

# Welcome to the Magellan Provider IBHS Workgroup

FEBRUARY 17, 2021

**Magellan**  
HEALTHCARE®



# Welcome and Opening Remarks

# Agenda



- Updates from OMHSAS
- Network Updates
- Miscellaneous Information from the Clinical Department
- Clinical Tips
- Referral List Transition
- IBHS Important Reference Materials
- Upcoming Forums and Technical Assistance
- Questions



# Updates from OMHSAS

# Updates from OMHSAS



- Community Residential Rehabilitation Host Home (CRR HH)– Bulletin is almost completed internally by OMHSAS. State plans to release around mid-March. Plan to give providers 30 days to update their Service Description and submit Attachment A. Procedure code will remain the same but without any modifiers.
- BH-MCOs have not received the final IBHS Reporting requirements.
- OMHSAS will be updating their IBHS webpage and adding their final FAQ shortly.
- During fee for service reviews, the state noted to in the Individualized Treatment Plans (ITP) that the number of hours specific to each service and location was not being specified. Ex. BHT 20 hours per week in home, community and school. It is in the payment requirements that each service must specify the number of hours per month in each location.



 <b>pennsylvania</b> DEPARTMENT OF HUMAN SERVICES	<b>OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN</b>	
ISSUE DATE: <b>January 22, 2021</b>	EFFECTIVE DATE: <b>January 17, 2021</b>	NUMBER: <b>OMHSAS-21-03</b>
SUBJECT: <b>Updates to Procedure Codes for Intensive Behavioral Health Services Agencies</b>	BY:  Kristen Houser, Deputy Secretary Office of Mental Health and Substance Abuse Services	

## SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program who render intensive behavioral health services (IBHS) in the MA fee-for-service delivery system to children, youth and young adults under 21 years of age. Providers rendering services in the MA managed care delivery system should address any coding or billing questions to the appropriate behavioral health managed care organization.

# OMHSAS – New Bulletin 21-03



Evaluation and Written Order codes are now available for Individual, Group and ABA Services under IBHS.

- **Group Services:**

Group sizes are **2-8** group members, **9-12** group members, and **13-20** group members

- **ABA Group Services:**

The smallest ABA Groups are now **2-3** group members

- **Place of Service (POS):**

POS code 12 (home) removed from Group and ABA Group service codes.

POS code 11 (office) has been added to Individual and ABA codes to allow for instances when it may be clinically appropriate to provide 1:1 at a provider's licensed location.

POS code 11 (office) added for Group or ABA Group services if provider's location is a community like setting.

# OMHSAS Bulletin – Provision of 1:1 IBHS in a Licensed Location



*“In some instances, the provision of one-to-one individual services or ABA services in a child’s, youth’s, or young adult’s natural environment may not meet the child’s, youth’s or young adult’s behavioral health needs. In such instances it may be clinically appropriate to provide medically necessary individual services or ABA services at a provider’s licensed location. Because these are services that are being provided to children, youth or young adults, the areas in the provider location where services are being provided should be age and developmentally appropriate and community like. A community like setting is a setting that simulates a natural and normal setting for a child, youth or young adult. Services provided at a provider’s location are sometimes referred to as center-based services.”*



# OMHSAS Bulletin – Provision of 1:1 IBHS in a Licensed Location – Attachment A



young adult.

## **PROCEDURE:**

Providers who want to provide one-to-one individual services or ABA services at a center must address these services in their service descriptions. A provider that is already licensed should submit an addendum to its service description that includes the information identified in Attachment A. The addendum should be submitted within 45 days of the issuance of this bulletin to the provider's Office of Mental Health and Substance Abuse Services (OMHSAS) licensing representative. Providers that have already obtained an IBHS license may continue to provide one-to-one individual services or ABA services unless they are informed by OMHSAS that the addendum to their service description has not been approved.

Providers that have not already obtained an IBHS license and intend to provide one-to-one individual services or ABA services at a center should include the information identified in Attachment A in their initial service description.

## **ATTACHMENTS:**

Attachment A: Additional Information for Service Descriptions for IBHS Agencies That Intend to Provide One-to-One Services in a Center

---

# OMHSAS Bulletin – Provision of 1:1 IBHS in a Licensed Location – Attachment A



## OMHSAS-21-02 - Attachment A:

### **Additional Information for Service Descriptions for Intensive Behavioral Health Service (IBHS) Agencies That Intend to Provide One-to-One Services in a Center**

1. Provider's Name
2. IBHS License Number, if licensed
3. Location of Center
4. Describe the target population served. At a minimum include:
  - a. Age range served
  - b. Presenting issues, which may include specific diagnoses
  - c. Admission criteria, including the clinical rationale for providing center-based services

# Covid-19 & Telehealth



OMHSAS has confirmed telehealth services can continue to be provided and billed if the recipient leaves the state temporarily.



# Network Updates

# Provider Notice – Error on ABA Fee Schedule

*Sent February 5, 2021*



## IBHS ABA Update to Current Fee Schedule

The current fee schedule for **IBHS ABA** has a description error that has now been updated. The change is reflected in the highlighted area below.

### Old Description

Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with one patient **(ABA - Behav Analytic Svcs Ad Bh Tx) - 97153 HO HA**

### New Description

Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified health care professional, face-to-face with one patient **(ABA Svcs - Assistant Behav Consult) - 97153 HO HA**

Please let us know if you have any questions. You can send questions to:

[IBHS@magellanhealth.com](mailto:IBHS@magellanhealth.com)

# Some new Provider MIS#s



Some providers, under their amended IBHS contract, received new MIS#s.

- Due to transitioning from a group to an organization
- Licensing a new location from previous BHRS location
- Credentialing of new locations. Credentialing application has new Magellan MIS number on it.

Please ensure any packets or paperwork requesting authorization has the MIS# on it which is consistent with your IBHS contract.

# New MIS# & Magellan Provider Portal



If your agency has a new MIS#, please ensure ability to access to the Magellan Provider portal under the new #. This will allow you to access the authorizations provided under the new IBHS MIS#. You will also be able to request new authorizations from this provider portal.

If your agency has issues accessing the portal under the new MIS#, please email [IBHS@magellanhealth.com](mailto:IBHS@magellanhealth.com) describing the specific issue and providing your user name.

# Credentialing as an Organization



All IBHS providers will be credentialed as an organization:

- No need to credential every clinician under an organizational credentialing
- Adding staff would not need to go through any credentialing to begin services
- If you are an existing organization, you will not need to do any credentialing updates unless you are up for regular recredentialing cycle. (Every 3 years).
- Please make sure if you are a group to reach out when licensed to start the credentialing process.





# Miscellaneous Information from the Clinical Dept

# Family Based Services (FBS) & IBHS



Based on review of the IBHS regulations, if it is clinically appropriate for a member to have FBS to also have BHT/BHT-ABA, then there will need to be a BC/BC-ABA to provide oversight consistent with the IBHS regulations.

- Needs to have clear clinical coordination
- Clear rationale to support the need for FBS and IBHS at the same time
- FBS/IBHS Overlap allowed for services: 14 days minus IBHS assessment

# What happened to Mandatory Meeting (MTMM)?



There is no formal authorization or request for Mandatory Meeting or time when a Mobile Therapist (MT) can bill for team meetings under IBHS.

Under IBHS, an MT can bill for attending a team meetings when family, youth, or external team member is present for a maximum of 6 hours per year for coordination and treatment plan development.

BC and MT can bill for attending these same meetings as long as the MT is within the guidance above.

# New MIS# & CANS



- If a provider has a new MIS number then the CANS profiles and certifications dates will need to be added under the new MIS number.
- If new MIS# with the same site administrator:
  - Clinicians will need to be moved over under their new profile under the new MIS
  - In addition, the CANS certification date needs to be changed over under the new MIS number so that they can enter the CANS for members
- The first CANS for each member under the new MIS# will be technically entered as an “initial.” Magellan can tell in the background that this is a continuation of treatment.

# BC-ABA Family Adaptive code



97156 ABA code does allow for face to face work with a guardian or caregiver including a teacher or daycare staff, etc. \*Please note that this is a **billing** code and will not show up on your authorizations.

Please utilize Place of Service (POS) code 99 for this scenario.



**Why can providers of behavior consultation-ABA services bill for indirect activities, including data analysis, but providers of behavior consultation services cannot bill for these activities?**

The national ABA codes include codes that allow for billing of activities, such as data analysis, which was taken into account in the development of the ABA rates. While providers of behavior consultation services cannot bill directly for activities such as data collection, documentation, and staff oversight, the time associated with these activities was taken into account when the fee schedule rate for behavior consultation services was developed.

# How long is a Written Order valid?



The Written Order is valid for 1 year from the date it was completed. This includes Written Orders previously recommending both BHRS and IBHS (dual language). Providers must submit a valid Written Order with each authorization packet request.

Ex. Face-to-Face Written Order completed on 2/1/2020. Initial services started 1/15/2021. Authorization is for 1/15/2021-7/13/2021. For the reauthorization in July 2021, a new WO is needed as the WO is no longer valid.

Ex. Face-to-Face Written Order completed on 2/1/2020. Initial services started 3/1/2020. Authorization is for 3/1/2020-8/27/2020. For the reauthorization in August 2020, a new WO is NOT needed as the WO is still valid until 1/31/21.

BHT/BHT-ABA requests in school/ESY/summer camp/preschool/afterschool program/daycare



Written Orders can recommend BHT/BHT-ABA in these settings at any time.

However, the assessment/authorization requests for them should only come within 60 days of the start of the service in these settings.





## Auth codes

These codes will be the ones you will see on the authorizations as noted on the TAR.

## Billing codes

These codes are specific to your contract, services/tasks provided, and staff credentials.

## Place of Service Codes

\*Place of service 11 is now available to all codes



**Magellan Behavioral Health of Pennsylvania, Inc.  
HealthChoices Treatment Authorization Cover Sheet for  
Intensive Behavioral Health Services (IBHS)  
Registration ONLY**

Bucks County   
  Cambria County   
  Delaware County   
  Lehigh County   
  Montgomery County   
  Northampton County

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_   
 Provider Name: \_\_\_\_\_

Member Name: \_\_\_\_\_   
 Magellan Provider MIS #: \_\_\_\_\_

MA ID #: \_\_\_\_\_   
 Provider Phone #: \_\_\_\_\_   
 Ext: \_\_\_\_\_

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?
<input type="checkbox"/> IBHS-Individual Initial Assessment				536	H0032	001	HA			
<input type="checkbox"/> IBHS-Group Initial Assessment				536	H2021	001	HA			
<input type="checkbox"/> IBHS-ABA Initial Assessment				536	97151	001	HA			

**DSM-5 DIAGNOSIS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Magellan Behavioral Health of Pennsylvania, Inc. HealthChoices Treatment Authorization Cover Sheet for Intensive Behavioral Health Services (IBHS)

 Treatment Authorization Request

 Change in IBHS Prescription

 Bucks County     Cambria County     Delaware County     Lehigh County     Montgomery County     Northampton County

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Provider Name: \_\_\_\_\_

Member Name: \_\_\_\_\_ Magellan Provider MIS #: \_\_\_\_\_

MA ID #: \_\_\_\_\_ Provider Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?
<b>Individual IBHS</b>										
<input type="checkbox"/> BC				536	H0032	001	UB			
<input type="checkbox"/> MT				536	H2019	001	UB			
<input type="checkbox"/> BHT				536	H2021	001	AH			
<input type="checkbox"/> Brief Tx-BC				536	H0032	001	U1			
<input type="checkbox"/> Brief Tx-MT				536	H2019	001	U1			
<input type="checkbox"/> IFC-MT				536	H2019	001	U2			
<input type="checkbox"/> IFC-BHT				536	H2021	001	U2			
<b>Group IBHS</b>										
<input type="checkbox"/> Group				536	H2021	001	U6			
<b>ABA Group IBHS</b>										
<input type="checkbox"/> ABA Group-Grad. Level Professional				536	97158	001	HO			

All IBHS forms and Magellan Resources are located:

<https://www.magellanofpa.com/for-providers/services-programs/ibhsbhers/>

The screenshot shows the website interface for Magellan Behavioral Health of PA. At the top, there are navigation tabs for 'For Members' and 'For Providers'. The main header includes the Magellan Healthcare logo and the text 'MAGELLAN BEHAVIORAL HEALTH OF PA'. A search icon and 'About Us' link are also present. The main navigation menu includes 'For Providers', 'Provider Resources', 'Communications', 'Services & Programs' (which is highlighted), 'Community', 'Quality Improvement', and 'County Info'. The left sidebar contains a list of categories: 'Autism Resources', 'Behavioral Health Services', 'Community HealthChoices', 'Complaints & Grievances', 'HealthConnections', 'IBHS/BHRS' (which is selected and highlighted), 'Intensive Care Coordination', 'PA HealthChoices', 'PA SafeLink Phone Program', and 'Recovery & Resiliency'. The main content area shows the breadcrumb 'For Providers / Services & Programs / IBHS/BHRS' and the title 'IBHS/BHRS'. Below the title, a paragraph states: 'Effective January 17, 2020, Intensive Behavioral Health Services (IBHS) replaces Behavioral Health Rehabilitation Services (BHRS). The change will have a one year transition. This change will not affect current BHRS authorizations.' A list of links follows, including: 'All current BHRS authorizations will remain open', 'No BHRS may be provided after January 17, 2021', 'IBHS/BHRS transitional authorization process for current BHRS/ABA providers', 'IBHS Assessment', 'Referral for IBHS Assessment', 'IBHS Written Order - Updated Version', 'Master BHRS to IBHS Auth Excel', 'IBHS TAR Registration Cover Sheet', 'IBHS TAR Cover Sheet', 'Best Practice Guidelines for Fulfilling IBHS/BHRS Prescriptions', and 'IBHS Staffing Phone Consultation Form'.



## BC *Authorization*: H0032 UB

### BC Claims

H0032 UB HO EP - Unlicensed

H0032 UB HP EP - Licensed

Individual Mobile Therapy (MT)  
*Authorization Code vs Claim Codes*



**MT Authorization: H2019 UB**

**MT Claims**

H2019 UB EP - Licensed

H2019 UB U4 - Unlicensed

Individual Behavioral Health Technician (BHT)   
*Authorization Code vs Claim Codes*



*BHT Authorization: H2021 AH*

*BHT Claims*

H2021 AH UB EP

# New Groups under IBHS



\*Please only initiate this process when your agency is ready to begin implementing group services if approved.

For those who are planning to deliver IBHS Group Services who have not provided group services before (excludes current STAP/TASP providers), please follow the following process:

Submit a detailed program description to [IBHS@MagellanHealth.com](mailto:IBHS@MagellanHealth.com) inclusive of:

- target population (including primary & MA secondary participants)
  - clinical model of program
  - size of each group
  - frequency of each group
  - length of group (program duration and each sessions)
  - if group is closed or open
  - location of group
  - family involvement
  - Authorization period
  - other relevant information
- Schedule a Technical Assistance (TA) call with Magellan to review your program proposal.



Group IBHS  
*Authorization Code vs Claim Codes*



Group *Authorization*: H2021 U6

Group Claims

H2021 U6 HQ – group size 2\*-8

H2021 U7 HQ – group size 7-12

H2021 U8 HQ – group size 13-20

\*Recently changed by OMHSAS from 4 to 2

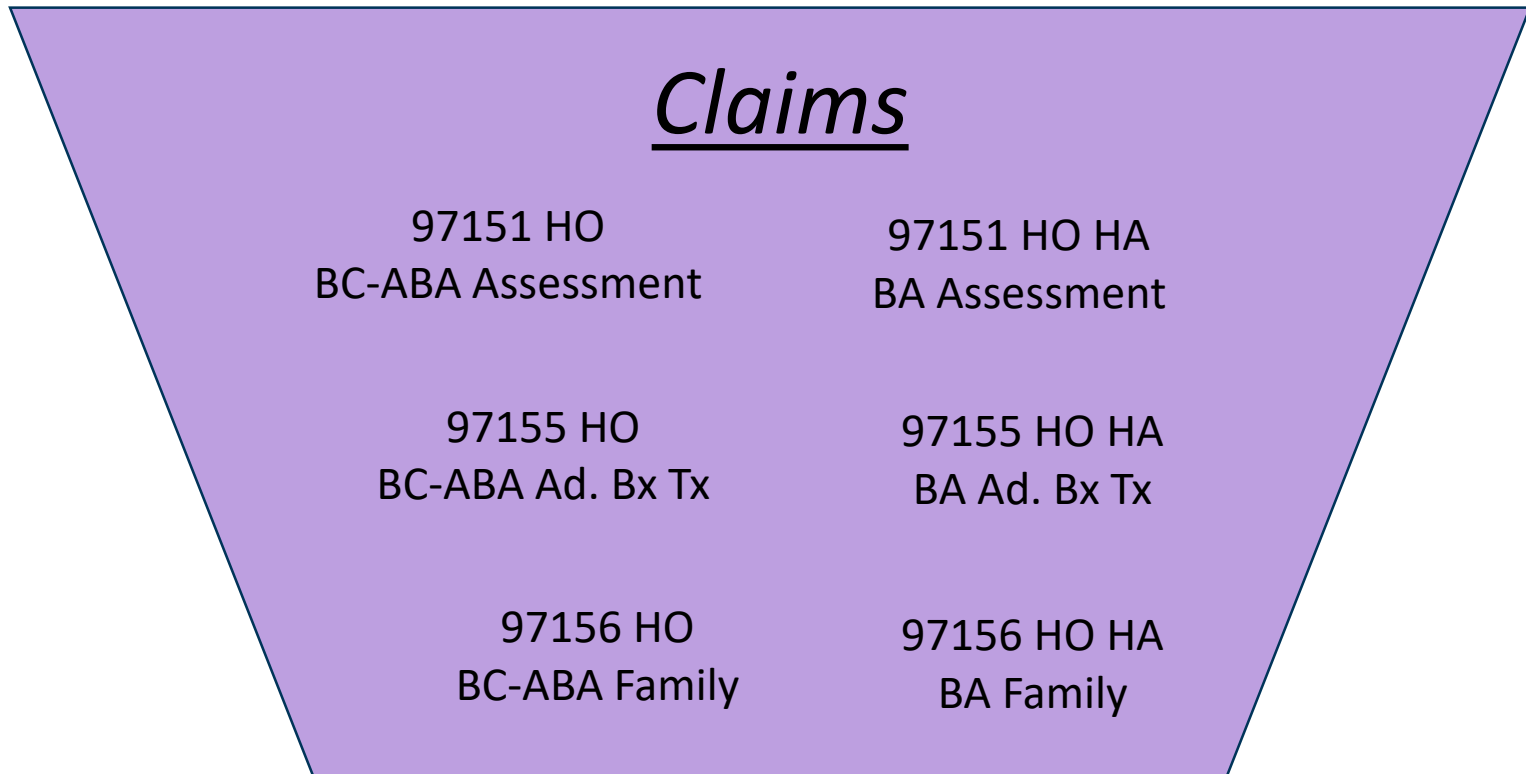


# Why don't I see all the ABA/9 codes for the authorizations? How do I request all the ABA codes?

At this time, Magellan is only authorizing 2 ABA service codes (97151 HO, 97152 HO) outside of the initial assessment authorization. You will NOT see the following codes as authorized: 97151 HO HA, 97152 HO HA, 97153 HO, 97153 HO HA, 97155 HO, 97155 HO HA, 97156 HO, or 97156 HO HA. *These codes are used strictly for billing.*



## BC-ABA Authorization: 97151 HO

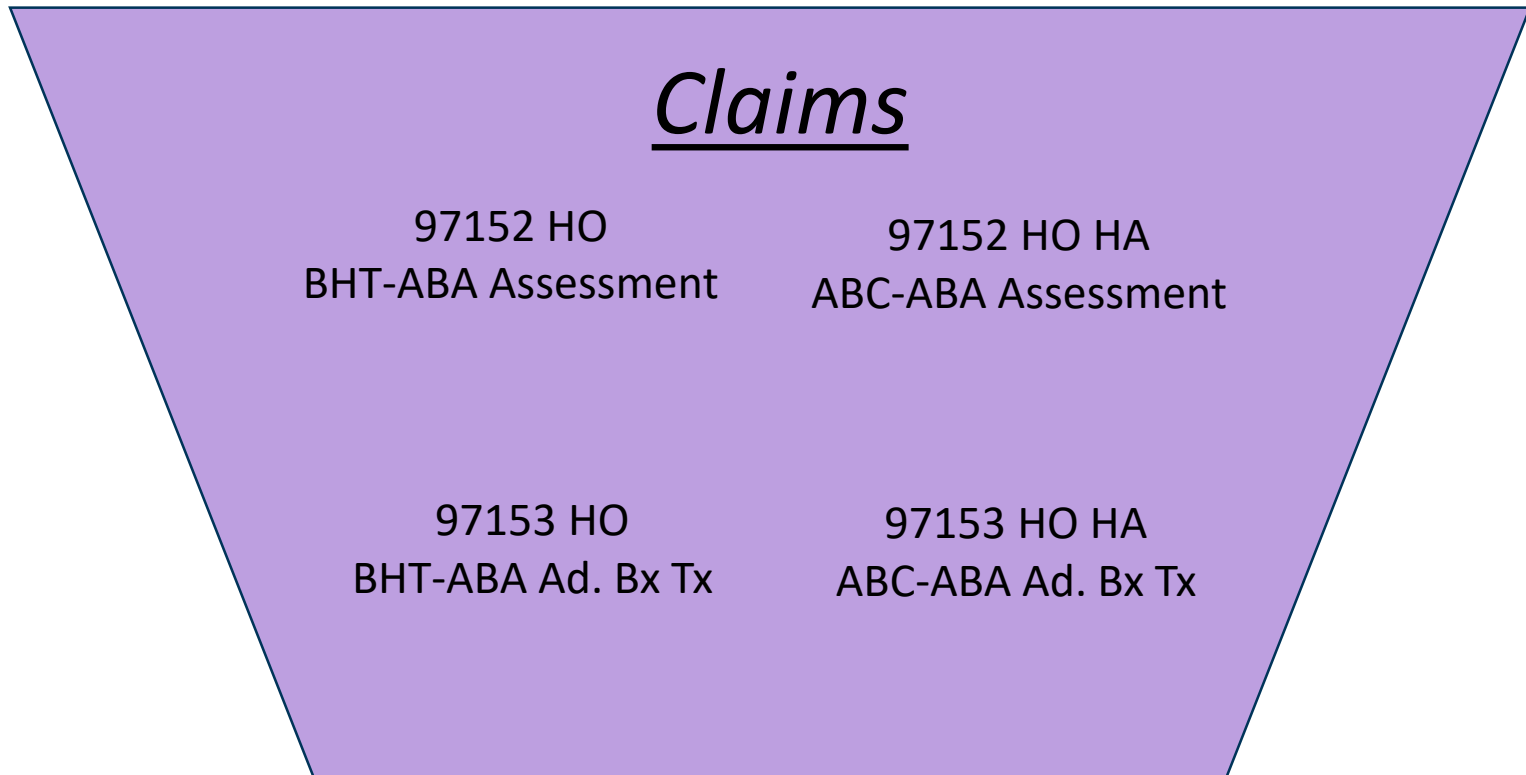


# Behavioral Health Technician ABA (BHT-ABA)

## *Authorization Code vs Claim Codes*



## *BHT-ABA Authorization: 97152 HO*



ABA Group Graduate Level Professional  
*Authorization Code vs Claim Codes*



ABA Group Graduate Level Professional  
*Authorization: 97158 HO*

**ABA Group GLP Claims**

97158 HO HA – Group size 2-3

97158 HO HA EP – Group size 4-6

97158 HO – Group size 7-12

ABA Group BHT  
*Authorization Code vs Claim Codes*



**ABA Group BHT *Authorization*: 97154 HO**

**ABA Group BHT *Claims***

97154 HO

97154 HO HA

97154 HO HA EP

Multi-Systemic Therapy (MST)  
&  
Functional Family Therapy (FFT)  
*Authorization Code vs Claim Codes*



MST/FFT *Authorization: None*

MST/FFT Claims

MST – H2033 UB

FFT – H2019 U6



# Clinical Tips



# Review of Initial IBHS Request



- Looking at:
  - Written Order
  - Assessment
  - Treatment Plan
  - ISPT meeting notes (for BHT/BHT-ABA service requests in school/daycare/preschool/after-school/summer camp setting)
- Looking for:
  - Treatment Goals that are achievable
  - Frequency and Duration of Behaviors of Concern (each context)
  - Treatment Goals for reducing behaviors, increasing skills , and transfer of skills to caregiver(s)
  - Interventions targeting reducing behaviors, increasing skills , and transfer of skills to caregiver(s)
  - Titration Plan
  - Discharge Criteria that are achievable

# Review of Concurrent Packet Request



- Looking at:
  - Written Order
  - Assessment
  - Treatment Plan
  - ISPT meeting notes (for BHT/BHT-ABA service requests in school/daycare/preschool/after-school/summer camp setting)
- Looking for:
  - Treatment Goals for reducing behaviors, increasing skills, and transfer of skills to caregiver(s)
  - Interventions targeting reducing behaviors, increasing skills, and transfer of skills to caregiver(s)
  - Frequency and Duration of Behaviors of Concern (each context)
  - Assessment of progress for each goal – revisions as indicated
  - Evidence of progress OR revision of treatment plan to address identified barriers
  - Treatment Goal for transfer of skills – with interventions and assessment of progress
  - Titration Plan
  - Discharge Criteria that are achievable

# Request for Additional Information (RAI)



- RAIs with clinical questions indicate a need for clarification of:
  - Member behaviors (frequency and intensity) in each setting where services are requested
  - When, where, and how many assessments were conducted
  - Assessment of progress on goals (decrease in behavior/increase in skills)
  - Goal and interventions to transfer of skills to caregiver(s)
  - Assessment of progress transferring skills
  - Barriers to improvement/moderating treatment response
- RAIs with clinical questions indicate the needs for more information to support the Medical Necessity for the services requested.
- Who should receive RAIs at your agency?

# Peer Reviews



- Magellan is now required to request a Peer Review prior to issuing any denial for MNC for any member under 21 years of age.\*
- Is the prescriber prepared to dialogue with the Magellan Psychiatrist/Psychologist?
- What is your process for communicating with Prescribers?
  - Assessments and Treatment Plan/Progress summary
  - RAI response (if indicated)
- Are your Prescribers encouraged to contact you when they receive a D2D request?

\* Appendix AA; HC BH Program Standards and Requirement – Primary Contractor January 1, 2021



# Referral List Transition

# Magellan's IBHS Staffing Assistance Process



## Step 1: IBHS access survey dashboard review

- Review the most recent IBHS access survey dashboard. Reach out to the agencies whose availability matches that of your staffing need. Consult with the family to determine if they would consider a full transfer as some providers will not consider split referrals. Reach out to transfer agencies as applicable.

## Step 2: Phone Consultation

- Complete & submit 1 page *IBHS Staffing Phone Consultation Request* form (new) via fax – This will assist Magellan Care Worker (Liz) in using the phone consultation time most efficiently. She will review the member's needs, staffing attempts, and make suggestions for provider agencies from there.
- After the phone consultation, Care Worker will send a summary of this discussion via email to the provider.

## Step 3: Magellan Staffing Assistance Requested (if needed)

- If staffing assistance is still needed after phone consult, please reply to Care Worker's email requesting additional assistance.
- Please get AUDs into Magellan so we can maximize the assistance we can provide. However, Care Worker will begin outreaches immediately providing non-HIPAA information.
- Care Worker and referring provider will agree on next steps to secure staffing and who is responsible for each task. The referring provider will be responsible for sending the authorization packet over to a potential new provider once one is identified.

# Magellan's IBHS Staffing Assistance Process



## ***Within All 6 Magellan Counties -***

- Magellan will accept and identify staffing for all new IBHS Written Order recommendations from Acute Inpatient Mental Health Hospital (AIPs) and Acute Partial Hospitalization Programs (APHP).
- Your agency can outreach to Magellan (Liz) for assistance staffing members with complex needs as well as members with prolonged access issues.

**It will be critical that all providers complete and use the new access survey to support our members in being connected to IBHS.**



# Important IBHS Reference Material

**Magellan**  
HEALTHCARE®





# IBHS Step Down Referrals

# IBHS Referrals from Family Based Services (FBS)



- FBS writes the Written Order or asks IBHS provider to assist with WO
- IBHS agency requests initial assessment authorization from Magellan
- IBHS agency completes the assessment, Individualized Treatment Plan (ITP) and develops initial packet
- Initial packet gets sent to FBS to submit to Magellan for MNC review via fax; If approved an Unassigned Authorization will be entered.
- FBS/IBHS Overlap allowed for services: 14 days minus IBHS assessment

# IBHS Referrals from Residential Treatment Facilities (RTF)



- RTF writes the Written Order, completes the initial assessment, develops the ITP and puts together the initial packet for Magellan to review.
- Initial packet gets sent to Magellan for MNC review via fax; If approved an Unassigned Authorization will be entered.
- IBHS/RTF services overlap allowed: 30 days minus IBHS assessment

# IBHS Referrals from Acute MH Inpatient or Acute Partial Hospital



- Written Order is completed by Acute MH Inpatient or Acute Partial Hospital.
- Submit the IBHS Written Order along with a Magellan Referral Form as well as the appropriate AUDs.
- AUDs are required.
- Magellan will secure assessment provider.
- Magellan will secure staffing once initial packet is reviewed and approved.

# IBHS Referrals from Outpatient Mental Health Provider



- Written Order is completed by Outpatient Mental Health Provider or Outpatient can refer member right to an IBHS provider to complete the Written Order, Assessment, and Initial Packet.
- If assistance is needed by an outpatient mental health provider in finding an available IBHS agency for the Written Order and/or Assessment, please outreach to Magellan for assistance. Please secure AUDs from the member/caregiver.



# Billing Reminders & Tips

# Billing Reminders



## Helpful Tips:

- ❖ Be sure to review dates of new IBHS authorization prior to submitting claim.
- ❖ Look to ensure the new code and modifier combos are being used correctly.
- ❖ Use the correct Place of Service identified on contract for each code billed.

## Some billing issues we have assisted with:

- Location of service not matching contract
- Units were used up from authorization approval
- Timely filing of claims

# Written Order and Evaluation Codes



The written order and evaluation codes have officially been added to all service levels. The state will be sending an announcement to confirm. The codes were added to the most recent HealthChoices covered services grid issued in July 2020.

Code	Mod 1	Mod 2	Mod3	Mod4	Name	Type	Spec	POS
90791	UB	EP			Psych Diag Eval no med svcs	11	590, 592, 593	11, 12, 99
90791	UB	UC			Psych Diag ReEval no med svcs	11	590, 592, 593	11, 12, 99
H0031	UB				Written Order other lic	11	590, 592, 593	11, 12, 99
H0031	UB	U6			Written order other MD/PhD	11	590, 592, 593	11, 12, 99



# Changes for 90791 – Psychological Evaluation



- The 90791 code- Psych Diag Eval no medical services and Psych Diag ReEval no medical services have changed from a per occurrence to a 30-minute billable unit.
- Only face-to-face time is billable.
- The Compliance Guidance issued in May 2013 still applies.

# Compliance Guidance for 90791



- Minimum face-to-face for initial evaluation is 1.5 hours. Begin and end time of the face-to-face interview is included on the evaluation as well as on the signed encounter form.
- Minimum face-to-face for re-evaluations are 1 hour. Begin and end time of the face-to-face interview is included on the evaluation, as well as on the signed encounter form.
- Collaboration with the current clinical team (behavior specialist consultant and/or outpatient therapist) in writing, via phone or in person for all evaluations.
- Collaboration with the treating physician regarding treatment and progress/lack of progress for any member prescribed psychotropic medication.
- Review and summary of any available assessment and/or evaluation reports (e.g., IEPs, CANS, assessment tools etc.) and their relation to current symptoms and recommendations.
- A summary of the interventions being implemented by the treatment team, their effectiveness and/or ineffectiveness, and recommendations for adjustments based upon a review of a segment of the treatment team progress notes.
- The Recommendations section will include suggested treatment plan changes based upon the above collaborations and review.
- The Recommendations section will indicate if the evaluator agrees with the current treatment plan and offer information regarding the interventions which are most appropriate for the member's diagnosis and symptoms.
- Recommendations will indicate if the treatment interventions are consistent with the clinical practice guidelines (CPG) or best practices for the diagnosis.
- Evaluations should not contain "ruleout" (R/O) diagnoses for more than one re-evaluation. If an R/O diagnosis is given, the evaluation will indicate steps needed to determine the validity and applicability of that diagnosis to the member.
- If the member is identified as having a developmental delay, the IQ range should be provided and factored into treatment recommendations and expectations.

# Guidance for the H0031 Written Order Code



- H0031 is a 30-minute unit.
- Only face to face time is billable.
- A written order requires a minimum of 1 unit of face to face time.
- Additional units may be billed as needed based on the needs of the member.

# IBHS – Initial Assessment Codes for Individual, Group, and ABA services



These codes are only to be used and requested for **INITIAL** assessments only at the start of services.

These are the authorization codes for initial assessments you can choose when completing the Registration TAR for IBHS:

Name	Authorization Code	Authorization Modifier
IBHS - Individual Initial Assessment	H0032	HA
IBHS -GRP Initial Assessment	H2021	HA
IBHS - ABA Initial Assessment	97151	HA

# Initial Assessment billing codes for Individual, Group, and ABA services



These are the billing codes for initial assessments:

<b>Individual IBHS - Initial Assessment by Unlicensed BC</b>	<b>H0032</b>	<b>HA</b>	<b>EP</b>	
<b>Individual IBHS - Initial Assessment by Licensed BC</b>	<b>H0032</b>	<b>HA</b>	<b>EP</b>	<b>U1</b>
<b>Group IBHS – Initial Assessment by Unlicensed Assessor</b>	<b>H2021</b>	<b>HA</b>	<b>EP</b>	
<b>Group IBHS – Initial Assessment by Licensed Assessor</b>	<b>H2021</b>	<b>HA</b>	<b>EP</b>	<b>U1</b>
<b>ABA IBHS - Initial Assessment by BC-ABA</b>	<b>97151</b>	<b>HA</b>	<b>EP</b>	
<b>ABA IBHS - Initial Assessment by Behavior Analytic</b>	<b>97151</b>	<b>HA</b>	<b>EP</b>	<b>U1</b>

# Individual Services Behavior Consultation



Service	Authorization Codes	Billing Codes
Behav Consult - Unlic Prac	H0032 UB	H0032 UB HO EP
Behav Consult - Lic Prac	H0032 UB	H0032 UB HP EP
Behav Consult - Brief Tx PhD	H0032 U1	H0032 U1 UB HP EP
Behav Consult - Brief Tx - MA	H0032 U1	H0032 U1 UB HP

# Individual Services Mobile Therapy



Service	Authorization Codes	Billing Codes
Mobile Therapy- Lic Prac	H2019 UB	H2019 UB EP
Mobile Therapy- Unlic Prac	H2019 UB	H2019 UB U4
Mobile Therapy Brief Tx- Lic	H2019 U1	H2019 U1 U7 EP
Mobile Therapy Brief Tx- Unlic	H2019 U1	H2019 U1 U7 U4 EP

# Individual Services Behavioral Health Technician



Service	Authorization Codes	Billing Codes
Behavior Health Tech	H2021 AH	H2021 AH UB EP



# Behavior Consultation – Applied Behavior Analysis (BC-ABA)



Service	Authorization Codes	Billing Codes
ABA Services- Behav Consult - Assess	97151 HO	97151 HO
ABA Services- Behav Analytic Servc- Assess	97151 HO	97151 HO HA
ABA Services- Behav Consult - Ad Bh Tx	97151 HO	97155 HO
ABA Services- Behav Analytic Servc- Ad Bh Tx	97151 HO	97155 HO HA
ABA Services- Behav Consult - Family	97151 HO	97156 HO
ABA Services- Behav Analytic Servc- Family	97151 HO	97156 HO HA

# Behavioral Health Technician – ABA (BHT-ABA)



Service	Authorization Codes	Billing Codes
ABA- Behavior Health Tech Services- Assess	97152 HO	97152 HO
ABA Services Assistnt Behav Consul - Assess	97152 HO	97152 HO HA
ABA- Behavior Health Tech Services- Ad Bh Tx	97152 HO	97153 HO
ABA Services Assistnt Behav Consul – Ad Bh Tx	97152 HO	97153 HO HA

# Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT)



Service	Authorization Codes	Billing Codes
MST	No auth required	H2033 UB
FFT	No auth required	H2019 U6

# MST/FFT



- MST/FFT will NOT be requesting authorization for their assessments.
- MST/FFT providers should use their one code to bill for all services except the evaluation and Written Order.

# Group Services



Service	Authorization Codes	Billing Codes
Group Services 13-20 members	H2021 U6	H2021 U8 HQ
Group Services 2-8 members	H2021 U6	H2021 U6 HQ
Group Services 9-12 members	H2021 U6	H2021 U7 HQ

# New Groups under IBHS



\*Please only initiate this process when your agency is ready to begin implementing group services if approved.

For those who are planning to deliver IBHS Group Services who have not provided group services before (excludes current STAP/TASP providers), please follow the following process:

Submit a detailed program description to [IBHS@MagellanHealth.com](mailto:IBHS@MagellanHealth.com) inclusive of:

- target population (including primary & MA secondary participants)
  - clinical model of program
  - size of each group
  - frequency of each group
  - length of group (program duration and each sessions)
  - if group is closed or open
  - location of group
  - family involvement
  - Authorization period
  - other relevant information
- Schedule a Technical Assistance (TA) call with Magellan to review your program proposal.

# ABA Group Services



Service	Authorization Codes	Billing Codes
BHT-ABA Group Services 2-3 members	97154 HO	97154 HO
BHT-ABA Group Services 4-6 members	97154 HO	97154 HO HA
BHT-ABA Group Services 7-12 members	97154 HO	97154 HO HA EP
ABA Group Services 7-12 members	97158 HO	97158 HO
ABA Group Services 2-3 members	97158 HO	97158 HO HA
ABA Group Services 4-6 members	97158 HO	97158 HO HA EP

# Reminder



Medicaid is always the payer of last resort.

Magellan cannot reimburse as primary payer because your agency is out of network with the primary insurance.

Magellan can reimburse as primary payer if primary plan terms, benefit is exhausted, or service is not a covered benefit.



# Individual Services: Behavior Consultation\*



This will be used for all behavior consultation services. This includes conducting an assessment of the strengths and needs of the child, youth and young adult in the home and community and developing an individual treatment plan. If member is diagnosed with Autism Spectrum Disorder, staff must be a licensed BC, as per IBHS regulation 5240.71 (b). Staff must meet the staffing criteria for Behavior Consultant (BC found in the IBHS regulation 5240.71 (a).

Billable	Non-Billable
<ul style="list-style-type: none"> <li>▪ Face-to-Face consultation and assessment with team members</li> <li>▪ Onsite coordination with BHT for treatment plan implementation</li> <li>▪ Attendance at team meetings related to the member</li> <li>▪ Development of treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.)</li> <li>▪ Child and Adolescent Needs and Strengths (CANS) completion &amp; completion of other standardized tools, such as a Functional Behavior Assessment</li> <li>▪ Telephonic services will be billable under the following parameters: used for coordination of care and less than 10% of members authorized units are done telephonically in a 6-month authorization period</li> </ul>	<ul style="list-style-type: none"> <li>▪ Not inclusive of writing the treatment plan or online research for treatment plan development</li> <li>▪ Training and research are not billable, role of consultant is to give information to team</li> <li>▪ Clerical time</li> <li>▪ Supervision</li> <li>▪ BC and MT should not bill for the same time period with the member, family, or team members, only one staff member can bill</li> <li>▪ Travel time</li> <li>▪ Time spent scheduling sessions</li> <li>▪ Emails/Text messaging or other forms of electronic correspondence</li> <li>▪ Time spent completing administrative tasks</li> </ul>

\*Pending OMHSAS approval.

# Individual Services: Mobile Therapy\*



MT will be used for all mobile therapy services. This includes conducting an assessment of the strengths and needs of the child, youth and young adult in the home and community and developing an individual treatment plan. It can be provided to siblings only as it relates to identified members' treatment goals as identified on the treatment plan. This is not inclusive of writing the treatment plan or online research for treatment plan development. This service should not be delivered simultaneously as BC or BHT unless necessary as outlined in the treatment plan. Staff must meet the staffing criteria for Mobile Therapy (MT) found in the IBHS regulation 5240.71 (c).

Billable	Non-Billable
<ul style="list-style-type: none"><li>▪ Face-to-face individual and family therapy, assessment of members, development of treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.)</li><li>▪ Crisis stabilization and addressing problems the youth has encountered</li><li>▪ Attending team meetings when family, youth or external team member is present for a maximum of 6 hours per year for coordination and treatment plan development</li></ul>	<ul style="list-style-type: none"><li>▪ Training and research</li><li>▪ Clerical time is not billable</li><li>▪ Telephonic</li><li>▪ Travel time</li><li>▪ Time spent completing administrative tasks</li><li>▪ Emails/Text messaging or other forms of electronic correspondence</li></ul>

\*Pending OMHSAS approval

# Individual Services: Behavioral Health Technician\*



Behavioral Health Technician services consist of implementing the individualized treatment plan. Staff must meet the staffing criteria for Behavioral Health Technician (BHT) found in the IBHS regulation 5240.71 (d).

Billable	Non-Billable
<ul style="list-style-type: none"><li>▪ Face-to-Face services with the child to implement the treatment plan</li></ul>	<ul style="list-style-type: none"><li>▪ All non-face-to-face time</li><li>▪ Time spent not related to the goals on the treatment plan</li><li>▪ Travel time</li><li>▪ Activities solely for recreation</li></ul>

\*Pending OMHSAS approval

# Functional Family Therapy (FFT)\*



Functional Family Therapy (FFT) works primarily with youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school, or child welfare systems. It also includes Case management activities to build pro-social supports relative to the youth and caregiver for sustainable treatment.

Billable	Non-Billable
<ul style="list-style-type: none"> <li>▪ Face-to-face treatment/contact by the therapist or any member of FFT team with the youth, parent(s)/caregiver(s), members of the family, friends, service providers, other support systems (school, JPO, CYS, etc.) and/or other essential persons for the purpose of assisting the family in meeting their treatment goals. If necessary, treatment can include marital therapy, substance abuse treatment, addressing Mental Health problems or other Behavioral Health services with the parent(s)/caregiver(s) that effect the treatment of the youth and/or their functioning relative to healthy parenting</li> <li>▪ Face-to-face contact can also include meetings with one or more of the above individuals/groups, with or without the youth present</li> <li>▪ Crisis intervention services</li> <li>▪ Development of the treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.) (limited to 2 hrs. maximum for the authorization period)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Telephonic contact</li> <li>▪ Time spent in travel</li> <li>▪ Training</li> <li>▪ Paperwork</li> <li>▪ Other than treatment plan development as developed during face-to-face contact with the member of other members of the treatment plan</li> <li>▪ Supervision</li> <li>▪ Time spent completing administrative tasks</li> <li>▪ Emails/Text messaging or other forms of electronic correspondence is not billable</li> </ul>

\*Pending OMHSAS approval

# Multi-Systemic Therapy (MST)\*



Multi-Systemic Therapy is intensive family and community-based treatment that addresses the multiple determinants of serious antisocial behaviors in juvenile offenders. MST is provided by using community-based services with a team of a master's level clinicians and bachelors level case manager. This also includes Case Management to build pro-social supports relative to the youth and caregiver for sustainable treatment.

Billable	Non-Billable
<ul style="list-style-type: none"> <li>▪ Face-to-face treatment/contact by the therapist or any member of MST team with the youth, parent(s)/caregiver(s), members of the family, friends, service providers, other support systems (school, JPO, CYS, etc.) and/or other essential persons for the purpose of assisting the family in meeting their treatment goals. If necessary, treatment can include marital therapy, substance abuse treatment, addressing Mental Health problems or other Behavioral Health services with the parent(s)/caregiver(s) that effect the treatment of the youth and/or their functioning relative to healthy parenting</li> <li>▪ Face-to-face contact can also include meetings with one or more of the above individuals/groups, with or without the youth present. Face to Face by therapist with the MST Systems Supervisor regarding the treatment of each youth</li> <li>▪ Crisis intervention services</li> <li>▪ Development of the treatment plan (including observations, behavior tracking, defining antecedents and consequences, etc.) limited to 2 hrs. maximum for the authorization period</li> </ul>	<ul style="list-style-type: none"> <li>▪ Telephonic contact</li> <li>▪ Time spent in travel</li> <li>▪ Training</li> <li>▪ Paperwork</li> <li>▪ Other than treatment plan development as developed during face-to-face contact with the member of other members of the treatment plan</li> <li>▪ Supervision</li> <li>▪ Time spent completing administrative tasks</li> <li>▪ Emails/Text messaging or other forms of electronic correspondence is not billable</li> </ul>

\*Pending OMHSAS approval

# Group Services\*



Group Service is therapeutic interventions provided primarily in a group format through clinical interventions, structured activities, and community integration activities that address a child, youth or young adult identified treatment needs. Group services may be provided in a community setting or community like setting. Group services can be delivered by a graduate level professional or an individual that is qualified to provide BHT services. The member needs to be present for each unit billed. The group needs to have clear therapeutic objectives for each group session that correlate to the members' treatment plan. This may include family therapy sessions onsite. Family therapy must be specific to the ITP. It can only be used when a minimum of members are present for the duration of the unit. Billing code should be consistent to the number of members in the group. They are not billable hours if less than the minimum members were present.

<b>Billable</b>	<b>Non-Billable</b>
<ul style="list-style-type: none"><li>Includes group therapy such as Psychoeducational groups, Skills development groups, Cognitive-behavioral/problem solving groups, and Interpersonal process groups</li></ul>	<ul style="list-style-type: none"><li>Time for meals, purely recreational activities, and breaks</li><li>Time spent not related to the members goals or goals of the group</li></ul>

\*Pending OMHSAS approval

# ABA Services- Behavior Consultation: Assessment\*



Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with member and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. This is not inclusive of writing the treatment plan or online research for treatment plan development without member present. You cannot bill Behavior Consultation-ABA Assessment and Behavior Analytic Assessment for the same timeframe. Staff must meet the staffing criteria for Behavior Consultation-ABA (BC-ABA) found in IBHS regulation 5240.81 (e) and Behavior Analytic (BA) in 5240.81 (d).

Billable	Non-Billable
<ul style="list-style-type: none"> <li>▪ Face-to-Face consultation and assessment with team members; attendance at meetings related to the member</li> <li>▪ Development of treatment plan (including observations, behavior tracking, defining antecedents, and consequences etc.)</li> <li>▪ Administering assessments, such as a Functional Behavior Assessment or the Child and Adolescent Needs and Strengths (CANS)</li> <li>▪ Non-face-to-face activities include analyzing of past data, scoring/interpreting the assessment</li> <li>▪ Preparing the report/treatment plan</li> <li>▪ Observational data identification and analysis of skill deficits and/or targeted behaviors</li> <li>▪ Discussing findings and recommendations with member/guardian</li> </ul>	<ul style="list-style-type: none"> <li>▪ Telephonic</li> <li>▪ Training and research</li> <li>▪ Role of consultant is to give information to team</li> <li>▪ Clerical time</li> <li>▪ Travel time</li> <li>▪ Time spent completing administrative tasks</li> <li>▪ Emails/Text messaging or other forms of electronic correspondence</li> </ul>

\*Pending OMHSAS approval

# ABA Services- Behavior Consultation - Adaptive Behavior Treatment\*



Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one member, each 15 minutes. You cannot bill Adaptive Behavior Treatment delivered by Behavior Consultation-ABA and Behavior Analytic Assessment for the same timeframe. Staff must meet the staffing criteria for Behavior Consultation-ABA (BC-ABA) found in IBHS regulation 5240.81 (e) and Behavior Analytic (BA) in 5240.81 (d).

Billable	Non-Billable
<ul style="list-style-type: none"><li>▪ Face-to-face with the member to monitor protocol or make changes</li><li>▪ Direction of behavior technician with the member</li><li>▪ 1:1 intervention provided face to face identified in the treatment plan</li></ul>	<ul style="list-style-type: none"><li>▪ Any non-face-to-face with member</li><li>▪ Travel time</li><li>▪ Time spent completing administrative tasks</li><li>▪ Emails/Text messaging or other forms of electronic correspondence</li></ul>

\*Pending OMHSAS approval



# ABA Services- Behavior Consultation – Family Adaptive Behavior\*



Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the member present), face-to-face with guardian(s)/caregiver(s), each 15 minutes. You cannot bill Family Adaptive Behavior Treatment delivered by Behavior Consultation-ABA and Behavior Analytic Assessment for the same timeframe. Staff must meet the staffing criteria for Behavior Consultation-ABA (BC-ABA) found in IBHS regulation 5240.81 (e) and Behavior Analytic (BA) in 5240.81 (d).

<b>Billable</b>	<b>Non-Billable</b>
<ul style="list-style-type: none"><li>▪ Face-to-face with the guardian/caregiver (inclusive of teachers/day care workers etc.) with or without the member present</li><li>▪ Includes coaching, modeling, or teaching one or more protocols based on the Individualized Treatment Plan (ITP).</li></ul>	<ul style="list-style-type: none"><li>▪ Non-face-to-face with guardian/caregiver (inclusive of teachers/day care workers etc.)</li><li>▪ Travel time</li><li>▪ Time spent completing administrative tasks</li><li>▪ Emails/Text messaging or other forms of electronic correspondence</li></ul>

\*Pending OMHSAS approval

# ABA- Behavioral Health Technician- Assessment\*



Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the member, each 15 minutes. You cannot bill Behavioral Health Technician-ABA (BHT-ABA) and Assistant Behavior Consultant-ABA (ABC-ABA) for the same timeframe. BHT-ABA and ABC-ABA should not be conducting or doing parts of the assessment as it is beyond their scope of what they are trained to do. Staff must meet the staffing criteria for Behavioral Health Technician-ABA (BHT-ABA) found in IBHS regulation 5240.81 (g) or Assistant Behavior Consultation-ABA (ABC-ABA) in 5240.81 (f).

Billable	Non-Billable
<ul style="list-style-type: none"><li>▪ Face-to-face with member to complete data collection to support the assessment process</li></ul>	<ul style="list-style-type: none"><li>▪ Non-face-to-face time</li><li>▪ Travel time</li><li>▪ Time spent completing administrative tasks</li><li>▪ Emails/Text messaging or other forms of electronic correspondence</li><li>▪ Tasks without member present</li><li>▪ Interventions</li></ul>

\*Pending OMHSAS approval

# ABA- Behavioral Health Technician- Adaptive Behavior Treatment\*



Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one member, each 15 minutes. Interventions used 1:1 to address a member's symptoms/behaviors and/or conducting the protocol as defined in the Individualized Treatment Plan (ITP). BHT-ABA's and ABC-ABA's may bill for face-to-face time with caregiver in absence of child as it relates to the treatment plan implementation. Staff must meet the staffing criteria for Behavioral Health Technician-ABA (BHT-ABA) found in IBHS regulation 5240.81 (g).

Billable	Non-Billable
<ul style="list-style-type: none"><li>▪ Face-to-face with the member/caregiver</li><li>▪ Behavioral intervention</li><li>▪ Data collection</li></ul>	<ul style="list-style-type: none"><li>▪ Non face-to-face time</li><li>▪ Travel time</li><li>▪ Time spent completing administrative tasks</li><li>▪ Emails/Text messaging or other forms of electronic correspondence</li></ul>

\*Pending OMHSAS approval

# Place of Service Codes



POS	Place of Service Description	POS	Place of Service Description
<b>03</b>	School/Daycare/Preschool/After School Program/Summer Camp	49	Independent Clinic
<b>11</b>	Office	50	Federally Qualified Health Ctr
<b>12</b>	Home	52	Psychiatric Facility - PH
<b>15</b>	Mobile Unit	54	ICF/MR
<b>21</b>	Inpatient Hospital	56	Psychiatric RTF
<b>22</b>	Outpatient Hospital	57	Non-Residential Substance Abuse Treatment Fac
<b>23</b>	Emergency Room - Hospital	65	End-Stage Renal Disease Treatment Facility
<b>24</b>	Ambulatory Surgical Center	72	Rural Health Clinic
<b>31</b>	Skilled Nursing Facility	81	Independent Laboratory
<b>32</b>	Nursing Facility	99	Other POS



# Miscellaneous

# TSS/BHT recommendations by setting



- The IBHS regulations require that Written Orders for Individual and ABA services specify the settings where services will be provided for payment.
- Just like BHRS, please have your Written Order and Assessment recommendations divide out the BHT/BHT-ABA hours by setting.
  - Ex. BHT up to 20hr/month in daycare and 6hr/month in the home/community

# BC-ABA recommendations



BC-ABA Written Order recommendations should be made based on the maximum number of hours per month. Assessments should specify the exact amount of hours to be provided consistent with the Written Order.

- Ex. BC-ABA up to 12hrs/month

If a member has a primary insurance, the provider must meet the requirements of both funders.

Ex. BC-ABA up to 12hrs/month

97151 4hr/month

97155 4hr/month

97156 4hr/month

# Group Assessment



For members transitioning from one group service (ex STAP) to another group service (ex TASP), Magellan will accept a group assessment completed within the last 6 months as long as the member's clinical presentation has not changed significantly. In addition, the assessment should measure skills or track observations which are specifically being address in each group. For instance, a member just completed a social skills group and is now transitioning to an ABA group specifically addressing behavioral issues. It would not seem appropriate to utilize the social skills assessment since it will not likely capture the behavioral assessment needed for this next ABA group.



# Written Order and Assessment Recommendations



If the assessment recommendations agree with the written order recommendations, submit both as part of the IBHS authorization packet

**WRITTEN ORDER RECOMMENDATION**

*BC up to 12 hours/month*



**ASSESSMENT RECOMMENDATION**

*BC 10 hours/month*

**WRITTEN ORDER RECOMMENDATION**

*BC up to 12 hours/month*



**ASSESSMENT RECOMMENDATION**

*BC 12 hours/month*



## WRITTEN ORDER RECOMMENDATION

*BC up to 12 hours/month*



## ASSESSMENT RECOMMENDATION

*BC 15 hours/month*

## WRITTEN ORDER RECOMMENDATION

*BC up to 12 hours/month*



## ASSESSMENT RECOMMENDATION

*MT 10 hours/month*

If the assessment recommendations differ from the written order recommendations:

- Provider must go back to the order writer with the updated clinical assessment to review recommendations. Written order writer can update the order to match the assessment or leave the recommendations as originally written based on their clinical judgement. This should be documented and included in the packet submission.
- If provider is unable to collaborate with the order writer and is able to complete a new order with new recommendations, then this should be completed. Packet should include original order, assessment, and new order. All will be reviewed for medical necessity.

# Standardized Tool with Assessment



A standardized assessment tool or process such as an FBA is required as part of the assessment process for individual, group, and ABA services within IBHS.

Please submit those results and the analysis of these results with your packets (including the assessment template if used).



# Upcoming Forums & Technical Assistance

# Technical Assistance Calls



- Magellan will continue to offer ½ hour IBHS technical assistance calls to any provider interested.
- Please use the sign-up genius link to sign up and we will email you the zoom connection.

<https://www.signupgenius.com/go/9040C44ADA72DA5FD0-ibhs>

# Why am I not getting an email about the next IBHS provider webinar?



MAGELLAN BEHAVIORAL  
HEALTH OF PA

About Us ▾



<a href="#">Home</a> For Providers	Provider Resources ▾	Communications ▾	<b>Services &amp; Programs ▾</b>	Community ▾	Quality Improvement ▾	County Info ▾
------------------------------------	----------------------	------------------	----------------------------------	-------------	-----------------------	---------------

- ▶ Mar. 5, 2020 (family workgroup mtg.): [presentation](#), [recording](#)
- ▶ Mar. 16, 2020 (provider workgroup): [presentation](#), [recording](#)
- ▶ Apr. 14, 2020 (provider workgroup): [presentation](#), [recording](#), [QM Program](#)
- ▶ Apr. 20, 2020 (prescriber forum): [presentation](#), [recording](#)
- ▶ May 14, 2020 (provider workgroup): [presentation](#), [recording](#)
- ▶ June 17, 2020 (provider workgroup): [presentation](#), [recording](#)
- ▶ July 21, 2020 (provider workgroup): [presentation](#), [recording](#)
- ▶ Aug. 24, 2020 (provider workgroup): [presentation](#), [recording](#), [IBHS Discharge Best Practices](#)
- ▶ Sept. 22, 2020 (provider workgroup): [presentation](#), [recording](#)
- ▶ Oct. 21, 2020 (provider workgroup): [presentation](#), [recording](#)
- ▶ Nov. 18, 2020 (provider workgroup): [presentation](#), [recording](#)
- ▶ Dec. 2, 2020 (stakeholder forum): [presentation](#), [recording](#)
- ▶ Dec. 15, 2020 (provider workgroup): [presentation](#), [recording](#)
- ▶ Jan. 20, 2021 (provider workgroup): [presentation](#), [recording](#)
- ▶ [Upcoming Provider Workgroup Meetings - General Sessions](#)



For additional questions related to IBHS, please send an email to [IBHS@MagellanHealth.com](mailto:IBHS@MagellanHealth.com).



**Thursday, March 18, 2021 3:00-4:30 P.M. Via Zoom**

**<https://magellanhealth.zoom.us/j/98811615299?pwd=ZWsrNlIxNU5sNnBlaldjdFR0UXcyZz09&from=msft>**

**Password: 1shp9H**

Registration is required for all future forums so we can maximize Zoom capabilities. Please register in advance.

**\*\*Magellan will continue monthly IBHS provider webinars through Q1 2021 (as noted above) and will likely transition to quarterly beginning Q2 2021.**

# OMHSAS Updates



OMHSAS website link:

<http://www.healthchoices.pa.gov/providers/about/behavioral/inbehavioralhs/index.htm>

Submit questions to [RA-PWIBHS@pa.gov](mailto:RA-PWIBHS@pa.gov)

**Medical Necessity Guidelines have been released.**

The Medical Necessity Guideline Bulletin can be found here: [Bulletin OMHSAS-20-05](#).

- [IBHS Individual Services](#)
- [ABA Services](#)
- [Group Services](#)

OMHSAS plans to publish an updated and final FAQ on their IBHS webpage.





**Questions? Suggestions?**

# Magellan Contact



Please send all questions to [IBHS@MagellanHealth.com](mailto:IBHS@MagellanHealth.com)



**Thank you!**

# Confidentiality Statement for Providers



*The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.*

*The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.*