

Welcome to the Magellan MST & FFT Provider IBHS Workgroup

JANUARY 21, 2020

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Welcome and Opening Remarks

Agenda



- Review/Important Notes
- Evidenced Based Treatment Guidance
- Authorization process for MST/FFT during Transition Period
- Written order requirements
- Assessment procedure
- Individualized Treatment Plan
- Approved Service Description submissions
- Outcomes
- Service Overlap
- Magellan Workgroups and Technical Assistance Calls
- Questions
- Next step

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Review & Important to Note

Review



- Providers should continue to prescribe BHRS until the network is able to accommodate request for IBHS
- Magellan will issue contracts for IBHS after agencies are licensed and MA enrolled for IBHS. Provider contracts will keep BHRS and IBHS codes for 2020.
- Please send all approved Service Descriptions with a copy of the approval letter to IBHS@magellanhealth.com



Effective 1/17/2020, all providers must follow the new written order/assessment process. Life Domain Evaluations completed after the promulgation of the regulations may be used as the written order as long as it meets the requirements.



Questions related to Review/Important to Note?

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Evidence Based Treatment (EBT) General Guidance

Evidenced Based Treatment (EBT) General Guidance



- MST and FFT will align with Individual Services requirements
- A written order and assessment are required for Evidenced Based Treatment (EBT) (MST and FFT) effective 1/17/2020
- Life Domain evaluation completed after 10/19/19 can be utilized as the written order as long as all requirements were met
- Authorization periods will be a maximum of 6 months

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MST and FFT Transitional Authorization Process

Initial Requests for MST



- Written orders need to be completed for any member seeking MST on 1/17/20 or later.
- For MST requests, providers will request 100 units of MST (H2033 EP) for 30 days for assessment. Providers will submit the TAR and Written Order.
- Providers will request 450 units of MST (H2033 EP) for up to 6 months following the assessment.
- Assessments should be completed within 15 business days of the initiation of services as per the regulations.

Initial Requests for FFT



- Written orders need to be completed for any member seeking FFT on 1/17/20 or later.
- For FFT requests, providers will request 30 units of FFT (H2019 HA) for 30 days for assessment. Providers will submit the TAR and Written Order.
- Providers will request 90 units of FFT (H2019 HA) for up to 3 months following the assessment.
- Assessments should be completed within 15 business days of the initiation of services as per the regulations.

Initial Requests (continued)



- Providers will have 7 calendar days to schedule first assessment appointment from completion of the written order or from the initial call from the family with a verified written order. Providers should document any family cancellations or no-shows that impact timeline.
- Initial and full packets can be submitted through the online provider portal
- Following the completion of the Assessment and development of the Individualized Treatment Plan (ITP) the authorization request for MST/FFT should be submitted utilizing the current BHRS Treatment Authorization Request (TAR). Packet submission elements for IBHS include the following:
 1. Treatment Authorization Request (TAR) Form – updated 1/2020
 2. Written order – Magellan template available
 3. Assessment – Please be sure this includes specific service(s) recommendation
 4. Individualized Treatment Plan (ITP)



This process will remain in place until the agency is contracted for IBHS services. We appreciate your continued partnership and flexibility as we implement the new regulations. We anticipate that Evidenced Based Treatment services will include assessment codes under IBHS.



Questions related to MST/FFT Transitional Authorization Process?

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Written Order

Evidenced Based Treatment (EBT) Service Initiation Requirements



- (a) An IBHS agency shall provide Evidenced Based Treatment services to a child, youth or young adult in accordance with a written order under § 1155.35(a)(1) (relating to payment conditions for EBT services).
- (b) Prior to the initiation of EBT services, the IBHS agency shall obtain written consent to receive the EBT services identified in the written order from the youth, young adult or parent or legal guardian of a child or youth.

Written Order Requirements



- A written order is based on a face-to-face interaction with the youth within 12 months of initiation of IBHS.
- Includes the following:
 - Behavioral Health Diagnosis
 - Specifies the IBHS service, hours, and setting
 - Clinical information that supports the medical necessity of the order
 - The measurable improvements that would indicate when services may be reduced, changed or terminated

Who can write a Written Order?



- Written by a licensed physician, licensed psychologist, certified registered nurse practitioner, or other licensed practitioner whose scope of practice includes diagnosis and treatment of behavioral health disorders and the prescribing of behavioral health services, including IBHS.
- There will not be a unique code for written orders—these should be completed under another billable service.
- Written orders must be completed by staff who are ORP (Ordering/Referring/Prescribing) enrolled.
- Magellan has a page on our website about ORP:

<https://www.magellanofpa.com/for-providers/provider-resources/orderingreferring-prescribing-orp/>

Written Orders



- The BH-MCO's have created a universal template for written orders.
- The template can be utilized to order the assessment; the assessment and co-occurring services for stabilization; or assessment and then resulting IBS services.
 - It is recommended that the Written Orders use the language of "up to" for services, which will allow the assessment to fine tune the prescription.
- If using a written order, an assessment must then be completed that meets regulation requirements.
- Services cannot be authorized one year past the date of the written order without a new order. BHRS services cannot be authorized past 1/17/21.
 - For example, a written order is completed on 2/1/2020. An authorization to start services starts 11/1/2020. The authorization cannot go beyond 1/31/2021.

Written Order Template



- **Part A: Initial Written Order for Initial Assessment, Stabilization and Treatment Initiation**
- A comprehensive, face-to-face assessment is recommended to be completed by an IBHS clinician to further define how the recommendations in this order will be used and to inform and complete an Individualized Treatment Plan (ITP). IBHS Treatment Services may also be delivered during the assessment period for stabilization and treatment initiation provided a treatment plan has been developed for the provision of these services.
- Please select the assessment type and treatment services necessary for stabilization that you are recommending, based on the symptom(s) and/or behavior(s) of concern and the settings/domains in which they are occurring. NOTE: You must complete all sections in one row for a service to be appropriately authorized.



Service Type	Assessment Type/ Clinician Type	Maximum Number of Hours per Month (hpm) (IBHS agency may provide less, as clinically indicated)	Settings in which Service is Necessary
IBHS Assessment for Individual, Group or Evidence-based Services <i>NOTE: Assessment must occur within 15 days of service initiation</i>	IBHS Clinical Assessment by a MT, BC, or Graduate Level Professional (when MST, FFT, PCIT, CRR HH or an IBHS Group Service)	Episode Start date, specify: ____	Home School, specify: ____ Community, specify: ____
IBHS-ABA Assessment for ABA services (for ABA Designated Providers with an IBHS License) <i>NOTE: Assessment must occur within 30 days of service initiation</i>	ABA Assessment by a BCBA or BC-ABA	Episode Start date, specify: ____	Home School, specify: ____ Community, specify: ____
BHRS Assessment for BHRS Services <i>NOTE: Assessment must occur within 15 days of service initiation</i>	BHRS Clinical Assessment by an MT or BSC	Episode Start date, specify: ____	Home School, specify: ____ Community, specify: ____
BHRS Assessment for ABA Services (For ABA Designated Providers without an IBHS License) <i>NOTE: Assessment must occur within 30 days of service initiation</i>	ABA Clinical Assessment by an BSC or BCBA	Episode Start date, specify: ____	Home School, specify: ____ Community, specify: ____

Written Order Template (continued)



- **Part B: Written Order for Intensive Behavioral Health Services (IBHS)**
- A comprehensive, face-to-face assessment has been completed by this prescriber and/or an IBHS clinician to further define how the recommendations in this written order will be used. An Individualized Treatment Plan has also been completed, based on the result of the assessment.
- Please select which one of the following service types you are recommending, based on the symptom(s) and/or behavior(s) of concern and the settings/domains in which they are occurring. NOTE: You must complete all sections in one row for service to be appropriately authorized.
- The written order and assessment template will be sent via e-mail along with this PowerPoint.



Service Type	Assessment Type/ Clinician Type	Maximum Number of Hours per Month (hpm) (IBHS agency may provide less, as clinically indicated)	Settings in which Service is Necessary
IBHS Individual Services/ Evidence Based BHRS Exception Services	Multi-systemic Therapy (MST) Functional Family Therapy OFFT) Mobile Therapist (MT) Behavior Consultant (BC) Behavior Health Technician (BHT)	Episode Episode Up to ___ hpm Up to ___ hpm Up to ___ hpm Start date, specify:	Home School, specify: ___ Community, specify: ___

Updates to Written Orders



- Written orders can be updated within the 12 months of the original written order.
- Written order updates do not require a face to face.
- Written order updates can be based upon new clinical information from the assessment.
- Written order updates can only be completed by the original order writer.
- Written order updates do not extend the life (12 months) of the original written order.



Questions related to Written Order?

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Assessment

Assessment for EBT Services



- (a) A face-to-face assessment shall be completed by staff with the qualifications required by the EBT for a child, youth or young adult within 15 days of the initiation of group services in accordance with § 5240.21(b)—(d) and (f); 5240.85(b)-d and (f) or 5240.95(a) (relating to assessment) and prior to completing the ITP.
- (b) The assessment shall be reviewed and updated in accordance with § 5240.21(e) and (f), 5240.85 (c) and (f) or 5240.95 (b)

Include on Assessment



- Date of written order
- Date written order received
- Date assessment began
- Date assessment complete
- Date IBH service began

Providers should begin developing processes to track these reporting elements.

Assessment for EBT Services



- Assessment shall include the following:
 - Strengths and needs across developmental and behavioral domains
 - Strengths and needs of family system
 - Natural supports
 - Specific services needed to support the child's needs
 - Specific services needed to support parent/caregiver needs



Clinical information including:

- Treatment history
- Medical history
- Developmental history
- Family structure and history
- Educational history
- Social history
- Trauma history
- Developmental, Cognitive, Communicative, Social and Behavioral functioning
- Other relevant clinical information
- Cultural, language, or communication needs
- Summary of treatment recommendations

Written Order and Assessment Agreement



- If the assessment recommendations agree with the written order recommendations, submit both as part of the IBHS authorization packet
- If the assessment recommendations differ from the written order recommendations:
 - Provider must go back to the order writer with the updated clinical assessment to review recommendations. Written order writer can update the order to match the assessment or leave the recommendations as originally written based on their clinical judgement. This should be documented and included in the packet submission.
 - If provider is unable to collaborate with the order writer and is able to complete a new order with new recommendations, then this should be completed. Packet should include original order, assessment and new order. All will be reviewed for medical necessity.



Questions related to Assessment?

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Individualized Treatment Plan for Evidenced Based Treatment

Individualized Treatment Plan for EBT Services



- A written ITP shall be completed by a graduate-level professional within 30 days after the initiation of EBT services and be based on the assessment completed in accordance with §**5240.22**, 5240.86 (ABA), or 5240.96 (group) (relating to individual treatment plan).

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Requirements for EBT Services

EBT Requirements



- The agency should be certified or licensed by the entity that developed or owns the EBT
- Staff must meet the qualifications and receive supervision as required by the EBT
- Agency must have policies and procedures to measure the following:
 - Adherence to the implementation of the EBT
 - Outcomes
 - Fidelity monitoring

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Service Description Process



- Please continue to send approved service descriptions with a copy of the approval letter to the IBHS@MagellanHealth.com email.

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Technical Assistance

Technical Assistance calls



- Magellan will continue to offer ½ hour IBHS technical assistance calls to any provider interested.
- We would like any provider needing to transition members as well as agencies proposing to provide group services for the first time to sign up.
- Please use the sign up genius link to sign up and we will email you the zoom connection. <https://www.signupgenius.com/go/9040C44ADA72DA5FD0-ibhs>

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