

# Welcome to the Magellan Provider IBHS Workgroup

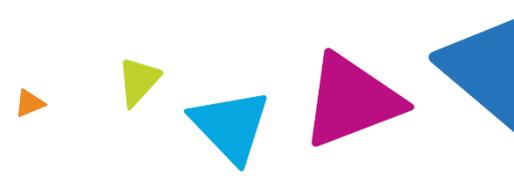
AUGUST 24, 2020

**Magellan**  
HEALTHCARE®



# Welcome and Opening Remarks

# PLEASE HAVE SOMEONE FROM EACH PROVIDER COMPLETE THE ZOOM POLL...



- The poll helps us connect members to providers who have staff availability to meet their needs.
- It allows us to track providers steps towards IBHS implementation.

In July, we had 50 providers represented in the webinar and  
38 providers completed the zoom poll.



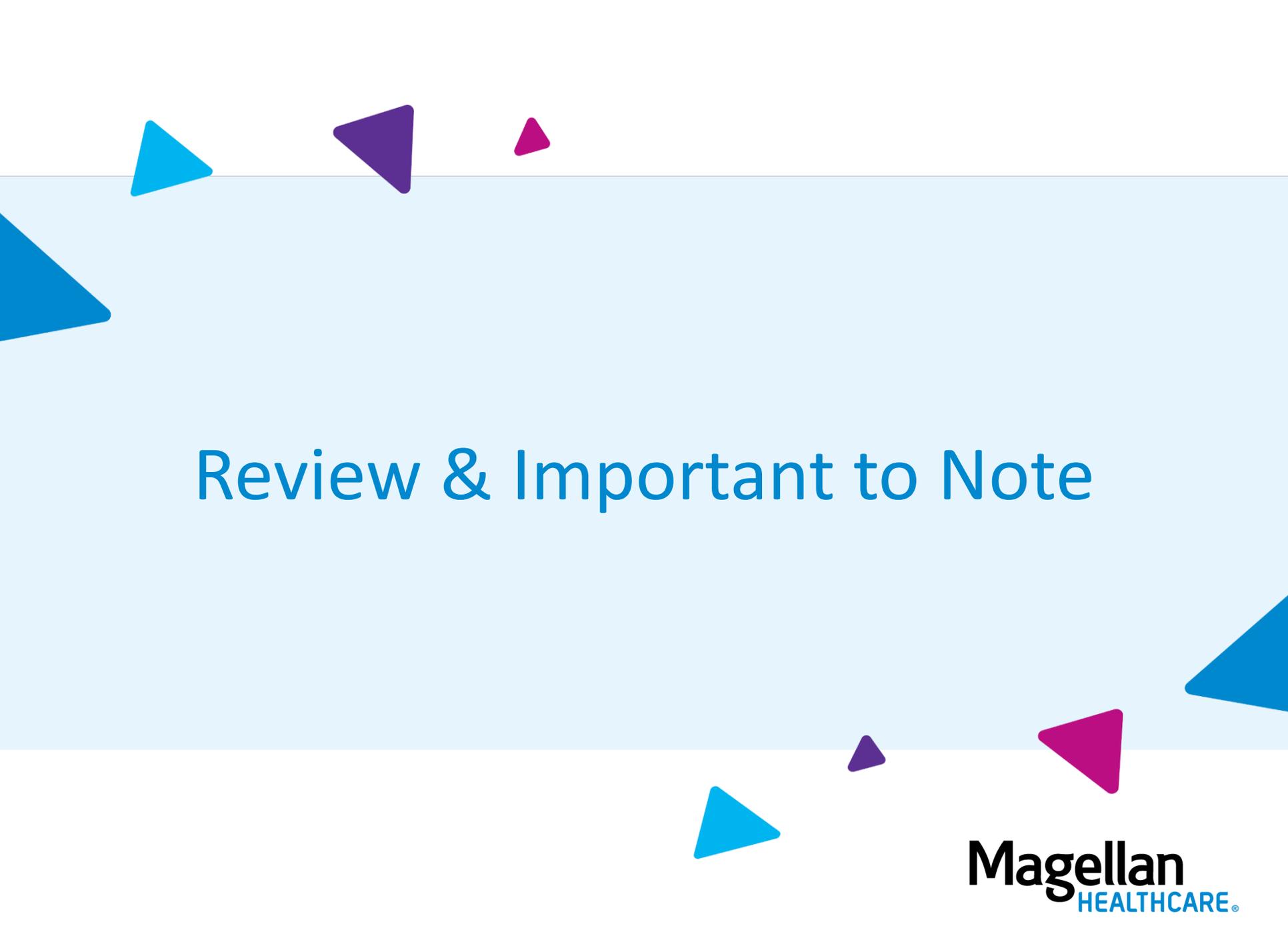
Please hold your questions until the end of the PowerPoint. We hope this will assist in participants being able to more actively listen to the content.

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.

# Agenda

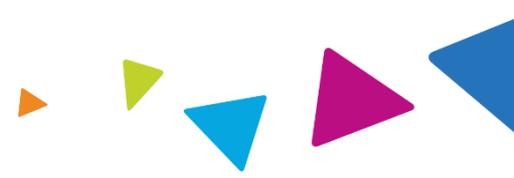


- Review/Important Notes
- Quality Management Oversight
- IBHS Billing Guidance
- IBHs rates & network changes
- Draft Reporting Information
- Access Survey
- Referral list transition
- Group Services
- Brief Treatment Model
- BHRS/IBHS Discharge Best Practices
- FAQ Update
- Approved Service Description Submissions
- Magellan Workgroups and Technical Assistance Calls
- OMHSAS Updates
- Questions
- Next Steps



# Review & Important to Note

# New and Important to Note

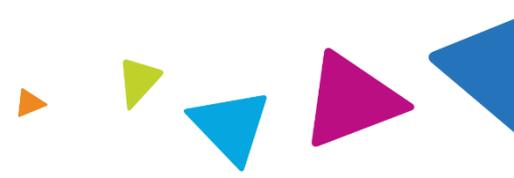


- Reminder: OMHSAS did release the IBHS Individual, Group and ABA Medical Necessity Guidelines last month. Agencies need to become familiar with these new guidelines and use them when completing written orders and assessments for IBHS.
- OMHSAS presented the BH-MCOs with some draft reporting documents. Discussions are ongoing but will likely require some additional tracking items. Magellan will share information as it becomes available.
- OMHSAS released the regulation suspension bulletin.
- OMHSAS has not yet provided an update on their re-consideration of site based 1:1 ABA being delivered as ABA vs the current expectation of within the group IBHS category.

A large blue triangle points from the top-left towards the bottom-right. Several smaller, colorful triangles are scattered around it: a large orange one on the left, a lime green one above it, a purple one in the upper right, a cyan one to its right, and a magenta one below the purple one.

# Quality Management Oversight

# QM Plan Reminder



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



# Billing Guidance

# 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.

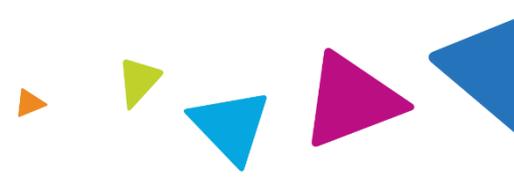
# Applied Behavior Analysis - Behavior Consultation

## \*correction



Service	Authorization Codes	Billing Codes
ABA Services- Behav Consult - Assess	97151 HO	97151 HO
ABA Services- Behav Analytic Sercv- Assess	97151 HO	97151 HO HA
ABA Services- Behav Consult - Ad Bh Tx	97151 HO	*97155 HO
ABA Services- Behav Analytic Sercv- Ad Bh Tx	97151 HO	*97155 HO HA
ABA Services- Behav Consult - Family	97151 HO	97156 HO
ABA Services- Behav Analytic Sercv- Family	97151 HO	97156 HO HA

# Auth codes vs Billing codes



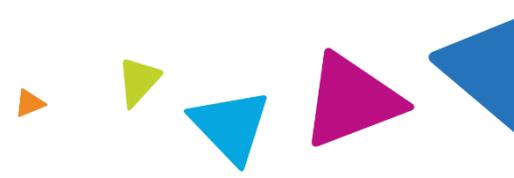
## Auth codes

These codes will be the ones you will see on the authorizations as noted on the TAR.

## Billing codes

These codes are specific to your contract, services/tasks provided, and staff credentials.

# Reminder

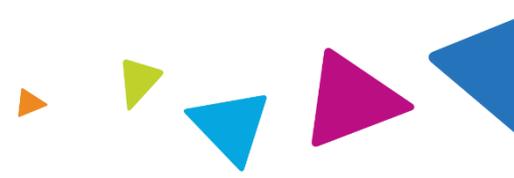


Medicaid is always the payer of last resort.

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

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

# Individual Services: Behavior Consultation\*



Will be used for all behavior consultation services. This includes conducting an assessment of the strengths and needs of the child, youth and young adult in the home and community and developing an individual treatment plan.

- **Billable:** Face-to-face consultation and assessment with team members; attendance at team meetings related to the member; development of the treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.); CANS completion; & completion of other standardized tools, such as a Functional Behavior Assessment. If member is diagnosed with Autism Spectrum Disorder, staff must be a licensed Behavior Consultant.
- **Not Billable:** Not inclusive of writing the treatment plan or online research for treatment plan development. Training and research is not billable- the role of the consultant is to give information to team. Clerical time is not billable. Supervision is not billable. BC and MT should not bill for the same time period with the member, family or team members, only one staff member can bill. Telephonic services are not currently billable, but under consideration. Travel time is not billable.

\*need to bill based on staff credentials

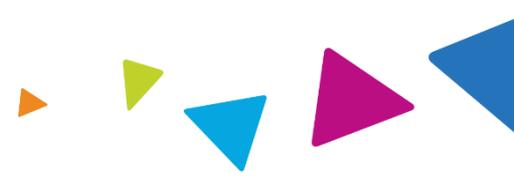
# Individual Services: Mobile Therapy\*



Will be used for all mobile therapy services. This includes conducting an assessment of the strengths and needs of the child, youth, or young adult in the home and community and developing an individual treatment plan.

- **Billable:** Face-to-face individual and family therapy; assessment of members, development of treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.); crisis stabilization; and addressing problems the youth has encountered; attending team meetings when family, youth or external team member is present (maximum of 6 hours per year for coordination and treatment plan development). Can be provided to siblings only as it relates to an identified member's treatment goals. Should not be delivered simultaneously as BC or BHT unless necessary as outlined in the treatment plan.
- **Not Billable:** Writing the treatment plan or online research for treatment plan development are not billable. Training and research is not billable. Clerical time is not billable. Telephonic services are not billable. Travel time is not billable.

# Individual Services: Behavioral Health Technician



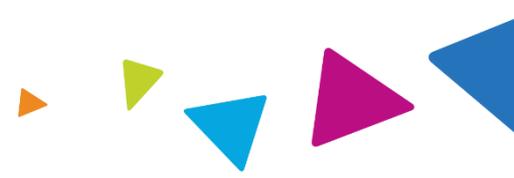
- Behavioral Health Technician
- **Billable:** Face-to-face services with the child to implement the treatment plan.
- **Non-Billable:** All non-face-to-face time. Time spent not related to the goals on the treatment plan. Travel time is not billable. The member must be awake throughout the session.

# Functional Family Therapy (FFT)



- **Billable:** Face-to-face treatment/contact by the therapist or any member of FFT team with the youth, parent(s)/caregiver(s), members of the family, friends, service providers, other support systems (school, JPO, CYS, etc.) and/or other essential persons for the purpose of assisting the family in meeting their treatment goals. If necessary, treatment can include marital therapy, substance abuse treatment, addressing Mental Health problems or other Behavioral Health services with the parent(s)/caregiver(s) that affect the treatment of the youth and/or their functioning relative to healthy parenting. Face-to-face contact can also include meetings with one or more of the above individuals/groups, with or without the youth present. Includes Case management activities to build pro-social supports relative to the youth and caregiver for sustainable treatment. Crisis intervention services. Development of the treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.) (limited to 2 hrs. maximum for the authorization period).
- **Not Billable:** Telephonic contact; time spent in travel; training; paperwork other than treatment plan development as developed during face-to-face contact with the member of other members of the treatment plan; and supervision.

# Multi-Systemic Therapy



- **Billable:** Face-to-face treatment/contact by the therapist or any member of MST team with the youth, parent(s)/caregiver(s), members of the family, friends, service providers, other support systems (school, JPO, CYS, etc..) and/or other essential persons for the purpose of assisting the family in meeting their treatment goals. If necessary, treatment can include marital therapy, substance abuse treatment, addressing Mental Health problems or other Behavioral Health services with the parent(s)/caregiver(s) that affect the treatment of the youth and/or their functioning relative to healthy parenting. Face-to-face contact can also include meetings with one or more of the above individuals/groups, with or without the youth present. Face-to-face by therapist with the MST Systems Supervisor regarding the treatment of each youth. Includes case management to build pro-social supports relative to the youth and caregiver for sustainable treatment. Crisis intervention services. Development of the treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.) (limited to 2 hrs. maximum for the authorization period).
- **Not Billable:** Telephonic contact; time spent in travel; training; paperwork other than treatment plan development as developed during face-to-face contact with the member of other members of the treatment plan; and supervision.

# Group Services



- **Billable:** Includes group therapy such as Psychoeducational groups, Skills development groups, Cognitive–behavioral/problem solving groups, and Interpersonal process groups. Member needs to be present for each unit billed. The group needs to have clear therapeutic objectives for each group session that correlate to the members treatment plan. May include family therapy sessions onsite; family therapy must be specific to the members goals. Used when a minimum of x (\*varies by code/modifier) members were present for the duration of the unit.
- **Not Billable:** Time for meals, purely recreational activities, and breaks are not billable. Time spent not related to the members goals or goals of the group are not billable. Not billable if less than x (\*varies by code/modifier) members were present.

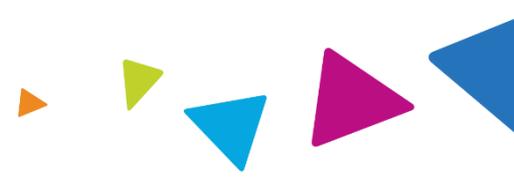
# ABA Services- Behavior Consultation\*: Assessment



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.

- **Billable:** Face-to-face consultation and assessment with team members; attendance at meetings related to the member; development of treatment plan (including observations, behavior tracking, defining antecedents and consequences etc.); administering assessments, such as a Functional Behavior Assessment or the CANS; discussing findings and recommendations; non-face-to-face analyzing of past data; scoring/interpreting the assessment and preparing the report/treatment plan; reviewing observational data. Identification and analysis of skill deficits and/or targeted behaviors. Discussing findings and recommendations with member/guardian.
- **Not Billable:** Telephonic services are not currently billable. Writing the treatment plan or online research for treatment plan development are not billable. Training and research is not billable- role of consultant is to give information to team. Clerical time is not billable. Travel time is not billable.

# ABA Services- Behavior Consultation\*: Adaptive Behavior Treatment



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, each 15 minutes.

- **Billable:** Face-to-face with the member to monitor protocol or make changes. Includes direction of behavior technician with the member. Includes 1:1 interventions provided face-to-face identified in the treatment plan.
- **Not Billable:** Any non-face-to-face with member is not billable. Travel time is not billable.

# ABA Services- Behavior Consultation: Family Adaptive Behavior



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), each 15 minutes.

- **Billable:** Face-to-face with the guardian/caregiver (inclusive of teachers/day care workers etc..) with or without the member present. Includes coaching, modeling or teaching.
- **Not Billable:** Non-face-to-face with guardian/caregiver (inclusive of teachers/day care workers etc..) and any non-face-to-face with non-guardian or caregiver. Travel time is not billable.

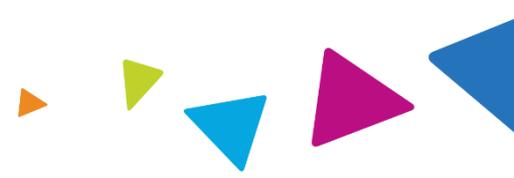
# ABA- Behavior Health Tech Services: Assessment



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, each 15 minutes.

- **Billable:** Face-to-face with child only, includes data collection as needed. RBT's are also permitted to bill for face-to-face time with caregiver in absence of child as it relates to the implementation of the treatment plan.
- **Not Billable:** Non-face-to-face time. BHT should not be conducting or doing parts of the assessment as its beyond their scope of what they are trained to do. Travel time is not billable.

# ABA- Behavior Health Technician Services: Adaptive Behavior Treatment



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, each 15 minutes.

- **Billable:** Face-to-face with the member. RBT's may bill for face-to-face time with caregiver in absence of child as it relates to the treatment plan implementation.
- **Not Billable:** Non-face-to-face time. BHT should not be conducting or doing parts of the assessment as that is beyond the scope of what they are trained to do. Travel time is not billable.

# Behavior Health Technician: ABA Group Services



Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes (up to x (\*varies by code/modifier group members)). Provided by staff with the qualifications/credentials to provide BHT-ABA group services.

- **Billable:** Requires at least x (\*varies by code/modifier) member to be present. Member needs to be present for each unit billed; includes clear therapeutic objectives for each group session that correlate to members treatment plan; includes Family therapy sessions.
- **Not Billable:** Does not include time for meals, purely recreational activities, and breaks. May only bill either the technician or the professional staff time, not both.

# ABA Group Services



Group adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes (x group members (\*varies by code/modifier)). Provided by staff with the qualifications/credentials of a graduate level professional.

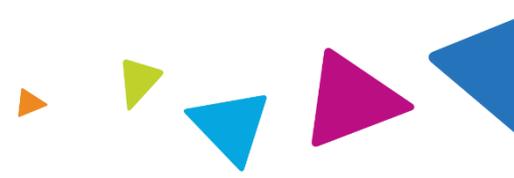
- **Billable:** Requires at least x (\*varies by code/modifier) members to be present for each unit billed; clear therapeutic objectives for each group session that correlate to members treatment plan. Includes family therapy sessions.
- **Not Billable:** Does not include time for meals, purely recreational activities, and breaks. May only bill either the technician or the professional staff time, not both.

# Place of Service Codes



POS	Place of Service Description	POS	Place of Service Description
03	School/Daycare/Preschool/After School Program/Summer Camp	49	Independent Clinic
11	Office	50	Federally Qualified Health Ctr
12	Home	52	Psychiatric Facility - PH
15	Mobile Unit	54	ICF/MR
21	Inpatient Hospital	56	Psychiatric RTF
22	Outpatient Hospital	57	Non-Residential Substance Abuse Treatment Fac
23	Emergency Room - Hospital	65	End-Stage Renal Disease Treatment Facility
24	Ambulatory Surgical Center	72	Rural Health Clinic
31	Skilled Nursing Facility	81	Independent Laboratory
32	Nursing Facility	99	Other POS

# Potential New Code

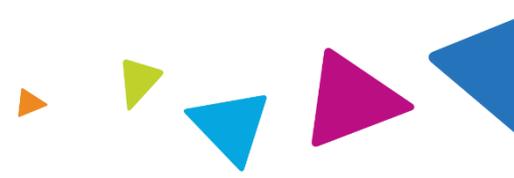


- Based on the draft reporting requirements, Magellan will be adding a new Assessment procedure code/modifier so that it can be distinguished from traditional services. We will share when it is confirmed.



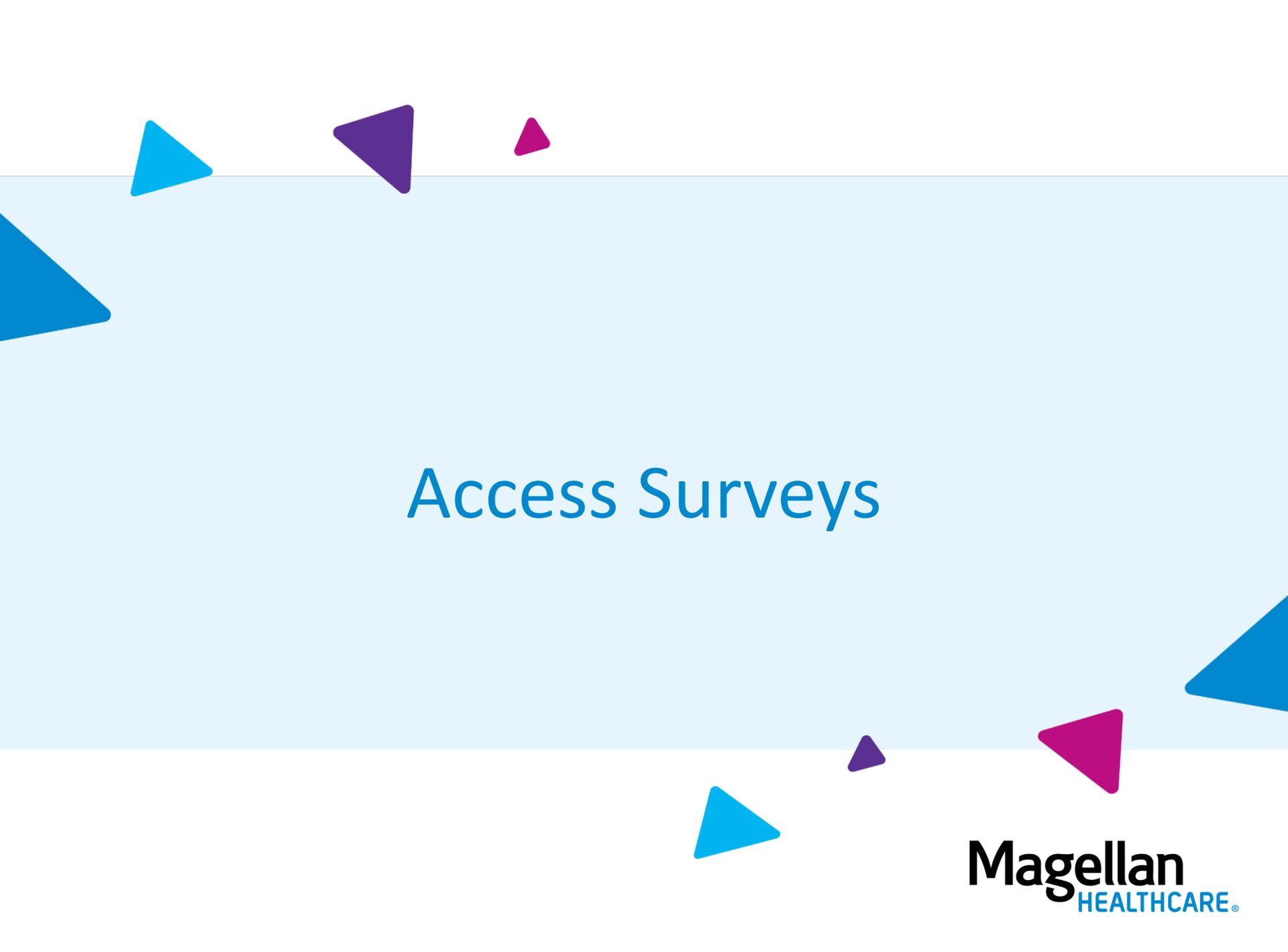
# Draft Reporting Requirements

# Possible Reporting Information



- Date of written order
- Date written order received
- Date assessment began
- Date assessment complete
- Date ITP completed
- 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 services recommended in the written order and assessment. We will need to report all levels of service.

\*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 online access survey that will eliminate the multiple surveys currently being collected.
- 1x/month a short survey will be distributed asking timely access questions.
- 1x/month a more detailed survey with questions related to admissions and discharges, barriers to staffing, and special accommodations needed/available, which can better inform our network and clinical processes.
- 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.



# Magellan HEALTHCARE®

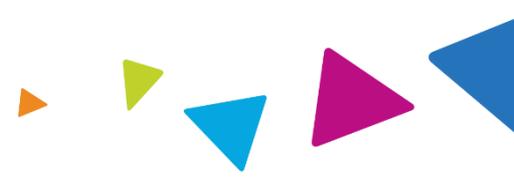
## Bucks County - Individual Services

'Last Name'	'First Name'	MIS Number	'Phone Number'	'Email'	Behavior Consultant			Mobile Therapy		Behavioral Health Technician		Assessments		Split Cases	Transfer Cases	Written Orders
					Daytime	After school/ Evenings	Weekends	Daytime	After school/ Evenings	Daytime	After school/ Evenings	Daytime	After school/ Evenings			
Last Name	First Name	123456789	Phone Number	Email	✓		✓			✓		✓		✓	✓	✓
Last Name	First Name	888888888	Phone Number	Email	✓			✓		✓		✓				
Last Name	First Name	999999999	Phone Number	Email		✓			✓		✓	✓				

## Bucks County - ABA Services

'Last Name'	'First Name'	MIS Number	'Phone Number'	'Email'	Behavior Consultant			Behavioral Health Technician		Assessments		Split Cases	Transfer Cases	Written Orders
					Daytime	After school/ Evenings	Weekends	After school/ Evenings	Weekends	After school/ Evenings	Weekends			
Last Name	First Name	123456789	Phone Number	Email		✓		✓		✓		✓	✓	✓
Last Name	First Name	888888888	Phone Number	Email	✓			✓		✓		✓		✓
Last Name	First Name	999999999	Phone Number	Email			✓		✓		✓	✓	✓	✓

## Access Survey contacts: Individual & ABA Providers only



Please identify 2 agency contacts (Individual and ABA IBHS providers only) who should receive the email to complete the new Access Survey?

\*Please email this info to [IBHS@magellanhealth.com](mailto:IBHS@magellanhealth.com) by 5pm Wednesday, 8/26/20. Subject Line: Access survey contacts. Please provide the provider name, 2 contact names, and 2 contact emails.



# Referral List Transition

# Referral List Transition for Southeast Providers

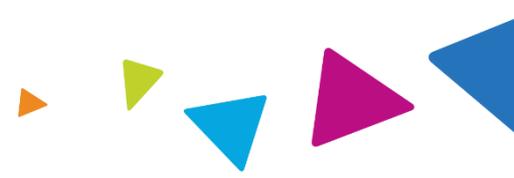


Will allow 90 days for the access survey to be fully implemented and utilized

After those 90 days:

- All initial referrals to the list will stop
- All splits/transfers being added to the list will stop
- Current splits/transfers on the referral list will return to referred provider, with referral options given by Magellan, who will be responsible for follow up.
- All initial cases on the referral list will remain active. Magellan will continue to assist with provider identification.

# Referral List Expansion for **All 6 Counties**

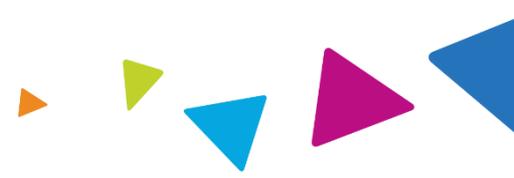


- Magellan will accept and identify staffing for all new IBHS WO recommendations from Acute Inpatient Mental Health Hospital (AIPs) and Acute Partial Hospitalization Programs (APHP).
- Magellan's data shows that on average 75% of our SE members have had staffing secured within 0-3 months.
- Members from all counties can receive assistance to secure staffing at a specific benchmark time and/or for members with complex needs.

Magellan will continue to monitor this process for effectiveness.

It will be critical that all providers complete and use the new access survey to support our members in being connected to IBH Services.

# Reasons for these changes to referral list:



- New access survey will allow for more real time information on network access which will be readily available.
- Quicker access for members. Avoids delays with paperwork.
- Avoids multiple people calling the same providers for the same member's needs.
- Allows the Magellan Care Worker to focus on the members who need more individualized, personalized outreach and assistance to secure staffing.
- Continuity of care – New members can be matched with providers who can provide the assessment and ongoing services more often.

Magellan is in process of creating a set of guidelines for supporting members' during the waiting period.



# 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:

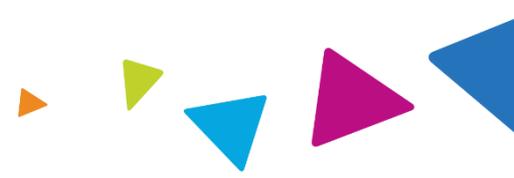
- Submit a detailed program description to [IBHS@MagellanHealth.com](mailto:IBHS@MagellanHealth.com) inclusive of:
  - target population (including primary & MA secondary participants)
  - clinical model of program
  - size of each group
  - frequency of each group
  - length of group (program duration and each sessions)
  - if group is closed or open
  - location of group
  - family involvement
  - Authorization period
  - other relevant information
- Schedule a Technical Assistance (TA) call with Magellan to review your program proposal.



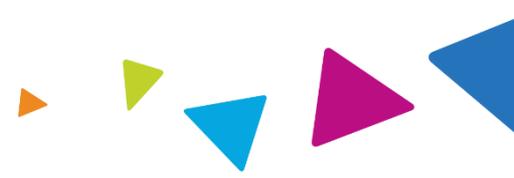
# Brief Treatment



- Brief Treatment will be contracted under IBHS Individual Services for all providers, all Counties.
- The BHRSCA/IBHS Brief Treatment Model is a treatment option available to all HealthChoices members.
- The BHRSCA/IBHS Brief Treatment Model serves the needs of children, youth, and young adults under the age of twenty-one (21) who would benefit from a less intensive form of BHRSCA/IBHS treatment.
- The Brief Treatment Model, which includes Mobile Therapy (MT) or Behavioral Specialist Consultant (BSC)/Behavior Consultation (BC) only, may be provided to members meeting Medical Necessity Criteria for low level BHRSCA/IBHS with one of these services.
- Goals of the BHRSCA/IBHS Brief Treatment Model include:
  - reducing challenges in accessing services as prescribed;
  - eliminating potential duplication of services.



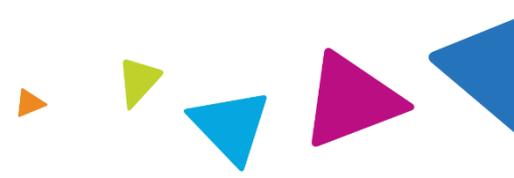
- Members may be considered for the Brief Treatment Model (BTM) if the member does not require the intensity of Therapeutic Support Staff (TSS)/Behavioral Health Technician (BHT)/Registered Behavior Technician (RBT) or co-occurring MT and BSC/BC.
- BTM will address the needs of individuals that are less intensive, and support can be transferred more easily to natural resources such as school staff, less intensive services, etc...
- BTM must be prescribed through a Life Domain Evaluation or written order, followed by an assessment, which specifies Brief Treatment BHRSCA/IBHS Behavior Specialist Consultant/Behavior Consultation or Mobile Therapy with a recommended amount of hours per month.
- A BHRSCA/IBHS packet must be submitted according to BHRSCA/IBHS requirements.
- BTM can be provided up to six (6) hours per week, twenty-four (24) per month.
- BTM is prescribed for a maximum duration of up to thirty-six (36) weeks.



- Individuals prescribed BTM who are found to have more significant needs will be re-assessed for medical necessity for more intensive and/or longer duration treatment such as BHRSCA/IBHS, Family Based Services, etc..
- The member's eligibility for BTM will be determined during the process of completing psychological or psychiatric evaluations or written order process and will be authorized for six (6) months (180-day authorization), and then if needed, re-evaluated/re-assessed for up to an additional twelve (12) weeks of BTM services. The recommendation can list up to six (6) hours of BTM services per week/twenty-four (24) hours per month.
- Under the Brief Treatment Model, the provider provides behavioral interventions and collateral therapy, performed and billed as the Behavior Specialist Consultant/Behavior Consultation or Mobile Therapist. This may include:
  - individual and family therapy;
  - consultation with parents, school officials, and other persons concerning the behavioral health needs of the child;
  - attendance at meetings involving the child's behavioral health issues;
  - designing, developing and directing the implementation of a treatment plan that includes a behavior management plan and involves data collection and analysis;
  - providing collateral therapy to other members in the home (collateral therapy is therapy related to the primary member).



- Following the completion of the Brief Treatment Model the member is eligible for booster sessions as needed. Booster sessions may be requested, as necessary, for stabilization for the child/family within one (1) year upon completion of the service.
- Three (3) non-consecutive booster sessions can be authorized for a period of two (2) weeks.
- Booster sessions should be used to assist the child/family in periods of change or crisis involving BSC/BC or MT treatment.
- Booster sessions can be requested up to six (6) hours per week/twenty-four (24) hours per month and must be preauthorized by a Magellan Care Manager after telephonic consultation between the provider and Magellan Care Manager.



- If the provider determines that BTM is not addressing the needs of the member and another level of care is indicated, a referral will be made for a new evaluation/written order to explore other services such as case management, outpatient, family based or BHRSCA/IBHS.
- All necessary documentation will be forwarded to Magellan for review and authorization, if medical necessity is met.
- If a child has been discharged from BHRSCA/IBHS for thirty (30) or more consecutive days and BHRSCA/IBHS (Brief Treatment or Traditional BHR/IBH services) are recommended, this will be considered a new initial BHRSCA/IBHS packet.

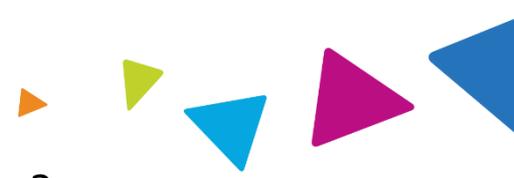


# BHRS/IBHS Discharge Best Practices



# Frequently Asked Questions

## Misc. FAQ



**Q:** Does a BSL count as a license for licensed professional claims codes?

**A:** Yes.

**Q:** Does IBHS have something comparable to BHRS' A&A?

**A:** Yes, see individual code H2014 "Skills Training & Development."

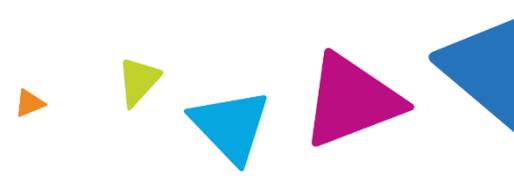
**Q:** How do I request/bill for assessment codes before being contracted for IBHS?

**A:** For initial cases, Magellan will authorize a "registration" assessment via BSC 15 hours (60 units) for non-ABA for 30 business days or BSC-ABA 24 hours (96 units) for 45 business days. For continued stays, providers will use their current BSC units/authorization to complete/bill for an updated assessment. If MT only case, MTs will use their current MT units/auth to do the updated assessment. If additional units are needed to complete the concurrent assessment, providers should submit a brief statement of explanation that includes additional units needed via fax.



**Q:** Why should we be providing recommendations which include both BHRS & IBHS?

**A:** If your agency is not currently contracted for IBHS but anticipate that happening soon, this will allow for a natural transition when contracting occurs. Magellan will have documentation and will have reviewed for IBHS as well as BHRS. Provider can then use the excel transition tracker for transition of these members authorizations from BHRS to IBHS without additional documentation.



## Magellan IBHS FAQ has been updated recently.

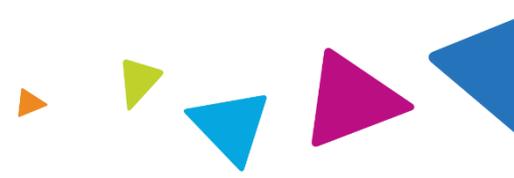
Magellan has posted a FAQ document on the IBHS page,  
<https://www.magellanofpa.com/for-providers/services-programs/ibhsbhrs/>.

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



Magellan has received has 61 approved Service Descriptions for IBHS.

Waiting on 16 more...

Please send:

- ✓ Approved IBHS Service Descriptions
- ✓ Copy of the approval letter to [IBHS@magellanhealth.com](mailto: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



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

**<https://magellanhealth.zoom.us/j/94672640376?pwd=SUx5eEYzd3NqWVNzK0FrWEs2SmhRUT09>**

**Password: 679325**

**Wednesday, October 21, 2020 12:00-1:30 P.M. Via Zoom**

**<https://magellanhealth.zoom.us/j/98055015319?pwd=SEtDa0p2KytqQlFtejJLYmlHdzBXdz09&from=msft>**

**Password: eM@6w2**

**Wednesday, November 18, 2020 12:30-2:00 P.M. Via Zoom**

**<https://magellanhealth.zoom.us/j/91683084639?pwd=c0xVSEJyL1FVQmJTVWNheWtYVVYvQT09&from=msft>**

**Password: 439SDC**

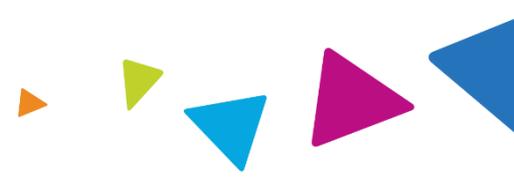
**Tuesday, December 15, 2020 10:00-11:30 A.M. Via Zoom**

**<https://magellanhealth.zoom.us/j/93419160080?pwd=MWpOYnZWbm9USy9iSnczR05PWSt2UT09&from=msft>**

**Password: Hj.4z\***

**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



- Held first IBHS Q&A Call for IBHS contracted agencies on August 19, 2020  
1:00-2:30
- Magellan will continue to host these monthly through the fall or until no longer needed.
- Invitations to the next call will be sent to the applicable agencies

# OMHSAS Updates



OMHSAS website link:

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

Submit questions to [RA-PWIBHS@pa.gov](mailto: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](#)

OMHSAS recently published their updated FAQ on their IBHS webpage. The link is now located on the right hand side of the webpage.



## **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)

## **Additional ABA Billing Guidance Resources:**

- <https://abacodes.org/frequently-asked-questions/>
- [https://www.abainternational.org/ABAIUploads/Practice/FINAL\\_CPT\\_Supplemental\\_Guidance\\_1\\_9\\_19.pdf](https://www.abainternational.org/ABAIUploads/Practice/FINAL_CPT_Supplemental_Guidance_1_9_19.pdf)

# Recent DHS & OMHSAS Bulletins



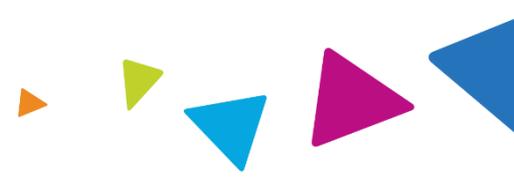
- DHS and OMHSAS has recently released the DHS & OMHSAS Memo regarding temporary suspension of certain regulatory provisions and chart. We suggest all providers review this as IBHS has several suspensions.



Adobe Acrobat  
Document

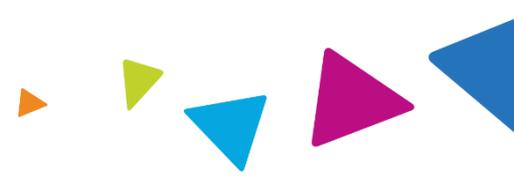


Adobe Acrobat  
Document

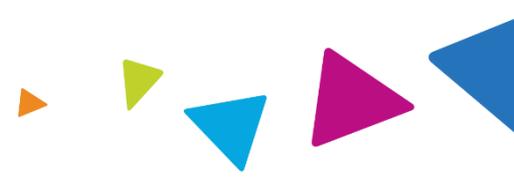


**Questions? Suggestions?**

# Magellan Contact

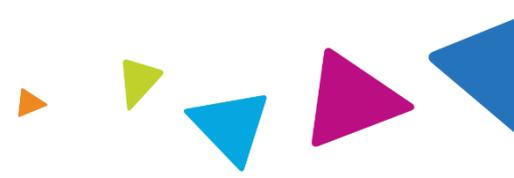


Please send all questions to [IBHS@MagellanHealth.com](mailto:IBHS@MagellanHealth.com)



**Thank you!**

# Confidentiality Statement for Providers



*The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.*

*The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.*