

Welcome to the Magellan Provider IBHS Workgroup

APRIL 14, 2020

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Welcome and Opening Remarks

Thank You



We want to thank you for all you are doing to support our members and families during this national health crisis. Your continued flexibility to provide services to those in need is commendable. We hope you and your staff remain healthy and safe in these trying times.



Please hold your questions until the end of the Power Point. We hope this will assist in participants being able to more actively listen to the content.

We will answer new questions, but may defer other answers to specific resources in order to encourage providers to use the resources available and be efficient with everyone's time.



IT is NOT Business as Usual

Effective 1/17/2020, all providers must follow the new written order/assessment process. Life Domain Evaluations completed after the promulgation of the regulations may be used as the written order as long as it meets the requirements. Please continue to prescribe BHRS as the network does not currently have contracted IBHS agencies.

Please outreach your Magellan care manager related to any specific issues or barriers with this expectation.

Agenda



- Review/Important Notes
- Enrollment
- Codes
- IBHS Audit tool and previous trends
- Quality Management Oversight
- Authorization Process During Transition Period
- Written Order
- Assessment Trends
- Transition Plan for BHRS to IBHS Authorizations
- Group Services
- ISPTM expectations
- Coordination Between Levels of Care
- FAQ Update
- Approved Service Description Submissions
- Magellan Workgroups and Technical Assistance Calls
- Questions
- Next Steps

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Review & Important to Note

New and Important to Note



- OMHSAS has indicated that they will delay enforcement of licensing timeframes due to COVID-19
- OMHSAS has indicated that they will suspend certain IBHS requirements during COVID-19
- Magellan is encouraging all providers to begin revising your agency's policies and procedures for IBHS implementation.
- Providers who are seeking to hire BHTs now in preparation for IBHS should be aware that these BHT staff must also meet the criteria for TSS if they are planning to utilize and bill for them as TSS until contracted for IBHS.
- All documentation and progress notes should match the service being billed.
- MNG have not been released yet.
- OMHSAS is preparing a MA Bulletin on the new reporting requirements.
- OMHSAS is preparing an updated Bulletin to include additional codes for Group and ABA for assessment and evaluation.

Review



- Expect all BHRS/ABA contracted agencies to accept calls from new families seeking BHRS/IBHS for evaluation/assessment/written order process regardless of ability to staff the prescribed services.
- If an agency does not have capacity to accept new calls from families for written order or assessment, we ask that you follow the required procedure to alert the Magellan Network team of your access issue so we can hold new referrals to your agency until you are prepared.
- Providers should continue to prescribe BHRS until the network is able to accommodate requests for IBHS.
- Magellan will issue contracts for IBHS after agencies are licensed and MA enrolled for IBHS. Provider contracts will keep BHRS and IBHS codes for 2020.

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Enrollment



All current groups contracted for BHRS that receive a license for IBHS will be required to be contracted as an organization. Each of these providers will receive a new Magellan MIS provider number. These providers will also need to go through credentialing with Magellan prior to contracting. A Network communication will be issued with more details.

***Licensure visits have been suspended and/or delayed. New timelines given for licensure completion.**

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Codes

Codes Update



The codes have been released January 31, 2020 for an effective date of January 17, 2020.

Magellan is working on creating three new IBHS rate sheets with the newly issued codes.

1. Individual Services – (Prov Type: 11 Spec: 590). This will include the Assessment and Evaluation codes and all Individual codes identified in the bulletin.
2. Group Services – (Prov Type: 11 Spec: 591). This will only have one code with three specific modifiers to identify Group size. This will also now include the Assessment and Evaluation codes.
3. ABA Services (Prov Type: 11 Spec: 592). This will be new codes for PAHC but have been utilized for commercial plans. There will also be group codes associated with this fee schedule and modifiers based on group sizes. This will also now include the Assessment and Evaluation codes.

All IBHS Services unit durations will be 15 minute units on new Magellan contracts

Fee schedules will be issued with contract amendments once providers are Licensed and Medicaid Enrolled.

Billing Guidance Companion Document



- Magellan will be creating a Billing Guidance Companion Document that we will share with providers in late Spring. Magellan and the other BH-MCO's collaborated on shared expectations for each code.

Option to bill for IBHS



- Since the codes have now been released, Providers have the option of requesting to bill for IBHS prior to licensure if they can attest to meeting all IBHS requirements and will not be applying for any waivers. Currently Magellan would not have a process for paying for IBHS through the traditional payment methods and would need to work with providers to develop a process. As of today, the rates will be the same, as Magellan/County contractors have not received additional capitation dollars to account for IBHS.
- If you are interested in pursuing this, please outreach to the Network team to discuss next steps. You will need to attest to meeting all IBHS requirements.

IBHS Audit tools



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Network Audit tool and previous audit trends



Updated audit tool created specifically for IBHS

- The IBHS Tool was created directly from the Regulations that were issued.
- The tool will still contain expectations from Magellan
- Once completed, just as with all of Magellan's Audit tools, the IBHS tool will be available on Magellan's website and will be sent to Provider prior to the Audit

Trends found in past BHRS audits to share

- Annual Evaluations were not being completed. Contract employees were not reviewed against their signed contract on at least an annual basis.
- TSS Supervision - *The ongoing supervision must include periodic on-site supervision, in addition to office or consultative supervision.* Field supervision needs to be completed by a Supervisor and Not the BSC
- Ensure that all Degrees and Certifications are primary source verified

Quality Management Oversight



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Treatment Record Reviews (TRR)



- Magellan intends to use 2020 for primarily technical assistance
- IBHS Tool will be used only if organization is licensed as an IBHS provider
- Please review the tool and use this to support strong documentation practices
- Tool is available for provider organization use for self-auditing purposes
- Questions about the tool can be sent to IBHS@MagellanHealth.com

Quality Management (QM) Plans



- Magellan intends to review all QM Plans required by IBHS regulations in the third quarter
- Tool will be shared with organizations for self-auditing purposes
- Please send QM Plans to PAHCRecordRequestsMBHPA@magellanhealth.com
- Magellan requests all plans be submitted by July 1, 2020
- Organizations may elect to submit these plans earlier
- Magellan's Quality Improvement will review the plan and provide feedback

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Authorization Process During the Transition Period

Initial Requests



- Written orders need to be completed for any member seeking BHRS/IBHS on 1/17/20 or later.
- For initial requests, providers will request authorization for the Assessment utilizing current BSC and BSC-ABA codes on the current BHRS TAR. Authorization requests for Assessment will include the TAR submitted with copy of written order.
- Magellan will authorize 15 hours (60 units) for the assessment for non-ABA for 30 calendar days of BSC (H0032 HP EP) or 24 hours (96 units) for the assessment for ABA for 45 calendar days of BSC-ABA (H0046 HO HA/H0046 HO HA EP).
- Assessments need to be completed in the home/community for services being delivered in the home/community.
- Assessments should be completed within 15 business days (non-ABA) and 30 business days (ABA) as per the regulations. *OMHSAS has indicated that these timeframes may be adjusted during Covid-19 to allow more flexibility- more details to come.

Initial Requests (continued)



- Providers will have seven calendar days to schedule first assessment appointment from completion of the written order or from the initial call from the family with a verified written order. Providers should document any family cancellations or no-shows that impact timeline.
- Following the completion of the Assessment and development of the Individualized Treatment Plan (ITP), the authorization request for BHRS/IBHS should be submitted utilizing the current BHRS Treatment Authorization Request (TAR). Packet submission elements for IBHS include the following:
 1. Treatment Authorization Request (TAR) Form – updated 1/2020
 2. Written order – Magellan template available
 3. Assessment – Please be sure this includes specific service(s) recommendation
 4. Individualized Treatment Plan (ITP)
 5. CANS summary report – To be completed for all members 3 years of age and older
 6. ISPTM summary note if TSS/RBT/BHT services are requested in school, preschool, daycare, after care program, or summer camp setting

Continued Stay Requests



- During the current BHRS authorization period, a written order will be completed as per the regulation requirements. The provider will utilize currently authorized BSC units to complete the assessment. If the provider requires additional units of BSC (H0032 HP EP) or BSC-ABA (H0046 HO HA/H0046 HO HA EP) services to complete the assessment the provider should submit a brief statement of explanation which includes the additional units needed.
- If the provider requires additional units for MT (H2019) services to complete the assessment, the provider should submit a brief statement of explanation which includes the additional units needed.
- Following the completion of the Assessment and development of the Individualized Treatment Plan (ITP), the authorization request for BHRS/IBHS should be submitted utilizing the current BHRS TAR. Packet submission elements for IBHS include the following:
 1. Treatment Authorization Request (TAR) Form – updated 1/2020
 2. Written order – Magellan template available
 3. Assessment – Please be sure this includes specific service(s) recommendation.
 4. Individualized Treatment Plan (ITP)
 5. CANS summary report – To be completed for all members 3 years of age or older
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MT only cases



- If the MT is rendering the service, and they are qualified to do the assessment, then they should bill MT units to complete the assessment.



This process will remain in place until the agency is contracted for IBHS services. We appreciate your continued partnership and flexibility as we implement the new regulations.

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Written Order

Written Orders



- The Magellan written order template is available on the Magellaofpa.com website. The template is not required.
- It is preferred that the written order recommends the Assessment. Providers may recommend Assessment and IBHS services in the original order, or have the order updated after the Assessment with the specific IBHS services. Providers may use Part A of the template for both the Assessment and ongoing IBHS services if no change in recommendations from the Assessment. Providers may also choose to wait to recommend IBHS until after the Assessment and then complete Part B of the template for the ongoing IBHS services.
- Magellan will be asking providers for feedback on the template use in a few months to make adjustments.
- The template can be utilized to order the assessment; the assessment and co-occurring services for stabilization; or assessment and then resulting IBS services.
 - It is recommended that the written orders use the language of "up to" for services, which will allow the assessment to fine tune the prescription.
- If using a written order, an assessment must then be completed that meets regulation requirements.

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Assessment: Current Trends

Assessment Trend #1



Current Trend: Assessment submitted with packet but does not include treatment service recommendations. If completing Magellan's Assessment template, no service recommendations are given on page 2 at the bottom in section titled "Summary of Treatment Recommendations."

Expectation: Each Assessment, whether using Magellan's template or not, needs to contain a specific treatment service recommendation. Example, Assessment recommends: "BSC 10 hours per month and TSS 20 hours per month in the home/community."

Assessment Trend #2



Current Trend: Assessment recommendations match the maximum order given in the written order.

- Example: Written Order recommends: BSC up to 12 hr./month
- Assessment recommends: BSC 12 hr./month

Expectation: Assessment recommendations should be based on the thorough assessment that was completed and may refine the recommendation of hours accordingly.

- Example: Written Order recommends: BSC up to 12 hr./month
- Assessment recommends: BSC 10 hr./month

Assessment Trend #3



Current Trend: Sending in psychological evaluations as assessments.

Expectation: Psychological evaluations can be used as Written Orders as long as it meets the expectations and Written Orders per the regs. Additional ORP enrolled staff should be completing written orders as appropriate.

Assessment Trend #4



Current Trend: Using Magellan's Assessment template, leaving half sections blank, stating N/A, or directing Care Manager to see other attached documents.

Expectation: If using the Magellan Assessment template, please complete every section prompt.

We are expecting the assessor to review each section during their assessment time. This may include reviewing the answers given during the psychological evaluation if applicable and noting whether there were no changes. Example, Medical History: "Family confirmed member's medical history information remains accurate and current on the evaluation/written order dated 2/1/20."

Assessment Trend #5



Current Trend: The Assessment contains just the tool results or minimal responses to Assessment prompts. |

Expectation: The Assessment submitted needs to contain the requested areas of information ALONG with the Analysis of standardized Behavioral assessment tool and Results of Standardized Behavioral assessment tool.

Next Steps to Consider....



- How are providers training their staff on the new Assessment process and changes in expectations?
- Does your agency have a process for reviewing and offering feedback for the new Assessment process?
- How are we ensuring good quality and consistency with meeting the regulation expectations?

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Transition from BHRS to IBHS Once IBHS Contracted

BHRS to IBHS Authorization Transition Plan



- Magellan proposes that agencies should continue to prescribe and request authorization for BHRS until the agency is contracted for IBHS.
- Magellan will alert the network when we have enough IBHS contracted agencies to meet the needs of new families being assessed for services.
- Once an agency is contracted for IBHS, as authorizations for BHRS expire, the youth should be considered for IBHS. If clinically appropriate, the youth should be recommended for IBHS and an authorization request submitted accordingly.
- Magellan does not plan to uniformly end BHRS authorizations and transition to IBHS authorization upon the agencies contracted date for IBHS.
- BHRS authorizations cannot go past 1/17/2021.
- Providers should keep BHRS enrollments open through 2020 until all authorizations have transitioned to IBHS. Once that has occurred, a change/closure form will need to be sent to OMHSAS.

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Group Services

New Groups under IBHS



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 inclusive of:
 - target population
 - clinical model of program
 - size of each group
 - frequency of each group
 - length of group
 - if group is closed or open
 - location of group
 - family involvement
 - other relevant information
- Schedule a Technical Assistance (TA) call with Magellan to review your program proposal.

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Interagency Service Planning Team Meeting (ISPTM)



Magellan recommends that team meetings occur for the following reasons:

- Family member/caregiver requests
- Team member request
- When TSS/RBT/BHT services are recommended in school, preschool or daycare setting
- When residential treatment is recommended
- When transitioning between levels of care
- When Acute Inpatient or Crisis Services have been utilized
- Annually for each member getting services

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Coordination Between Levels of Care

Best Practices for transitioning between levels of care



- If a member will transition from BHRS/IBHS to another level of care it is expected that the BHRS/IBHS agency provide the receiving agency with updated clinical information on the member and family prior to the transition. This should include the following:
 - Most recent treatment plan
 - Discharge summary
 - Details about member and family progress in treatment (what worked well, what did not work for them, what needs to be addressed in future treatment, and potential barriers)
 - Rationale for change in level of care
- If a member will transition into BHRS/IBHS from another level of care it is expected that the BHRS/IBHS agency received the same information from the sending provider prior to beginning treatment.
- This will allow for the member and family to continue seamlessly through the transition on meeting their goals.

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Frequently Asked Questions



Magellan has posted a FAQ document on the IBHS page on the www.Magellanoftpa.com website. This gets updated as new questions are asked. Please continue to refer to this document prior to sending in questions.

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Service Description Process

IBHS Service Descriptions



Magellan has received has 30 approved Service Descriptions for IBHS.

Waiting on 43 more...

Please send:

- ✓ Approved IBHS Service Descriptions
- ✓ Copy of the approval letter to IBHS@magellanhealth.com

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Upcoming Forums & Technical Assistance

Technical Assistance calls



- Magellan will continue to offer ½ hour IBHS technical assistance calls to any provider interested.
- We would like any provider needing to transition members as well as agencies proposing to provide group services for the first time to sign up.
- 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>

Additional IBHS Provider Forums



- **Thursday, May 14, 2020 12:00 P.M. - 1:30 P.M. Via Zoom**
<https://magellanhealth.zoom.us/j/588495428>
- **Wednesday, June 17, 2020 1:00 P.M. - 2:30 P.M. Via Zoom**
<https://magellanhealth.zoom.us/j/37464032>
- **Registration will be required for all future forums so we can maximize Zoom capabilities. Please register in advance.**

Prescriber Session



- Magellan Behavioral Health of Pennsylvania (Magellan), on behalf of Bucks, Cambria, Delaware, Lehigh, Montgomery and Northampton Counties, invites you to the following Prescriber Forum for Intensive Behavioral Health Services (IBHS) implementation:

Monday, April 20, 2020 3:00 P.M. – 4:00 P.M.

Via Zoom:

<https://magellanhealth.zoom.us/j/686255905>

Or iPhone one-tap (US Toll): +16465588656,686255905# or +16699006833,686255905#

Meeting ID: 686 255 905

Please register for the forum at the following link:

<https://magellanhealth.zoom.us/meeting/register/u5wrdeytpzsv4PNANYQALM-Bkx1qbZ44LQ>

OMHSAS Updates



- OMHSAS website link:
<http://www.healthchoices.pa.gov/providers/about/behavioral/inbehavioralhs/index.htm>
- Submit questions to **RA-PWIBHS@pa.gov**



Questions? Suggestions?

Magellan Contact



Please send all questions to IBHS@MagellanHealth.com



Thank you!

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