests, and access






Intensive Behavioral Health Services (IBHS) Overview

- On October 19, 2019, OMHSAS promulgated Chapters 1155 and 5240, which created new regulations for Intensive Behavioral Health Services (IBHS) and the end of BHRS regulations.
- IBHS regulations will now govern everything we previously referred to as “wrap-around” or BHRS, including STS, ABA, early childhood programs, and most of the BHRS program exceptions.





Planning with our Providers

- CBH held several info sessions to update providers on the pending IBHS regulatory change and support them in transitioning.
 - CBH Provider Relations Reps also made individual calls to each provider and collected questions for an [FAQ document](#).
 - Our most important goals are access and continuity of care for the children currently receiving, or in need of, BHRS/IBHS services.
 - CBH is also using this regulatory change as an opportunity to manage care differently than we have in the past.
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Scope

Individual Services

- Behavior Consultation
- Mobile Therapy
- Behavioral Health Technician Services
- EBTs can be added to be delivered as an Individual Service. (i.e. FFT, MST-PSB)

Applied Behavior Analysis

- Behavior Analytic Services
- Behavior Consultation-ABA services
- Assistant behavior consultation- ABA Services
- Behavioral Health Technician-ABA Services
- EBTs can be added to be delivered through ABA


Group Services

- STAP
- School-Based Services
- EBTs can be added to be delivered as Group Service (i.e. CBITS)

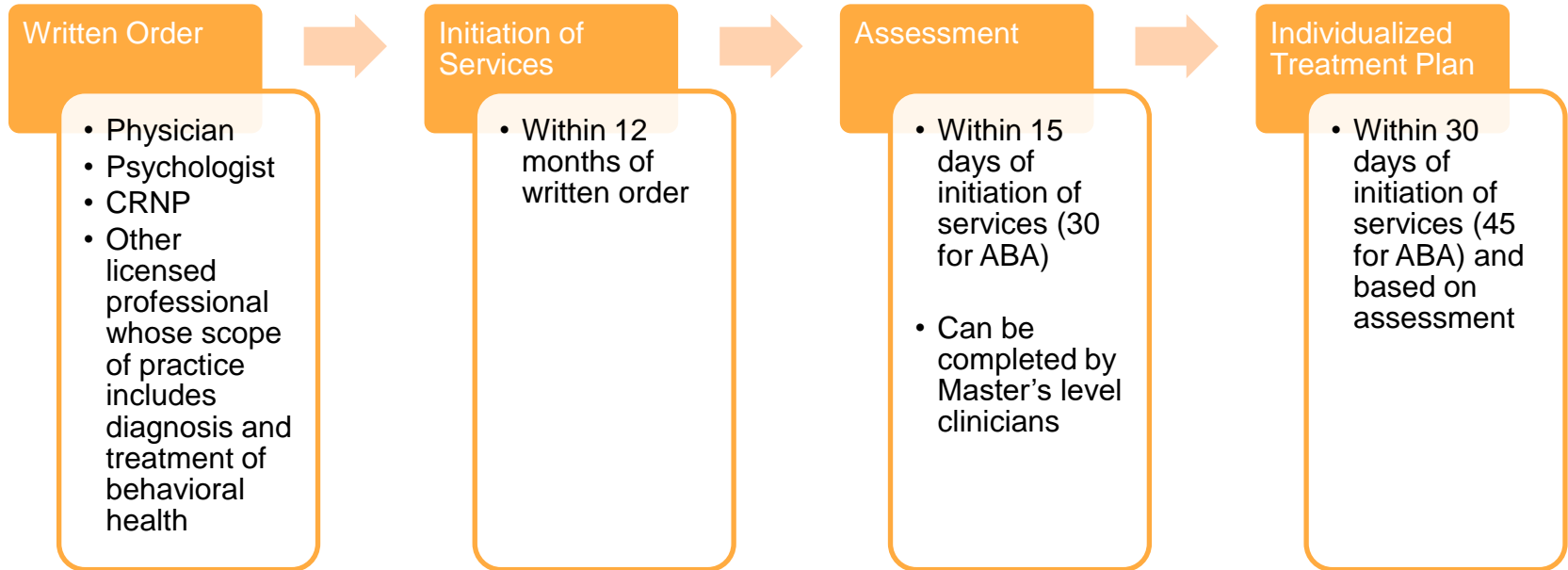
Note on Evidence Based Therapies:

Must have a national certification or certification from the developer/owner

The Children's Bureau has committed to publishing an initial and annual list of EBTs that are approved to be delivered through either Individual, ABA, or group services under IBHS



Assessment and Initiation





CBH Publications and Operational Changes



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Intensive Behavioral Health Services (IBHS) Overview

- All current BHRS providers were expected to be in compliance with IBHS regulations by January 19, 2020, 90 days from promulgation.
- CBH has issued Bulletins [19-23](#), [19-24](#), [19-25](#) and [19-26](#), [20-02](#), [20-03](#), and [20-10](#) to preview expectations for our providers.
- New Forms were also released for provider use


[Written Order Letter Template](#)

[ISPT Meeting Request Form](#) and [Progress Summary Template](#)





Highlights of Bulletins 19-23 through 19-26

- Individuals with a current prescription for BHRS, that extends beyond January 19, 2020, will be allowed to continue to receive BHRS services until the end of that authorization period.
 - Beyond January 19, 2020, providers may continue to prescribe BHRS until they are a licensed IBHS provider. Once they become licensed IBHS providers, they will only make IBHS Written Orders.
 - January 19, 2021 will be the last day BHRS is permitted to be delivered.
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BHRS alignment with IBHS regulations (during transition)

All IBHS and BHRS Services will be accessed in compliance with IBHS regulations (e.g. Written Order and assessment)

BHRS authorizations will be for no more than 6 months, regardless of diagnosis

ISPTs will no longer be required for most levels of care, but will be incentivized and encouraged

STS can only be prescribed until the last day of the 2019-2020 academic year, or June 12, 2020 for most schools. Prescriptions for school services in the fall of 2020 will align with the upcoming procurement (to be covered in future meeting).






Bulletin 20-03

Establishes New Level of Care Codes to be used for the Assessment, Treatment Initiation Phase for providers to bill effective 1/19/2020.

- Traditional BHRS: 400-126, 400-127 (non ASD) , 400-128, 400-129 (ASD)
- ABA (CBH Designated Providers): 400-130 and 400-131
- School Therapeutic Services: 400-132 and 400-133

*requesting and episode of Assessment and Treatment initiates the authorization of two levels of care, one for assessment activities and one for treatment activities.



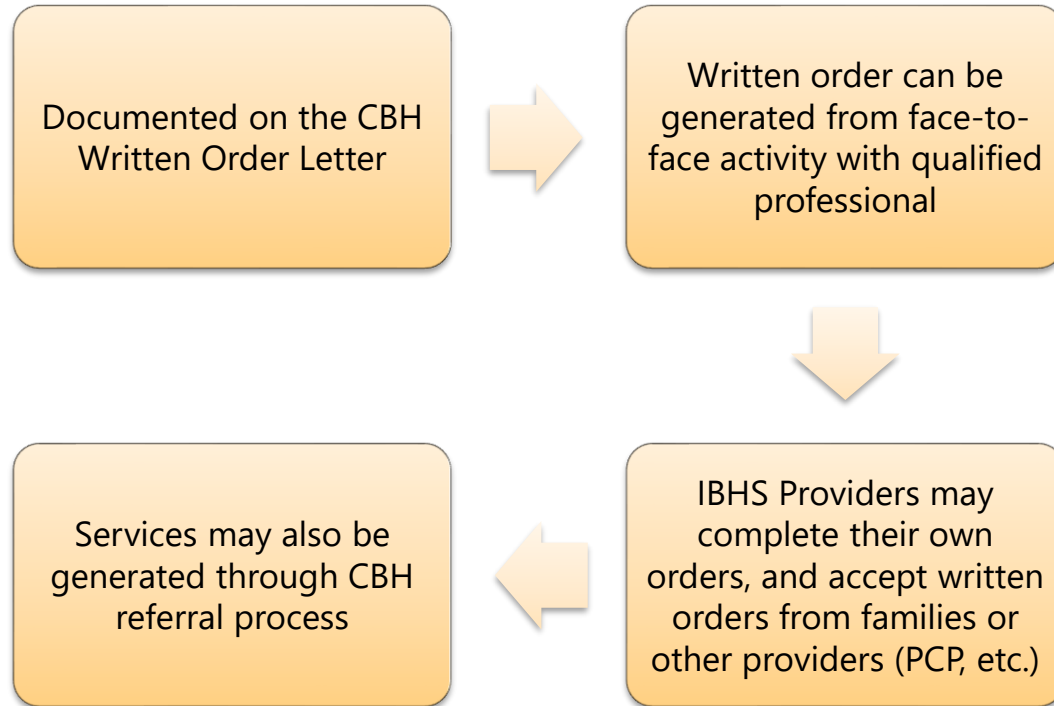


Written Order



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Written Order Letter





Written Order

Required Elements

Diagnosis

Clinical info to support MNC

Max hours per service per month

Setting

Measurable improvements

Billable Services

Therapy Session

Level of Care Assessment

CRC/UCC Evaluation

Bundled in AIP, PHP, or RTF rate



Written Order Letter Template

Intensive Behavioral Health Services (IBHS) Written Order Letter Cover Page

Child's Name: _____ **Date of Birth:** _____


MA ID#: _____ **Date of Written Order:** _____

Parent/Guardian's Name(s): _____

School (if applicable): _____

Other agency involvement (if applicable): _____






Following my recent face-to-face appointment and/or evaluation on DATE with CHILD, and after considering less restrictive, less intrusive levels of care such as ENTER OTHER LEVELS OF CARE CONSIDERED, I am making the following Written Order.

It is medically necessary that CHILD receive a comprehensive face-to-face assessment for Intensive Behavioral Health Services (IBHS).

Along with this Written Order, I have included clinical documentation to support the medical necessity of the services ordered, including a behavioral health disorder diagnosis (listed in the most recent edition of the DSM or ICD), and measurable improvements in the identified therapeutic needs that indicate when services may be reduced, changed, or terminated, as per regulations.





Current Behavioral Health Diagnosis:

A behavioral health diagnosis is necessary to initiate IBHS. In addition, please include other behavioral health and/or physical health diagnoses or issues of concern, as applicable:

Behavioral Health Diagnosis (primary)	Enter Diagnosis Here
Additional Behavioral Health Diagnosis	Enter Diagnosis Here (repeat row as necessary)
Medical conditions/physical health diagnosis	Enter Diagnosis Here (repeat row as necessary)

Measurable goals and objectives to be met with IBHS:

List, repeat row as necessary

List, repeat row as necessary





Authorization



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Pathway 1: Assessment and Initial Treatment

Ideal for:


Individual IBHS that will include BHT

ABA

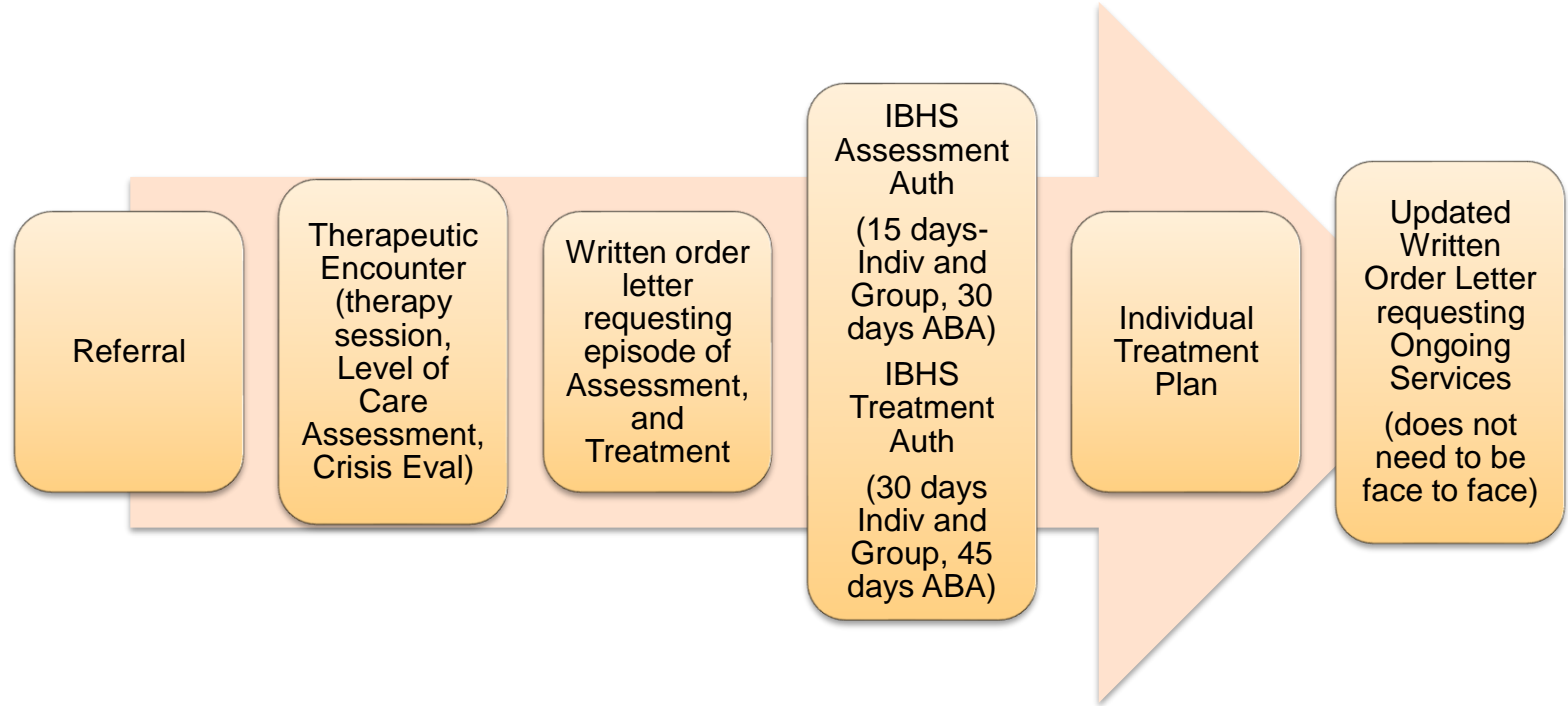
Traditional BHRS that will include TSS (in transition period)

STS (in transition period)

Youth unknown to the provider or for whom a cross-setting assessment may be beneficial



IBHS Pathway 1: Assessment and Initial Treatment






Part A: Initial Written Order for Initial Assessment, Stabilization and Treatment Initiation

A comprehensive, face-to-face assessment is recommended to be completed by an IBHS clinician to further define how the recommendations in this order will be used and to inform and complete an Individualized Treatment Plan (ITP). BHRIS/IBHS Treatment Services may also be delivered during the assessment period for stabilization and treatment initiation provided a treatment plan has been developed for the provision of these services. Please select the assessment type and treatment services necessary for stabilization that you are recommending, based on the symptom(s) and/or behavior(s) of concern and the settings/domains in which they are occurring.


NOTE: You must complete all sections in one row for a service to be appropriately authorized. All treatment auths will be for 180 days, or the last day of school, unless otherwise specified.




Sample Written Order- requesting ABA under BHRS


ASSESSMENT AND TREATMENT SERVICES PROVIDED BY CURRENT BHRS/ABA/STS PROVIDERS (PER CBH BULLETIN 20-03)

<input type="checkbox"/> BHRS Assessment for BHRS Services (For BHRS Providers without an IBHS license) NOTE: Assessment must occur within 15 days of service initiation	<input type="checkbox"/> 400-126: BHRS Clinical Assessment (may include FBA) and 400-127: BHRS Initial Treatment	<input type="checkbox"/> Episode Start date, specify:	<input type="checkbox"/> Home <input type="checkbox"/> School, specify: <input type="checkbox"/> Community, specify:
<input type="checkbox"/> BHRS Assessment for BHRS Services FOR CHILDREN WITH AN ASD DIAGNOSIS ONLY NOTE: Assessment must occur within 15 days of service initiation	<input type="checkbox"/> 400-128: BHRS Clinical Assessment-Autism (may include FBA) and 400-129: BHRS Initial Treatment-Autism	<input type="checkbox"/> Episode Start date, specify:	<input type="checkbox"/> Home <input type="checkbox"/> School, specify: <input type="checkbox"/> Community, specify:
<input checked="" type="checkbox"/> BHRS Assessment for ABA Services (For ABA Designated Providers without an IBHS License) NOTE: Assessment must occur within 30 days of service initiation	<input checked="" type="checkbox"/> 400-130: ABA Clinical Assessment (must include FBA and/or Skills Assessment) and 400-131: ABA Initial Treatment-Autism	<input checked="" type="checkbox"/> Episode Start date, specify: January 31, 2020	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> School, specify: J Hampton Moore <input checked="" type="checkbox"/> Community, specify: YMCA, Drummond
<input type="checkbox"/> STS Assessment for School Therapeutic Services NOTE: Assessment must occur within 15 days of service initiation	<input type="checkbox"/> 400-132: STS Clinical Assessment and 400-133: STS Initial Treatment	<input type="checkbox"/> Episode Start date, specify:	<input type="checkbox"/> Home <input type="checkbox"/> School, specify: <input type="checkbox"/> Community, specify:




How to Use Assessment Authorizations (400-126, 400-128, 400-130, 400-132)

- If the initial written order is for an IBHS Individual or Group Services Assessment, Providers may use BSC-PHD, BC, and MT flexibly in the first 15 days to complete appropriate assessment activities.
 - If the initial written order is for an ABA Assessment, providers may use BA, BC-PHD, BC-ABA, and ABC-ABA flexibly in the first 30 days to complete appropriate assessment activities.
 - 300-22, Psychological Evaluation, can be billed at any time during Initial Assessment and Treatment, or during ongoing treatment, to complete psychological testing or diagnostic clarification, or to provide additional input to the treatment team
- 



How to Use Initial Treatment Authorizations (400-127, 400-129, 400-131, 400-133)

- Treatment services can be delivered flexibly during the initial period, including TSS, BHT, and BHT-ABA if a treatment plan is developed to guide service delivery
 - Providers are required to complete an FBA and/or skills assessment during the assessment period if ongoing TSS, BHT, or BHT-ABA will be requested
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Pathway 2: Direct to Treatment:

Ideal For:

Individual IBHS Professional Services Only

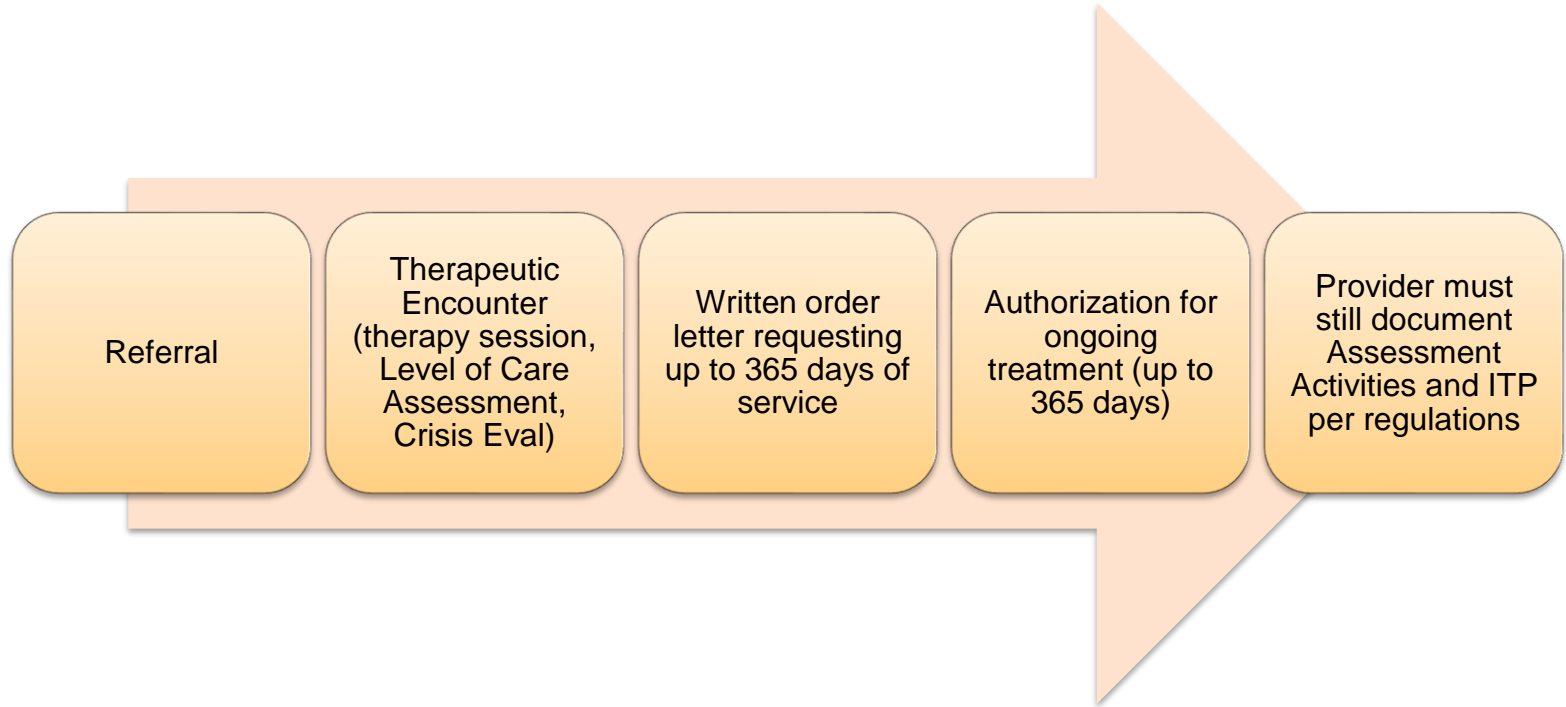
Traditional BHRS Professional Services Only


FFT

CTSS



IBHS Pathway 2: Direct to Treatment






Part A: Initial Written Order for Initial Assessment, Stabilization and Treatment Initiation

A comprehensive, face-to-face assessment is recommended to be completed by an IBHS clinician to further define how the recommendations in this order will be used and to inform and complete an Individualized Treatment Plan (ITP). BHRIS/IBHS Treatment Services may also be delivered during the assessment period for stabilization and treatment initiation provided a treatment plan has been developed for the provision of these services. Please select the assessment type and treatment services necessary for stabilization that you are recommending, based on the symptom(s) and/or behavior(s) of concern and the settings/domains in which they are occurring.

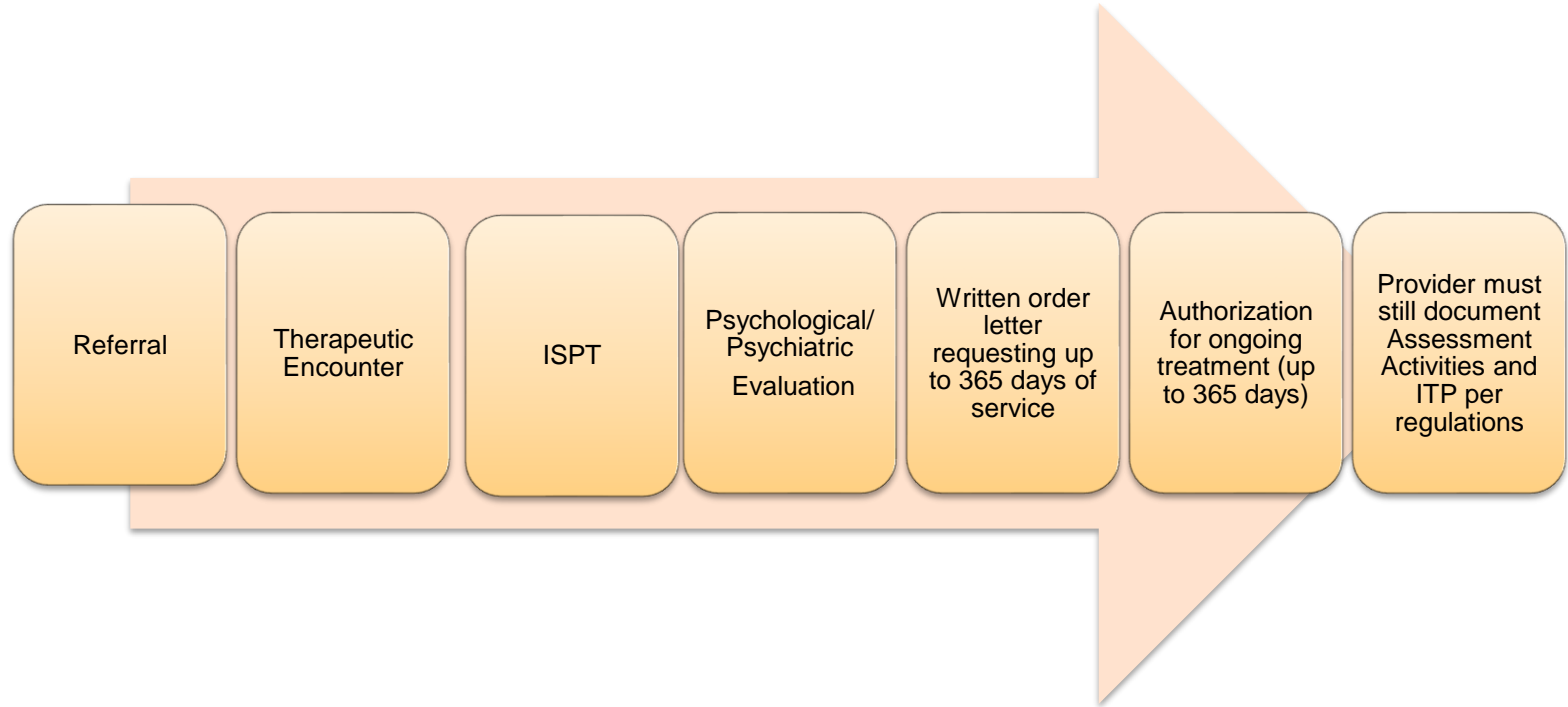
NOTE: You must complete all sections in one row for a service to be appropriately authorized. All treatment auths will be for 180 days, or the last day of school, unless otherwise specified.



Sample Written Order- Mobile Therapy 8 hpm


BHRS/ABA/STS DIRECT TO TREATMENT SERVICES FOLLOWING AN EVALUATION (i.e. ASSESSMENT AUTH NOT NEEDED)			
<input checked="" type="checkbox"/> BHRS	<input checked="" type="checkbox"/> Mobile Therapist (MT) <input type="checkbox"/> Behavior Specialist Consultant (BSC) <input type="checkbox"/> Therapeutic Support Staff-School* <input type="checkbox"/> Therapeutic Support Staff-Non-School* *NOTE: an FBA is required first	Up to 8 <u>hpm</u> Up to <u>hpm</u> Up to <u>hpm</u> Up to <u>hpm</u> Start date, specify:	<input checked="" type="checkbox"/> Home <input type="checkbox"/> School, specify: <input type="checkbox"/> Community, specify:
<input type="checkbox"/> BHRS- ABA (For ABA Designated Providers without an IBHS License)	<input type="checkbox"/> ABA-Board Certified Behavior Analyst (ABA-BCBA) <input type="checkbox"/> ABA-Behavior Specialist Consultation (ABA-BSC) <input type="checkbox"/> ABA-FBA and/or Skills Assessment <input type="checkbox"/> ABA-Therapeutic Support Staff-School (ABA-TSS-S)* <input type="checkbox"/> ABA-Therapeutic Support Staff-Non-School (ABA-TSS-NS)* *NOTE: an FBA is required first	Up to <u>hpm</u> Up to <u>hpm</u> ____ hours total Up to <u>hpm</u> Up to <u>hpm</u> Start date, specify:	<input type="checkbox"/> Home <input type="checkbox"/> School, specify: <input type="checkbox"/> Community, specify:
<input type="checkbox"/> STS	<input type="checkbox"/> STS Level 1 <input type="checkbox"/> STS Level 2 <input type="checkbox"/> STS Level 3	Start date, specify:	<input type="checkbox"/> School, specify:

Pathway 3: CRR-HH, Early Childhood, MST-PSB





Pathway 3: CRR-HH, Early Childhood and MST-PSB

- REQUIRED for these levels of care
 - CBH will continue to require a Psychological Evaluation and ISPT prior to authorizing CRR-HH, Early Childhood Treatment Programs, and MST-PSB
 - For CRR-HH, CBH Care Management must be present
 - For Early Childhood Treatment Programs and MST-PSB, the referring and accepting provider must participate in the ISPT. If CBH participation is currently required at a particular program, it will continue to be required.
 - CBH will prior authorize these services for up to 365 days
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Sample Written Order- Early Childhood Treatment Program

<input type="checkbox"/> STS	<small>NOTE: an ICB is required first</small> <input type="checkbox"/> STS Level 1 <input type="checkbox"/> STS Level 2 <input type="checkbox"/> STS Level 3	Start date, specify:	<input type="checkbox"/> School, specify:
<input checked="" type="checkbox"/> BHRS Exceptions	<input checked="" type="checkbox"/> Early childhood treatment program <input type="checkbox"/> Social Skills treatment <input type="checkbox"/> Clinical Transition & Stabilization (CTSS-Bethanna) <input type="checkbox"/> Wellness & Resiliency -NCS <input type="checkbox"/> Summer Therapeutic Program (STAP or STEP) <input type="checkbox"/> Group TSS for summer services <input type="checkbox"/> Other, specify:	Up to ___ <u>hgm</u> Up to ___ <u>hgm</u> × Episode <input type="checkbox"/> Episode <input type="checkbox"/> Episode Up to ___ <u>hgm</u> Start date, specify:	<input type="checkbox"/> Group service site <input checked="" type="checkbox"/> If applicable, specify setting(s) other than the group service site: Home and Community
<input type="checkbox"/> Other Treatment	<input type="checkbox"/> CRR Host Home <input type="checkbox"/> Other, specify:	Start date, specify:	<input type="checkbox"/> Home <input type="checkbox"/> Community, specify: <input type="checkbox"/> Other, specify:



Summary of Access Options

	Description	Ideal Services
Pathway One	Written Order Part A Requesting Initial Assessment and Treatment for 30/45 days	BHRS with TSS IBHS with BHT STS
Pathway Two	Written Order Part A Requesting Direct to Treatment Services	IBHS/BHRS Professional Services FFT CTSS
Pathway Three	Written Order Part A Requesting Direct to Treatment Service Psychological of Psychiatric Evaluation ISPT	CRR-HH Early Childhood Programs MST-PSB



Questions—please submit to your provider rep

