

## TABLE OF CONTENTS

Clinical.....	2
Written Order.....	2
Level of Care (LOC) Assessment.....	7
Applied Behavioral Analysis (ABA).....	10
Evidence-Based Practices (EBPs).....	11
Authorizations.....	11
Other.....	15
Attestations and Licensure.....	23
Finance.....	27
Other.....	29

## CLINICAL

### Written Order

1. **Question:** Since this is only an update, can someone other than the prescriber complete this Written Order?

**Answer:** Yes, as long as that person meets IBHS credentials and qualifications to complete the Written Order.

2. **Question:** Please confirm if this is a Part B for someone who has been in STS or BHRS.

**Answer:** Since IBHS is a new service for all youth, please use Part A.

3. **Question:** Are we using the regional transition Written Order for everyone?

**Answer:** Yes.

4. **Question:** What should we do with new children for whom we just did Level of Care (LOC) evaluations, who are not in our cluster, for whom we are only prescribing BC hours, and who do not need an additional assessment? There is no option for this on the new Written Order.

**Answer:** The standard package has been developed for provider convenience, flexibility, and consistency during the transition period. Providers should deliver services in the type and amount they deem clinically necessary and do not need to use all of the services or hours authorized in the standard package. Prescribe the package and collaborate with the new provider based on your anticipated level of need. To clarify, everyone will need an assessment in the first 30 days following initiation of services, per the regulations, regardless of the type of evaluation completed to generate the Written Order. (This timeframe has been

updated based on temporary measures put in place by OMHSAS due to COVID-19)

5. **Question:** Do we need a new Written Order even if the old one is good?

**Answer:** Any Written Orders that were done this year are for BHRS programs. IBHS is a new service for all youth, and they will need Written Orders reflecting this service change.

6. **Question:** For children that are not moving to a new provider, can the Written Order be individualized so that they will need an FBA for this authorization due by August 14, 2020, or will the FBA be for BHT authorization after this transition authorization?

**Answer:** Due to the impact of the COVID-19 pandemic on the Philadelphia community, some aspects of IBHS implementation have been adjusted including the FBA requirement. CBH is not requiring an FBA for authorization for new youth or existing children at this time, however it remains best practice and providers should continue to complete them when feasible. CBH will update providers when we begin requiring FBAs again.

7. **Question:** Can the PROMISe ID of the agency be used on the Written Order? It is difficult for the individually licensed clinicians to obtain one due to the pandemic.

**Answer:** No, the Written Order must have the PROMISe ID of the prescriber.

8. **Question:** Do we have to do a new Written Order at 90 days?

**Answer:** In 90 days, you have to update the Written Order for any youth who had an initial 90-day authorization. If continued stay recommendations include BHT hours, an FBA must be included. Due to the impact of the COVID-19 pandemic on the Philadelphia community,

some aspects of IBHS implementation have been adjusted including the initial authorization period and the FBA requirement. Youth who received STS level 1 or TSS 16 hours per week or more in the 2019-2020 school year now have a last cover day of February 28, 2021. CBH is not requiring an FBA for authorization for new youth or existing children at this time, however it remains best practice and providers should continue to complete them when feasible. CBH is not requiring an FBA at this time, and will update providers when CBH begins requiring FBAs again

9. **Question:** With the blanket array of services that we are to request, if a child does not meet medical necessity for the full array of services, how do we recommend them and justify medical necessity down the line?

**Answer:** This is a transitional package, and CBH is not rendering medical necessity decisions for anyone prescribed the package. The Standard package has been developed for provider convenience, flexibility, and consistency during the transition period. Providers should deliver services in the type and amount that they deem clinically necessary and do not need to use all the services or hours authorized in the standard package. For subsequent authorizations, providers will be able to individualize prescriptions based on clinical need.

10. **Question:** We understand that Licensed Clinicians include LPCs and LCSWs, and they are able to complete Written Orders, and to do so, they need a PROMISE ID. How do we secure a PROMISE ID if we do not currently have an IBHS license, as the system is asking us to provide one?

**Answer:** CBH is seeking clarification from OMHSAS to determine if the attestation allows clinicians to use their provider's PROMISE number.

11. **Question:** What are the basic credentials under IBHS for someone to complete a Written Order?

**Answer:** Please see [the IBHS regulations](#).

12. **Question:** The FAQ distributed today says to send the request for a LOS to CBH. Who at CBH should it be sent to?

**Answer:** Written Orders should be sent to CBH via the secure file server. If you are not currently set up to submit secure files, please contact your Provider Relations Representative.

13. **Question:** Regarding the Written Order, can psychologists or licensed individuals complete them?

**Answer:** Please review [the IBHS regulations](#) for a list of individuals qualified to complete a Written Order.

14. **Question:** What do we do for children who we cannot get in touch with when the person writing the Written Order is not the person who originally saw the child (within the 365 days)?

**Answer:** Agencies must come up with their own policies and procedures about which youth require face-to-face contact. For example, if a youth was seen by a different prescriber, and has been engaged in treatment with other professionals, an agency may allow another prescriber to complete a Written Order based on collaboration and clinical information gleaned from these encounters. Agencies must also decide what level of contact they need to have with families and youth to substantiate a Written Order.

15. **Question:** Can Written Orders be completed over a phone call if the parent cannot access video conferencing?

**Answer:** See #19 in the “Clinical: Other” section.

16. **Question:** Since the school start date has been delayed, can providers have an extension to the August 14 cut-off date for the Written Order?

**Answer:** Not all providers have been able to complete all Written Orders by August 14, 2020. If a provider is experiencing significant issues with the previous provider(s), please notify your Clinical Care Manager.

- 17. Question:** What is the process for Written Orders and Progress Summaries to be circulated to the new provider? What is the timeline for this?

**Answer:** CBH is circulating the Written Orders and Progress Summaries as they are received.

- 18. Question:** When and how should providers expect to receive the Written Orders and Progress Summaries for transfers?

**Answer:** CBH CCMs are sending the Written Orders and Progress Summaries for transfers to the providers as they come in. We are also sending the outcome notification to the assigned provider.

- 19. Question:** Where is CBH with processing all the orders? At this point we are missing a large amount so not all families have been contacted.

**Answer:** We continue to receive Written Orders every day and we continue to send them out every day.

- 20. Question:** I've reached out to some agencies about Written Orders and they said they submitted them in July, but we haven't received determinations.

**Answer:** Please reach out to your assigned CCM, to receive Written Orders, auth, and progress monitoring on any children you are receiving.

- 21. Question:** Are agencies that are not providing ABA services returning referral packets where services are prescribed outside of their scope?

**Answer:** If you receive a Written Order for ABA and you do not specialize in this type of treatment, please contact your Care Manager so that the family may be referred to an ABA designated provider. Regionalized IBHS

providers are responsible for delivering services to youth diagnosed with ASD and other neurodevelopmental disorders who are prescribed individual services under IBHS.

### Level of Care (LOC) Assessment

1. **Question:** What are the requirements for the LOC assessment that is listed in the rates?

**Answer:** CBH will be releasing a Bulletin outlining the requirements.

2. **Question:** Do staff need to be trained in FBAs to complete the assessment?

**Answer:** Not all Assessments require an FBA. The requirements for an assessment are outlined in the IBHS regulations. However, CBH is requiring an FBA to support all requests for BHT, which can be completed during the assessment period and can also be completed at any time during treatment, if needed. If a staff member is completing an FBA at any time in treatment, they need to be trained in FBAs. Due to the impact of the COVID-19 pandemic on the Philadelphia community, some aspects of IBHS implementation have been adjusted including the FBA requirement. CBH is not requiring an FBA for authorization for new youth or existing children at this time, however it remains best practice and providers should continue to complete them when feasible. CBH will update providers when we begin requiring FBAs again.

3. **Question:** Does a LOC assessment completed by a psychologist count as the assessment?

**Answer:** A Bulletin is forthcoming on the LOC assessment. Per the regulations, an IBHS assessment needs to take place in the first 15 calendar days following service initiation.

4. **Question:** Can you confirm that you stated that the LOC assessment to generate a Written Order can only be up to one hour?

**Answer:** Yes. That is correct.

5. **Question:** Does the CBE still exist or not? If you do a LOC assessment and then realize they need a full CBE for another service, can you bill the LOC and then the full CBE? Can you provide what needs to be in the LOC assessment that can only be an hour?

**Answer:** The LOC assessment creates an opportunity to gather intake information needed to generate a Written Order. The expectation is that diagnostic impressions are included to indicate medical necessity and providers may use their own intake tools. **CBH will be sunsetting the CBE/CBR. Details will be issued in a future CBH Provider Bulletin.**

6. **Question:** What are the required elements for a LOC assessment?

**Answer:** See #1 in this section.

7. **Question:** Can a psychological evaluation be used as the LOC assessment?

**Answer:** Yes. A Psychologist can complete an LOC assessment, or a Written Order can be generated from a Psychological Evaluation. Remember that the spirit of IBHS is for a youth to not need a full Psychological Evaluation in order to start a service. The LOC assessment is a brief face-to-face intake assessment used to obtain sufficient information to document a clinical hypothesis and generate a Written Order. Both can result in an IBHS Written Order. However, the psychological evaluation does not eliminate the need for an IBHS assessment.

8. **Question:** Can the first two (LOC assessment and the IBHS assessment) be completed on the first day?

**Answer:** The LOC assessment can be completed on the same day that the IBHS assessment begins. The IBHS assessment can take place over 15



days and include direct observation, data collection, interview, structured tools, and record review, among other activities.

9. **Question:** Can you again clarify why the psychological evaluation cannot be counted as the IBHS assessment? It clearly could be a very in-depth assessment of the child and the family.

**Answer:** A psychological evaluation may or may not meet the requirements for an IBHS Assessment. IBHS Regulation 5240.21 clearly specifies the timeframe (i.e. within 15 days of the initiation of services) and content required in an IBHS Assessment (e.g. strengths and needs, natural and formal supports, treatment history). CBH has not imposed any requirements beyond the regulation, and providers are directed to 5240.21 to develop their IBHS Assessment process.

10. **Question:** So, you are not designating any required components of the LOC assessment as long as there is enough info to do the written order? Is that correct?

**Answer:** See Question #1 the *Level of Care* Assessment of the IBHS FAQ.

11. **Question:** Will assessments still be required by 9/17 for all students, many of whom are receiving remote instruction, must receive the assessment via telehealth, and to whom some of us are new providers?

**Answer:** Yes.

12. **Question:** If Assessments are due within the first 15 days of service how are we going to get an initial assessment and treatment auth issued?

**Answer:** The State has extended the time frame so, you now have 30 days.

13. **Question:** When should we expect the updated program standards to be circulated? Will it include the FBA Audit Tool, or the elements for the LOC Assessment?

**Answer:** The IBHS Performance Standards are posted [here](#) on the CBH website.

The FBA Audit Tool will be available on the website as well. The LOC Assessment will not be part of the standards.

**14. Question:** Can you please clarify the start date of the 30-day assessment?

**Answer:** The assessment should be completed within the first 15 days of initiating services.

**15. Question:** I want to confirm our interpretation of the levels and modifiers that are there to distinguish between licensed and non-licensed for the assessments. Is it H0032 UB for a licensed BC to conduct the assessment and the H0032 U9 for non-licensed? Is the same for MT and initial treatment?

**Answer:** Yes, see the [OMHSAS Bulletin, Procedure Codes for IBHS](#) for additional information.

**16. Question:** Will the list for unresolved cases be circulated to us this week?

**Answer:** Yes, it will be circulated this week.

### **Applied Behavioral Analysis (ABA)**

**1. Question:** It is unclear if youth receiving ABA services were also sent the regionalization letter; it is also unclear how these youth and families are being informed of the changes and that there are ABA providers outside of this regionalization.

**Answer:** Because ABA services were not part of the RFP, families with children who receive ABA services will not be sent a letter.

- Question:** Are we able to request ABA services for initial IBHS requests with a Written Order?

**Answer:** Yes, there is also an option on the Written Order for initial assessment/ABA and initial treatment/ABA. Those authorizations will be 30 and 45 days, respectively, in accordance with the regulations.

- Question:** There is no longer an ASD designation, correct? No BSC-ASD?

**Answer:** There is no BSC-ASD. They still need to have an appropriate license to work with a child diagnosed with ASD.

### Evidence-Based Practices (EBPs)

- Question:** Please include the EBPs acceptable to OMHSAS in the next FAQ.

**Answer:** MST, MST-PSB, MST-Psych, FFT, and PCIT.

- Question:** Can we use the CATS groups from the CHOP research project as an EBP to be used for the fall groups?

**Answer:** CBH requires, at a minimum, to implement CBT, CBITs, Bounce Back, and Bridge. Providers may implement additional EBPs, including the CATS group.

- Question:** Have you thought about providing ESFT training to providers?

**Answer:** We might consider this in the future. There is a four-part series through EPIC in October for clinicians.

### Authorizations

- Question:** When will providers receive IBHS authorizations, and will they be coming in a lump?

**Answer:** We will be accepting Written Orders now but will not be able to generate authorizations until contracts are completed. CBH will be keeping track of those youth approved and will generate authorizations upon contract completion. We will continue to send authorizations to you in real time from that point forward, along with the supporting clinical information received to support continuity of care.

2. **Question:** Is there any flexibility with standard authorization (e.g. children not appropriate for GMT)?

**Answer:** The standard package has been developed for provider convenience, flexibility, and consistency. During the transition period, providers should deliver services in the type and amount that they deem clinically necessary and do not need to use all of the services or hours authorized in the standard package.

3. **Question:** Are IBHS assessments to occur even if the child had an initial assessment since January?

**Answer:** Yes, because this is a new service. Any assessment that has taken place has been for BHRS.

4. **Question:** Will the provider be receiving both treatment and assessment authorizations for all children, or should the provider bill the assessment under treatment?

**Answer:** It can be billed under treatment.

5. **Question:** Are authorizations not being generated? How will the providers know if submitted Written Orders are “accepted”?

**Answer:** Providers will still receive an outcome notification grid noting the approvals.

6. **Question:** Can we have an update on the status of reviewing the transition packets and forwarding to the new provider. Can you give a timeframe of when to expect them all?

**Answer:** All authorizations for Written Orders submitted to CBH have been issued as long as the provider has a current contract with CBH for IBHS. As Written Orders come in, CBH is processing them within one business day, sending the outcome notification, and generating the authorizations to the appropriate provider.

7. **Question:** The new IBHS provider cannot contact the families without the contact information, do you know when the remainder of the authorizations and face sheets will be distributed?

**Answer:** We send out information as it is received.

8. **Question:** In comparing IBHS to BHRS/STS, was the APA developed using paid claims?

**Answer:** The APA is based upon utilization of services delivered. Due to the significant discrepancy between the paid authorization ratio under BHRS/STS, the APA was developed using paid claims.

9. **Question:** Can you please speak to authorizations versus family consents for services?

**Answer:** Providers should reach out to families and obtain consent prior to starting services. We encourage providers to partner with schools if providers are experiencing difficulty getting in touch with families. The Public Health Emergency Suspended Regulations Memo from OMHSAS dated August 14, 2020 waives written signatures for consent and allows for documented verbal consent. Please see OMHSAS memo for specific details.

- 10. Question:** Have all received orders been processed and notified out from CBH?

**Answer:** CBH has sent outcome notifications to providers for every Written Order that has been received to date. We are still receiving Written Orders every day, and we will continue to send them as they are received.

- 11. Question:** As new provider how does one obtain access to authorization information/downloads, etc.?

**Answer:** The authorizations have not yet been generated. CBH Provider Representatives will reach out to providers with an update regarding when those will be available.

- 12. Question:** There is a lot of frustration that all children have not gone through intake. There are also a lot of authorizations/WO we have not received and were told they are forthcoming and that previous providers still working on them. Also, schools are expressing the need to put BHTs out in as many homes as possible to help relieve the stress on parents and get kids focused. It's also very frustrating with the amount of parents opting out and the time it takes to participate in the ISPT meeting that doesn't seem to make a difference as the parent ends up staying with previous provider.

**Answer:** CBH continues to respond to every Written Order we receive and provide the Clinical information to providers. Anyone that has an IBHS contract should have received an authorization for members in the providers' assigned cluster.

Not all providers have been able to complete all Written Orders by August 14, 2020. If a provider is experiencing significant issues with the previous provider(s), please notify your Clinical Care Manager.

## Other

1. **Question:** Are we going back to multiple BHTs in a particular classroom if there is a high need in the classroom?

**Answer:** We recognize that this was problematic under STS, partially due to the pressure for providers to bill TSS hours. Under IBHS, the expectation is for more judicious use of BHT services with positive clinical outcomes. We will be talking with the school district about this change so that expectations about BHT are clear.

2. **Question:** Will the credential for group BHT services be RBT?

**Answer:** Yes. All BHT staff must obtain the RBT credential. The credential for individual and group BHT will be RBT coursework with an annual competency assessment. For staff who do not already meet this requirement, CBH will expect everyone to comply by September 2021.

3. **Question:** Is there a time span for parents to call to request to stay with the current provider?

**Answer:** The family letter asks families to contact CBH by the end of the summer regarding their choice to remain with their current provider.

4. **Question:** Will FAQs continue to be circulated by Amal El-Nageh? Or will they be posted on the CBH website under the IBHS Contracting page?

**Answer:** The FAQs will be distributed by Amal El-Nageh and posted on the website.

5. **Question:** What is the projected date that the letter will be sent to families/posted on the website?

**Answer:** The letter to families was sent the week of July 7, 2020.

6. **Question:** I am still confused about the CBH RBT coursework/annual assessment requirement for BHT in individual and group services. This is a narrower range of credentials than the IBHS regulations outline and will shrink the pool of available staff, which goes against the spirit of the regulations, which is to increase access to care.

**Answer:** In order to support the professionalization of BHT staff and better clinical outcomes for the children who receive treatment from them, CBH Network IBHS providers must ensure that BHT staff complete 40 hours of RBT training and maintain a certificate of completion on file. While the regulations state that staff with two years of experience in the field qualify to be BHTs without this coursework, CBH is requiring that any staff that falls into this category complete the RBT coursework and annual competency assessment by September 1, 2021, to meet this requirement. BHT staff who fall into the other five categories of qualification, as stated in the regulations, must abide by the regulations.

7. **Question:** In a previous slide, it said Model schools need one-day-a-week presence, but all other communication says “as needed” for Model. Can you clarify?

**Answer:** The RFP does not require providers to be in Model schools one day per week. Providers are expected to be onsite based on the needs of the student.

8. **Question:** Will principals be informed that the clinical professionals decide what is “clinically indicated” based on assessment, consultation, and structured tools regarding what those services look like and how often in a week?

**Answer:** CBH will work with the School District of Philadelphia to ensure that principals are educated on the regulatory requirements and credentials of those performing IBHS assessments, as well as those permitted to prescribe IBHS. School opening procedures have a huge impact on service delivery options and FFS billing.



9. **Questions:** Are principals thinking about student availability during a manufactured COVID startup process that involves staying in cohorts or staggered scheduling?

**Answer:** Please refer to the School District of Philadelphia reopening plan document [available on their website](#).

10. **Question:** Will the meet-and-greets be virtual?

**Answer:** Yes, they will all be virtual.

11. **Question:** Will the meet-and-greet sessions occur with all four levels of schools, or only those with dedicated services (i.e. will we be meeting with schools designated as “Model” during this meet-and-greet time)?

**Answer:** Meet-and-greets will occur with schools across all climate ratings.

12. **Question:** Who is responsible for obtaining the required certificates of occupancy for each school with IBHS?

**Answer:** Providers are responsible for submitting the certificates as part of the licensing process. However, we recognize that, in some cases, this will require a collaborative effort between the School District of Philadelphia, CBH, and providers.

13. **Question:** Will there be another time to get into schools since this timeframe does not allow for movers to be secured, especially after a holiday weekend? We have to arrange for movers to remove our furniture. Will there be a specific date to complete this task?

**Answer:** The SDP Operations Office will allow additional days to remove belongings and will allow more than one person to pick up belongings. SDP will update providers regarding the dates.

14. **Question:** How will IBHS cover ABA MT since ABA does not provide it and the kids are not necessarily in clusters?

**Answer:** ABA MT services can be delivered by providers licensed to deliver individual and group services. If the provider is not licensed, MT may be delivered by the assigned cluster provider.

15. **Question:** What skills assessment tools will be acceptable?

**Answer:** We have not required specific skills assessment tools. Providers should determine, based on their resources, which tools would be best to utilize.

16. **Question:** What about family-based?

**Answer:** A referral for family-based services requires a psychological evaluation.

17. **Question:** For clients who attend Chester Community Charter or approved private schools, are they affiliated with their neighborhood school cluster?

**Answer:** Yes, the provider is determined by what their School District school would be if they attended it.

18. **Question:** Will there be a way for psychologist to bill for consultation?

**Answer:** Yes, the psychologist can bill for consultation using the Licensed BC LOC but needs to meet the staff qualifications for a BC IBHS; the regulations allow for Psychologists in the Clinical Director role and in this role, so they can provide consultation and clinical supervision to staff as a nonbillable service.

19. **Question:** Some parents are not able to use video calls for therapy sessions for QO. Can the sessions be just telephone to combat this barrier?

**Answer:** The current COVID-19 relaxation of telehealth rules allows for telephonic encounter.

20. **Question:** Our model requires that the psychologist is more involved in IBHS but it appears that they are limited to only orders and an assessment (when needed). Otherwise, they are competing with master-level licensed professionals for assessments. It will be a challenge to have them assisting in a “when needed” capacity.

**Answer:** Regionalized IBHS in Philadelphia County requires full or part-time salaried staff, including Psychologists. IBHS regulations allow for psychologists in the Clinical Director role and in this role, and they can provide consultation and clinical supervision to staff. Providers are strongly encouraged to use Psychologists in this way.

21. **Question:** Is the Transition Package and BHT (up to 120 hours per month) across settings? Or is the intention that the BHT portion of the package is meant for school services?

**Answer:** CBH will not differentiate BHT service between school and non-school to be in alignment with the IBHS regulations. BHT hours can be delivered across settings based on the child’s clinical need.

22. **Question:** Will there be a separation of BHT-School and BHT-Non-School (as with current TSS services)? Or just BHT with the Written Order across settings or for a particular setting?

**Answer:** No, BHT can be delivered across settings.

23. **Question:** Since there is no Group BHT approved for this school year, what is the expectation with staffing and service provision? For example, a classroom with five approved students for services.

**Answer:** Providers will need to assess whether BHT services are clinically indicated and the most clinically appropriate staffing plan to meet the individual needs of each child.

24. **Question:** Clarification on the Principal meet-and-greets: we were just given one time; does that mean we will be meeting all of the principals from both clusters?

**Answer:** Attempts will be made to ensure all schools will be present during the meet and greets. However, providers should reach out to any schools who were unable to send a representative to the meet-and-greet as the first step to establishing ongoing communication.

25. **Question:** How will CBH be dealing with requests for TSS in the home to cover online school days?

**Answer:** Please refer to SDP reopening plan.

26. **Question:** Does psychological testing require prior authorization?

**Answer:** Yes.

27. **Question:** Progress Monitoring Question: Do we need to submit a progress monitoring form for a client who is currently enrolled in BHRS and will remain with us under BHRS?

**Answer:** No, you do not have to redo the form if you have already completed one and the information is still current.

28. **Question:** Is payment for psychological assessment being eliminated?

**Answer:** No; the code is 425-2 (Psychological Evaluation).

29. **Question:** Is there a PhD level of BC or PhD BC consultation?

**Answer:** The split under IBHS is now licensed or unlicensed. This is a change from BHRS.

30. **Question:** Will BHT services be expected to be provided in the home since school is opening virtually?

**Answer:** This will be covered next week (8/12) during the provider implementation meeting.

31. **Question:** For the SB IBHS Team, the functions are specific to the SDP correct? Is there support available from that team for charter schools, private schools, etc.?

**Answer:** The SB Team will do our best to support all schools; however, our initial focus will be on schools which are included in the RFP clusters.

32. **Question:** For FBAs, is there a specific format that can be given to the agency or should each agency develop their own using data sheets and interview questions?

**Answer:** We do not have a required FBA format. We suggest looking at the bullets and auditing tool, so you meet the necessary criteria.

33. **Question:** What about staffing ratios? We are staffing based on those.

**Answer:** The performance standards and staffing ratios are guidelines. CBH will exercise some flexibility with providers. Providers should reach out to schools to assess needs and staff accordingly.

34. **Question:** Do we have to follow the guidelines from the state about the staffing ratios?

**Answer:** Yes, you must follow the guidelines from the state regulations.

**35. Question:** Is there a reason the licensed Behavior Specialist Consultant is not part of the staff description for 425-1 code?

**Answer:** The State considers licensed professionals as the appropriate persons to complete the evaluations and does not include BSLs.

**36. Question:** Can BHT services be provided in person at the client's home? Alternatively, can IBHS be provided in-person in the new digital access centers?

**Answer:** Yes, as the provider you have the best understanding of what the child and family need. Follow guidelines of the CDC and health department. The access centers are a nice opportunity to provide BHT as it allows for a safe place to provide these services.

**37. Question:** Is there an expected circulation date for the revised IBHS Program Standards, suspension of FBA requirement only for new youth, or existing children?

**Answer:** Due to the impact of the COVID-19 pandemic on the Philadelphia community, some aspects of IBHS implementation have been adjusted including the FBA requirement. CBH is not requiring an FBA for authorization for new youth or existing children at this time, although they remain best practice and providers should complete them when feasible. CBH will update providers when we begin requiring FBAs again.

**38. Question:** Is there a limit to BHT in the home or on telehealth? Also, do we need to get an exception to expand the BHT hours via telehealth at the state?

**Answer:** There is not a limit to in-person BHT in the home. For telehealth, providers should submit their telehealth plan to OMHSAS. We will spend more time discussing in-person services during an upcoming IBHS Implementation Meeting.

39. **Question:** Responsibility for academic needs is a paradigm shift from what behavioral health providers have been told for years. Can we get some clarity around this?

**Answer:** We are not stating BH providers are responsible for academic needs. There is an overlap with academic problems with behavioral problems.

## ATTESTATIONS AND LICENSURE

1. **Question:** Did the attestation for IBHS licensing come out?

**Answer:** Yes; please refer to the OMHSAS IBHS website.

2. **Question:** What is the timeline for the contracts to go into effect?

**Answer:** IBHS contracts will be created as providers get licensed, enrolled, and credentialed for IBHS or when the provider receives OMHSAS attestation approval.

3. **Question:** Does CBH have information regarding the OMHSAS licensing schedule and its effects on applying for PROMISE numbers?

**Answer:** No; please contact the OMHSAS Field Office.

4. **Question:** The State says we need a letter of support from the county in order to obtain satellite sites under our license at the schools. How do we obtain this letter?

**Answer:** A template to request a county letter of support a letter of support is available on the CBH website. To download the form, visit [the CBH IBHS webpage](#), scroll down towards the bottom of the page, and click on *Request for County Letter of Support for IBHS Template*. Providers should include the address for each of the schools in their

assigned clusters, send the letter to CBH by July 15, 2020, and CBH will then send the letter to the County.

5. **Question:** Who at OMHSAS should the form be sent to?

**Answer:** It should go to Scott Ashenfelter, Field Officer at OMHSAS. Once submitted to OMHSAS, providers should send a copy to CBH as well.

6. **Question:** I sent my attestation to OMHSAS but received no response. My contact with the regional office indicated that there is no “approval” for the attestation. With attestation, there are no waivers. Is there any clarification or something else to know?

**Answer:** OMHSAS will not send a response once the attestation form is submitted to them.

7. **Question:** We already obtained a letter of support and submitted it prior to the cluster assignment. To be clear, we now need to request another letter of support listing all of the schools and the addresses for the clusters?

**Answer:** Yes, a new letter of support needs to be requested listing all of the addresses where the provider will be delivering Group Services, which are the school addresses listed in your cluster assignment(s).

8. **Question:** Can the attestation be the basis for applying for a PROMISe number?

**Answer:** No, providers need their IBHS license prior to enrolling in PROMISe.

9. **Question:** Will the Certificates of Occupancy (COO) also be handled in the same fashion for Charter schools?



**Answers:** The School District of Philadelphia has provided CBH with the COOs of the schools located in SDP buildings. Providers should contact their assigned Charter schools directly to request copies of the COOs.

10. **Question:** Will we receive letters of support from DBH as well for the satellite sites?

**Answer:** See #4 in this section. Providers should list the addresses of all of their assigned schools.

11. **Question:** When completing the Ordering Referring or Prescribing (ORP) provider paperwork, the following question is causing confusion: “are you only enrolling as ORP?” Could you clarify?

**Answer:** Answer “yes.” Note that the provider does not need to have an IBHS license in order to enroll as an ORP.

12. **Question:** When completing the Ordering Referring or Prescribing (ORP) provider paperwork, the following question is causing confusion: “will this service location be enrolling to provide IBHS?” Could you clarify?

**Answer:** Answer “no” to billing or rendering IBHS.

13. **Question:** How do psychologists in free-standing IBHS programs without OP licenses get enrolled in PROMISE without the IBHS license (in progress)?

**Answer:** Refer to PA Department of Human Services 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.](#)

14. **Question:** When will we get updated Schedule A?

**Answer:** CBH is actively working on this and hopes to have them out to providers in the next few weeks with a start date of August 31, 2020.

15. **Question:** What about Schedule As for charters without STS? Is CBH setting those up or are providers responsible for that?

**Answer:** Yes, they are aware. CBH completed a presentation with the charter schools. Providers are responsible for setting up meet and greets with the schools.

16. **Question:** Is it okay to email the request for Letters of Support?

**Answer:** See #4 in the Attestation and Licensure section.

17. **Question:** Are providers responsible for obtaining COO's from charters that do not rent from the SD?

**Answer:** Yes, they have to coordinate with the schools directly.

18. **Question:** When will we receive the new Schedule A?

**Answer:** The target date is August 15, 2020.

19. **Question:** When is the effective date for the new Schedule A?

**Answer:** August 31 for all providers transitioning from BHRS to IBHS. The Credentialing process is to be completed by early October 2020.

20. **Question:** Wondering if the state will consider modifying the defined max caseload for IBHS clinicians given the school year will begin with online learning, thus hindering the amount of telehealth hours that will realistically be provided per child. Clinicians could/would have the opportunity to take on more cases during the pandemic/online learning/telehealth scenario.

**Answer:** CBH suggests that providers follow up with the State.

21. **Question:** Can you give the contracting and credentialing info in the form of a timeline?

**Answer:** Yes. CBH will draft and distribute a timeline for the contracting and credentialing process.

## FINANCE

1. **Question:** How does ABA factor into this? Is it included in the APA and monthly reconciliation, or will it be looked at separately? If separate, how will it be covered if there is no APA for a new ABA program?

**Answer:** ABA, as with other services, is included in the COVID-19 APA, which will be in place for the remainder of 2020. CBH would be happy to review the APA with any provider who believes that not all of their services were taken into account.

2. **Question:** What month will this reconciliation begin?

**Answer:** October, will be the first month to reconcile the September APA payment.

3. **Question:** Can we get the IBHS rate sheet with the rates attached? We are trying to figure out what the role of our psychologists will be and need to see that to figure it out (CBE used to be face-to-face and non-face-to-face and now psychological evaluation will be face-to face only).

**Answer:** Yes, CBH will issue this by September 8, 2020.

4. **Question:** How does this relate to the general COVID-19 APA? Are we going to continue to receive it through December?

**Answer:** Current IBHS APA is included in the overall APA. It will continue through December.

5. **Question:** What happens if our actual expenses are less than our IBHS APA? Would the APA be reduced?

**Answer:** If expenses are consistently less, this will be discussed with the provider.

6. **Question:** How do we account for all the expenses we have incurred (staff salary, etc.) before our contract start date to get staff ready for implementation?

**Answer:** If you have expenses that need to be reconciled prior, notify CBH and this can be discussed.

7. **Question:** If for some reason the actuals fall below the monthly APA rate, will those dollars have to be returned to be adjusted downward in ensuing months.

**Answer:** If expenses are consistently less, this will be discussed with the provider. However, minor monthly variances will not be reconciled.

8. **Question:** Is there a reconciliation format/template for IBHS APA?

**Answer:** Submission will be the same format for the existing APA.

9. **Question:** Can we include in our September cost report expenses from August that are start-up costs if it does not exceed the monthly APA.

**Answer:** The goal is for providers to enter expenses in the first two months, but we would consider this. CBH will be contacting providers (not previously providing BHRS) to discuss their APAs and include discussion of start-up costs.

10. **Question:** Is the State using the same criteria to develop their capitation rates (e.g. climate scores) as CBH?

**Answer:** The State is using trend factors and Medicaid rates to develop the capitation rates. They have not taken into account the unique program that CBH has developed with the school district.

11. **Question:** In comparing IBHS to BHRS/STS can you also evaluate total BHRS /STS authorized not just delivered claims. Is variance still that high?

**Answer:** The APA is based upon utilization of services delivered. Due to the significant discrepancy between the paid:auth ratio under BHRS/STS, the APA was developed using paid claims.

## OTHER

1. **Question:** Can you please send these slides ASAP and before each meeting?

**Answer:** We will try our best to send prior to meetings; however, we cannot commit to this. When we are unable to send the slides prior to the meeting, we will send continue to send the slides following the weekly meeting.

2. **Question:** We are hearing from families that they plan to exercise their freedom of choice. We are working to address this clinically with families, but this is a major challenge. We have also had some families call CBH to discuss this, and they are being told by Member Services that this is fine and that they just need to let their current provider know. Can you please address how CBH is managing this?

**Answer:** As a HealthChoices contractor, we must honor family choice. CBH will be reaching out to any family expressing a desire to opt out of their regionalized provider to discuss the benefits of regionalization and support the family in making an informed choice. If a family ultimately

wants to opt out and keep their provider, we will notify both providers of the request. It is up to all providers and schools to share with families the benefit of transitioning to their regionalized provider and support this process.

3. **Question:** Would the contract start August 31? What if we have our IBHS license now? Can we get an IBHS contract before September 1?

**Answer:** All IBHS contracts will have an effective date of August 30, 2020.

4. **Question:** I noticed the rates included an MT group rate but not a BC group rate. Are only the MTs able to bill for facilitation of groups?

**Answer:** Groups will take place under Mobile Therapy in IBHS. However, a professional can serve as both a BC and MT if they meet the qualifications for both positions.

5. **Question:** When should we expect to get info on APA?

**Answer:** Providers need to submit their IBHS budgets by July 24, 2020. We anticipate that our Finance team will need two weeks to review.

6. **Question:** Will providers be contacted/receive individualized staffing plans and expectations as outlined during contract negotiations?

**Answer:** Yes, all providers will be receiving an amendment to their Provider Agreement outlining the requirements outlined in the RFP.

7. **Question:** Was the family letter that was sent to providers last week revised to include correct phone numbers for provider agencies?

**Answer:** Yes, the family letter was sent on July 7, 2020, which included the accurate provider phone numbers.

8. **Question:** How can we reassure families that their desire to opt out of the regionalization has been received and will be passed along to clinical staff at CBH for review?

**Answer:** Parents/guardians can contact CBH directly and may be contacted by a clinical representative to discuss the transition. CBH may also help coordinate a meeting between their current and potential new provider to support parents/guardians.

9. **Question:** If a child attends a K–12, out-of-county, private school, do the parents get to choose any provider for IBHS or do we go by the families' address (ZIP code) and connect them to the provider that way?

**Answer:** The provider would be the one assigned to the Philadelphia School District school the child would otherwise attend based upon home ZIP code.

10. **Question:** Is there a different billing rate for the licensed psychologist in doing the assessment hours?

**Answer:** There will be FFS rates for this LOC.

11. **Question:** Does the hour need to be entirely face-to-face?

**Answer:** Yes.

12. **Question:** For psychologists being FT/PT of the IBHS agency, this would be for services/roles specifically related/billable to IBHS, correct?

**Answer:** That is correct—the roles that would be fulfilled as an IBHS provider.

13. **Question:** Can psychological testing be completed off-site? Or does it have to be done in the licensed OP site? Or, once this is added to IBHS, could it be done in any of the IBHS licensed school sites?

**Answer:** Only have this listed as clinic thus far. CBH will follow up with the State.

14. **Question:** As we are going through the lists of cases to be transferred, we are running into numerous errors with some kids not being added, etc. Do you want the provider community to alert your team about individual discrepancies if we run into them?

**Answer:** No, we do not need to be notified. The reports were not an exhaustive list.

15. **Question:** What are the expectations of warm hand-offs to new families receiving services from new providers? Are you expecting a call/meeting to be scheduled for each family by the new provider?

**Answer:** This will be a collaborative process. Some families may contact Member Services; messaging should be the same: “we support you and want to help educate you about the transition, the benefits of IBHS, and strengths of the new provider, and we will support you by having a warm hand-off to your new provider.”

CBH will be sending IBHS providers a list of students in your assigned cluster, the school they attend current receiving BHRS/STS and their current provider

16. **Question:** Is a videoconferencing encounter considered face-to-face?

**Answer:** Yes. Please see the [Office of Mental Health And Substance Abuse Services Bulletin: Instructions and Guidelines for the Delivery of BHRS and IBHS Through Telehealth](#).

17. **Question:** Could there please be clarity about children enrolled in private schools or other schools outside of the City?

**Answer:** See previous FAQs and documents.



18. **Question:** We are authorized to service our current youth until August 30, correct? This way we can transition and terminate smoothly. I was told that once we send the Written Order, we can no longer provide service.

**Answer:** Correct, continue to deliver for transition and termination.

19. **Question:** Are charter schools beginning the school year virtually?

**Answer:** Some charter schools are starting virtually, and others are implementing a hybrid of virtual and in-person. Refer to charter schools directly for any direct questions on protocols.

20. **Question:** Is CBH requiring HTs to repeat the RBT competency assessment with a BCBA every year?

**Answer:** Yes, we require annual assessments.

21. **Question:** If BHT requires prior authorization, how would we bill this service if provided to stabilize the consumer?

**Answer:** If a member is experiencing some deterioration or having a behavioral health crisis, BHT is not the appropriate intervention. CBH recommends that a clinician assess the member.

22. **Question:** Are encounter forms required under IBHS? We have been referred to Bulletins regarding this question, but none mention encounter forms.

**Answer:** Encounter forms are State requirements.

23. **Question:** Some charter schools are starting prior to the PSD start date; what do we do in that situation? Can the start date on the authorizations we (or others) have already received be modified?

**Answer:** The provider should provide CBH with start dates in the case.

24. **Question:** Is it okay for a supervisor to have a mix of BHTs and MTs/BCs under their supervision and to what max?

**Answer:** Please refer to the IBHS State Regulations. Section 5240.72 D addresses this.

25. **Question:** Dr. Hite said that children would have opportunities in their online schedules for counseling services; does that include IBHS?

**Answer:** Yes, that would include IBHS.

26. **Question:** Are agencies who currently have an existing Oracle account with SDP, based on existing relationship, required to get a new account for IBHS?

**Answer:** You only need one Oracle account.

27. **Question:** When and how will new providers of IBHS be informed of who our care manager is?

**Answer:** CBH will inform providers of their assigned care manager by the COB August 10, 2020.

28. **Question:** Will Meet & Greets for providers and Charter Schools be set up by CBH?

**Answer:** CBH coordinated Meet and Greets for the seven charter schools that previously had STS; we will not coordinate others. Providers should reach out directly to Charter Schools.

29. **Question:** Where do we get the climate score for charter schools?

**Answer:** The charter schools do not have a climate score. Provider presence at charter schools should be based on the school's needs.

30. **Question:** Is it possible to get any additional information on children from CBH? Like treatment plan or last evaluations if possible? It might be hard to get ROI right now under the current environment.

**Answer:** Care managers will be available for info-sharing on cases of clinical concern and where additional information is needed.

31. **Question:** If a child attends a non-public and non-charter school (i.e. school not on the listing), is the child's actual school/area used for the provider assignment? Or the child's neighborhood school?

**Answer:** There are two scenarios:

- If the child's school is located anywhere within the city of Philadelphia, they should have an assigned IBHS provider. Our master list includes all private, parochial, charter, and SDP schools and has over 530 listings, so we may have it matched even though the published list that went to parents was mostly the SDP schools and a few charters. If you send a full school name, we can do a specific look-up.
- If a child lives in Philadelphia, but attends a school outside of the City, as well as home-schooled and cyber charter schools, then that is when we will use the SDP School Finder. Go to [https://webapps1.philasd.org/school\\_finder/](https://webapps1.philasd.org/school_finder/) and enter the child's home address to identify their neighborhood/catchment school and use that to assign their IBHS provider. In other words, wherever they would be in school if they attended their neighborhood school, is who should be their regionalized provider.

32. **Question:** If the actual school is outside of Philadelphia, does this then revert to the provider assigned to the neighborhood school?

**Answer:** Yes. If a child lives in Philadelphia, but attends a school outside of the city, use the SDP School Finder to identify their

neighborhood/catchment school and use that to assign their IBHS provider.

33. **Question:** If a child resides and attends a school outside of Philadelphia county, do they remain with their current provider? This would apply for some children in DHS placement who reside in foster/kinship/group homes outside of Philadelphia.

**Answer:** They could, yes. Since the regionalization only covers the city and there is no home address within Philly to search, those would be good examples of children that we would hope could remain with their current provider for continuity of care. We will always have some outliers like that since we foster so many children in other counties and hope all providers will be able to serve some small number of children above and beyond their assigned cluster children. It will ultimately depend on staffing. Since your primary commitment is to your cluster children, that is whose needs you must meet first as the procurement was intentionally designed to support improved access and assertive outreach within schools and neighborhood, reduce administrative barriers, and hopefully serve more children under IBHS than in the past who received BHRS/STS.

34. **Question:** How do psychologists in free-standing IBHS programs without OP licenses get enrolled in PROMISE without the IBHS license (in progress)?

**Answer:** See PA Department of Human Services Medical Assistance [Bulletin #9917-02](#).

35. **Question:** Psychologists who do the one-hour only would need to become part time or full-time employees, or only those who have one of the other functions?

**Answer:** CBH's expectation is that all IBHS staff be full/part time employees by September.

- 36. Question:** We have run into a lot of families who don't want their providers switched or aren't aware that the provider is switching. How should we direct them?

**Answer:** Providers should engage with the families to have an informed conversation (see previous FAQ). It is up to providers and schools to share with families the benefit of transitioning to their regionalized provider and support this process.

- 37. Question:** Are there considerations been made or any discussion about members whose families have transportation limitation/concerns?

**Answer:** Contact access centers for specific questions around access: <https://www.phila.gov/programs/access-centers/>.

- 38. Question:** Will there be appropriate space at these and future centers to provide services effectively and privately?

**Answer:** No, there will not be separate space. Contact access centers for specific questions around access : <https://www.phila.gov/programs/access-centers/>.

- 39. Question:** Are families allowed to use any access center? For example, they may want to use a center closer to their place of employment instead of their home. As the virtual learning continues are they allowed to change access centers if they chose?

**Answer:** Contact access centers for specific questions around access: <https://www.phila.gov/programs/access-centers/>.

- 40. Question:** Are there outreach and educational programs in elementary schools as preventative measures?

**Answer:** The minimum age to engage is 10 years old, but no child under 12 is to be arrested. Safety officers work through diversion programs.

- 41. Question:** Are access centers allowing providers in the building? I called and emailed but have not heard back.

**Answer:** The access centers have not reached capacity and are allowing providers to utilize the space to provide services (ex: BHT). Some of these centers have received requests from providers to utilize the space to provide IBHS. CBH will send out a list to IBHS providers with contact information for each access center.

- 42. Question:** What will CBH be expecting in terms of social determinants of health data? Also, is it OK to add questions to the Vermont recommended tool?

**Answer:** There is a lot of attention on social determinants of health at this time. We have been able to weave this into our roll out of IBHS. We will be looking at pre and post data, using the SDOH tools to assess if there was a decrease in the risk scores. It is not recommended to add questions to the Vermont recommended tool that would impact the scoring. One may ask additional questions after completing the tool.

- 43. Question:** What about clients who had Spanish speaking staff at their other agency and now are getting services at our agency that doesn't have Spanish speaking staff?

**Answer:** The expectation is that they are offering services of the needs of the members they serve (eg. Translation services). See performance standards for additional information.

- 44. Question:** For opting out- it was noted that authorizations will be made to the original provider. Is that for calls coming in to CBH for opt out since August 31 or this week?

**Answer:** This is for anyone who called and it has not been resolved.

- 45. Question:** Do the children need to go to the access center in their zip code?

**Answer:** No, they do not.

**46. Question:** Can you send a list of what schools are associated with which access center?

**Answer:** Yes, we will send this list.

**47. Question:** Do we have to re-submit our telehealth exception plans for IBHS?

**Answer:** No, unless the plan changed.

**48. Question:** Do we bill the service as BC or assessment? I know the 20 hours accounts for treatment and assessment. Are we receiving two separate authorizations?

**Answer:** For youth who transitioned from another provider, bill any assessment activities against the MT and BC; for new youth, bill the assessment activities against assessment authorization.

**49. Question:** There is an article in the Inquirer that reports that every school is connected with a provider to help with MH and trauma problems. Are they referring to IBHS? It is not clear what this would mean for children without a DX or those not MA eligible.

**Answer:** Yes, they are referring to IBHS. The SDP has been working with CBH and we have been in discussions on ensuring access for children who are not MA eligible and/or have private insurance.

**50. Question:** Is there a timeline for completing the ISPT meetings for opt-outs?

**Answer:** ISPT's should be set up as soon as possible.