

IBHS/ABA Realignment Update

Clinical Documentation

Providers are responsible for ensuring that submitted requests meet all Intensive Behavioral Health Services (IBHS) regulations, CBH performance standards, and CBH bulletins prior to submission to CBH. This includes, but is not limited to, signatures, dates, provider NPI numbers, and Promise IDs on all Written Orders (WOs). This includes comprehensive cross-setting IBHS assessments that incorporate structured tools and Functional Behavior Assessments (FBAs) when required and are signed by the clinician who completed the assessment. This includes assessment-driven Individual Treatment Plans (ITPs) signed by the member or their parent/guardian, the clinician who developed the ITP, and a person qualified as a clinical director. Lastly, it is critical that all current CBH bulletins and notices are followed regarding the scheduler included in the ITP, recent data in all concurrent reviews, and timely requests prior to the end of the child's last covered date.

Quality oversight is a provider's responsibility, and failure to meet administrative requirements set by the Office of Mental Health and Substance Abuse Services (OMHSAS) or CBH prevents CBH from completing a review of the clinical information supporting medical necessity. When packets are received that are missing one or more required elements, CBH will likely mark the packet as Administratively Insufficient and cannot conduct a Medical Necessity (MN) review. Providers will still have 14 days to correct or supply missing elements, but should not expect that MNC review will necessarily lead to approval of all services, after the administrative issue is corrected.

When an initial submission includes all of the required elements it may be reviewed for MN. If the request is not approved, the provider will have the benefit of receiving clinical feedback related to the MN review as well as up to 14 days to submit additional clinical information addressing MN concerns.

Response to Insufficient (RTI)

CBH will accept supplemental information related to insufficient determinations in written form only. CBH physicians and psychologist advisors are not able to complete telephonic conversations as a response to insufficient information, and it is not their role to provide detailed feedback to licensed prescribers and IBHS service providers about each individual service request or MN. Telephonic peer-to-peer reviews will continue to be offered following any denial decision.

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Written RTIs should be uploaded to the CBH secure file server, and new information must be clearly marked to indicate which portion is in response to the insufficient information determination. Additional requests beyond the original authorization or changes in the prescribed services will not be accepted during an RTI. All RTI responses must be no more than three (3) total pages.

Authorization Decisions

Per the [HealthChoices Program Standards and Requirements](#), Appendix AA, peer-to-peer reviews must be provided by eligible staff as indicated below.

Peer-to-Peer Proxy

- ➔ A provider may designate, and the behavioral health managed care organization (BH-MCO) shall accept another licensed member of the provider's affiliated or employed clinical staff with knowledge of the member's condition and requested service as a qualified proxy for purposes of completing a peer- to-peer discussion.
- ➔ Individuals eligible to receive a proxy designation shall be limited to licensed providers whose actual authority and scope of practice are inclusive of performing or prescribing the requested service. Authority may be established through a supervising provider consistent with applicable State law for nonphysician practitioners.

Peer-to-Peer Review Timeline

- ➔ The BH-MCO shall make a peer-to-peer review discussion available to a requesting provider from the time of the prior authorization denial until the internal grievance process commences.

Quality Indicators

Due to the current volume of requests, CBH care managers will temporarily suspend entering quality indicators for administrative issues. CBH psychologists will continue to identify quality concerns related to clinical care.