

Magellan Review of IBHS Quality Management (QM) Program

Regulations	QM Plan Component	Present Y/N	Comments/Feedback for Provider
<p>(a) An IBHS agency shall establish and implement a written quality improvement plan that meets the following requirements:</p> <p>(1) Provides for an annual review of the quality, timeliness and appropriateness of services that includes the following:</p> <p>(i) Review of individual records.</p> <p>(ii) Review of individual and family satisfaction information.</p> <p>(iii) Assessment of the outcomes of services delivered and if ITP goals have been completed.</p> <p>(iv) Evaluation of compliance with the agency's approved service description and licensure requirements in this chapter.</p>	QM Plan discusses evaluation of quality, timeliness, and appropriateness of services		
	QM Plan includes process for review of individual records, including how this review provides information about quality, timeliness, and appropriateness of services		
	QM Plan includes process for review of individual and family satisfaction, including the areas of quality, timeliness, and appropriateness of services		
	QM Plan includes process for measuring/tracking treatment outcomes		
	Process for measuring/tracking outcomes includes tracking of completion/ attainment of identified ITP goals		
	QM Plan includes process for the agency to evaluate its adherence to its own service description		
	QM Plan includes process for the agency to evaluate its adherence to licensure regulations		

Regulations	QM Plan Component	Present Y/N	Comments/Feedback for Provider
<p>(2) Identifies the methodology for the review of agency and individual records that includes the following:</p> <p>(i) Method for establishing sample size of agency and individual records.</p> <p>(ii) Frequency of review of the agency and individual records to prepare for the annual quality review in subsection (a)(1).</p> <p>(iii) Staff's qualifications who perform the review.</p>	QM Plan includes methodology for review of records that includes how sample size is established		
	QM Plan includes description of the frequency of periodic record reviews (monthly, quarterly, etc.)		
	Description of periodic record reviews includes how results are reported periodically as well as annually		
	Description of periodic record reviews includes how the results will be analyzed in order to draw conclusions about quality, timeliness of appropriateness of services		
	Description of record review process includes the qualifications of staff performing the reviews		
<p>(b) An IBHS agency shall prepare an annual quality report that includes the following:</p> <p>(1) Analysis of the findings of the annual quality review required under subsection (a)(1).</p> <p>(2) Identification of the actions to address annual review findings.</p>	Agency has an annual QM Report (in year 1, an outline of the planned report will suffice)		
	The Annual QM Report includes analysis of the record reviews in terms of quality, timeliness of appropriateness of services		
	The Annual QM Report identifies planned actions to address the findings		
<p>(c) An IBHS agency shall make annual quality reports available to the public upon request.</p>	The agency has a procedure for making the Annual QM Report available to the public upon request.		
<p>(d) An IBHS agency shall provide written notification that a copy of the annual quality report may be requested by a youth, young adult or parent, legal guardian or caregiver of a child, youth or young adult upon admission to services.</p>	The agency provides written notification to members served about how they may request a copy of the Annual QM Report		

Magellan Treatment Record Review (TRR) Form for IBHS Programs for Individual Programs

Individual services provision:

- (a) Behavior consultation services consist of clinical direction of services to a child, youth or young adult; development and revision of the ITP; oversight of the implementation of the ITP and consultation with a child's, youth's or young adult's treatment team regarding the ITP.
- (b) Mobile therapy services consist of individual therapy, family therapy, development and revision of the ITP, assistance with crisis stabilization and assistance with addressing problems the child, youth or young adult has encountered.
- (c) BHT services consist of implementing the ITP.
- (d) An individual who provides BHT services may not provide interventions requiring skills, experience, credentials or licensure that the individual does not possess.

Section A: General

- 1) The record is legible.
- 2) The individual's name or ID number is noted on each page of the record.
- 3) Entries are appropriately signed and dated, and include the provider's credentials.
- 4) The record contains relevant demographic information, including address, employer/school, phone, emergency contact, marital status.
- 5) All alterations of the record are signed and dated.
- 6) The record is maintained in a uniform manner so that information can be provided in a prompt, efficient, accurate manner and so that data is accessible for administrative and professional purposes.
- 7) Documentation is reviewed for quality by the administrative director, clinical director or designated quality improvement staff within 6 months of the initial entry. After initial review, subsequent reviews may be limited to new additions to the record and must occur at least annually.

Section B: Member

- 1) The treatment consent form is signed, or the individual's refusal is documented.
- 2) The Bill of Rights is signed, or the individual's refusal is documented.
- 3) There is evidence of the provider's request for Psychiatric Advanced Directives, or refusal documented. (18 years and over)
- 4) The informed consent for medication is signed, or the individual's refusal is documented.
- 5) Releases for communication with PCP, other providers and involved parties are signed, or the individual's refusal documented.
- 6) Guardianship information is noted.

Section C: Beginning Services § 1155.32

- 1) The record contains a written order for services based on a face-to-face interaction with the child, youth or young adult that meets the following:
 - A. The order is written within 12 months prior to the initiation of IBHS.
 - B. The order is written by a licensed physician, licensed psychologist, certified registered nurse practitioner or other licensed professional whose scope of practice includes the diagnosis and treatment of behavioral health disorders and the prescribing of behavioral health services, including IBHS.
 - C. The order includes a behavioral health disorder diagnosis listed in the most recent edition of the DSM or ICD.
 - D. The order includes clinical information to support the medical necessity of the service ordered.

- E. The order includes the maximum number of hours of each service per month
- F. The order includes the settings where services may be provided.
- G. The order includes the measurable improvements in the identified therapeutic needs that indicate when services may be reduced, changed or terminated.

Section D: Assessment § 5240.21

1) Within 15 days of the initiation of services (defined as the first day an individual service, ABA service or group service is provided. This included the first day an assessment is conducted) and prior to completing an ITP, a face-to-face assessment shall be completed for the child, youth or young adult by an individual qualified to provide behavior consultation services or mobile therapy services.

2) The assessment is completed in collaboration with the child, youth, young adult or parent, legal guardian or caregiver of the child or youth, as appropriate.

3) The assessment is to be individualized and include the following:

- A. The strengths and needs across developmental and behavioral domains of the child, youth or young adult.
- B. The strengths and needs of the family system in relation to the child, youth or young adult.
- C. The existing and needed natural and formal supports.
- D. The specific services, skills, supports and resources the child, youth or young adult requires to address the child's, youth's or young adult's identified therapeutic needs.
- E. The specific supports and resources, if any, the parent, legal guardian or caregiver of the child, youth or young adult requires to assist in addressing the child's, youth's or young adult's identified therapeutic needs.

4) Clinical assessment includes the following:

- A. Treatment history
- B. Medical history
- C. Developmental History
- D. Family structure and history
- E. Educational history
- F. Social history
- G. Trauma history
- H. The child's, youth's or young adult's level of developmental, cognitive, communicative, social and behavioral functioning across the home, school and other community settings.
- I. The cultural, language or communication needs and preferences of the child, youth or young adult and the parent, legal guardian or caregiver.
- J. The assessment shall include a summary of the treatment recommendations received from health care providers, school or other service providers involved with the child, youth or young adult.

5) The assessment shall be reviewed and updated at least every 12 months or if one of the following occurs:

- A. A parent, legal guardian or caregiver of the child or youth requests an update.

- B. The youth or young adult requests an update.
 - C. The child, youth or young adult experiences a change in living situation that results in a change of the child's, youth's or young adult's primary caregivers.
 - D. The child, youth or young adult has made sufficient progress to require an update.
 - E. The child, youth or young adult has not made significant progress towards the goals identified in the ITP within 90 days from the initiation of the services.
 - F. The child, youth or young adult experiences a crisis event.
 - G. A staff person, primary care physician, other treating clinician, case manager or other professional involved in the child's, youth's or young adult's services provides a reason an update is needed.
- 6) The assessment and all updates shall be signed and dated by the staff person who completed the assessment.

Section E: Individual Treatment Plan (ITP) § 5240.22

- 1) A written ITP shall be completed within 30 days after the initiation of a service and be based on the assessment completed in accordance with § 5240.21
- 2) The ITP must include the recommendations from the licensed professional who completed the written order for IBHS in accordance with § 1155.32
- 3) The ITP shall be strength-based with individualized goals and objectives to address the identified therapeutic needs for the child, youth or young adult to function at home, school or in the community.
- 4) The ITP must include the following:
 - A. Service type and the number of hours of each service.
 - B. Whether and how parent, legal guardian or caregiver participation is needed to achieve the identified goals and objectives.
 - C. Safety plan to prevent a crisis, a crisis intervention plan and a transition plan.
 - D. Specific goals, objectives and interventions to address the identified therapeutic needs with definable and measurable outcomes.
 - E. Time frames to complete each goal.
 - F. Settings where services may be provided.
 - G. Number of hours of service at each setting.
- 5) The ITP shall be developed in collaboration with the child, youth, young adult or parent, legal guardian or caregiver of the child or youth, as appropriate.
- 6) The ITP shall be reviewed and updated at least every 6 months or if one of the following occurs:
 - A. The child, youth or young adult has made sufficient progress to require that the ITP be updated.
 - B. The child, youth or young adult has not made significant progress towards the goals identified in the ITP within 90 days from the initiation of the services.
 - C. The youth or young adult requests an update.
 - D. A parent, legal guardian or caregiver of the child or youth requests an update.
 - E. The child, youth or young adult experiences a crisis event.
 - F. The ITP is no longer clinically appropriate for the child, youth or young adult.
 - G. A staff person, primary care physician, other treating clinician, case manager or other professional involved in the child's, youth's or young adult's services provides a reason an update is needed.
 - H. The child, youth or young adult experiences a change in living situation that results in a change of the child's, youth's or young adult's primary caregivers.

- I. A description of progress or lack of progress toward previously identified goals and objectives.
 - J. A description of any new goals, objectives and interventions.
 - K. A description of any changes made to previously identified goals, objectives or interventions.
 - L. A description of new interventions to be used to reach previously identified goals and objectives.
- 7) The ITP and all updates shall be reviewed, signed and dated by the youth, young adult or parent or legal guardian of the child or youth, and the staff person who completed the ITP.
- 8) The ITP and all updates shall be reviewed, signed and dated by an individual who meets the qualifications of a clinical director in § 5240.12 (relating to staff qualifications).

Section F: Service provision § 5240.23.

- 1) IBHS shall be provided in accordance with the child's, youth's or young adult's ITP.
- 2) Prior to the completion of the ITP, IBHS can be provided if there is a treatment plan for the individual services provided.
- 3) IBHS shall be provided in accordance with the IBHS agency's approved service description under § 5240.5 (relating to service description).

Section G: Discharge § 5240.31 and Discharge summary § 5240.32

- 1) An IBHS agency may discharge a child, youth or young adult when one of the following occurs:
 - A. The child, youth or young adult has completed the goals and objectives in the ITP and no new goals or objectives have been identified.
 - B. The child, youth or young adult is not progressing towards the goals identified in the ITP within 180 days from the initiation of service and other clinical services are in place.
 - C. The child, youth or young adult requires a more restrictive service to meet the child's, youth's or young adult's needs and other clinical services are in place.
 - D. The parent or legal guardian of a child or youth who provided consent to receive services agrees services should be discontinued.
 - E. The youth or young adult agrees services should be discontinued.
 - F. The child, youth or young adult failed to attend scheduled IBHS for 45 consecutive days without any notification from the youth, young adult or the parent, legal guardian or caregiver of the child or youth. Prior to discharge, the IBHS agency made at least three attempts to contact the youth, young adult or the parent, legal guardian or caregiver to discuss past attendance, ways to facilitate attendance in the future and the potential discharge of the child, youth or young adult for lack of attendance.
- 2) An IBHS agency shall provide the following information to the youth, young adult or parent, legal guardian or caregiver of the child upon discharge:
 - A. If the child, youth or young adult has been referred to other services, contact information for each service.
 - B. Contact information for the local crisis intervention service.
- 3) An individual qualified to provide behavior consultation services or mobile therapy services shall complete a discharge summary for the child, youth or young adult that includes the following:
 - A. Summary of the service outcomes.
 - B. Reason for discharge.

C. Referral for services other than IBHS if needed.

D. Provided to the youth, young adult or parent, legal guardian or caregiver of the child.

Section H: Individual Records § 5240.41

1) Documentation of each service provided that includes the following:

A. Date and time services were provided, duration of services and setting where services were provided.

B. Identification of the service provided to address a goal in the ITP.

C. Description of the outcome of the services provided.

D. Signature of the staff person providing the service.

E. Documentation of any efforts to coordinate care with other services and community supports if needed.

2) If services are not provided in accordance with the ITP and written order, an explanation of the reason why services were not provided in accordance with the ITP and written order.

Magellan Treatment Record Review (TRR) Form for IBHS Programs for ABA

ABA services provision:

- (a) Behavior analytic services and behavior consultation-ABA services consist of clinical direction of services to a child, youth or young adult; development and revision of the ITP; oversight of the implementation of the ITP and consultation with a child's, youth's or young adult's treatment team regarding the ITP.
- (b) In addition to the services listed in subsection (a), behavior analytic services include functional analysis.
- (c) Assistant behavior consultation-ABA services consist of assisting an individual who provides behavior analytic services or behavior consultation-ABA services and providing face-to-face behavioral interventions.
- (d) BHT-ABA services consist of implementing the ITP.
- (e) An individual who provides assistant behavior consultation-ABA services and BHT-ABA services may not provide interventions requiring skills, experience, credentials or licensure that the individual does not possess.

Section A: General

- 1) The record is legible.
- 2) The individual's name or ID number is noted on each page of the record.
- 3) Entries are appropriately signed and dated, and include the provider's credentials.
- 4) The record contains relevant demographic information, including address, employer/school, phone, emergency contact, marital status.

- 5) All alterations of the record are signed and dated.
- 6) The record is maintained in a uniform manner so that information can be provided in a prompt, efficient, accurate manner and so that data is accessible for administrative and professional purposes.
- 7) Documentation is reviewed for quality by the administrative director, clinical director or designated quality improvement staff within 6 months of the initial entry. After initial review, subsequent reviews may be limited to new additions to the record and must occur at least annually.

Section B: Member

- 1) The treatment consent form is signed, or the individual's refusal is documented.
- 2) The Bill of Rights is signed, or the individual's refusal is documented.
- 3) There is evidence of the provider's request for Psychiatric Advanced Directives, or refusal documented. (18 years and over)

- 4) The informed consent for medication is signed, or the individual's refusal is documented.
- 5) Releases for communication with PCP, other providers and involved parties are signed, or the individual's refusal documented.

6) Guardianship information is noted.

Section C: Beginning Services § 1155.33

1) The record contains a written order for services based on a face-to-face interaction with the child, youth or young adult that meets the following:

- A. The order is written within 12 months prior to the initiation of IBHS.
- B. The order is written by a licensed physician, licensed psychologist, certified registered nurse practitioner or other licensed professional whose scope of practice includes the diagnosis and treatment of behavioral health disorders and the prescribing of behavioral health services, including IBHS.
- C. The order includes a behavioral health disorder diagnosis listed in the most recent edition of the DSM or ICD.

2) Orders ABA services for the child, youth or young adult and includes the following:

- A. The clinical information to support the medical necessity of each ABA service ordered.
- B. The maximum number of hours of each ABA service per month.
- C. The settings where ABA services may be provided.
- D. The measurable improvements in targeted behaviors or skill deficits that indicate when services may be reduced, changed or terminated.

Section D: Assessment § 5240.85

1) Within 30 days of the initiation of ABA services and prior to completing the ITP, a face-to-face assessment shall be completed for the child, youth or young adult by an individual qualified to provide behavior analytic services or behavior consultation-ABA services.

2) The assessment shall be completed in collaboration with the child, youth, young adult or parent, legal guardian or caregiver of the child or youth, as appropriate.

3) The assessment shall be individualized and include the following:

- A. The strengths and needs across developmental and behavioral domains of the child, youth or young adult.
- B. The strengths and needs of the family system in relation to the child, youth or young adult.
- C. Existing and needed natural and formal supports.
- D Clinical information that includes the following:
 - a. The measurable improvements in targeted behaviors or skill deficits that indicate when services may be reduced, changed or terminated.
 - b. Treatment history.
 - c. Medical history.
 - d. Developmental history.
 - e. Family structure and history.

- f. Educational history.
- g. Social history.
- h. Trauma history.
- i. Adaptive skills assessment.
- j. Other relevant clinical information.
- k. Completion of standardized behavioral assessment tools as needed.
- l. Compilation of observational data to identify developmental, cognitive, communicative, behavioral and adaptive functioning across the home, school and other community settings.
- m. Identification and analysis of skill deficits, targeted behaviors or both, in measurable terms to address needs.
- n. The cultural, language or communication needs and preferences of the child, youth or young adult and the parent, legal guardian or caregiver.

4) The assessment shall include a summary of the treatment recommendations received from health care providers, school or other service providers involved with the child, youth or young adult.

5) The assessment shall be reviewed and updated at least every 12 months or if one of the following occurs:

- A. A parent, legal guardian or caregiver of the child or youth requests an update.
- B. The youth or young adult requests an update.
- C. The child, youth or young adult experiences a change in living situation that results in a change of the child's, youth's or young adult's primary caregivers.
- D. The child, youth or young adult has made sufficient progress to require an updated assessment.
- E. The child, youth or young adult has not made significant progress towards the goals identified in the ITP within 90 days from the initiation of the services.
- F. The child, youth or young adult experiences a crisis event.
- G. A staff person, primary care physician, other treating clinician, case manager or other professional involved the child's, youth's or young adult's services provides a reason an update is needed.

6) The assessment and all updates shall be signed and dated by the staff person who completed the assessment.

Section E: Individual Treatment Plan (ITP) § 5240.86

1) A written ITP shall be completed by an individual qualified to provide behavior analytic services or behavior consultation-ABA services within 45 days after the initiation of ABA services and be based on the assessment completed in accordance with § 5240.85 (relating to assessment).

2) The ITP must include the recommendations from the licensed professional who completed the written order for ABA services in accordance with § 1155.33(a)(1) (relating to payment conditions for ABA services).

3) The ITP must be strength-based with individualized goals and objectives to address the identified skill deficits, targeted behaviors or both for the child, youth or young adult to function at home, school or in the community.

4) The ITP must include the following:

A. Service type and number of hours of each service.

B. Specific measurable long, intermediate and short-term goals and objectives to address socially significant behaviors, skill deficits or both.

C. Delineation of the frequency of baseline behaviors, the treatment planned to address behaviors, skill deficits or both, and the frequency at which the child's, youth's or young adult's progress in achieving each goal is measured.

D. Time frames to complete each goal.

E. Whether and how parent, legal guardian or caregiver training, support and participation is needed to achieve the identified goals and objectives.

F. ABA interventions that are tailored to achieving the child's, youth's or young adult's goals and objectives.

G. Settings where services may be provided.

H. Number of hours of service at each setting.

I. Safety plan to prevent a crisis, a crisis intervention plan and a transition plan.

5) The ITP shall be developed in collaboration with the child, youth, young adult or parent, legal guardian or caregiver of the child or youth, as appropriate.

6) The ITP shall be reviewed and updated at least every 6 months or if one of the following occurs:

A. The child, youth or young adult has made sufficient progress to require that the ITP be updated.

B. The child, youth or young adult has not made significant progress towards the goals identified in the ITP within 90 days from the initiation of ABA services.

C. The youth or young adult requests an update.

D. A parent, legal guardian or caregiver of the child or youth requests an update.

E. The child, youth or young adult experiences a crisis event.

F. The ITP is no longer clinically appropriate for the child, youth or young adult.

G. A staff person, primary care physician, other treating clinician, case manager or other professional involved in the child's, youth's or young adult's services provides a reason an update is needed.

H. The child, youth or young adult experiences a change in living situation that results in a change of the child's, youth's or young adult's primary caregivers.

7) An ITP update must include the elements in subsection (4) and the following:

A. A description of progress or lack of progress toward previously identified goals and objectives.

B. A description of any new goals, objectives and interventions.

C. A description of any changes made to previously identified goals, objectives or interventions.

D. A description of any new interventions to be used to reach previously identified goals and objectives.

8) The ITP and all updates shall be reviewed, signed and dated by the youth, young adult or parent or legal guardian of a child or youth, and the staff person who completed the ITP.

9) The ITP and all updates shall be reviewed, signed and dated by an individual who meets the qualifications of a clinical director in § 5240.81 (relating to staff qualifications for ABA services).

Section F: Service provision § 5240.23.

1) IBHS shall be provided in accordance with the child's, youth's or young adult's ITP.

2) Prior to the completion of the ITP, IBHS can be provided if there is a treatment plan for the ABA services provided.

3) IBHS shall be delivered in home or community-based, clinically appropriate settings as identified in the written order and ITP.

4) IBHS shall be provided in accordance with the IBHS agency's approved service description under § 5240.5 (relating to service description).

Section G: Discharge § 5240.31 and Discharge summary § 5240.32

1) An IBHS agency may discharge a child, youth or young adult when one of the following occurs:

A. The child, youth or young adult has completed the goals and objectives in the ITP and no new goals or objectives have been identified.

B. The child, youth or young adult is not progressing towards the goals identified in the ITP within 180 days from the initiation of service and other clinical services are in place.

C. The child, youth or young adult requires a more restrictive service to meet the child's, youth's or young adult's needs and other clinical services are in place.

D. The parent or legal guardian of a child or youth who provided consent to receive services agrees services should be discontinued.

E. The youth or young adult agrees services should be discontinued.

F. The child, youth or young adult failed to attend scheduled IBHS for 45 consecutive days without any notification from the youth, young adult or the parent, legal guardian or caregiver of the child or youth. Prior to discharge, the IBHS agency made at least three attempts to contact the youth, young adult or the parent, legal guardian or caregiver to discuss past attendance, ways to facilitate attendance in the future and the potential discharge of the child, youth or young adult for lack of attendance.

2) An IBHS agency shall provide the following information to the youth, young adult or parent, legal guardian or caregiver of the child upon discharge:

- A. If the child, youth or young adult has been referred to other services, contact information for each service.
- B. Contact information for the local crisis intervention service.

3) An individual qualified to provide behavior analytic services or behavior consultation- ABA services shall complete a discharge summary for the child, youth or young adult that includes the following:

- A. Summary of the service outcomes.
- B. Reason for discharge.
- C. Referral for services other than IBHS if needed.
- D. Provided to the youth, young adult or parent, legal guardian or caregiver of the child.

Section H: Individual Records § 5240.41

1) Documentation of each service provided that includes the following:

- A. Date and time services were provided, duration of services and setting where services were provided.
- B. Identification of the service provided to address a goal in the ITP.
- C. Description of the outcome of the services provided.
- D. Signature of the staff person providing the service.
- E. Documentation of any efforts to coordinate care with other services and community supports if needed.

2) If services are not provided in accordance with the ITP and written order, an explanation of the reason why services were not provided in accordance with the ITP and written order.

Magellan Treatment Record Review (TRR) Form for IBHS Programs for ABA

Group services provision:

- (a) A graduate-level professional may provide individual, group and family psychotherapy; design of psychoeducational group activities; clinical direction of services to a child, youth or young adult; create and revise the ITP; oversee implementation of the ITP and consult with the child's, youth's or young adult's treatment team regarding the ITP.
- (b) An individual who meets the qualifications to provide BHT services or BHT-ABA services may assist with conducting group psychotherapy, facilitate psychoeducational group activities and implement the child's, youth's or young adult's ITP.
- (c) Group services shall be structured to address the goals and objectives identified in the child's, youth's or young adult's ITP.
- (d) Group services can be provided in a school, community setting or community like setting.
- (e) An IBHS agency that provides group services and ABA services shall also comply with §§ 5240.81—5240.87 (relating to applied behavior analysis).
- (f) A graduate-level professional shall be present while group services are being provided.

Section A: General

- 1) The record is legible.
- 2) The individual's name or ID number is noted on each page of the record.
- 3) Entries are appropriately signed and dated, and include the provider's credentials.
- 4) The record contains relevant demographic information, including address, employer/school, phone, emergency contact, marital status.
- 5) All alterations of the record are signed and dated.
- 6) The record is maintained in a uniform manner so that information can be provided in a prompt, efficient, accurate manner and so that data is accessible for administrative and professional purposes.
- 7) Documentation is reviewed for quality by the administrative director, clinical director or designated quality improvement staff within 6 months of the initial entry. After initial review, subsequent reviews may be limited to new additions to the record and must occur at least annually.

Section B: Member

- 1) The treatment consent form is signed, or the individual's refusal is documented.
- 2) The Bill of Rights is signed, or the individual's refusal is documented.
- 3) There is evidence of the provider's request for Psychiatric Advanced Directives, or refusal documented. (18 years and over)
- 4) The informed consent for medication is signed, or the individual's refusal is documented.
- 5) Releases for communication with PCP, other providers and involved parties are signed, or the individual's refusal documented.
- 6) Guardianship information is noted.

Section C: Beginning Services § 1155.34

1) The record contains a written order for services based on a face-to-face interaction with the child, youth or young adult that meets the following (§ 1155.32):

- A. The order is written within 12 months prior to the initiation of IBHS.
- B. The order is written by a licensed physician, licensed psychologist, certified registered nurse practitioner or other licensed professional whose scope of practice includes the diagnosis and treatment of behavioral health disorders and the prescribing of behavioral health services, including IBHS.
- C. The order includes a behavioral health disorder diagnosis listed in the most recent edition of the DSM or ICD.
- D. The order includes clinical information to support the medical necessity of the service ordered.
- E. The order includes the maximum number of hours of service per month
- F. The order includes the settings where services may be provided.
- G. The order includes the measurable improvements in the identified therapeutic needs that indicate when services may be reduced, changed or terminated.

Section D: Assessment § 5240.21 & § 5240.95

1) A face-to-face assessment has been completed by a graduate-level professional within 15 days of the initiation of group services and prior to completing the ITP in accordance with § 5240.95 (relating to assessment) or a face-to-face assessment has been reviewed and updated within 12 months of the previous face-to-face assessment.

2) The assessment is completed in collaboration with the child, youth, young adult or parent, legal guardian or caregiver of the child or youth, as appropriate.

3) The assessment is be individualized and include the following:

- A. The strengths and needs across developmental and behavioral domains of the child, youth or young adult.
- B. The strengths and needs of the family system in relation to the child, youth or young adult.
- C. The existing and needed natural and formal supports.
- D. The specific services, skills, supports and resources the child, youth or young adult requires to address the child's, youth's or young adult's identified therapeutic needs.
- E. The specific supports and resources, if any, the parent, legal guardian or caregiver of the child, youth or young adult requires to assist in addressing the child's, youth's or young adult's identified therapeutic needs.

4) Clinical assessment includes the following:

- A. Treatment history
- B. Medical history
- C. Developmental History
- D. Family structure and history
- E. Educational history
- F. Social history
- G. Trauma history

H. The child's, youth's or young adult's level of developmental, cognitive, communicative, social and behavioral functioning across the home, school and other community settings.

I. The cultural, language or communication needs and preferences of the child, youth or young adult and the parent, legal guardian or caregiver.

J. The assessment shall include a summary of the treatment recommendations received from health care providers, school or other service providers involved with the child, youth or young adult.

5) The assessment shall be reviewed and updated at least every 12 months or if one of the following occurs:

A. A parent, legal guardian or caregiver of the child or youth requests an update.

B. The youth or young adult requests an update.

C. The child, youth or young adult experiences a change in living situation that results in a change of the child's, youth's or young adult's primary caregivers.

D. The child, youth or young adult has made sufficient progress to require an update.

E. The child, youth or young adult has not made significant progress towards the goals identified in the ITP within 90 days from the initiation of the services.

F. The child, youth or young adult experiences a crisis event.

G. A staff person, primary care physician, other treating clinician, case manager or other professional involved in the child's, youth's or young adult's services provides a reason an update is needed.

6) The assessment and all updates shall be signed and dated by the staff person who completed the assessment.

Section E: Individual Treatment Plan (ITP) § 5240.96

1) A written ITP shall be completed by a graduate-level professional within 30 days after the initiation of group services and be based on the assessment completed in accordance with § 5240.95 (relating to assessment).

2) The ITP must include the recommendations from the licensed professional who completed the written order for group services

3) The ITP shall be strength-based with individualized goals and objectives to address the identified therapeutic needs for the child, youth or young adult to function at home, school or in the community.

4) The ITP must include the following:

A. Whether and how parent, legal guardian or caregiver participation is needed to achieve the identified goals and objectives.

B. Structured therapeutic activities, community integration activities and individual interventions to address identified therapeutic needs for the child, youth or young adult to function at home, school or in the community.

C. Time frames to complete each goal.

D. Settings where group services may be provided.

E. Number of hours that group services will be provided to the child, youth or young adult.

4) The ITP shall be developed in collaboration with the child, youth, young adult or parent, legal guardian or caregiver of the child or youth as appropriate.

5) The ITP shall be reviewed and updated at least every 6 months or if one of the following occurs:

A. The child, youth or young adult has made sufficient progress to require that the ITP be updated.

B. The child, youth or young adult has not made significant progress towards the goals identified in the ITP within 90 days from the initiation of the services.

C. The youth or young adult requests an update.

D. A parent, legal guardian or caregiver of the child or youth requests an update.

E. The child, youth or young adult experiences a crisis event.

F. The ITP is no longer clinically appropriate for the child, youth or young adult.

G. A staff person, primary care physician, other treating clinician, case manager or other professional involved in the child's, youth's or young adult's services provides a reason an update is needed.

H. The child, youth or young adult experiences a change in living situation that results in a change of the child's, youth's or young adult's primary caregivers. The child's, youth's or young adult's level of developmental, cognitive, communicative, social and behavioral functioning across the home, school and other community settings.

6) An ITP update must include the elements in subsection (4) and the following:

A. A description of progress or lack of progress towards the previously identified goals and objectives.

B. A description of any new goals, objectives and interventions.

C. A description of any changes made to previously identified goals, objective or interventions.

D. A description of new interventions to be used to reach previously identified goals and objectives.

7. The ITP and all updates shall be reviewed, signed and dated by the youth, young adult or parent or legal guardian of the child or youth, and the staff person who completed the ITP.

8. The ITP and all updates shall be reviewed, signed and dated by an individual who meets the qualifications of a clinical director in § 5240.12 (relating to staff qualifications).

7) ITP requirements for group services in school settings 5240.98.

A. Continuity of services when school is not in session.

B. Interventions that specifically address the child's, youth's or young adult's functioning in school.

C. Input from the teachers and guidance counselors directly involved with the child, youth or young adult receiving group services.

Section F: Service provision § 5240.23.

1) IBHS shall be provided in accordance with the child's, youth's or young adult's ITP.

2) Prior to the completion of the ITP, IBHS can be provided if there is a treatment plan for group services provided.

3) Group services may also be delivered in a community like setting.

4) IBHS shall be provided in accordance with the IBHS agency's approved service description under § 5240.5 (relating to service description).

Section G: Discharge § 5240.31 and Discharge summary § 5240.32

1) An IBHS agency may discharge a child, youth or young adult when one of the following occurs:

- A. The child, youth or young adult has completed the goals and objectives in the ITP and no new goals or objectives have been identified.
- B. The child, youth or young adult is not progressing towards the goals identified in the ITP within 180 days from the initiation of service and other clinical services are in place.
- C. The child, youth or young adult requires a more restrictive service to meet the child's, youth's or young adult's needs and other clinical services are in place.
- D. The parent or legal guardian of a child or youth who provided consent to receive services agrees services should be discontinued.
- E. The youth or young adult agrees services should be discontinued.
- F. The child, youth or young adult failed to attend scheduled IBHS for 45 consecutive days without any notification from the youth, young adult or the parent, legal guardian or caregiver of the child or youth. Prior to discharge, the IBHS agency made at least three attempts to contact the youth, young adult or the parent, legal guardian or caregiver to discuss past attendance, ways to facilitate attendance in the future and the potential discharge of the child, youth or young adult for lack of attendance.

2) An IBHS agency shall provide the following information to the youth, young adult or parent, legal guardian or caregiver of the child upon discharge:

- A. If the child, youth or young adult has been referred to other services, contact information for each service.
- B. Contact information for the local crisis intervention service.

3) An individual qualified to provide behavior consultation services, mobile therapy services, behavior analytic services or behavior consultation- ABA services shall complete a discharge summary for the child, youth or young adult that includes the following:

- A. Summary of the service outcomes.
- B. Reason for discharge.
- C. Referral for services other than IBHS if needed.
- D. Provided to the youth, young adult or parent, legal guardian or caregiver of the child.

Section H: Individual Records § 5240.41

1) Documentation of each service provided that includes the following:

- A. Date and time services were provided, duration of services and setting where services were provided.
- B. Identification of the service provided to address a goal in the ITP.
- C. Description of the outcome of the services provided.
- D. Signature of the staff person providing the service.
- E. Documentation of any efforts to coordinate care with other services and community supports if needed.

2) If services are not provided in accordance with the ITP and written order, an explanation of the reason why services were not provided in accordance with the ITP and written order.

Magellan Treatment Record Review (TRR) Form for IBHS Programs for Restraints

1) Documentation of any use of a manual restraint and a description of how the use was in accordance with § 5240.6 (relating to restrictive procedures).

- A. The specific behavior addressed.
- B. The less intrusive methods of intervention used to address the behavior prior to initiating the manual restraint used.
- C. The specific manual restraint used.
- D. The name and training of the staff person who used the manual restraint.
- E. The duration of the manual restraint.
- F. The name of the trained individual who observed the child, youth or young adult during the application of the manual restraint.

- G. The child's, youth's or young adult's condition following the manual restraint.
- H. The date and time the manual restraint was used.
- I. The date and time the treatment team was notified of the use of a manual restraint and the members of the treatment team who were notified.