

## **Changes in Prior Authorization Requirements for IBHS-ABA**

This bulletin is to inform providers about changes to authorization procedures for IBHS-ABA requests.

Effective 1/1/2024, CBH will change its prior authorization packet requirements for all IBHS-ABA treatment requests. With the exception of IBHS Assessment-ABA (425-6) and IBHS Initial Treatment-ABA (425-7), all other requests for IBHS-ABA 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 and/or Skills Assessment, that meets all the requirements in Chap. 5240.21 and 5240.85
- ➔ Individual Treatment Plan (ITP) that includes the specific service types and number of hours of each service, the settings where services may be provided, and the number of hours of service planned for each setting.

Effective 1/1/2024, 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 ABA-BHT 160 hours per month or more, per CBH Bulletin 23-08.

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

**Schedule of Direct ABA Services (i.e., what family can expect for direct 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							

## Changes in Prior Authorization Requirements for IBHS-ABA

### Recommended Services per Month

<i>Type of Service</i>	<i>Total Hours per Month</i>	<i>Location Breakdown</i>	<i>Length of Service (Date Range)</i>
Behavior Analytic (BCBA) – ABA			
Behavior Consultation (BC) – ABA			
Assistant Behavior Consultation (ABC) – ABA			
Behavior Health Tech (BHT) – ABA			

A completed example is provided for further clarification.

### SAMPLE Schedule of Direct ABA Services

<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		9a-11a
School							
Community (Daycare)		9a-3p	9a-3p	9a-3p	9a-3p	9a-3p	

### SAMPLE Recommended Services per Month

<i>Type of Service</i>	<i>Total Hours per Month</i>	<i>Location Breakdown</i>	<i>Length of Service (Date Range)</i>
Behavior Analytic (BCBA) – ABA	24	9 home 10 community 8 office	1/1/24 – 12/31/24

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<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) – ABA			
Assistant Behavior Consultation (ABC) – ABA			
Behavior Health Tech (BHT) – ABA	160	40 home 120 community	1/1/24 – 12/31/24

Requests for ABA-Initial Assessment and Treatment continue to only require submission of a WO.

For questions about this bulletin, please contact Dr. Jessica Woods, Psychologist Coordinator of IBHS-ABA and Neurodevelopmental Services at [jessica.woods@phila.gov](mailto:jessica.woods@phila.gov).