

Intensive Behavioral Health Services - Applied Behavior Analysis (IBHS-ABA)

Changes to IBHS - ABA Authorization Practices

This bulletin summarizes several changes to CBH’s IBHS-ABA program, including upcoming changes to CBH’s authorization practices. This bulletin only applies to IBHS-ABA. Changes to Regionalized IBHS are reflected in Provider Bulletin 25-04: Intensive Behavioral Health Services (IBHS) – Regionalized.

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 (LOC). Specifically, CBH will now authorize the following units for the following LOCs:

<i>LOC Code</i>	<i>Service Name</i>	<i>Authorization</i>
425-6	IBHS Assessment - ABA	100 units for 30-day duration
425-7	IBHS Initial Treatment - ABA	200 units for 45-day duration

These unit amounts were determined based on 2024 utilization data and exceed the average for these services. Requests for initial assessment and treatment will continue to require only the submission of a written order (WO).

CBH expects—and IBHS regulations require—that a cross-setting assessment be 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. Once completed, the IBHS assessment document must be signed by the clinician who completed the assessment.

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

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- ➔ A functional behavior assessment (FBA) for all children prescribed behavioral health technician (BHT) ABA services. Refer to the FBA Quality Audit Tool for expected components.
- ➔ Children receiving ABA services who have skill deficits should also be assessed using a curriculum-based or norm-referenced structured tool, such as the VB-MAPP, ABLLs, AFLs, or ABAS-3.

Failure to meet any of the above expectations will result in documentation of quality-of-care concerns. Providers who consistently fail to meet clinical expectations may be asked to develop a Quality Improvement Plan.

Authorization Practices - Length of Authorization

Effective February 23, 2025, CBH will reduce the maximum duration of all IBHS authorizations for the following LOCs to six months. Although one 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 is within one year of the date of the continued request for IBHS, that WO may be submitted.

<i>LOC Code</i>	<i>Service Name</i>
425-28	ABA Behavior Analytic Services (BCBA)
425-29	ABA Behavior Consultation Services
425-30	ABA Assistant Behavior Consultation
425-31	ABA Behavior Health Technician
425-65	ABA Group Services - BHT
425-66	ABA Group Services - BC
425-56	ABA Early Childhood Intensive Treatment

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As a reminder, CBH expects—and IBHS regulations require—that the ITP is signed minimally by the following parties:

- ➔ The youth over age 14 and/or their parent or legal guardian
- ➔ The clinician who developed the ITP
- ➔ The ABA clinical director
- ➔ If a BHT-ABA or another role is involved in the development of the ITP, they should also sign the document

Failure to submit all required documents, or failure to establish medical necessity for the types or number of services requested could result in the request being insufficient. Additionally, failure to meet any of the above expectations will result in documentation of quality-of-care concerns. Providers who consistently do not meet clinical expectations may be asked to develop a Quality Improvement Plan.

For any questions about this bulletin, please contact [Dr. Jessica Woods](#), Psychologist Coordinator of Neurodevelopmental Services.