

Welcome to the Magellan Provider IBHS Workgroup

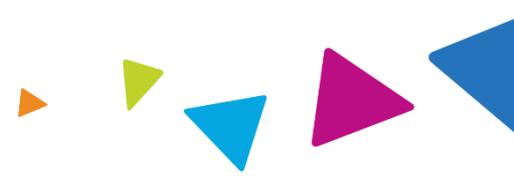
JULY 21, 2020

Magellan
HEALTHCARE®



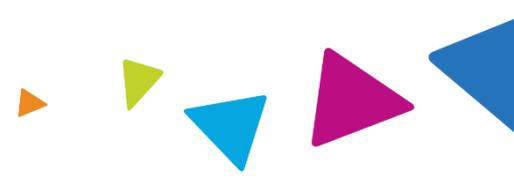
Welcome and Opening Remarks

Thank You



We want to thank you for all you are doing to support our members and families during this national health crisis. Your continued flexibility to provide services to those in need is commendable. We hope you and your staff remain healthy and safe in these trying times.

All are welcome...



Please ensure this information is shared with your clinicians and office staff. We are finding through our discussions that agency case managers are not aware of some of these workflows or expectations. We know there is quite a big learning curve so we understand that this will take time for all of us.

Anyone from your agency who may benefit from the information in these webinars is welcome to attend. We will continue to post all of the recordings and Power Points on Magellan's provider IBHS webpage.



Please hold your questions until the end of the PowerPoint. We hope this will assist in participants being able to more actively listen to the content.

We will answer new questions but may defer other answers to specific resources in order to encourage providers to use the resources available and be efficient with everyone's time.

Transition to IBHS



Magellan expects all providers to begin transitioning to the IBHS expectations relating to the Written Order and Assessment Process.

A provider does not have to be IBHS licensed before meeting this expectation.

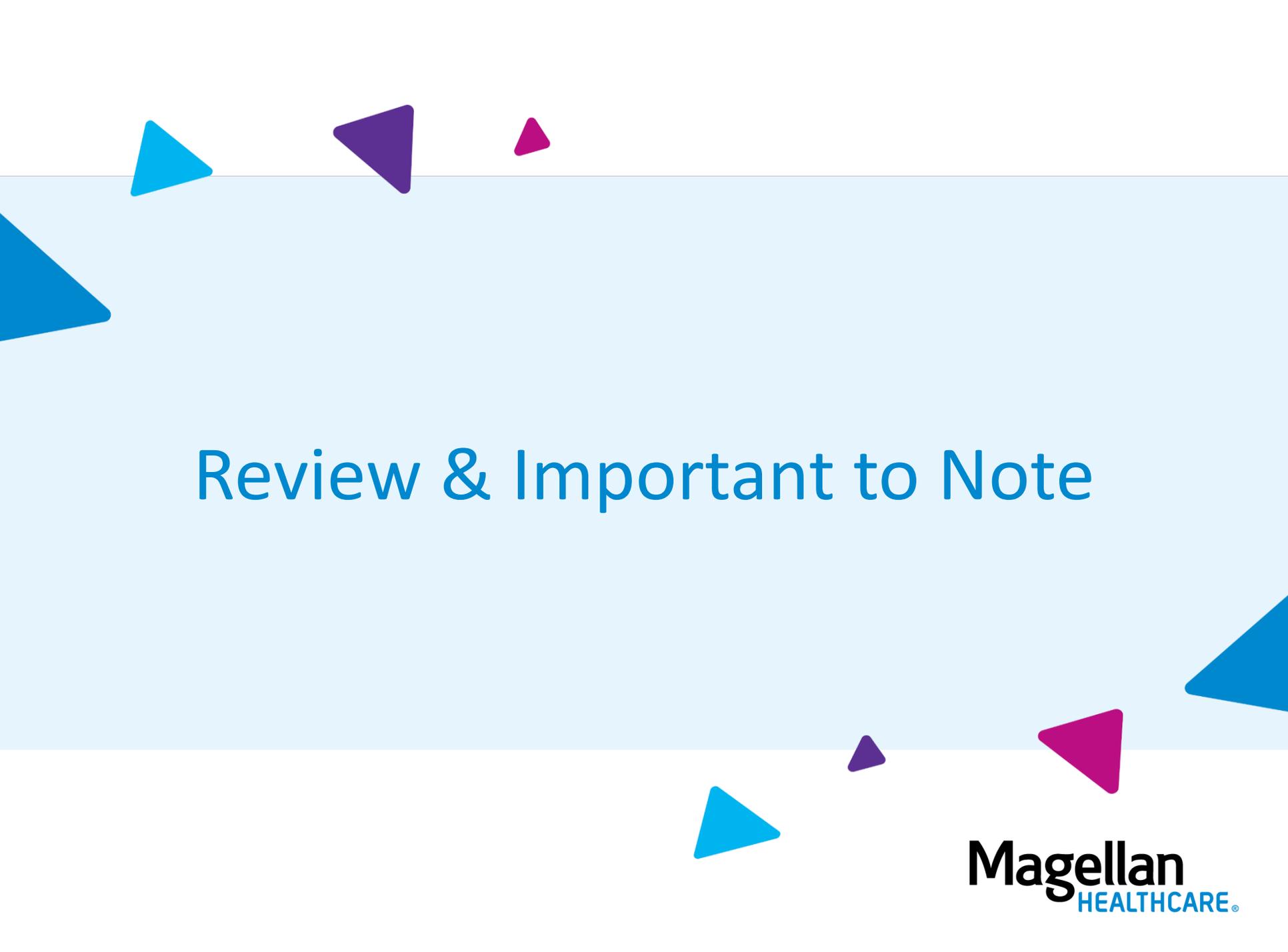
A provider should not stop seeing or refuse to service members seeking BHRS because they cannot meet these expectations.

Please outreach your Magellan care manager related to any specific issues or barriers with this expectation.

Agenda



- Review/Important Notes
- Quality Management Oversight
- Enrollment
- Proposed Codes and Authorization/Billing Combinations
- IBHS TAR
- Attestation process and workflow
- Transition Scripts from BHRS to IBHS
- Referral Source Process clarification
- Draft Reporting Information
- Access Survey
- Written Order & Assessment: Highlights
- Group Services
- FAQ Update
- Approved Service Description Submissions
- Magellan Workgroups and Technical Assistance Calls
- OMHSAS Updates
- Questions
- Next Steps



Review & Important to Note

New and Important to Note



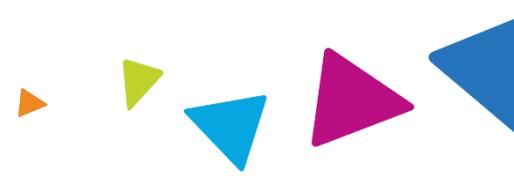
- Providers who are seeking to hire BHTs now in preparation for IBHS should be aware that these BHT staff must also meet the criteria for TSS if they are planning to utilize and bill for them as TSS until contracted for IBHS.
- All documentation and progress notes should match the service being billed.
- BHRS cannot be prescribed or billed after 1/17/2021- please begin recommending both BHRS and IBHS if authorization period extends past 1/17/21 (more details to come).
- OMHSAS plans to release an update to their FAQ document for IBHS. It's in approval process currently.
- Magellan's online provider portal request system has been updated to include IBHS codes. As providers become contracted for IBHS, they can begin using the online provider portal to submit authorization requests. *Please do not submit for those codes until contracted for IBHS.

OMHSAS July Updates



- OMHSAS has indicated that they will delay enforcement of licensing timeframes due to COVID-19- formal communication is pending.
- OMHSAS has indicated that they will suspend certain IBHS requirements during COVID-19. These are currently still undergoing the formal vetting process at the state level.
- OMHSAS collaborated with PDE regarding IBHS staff being permitted in the schools in the fall due to Covid restrictions. Local school boards are responsible to handle the transition back to school and Covid safety plans. Providers should connect with PDE coordinator for the district as needed.
- OMHSAS is currently re-considering their group minimum allowing less than 2 participants. They are aware that TPLs do not have providers bill site based 1:1 delivery as a group service.
- No new updates about CRR Host Homes and IBHS. OMHSAS continues to meet to discuss.
- IBHS MNG has been finalized and released.
- OMHSAS is preparing a MA Bulletin on the new reporting requirements.
- OMHSAS is preparing an updated Bulletin to include additional codes for Group and ABA for assessment and evaluation.

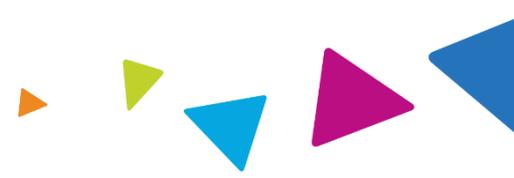
OMHSAS Recent Clarification



Regulatory rules says if regulations do NOT say “business” then it is meant to be calendar days.

- Assessments should be completed within 15 **CALENDAR** days (non-ABA) and 30 **CALENDAR** days (ABA)
- A written Individualized Treatment Plan (ITP) shall be completed within 30 **CALENDAR** days for Individual and Group services and 45 **CALENDAR** days for ABA services after the initiation of a service and based on the completed assessment.

OMHSAS Recent Clarification



- Last month we informed you that under IBHS Behavior Consultation and ABA Behavior Consultation may not bill for telephonic services. There has been additional dialogue with OMHSAS around this topic and there may be additional code/modifier combinations added to allow for some telephonic collaboration. Until we have further information please do not bill for any telephonic consultation under IBHS.

A large blue triangle points from the left towards the center. Several smaller, colorful triangles (orange, lime green, purple, magenta, cyan) are scattered around the blue triangle. The text "Quality Management Oversight" is centered within the blue triangle.

Quality Management Oversight

QM Plan Reminder



- *Magellan requests all plans be submitted by August 1, 2020*
- *Please send QM Plans to PAHCRecordRequestsMBHPA@magellanhealth.com*
- *Organizations may elect to submit these plans earlier*
- *Magellan's Quality Improvement will review the plan and provide feedback*



Enrollment

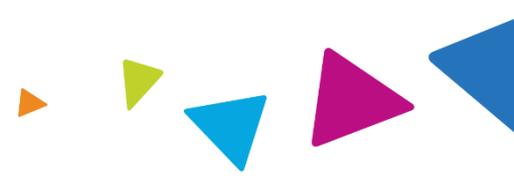


All current groups contracted for BHRS that receive a license for IBHS will be required to be contracted as an organization. Each of these providers will receive a new Magellan MIS provider number. These providers will also need to go through credentialing with Magellan prior to contracting. A Network communication will be issued with more details.

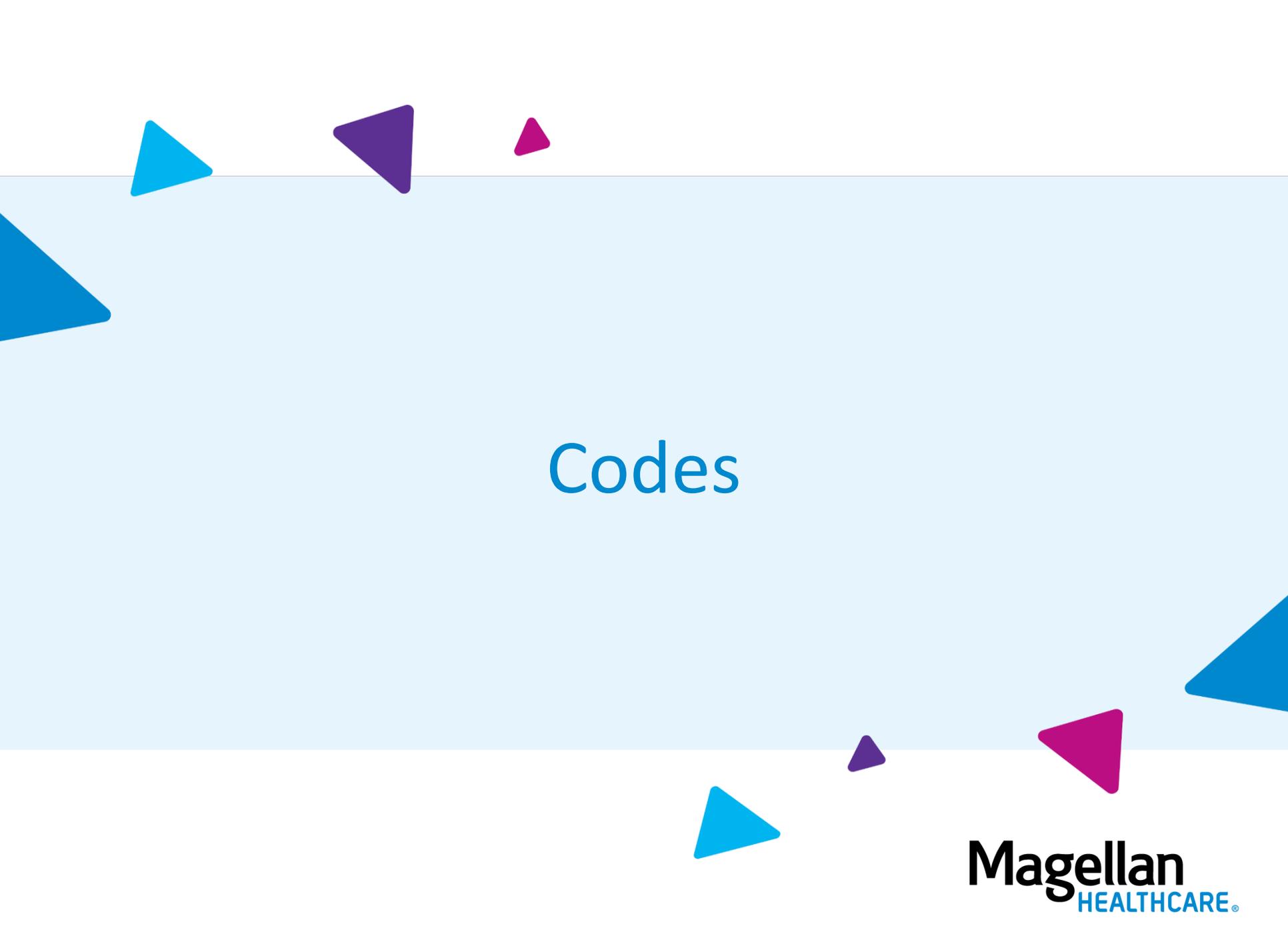
*Licensure visits have resumed. Please outreach to your local OMHSAS field office to schedule your licensure visit once your Service Description is approved.

Please submit your approved Program Description
and License to IBHS@magellanhealth.com

Enrolling as an ORP



- Do not need to have an IBHS license in order to enroll as an ORP.
- When completing the ORP paperwork:
 - Question: Are you only enrolling as ORP? Answer would be yes.
 - Question: Will this service location be enrolling to provide IBHS? Answer no to billing or rendering IBHS.



Codes

Codes Update



The codes have been released January 31, 2020 for an effective date of January 17, 2020.

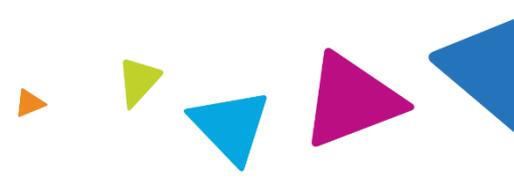
Magellan has created 3 Fee Schedules for the IBHS program. Each of the below services will have its own schedule associated with it.

1. Individual Services – (Prov Type: 11 Spec: 590). This will include the Assessment and Evaluation codes and all Individual codes identified in the bulletin.
2. Group Services – (Prov Type: 11 Spec: 591). This will only have one code with three specific modifiers to identify Group size. This may also include the Assessment and Evaluation codes.
3. ABA Services (Prov Type: 11 Spec: 592). This will be new codes for PAHC but have been utilized for commercial plans. There will also be group codes associated with this fee schedule and modifiers based on group sizes. This may also include the Assessment and Evaluation codes.

All IBHS Services unit durations will be 15-minute units on new Magellan contracts

Fee schedules will be issued with contract amendments once providers are Licensed and Medicaid Enrolled.

Billing Guidance Companion Document



- Magellan and the other BH-MCOs collaborated to create a Billing Guidance Companion Document. There are 1 or 2 items which are currently being re-reviewed but Magellan plans to release the document shortly to allow providers time to prepare for IBHS billing.



**Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Intensive Behavioral Health Services (IBHS)
Registration ONLY**

Bucks County
 Cambria County
 Delaware County
 Lehigh County
 Montgomery County
 Northampton County

Date of Birth: (MM/DD/YYYY)
 Provider Name:

Member Name:
 Magellan Provider MIS #:

MA ID #:
 Provider Phone #:
 Ext:

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?
<input type="checkbox"/> BC (Ind/Group)	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	H0032	001	UB			
<input type="checkbox"/> BC-ABA (ABA/ABA Group)	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	97151	001	HO			

DSM-5 DIAGNOSIS

CURRENT MEDICATIONS



Magellan Behavioral Health of Pennsylvania, Inc. HealthChoices Treatment Authorization Cover Sheet for Intensive Behavioral Health Services (IBHS)

Treatment Authorization Request
 Change in IBHS Prescription

Bucks County
 Cambria County
 Delaware County
 Lehigh County
 Montgomery County
 Northampton County

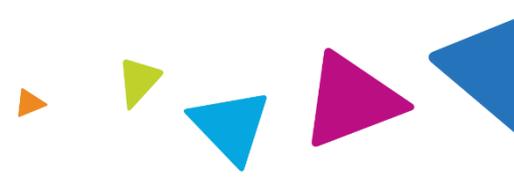
Date of Birth: (MM/DD/YYYY)
 Provider Name:

Member Name:
 Magellan Provider MIS #:

MA ID #:
 Provider Phone #:
 Ext:

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?
Individual IBHS										
<input type="checkbox"/> BC	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	H0032	001	UB			
<input type="checkbox"/> MT	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	H2019	001	UB			
<input type="checkbox"/> BHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	H2021	001	AH			
<input type="checkbox"/> Brief Tx-BC	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	H0032	001	U1			
<input type="checkbox"/> Brief Tx-MT	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	H2019	001	U1			
Group IBHS										
<input type="checkbox"/> Group	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	H2021	001	U6			
<input type="checkbox"/> ABA Group-Grad. Level Professional	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	97158	001	HO			
<input type="checkbox"/> ABA Group BHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	97154	001	HO			
ABA IBHS										
<input type="checkbox"/> BC-ABA	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	97151	001	HO			
<input type="checkbox"/> BHT-ABA	<input type="text"/>	<input type="text"/>	<input type="text"/>	536	97152	001	HO			

Auth codes vs Billing codes



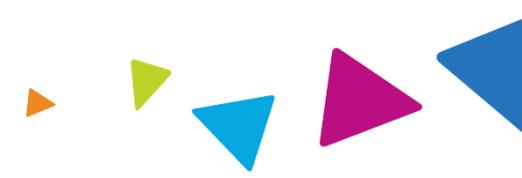
These codes will be the ones you will see on the authorizations.

Providers will bill the codes specific to your contract, services provided, and staff credentials.



Individual IBHS Services

Description	CPT/HCPCS Codes	Mods			
Psychiatric Diagnostic Evaluation (Psychological Evaluation)	90791	UB	EP		
Psychiatric Diagnostic Re-Evaluation (Psychological Re-Evaluation)	90791	UB	UC		
Mental health assessment by non-physician (Licensed Practitioner) - Written order MD/PhD	H0031	UB	U6		
Mental health assessment by non-physician (Other Licensed Practitioner) Written Order (licensed psychologist or psychiatrist)	H0031	UB			
Mental health service plan development by non-physician (Behavior Consultation - Licensed Practitioner)	H0032	UB	HP	EP	
Mental health service plan development by non-physician (Behavior Consultation - Unlicensed Practitioner)	H0032	UB	HO	EP	
Behavior Consultation - Brief Treatment - PhD	H0032	U1	UB	HP	EP
Behavior Consultation - Brief Treatment - MA	H0032	U1	UB	HP	
Therapeutic Behavioral Services (Mobile Therapy - Licensed Practitioner)	H2019	UB	EP		
Therapeutic Behavioral Services (Mobile Therapy - Unlicensed Practitioner)	H2019	UB	U4		
Mobile Therapy Brief Treatment - Licensed	H2019	U1	U7	EP	
Mobile Therapy Brief Treatment - Unlicensed	H2019	U1	U7	U4	EP
Community-Based Wraparound Services (Behavioral Health Technician)	H2021	AH	UB	EP	
Skills Training & Development (Onsite Supervision)	H2014	UB	EP		



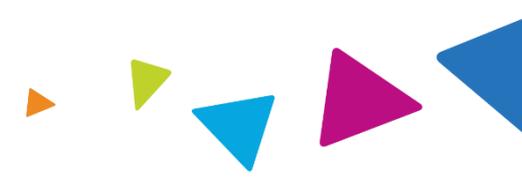
Group IBHS Services

Description	CPT/HCPCS Codes	Mod s	
Psychiatric Diagnostic Evaluation (Psychological Evaluation)	90791	UB	EP
Psychiatric Diagnostic Re-Evaluation (Psychological Evaluation)	90791	UB	UC
Written order MD/PhD	H0031	UB	U6
Written Order other lic	H0031	UB	
Community-Based Wraparound Services (IBHS - GRP 4 to 8)	H2021	U6	HQ
Community-Based Wraparound Services (IBHS - GRP 9 to 12)	H2021	U7	HQ
Community-Based Wraparound Services (IBHS - GRP 13 to 20)	H2021	U8	HQ

ABA IBHS Services



Description	CPT/HCPCS Codes	Mods		
Psychiatric Diagnostic Evaluation (Psychological Evaluation)	90791	UB	EP	
Psychiatric Diagnostic Re-Evaluation (Psychological Evaluation)	90791	UB	UC	
Written order MD/PhD	H0031	UB	U6	
Written Order other lic	H0031	UB		
Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face (BHT-ABA grp svcs Up to 3 Mbrs)	97154	HO		
Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face (BHT-ABA grp svcs 4 to 6 Mbrs)	97154	HO	HA	
Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face (BHT-ABA grp svcs 7 to 12 Mbrs)	97154	HO	HA	EP
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with (ABA grp svcs Up to 3 Mbrs)	97158	HO	HA	
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with (ABA grp svcs 4 to 6 Mbrs)	97158	HO	HA	EP
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with (ABA grp svcs 7 to 12 Mbrs)	97158	HO		



ABA IBHS Services - Continued

Description	CPT/HCPCS Codes	Mods	
Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (ABA Svcs -Behav Consult Assess)	97151	HO	
Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessment and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan (ABA - Behav Analytic Svcs Assess)	97151	HO	HA
Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient (ABA - BHT Svcs Assess)	97152	HO	
Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient (ABA Svcs -Assistant Behav Consult Assess)	97152	HO	HA
Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to- face with one patient (ABA - BHT Svcs Ad Bh Tx)	97153	HO	
Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to- face with one patient (ABA - Behav analytic Svcs Ad Bh Tx)	97153	HO	HA
Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient (ABA Svcs -Behav Consult Ad Bh Tx)	97155	HO	
Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directions of technician, face-to-face with one patient (ABA - Behavior Analytic Svcs Ad Bh Tx)	97155	HO	HA
Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s) (ABA Svcs -Behav Consult Family)	97156	HO	
Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s) (ABA - Behavior Analytic Svcs Family)	97156	HO	HA



IBHS Proposed Authorization and Billing Code Combinations

Individual Services Behavior Consultation



Service	Authorization Codes	Billing Codes
Behav Consult - Unlic Prac	H0032 UB	H0032 UB HO EP
Behav Consult - Lic Prac	H0032 UB	H0032 UB HP EP
Behav Consult - Brief Tx PhD	H0032 U1	H0032 U1 UB HP EP
Behav Consult - Brief Tx - MA	H0032 U1	H0032 U1 UB HP

Individual Services Mobile Therapy



Service	Authorization Codes	Billing Codes
Mobile Therapy- Lic Prac	H2019 UB	H2019 UB EP
Mobile Therapy- Unlic Prac	H2019 UB	H2019 UB U4
Mobile Therapy Brief Tx- Lic	H2019 U1	H2019 U1 U7 EP
Mobile Therapy Brief Tx- Unlic	H2019 U1	H2019 U1 U7 U4 EP

Individual Services Behavioral Health Technician



Service	Authorization Codes	Billing Codes
Behavior Health Tech	H2021 AH	H2021 AH UB EP

Individual Services Multisystemic Therapy and Functional Family Therapy



Service	Authorization Codes	Billing Codes
MST	H2032 UB	H2032 UB
FFT	H2019 U6	H2019 U6

Group Services



Service	Authorization Codes	Billing Codes
Group Services 13-20 members	H2021 U6	H2021 U8 HQ
Group Services 4-8 members	H2021 U6	H2021 U6 HQ
Group Services 9-12 members	H2021 U6	H2021 U7 HQ

Applied Behavior Analysis - Behavior Consultation



Service	Authorization Codes	Billing Codes
ABA Services- Behav Consult - Assess	97151 HO	97151 HO
ABA Services- Behav Analytic Servc- Assess	97151 HO	97151 HO HA
ABA Services- Behav Consult - Ad Bh Tx	97151 HO	97153 HO
ABA Services- Behav Analytic Servc- Ad Bh Tx	97151 HO	97153 HO HA
ABA Services- Behav Consult - Family	97151 HO	97156 HO
ABA Services- Behav Analytic Servc- Family	97151 HO	97156 HO HA

ABA Services Behavioral Health Technician



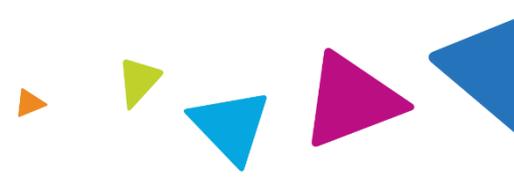
Service	Authorization Codes	Billing Codes
ABA- Behavior Health Tech Services- Asses	97152 HO	97152 HO
ABA Services Assistnt Behav Consul - Assess	97152 HO	97152 HO HA
ABA- Behavior Health Tech Services- Ad Bh Tx	97152 HO	97153 HO
ABA Services Assistnt Behav Consul – Ad Bh Tx	97152 HO	97153 HO HA

ABA Group Services



Service	Authorization Codes	Billing Codes
BHT-ABA Group Services Up to 3 members	97154 HO	97154 HO
BHT-ABA Group Services 4-6 members	97154 HO	97154 HO HA
BHT-ABA Group Services 7-12 members	97154 HO	97154 HO HA EP
ABA Group Services 7-12 members	97158 HO	97158 HO
ABA Group Services Up to 3 members	97158 HO	97158 HO HA
ABA Group Services 4-6 members	97158 HO	97158 HO HA EP

Reminder



Medicaid is always the payer of last resort.

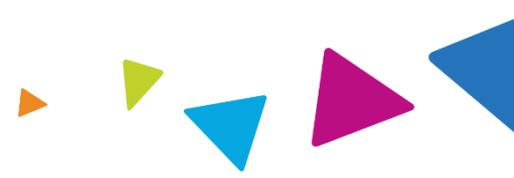
Magellan cannot reimburse as primary payer because your agency is out of network with the primary insurance.

Magellan can reimburse as primary payer if primary plan terms, benefit is exhausted, or service is not a covered benefit.

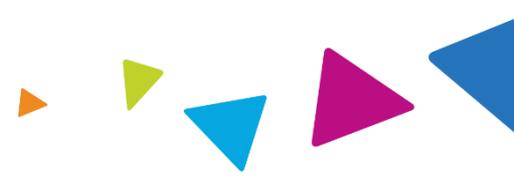


IBHS Attestation Process

IBHS Attestation Form and Next Steps



- Per the recent IBHS Attestation Bulletin, a provider can sign the attestation form if the provider employs a clinical director and an administrative director who meet the qualifications in the IBHS regulations for the services the provider is providing and the provider's staff who are providing IBHS for which the provider is seeking payment for meet the qualification, training and supervision requirements included in the IBHS regulations. All completed attestation forms should be submitted to IBHS@magellanhealth.com.
- All providers that are currently approved to provide BHRS and complete the attestation form can receive payment through the MA Program for IBHS, without an IBHS license, until October 19, 2020.
- If a provider wishes to move forward with this process, Magellan will work with your agency on a billing workaround that will allow for payment now. However, in the future when the live IBHS contracts are issued, claims will need to be reconciled or rebilled. The attestation is only temporary, so billing for BHRS will still be allowed until the IBHS process is completed. As rates/codes/configuration are being finalized, the IBHS rates provided by MA FFS may be utilized for this temporary process which is lower than current BHRS/ABA rates. Magellan has been mentioning this during the provider webinars, but now an attestation is required.
- Please reach out to Magellan at IBHS@magellanhealth.com if you have any questions.



- MA FFS rates for IBHS will be utilized at this time.
- If a provider is on an APA for Covid-19 that covers BHRS, the provider will need to determine which they prefer- the APA or FFS payments.
- Providers must attest to meeting *all* requirements of the IBHS regulations for service delivery to receive payment.
- An additional meeting with Magellan may be requested for those who submit a signed attestation. This time will be used to review authorization and billing process.
- **Payment is only through 10/19/20.** After this time period, providers must be fully licensed, enrolled and contracted to receive payment for IBHS services.
- If you are interested in pursuing this, please outreach to the Network team to discuss next steps. You will need to attest to meeting all IBHS requirements.



Authorization Transition Process from BHRS to IBHS

Transition Scripts from BHRS to IBHS



- **Starting July 17, 2020**, please consider prescription recommendations which recommend both BHRS and IBH services. The BHRS script will be authorized for the duration of the authorization period, and then be adjusted (as described below) once the provider is contracted for IBHS.
- Example- Recommend Behavior Specialist Consultant up to 12 hrs/per month under BHRS and transition to Behavior Consultation (BC) up to 12 hours per month under IBHS from 7/20/20-1/20/21
- MBH CM will review MNC for both BHRS and IBHS at the time of packet submission.
- If MNC is met, MBH CM will enter a full BHRS authorization for the duration of the authorization period.
- Once the provider is contracted for IBHS with MBH, the provider will submit a spreadsheet (template to be provided) with the member info, BHRS units/dates, and IBHS units/dates in order to update all authorizations. BHRS authorizations will be ended and IBHS authorizations will be added.
- IBHS authorizations will be only be added for those members who had prescriptions that included IBHS in the original recommendation.
- Providers also have the option to submit new IBHS packets once IBHS contracted.



- Magellan will enter BHRS authorizations that extend past 1/17/2021 at this time, but all of those BHRS authorizations will be pulled back and end dated once IBHS is contracted.
- IBHS authorizations will be entered for the remainder of the authorization period as described on the prior slide.

BHRS to IBHS Authorization Transition spreadsheet



	A	B	C	D	E	F	G	H	I	J	K	
1												
2	Last Name ▾	First name ▾	MAID # ▾	DOB ▾	Gender ▾	Medication ▾	Diagnosis ▾	Provider ▾	Provider MIS ▾	Services ▾	CPT code ▾	Modifie
3	Smith	Joe	BUC123456789	1/1/2015	M	n/a	F84.0	Lenape	123456789	BSC	H0032	HP
4	Smith	Joe	BUC123456789	1/1/2015	M	n/a	F84.0	Lenape	123456789	MT	H2019	EP
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15												



Referral Source Process Clarification

Referral Source Process



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.

Non-IBHS staff may not meet the requirements and qualifications to complete the Assessments.



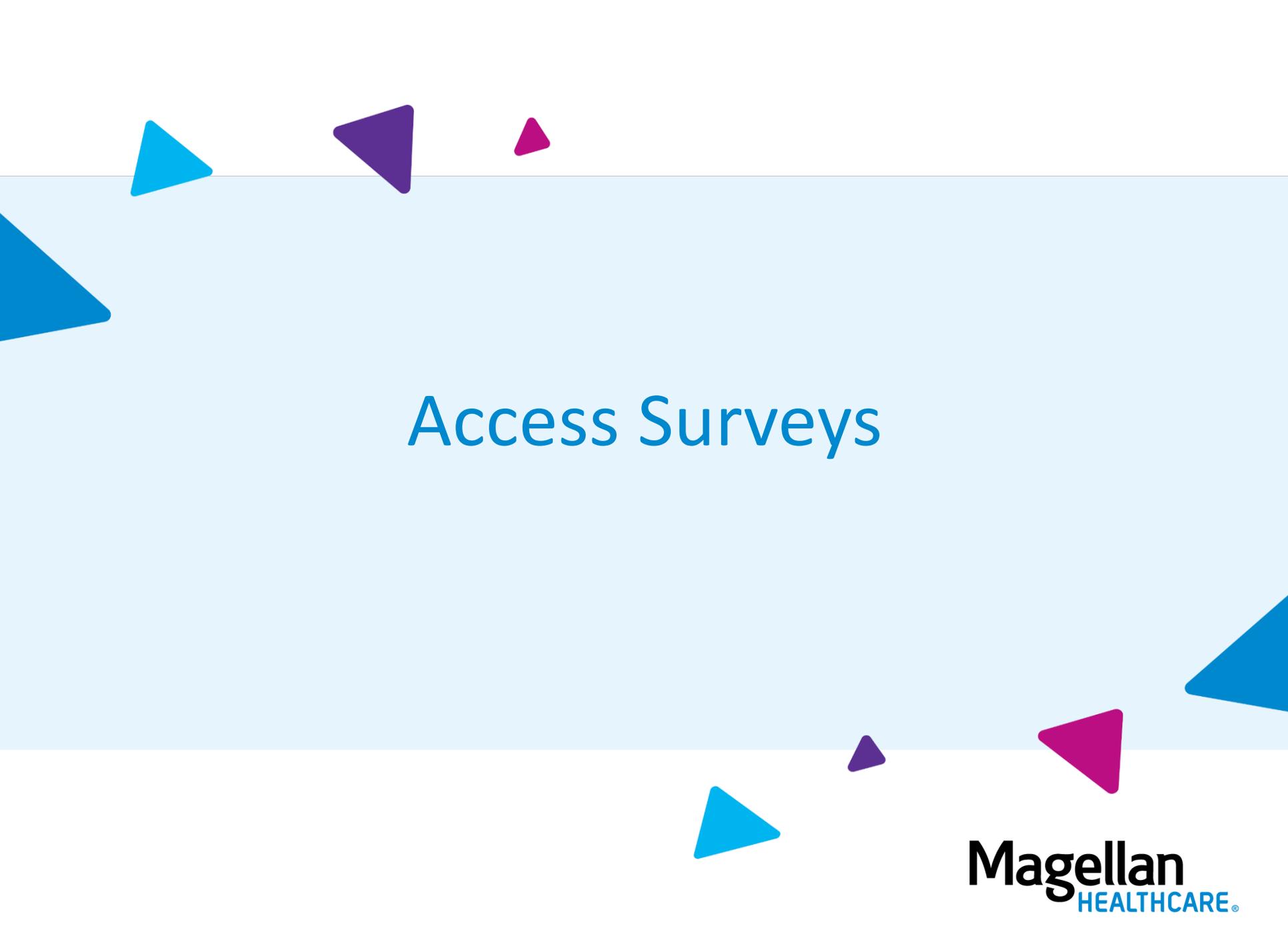
Draft Reporting Requirements

Possible Reporting Information



- Date of written order
- Date written order received
- Date assessment began – This will be considered the first date of services for new members.
- Date assessment complete
- Date services began - If the client has been involved in BHRS services with your agency, please continue to write the first date they started BHRS services. For new members, this will be the first date of the assessment.

*OMHSAS has verbally confirmed that the above data points will be tracked. They are continuing to work on capacity reporting requirements.



Access Surveys

New Access Survey



- Magellan has developed a new access survey that will eliminate the multiple surveys currently being collected.
- 2x/month a short survey will be distributed asking timely access questions.
 - These results will be shared in real time with providers and families to improve staffing.
 - Goal is to give providers and Magellan the information of providers' availability to assist members in accessing services in a timely manner.
- An Expanded Survey will be completed once a month inquiring about the admissions and discharges, barriers to staffing, and special accommodations needed/available which can better inform our network and clinical processes.
- An online platform will be utilized for these surveys.

Share Survey and Gather Feedback



Browser address bar: https://magellanhealth.az1.qualtrics.com/jfe/preview/SV_4083344SEPOb4hL?Q_SurveyVersionID=current&Q_CHL=preview

Browser tabs: Shared with you - OneDrive, Master BHRS ABA Referral List..., Preview - IBHS Accessibility...

Browser menu: File Edit View Favorites Tools Help

[Restart Survey](#) [Place Bookmark](#)

Mobile view on Tools ▾



Thank you for participating in the **biweekly availability** survey.
Reminder: This survey is to be completed only once per MIS number per administration period.

Please enter the 9-digit MIS number for the rendering location. Exclude any dashes.

To verify accuracy, please re-enter Provider/MIS#:

Rendering location address:

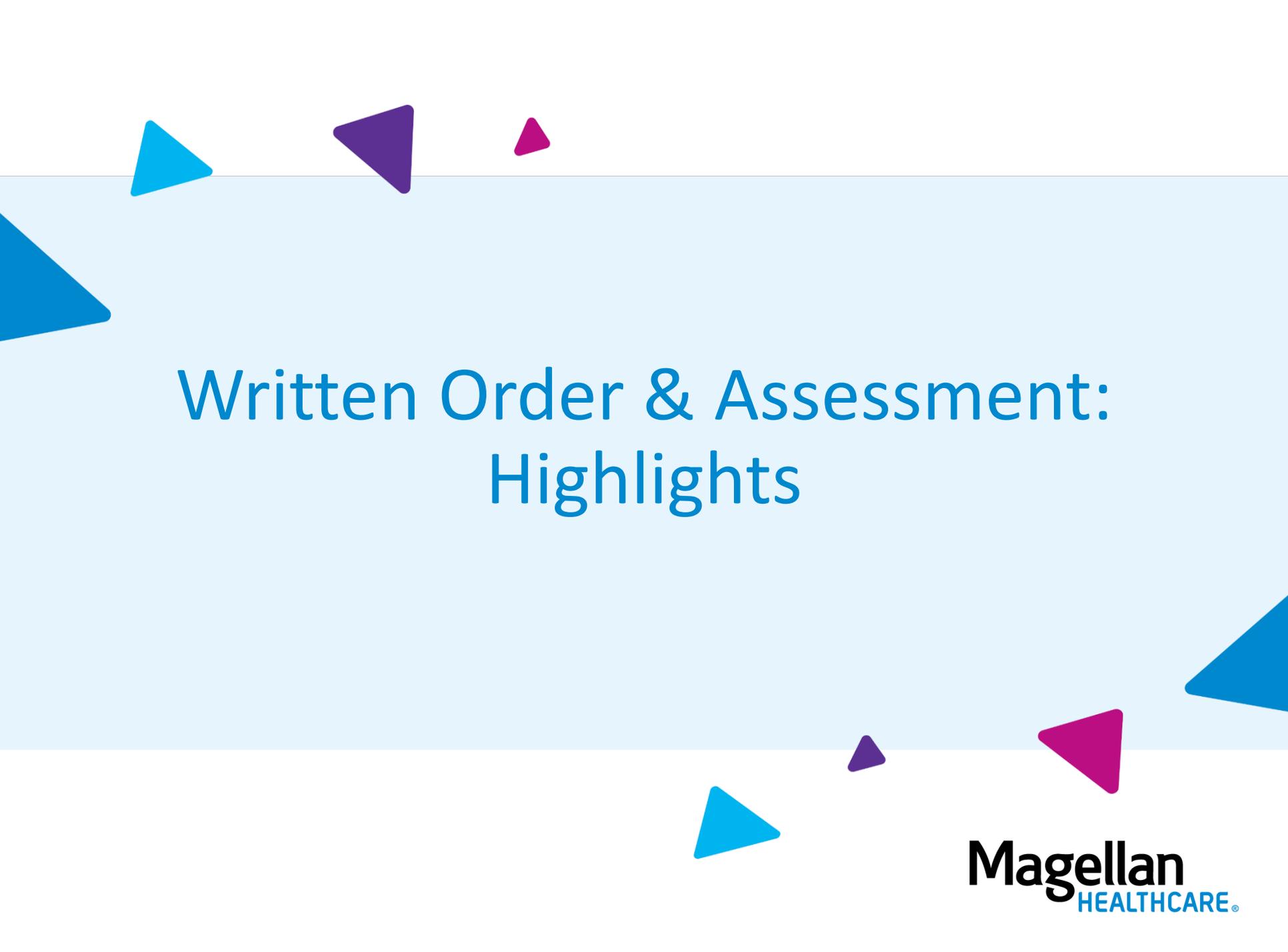


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Please enter the 9-digit MIS number for the rendering location. Exclude any dashes.

To verify accuracy, please re-enter Provider/MIS#:

125%



Written Order & Assessment: Highlights

Written Order and Assessment Recommendations



If the assessment recommendations agree with the written order recommendations, submit both as part of the IBHS authorization packet

WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month



ASSESSMENT RECOMMENDATION

BC 10 hours/month

WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month



ASSESSMENT RECOMMENDATION

BC 12 hours/month



WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month



ASSESSMENT RECOMMENDATION

BC 15 hours/month

WRITTEN ORDER RECOMMENDATION

BC up to 12 hours/month



ASSESSMENT RECOMMENDATION

MT 10 hours/month

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.

Standardized Tool with Assessment



A standardized assessment tool or process such as an FBA is required as part of the assessment process for individual, group, and ABA services within IBHS.

Please submit those results and the analysis of these results with your packets (including the assessment template if used).



Group Services

New Groups under IBHS

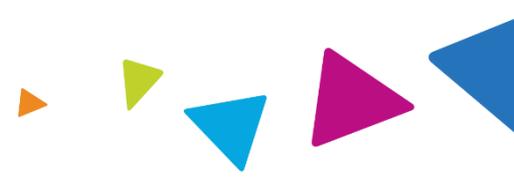


For those who are planning to deliver IBHS Group Services who have not provided group services before (excludes current STAP/TASP providers), please follow the following process:

- Submit a detailed program description to IBHS@MagellanHealth.com inclusive of:
 - target population
 - clinical model of program
 - size of each group
 - frequency of each group
 - length of group
 - if group is closed or open
 - location of group
 - family involvement
 - other relevant information
- Schedule a Technical Assistance (TA) call with Magellan to review your program proposal.



Frequently Asked Questions



Magellan IBHS FAQ has been updated recently.

Magellan has posted a FAQ document on the IBHS page on the www.Magellanofpa.com website. This gets updated as new questions are asked. Please continue to refer to this document prior to sending in questions.

Please keep in mind that some material and instructions provided on earlier PowerPoints may have been updated or changed- please use the most recent PowerPoint and FAQ for current instructions.



Service Description Process

IBHS Service Descriptions



Magellan has received has 45 approved Service Descriptions for IBHS.

Waiting on 34 more...

Please send:

- ✓ Approved IBHS Service Descriptions
- ✓ Copy of the approval letter to IBHS@magellanhealth.com



Upcoming Forums & 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>

Additional IBHS Provider Forums



Monday, August 24, 2020 3:00 – 4:30 P.M. Via Zoom

**[https://magellanhealth.zoom.us/j/92831025387?pwd=TIFPanQyTXBT
OURZUW9SNUUxQWxtZz09](https://magellanhealth.zoom.us/j/92831025387?pwd=TIFPanQyTXBT
OURZUW9SNUUxQWxtZz09)**

Password: 679325

Tuesday September 22, 2020 10:30 - 12:00 P.M. Via Zoom

**[https://magellanhealth.zoom.us/j/94672640376?pwd=SUx5eEYzd3Nq
WVNsK0FrWEs2SmhRUT09](https://magellanhealth.zoom.us/j/94672640376?pwd=SUx5eEYzd3Nq
WVNsK0FrWEs2SmhRUT09)**

Password: 679325

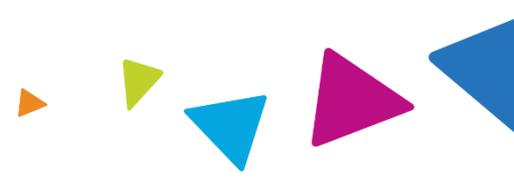
**Registration is required for all future forums so we can maximize
Zoom capabilities. Please register in advance.**

Q&A Call for only IBHS contracted agencies



- August 19, 2020 1:00-2:30
- Invitations will be sent to those agencies contracted by that date
- Magellan will continue to host these monthly through the fall or until no longer needed.

OMHSAS Updates



OMHSAS website link:

<http://www.healthchoices.pa.gov/providers/about/behavioral/inbehavioralhs/index.htm>

Submit questions to RA-PWIBHS@pa.gov

Medical Necessity Guidelines have been released.

The Medical Necessity Guideline Bulletin can be found here: [Bulletin OMHSAS-20-05](#).

- [IBHS Individual Services](#)
- [ABA Services](#)
- [Group Services](#)



ABA resources:

- <https://casproviders.org/april-3-2020-casps-telehealth-task-force-presents-the-new-practice-parameters-for-telehealth-implementation-of-applied-behavior-analysis-continuity-of-care-during-the-cov/>
- [https://cdn.ymaws.com/www.apbahome.net/resource/collection/1FDDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/APBA Guidelines - Practicing During COVID-19 Pandemic_040920.pdf](https://cdn.ymaws.com/www.apbahome.net/resource/collection/1FDDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/APBA_Guidelines_-_Practicing_During_COVID-19_Pandemic_040920.pdf)

Recent OMHSAS Bulletins



IBHS Attestation Bulletin

IBHS Attestation Bulletin:

<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMHSAS/IBHS%20Provider%20Attestation%20Bulletin%20-%20OMHSAS-20-04%20-%20Final%205.12.20.pdf>

The attachment is also on the bulletin search website, here is the link for the attestation form:

<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMHSAS/IBHS%20Provider%20Attestation%20Form%20-%20OMHSAS-20-04%20-%20Final%205.12.20.docx>

New Functional Behavioral Assessments Virtual Training



An interactive, self-paced, virtual FBA training to replace the existing train-the-trainer model has been released in MyODP.

- 8 modules
- To complete all modules and tests is approximately 13 hours.
- Effective immediately, newly hired Behavioral Specialists in the AAW or ACAP should complete this virtual training prior to delivering services.
- After July 31, 2020, no in person train-the-trainer courses should be held.
- ODP intends to propose changes to the AAW and ACAP programs to require all BSCs take this course so they are strongly encouraging all currently qualified BSCs to take this course now.

To access the training, please use this link:
<https://www.myodp.org/course/view.php?id=1644>

Please note: You will need to set up an account on MyODP if you do not have already.

For questions, please email RA-BASTrainings@pa.gov



Questions? Suggestions?

Magellan Contact



Please send all questions to IBHS@MagellanHealth.com



Thank you!

Confidentiality Statement for Providers



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