

Magellan Behavioral Health of Pennsylvania, Inc.*
Intensive Behavioral Health Services (IBHS)
Frequently Asked Questions (FAQ)



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SECTION 1: WRITTEN ORDER AND ASSESSMENT

Since authorizations are for 6 months, can providers transition kids from STAP to TASP without a second assessment for transitioning from one LOC to the other?

The assessment would need to be updated based on the LOC and the timeframe and can submit 60 days prior.

If a Written Order is completed or received for a child who is not currently active with MA, when does the 7 days to begin the assessment start?

The 7 days would begin as soon as you become aware of the child's MA becoming active.

If a provider is using a best practice evaluation/life domain evaluation as the Written Order for services, will it now be good for 1 year instead of the 60 days that evaluations were previously valid for?

Correct, evaluations being used as a WO will be valid for 1 year from the start of services.

Who should complete the Individualized Treatment Plan (ITP)?

The ITP should be completed by the staff who are completing the assessment.

Should referral sources (including RTF, FBS, AIP, and OP providers) complete the assessment for IBHS/ABA referrals?

Referral sources should complete the written order process and send the referral to a contracted BHRS/IBHS agency to complete the assessment and authorization process.

Should a prescription for IBHS include the number of hours of services needed monthly or weekly?

Monthly. The regulations require the written order to include the maximum number of hours per month needed for each service. The assessment and ITP will provide more specifics on the delivery of the prescribed hours per month.

How can a provider verify that a written order writer is ORP enrolled?

The Written Order template has a space for the writer's NPI and MA numbers. Currently, there is no website to verify ORP enrollment.

IBHS prescriptions are now calculated as hours per month. If the hours are not utilized in the month, can those units be used to complete the re-assessment at 6 months?

Yes.

If a provider gets a written order for IBHS, but is not a licensed IBHS provider yet, how should this be handled?

The provider should do the assessment and prescribe the services the child qualifies for, making recommendations for BHRS services and explaining to the family how these services match up with IBHS. The assessor should work with the Written Order writer to match the recommendation with what is available.

What does the Written Order and assessment process look like when a member is discharged from Family Based Services (FBS)?

Prior to discharge from FBS, the FBS team will complete the Written Order, assessment, individualized treatment plan and submit the initial packet request to Magellan prior to discharge.

Can a Written Order prescribe both school and camp services?

The Written Order could recommend camp/school services and the assessment would include the final prescription recommendations.

Are pages 1 and 2 of the Written Order template required for reauthorizations?

A Written Order is good for one year, so for reauthorizations within one year, the original Written Order may be used. A new, updated Written Order is only required if the current Written Order has expired or if the request is for different services than originally recommended.

Will there still be psychological evaluations?

Life Domain Evaluations are no longer required for authorizations for IBHS or BHRS. Evaluations can be completed as the Written Order and some providers may opt to continue doing this as they get more ORP enrolled.

Can families see a private psychologist who is not connected with Medical Assistance (MA) to get a Written Order?

The person writing the Written Order does not need to be a contracted Magellan provider, but they do need to be enrolled with the state as an ORP clinician.

What is the 30-day timeframe referenced pertaining to ABA services (example: "face to face assessment needs to be completed within 30 days of initiation of ABA services")?

Providers have 30 days from the day they begin an assessment to complete the assessment for ABA services.

If an agency opts to wait until after the assessment to fully complete the written order, does the prescription have to be face-to-face?

No, the agency should complete section A of the written order template while face-to-face with the Member. After the assessment occurs, the order writer can update section B on that order with the final recommendations. This would not require a face-to-face appointment.

How much time should elapse between the written order and the initiation of assessment?

The written order is valid for one year from the start of services. We are asking that providers schedule the written order process for families within 7 days of their call.

Will providers be required to provide a written order to any family that calls without having the ability to bill for this service?

Providers should review their current contracts and identify services that can be utilized to complete the written order process with the family. Magellan is expecting that if a family contacts an agency with no prior assessment or recommendation, that agency will assist the family in obtaining an appointment for an initial written order and assessment. Staff should be assigned to complete the assessment and develop the initial treatment plan (ITP) with submission of an authorization request to Magellan. Magellan is expecting that if a family contacts an agency with a written order from another source, that agency should review the order to ensure it is valid and meets all the requirements. If it is valid, the agency should schedule an assessment to develop the ITP and submit the authorization request to Magellan. Once providers are IBHS contracted, there are billing codes for a written order that providers may use, in addition to already contracted services that could be utilized for the written order.

Can the same licensed individual do the written order and the assessment?

If the staff meets qualifications for both, the same licensed individual can complete both.

Are written orders completed for IBHS reauthorization?

Effective 1/17/2020, written orders are required for all authorizations for BHRS or IBHS. The written order is good for one year from the start of services and Magellan is authorizing six-month time frames. A reauthorization request would include a written order, the updated assessment and the updated treatment plan.

If an agency writes a written order after January 17, 2020, but will not be licensed as IBHS until later in the year, should the written order state "BHRS" or "IBHS?"

The agency should continue to recommend BHRS until the agency is IBHS contracted or until Magellan communicates that the network has capacity for IBHS.

Should best practice evaluations be written for 6 months or longer for non-ASD?

Best practice/Life Domain Evaluations should be prescribed for 6 months at a time. However, if the evaluations are being used as written orders for IBHS, they are effective for 1 year.

Can our current BHRS clients complete their current authorizations until their reauthorizations and then begin the written order/new regulations?

Yes, any authorization currently in place should be finished out. At 30 days prior to expiration of the authorization the provider should begin the new written order, assessment/evaluation process for that child for the next authorization period.

Is FBA considered an assessment?

Yes, the state does consider FBA an assessment.

Is there a written order template?

A template has been developed and is available on our [website](#). The template is not required but is meant as a suggestion.

During the assessment process of a current member, do we have to stop servicing the child? For example, can we request assessment along with RBT and BCBA?

You should not stop authorized services during the assessment process. Members may receive services during the assessment process as prescribed.

Can an assessment take place in a school?

Yes, assessments can and should be completed wherever services will be delivered to the child; in the home, community, or school.

How can a provider request authorization for an assessment from Magellan?

An authorization for Initial Assessment will include the TAR submitted with a copy of the written order.

How long does a provider have to complete an assessment?

Per the regulations, assessments should be completed within 15 calendar days (non-ABA) and 30 calendar days (ABA).

The written order has an “up to” number of hours, but will the actual prescription have to be specific?

Yes, requests will be for a specific number of hours per month based on assessment results. Additional assessments and updated TARs can be submitted with the same written order within 1 year to request additional hours as needed.

Can we write a blended order for BHRS and IBHS?

This depends upon your agency enrollment and contract status. Magellan cannot authorize IBHS to a provider who is not Promise enrolled and contracted for IBHS. Prescriptions may be blended if the agency will be contracted for IBHS during the authorization period.

If a Life Domain Evaluation is used for written order does assessment need to repeat this information?

If an LDE was recently done, it should be reviewed with the family, updated with any new information, but do not need to repeat all the same information if current and valid information is included. Assessment should refer to this information as still current.

Do timelines apply to Evidence Based Treatments?

Yes. MST/FFT are required to follow same process as far as the written order and assessment. EBT programs have a different process for initial authorization and assessment, outlined in the 1/21/20 [webinar](#) and available online.

Does the written order have to be dated prior to the assessment?

Regulations require written order occur first so it should be dated first.

Can a psychologist who is ORP enrolled write a written order?

A psychologist can write a written order as long as they are ORP enrolled.

What is the process for ORP enrollment?

There is an ORP page on the Magellan of PA website. Please visit [this page](#) for more information.

Is the Written Order (WO) template required or suggested?

The WO template is an optional tool, it is not required.

If a member has a written order where the member was seen on one date, but the order was written and signed on a different date, which date do we use for the yearly renewal/authorization?

The date of the face-to-face with the member would be used.

Are there billable services other than life domain evaluations that the written order can be billed under?

If you are a provider that offers outpatient services, you may have a Mental Health Intake or Mental Health Assessment code for first appointments. If a member is currently receiving OPS and seeing an ORP enrolled provider, they can write WO as a part of regular session. If you have staff that meet ORP and WO requirements, they can write the order based on the FBS session. It is more about the writer's qualifications and looking at the ways they currently meet and assess children/families. Providers can set up a Technical Assistance call with Magellan if they have more questions related to their specific contract. Once IBHS contracted, IBHS providers will have written order codes.

Do we use Section B of the Written Order template to do an update to the written order?

Yes, Section B of the Written Order template could be utilized.

Should providers submit the authorization request for the assessments and packet requests through the website portal as we currently use for packets?

Yes.

When the written order is expiring, and we want to continue services, does the assessment occur before the new written order, or after the new written order is received, and recommending the assessment be completed?

WO's should come before the re-assessment. WO and assessment should occur prior to the expiration of current authorization.

Do evaluations need to be signed if they are used as a written order?

Written orders and evaluations need to be signed by the writer of the document.

How will authorization for the assessment/FBA be approved (how many hours, etc.)?

Magellan will authorize 15 hours (60 units) for the assessment process for non-ABA for 30 calendar days. Assessments need to be completed in the home/community for services being delivered in the home/community. For group services, assessments can be office based and 24 hours (96 units) approved for the assessment for ABA for 45 calendar days. Note that authorizations are for more than the timeframe of 15 calendar days for BHRS and 30 calendar days for ABA which the regulations require assessments be completed within. This was done to allow for delays related to cancellations/illness/weather etc.

Can assessments take place in the office setting?

The assessment should be a home and community event. The assessment may be completed in the office for group services that will be office-based.

What if you do not have a qualified person available to complete the assessment?

An assessment for individual services can be written by anyone who meets qualifications for BC MT; if you don't have this at your agency you would have to refer the child elsewhere for that service.

What if the written order recommends "up to 30 hours of BHT" but the assessment recommendation is "up to 15" and the family disagrees with the 15 hours and wants the 30 hours, what should the agency who provided the assessment do in this situation?

The assessment would need to be very specific in the prescription, would not use "up to" language. If a family disagrees with the assessment, the assessor should go back to the written order writer to discuss the discrepancy, then would submit a request to Magellan for 15 hours for review and approval. The family would have complaint rights, and Magellan would review that complaint. Grievance rights would not apply if the assessment recommends fewer hours than the written order.

Does the assessment need to specify the number of hours per month, or can we use the "up to" language?

Magellan would encourage you to specify the hours per month in the assessment and not to use the "up to" language in the assessment.

Can assessments be completed by MTs?

They can be completed by staff that meet requirements to be BSC or MT. Magellan is authorizing either BSC or MT codes for initial assessments and the BSC/MT should use their current authorized units for the re-assessment.

Can you clarify the timeline expectations from the time a provider receives a call from a family requesting IBHS services to when the assessment should begin?

We are asking that you schedule the written order process for families within 7 days of their call. When the WO is completed, you then have 7 days to submit the WO with a TAR requesting an assessment authorization. We request that the assessment begin within 7 days of the written order being completed. If a family calls with a WO already in place, each agency will need to figure out how they want to review the WO and confirm that it meets the requirements. Once this is confirmed, the 7-day timeframe to submit the WO and TAR for assessment begins.

Can the CANS satisfy the need for the assessment?

No.

SECTION 2: REFERRALS

After an agency completes the initial written order and assessment, what is the expectation for staffing if unavailable?

The provider should communicate with the family about what they would like and provide the family with other provider contact information and resources. Providers should follow their internal guidelines regarding offering options to the family to help find staffing and supports per the IBHS regulations.

What is the process if a case is unstaffed and/or on the Referral List? Does the full Assessment/ITP process need to be completed with a re-authorization submission?

The process has not changed. If the case is an initial referral, nothing new is currently required. If the case is a concurrent, transfer, or split, then the provider is expected to keep the paperwork up to date.

When would BHRS/IBHS/ABA services be considered to have started?

The date of the first assessment session is when services are considered to start.

Can the treatment plan and assessment be combined in one document?

No, the treatment plan and assessment need to be separate documents.

How would mobile crisis refer to IBHS services?

If the mobile crisis provider has someone ORP enrolled who can do Written Orders, Magellan encourages you to utilize that person. Otherwise, you can refer to local IBHS/BHRS agency to begin the process, like how BHRS is done now.

Should we refer to another agency if we're unable to offer an assessment within 7 days?

Magellan recommends providers communicate with families what your earliest options for an appointment would be; if they are not satisfied you can refer them to another agency who could try to get them in sooner; assist families if they want to look elsewhere.

How long will the authorization periods be?

Authorizations can be requested for up to 6 months. Magellan is setting a maximum length of 6 months.

SECTION 3: SUPERVISION

Does direct observation qualify toward the BC/MT requirement for 1 hour of individual monthly supervision?

The 30 minutes of direct observation required by regulations 5240.82 and 5240.72 does count toward the requirement for 1 hour of supervision per month.

If the person who supervises BHTs also meets the qualifications for a Clinical Director, do they still need an hour of supervision per month and if so, who provides that supervision?

Yes, if they carry a caseload then they are to have supervision by anyone who qualifies to do so.

When a clinician receives on-site supervision/direct observation (either every 2, 4 or 6 months depending on position and experience level), does this qualify for their monthly individual supervision?

The additional hour of supervision required because an individual supervises an individual who provides BHT services may be provided through group supervision as long as the individual receives one hour of individual face-to-face supervision per month.

Does a Clinical Director need supervision if they are holding a caseload?

Yes, if the Clinical Director carries a caseload then they are to have supervision by anyone that qualifies to do so.

If an agency license does not expire until later in 2020, does the agency need to follow supervision requirements for IBHS?

All providers are required to follow the regulations starting on 1/17/2020, regardless of license date.

Is the second hour of face-to-face supervision allowed to be face-to-face group supervision?

If the staff received one hour of individual face-to-face supervision that month, then the 2nd hour of supervision may be in a group.

Can we use zoom each week for BHT individual supervision?

Yes.

Does the 1 hour of supervision have to be done all at once or can it be broken up across the month?

It can be broken up across the month.

Is group supervision permitted at any point for BHT/BSC/MT?

Yes. The agency needs to provide 1 hour of individual supervision per month. The other time required can be group and there are other rules outlining who can provide this and how many staff can be in a group.

If a BSC has a case with TSS/BHT, do they require an extra hour of supervision per month?

Only if that BSC is also in the role of supervisor of that staff or any other staff. If they are not providing supervision, just case consultation, they do not need the extra hour.

SECTION 4: CLINICAL

If a current TSS qualifies as a BHT, are they grandfathered in as a BHT or do they have to complete the initial training requirements before doing the BHT work?

According to OMHSAS, current TSS workers who do not meet any of the other requirements in section 5240.71(d) can provide BHT services if by January 1, 2021 they have a minimum of 2 years of experience in the provision of behavioral health services.

With regard to the mentioned future assessment codes, will there be assessment units allocated for re-evaluations?

Assessments for re-evaluations will utilize the currently authorized units to complete. If additional units are needed, these can be requested.

When is the Individualized Treatment Plan (ITP) completed for STAP/TASP?

An ITP should be written by a graduate professional within 30 days after the initiation of group services and based on the assessment completed in accordance with regulation 5240.96.

What is the process to be if a client is involved in individual services and would be better served through ABA under IBHS?

The provider would need updated Written Order (not face to face) and a new assessment, updated Treatment Plan and any other supporting documentation (which could include an FBA) and submit to MBH for MNC review.

What MBH specific paperwork will be required for packet submission under IBHS?

1. TAR
2. Written Order
3. Assessment
4. Individualized Treatment Plan
5. CANS (for members 3+yrs of age)
6. ISPT service summary form if BHT/TSS/RBT is being requested in the school, daycare, pre-school, after school program, or summer camp setting

Can new BHTs who have not previously provided services use their RBT 40-hour course to substitute for the initial 30 hours?

BHTs are required to complete 30 hours of approved training covering specific identified topics. Portions of the RBT 40-hour course overlap with some of the specific identified topics required, however additional training on topics not covered by the RBT 40-hour course will still be needed.

Will BHTs be permitted to do physical management of children?

Providers need to write physical management into their program description which is sent to OMHSAS for approval. There are training requirements linked to providing physical management.

What will happen to an individual who is receiving BHRS and wants to continue services?

Effective January 17th, 2020, all authorization requests require a written order and an assessment. If a BHRS authorization exists, the individual can continue their current authorization until it expires. After expiration, if the individual wants to continue to receive services, a written order should be completed.

Is a re-evaluation required at 6 months?

Under IBHS, re-evaluations are not required. However, after 6 months, a valid written order, an updated individualized treatment plan, and an updated assessment are required.

Can authorizations be requested for longer than a year?

No services can be recommended past one year because the written order is only good for one year. Magellan is only authorizing a maximum of 6-month timeframes.

How do ABA providers begin to use the CANS?

ABA providers should refer to CANS resources on our [website](#).

Is completing the CANS billable for a Behavior Consultant?

Yes, the CANS is a billable activity for the Behavior Consultant and Mobile Therapist.

Will evidence based models need to complete CANS with packet submission?

No.

Is Magellan mandating a new assessment every 6 months?

Yes. A new assessment must be completed every 6 months.

Is ABA the only approved service for individuals with an autism spectrum disorder?

A child with an autism spectrum diagnosis is eligible for individual services, group services, or ABA services.

Where can mobile therapy take place?

IBHS is intended to be a home and community service. Mobile therapy should be taking place in the home and in the community.

Will there be a lead clinician model?

Magellan has updated the policy and procedure related to a Lead Clinician. This will be available soon.

Can MT be recommended with ABA?

A written order and assessment can prescribe any combination of services as medically necessary for the child and family.

If there is a conflict between BHRS and IBHS in terms of treatment or qualification, which do we follow?

Effective 1/17/2020, all providers are required to follow the IBHS regulations.

What should be included for BHRS/IBHS/ABA reauthorization requests?

Reauthorization requests include: TAR, written order, assessment, ITP, CANS and ISPTM summary if TSS/RBT/BHT in school, daycare, pre-school, after school program, or summer camp setting.

When will we see medical necessity guidelines?

MNG created by OMHSAS are under review with legal and have not been released to date.

Should the ITP include signatures of parents and assessor for submission?

The regulations outline who is required to sign the ITP for each service, which includes the parent/caregiver, youth, staff who developed the treatment plan, as well as clinical director.

Will current TSS be given any grace period to get in their trainings?

Yes, requirements need to be met by 1/1/2021, so they have one year to complete the trainings.

Will current TSS need to be further qualified?

Yes, there is no grandfathering for current TSS.

Will qualified New Hire BHTs still need 54 hours of training in first year?

Yes.

If someone does the initial training with one provider but moves to another or concurrently works with another provider, what initial trainings do they have to do or is it once and done?

Trainings are assigned to the staff and follow the staff wherever they go. Staff should maintain documentation of their trainings in addition to the agency's documentation of trainings for their staff. Staff do not need to repeat trainings just because they are under a different agency.

Where can we direct families who have questions about the new IBHS regulations?

Parents can contact Magellan, OMHSAS, local advocacy groups, and/or disability rights project. There are also resources and information available online at Magellan's member website and [at DHS](#).

Would training hours accumulated prior to promulgation count toward the requirement for BHT-ABA to have 30 hours of training prior to working independently?

Yes.

Do staff who have been providing services need to complete the training in the regulations for individuals who have not provided services?

New staff need to meet new requirements for staff training per the regulations. Staff that currently provide BHRS are not required to complete new hire training.

Is an ISPT required if services are in an Aftercare or Summer Camp program?

Yes, an ISPT is required if BHT/TSS is being recommended in those locations.

If a person has a Bachelor's degree and no previous experience do they need to complete the BHT training if they are providing individual services?

By 1/1/21, any individual who provides services through BHT needs to be certified with one of the following:

- BC-ABA, RBT, or BCAT
- A behavioral health certification or behavior analyst certification
- A HS diploma or equivalent and complete 40-hour RBT training
- A minimum of 2 years of experience in provision of mental health services.

Are we still using the Mental Health Services in School Coordination form for services in school?

No, the expectation is to conduct an ISPT meeting with the school and send in the summary form to show that a meeting was held and what results of conversation were.

For re-authorization, do you recommend the CANS be completed prior to the evaluation/written order or after the written order and during the assessment process?

CANS should be completed during the assessment process timeframe.

What happens at the end of the 6-month authorization?

A written order with a TAR, treatment plan, assessment, and CANS should be submitted. It is not required that the written order be updated if the original order recommendations still apply and the written order is within 12 months.

SECTION 5: NETWORK AND BILLING

Will providers use BSC and MT codes for assessment?

Yes, BSC/MT/BSC-ASD codes are used for completing assessments.

Will we know what the rates will look like before getting contracts so that we can plan accordingly?

MBH and counties have not received any additional rates from OMHSAS related to IBHS implementation. The state said they would add some funds for IBHS but as of right now there has been no additional funds provided for IBHS implementation.

How will IBHS affect the Authorization process for members who have state mandated ACT 62 coverage?

There will be no change to the Act 62 process. Providers are expected to submit clinical packets for authorization regardless of payor.

Is there a billing code and reimbursement for written orders and assessments?

There will be a billing code and reimbursement for Written Orders on new IBHS contracts. There will not be a code for assessments. The written order billing code is H0031.

What code should providers use for PCIT?

Traditional PCIT is delivered in an outpatient setting, so providers should continue billing under their outpatient contract. For PCIT delivered through old BHRS/intensive family coaching, providers would need to be specifically contracted with Magellan for this service and would use a different code which would be pre-authorized with a specific cross-mod combination.

Should professionals who will be completing written orders be ORP enrolled with both Magellan and the Department of Human Services?

ORP enrollment is completed within the State Promise system and not with the managed care company. If this professional is going to be added to a claim, they will need to be enrolled through the Promise system at the state level.

Is ORP only for LPC and LSW?

No, ORP enrollment is necessary for anyone writing an order. All staff who are writing an order need to be enrolled. Magellan has an [ORP page](#) on our website that can be referenced for questions.

What is the plan for providers who are not transitioning to IBHS?

If a provider is not planning to transition to IBHS, that provider will have to submit a letter to Magellan stating that they are anticipating closing their BHRS program between now and end of 2020. Magellan would then engage that provider in the process for transitioning members to other providers.

Do IBHS regulations apply to clients who have commercial insurance in addition to MA?

Yes, the regulations are not only for MA, the regulations apply to all providers in the state of PA providing IBHS regardless of reimbursement.

Can providers bill for BHT and ABA Group services if BHT is needed to assist client while the group is led by a BC?

This could be a billing option; however, it would require a packet submission requesting authorization for these services.