

Magellan IBHS Group Provider Workgroup

MAY 12, 2021

Magellan
HEALTHCARE®

Agenda



- Group Authorization Process
- Group FAQ
- Group Best Practices
- Q&A/Discussion for next steps

The slide features a light blue horizontal band across the middle. Above and below this band are several triangles in blue, purple, and magenta, some pointing left and some right, creating a dynamic, abstract background.

Group Authorization Process

Written Orders for Group



- Written orders should include a recommendation for an Initial Group Assessment. On the Magellan template, complete Part A.



Magellan Behavioral Health of Pennsylvania, Inc. Intensive Behavioral Health Services (IBHS)

Written Order Letter

Part A: Initial Assessment for IBHS

Assessments are required to be completed as part of the process to initiate an IBH service.

PART A: Check the Service Assessment Type that is needed. Also complete the signature information on the last page.

Service Assessment Type		Assessment Hours/Timeframes	
<input type="checkbox"/>	Initial Assessment for IBHS Individual	<input type="checkbox"/>	IBHS-15 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
<input type="checkbox"/>	Initial Assessment for IBHS Group	<input type="checkbox"/>	IBHS-15 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
<input type="checkbox"/>	Initial Assessment for IBHS ABA Services	<input type="checkbox"/>	IBHS ABA-24 hours for 45 days NOTE: Assessment must occur within 30 calendar days of service initiation for ABA.
<input type="checkbox"/>	Initial Assessment for MST	<input type="checkbox"/>	MST-25 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
<input type="checkbox"/>	Initial Assessment for FFT	<input type="checkbox"/>	FFT-7.5 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.

Initial Assessment Requests for Group



- Providers will request authorization for the initial group assessment on the IBHS Registration TAR. Please include a Written Order with the Registration TAR as well.
- Magellan will authorize 15 hours (60 units) for 30 calendar days.
- Assessments should be completed within 15 calendar days as per the regulations.
- Assessments must face-to-face in the settings in which services will be provided.



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

<input type="checkbox"/> Bucks County	<input type="checkbox"/> Cambria County	<input type="checkbox"/> Delaware County	<input type="checkbox"/> Lehigh County	<input type="checkbox"/> Montgomery County	<input type="checkbox"/> 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

Written Order Group Recommendations



PART B: Check the IBHS Treatment Services being recommended and enter the maximum number of recommended hours per month for each service.

IBHS Treatment Services		
IBHS Individual	<input type="checkbox"/> Behavior Consultant (BC)	Up to _____ hours/month
	<input type="checkbox"/> Mobile Therapist (MT)	Up to _____ hours/month
	<input type="checkbox"/> Behavioral Health Technician (BHT) School/Camp/Daycare/Preschool/ Afterschool	Up to _____ hours/month Please indicate service location: _____
	<input type="checkbox"/> Behavioral Health Technician (BHT) Home/Community	Up to _____ hours/month
	<input type="checkbox"/> Behavioral Health Technician (BHT) in a community-like setting/center based	Up to _____ hours/month
	Brief Treatment Model (BTM)	
	<input type="checkbox"/> Behavior Consultant (BC)	Up to _____ hours/month
	<input type="checkbox"/> Mobile Therapist (MT)	Up to _____ hours/month
	Evidence-Based Therapy (EBT)	
	<input type="checkbox"/> Multisystemic Therapy (MST)	Up to _____ hours/month
<input type="checkbox"/> Functional Family Therapy (FFT)	Up to _____ hours/month	
IBHS Group	<input type="checkbox"/> Up to _____ hours/month	
IBHS ABA Group	<input type="checkbox"/> Graduate Level Professional (GLP)	Up to _____ hours/month
	<input type="checkbox"/> Behavioral Health Technician (BHT)	Up to _____ hours/month
IBHS ABA	<input type="checkbox"/> Behavior Consultant - ABA (BC-ABA)	Up to _____ hours/month
	<input type="checkbox"/> Behavioral Health Technician – ABA (BHT-)	Up to _____ hours/month

Requesting Group Re-Assessment



In order to allow Group Providers to be able to bill for the Re-Assessment, providers will need to request an authorization.

- Group providers will use the Initial Registration TAR to request a re-assessment authorization requesting 30 days/60 units. The start and end date of that assessment will be the last 30 days of the requested authorization period.

For example,

- ❑ Initial Group Assessment auth, 3/3-4/1/21, 60 units
- ❑ On 3/30, full packet comes in requesting 6 months of Group, 4/1-9/27/21
- ❑ In addition, in this packet, on the Initial Registration IBHS TAR, providers would request 30 days, 60u, 8/29-9/27/21. This way the provider gets a group auth as well as an assessment auth to use near the end of the auth period for the re-assessment.

Group Packet Request

Following the completion of the assessment and development of the Individualized Treatment Plan (ITP) the authorization request for Group/ABA Group should be submitted with the following documents:

1. Treatment Authorization Request (TAR) Form
2. Written Order
3. Assessment
4. Individualized Treatment Plan (ITP)
5. ***IBHS Registration Only TAR – requesting 60 units for the last 30 days of the group auth**

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	60	8/29/21	9/27/21	536	H2021	001	HA			
<input type="checkbox"/>	IBHS-ABA Initial Assessment				536	97151	001	HA			

DSM-5 DIAGNOSIS



Please submit Group requests separately.

This applies even if a member is receiving Individual or ABA Services within the same agency.

The slide features a light blue horizontal band across the middle. Above and below this band are several triangles in blue, purple, and magenta, some pointing left and some right, creating a modern, abstract design.

Group FAQ



Q: Since IBHS group authorizations can be up to 6 months, can providers transition kids from one group to the next group (i.e. what was previously known as STAP to TASP) without a second assessment?

A: For members transitioning from one group service (i.e. STAP) to another group service (i.e. TASP), Magellan will accept a group assessment completed within the last 6 months if the member's clinical presentation has not changed significantly. In addition, the assessment should measure skills or track observations which are specifically being addressed 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.



Q: Do we need a separate assessment auth for group and ABA services if a member is being assessed for both?

A: Yes for reporting purposes two authorizations are required.



Q: When submitting for the group auth and the individual auth, can we use the same assessment?

A: The assessment for group will likely be different and should certainly include support for why this member is appropriate for this group at this time vs supporting MNC for individual request. Assessments need to be completed by the staff whose credentials for that service are noted in the regulations. The timelines for completing the assessments may be different depending on the services. If all of this applies, technically the same assessment could be used.



Q: If a provider is supplying both individual and group services together, can the same packet be submitted to request both services?

A: No, Group services must be requested separately.



Q: We have a member who is discharging from ABA but member will remain in our group. How do we discharge this member for ABA?

A: A provider can submit an online discharge if a member is fully discharging from one of the IBHS category buckets (Individual, Group, or ABA). A member will not always receive 2 category buckets of service from the same agency. Ex. Group Services from Elwyn and ABA from ABA2DAY.



Q: Do we need to complete the CANS for group services?

A: CANS is not required for members attending group services. However, we do require a standardized assessment/outcome tool be used.



Q: How long can our group authorization be for?

A: Magellan is authorizing all IBHS up to a maximum of 6 months. However, if your group service description is for a closed group with a finite start and stop date, your request should be consistent with the group that this member would be attending.

The slide features a light blue background with a white horizontal band across the middle. Several triangles in blue, purple, and magenta are scattered around the edges of the slide, some partially cut off by the frame.

Group Best Practices



Use of structured assessment tool that assesses need addressed by group services

- E.g. Social Responsiveness Scale (SRS), Social Skills Rating System (SSRS), Social Skills Improvement System (SSIS)
- E.g. Functional Behavior Assessment/Functional Analysis – what are the optimal environments for skill acquisition for this member that will increase opportunities for learning and reinforcement

Rationale for participation in specific requested group based on outcome of assessment AND Inclusionary/Exclusionary Criteria

- What prevents member from participating in community-based programming? What other alternatives were considered before determining that Group would be the least restrictive option? (Boy Scouts, dance class, soccer team)

What is this specific groups criteria to be included and excluded? (Inclusionary/Exclusionary Criteria)

Group Individualized Treatment Plan – Best Practices



Objective, measurable goals based on assessed needs - How needs be addressed?
How will measurable progress or lack there of be monitored?

Caregiver transfer of skill – How will caregivers, including school IEP team members, be trained or made aware of interventions?

Skill generalization to natural settings – How will skills learned in the group transfer or be practiced in functional settings so that they maintain?

Titration and Discharge Planning – At what point does transition to community-based afterschool settings occur? Could needs be better met in different LOC?

Other Misc. Group Best Practices



- Providers are required to ensure that there is not a duplication in service delivery for any member attending Group Services. If member is receiving other services, these need to be coordinated with Group program to ensure effective and efficient utilization of services.
- Are Group service goals aligned with other levels of care being provided to the member?
- Are the Group facilitators trained in the delivery of therapeutic services in a group context and for the specific need being addressed?
- How are groups assigned and managed – Age appropriate/developmentally appropriate? Will ratios be assigned based on the needs of the groups represented?

Technical Assistance calls



- If you have multiple questions about your group service provision which are specific to your agency and group, we encourage you to schedule a TA call to talk those through individually.
- 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>

Helpful Resources



- IBHS Group Services Medical Necessity Guidelines - <https://www.dhs.pa.gov/HealthChoices/HC-Providers/Documents/OMHSAS-20-05%20-%20IBHS%20MGN%20Bulletin%20-%20Attachment%203%20Group%20Services.pdf>
- IBHS OMHSAS FAQ 2/2/21 - <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Documents/IBHS%20Documents/IBHS%20FAQ%202-9-21%20Final.pdf>
- MBH IBHS Written Order Template - <https://www.magellanofpa.com/media/6237/written-order-template-final-01252021.pdf>
- MBH IBHS Registration TAR - <https://www.magellanofpa.com/media/6136/healthchoices-ibhs-registration-tar-cover-sheet-final-10272020.pdf>
- MBH IBHS TAR Cover Sheet - <https://www.magellanofpa.com/media/6130/healthchoices-ibhs-tar-cover-sheet-final-10272020.pdf>



Q&A

Discussion

Next Steps

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.