

Changes in Prior Authorization Requirements for IBHS Individual and Group Services

Effective January 1, 2025, CBH will increase the supporting documentation requirements for prior authorization of IBHS Individual and Group Services.

CBH will change its prior authorization packet requirements for all IBHS Individual and Group treatment requests. With the exception of IBHS Initial Assessment (425-4) and Initial Treatment (425-5), all other requests for IBHS treatment services must now include the following (regardless of total number of hours being requested):

- A valid Written Order (WO) from within the last 365 days, based upon a face-to-face encounter with the member
- IBHS Assessment, including a Functional Behavior Assessment if the request includes any amount of Behavior Health Technician (BHT)
- **OR** an IBHS Assessment, including a structured tool that supports the request for any amount of Behavior Consultant (BC) or Mobile Therapist (MT)
- Individual Treatment Plan (ITP) that includes measurable goals and includes a schedule of the specific service types and number of hours of each service, the specific settings where services will be provided, and the number of hours planned for each setting by date range (i.e., during school year vs summer months)

Effective January 1, 2025, CBH will consider this section of the ITP as the authorization request. CBH will approve or deny up to the specific service types and number of hours specified in the ITP, so long as the specific service types and number of hours are included in the WO.

CBH will evaluate all requests for medical necessity, primarily focusing on those requests that are for higher amounts of treatment or longer total lengths of stay.

In order to facilitate clear communication, CBH is requiring all providers to add two tables to their ITP templates: a weekly Schedule of Direct BHT Services and Recommended Services per Month. (Slight variations in template are allowable so long as the critical elements are included).

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Schedule of Direct Services (i.e., what family can expect for direct BHT service hours each week):

<i>Location</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Home							
School							
Community							

Recommended Services per Month (take weekly amount above multiplied by 4):

<i>Type of Service</i>	<i>Total Hours per Month</i>	<i>Location Breakdown</i>	<i>Length of Service (Date Range)</i>
Behavior Consultation (BC)		Home School Community	
Mobile therapy (MT)		Home School Community	
Behavior Health Tech (BHT)		Home School Community	

A completed example is also being provided for further clarification.

Sample Schedule of Direct Services (BHT Schedule per Week)

<i>Location</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Home		4p-6p	4p-6p	4p-6p	4p-6p	4p-6p	
School		12p-2p	12p-2p	12p-2p	12p-2p	12p-2p	

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Location	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Community (e.g., Daycare, After-school), Boys & Girls Club camp, 7/7/25-8/29/25 only		8a-10 at camp	8a-10 at camp	8a-10 at camp	8a-10 at camp	8a-10 at camp	

Sample Recommended Services per Month

Type of Service	Total Hours per Month	Location Breakdown	Length of Service (Date Range)
Behavior Consultation (BC)	12	6 home 6 school	1/1/25 - 12/31/25
Mobile therapy (MT)			
Behavior Health Tech (BHT)	80	40 home 40 school	1/1/25 - 6/13/25, 9/5/25 - 12/20/25
Behavior Health Tech (BHT)	40	40 camp	7/7/25 - 8/29/25

Requests for initial assessment and treatment continue to only require submission of a WO.

For questions about this bulletin, please contact Kawana Childs, IBHS Clinical Coordinator at Kawana.Childs@phila.gov.