


# **Intensive Behavioral Health Services (IBHS) Statewide Webinar May 11<sup>th</sup>, 2021**

## Helpful Tips

- If you are attending this webinar live and would like a copy of this PowerPoint, enter your email address in the chat box.
- If you are viewing a recording of this presentation, the PowerPoint is available on the IBHS website at <https://www.dhs.pa.gov/HealthChoices/HC-Providers/Pages/BHPProvider-IBHS.aspx>



Presented by  
the Office of Mental Health and  
Substance Abuse Services  
(OMHSAS)

# Presenters

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- Tiffany Fite, FFS-RN, Division of Clinical Review and Consultation
- Phyllis Knott-Lead Licensing Coordinator, Pittsburgh Field Office
- Courtney Malecki-Planning, Policy and Program Development Director, Children's Bureau
- Jason de Manincor-Director of Eastern Operations
- Kim Rog-Program Specialist, Children's Bureau

# Agenda

- Overview of IBHS implementation
- Licensing updates and reminders
- OMHSAS approved training updates and guidance
- Regulatory questions and reminders
- FFS prior authorization instructions
- Next steps
- Question & Answer

# Overview of IBHS Implementation

- Transition from BHRS to IBHS

- IBHS website

<https://www.dhs.pa.gov/HealthChoices/HC-Providers/Pages/BHProvider-IBHS.aspx>

- Frequently Asked Questions document

<https://www.dhs.pa.gov/HealthChoices/HC-Providers/Documents/IBHS%20FAQ.pdf>

# Overview of Implementation of IBHS

- IBHS bulletins
  - OMHSAS-20-01, Procedure Codes for IBHS Agencies
  - OMHSAS-21-03, Updates to Procedure Codes for IBHS Agencies
  - OMHSAS-20-05, Medical Necessity Guidelines for IBHS
  - OMHSAS-20-07, Prior-Authorization of IBHS
  - OMHSAS-21-02, Provision of One-to-One IBHS in a Licensed Location

# Licensing Updates

- Total number of licensed providers/provider locations
- Remote visits
- Transitioning back to onsite visits



# Certificate of Compliance and Service Description

- Certificate of compliance
  - Legal entity
  - Program name and address
  - Additional sites where group services are provided
  - IBHS services an agency is licensed to provide: individual services, group services, or Applied Behavior Analysis (ABA) services
- Services Description
  - Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), Parent Child Interaction Therapy (PCIT) are considered individual services

# Provider Search

- Department of Human Services (DHS) provider directory
  - [https://www.humanservices.state.pa.us/HUMAN\\_SERVICE\\_PROVIDER\\_DIRECTORY/](https://www.humanservices.state.pa.us/HUMAN_SERVICE_PROVIDER_DIRECTORY/)
- Managed Care Organization (MCO) provider search/directory

# DHS Human Services Provider Directory



## Human Services Provider Directory

**Human Services Provider Directory**

Related Topics: [Licensed Facility GIS Map](#) | [Child Care Providers search](#) | [Intellectual Disabilities Provider search](#) | [Nursing Homes search](#)

To find a licensed human service program, you can select any of the below search criteria. Selecting multiple fields will narrow your search results. You must enter at least four characters in order to search for a facility name or legal entity name.

<b>Service Code</b>	<b>Region</b>	<b>Facility / Legal Entity Name</b>
<input type="text" value="INTENSIVE BEHAVIORAL HEALTH SERVICES"/>	<input type="text"/>	<input type="text"/>
<b>Program Office</b>	<b>City</b>	
<input type="text"/>	<input type="text"/>	
<b>County</b>	<b>Zip Code</b>	
<input type="text"/>	<input type="text"/>	

[Go to top](#)



# MCO IBHS Provider Search

- Each MCO has a provider directory and provider search function on its website
- Search features can include:
  - County
  - Zip code
  - Provider name
  - Provider type/level of care
  - Specialty
  - Distance
  - Ethnicity/languages spoken
  - Whether the provider is accepting new referrals

# Human Resources Review

- HR records will be reviewed during licensing visits. Review will include the following:
  - Verifying staff credentials
    - Licenses
    - Resumes
    - Transcripts
    - Third party vendors
  - Reviewing clearances and mandated reporter training certificates

# Human Resources Review Cont.

## § 5240.14. Criminal history checks and child abuse certification

- (a) Criminal history checks and child abuse certification shall be completed in accordance with 23 Pa.C.S. §§ 6301—6386 (relating to Child Protective Services Law) and 55 Pa. Code Chapter 3490 (relating to protective services).
- (b) An IBHS agency shall have written policies and procedures to ensure that staff having contact with children or youth comply with 23 Pa.C.S. §§ 6301—6386 and 55 Pa. Code Chapter 3490, including mandated reporting and training requirements.

# Regulatory Reminders - Clearances

- Clearances must be obtained and mandated reporter training must be completed prior to hire
- Clearances must include:
  - Criminal history report from the Pennsylvania State Police
  - Child abuse clearance completed through DHS's Office of Child, Youth, and Family (OCYF)
  - Federal criminal history report, which requires -submission of fingerprints to the Federal Bureau of Investigations (FBI)

# Regulatory Reminders-Supervision

## General Reminders

- Direct observation and onsite supervision
- Not all supervision will be direct observation
- Staff providing multiple IBHS service types



# Regulatory Reminders-Supervision Cont.

## Documentation

- Maintain supervision log to track overall hours of supervision for each staff
- Include specifics about what was discussed
- List the type of supervision that occurred (i.e. group, individual, direct observation)

# Regulatory Reminders

- Written Order
  - Hours
  - Changes in service
  - Timeframes
- Assessment
  - Hours
  - Settings
  - Functional Behavior Assessments (FBAs)
  - Updates
- Treatment Plan
  - Requirements

## Regulatory Reminders-Written Orders

- Each order must indicate the type of services that are ordered within individual services, ABA services or group services
- Must include the maximum number of hours of “each service” per month
- Must include settings where services may be provided
- Must be updated within 12 months of initiation of services and updated every 12 months thereafter for MA payment

# Regulatory Reminders-Assessments

- Must be completed prior to finalizing the Individual Treatment Plan (ITP)
- Must be face-to-face in the settings in which services will be provided
- Recommendations must include settings in which services should be provided such as home, school, daycare, etc.
- Documentation for assessment
- Assessment summary

# Regulatory Reminders-Assessments Cont.

- Assessment requirements
  - Updated annually
  - Or when one of the events outlined in the regulations occur
- MCO requirements

# Regulatory Reminders-ITP

- ITP should include:
  - Service type and number of hours of each service
  - Settings where services may be provided
  - Number of hours of service at each setting
  - ITP needs to be updated at least every 6 months OR
  - When one of the events outlined in the regulations occurs
- MCO requirements

# Safety/Crisis/Transition Plans

- Safety Plan – A Safety Plan is a tool that can be used to prevent a crisis and keep a child, youth or young adult safe. It includes resources and contact information that can be used when a child, youth or young adult is in a crises.
- Crisis Plan – A Crisis Plan is a tool that can be used during a crisis. It provides detailed and individualized information for what to do during a crisis.
- Transition Plan – A Transition Plan is the plan for the child's, youth's or young adult's transition from IBHS to other services or no services. It includes specific goals, objectives and interventions to address the child's, youth's or young adult's identified therapeutic needs and includes definable and measurable outcomes.

# IBHS Training Updates and Guidance

- The IBHS training review process can be found under “IBHS Publications” on the IBHS page:
  - [IBHS Department Approval Training Process](#)
- IBHS trainings and questions regarding IBHS trainings can be submitted to [RA-PWIBHSDEPTTRNG@pa.gov](mailto:RA-PWIBHSDEPTTRNG@pa.gov)
- The Children’s Bureau has developed guidance documents on IBHS training topics to assist in the development of trainings.
  - Guidance documents can be requested through [RA-PWIBHSTDEPTTRNG@pa.gov](mailto:RA-PWIBHSTDEPTTRNG@pa.gov)



## Training Updates and Guidance Cont.

- OMHSAS's Children's Bureau has reviewed 454 trainings that were submitted by 61 agencies
- OMHSAS's Children's Bureau did not review the following trainings:
  - Trainings that do not include the required information
  - Trainings not related to the provision of IBHS, including trainings that only address administrative information or agency internal policies and procedures
  - Trainings DHS has stated should be considered approved trainings
    - Information on approved trainings is available in the "IBHS Department Approval Training Process" on the IBHS page
      - [IBHS Department Approval Training Process](#)

# Training Updates and Guidance Cont.

## What to include when submitting trainings for review:

- Training approval form
- Training agenda/outline which aligns with the requested number of training hours
- All training materials, including PowerPoints and handouts
- Trainer's notes (can include PowerPoint Notes)
- Links to videos to be used in training
- References
  - Including proper citations

# Training Updates and Guidance

- Training submissions should include (cont'd):
  - Outcome measures including:
    - Quiz/answer key and/or group activities
    - Documentation of comprehension
    - Pass/fail criteria and follow up
  - If training is recorded, provide link to recording
    - Include how participants can ask questions
  - If training is on the agency's learning management system, the agency should provide login information to access the system.

# Regulatory Reminders-Training

- Staff training requirements:
  - IBHS agencies shall ensure that staff complete the **initial** and **annual** training requirements specified in the regulations for the specific IBHS services they provide.
  - Each staff must have a written individual training plan that is updated **annually**. The IBHS agency determines the annual dates to be used in a consistent manner. (Examples: calendar year, license year, etc.)

# ▶ Regulatory Reminders-Training Cont.

- Training documentation that will be reviewed during onsite reviews:
  - Detailed documentation in each staff person's personnel file of completion of initial and annual training requirements. (Example: Excel Spreadsheet, Training Log)
  - Documents that can be used to verify the content and completion of a training. (Examples: certificates, approval letter from the Bureau of Children's Behavioral Health Services that includes the IBHS Training Record Number, a copy of the materials used in the training, etc.)
  - The agency plan to ensure that staff receive the training required by the IBHS regulations. The plan should be consistent with the policies and procedures of the IBHS agency.

# Regulatory Reminders-Waivers

Providers that need to request a waiver must follow the procedure found in OMHSAS-16-3, “Revised Procedure for Waiver of Office of Mental Health and Substance Abuse Services (OMHSAS) Program Regulations and Standards,” issued April 19, 2016.

# Regulatory Reminders-Waivers Cont.

- Waivers will be approved for a year unless the approval letter states a shorter period
- If there is a continued need for a waiver, the providers must submit a request to renew the waiver
- Requests for continuation of a waiver must be submitted 60 days in advance of the approved waiver's expiration date or 60 days prior to the date of license renewal, whichever is earlier
- Providers that need assistance with requesting a waiver, should contact the regional OMHSAS Field Office

# FFS Prior Authorization Instructions

## Instructions can be found in OMHSAS-20-07, Prior-Authorization of Intensive Behavioral Health Services (IBHS)

- The Department requires prior authorization of behavioral health technician (BHT), assistant behavior consultation-ABA, BHT-ABA, and group services.
- [Attachment A](#) provides instruction on how to request prior authorization.



# FFS Prior Authorization Instructions Cont.

## Requirements for Submission

- A completed MA 97
- A written order that meets the requirements set forth in 55 Pa. Code § § 1155.32(a)(1), 1155.33(a)(1) or 1155.34(a)(1)
- An assessment that meets the requirements set forth in 55 Pa. Code § § 5240.21, 5240.85 or 5240.95
- An ITP that meets the requirements set forth in 55 Pa. Code § § 5240.22, 5240.86 or 5240.96
- A summary of all services and support the child, youth, or young adult receives.

# FFS Prior Authorization Instructions

## Submission Address

- Outpatient Prior Authorization (PA)/1150 Waiver Services  
PO Box 8188  
Harrisburg, PA 17105-8188

# FFS Prior Authorization Instructions

## Timeframe for Submission

- Providers will not be paid for services rendered prior to the date of approval from OMHSAS.
- Requests to prior authorize services should be submitted within 30 days of completing the ITP.

# FFS Prior Authorization Instructions

## Instructions on how to complete an [MA-97](#)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
OFFICE OF MEDICAL ASSISTANCE PROGRAMS

**OUTPATIENT SERVICES AUTHORIZATION REQUEST**

LEAVE THIS AREA BLANK

1  PRIOR AUTHORIZATION    2  1150 WAIVER (PROGRAM EXCEPTION)

PATIENT INFORMATION					
3 RECIPIENT NUMBER	4 PATIENT LAST NAME	FIRST NAME	M.I.	5 BIRTHDATE	6 <input type="checkbox"/> M <input type="checkbox"/> F

PROVIDER / PRESCRIBER INFORMATION			
7 PROVIDER NAME	8 PROVIDER ID	9 PROVIDER'S OWN REFERENCE NUMBER	
10 GROUP NAME	11 GROUP ID NUMBER		
12 NAME OF REFERRING PRACTITIONER OR PRESCRIBER	13 LICENSE NUMBER	14 TELEPHONE NUMBER	
15 PRACTITIONER'S / PRESCRIBER'S STREET ADDRESS		CITY	STATE
		ZIP CODE	
16 PRIMARY DIAGNOSIS	17 ICD-9CM/DSM-IV CODE	18 SECONDARY DIAGNOSIS	19 ICD-9CM/DSM-IV CODE

REQUESTED SERVICES								
A DESCRIPTION OF SERVICES/SUPPLIES REQUESTED	FOR PRIOR AUTHORIZED SERVICES ONLY				FOR 1150 WAIVER ONLY			
	B PROCEDURE CODE	C MODIFIER			D QUANTITY	E AMOUNT PER UNIT	F QUANTITY PER MONTH	G NUMBER OF MONTHS
20		MOD 1	MOD 2	MOD 3	MOD 4			
21								
22								
23								
24								
25								

26 A ESTIMATED LENGTH OF NEED (No. of Months; 1-60 (99= Lifetime))    B INITIAL DATE OF SERVICE    C BEGINNING DATE OF SERVICE FOR THIS REQUEST

27 WHAT OTHER ALTERNATIVES HAVE BEEN TRIED OR USED TO MEET THIS PATIENT'S NEEDS?

28 CHECK THE BOX WHICH APPLIES TO THIS PATIENT'S CURRENT RESIDENTIAL STATUS:  
 LONG TERM CARE     MENTAL HEALTH     RESIDENTIAL     FOSTER CARE     INPATIENT HOSPITAL     HOME  
 OTHER IF IN A FACILITY, PLEASE LIST THE NAME TO THE RIGHT.

29 GIVE A NARRATIVE DESCRIPTION OF THE SPECIFIC SYMPTOMS OR ABNORMALITIES THE SERVICE/EQUIPMENT/SUPPLIES ARE INTENDED TO ALLEVIATE. PROVIDE THE MEDICAL JUSTIFICATION NEEDED FOR THE EVALUATION OF THIS REQUEST.

30 NUMBER OF ATTACHMENTS	32 <input type="checkbox"/> RESUBMISSION OF PREVIOUSLY DENIED REQUEST ENTER DENIED PAIPE REFERENCE NUMBER	I ATTEST THAT IN MY PROFESSIONAL JUDGEMENT, ACTING WITHIN THE SCOPE OF MY PROFESSIONAL TRAINING AND CERTIFICATION, THAT THE PRESCRIBED SERVICE AS DEFINED ON THIS FORM IS MEDICALLY NECESSARY AND THAT THE INFORMATION PROVIDED AND STATEMENTS MADE HEREIN ARE TRUE, ACCURATE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY FALSIFICATION, OMISSION, OR CONCEALMENT OF MATERIAL FACT MAY SUBJECT ME TO CIVIL OR CRIMINAL LIABILITY.
31 <input type="checkbox"/> INITIAL REQUEST		

I AUTHORIZE RELEASE OF INFORMATION RELATIVE TO THIS REQUEST	
33 SIGNATURE OF PATIENT / AUTHORIZED REPRESENTATIVE	34 DATE
35 PRACTITIONER / PRESCRIBER SIGNATURE	36 DATE

COMMONWEALTH OF PENNSYLVANIA    DEPARTMENT OF PUBLIC WELFARE    MA 97 9/05

**DPW COPY**



# FFS Prior Authorization Instructions

## MA-97 Request Form

- Box 1 or 2: Prior Authorization/Program Exception (**Please check box 1**)
- Box 3: 10-digit recipient number
- Boxes 4-6: Recipient's information
- Boxes 7-8: Provider's name and provider's MAID number (13 digits)
- Boxes 9-11: (Optional)
- Boxes 12-15: Prescriber's information
- Boxes 16-19: DSM Diagnosis/ICD 10 Codes

# FFS Prior Authorization Instructions

## MA-97 Request Form

- Boxes 20-25 A: Description of the requested service for each month (**not more than one service on one MA 97**). If a service is being requested for more than 6 months, additional months and units can be entered in Box number 29.
- Boxes 20-25 B: [Procedure code](#)
- Boxes 20-25 C: Modifier (enter modifier starting with Mod 1. Use Mods 2, 3, and 4 to report any additional modifiers)
- Boxes 20-25 D: Number of units (**monthly total**)
- Box 20 E-G: Not required for prior authorization requests
- Box 26 A: Number of months requested
- Box 26 B: Date of the service initially rendered

# FFS Prior Authorization Instructions

## MA-97 Request Form

- Box 26 C: Beginning date of service for this request period
- Box 27: Other services rendered
- Box 28: Recipient's current residential status
- Box 29: Contact person's name and phone number (clinical person) and any other pertinent information that will assist with OMHSAS's review (end date of school in summer, dates for ESY, beginning date of school in fall, etc.)
- Box 30: Optional
- Boxes 31 & 32: Initial/resubmission of previously denied request
- Boxes 33 & 34: Signature of the recipient or authorized representative and date
- Boxes 35 & 36: Signature of prescriber and date

# FFS Prior Authorization Instructions

## Appeals

- Only a physician can make the determination when a denial is based on medical necessity
- Child, youth or young adult has the right to appeal (provider can assist)
- The denial notice will advise the child, youth, or young adult that they have 30 days from the date of the denial notice to submit an appeal and that the appeal should be submitted in writing and mailed to the address listed on the notice or faxed to 717-265-8834.
- If the child, youth, or young adult has been receiving services and the services are being reduced, changed, or denied and an appeal is faxed to 717-265-8834 or postmarked within 10 days of the date of the notice, the services will continue until a decision is made on the appeal.



# FFS Prior Authorization Instructions

## Important Information

- BH Billing Hotline 1-800-537-8862
- Questions specific to billing & claims can be emailed to [RA-PWSERVICES@pa.gov](mailto:RA-PWSERVICES@pa.gov)
- Questions specific to prior authorization: 717-772-7617

# Contact Information

## IBHS Website:

- <https://www.dhs.pa.gov/HealthChoices/HC-Providers/Pages/BHProvider-IBHS.aspx>
- General IBHS questions can be submitted to [RA-PWIBHS@pa.gov](mailto:RA-PWIBHS@pa.gov)
  - ABA questions or complaints should also be submitted to [RA-PWIBHS@pa.gov](mailto:RA-PWIBHS@pa.gov)
- IBHS training submissions and training related questions can be submitted to [RA-PWIBHSDeptTrng@pa.gov](mailto:RA-PWIBHSDeptTrng@pa.gov)

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