

Intensive Behavioral Health Services (IBHS) - Regionalized

Changes to IBHS - Regionalized Authorization Practices

This bulletin summarizes several changes to CBH’s Regionalized IBHS Program, including upcoming changes to CBH’s authorization requirements and practices as well as program requirements. This bulletin only applies to Regionalized IBHS. Changes to IBHS - ABA are reflected in Provider Bulletin 25-05: Intensive Behavioral Health Services (IBHS) - Applied Behavior Analysis (ABA).

Authorization Practices - Initial Assessment and Treatment

Effective February 23, 2025, CBH will reduce the number of units authorized for IBHS Assessment and Initial Treatment Levels of Care. Specifically, CBH will now authorize the following units for the following Levels of Care:

| <i>LOC Code</i> | <i>Service Name</i> | <i>Authorization</i> |
|-----------------|------------------------|-------------------------------|
| 425-4 | IBHS Assessment | 60 units for 15-day duration |
| 425-5 | IBHS Initial Treatment | 100 units for 30-day duration |

These unit amounts were determined by 2024 utilization data and exceed the average for these services. Requests for Initial Assessment and Treatment continue to only require submission of a Written Order (WO).

CBH expects, and the IBHS regulations require that a cross-setting assessment is conducted for each child referred for IBHS. The child should be observed in more than one environment (e.g., home, school, community, daycare, after-school program) and in all environments where services are ultimately prescribed.

Additionally, CBH expects the following components to be included in the assessment activities to support the medical necessity determination of the service requested. Specific assessment tools should be selected at the clinical discretion of the provider.

- ➔ A Functional Behavior Assessment (FBA) for all children prescribed BHT. Please refer to the FBA Quality Audit Tool for expected components.

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- ➔ Children receiving professional services should be assessed via a structured tool designed to measure the symptoms or primary referral concerns of that child (e.g., GAD-7, BDI/CDI, PHQ-9, Columbia Suicide Scale, SDQ, BASC, Conners).

Failure to meet any of the above expectations will result in submission of Quality-of-Care concerns. Providers who consistently do not meet clinical expectations may be asked to develop a Quality Improvement Plan.

Authorization Practices - Length of Authorization

CBH will reduce the maximum duration of all IBHS authorizations for the following Levels of Care (LOC) to six months. Although one Written Order (WO) may be used for up to 365 days, CBH will no longer approve authorizations beyond six months. If the date of the last face-to-face meeting with the child remains within one year of the date of a continued request for IBHS, that WO may be submitted.

| <i>LOC Code</i> | <i>Service Name</i> |
|-----------------|------------------------------------|
| 425-58 | Behavioral Consultation |
| 425-59 | Mobile Therapy |
| 425-60 | Behavioral Health Technician |
| 425-61 | IBHS Group Mobile Therapy Services |
| 425-34 | IBHS Care Coordination |
| 425-35 | IBHS Family Peer Support |

This change will be implemented in a staggered manner for Regionalized IBHS. Effective February 23, 2025, authorizations for children with no history of IBHS will be issued for six months. Effective July 1, 2025, all authorizations for IBHS Regionalized will be issued for six months.

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Authorization Practices – Aligning with the Individualized Treatment Plan (ITP)

Effective February 23, 2025, CBH will review the details of the IBHS Assessment and Individualized Treatment Plan (ITP) to determine medical necessity. CBH will review and authorize up to the amounts of treatment recommended in the ITP and as shown in the weekly scheduler portion of the ITP, so long as those amounts are less than or equal to what is prescribed in the WO. Services not prescribed in the WO may not be approved regardless of being recommended in the ITP. Please see below for outlined changes in submission requirements.

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.

To facilitate clear communication, CBH is suggesting all providers add two tables into their ITP templates: a weekly schedule of Direct BHT Services and Recommended Services per month to support ease in identifying the amounts of services being requested.

Authorization Practices - Changes in Required Documentation

CBH is increasing the supporting documentation requirements for prior authorization of IBHS - Individual and Group Services. With the exception of IBHS Initial Assessment (425-4) and Initial Treatment (425-5), all other requests for IBHS 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 is fully in compliance with IBHS regulation 5240.22. The ITP must include measurable goals, a schedule of the specific service types and number of hours of each service, the specific settings where

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services will be provided, and the number of hours planned for each setting by date range (i.e., during school year vs summer months)

Authorization Practices - Family Peer and Care Coordination Requests

Effective February 23, 2025, Providers of Regionalized IBHS must request 425-34 IBHS Care Coordination and 425-35 Family Peer on the Written Order for CBH to authorize the service. Please see the Updated IBHS Written Order Form which indicates the option to prescribe these services. These services do not need to be requested in hours per month and CBH will issue an open authorization to be used flexibly during the authorization period.

Changes in Program Requirements

CBH is making the following changes to required elements of Regionalized IBHS effective July 1, 2025:

Family Peer and Care Coordinator

Family Peer and Care Coordinator will no longer be required program elements of Regionalized IBHS. CBH believes that the inclusion of these elements improves the experience of families, providers, and other stakeholders and strongly encourages their continued inclusion in provider programs.

Evidence Based Practice Designation

To be considered in good standing, providers are expected to obtain EPIC EBP Program Designation in one (1) of the three EPIC sponsored EBP of their choice by June 30, 2026.

The following requirements, while not exhaustive, must be met in order for providers to achieve EPIC Designated status:

- ➔ Completion of the initial live training in the EBP for which they are applying for designation (BRIDGE, CBITS/BB, or CBT)
- ➔ Existence of an ongoing consultation group or supervision sessions dedicated to providing clinical support for the selected EBP

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- ➔ Delivery of the model for a minimum of six (6) months at the time of application
- ➔ A staffing census of at least two (2) clinicians and one (1) supervisor trained in the EBP (Subject to change)
- ➔ Demonstrated use of fidelity tools and outcome measures to enhance service delivery and guide treatment planning

Providers will still have the option to obtain Designation in the remaining EBPs, which may entitle them to additional financial incentives per EBP Designation as part of pay-for-performance, but Designation in all three (3) EBPs will no longer be required.

Social Determinants of Health (SDOH) Measures

While providers are still required to assess the member and their family's SDOH status, CBH will no longer require 2 administrations of an SDOH tool. Providers must assess SDOH at least once during the first 30 days of treatment and integrate the findings in to the member's individual treatment as indicated. SDOH scores must still be submitted to CBH via QuickBase.

For any questions about this bulletin, please contact IBHS Clinical Coordinator, [Kawana Childs](#) for questions about authorization changes. Please contact Director of EPIC, Natalie [Dallard](#) for questions about EBP training and Designation.