

Welcome to the Magellan Provider IBHS Workgroup

MAY 8, 2025

Magellan
HEALTHCARE®



Welcome & Opening Remarks



Agenda

- Welcome
- Autism Acceptance Month Highlights
- OMHSAS Updates
- Network Updates
- Provider Spotlight
- Assessing Clinical Performance
- Review of the Clinical Measurement Tool (TRR Tool)
- CANS Reports 2024
- Availability/Online Authorizations
- Clinical Updates/Reminders
- Upcoming Training & Webinar
- Questions

Autism Acceptance Month Highlights



1st Annual Autism Community Walk in the Lehigh Valley April 27, 2025

Keynote Address:

“Listen Up: Autistic Youth Need
to be Heard” by Jace E. Pooley.

Published in Pediatrics Journal in December 2024.



Empowering Autistic Voices

Check out the article published on Magellan Health Insights called “[Autism Spectrum, Disorder from the Inside: Five Autism Tips from a Clinician with Lived Experience](#)”

[Autism Spectrum Disorder from the Inside: Five Autism Tips from a Clinician with Lived Experience | Magellan Health Insights](#)

Brain break

Check out this clip from Great Big Story about Jason Arday. [The Cambridge Professor Who Learned To Read At 18](#)

“Meet Jason Arday, Cambridge University’s youngest-ever Black professor who defied all odds in pursuit of his academic ambitions. Jason’s remarkable journey begins with a diagnosis of Global Developmental Delay and Autism during his early years. He didn’t start speaking until the age of 11 and didn’t learn to read and write until he turned 18. Yet, at the age of just 37, he achieved the esteemed title of Professor of Sociology of Education at the prestigious University of Cambridge. Jason’s story is not just one of academic triumph but a testament to his unwavering determination and spirit. It serves as a powerful reminder that potential knows no bounds and we can achieve the seemingly impossible. Prepare to be deeply moved, inspired, and reminded that the power to conquer life’s biggest challenges lies within us all.”



ASERT Self Advocate Session

Kate Hooven:

is the Justice System Project Coordinator for ASERT (Autism Services, Education, Resources and Training) where she uses her background as a former juvenile probation officer to train justice system personnel, providers and first responders. Kate is also the mother of three amazing children, including her 23-year-old son Ryan who was diagnosed with autism when he was four years of age. Ryan graciously allows Kate to share his experiences as an autistic individual to personalize the ASERT justice trainings as well as to raise awareness and promote acceptance for all autistic individuals.

Rachel:

is a Jewish bisexual autistic woman (she/her) with ADHD in her twenties. She loves writing and can always be found with her nose in a book! Her plan for the future is to earn her Psy. D. in clinical psychology. This interest in psychology started as a way to help her understand people better and to figure out what it was about others she kept not getting. It is also something deeply linked with her self-advocacy. There is a gap in communication between the autistic community and providers, and she wants to help bridge it and challenge others to see things from different perspectives.

Mini Clinical Staff Trainings

- Make ABA More Relatable
- Maladaptive Behaviors
- Assessments and their Purpose
- ABA: Evidence-based Practices

OMHSAS Updates



PA Insurance Department – Primary Insurance issues

Hearing complaints from IBHS providers about being able to access Primary Insurances or Third Party Liabilities (TPL). Multiple calls and lack of response from TPLs.

Some IBHS providers have declined to accept any members with TPLs regardless of whether there is a benefit or not. This impacts members with TPL and Medicaid being able to access this service.

Providers and members/guardians who have been impacted can file a complaint via the complaint portal at: <https://www.insurance.pa.gov/Consumers/File%20a%20Complaint/Pages/default.aspx> If they can't use the portal, can call 877-881-6388 or submit online via the link.

- OMHSAS proposed including “**IBHS Coding concern**” in the subject line of emails/faxes and/or in the first line of the description of the problem (followed by the details of the particular case).

Network Updates



Network Team

Mitch Fash – Sr. Network Manager – MFash@magellanhealth.com

Jess Pearce – Sr. Network Management Specialist – Cambria County -
jpearce@magellanhealth.com

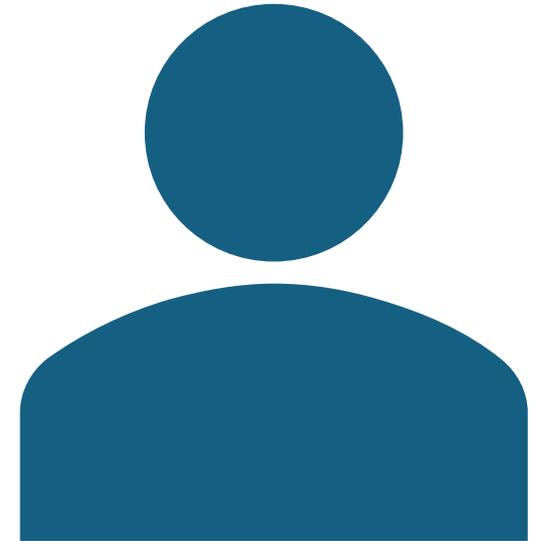
Michael Ditty – Network Management Specialist – Lehigh/Northampton Counties -
msditty@magellanhealth.com

Crystal Devine – Network Management Specialist – Montgomery County -
cedevine@magellanhealth.com

Jessica Torano – Network Management Specialist – Bucks County -
toranoj@magellanhealth.com

Jeff Stumm – Network Management Specialist – Contracts/Credentialing -
jrstumm@magellanhealth.com

Alyssa Gorzelsky – Claims Resolution Specialist –
amgorzelsky@magellanhealth.com



Billing Usual & Customary

When submitting claims please use your usual and customary charges vs contracted amount.

Why is this important?

When Magellan provides a rate increase, sometimes the rate increase will be effective prior to the rates being loaded into the system. If a provider bills above their contracted amount (U&C), Magellan will be able to adjust the claims without the provider needing to resubmit their claims again. If the claim billed is under the new amount Magellan will not be able to adjust to the new amount contracted.

With the most recent rate increases, it is important to check that current rates are paying at the higher amounts. Please verify all claims have been submitted with the higher contracted amounts. If claims were submitted and paid with a billed amount lower than your current contracted rates, you will need to resubmit for the higher amount.

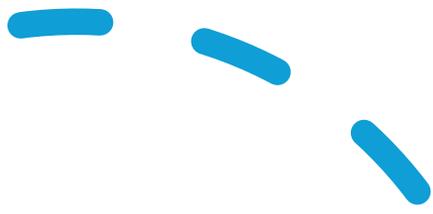
Magellan is automatically sweeping claims to adjust to the higher amounts as long as they were billed at the new rates. No additional actions are needed by providers. Please be aware that this process will take some time to complete, but feel free to reach out with any questions.

Billing Reminders

- Do not bill member's home address or any location other than a contracted rendering service location. These locations are listed out on your contracts.
- Please bill with your contracted codes and modifiers. Authorization codes may differ than what is listed on your fee schedule. Modifiers must be listed in the order that they show on the fee schedule.
- For any corrected claims, it is required to resubmit with the original claim number.
- For ACT 62 covered members, claims must go through the primary payer first before submitting to Medicaid, who is always the payer of last resort.



Claims Resolution



- Claims that providers feel were denied *incorrectly* or have questions about a denied claim, these are considered “Claims Inquiries”.
- Providers should contact the Magellan provider line and speak to a customer service associate.
- If necessary, the customer service associate will submit a Service Request Application (SRA) to Magellan’s claims resolution team for further investigation.

Provider Services Contact Information:

Bucks/Montgomery: (877) 769-9779

Cambria: (800) 424-3711

Lehigh/Northampton: (866) 780-3368

Satellite Sites & Licensing

- IBHS licenses are issued regionally. There are 4 regional field offices: Western Field Office, Northeast Field Office, Southeast Field Office, and Central Field Office. A provider is only required to get multiple licenses if it provides services in multiple regions.
- If a provider has multiple locations in one region, they do not need each site licensed, unless the site provides on-site services. However, your service description must include all locations under the regional license as well as services being provided.
 - Example: Home, Community, and site based
- A provider is required to submit one service description for each IBHS license.
- If a provider's service changes, an updated service description must be submitted to the licensing field office for approval. If a provider's address changes, a provider must notify OMHSAS's licensing field office and, if the provider is enrolled in MA, it must also notify MA enrollment.
- *Not all locations in the region require MA enrollment unless providing on-site services.*



New IBHS Group Process

- If your agency is interested in expanding the IBHS Services currently being provided under your Magellan contract to include Groups & ABA Groups, please email MBHInterestedProviderApplication@magellanhealth.com.
- Please identify your agency and note whether your agency is seeking to add:
 - ✓ IBHS Group
 - ✓ IBHS ABA Group
 - ✓ Both

By emailing the inbox above, an automatic response will be sent to providers with a direct link to our application. This application will request submission of some documents for Magellan's review. Magellan will be asking your agency to submit a Group/ABA Group Service Description containing at minimum the following information: Address where group will occur, target population (including primary & MA secondary participants), clinical model of program, # of groups, size of each group, frequency of each group, length and frequency of sessions, open/closed enrollment, staff level of who will deliver the group service, family involvement in group service.

Once all the paperwork is received and reviewed, Magellan's clinical department will outreach to schedule a time to meet with your agency to verbally review and ask any outstanding questions. Afterwards, there is an internal, cross-department review process which will conclude with Magellan's decision and contracts as applicable.

Provider Expansion or Provider Changes

For Magellan, is your agency*...

- Moving locations?
- Adding a new location?
- Want to begin delivering 1:1 site-based services?
- Want to begin delivering ABA Services or Individual Services?

Please outreach Magellan's Network department identifying your expansion request or change to MBHInterestedProviderApplication@magellanhealth.com.

***Magellan should be notified prior to any changes as this can impact reimbursement.**

Availity Contact Information

- Availity provider support is available via Availity Client Services (ACS):
- E-ticketing – Available 24/7 on <https://www.availity.com>.
- Chat – Available throughout the day via Community Support on <https://www.availity.com>.
- Phone –1.800.AVAILITY (282.4548) Monday-Friday 8a.m. - 8p.m.ET



Network Reminders

- Magellan Credentialing is updated every three years. Providers will be directly notified from Magellan with a recredentialing application 6 months prior to the recredentialing date.
 - Please make sure your contact information is updated via the Magellan Provider website to ensure the applications are sent to the correct person.
- Promise Medicaid Enrollment is due for revalidation every 5 years. This revalidation date is found directly on the Promise website.
 - Providers are encouraged to review this date and are responsible to revalidate as needed.
 - This is for all enrolled locations and for all provider type/specialty types
 - Example – individual 11/590, group 11/591, and ABA 11/592 are all individual provider type/specialty types.

*Without active enrollment providers will be potentially affected with being reimbursed.

Provider Spotlight



Provider Spotlight

Backyard Treehouse

Katelyn Anderson, M.Ed, LBS, BCBA

IBHS Clinical Director



7599 Beth-Bath Pike
Bath, PA 18014
phone 610-365-8989
fax 610-365-8994

Intensive Behavioral Health Services Working Together Form

We are so excited to work with you, your child, and supporting caregivers to maximize your child's skills and positive behavior. It is our mission to cultivate a nurturing and individualized learning environment for each and every child that passes through our program. Not only do we strive to make the environment nurturing and inviting to every child in our program, we listen and support all the caregivers that we are working with. We will provide education and training on an individual basis to ensure that we are transferring skills to you rather than having the child rely upon our services. We know that when parents/caregivers are supported they will be able to carry out treatment interventions which will greatly increase the effectiveness of the ABA therapy for your child. Below you will find what you will see from your Behavior Analytic-ABA Therapist (BA-ABA), Behavior Consultant-ABA Therapist (BC-ABA), Assistant Behavior Consultant-ABA Therapist (ABC-ABA) and Behavioral Health Technician-ABA Therapist (BHT-ABA) during the course of your child's treatment.



- We will create an individualized treatment plan and transfer skills/interventions to caregivers in three or less years.
 - We will encourage active parent/caregiver/school personnel participation
 - Discharge is our goal at the onset of services
 - We will ask questions so we get a full picture of progress and/or regression •
- We will create an inclusive environment where all members of the child's life are valued and engaged.

Working Together Form

- What is it?
- Who gets it?
- When is it given?
- How is this form used?
- Why did we develop it?

Working Together Form: What is it?

- An outline introducing our agency to all caregivers working with the child
- Explains what they can expect to see from IBHS staff working with their child.
- Explains what they cannot expect from our IBHS staff working with their child.
- Details participation expectations for caregivers in the collaborative treatment plan
- All caregivers sign and date the form to agree to the expectations
- Any questions or concerns can be discussed prior to being signed



Working Together Form: Who gets the form?

- Parents
- Daycare staff
- Daycare directors
- Classroom teacher(s)
- Elementary School Principal, guidance counselor, or LEA
- Any additional caregivers we may work with during IBHS sessions (babysitters, extended family members, etc.)



Working Together Form: When do we give the form?

- The form is provided to team members during consent signing as well as during the ITM. This form is reviewed in its entirety to ensure all members understand what the expectation is for this service from the beginning, with an emphasis on discharge being the primary goal
- If a child is transferred to our agency, this form is introduced before services begin and sometimes before a transfer is agreed upon in order for the family to understand differences if there are any between agencies
- This form is then reviewed and resigned throughout each authorization period to ensure continued compliance/understanding



Working Together Form: How is it used?

- We implement this form in order to educate team members on the scope and limitations of this elective service
- We revisit this signed form throughout the authorization period if concerns arise or expectations are placed on staff that are explicitly stated as being beyond the scope of IBHS
- We complete a new form when children switch centers or enter new classrooms to ensure a consistent understanding across all treatment plan team members
- We proactively ask novel treatment plan team members what their experience is with having ABA service providers in that setting to gain an understanding of how their past experiences shape their expectations of our staff in that setting, as well as opinions of the field of ABA as a whole



Working Together Form: Why did we develop this?

- Advocate for the child
- Educate caregivers on what IBHS is according to the regulations and insurance policy requirements
- Creatively develop a team approach without the expectation that outside service providers handle every component of that child's day when present
- Explicitly define roles of IBHS providers and what to expect when those individuals are present
- Explicitly define responsibilities within the scope of IBHS and those responsibilities that IBHS providers will not complete
- Keep all parties accountable to what their expectations are within this collaborative IBHS model
- Break the assumption of IBHS provision as a 1:1 service
- Our clients' outcomes are going to be measurably better if we are perceived as better collaborators AND actually collaborating better
 - **If we don't know what caregivers bring to the table, then we don't understand their value to the treatment plan team**

Assessing Clinical Performance





Treatment Record Review (TRR) Process

- IBHS programs will be selected for TRR twice annually, at minimum
- Random sampling of packets are from treatment requests submitted by providers
- Tool has been shared previously with providers.
- It is recommended that providers self-audit with this instrument to support strong results.

Outcomes of the TRR: Two Communications

Letter: Score 76% and above



Great job!



Date of review, member identification will be included for transparency



Feedback forms have been replaced by these letters



Strengths and recommendations and/opportunities will be highlighted

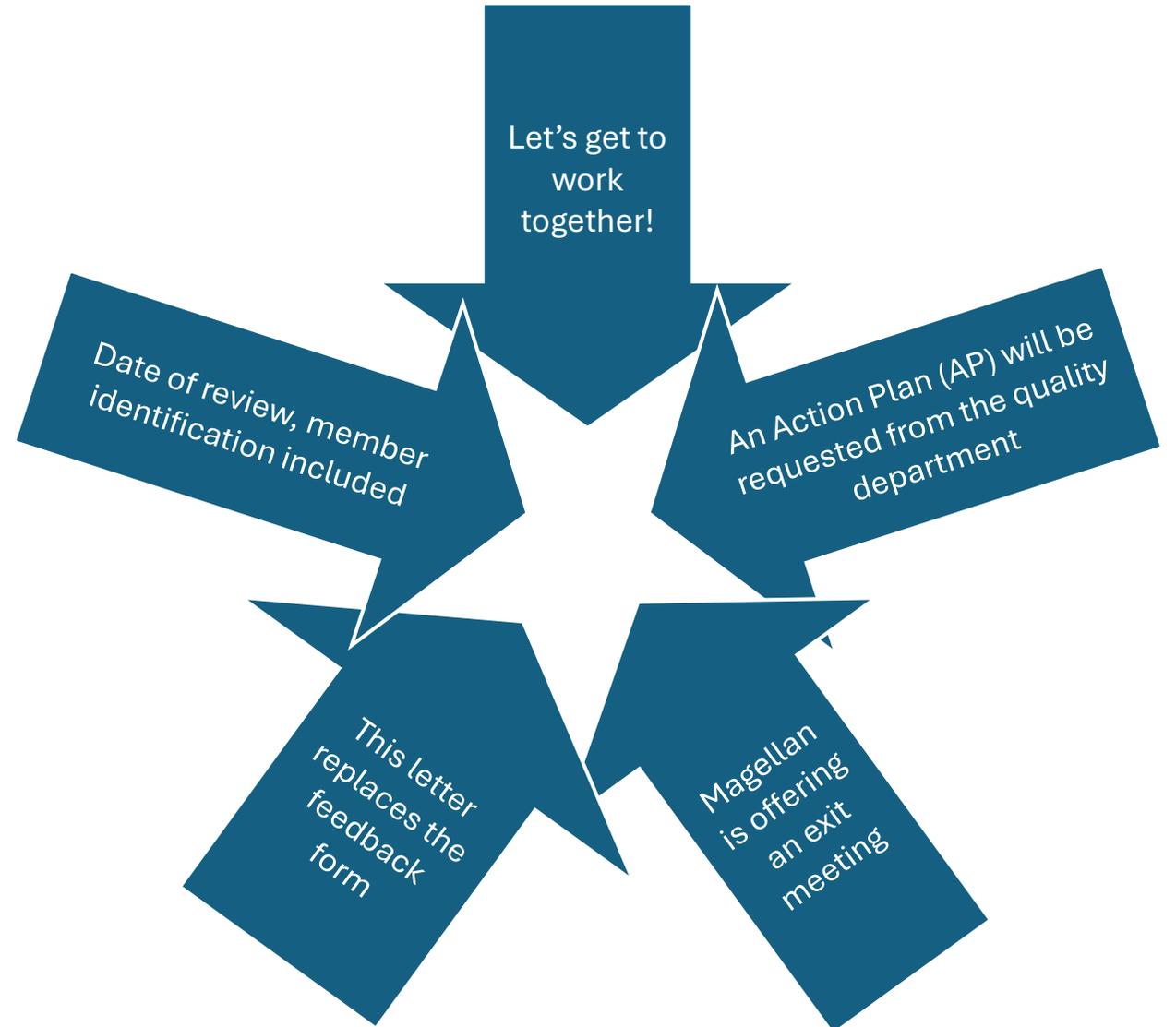


No action plan will be requested, even if there were opportunities identified



Outcomes of the TRR: Two Communications

Letter: Score 75% and below



Review of the Clinical Measurement Tool (TRR Tool)



Written Order (WO) - 3 questions

1	Written Order	Specifies the IBHS service, hours and setting
2	Written Order	Contains clinical information to support the medical necessity of the service ordered
3	Written Order	Contains valid behavioral health disorder diagnosis

Assessment Questions

4	Assessment	(For initial assessments only): Individual assessments were completed in 15 days and ABA assessments completed in 30 days
5	Assessment	Includes treatment and medical history
6	Assessment	Includes developmental and social history
7	Assessment	Includes family structure and history
8	Assessment	Includes educational history
9	Assessment	Includes trauma history
10	Assessment	Includes cultural, language or communication needs

Details are key! These details can help enhance the case conceptualization.

Ex. Educational history – Tom attends Bryer Elementary and is in the 2nd grade. **PARTIAL**

Ex. Educational history – Tom attends public school, Bryer Elementary, and is in 2nd grade. He has an IEP and is in a FT Autistic Support classroom. There are 8 students and 2 school staff in the classroom. Tom achieves good grades with his current IEP accommodations. He also receives speech and OT at school. There are minimal behavioral concerns in this setting. His peer interactions are minimal. **MET**

Assessment

11 | Assessment

| Direct Observation in all relevant settings

- Assessment reflects clinician observing the member in all relevant settings
- Ex. If BHT/BHT-ABA is recommended in school, did clinician observe member in the school setting?
- Ex. BHT/BHT-ABA is not being requested in the home, should observations occur in the home? Most often, the answer is yes.

Assessment

12 | Assessment

| Includes assessment and plan to address SDOH,
| Barriers, etc.

- Does the assessment consider Social Determinants of Health (SDOH) factors or other barriers?
- Is there a plan to address if applicable?
- This should be considered and discussed within the assessment, beyond the TAR check off boxes.

Assessment

13 | Assessment

Data Analysis, Graphs as applicable, Baseline and current level, frequency/intensity/duration

- Is there data in the assessment? (baseline data and current data?)
- Is the data analyzed within the assessment?

Assessment

14	Assessment	Structured Tool used and included (Allowed: VB-MAPP, FBA, ATEC, Vineland, ABAS. Not allowed: FAST, MAS, CANS)
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Does the assessment include a formal tool beyond just the biopsychosocial information?
Can the tool reflect progress specific to the member's treatment areas?

Some accepted structured assessment tools:

- FBA (Functional Behavioral Assessment)
- VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program)
- Vineland (Vineland Adaptive Behavior Scales)
- ABAS (Adaptive Behavior Assessment System)
- PEAK (Promoting the Emergence of Advanced Knowledge)

Not accepted structured assessment tool:

- FAST (Functional Assessment Screen Tool)
- MAS (Motivation Assessment Scale)
- CANS (Child and Adolescent Needs and Strengths) - It is required by Magellan but is not specific enough to measure progress on an individual treatment issue.

Assessment

15	Assessment	For concurrents only: include summary of progress, barriers for progress, and changes to address lack of progress
16	Assessment	Specifies the IBHS service, hours and setting
17	Assessment	Includes summary of findings and clinical rationale for specific recommendations

- Should not see “up to” words within the assessment recommendation.
- Hours should be per month not per week.
- BHT/BHT-ABA hours should be broken down by setting.

Question 18, Assessment

18	Assessment	Assessment recommendation is within Written Order maximum recommendation
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Individualized Treatment Plan Questions

19	Individual Treatment Plan	Is strengths based
20	Individual Treatment Plan	Includes service type, settings, hours
21	Individual Treatment Plan	Includes timeframes for ITP

- Observe listing a member's strengths but not speak to how those strengths are being applied within treatment
- Are goals framed in the positive?

Individualized Treatment Plan

22	Individual Treatment Plan	Behaviors are clearly defined and observable
23	Individual Treatment Plan	Includes how caregiver(s) will be involved in treatment
24	Individual Treatment Plan	Includes specific goals, objectives, and interventions to address therapeutic needs

- What exactly do the behaviors look like? Can anyone use this definition of the behavior to clearly observe this behavior? A feeling cannot be observed.
- Are there specific treatment goals for caregivers? Are there specific interventions identified for the caregivers?
- Looking to see that the areas of concern are represented within the goals, the objectives are clear and measurable, and that there are specific interventions to assist in meeting those goals.

Individualized Treatment Plan

25	Individual Treatment Plan	Treatment plan clearly notes barriers and what is being done to address them
26	Individual Treatment Plan	Functions of behaviors are consistent with treatment plan interventions
27	Individual Treatment Plan	A description of progress or lack of progress towards goals/objectives

- Any barriers for progress? Barriers for progress are not the reasons the person is receiving treatment. If yes, how are they being addressed?
- Ex. If function of behavior is to escape a task, the intervention should not be a break. If function of behavior is attention, the intervention of planned ignoring would be consistent.
- Summarize the progress. If there is no progress, explain the hypothesis on why.

Individualized Treatment Plan

28	Individual Treatment Plan	Replacement behaviors defined operationally
29	Individual Treatment Plan	Is caregiver/user friendly in content and format

- Is it clear exactly what the alternative behavior is the member should use until they learn the skills needed?
- Is the treatment plan worded and set up in a way that a caregiver could pick it up and understand the goals and interventions?

Individualized Treatment Plan

30	Individual Treatment Plan	Discharge plan is developmentally appropriate and clinically reasonable
31	Individual Treatment Plan	Aftercare plan includes estimated discharge date with specific community/natural supports/resources
32	Individual Treatment Plan	Crisis plan includes member's triggers and specific interventions that can be implemented to avert a crisis
33	Individual Treatment Plan	Signature and date by the youth, young adult or parent or legal guardian of a child/youth, staff person who completed ITP and someone who meets qualifications of a Clinical Director

- Are the discharge and aftercare plans individualized?

Individualized Treatment Plan

34	Individual Treatment Plan	For individual services only: The measurable objectives data is measured the same as the progress data.
35	Individual Treatment Plan	For ABA only: Baseline measures reported using direct measures (FID); method of data collection for continued treatment reported using same measure and presented in easy to read graphic displays
36	Individual Treatment Plan	For ABA only: Maintenance and Generalization is planned for as part of intervention in a manner that leads to least restrictive, least intrusive, independent functioning of member and caregivers

- Is the baseline data measured the same way the current data is measured? Ex. If baseline data is measured by frequency/day, the current data should be measured the same way.
- Does the treatment plan reflect ways to generalize skills learned to member and caregivers?

CANS

37 | CANS

| CANS score is consistent with information in packet |

- Do the strengths and needs within the packet align with those reported within the CANS? Ex. If you read about a lot of issues within the school, take a glance at scores for school achievement, school behavior, school attendance. Do they align with the report?

CANS Reports 2024



CANS Mid-Treatment Report 2024

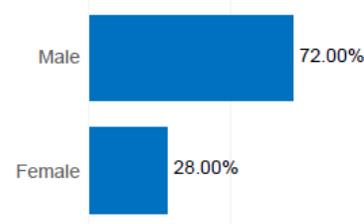
CANS Mid-Treatment Dashboard - ABA Care, ABA CONSLNTS LLC, Access Services and 96 more

Mid-Treatment Assessments between 1/1/2024 and 12/31/2024

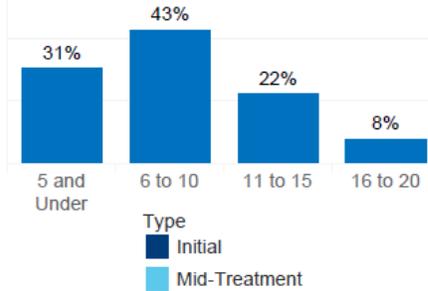
CANS Assessment Information

Total Assessments in Period	5,005
Unduplicated Members with Assessments in Period	3,754
Total Paired Assessments Included in Outcomes	1,532

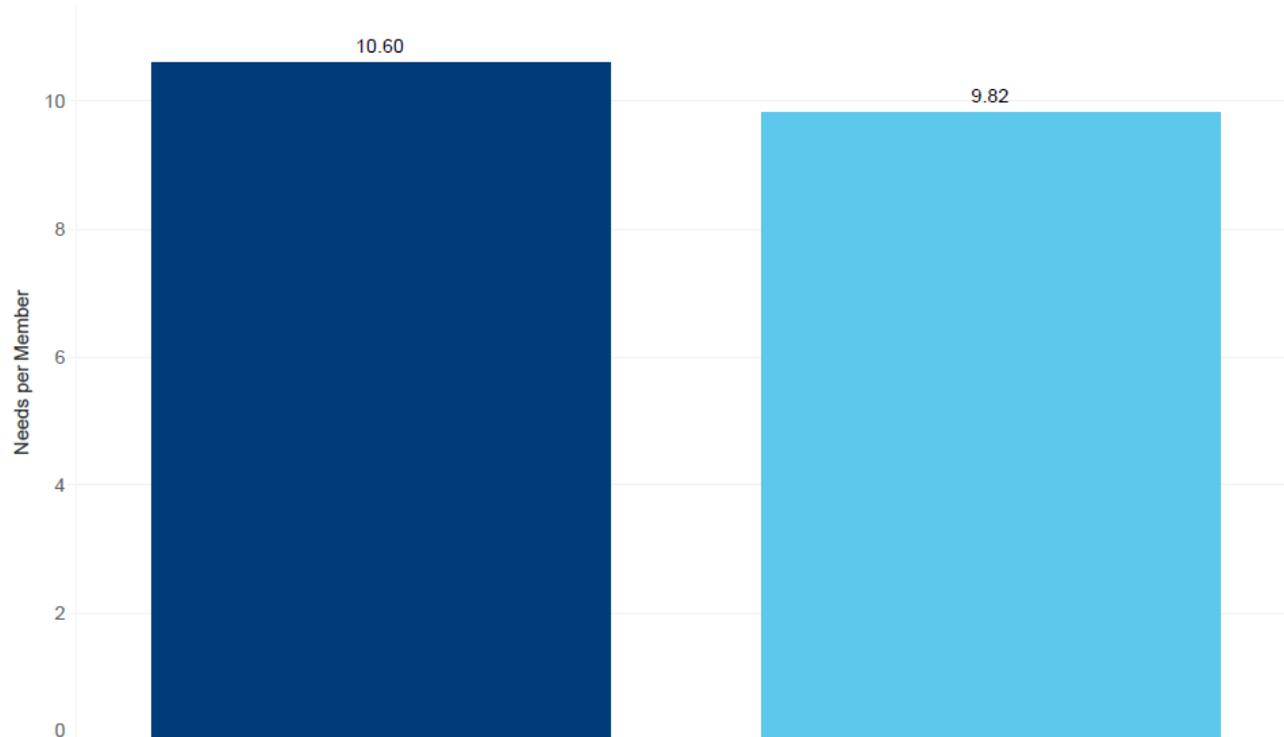
Gender



Age Distribution



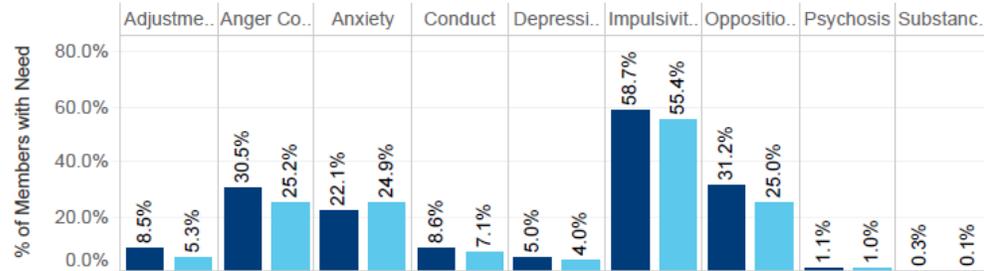
Needs per Member



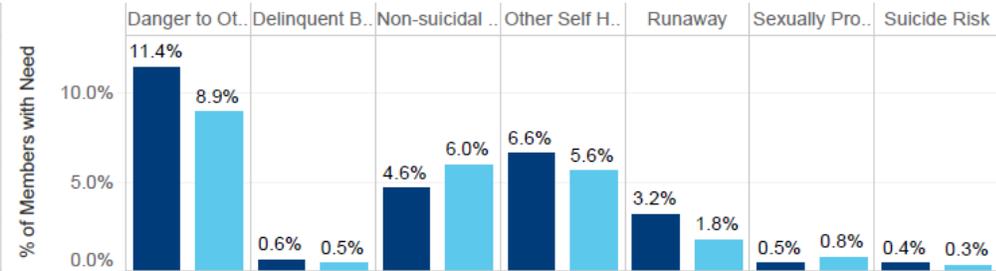
Name	Question	Initial	Reassess..	Change	
Behavioral/Emotional Needs	Adjustment to Trauma	6.8%	5.4%	-1.4%	
	Anger Control	27.5%	25.5%	-2.0%	
	Anxiety	20.4%	24.8%	4.5%	
	Conduct	8.2%	7.1%	-1.1%	
	Depression	3.7%	4.0%	0.4%	
	Impulsivity/Hyperacti..	57.7%	55.6%	-2.1%	
	Oppositional Behavior	28.4%	25.3%	-3.0%	
	Psychosis	1.1%	1.1%	-0.1%	
	Substance Use	0.1%	0.1%	0.0%	
	Caregiver Needs and Strengths	Involvement with Care	2.3%	3.4%	1.1%
Knowledge		7.0%	6.2%	-0.8%	
Medical/Physical/De..		3.2%	4.0%	0.8%	
Mental Health/Subst..		4.1%	3.9%	-0.2%	
Organization		3.4%	4.6%	1.2%	
Residential Stability		1.3%	1.5%	0.2%	
Safety		0.9%	0.8%	-0.1%	
Social Resources		10.7%	10.4%	-0.3%	
Supervision		1.6%	2.3%	0.8%	
Cultural Factors		Cultural Stress	1.1%	0.9%	-0.1%
	Language	3.7%	3.1%	-0.6%	
	Traditions and Rituals	0.6%	0.4%	-0.2%	
Functioning	Decision Making	43.0%	41.9%	-1.1%	
	Family Functioning	10.7%	11.2%	0.5%	
	Intellectual/Develop..	42.6%	40.3%	-2.3%	
	Living Situation	4.2%	3.7%	-0.5%	
	Physical/Medical	7.8%	7.9%	0.1%	
	School Achievement	17.3%	17.6%	0.3%	
	School Attendance	3.6%	2.8%	-0.8%	
	School Behavior	34.5%	29.4%	-5.1%	
	Sexual Development	0.4%	0.8%	0.4%	
	Sleep	13.3%	11.4%	-1.9%	
	Social Functioning	52.5%	49.0%	-3.5%	
	Risk Behaviors	Danger to Others	9.8%	9.0%	-0.8%
		Delinquent Behavior	0.4%	0.5%	0.1%
		Non-suicidal self-inju..	5.0%	5.9%	1.0%
		Other Self Harm (rec..	6.5%	5.7%	-0.8%
Runaway		2.8%	1.8%	-1.0%	
Sexually Problematic..		0.2%	0.8%	0.6%	
Suicide Risk		0.1%	0.4%	0.2%	
Strengths	Community Life	48.1%	54.6%	6.5%	
	Cultural Identity	69.0%	73.8%	4.8%	
	Educational Setting	74.9%	78.4%	3.5%	
	Family Strengths	86.0%	85.8%	-0.1%	
	Interpersonal	38.7%	44.7%	5.9%	
	Natural Supports	66.4%	68.4%	2.0%	
	Optimism	58.1%	62.6%	4.5%	
	Resilience	41.5%	47.1%	5.5%	
	Resourcefulness	40.6%	46.6%	6.1%	
	Spiritual/Religious	43.0%	45.4%	2.5%	
Talents and Interests	47.3%	53.6%	6.3%		

CANS Mid-Treatment Report 2024

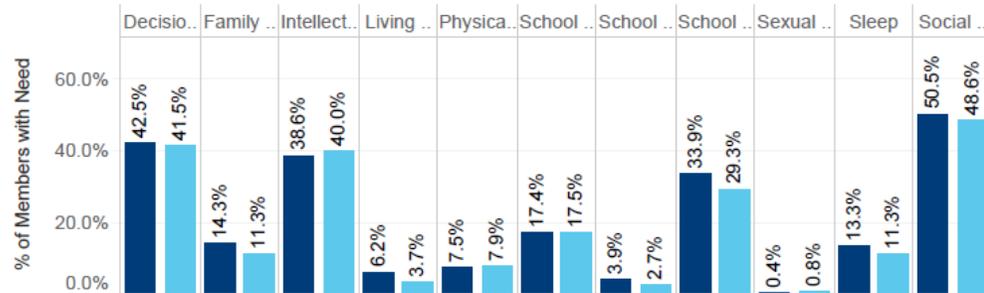
Behavioral/Emotional Needs



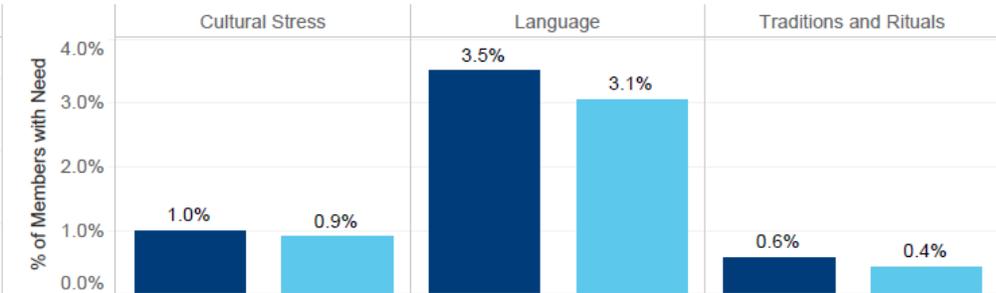
Risk Behaviors



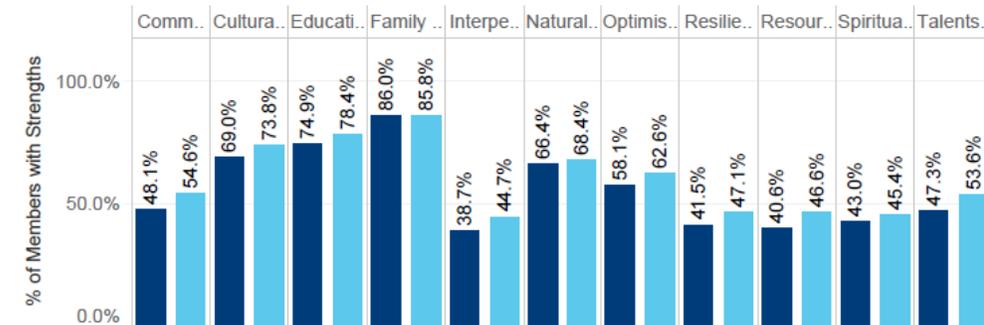
Functioning



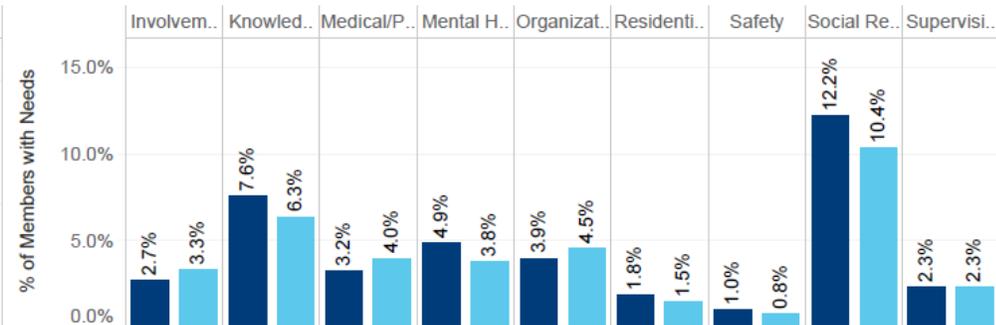
Cultural Factors



Strengths



Caregiver Strengths and Needs



CANS Discharge Report 2024

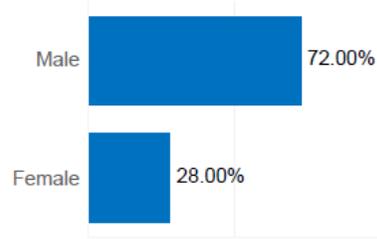
CANS Discharge Dashboard - ABA Care, ABA CONSLNTS LLC, Access Services and 96 more

Discharge Assessments between 1/1/2024 and 12/31/2024

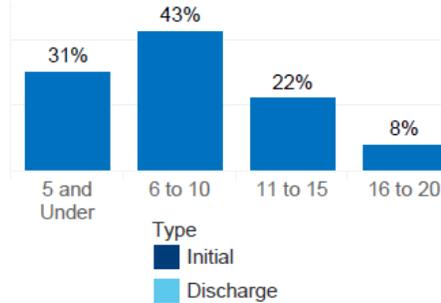
CANS Assessment Information

Total Assessments in Period	5,005
Unduplicated Members with Assessments in Period	3,754
Total Paired Assessments Included in Outcomes	565

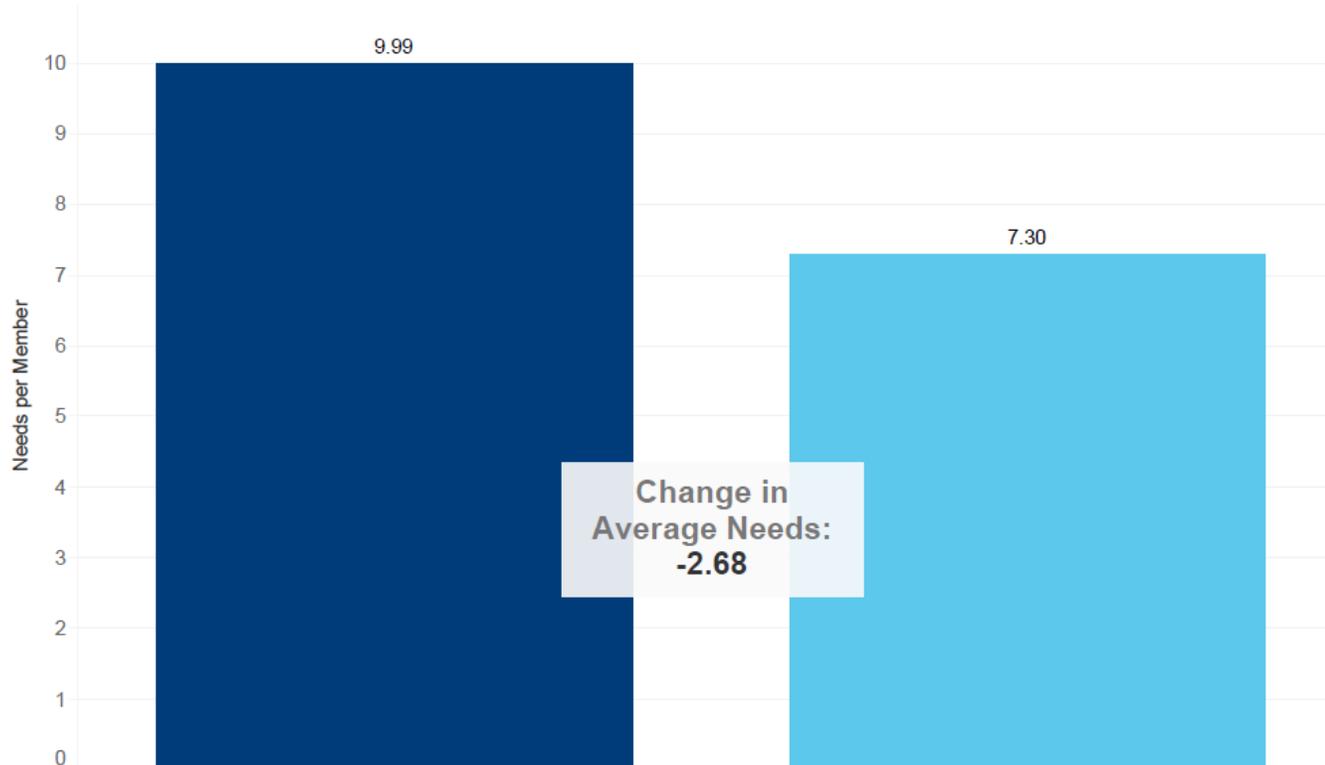
Gender



Age Distribution



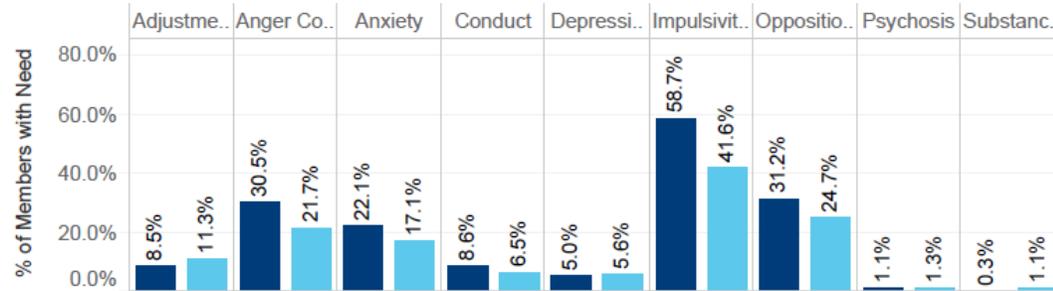
Needs per Member



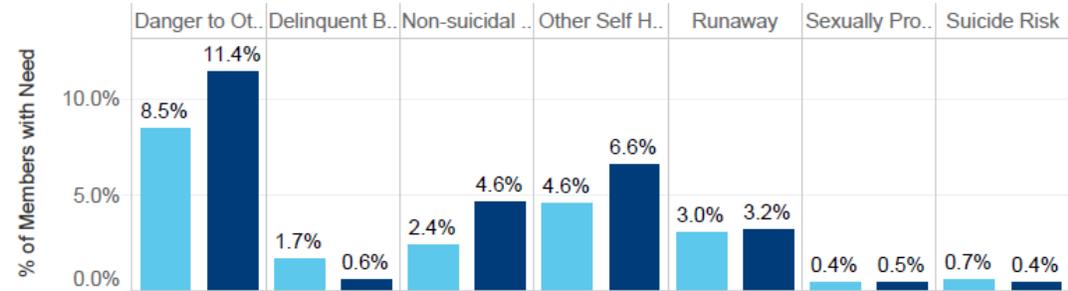
Name	Question	Initial	Reassess..	Change	
Behavioral/Emotional Needs	Adjustment to Trauma	13.4%	11.3%	-2.2%	
	Anger Control	39.3%	21.7%	-17.6%	
	Anxiety	26.9%	17.1%	-9.8%	
	Conduct	9.7%	6.5%	-3.2%	
	Depression	8.8%	5.6%	-3.2%	
	Impulsivity/Hyperacti..	61.1%	41.6%	-19.5%	
	Oppositional Behavior	39.1%	24.7%	-14.3%	
	Psychosis	1.1%	1.3%	0.3%	
	Substance Use	0.6%	1.1%	0.5%	
	Caregiver Needs and Strengths	Involvement with Care	3.8%	6.5%	2.7%
Knowledge		9.2%	7.2%	-2.1%	
Medical/Physical/De..		3.2%	2.0%	-1.2%	
Mental Health/Subst..		7.1%	6.7%	-0.4%	
Organization		5.5%	6.7%	1.3%	
Residential Stability		3.4%	2.6%	-0.8%	
Safety		1.3%	2.6%	1.3%	
Social Resources		16.6%	11.5%	-5.1%	
Supervision		4.4%	5.0%	0.6%	
Cultural Factors		Cultural Stress	0.8%	1.5%	0.7%
	Language	2.9%	3.0%	0.1%	
	Traditions and Rituals	0.4%	0.2%	-0.2%	
Functioning	Decision Making	40.3%	32.1%	-8.2%	
	Family Functioning	24.8%	20.2%	-4.6%	
	Intellectual/Develop..	26.5%	21.0%	-5.4%	
	Living Situation	12.0%	10.4%	-1.6%	
	Physical/Medical	6.5%	5.2%	-1.3%	
	School Achievement	17.6%	14.3%	-3.3%	
	School Attendance	4.6%	6.1%	1.5%	
	School Behavior	31.7%	18.2%	-13.5%	
	Sexual Development	0.6%	0.2%	-0.4%	
	Sleep	13.0%	8.2%	-4.8%	
	Social Functioning	43.9%	29.5%	-14.4%	
	Risk Behaviors	Danger to Others	16.2%	8.5%	-7.7%
		Delinquent Behavior	1.5%	1.7%	0.3%
Non-suicidal self-inju..		3.6%	2.4%	-1.2%	
Other Self Harm (rec..		6.7%	4.6%	-2.2%	
Runaway		4.2%	3.0%	-1.2%	
Sexually Problematic..		1.3%	0.4%	-0.8%	
Suicide Risk		1.3%	0.7%	-0.6%	
Strengths	Community Life	55.5%	68.1%	12.7%	
	Cultural Identity	87.2%	92.8%	5.7%	
	Educational Setting	78.6%	86.3%	7.8%	
	Family Strengths	87.2%	88.5%	1.3%	
	Interpersonal	43.9%	62.0%	18.1%	
	Natural Supports	79.6%	80.9%	1.3%	
	Optimism	66.4%	75.3%	8.9%	
	Resilience	46.6%	64.0%	17.4%	
	Resourcefulness	49.2%	64.6%	15.5%	
	Spiritual/Religious	44.7%	54.2%	9.5%	
Talents and Interests	52.7%	66.4%	13.6%		

CANS Discharge Report 2024

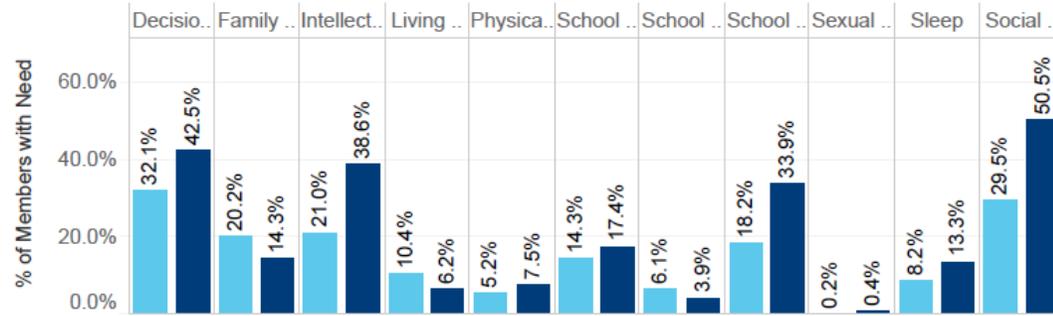
Behavioral/Emotional Needs



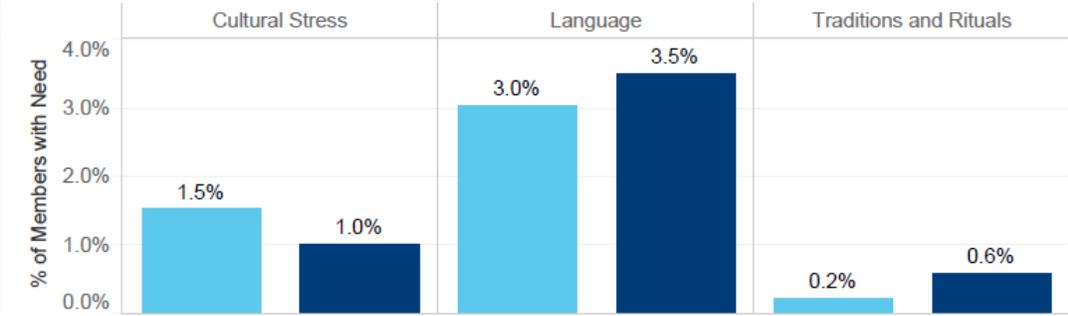
Risk Behaviors



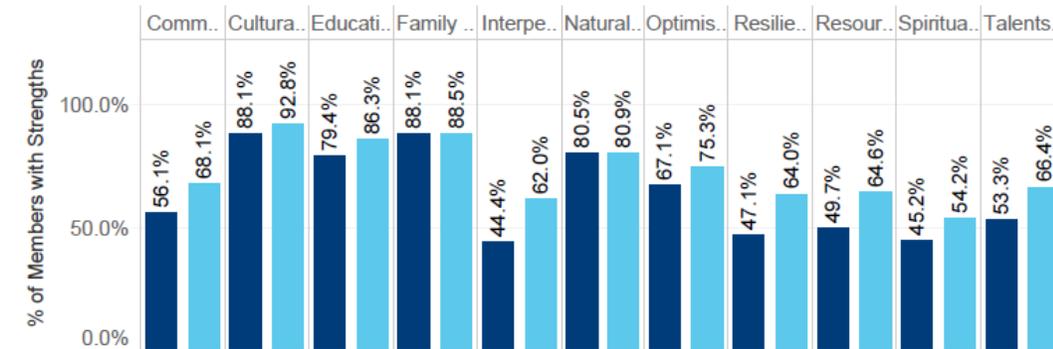
Functioning



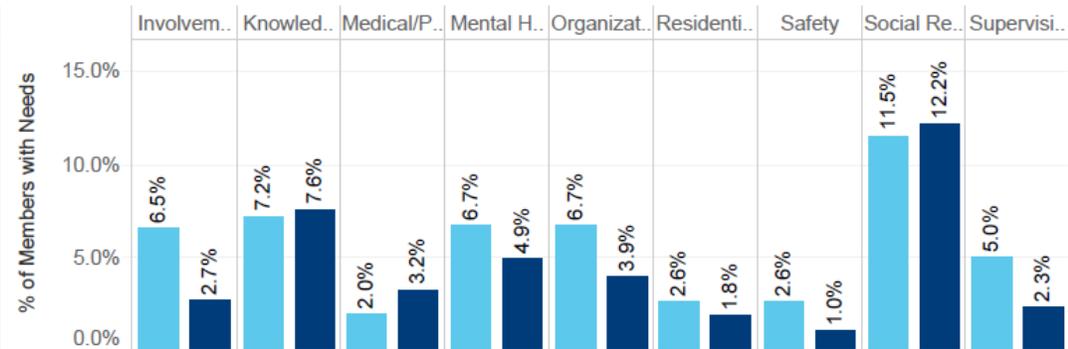
Cultural Factors



Strengths



Caregiver Strengths and Needs



Availity/Online Authorizations



1 Packet Attachment in Availity

- **THANK YOU!**
- **72% of providers are sending in 1 attachment within Availity.**
- For those still attaching each document separately, please work with your team to explore ways to upload just 1 document.

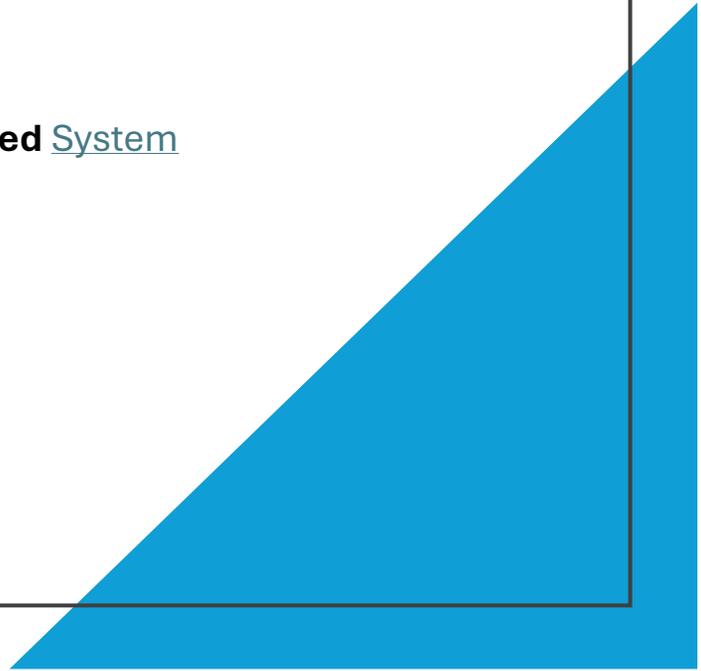


Concurrent online authorizations

“Thank you! Big time saver!” - Provider

Unfortunately, we are still at approximately 36% of providers submitting online concurrent authorizations correctly.

***Please share with your staff submitting authorizations step-by-step resources located [System \(magellanprovider.com\)](#) and previous IBHS Provider webinars.**



“Extending” a Service/Procedure Authorization

1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By

Member ID:

Authorization Number: 1

Diagnosis Type:

Date of Service From Date: 03/08/2023

Date of Service To Date:

Inpatient Service Types:

Service/Procedure Service Types:

Include Closed

Requested By Me

FILTER 10/2021

2. Select the **FILTER** button.

3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

RESULT: The **Services** screen will display.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By: Include Closed: No | From Date: 03/08/2023 | Authorization Number: OPXXXXXXX359

Inpatient Authorizations Summary

Member Name	Authorization #	Determination Status	From Date	To Date	Servicing Facility	Diagnosis Code	State
No records found							

Service / Procedure Authorizations Summary

Member Name	Authorization #	Determination Status	Start Date	End Date	State
SIMPSON, RYAN R	OPXXXXXXX359	Approved	12/09/2022	03/20/2023	Open

ADD/EXTEND SERVICE VIEW AUTH DETAILS

4. Select the **EXTEND** button once the authorization appears.

RESULT: The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.

Extend Service/Procedure Behavioral Health Authorization

Prescreen | Authorization Details | Services | Confirmation

Service Type: Electroconvulsive Therapy (ECT) | Procedure Code: ANESTHESIA ELECTROCONVULSIVE THERAPY (00104)

EXTEND 4

Clinical Updates/Reminders



Staff Transitions

Emily W (Lead Autism Care Manager) and Sheera M. (Care Manger) have transitioned positions effective May 5, 2025.

Emily W. has accepted a position as an Adjust Professor teaching Masters level clinicians for an Autism track.

Sheera M. has transitioned to another team within Magellan of PA.

Adverse Incidents

Adverse Incidents sent to Magellan may be needed during the course of business. Information can be found on the Magellanofpa.com website under Forms. <https://www.magellanofpa.com/providers/provider-resources/forms/>

Some possible reasons for an Adverse Incident:

- Sentinel events
- Death
- Suicide attempt
- Event requiring emergency services
- Abuse
- Neglect
- Injury requiring medical treatment more intensive than first aid or life threatening illness

Unit Calculator

How does Magellan figure out units from the helpful auth calculator tool?

It is figured by the unit per day for 30 days.

If you take one unit for 30 days (1/30) we get 0.1333 units for the month. So the formula is then the hours per month times 0.1333, then multiply times the number of days. (example: 120 days at 8 hours per month. 8 Hrs times 0.1333=1.0666, then 1.0666 times 120= 128 units. If we do it by 31 days if make the units too low as there is an extra day it splits them among.

IBHS Units Per Month				15 Minute Unit
From	To	Number of Days	H/Month	Total Units
		0		0
5/8/2025	11/3/2025	180	60	1440
9/5/2025	11/3/2025	60	80	640
		0		0
		0		0
		0		0
		0		0
Totals		240		2080

Service settings

- 3 year old. Autism Spectrum Disorder diagnosis.
- Strong skills across VBMAPP domains.
- Minimal behaviors occur within preschool setting (M-F 6hrs/day). Follows directions, transitions well, participates, independently mands, prefers to engage with adults, functional play with toys, parallel play unless supporting peer engagement.
- Tantrums across settings have increased recently but are more challenging to de-escalate in the home/community and longer duration. At preschool, tantrums are less intense than home.
- No current extra curricular activities but he has in the past.
- For re-assessment: 2 observations done in the preschool. No home observations.

Recommendation: BC-ABA 16hr/mon in preschool and 2hr/mon at home & BHT-ABA x in preschool.

Upcoming Training & Webinar



Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) invites you to attend a
FREE online interactive live CE webinar:

Best practices in Assessment for IBHS

This workshop is a skill-building opportunity to help staff increase their knowledge of IBHS assessments.

Date: Thursday, June 5, 2025

Time: 9:00 A.M. – 10:00 A.M.

Location: Zoom

System

Requirements: A device with internet connection and speakers to participate in live, interactive webinar.

Cost: **Free of Charge** - Registration is required.

Registration: [Register here](#)

After registering, you will receive a confirmation email containing information about joining the meeting.

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) invites you to attend a

FREE online interactive live CE webinar:

Best practices in Assessment for IBHS

Target Audience: This activity is targeted for IBHS clinicians, IBHS support professionals and IBHS systems partners.

Training Goal: The goal of this presentation is to enhance clinicians' ability to integrate assessment tools into everyday practice to support Measurement-Based Care (MBC), improve clinical decision-making, and drive meaningful outcomes within IBHS settings.

- **Learning Objectives:**

At the conclusion of the training, participants will be able to:

- Describe how assessment can impact Measurement-Based Care (MBC).
- Name Assessment tools that can support MBC within IBHS.
- Explain how integrating assessment data can guide clinical decision-making and treatment planning within IBHS.

Eligible CE Clock Hours (1)

Upon request, all other health care professionals completing this event will be issued a certificate of participation. For information on applicability and acceptance of CE credit for this activity, please contact your professional licensing board.

Q3 2025 IBHS Provider Webinar

**Thursday, August 21, 2025 -
9:00am to 11:00 A.M.**

Microsoft Teams link:

[Join the meeting now](#)

Meeting ID: 265 539 375 023 8

- Passcode: mV7rP3WQ

Dial in by phone

[+1 417-501-2485,,346673290#](#) United States, Springfield

[Find a local number](#)

- Phone conference ID: 346 673 290#

**No invites are sent. This info can always be found at the bottom of
our IBHS provider webpage:**

<https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/>

THANK YOU!



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