

Intensive Behavioral Health Services (IBHS)

Frequently Asked Questions (FAQ) for Caregivers

April 2024

Overview for Accessing IBHS

1. **Why are the Written Order hours, services, and settings not always the same as the assessment? Why would the child/youth/young adult not be entitled to what the Written Order recommended?**
 The Written Order recommendations are the maximum number of hours of each service per month (55 Pa. Code § 1155.32). The Written Order requires minimal clinical information to make the recommendation. The assessment gathers the strengths and needs of the child and family, supports, service history, and clinical observations in a variety of settings. This data and information are used to determine the amount of hours and location where services are most needed (55 Pa. Code § 5240.21). This is why you may see a higher number of hours recommended in the Written Order versus the assessment recommendation.
2. **Will Magellan/Medicaid automatically pay for IBHS/ABA if a primary insurance denies coverage?**
 Several requirements must be met for Magellan/Medicaid to pay for services, and it is not guaranteed that Magellan will pay if your primary insurance denies. A primary insurance would need to either be termed, the benefits exhausted, or the service is not a covered benefit. Magellan cannot become the primary funder if your primary requires a BCBA, and only a BC-ABA clinician is available. Medicaid is always the funder of last resort.
3. **How long can a child have IBHS for?**
 A child, youth, or young adult are eligible for IBHS up to the age of 21 as long as they are medically necessary. This is determined by the written order and assessment process. Some children will need treatment for an extended period, but most successfully graduate within two years.
4. **As a parent or guardian, how will I know when my child is ready to discharge from IBHS?** Discharge planning is a part of the IBHS process, and it will begin at the time of admission. IBHS is one of many services that can help your child meet their therapeutic goals. From the time of starting IBHS, the treatment team continues to talk about what realistic goals can be accomplished within IBHS versus another service. When a child, youth, or young adult is being discharged from IBHS, they may have additional therapeutic goals that the treatment team would plan for how those goals can continue to be reached.

Caregiver Roles & Responsibilities

5. **As a caregiver (parent/guardian or teacher for example), do I need to be there when IBHS are being delivered?**

A caregiver in the regulations is defined as an individual with responsibility for the care and supervision of a child, youth, or young adult. There needs to be a caregiver present to provide the same level of support and supervision of the child, youth, or young adult as when IBHS providers are not present. A caregiver is also needed to receive the skills demonstrated by the IBHS staff to support the child/youth/young adult. ***This may not be applicable to child, youth, or young adults receiving IBHS center-based services.**

6. **Who is responsible for helping the child to make progress on their goals?**

It is the collective responsibility of the treatment team. The treatment team may include the child, parent/legal guardian, caregiver, teacher, service provider or anyone else who is involved in this child's treatment.

7. **As a parent or guardian, can I request certain services, hours, or settings for services for my child?**

Parents/guardians and caregivers are a part of the child's treatment team. Your knowledge, observations, and suggestions are actively welcome within all processes of the service, especially the assessment and treatment plan development. Ultimately, the clinical observations and data of the child's needs and skills will be what determines the services and hours. The reasons for these recommendations within the assessment should be clearly explained and supported within the documentation and discussed with the parents/guardians.

8. **As a parent or guardian, what happens if I don't agree with an IBHS recommendation or decision?**

If you do not agree with a clinical recommendation made by the doctor or treatment team, we encourage you first talk with your treatment team to better understand how they got to their recommendation or decision. After talking with your team, if you still do not agree with the recommendation or decision, you can write up a rationalization or statement on why specific service hours are needed, which will be submitted in the provider's packet to Magellan. You also have the right to obtain a second opinion or file a grievance. A grievance is when Magellan denies, decreases, or approves a service different than the service you requested because it is not medically necessary. You will get a notice telling you Magellan's decision. A grievance is when you tell Magellan you disagree with Magellan's decision. You may file a grievance with us by phone or in writing.

IBHS Staff Roles & Responsibilities

9. **Is a 1:1, Personal Care Assistant (PCA), Paraprofessional, Aide and Behavioral Health Technician (BHT) all the same things?**

A 1:1, paraprofessional, PCA, and aide generally refer to individuals who may support a child in school and are paid by the school to assist with a wide range of needs directed by an Individualized Education Plan (IEP). BHTs, previously referred to as Therapeutic Support Staff (TSS), can deliver services in a variety of settings including a school, daycare, preschool, home or in the community. A BHT works directly with the child to address their behavior and build therapeutic skills. When working in a school setting, BHTs use the strategies and interventions contained in the Individualized Treatment Plan (ITP) created by the Behavior Consultant (BC) to decrease behaviors to improve the child's functioning in the classroom. When successful strategies and interventions have been identified, the IBHS team works collaboratively with the school staff to find ways for others to use these techniques with the child.

Regardless of the setting in which the BHT supports the child, as a behavioral health service, BHTs are paid for by behavioral health insurance and follow the ITP. IBHS helps the child meet their therapeutic goals and allows the caregivers to use these techniques to maintain their success.

10. Are BHTs or other IBHS staff responsible for assisting with activities of daily living (diaper changing, feeding, toileting) and/or giving medications?

IBHS staff are not responsible for providing caregiver duties: diaper changing, assistance in the bathroom, changing of clothes, assistance with feeding, etc. This is different than having a treatment plan goal around developing these skills. In addition, IBHS staff are not responsible for giving medication or over the counter supplements. ***This may not be applicable to child, youth, or young adults receiving IBHS center-based services.**

11. What should the IBHS staff be doing during sessions? Sometimes it looks like they are just playing with the child.

The goal of IBHS is to build skills in a fun and effective manner that translates to other settings and maintains throughout their life. A big part of that is making services enjoyable and teaching in the way children learn best.

12. My child's school/daycare says my child cannot be there without support. Can IBHS staff fill that role?

IBHS can provide therapeutic support for a child in their school/daycare. The way this is determined is through a clinical assessment. The clinical needs drive the amount of hours being recommended. Not all children require full time BHT therapeutic support to be included and successful in their school/daycare. We encourage the entire treatment team including parents/guardians, school/daycare leadership, and the IBHS provider to speak openly about the needs of the child and how each can support the child within their individual role. The IBHS provider should be able to share specific data around the clinical needs identified. If the daycare continues to insist that the child needs full time BHT despite the clinical assessment recommendation, families are able to outreach the local Office of Child Development and Early Learning (OCDEL) at <https://www.dhs.pa.gov/contact/Pages/Regional-Child-Development-Offices.aspx> for additional assistance.

DISCLAIMER – It is important to note that the content provided is intended for general informational purposes only and should not be considered as professional advice. Circumstances and regulations may change, and interpretations may differ based on specific situations. Therefore, we strongly recommend consulting with your qualified service provider, professional advisor, or relevant expert to obtain personalized advice tailored to your specific needs and circumstances.