



Welcome to the Magellan Intensive Behavioral Health Services (IBHS) Referral Source Forum

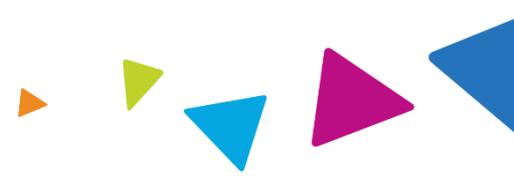
DECEMBER 2, 2020

Magellan
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Welcome and Opening Remarks

Agenda



- What is IBHS?
- Key Changes with IBHS
- Written Orders
- IBHS Referrals for FBS
- IBHS Referrals from RTF
- IBHS Referrals from Acute MH Inpatient & Acute Partial Hospital
- IBHS Referral from Outpatient Mental Health Providers
- Coordination between Levels of Care
- Assessments
- Magellan's Authorization Process
- IBHS Access Survey
- Referral List Transition
- Resources
- Question & Answers
- 3 ➤ Resources



Please feel free to enter your questions as you think of them in the zoom chat box. We will have someone monitoring these questions to either answer in the moment or at the end of the presentation.



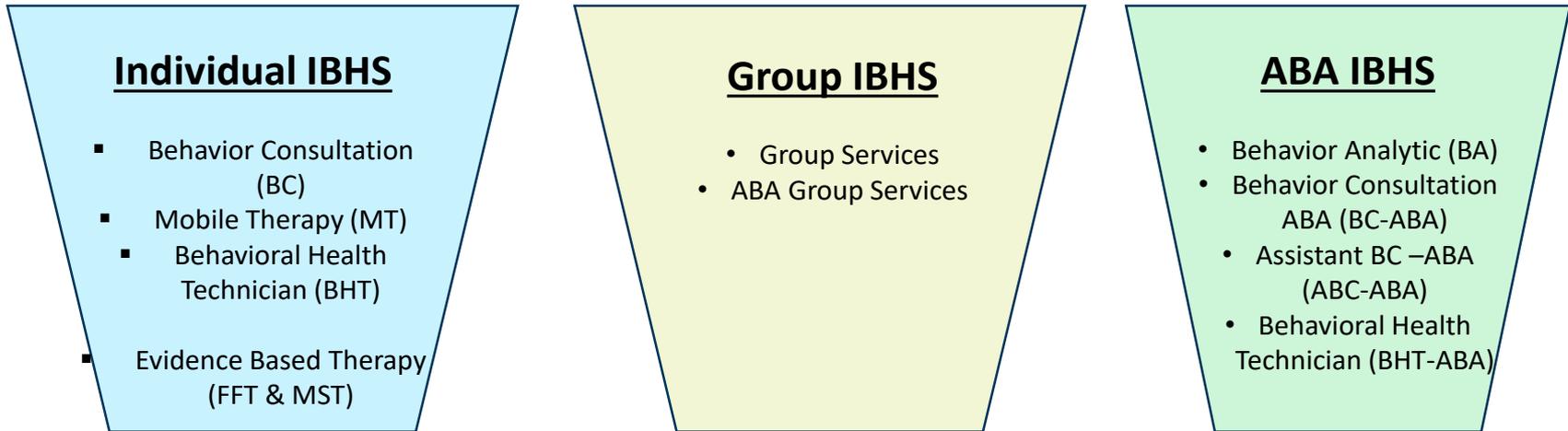
What is IBHS?

What is IBHS?



- Intensive Behavioral Health Services (IBHS) were created when a diverse stakeholder group came together to talk about regulating BHRS. Stakeholders included family members, providers, and other parties involved in making BHRS work.
- In these discussions the stakeholder group determined a new name, IBHS, would be best to move the services forward.

IBHS has 3 main categories:



- Providers will write in their Program Descriptions and be licensed according to which of these three categories they plan to deliver.

Individual Services



Intensive therapeutic interventions and supports that:

- reduce and manage identified therapeutic needs
- increase coping strategies
- support skill development to promote positive behaviors
- stabilize, maintain or maximize functioning of a child, youth or young adult
- provided in the home, school or other community setting.

Group Services



Group services are therapeutic interventions provided primarily in a group format through clinical interventions including psychotherapy and ABA services, structured activities and community integration activities that address a child's, youth's or young adult's identified treatment needs. Group services may be provided in a school, community setting or community like setting. A community like setting is a setting that simulates a natural or normal setting for a child, youth or young adult.

- Delivered by graduate-level professional or individual qualified to provide BHT or BHT-ABA services



ABA is the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between the environment and behavior.

ABA is used to develop needed skills (behavioral, social, communicative, and adaptive functioning) through the use of reinforcement, prompting, task analysis, or other appropriate interventions in order for a child, youth or young adult to master each step necessary to achieve a targeted behavior.



Key Changes with IBHS

Key Changes with IBHS

- Services impacted by IBHS changes: BHRS, ABA, Multi-Systemic Treatment (MST), Functional Family Therapy (FFT), Summer Therapeutic Activities Program (STAP), and Therapeutic After School Program (TASP).
- Agencies that provide IBHS must obtain an IBHS license.
- Changes to supervision qualifications.
- Changes to training qualifications.
- Interagency Service Planning Team (ISPT) meeting is no longer required in the regulations.
- Services require a Written Order and Assessment. Will no longer require a Life Domain evaluation.
- ABA no longer requires an Autism Spectrum Disorder diagnosis.
- Providers are required to have a list of community resources for families upon request.
- The ability to do physical management has been added with specific criteria around it. This is not a requirement however for all IBHS providers.
- New leadership structure contained in IBHS regulations.



Magellan has the right to enforce additional requirements.



A large blue triangle on the left side of the slide contains the text 'Written Orders'. Several smaller, colorful triangles (orange, lime green, purple, magenta, cyan) are scattered around the blue triangle. The text 'Written Orders' is centered in white.

Written Orders

A Written Order



❖ Written by:

- A licensed physician
 - A licensed psychologist
 - A certified registered nurse practitioner
 - Other licensed practitioner whose scope of practice includes diagnosis and treatment of behavioral health disorders and the prescribing of behavioral health services, including IBHS
 - These practitioners need to be ORP enrolled (Promise ID).
- ## ❖ Based on a face-to-face interaction with child/youth/young adult
- ## ❖ Written within 12 months/1yr prior to the start of IBHS.
- ## ❖ A psychiatric or psychological evaluation/Life Domain Evaluation/Best Practice Evaluation can be used in place of a written order provided the evaluation includes the information that must be in the written order.

A Written Order Contains...



- ✓ Behavioral Health Diagnosis – consistent with the ICD-10 Mixed Services Protocol
<https://www.magellanprovider.com/getting-paid/preparing-claims/icd10-code-transition.aspx>
- ✓ Clinical information to support medical necessity of the service ordered
- ✓ Maximum number of hours of each service per month using “up to” language
- ✓ Setting where services may be provided
- ✓ Measurable improvements in identified therapeutic needs that indicate when services may be reduced, changed or terminated
- ✓ Specifies the IBHS service, hours and setting

Magellan's Written Order Template



- Magellan has a Written Order template posted on our website which can be used but is not required.

Font Paragraph Sensitivity Styles

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Magellan Behavioral Health of Pennsylvania, Inc.
Intensive Behavioral Health Services (IBHS)
Written Order Template
Directions

Per the Intensive Behavioral Health Services (IBHS) regulations, the Written Order is based on a face-to-face interaction with the child, youth or young adult that meets the following:

1. Written within 12 months prior to the initiation of IBHS
2. 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
3. Includes a behavioral health disorder diagnosis
4. Clinical information to support the medical necessity of the service ordered
5. The maximum number of hours of each service per month
6. The settings where services may be provided
7. The measurable improvements in the identified therapeutic needs that indicate when services may be reduced, changed or terminated

Directions:

- ✓ Cover Page – Must be completed with all Written Order recommendations
- ✓ Part A: Initial Assessment Recommendation – Please complete if this is a Written Order for a member not currently involved with IBHS and needing an initial assessment.
- ✓ Part B: IBH Service Recommendation – Please complete this part to recommend IBH services.

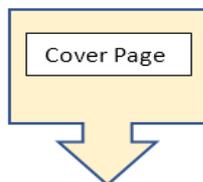
Brand New Member Presenting for IBH Services **Recommendation for IBH Services**

Magellan's Written Order Template

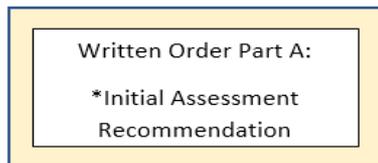


- **Cover Page, Page A – Initial Assessment, & Part B – IBHS Prescription**
- A comprehensive, face-to-face assessment is recommended to be completed by an IBHS clinician to further define how the recommendations in this order will be used and to inform and complete an Individualized Treatment Plan (ITP). IBHS Treatment Services may also be delivered during the assessment period for stabilization and treatment initiation provided a treatment plan has been developed for the provision of these services.

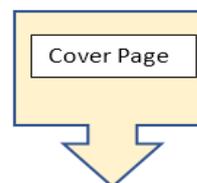
Brand New Member Presenting for IBH Services



Assessments are required to be completed as part of the process to initiate an IBH service



Recommendation for IBH Services



*Optional: IBHS Treatment Services may also be delivered during the assessment period for stabilization and treatment initiation provided a treatment plan has been developed for the provision of these services. If choosing this option, please complete Part A for Service Assessment Type as well as Part B to recommend treatment service

Magellan's Written Order Template – Cover Page



Cover page contains:

- Member specific information
- Date of face to face interaction with member resulting in the Written Order
- Behavioral Health diagnosis
- Measurable Goals and Objectives for IBHS
- Clinical Information that supports the medical necessity
- Medications

Magellan's Written Order Template – Part A



Part A: Initial Assessment for IBHS



Magellan Behavioral Health of Pennsylvania, Inc.
Intensive Behavioral Health Services (IBHS)
Written Order Letter
Part A: Initial Assessment for IBHS

Assessments are required to be completed as part of the process to initiate an IBH service.

PART A: Check the Service Assessment Type that is needed. Also complete the signature information on the last page.

Service Assessment Type		Assessment Hours/Timeframes	
<input type="checkbox"/>	Initial Assessment for IBHS Individual	<input type="checkbox"/>	IBHS-15 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
<input type="checkbox"/>	Initial Assessment for IBHS Group	<input type="checkbox"/>	IBHS-15 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
<input type="checkbox"/>	Initial Assessment for IBHS ABA Services	<input type="checkbox"/>	IBHS ABA-24 hours for 45 days NOTE: Assessment must occur within 30 calendar days of service initiation for ABA.
<input type="checkbox"/>	Initial Assessment for MST	<input type="checkbox"/>	MST-25 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.
<input type="checkbox"/>	Initial Assessment for FFT	<input type="checkbox"/>	FFT-7.5 hours for 30 days NOTE: Assessment must occur within 15 calendar days of service initiation.

Optional: IBHS Treatment Services may also be delivered during the assessment period for stabilization and treatment initiation provided a treatment plan has been developed for the provision of these services. If choosing this option, please complete Part A for Service Assessment Type as well as Part B to recommend treatment services.

Collaboration and Confirmation

Prescriber:

I confirm that following my face-to-face appointment and/or evaluation of this child, and after considering less restrictive levels of care, as well as the prioritization of available evidence-based treatments, I am making the recommendations as per the above Written Order.

Immediate Stabilization - Optional



Optional: IBHS Treatment Services may also be delivered during the assessment period for stabilization and treatment initiation provided a treatment plan has been developed for the provision of these services. If choosing this option, please complete Part A for Service Assessment Type as well as Part B to recommend treatment services.

Magellan's Written Order Template – Part B



Part B – IBH Service Recommendation

Part B: IBH Service Recommendation

PART B: Check the IBHS Treatment Services being recommended and enter the maximum number of recommended hours per month for each service.

IBHS Treatment Services		
IBHS Individual	<input type="checkbox"/> Behavior Consultant (BC)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Mobile Therapist (MT)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Behavioral Health Technician (BHT) School/Camp/Daycare/Preschool/ Afterschool	Up to <input type="text"/> hours/month Please indicate service location: <input type="text"/>
	<input type="checkbox"/> Behavioral Health Technician (BHT) Home/Community	Up to <input type="text"/> hours/month
	Brief Treatment Model (BTM)	
	<input type="checkbox"/> Behavior Consultant (BC)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Mobile Therapist (MT)	Up to <input type="text"/> hours/month
	Evidence-Based Therapy (EBT)	
	<input type="checkbox"/> Multisystemic Therapy (MST)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Functional Family Therapy (FFT)	Up to <input type="text"/> hours/month
IBHS Group	<input type="checkbox"/> Up to <input type="text"/> hours/month	
IBHS ABA Group	<input type="checkbox"/> Graduate Level Professional (GLP)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Behavioral Health Technician (BHT)	Up to <input type="text"/> hours/month
IBHS ABA	<input type="checkbox"/> Behavior Consultant - ABA (BC-ABA)	Up to <input type="text"/> hours/month
	<input type="checkbox"/> Behavioral Health Technician – ABA (BHT-ABA) School/Camp/Daycare/Preschool/ Afterschool	Up to <input type="text"/> hours/month Please indicate service location: <input type="text"/>
	<input type="checkbox"/> Behavioral Health Technician – ABA (BHT-ABA) Home/Community	Up to <input type="text"/> hours/month
IBHS Specialty	<input type="checkbox"/> Crozer New Pathways	<input type="checkbox"/> KidsPeace SITE

Written Order and Assessment Agreement



- Assessment recommendations should be based on the thorough assessment that was completed and may refine the recommendation of hours accordingly.
- The assessment prescription does not have to match the maximum prescription noted in the Written Order.
- If the assessment recommendations agree with the Written Order recommendations, submit both as part of the IBHS authorization packet
- If the assessment recommendations differ from the Written Order recommendations:
 - Provider must go back to the order writer with the updated clinical assessment to review recommendations. Written order writer can update the order to match the assessment or leave the recommendations as originally written based on their clinical judgement. This should be documented and included in the packet submission.
 - If provider is unable to collaborate with the order writer and is able to complete a new order with new recommendations, then this should be completed. Packet should include original order, assessment and new order. All will be reviewed for medical necessity.

Written Order Update



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

Examples of **IBHS** Written Order Language



Individual Services:

- Behavior Consultation (BC) up to 12 hours per month
- Mobile Therapy (MT) up to 4 hours per month
- Behavioral Health Technician (BHT) up to 12 hours per month in the home/community
- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)

Group Services:

- ABA group services up to 8 hours per month
- Group services up to 16 hours per month

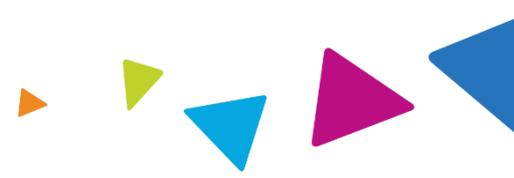
ABA Services:

- Behavior Consultation-ABA (BC-ABA) up to 12 hours per month
- Behavioral Health Technician-ABA (BHT-ABA) up to 20 hours per month in the home/community

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IBHS Referrals from Family Based Services (FBS)

IBHRS Referrals from Family Based Services (FBS)

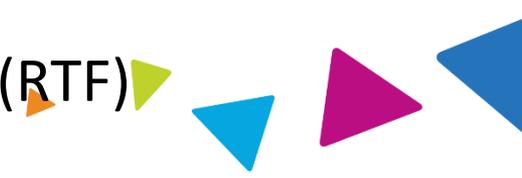


- FBS writes the Written Order or asks IBHS provider to assist with WO
- IBHS agency requests initial assessment authorization from Magellan
- IBHS agency completes the assessment, Individualized Treatment Plan (ITP) and develops initial packet
- Initial packet gets sent to FBS to submit to Magellan for MNC review via fax; If approved an Unassigned Authorization will be entered.
- FBS/IBHS Overlap allowed for services: 14 days minus IBHS assessment

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IBHRS Referrals from Residential Treatment Facilities (RTF)

IBHS Referrals from Residential Treatment Facilities (RTF)

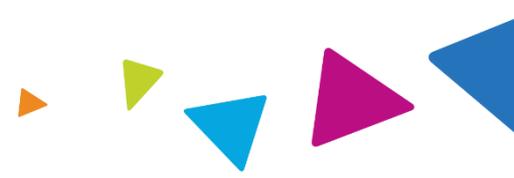


- RTF writes the Written Order, completes the initial assessment, develops the ITP and puts together the initial packet for Magellan to review.
- Initial packet gets sent to Magellan for MNC review via fax; If approved an Unassigned Authorization will be entered.
- IBHS/RTF services overlap allowed: 30 days minus IBHS assessment

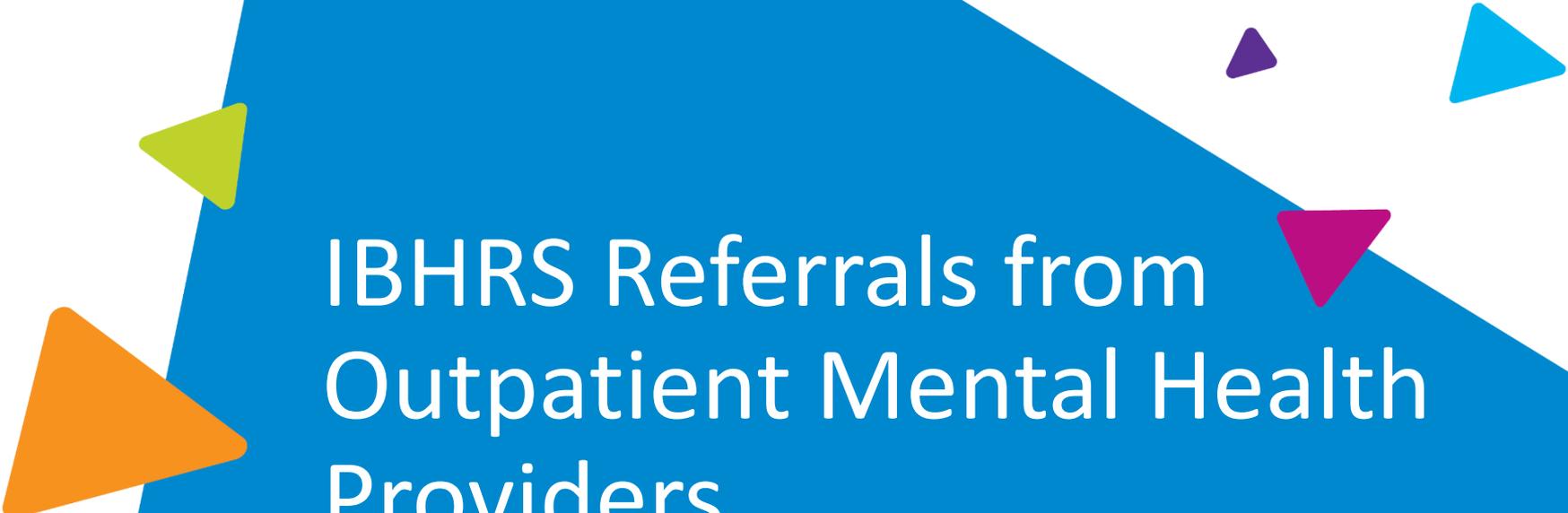
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IBHRS Referrals from Acute MH Inpatient or Acute Partial Hospital

IBHS Referrals from Acute MH Inpatient or Acute Partial Hospital

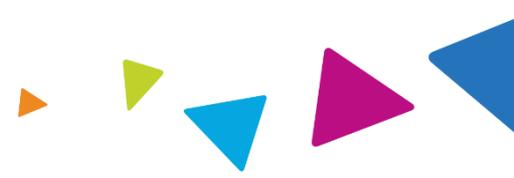


- Written Order is completed by Acute MH Inpatient or Acute Partial Hospital
- Submit the IBHS Written Order along with a Magellan Referral Form as well as the appropriate AUDs.
- AUDs are required.
- Magellan will secure assessment provider.
- Magellan will secure staffing once initial packet is reviewed and approved.

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IBHRS Referrals from Outpatient Mental Health Providers

IBHS Referrals from Outpatient Mental Health Provider

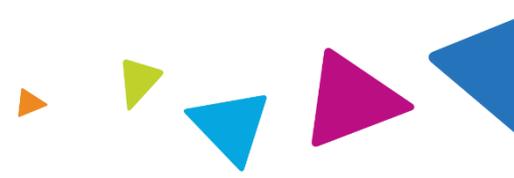


- Written Order is completed by Outpatient Mental Health Provider or Outpatient can refer member right to an IBHS provider to complete the Written Order, Assessment, and Initial Packet
- If assistance is needed by an outpatient mental health provider in finding an available IBHS agency for the Written Order and/or Assessment, please outreach Magellan for assistance. Please secure AUDs from the member/caregiver.



Coordination Between Levels of Care

Best Practices for transitioning between levels of care



If a member will transition into BHRS/IBHS from another level of care, it is expected that the BHRS/IBHS agency receive the following information from the referring provider prior to beginning treatment:

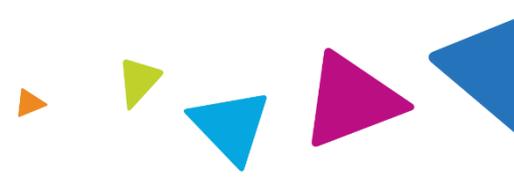
- Most recent treatment plan
- Discharge summary if applicable
- Details about member and family progress in treatment (what worked well, what did not work for them, what needs to be addressed in future treatment, and potential barriers)
- Rationale for change in level of care

This will allow for the member and family to continue seamlessly through the transition on meeting their goals.

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Assessments

Assessment for Individual, Group and ABA Services



- A face to face assessment is completed by a staff qualified to provide Behavior Consultation (BC) services or Mobile Therapy (MT) services within 15 calendar days or 30 calendar days by a BC-ABA of the initiation of services
- Assessment shall include the following:
 - Strengths and needs across developmental and behavioral domains
 - Strengths and needs of family system
 - Natural supports
 - Specific services needed to support the child's needs
 - Specific services needed to support parent/caregiver needs

Assessment (continued)

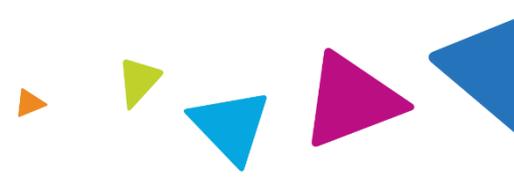


- Clinical information including:
 - Treatment history
 - Medical history
 - Developmental history
 - Family structure and history
 - Educational history
 - Social history
 - Trauma history
 - Developmental, Cognitive, Communicative, Social and Behavioral functioning
 - Other relevant clinical information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

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Magellan's Authorization Process

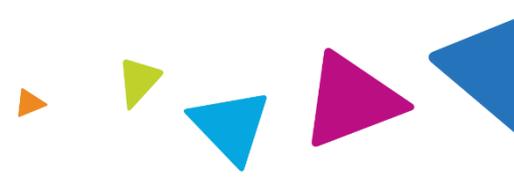
IBHS Registration Process



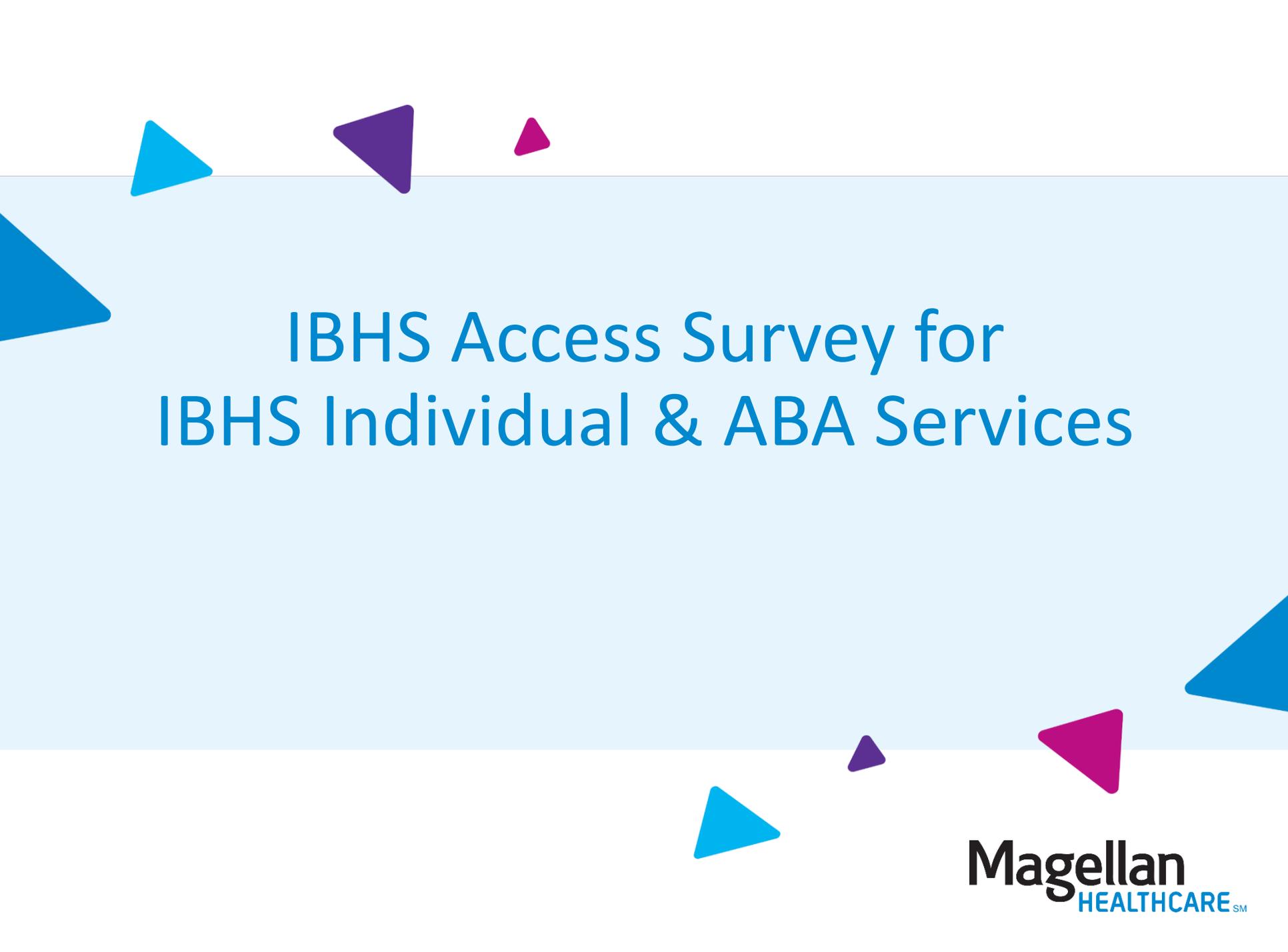
Provider completing the assessment will submit to Magellan:

- Registration TAR – Requesting authorization for assessment
- Written Order – Recommending an IBHS assessment

Packet Authorization Process



- Packet submission elements:
 - Treatment Authorization Request (TAR) Form
 - Written Order
 - IBHS Assessment
 - Individualized Treatment Plan (ITP)
 - CANS (Child Adolescent Needs Strengths) assessment
 - ISPTM summary note if BHT/BHT-ABA is prescribed in school/daycare/preschool/summer camp/after school program



IBHS Access Survey for IBHS Individual & ABA Services

New Access Survey



- Surveys go out twice a month to our IBHS/BHRS provider network for completion about their service availability
- Survey result reports will go out to both provider contacts, additional provider contacts, and county contacts twice per month.
- Magellan staff, Care Managers and CSA's, will also have access to the survey results on staff availability.
- Other levels of care, such as Family Based providers and Residential Treatment Facilities, may request to receive these survey results for better ease of discharge planning. **Please email Liz at PAHCBHRSReferral@magellanhealth.com if your agency wishes to receive these Access Reports twice a month with IBHS provider availability.**



Sample Access Survey Report – By County & Service



Most Recent Survey Date:
11/1/2020

Bucks County - Individual Services

Provider Name	Referral Contact	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	Weekends	Daytime	After school/ Evenings	Weekends	Daytime	After school/ Evenings	Weekends			
Access Services LV	Jennifer Rohrer	(215) 317-1383	jwhitaker@accessservices.org	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	✓
Behavior Analysis and Therapy Partners (BATP)	Chantelle Bosier	(610) 664-6200	batpaa@gmail.com	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Bethanna	Kristina Carr	(267) 229-6778	OPCReferrals@bethanna.org	✓	✓		✓	✓					✓	✓		✓	✓	✓
Children's Behavioral Health Center	Jaclyn Kossor	(610) 524-8701	jkossor@ibc-pa.org										✓					✓
Foundations Behavioral Health	Monica Fielder	(215) 345-0444	monica.fielder@uhsinc.com	✓	✓		✓	✓	✓				✓	✓		✓	✓	✓
Horizons	Lisa Betz	(610) 550-6474	lbetz@horizonsbehavioral.com	✓	✓		✓	✓					✓	✓			✓	✓
Indian Creek Foundation	Cindy Wolf	(267) 203-1500	cwolf@indcreek.org										✓				✓	✓
Lenape Valley Foundation	Jennifer Moran	(267) 893-5270	Jennifer.Moran@lenapevf.org				✓	✓					✓			✓	✓	✓
Merakey Montgomery County	Kellie English	(215) 384-8172	klenglis14@gmail.com														✓	
Milestone Behavioral Health	Meredith Dickinson	(215) 33-7-2500	Meredith.dickinson@milestonebh.com	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Network for Behavior Change	Jaclyn Kossor	(610) 524-8701	jkossor@ibc-pa.org										✓					✓
Omni Health Services Allentown/MNT	Ameeta Jadhav	(215) 997-2000	ajadhav@omhsi1.com	✓	✓		✓	✓					✓	✓		✓	✓	✓
Pennel Mental Health Center Inc	karen Buher	(215) 757-8611	kbuher@pennelmhc.org	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Philadelphia MH Center (DVCC)	Thelma Bryant ext 123	(215) 598-0223	tbryant@pmhccares.org	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Progressions Companies Inc/Malvern	Serena Abraham	(215) 364-3299	SAbraham@malvernchs.com	✓	✓		✓	✓					✓	✓		✓	✓	✓

Sample Access Survey Report – By County & Service



Most Recent Survey Date:
11/1/2020

Bucks County - ABA Services

Provider Name	Referral Contact	Phone Number	Email	Behavior Consultant			Behavioral Health Technician			Assessments			Split Cases	Transfer Cases	Written Orders
				Daytime	After school/ Evenings	Weekends	Daytime	After school/ Evenings	Weekends	Daytime	After school/ Evenings	Weekends			
Access Services LV	Jennifer rohrer	(215) 460-9354	jwhitaker@accessservices.org	✓			✓			✓			✓	✓	✓
Aspire	Jennie England	(267) 388-0670	Jengland@aspirecfs.com							✓					
Behavior Analysis and Therapy Partners (BATP)	Chantelle Bosier	(610) 664-6200	batpaa@gmail.com	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Behavior Interventions	melissa evans	(484) 681-2170	mle@behaviorinterventions.org	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brett DiNovi	Joshua Zeigler	(717) 448-0283	jzeigler@brettdassociates.com	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Children's Behavioral Health Center	Jaclyn Kossor	(610) 524-8701	jkossor@ibc-pa.org												✓
Indian Creek Foundation	Chandler Perry	(267) 203-1500	cperry@indcreek.org							✓			✓	✓	
Lenape Valley Foundation	Jen Moran	(267) 893-5270	Jennifer.Moran@Lenapevf.org							✓	✓				
Maternal Child Consortium	Megan Smith	(267) 525-7000	msmith@warwickfamilyservices.com	✓			✓			✓			✓	✓	
Network for Behavior Change	Jaclyn Kossor	(610) 524-8701	jkossor@ibc-pa.org							✓					✓
Neurabilities/CNNH Therapy LLC	Jillian Sheehan	(856) 346-0005	jsheehan@neurabilities.com				✓			✓	✓		✓	✓	
Philadelphia MH Center (DVCC)	Thelma Bryant	(215) 598-0223	tbryant@pmhccares.org							✓	✓		✓	✓	
Sunny Days	Lindsay Carlisle	(609) 417-5202	lcarlisle@sunnydays.com	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Vision Behavioral Health	Sam Quarm	(610) 539-0280	visionbhspa@gmail.com		✓	✓	✓	✓	✓	✓	✓	✓			



Referral List Transition

Changes and Expansion of Referral List



Starting January 17, 2021

Within Delaware, Montgomery & Bucks Counties -

- The BHRS Referral List will be closed for new initial requests, split cases, and transfer cases.

Within All 6 Magellan Counties -

- Magellan will accept and identify staffing for all new IBHS Written Order recommendations from Acute Inpatient Mental Health Hospital (AIPs) and Acute Partial Hospitalization Programs (APHP).
- Your agency can outreach to Magellan (Liz) for assistance staffing members with complex needs as well as members with prolonged access issues.

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



IBHS Resources

Magellan IBHS Resources



- **Magellan IBHS email - IBHS@MagellanHealth.com**
- **Please review the IBHS provider resource page for additional and up to date information at the following link:**
<https://www.magellanofpa.com/for-providers/services-programs/ibhsbhers/>

The screenshot shows the Magellan Behavioral Health of PA website. The header includes the Magellan Healthcare logo, the text 'MAGELLAN BEHAVIORAL HEALTH OF PA', and a search icon. A navigation bar contains links for 'For Providers', 'Provider Resources', 'Communications', 'Services & Programs' (which is highlighted), 'Community', 'Quality Improvement', and 'County Info'. The main content area is titled 'IBHS/BHRS' and includes a breadcrumb trail: 'For Providers / Services & Programs / IBHS/BHRS'. The text states: 'Effective January 17, 2020, Intensive Behavioral Health Services (IBHS) replaces Behavioral Health Rehabilitation Services (BHRS). The change will have a one year transition. This change will not affect current BHRS authorizations.' Below this, there is a list of links: 'All current BHRS authorizations will remain open', 'No BHRS may be provided after January 17, 2021', 'IBHS/BHRS transitional authorization process for current BHRS/ABA providers', 'IBHS Assessment', 'IBHS Written Order and Cover Page', 'Master BHRS to IBHS Auth Excel', 'IBHS TAR Registration Cover Sheet', 'IBHS TAR Cover Sheet', and 'Best Practice Guidelines for Fulfilling IBHS/BHRS Prescriptions'. A left sidebar contains various resource categories, with 'IBHS/BHRS' currently selected.

PA HealthChoices IBHS webpage:

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

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

Magellan Health - My Applicat... Magellan Family IBHS Meeting... HealthChoices - Intensive B...

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Intensive Behavioral Health Services

Intensive Behavioral Health Services (IBHS) support children, youth, and young adults with mental, emotional, and behavioral health needs. IBHS offers a wide array of services that meet the needs of these individuals in their homes, schools, and communities. IBHS has three categories of service: 1) Individual services which provide services to one child; 2) Applied Behavior Analysis (ABA) which is a specific behavioral approach to services; and 3) Group services which are most often provided to multiple children at a specific place. Evidence-based treatment (EBT) can be delivered through individual services, ABA services, and group services.

We are please to pleased to announce the promulgation of the IBHS Regulations.

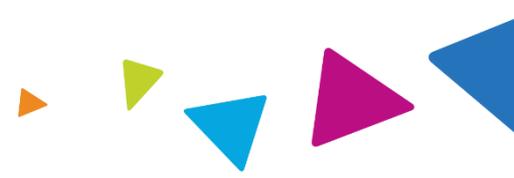
- [Annex A: Intensive Behavioral Health Services Regulations](#)

Related Topics

No related topics were found.

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OMHSAS IBHS Resources



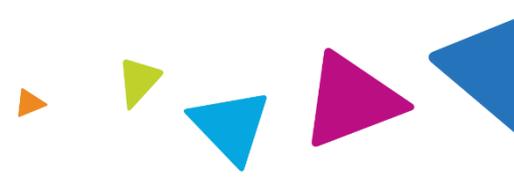
OMHSAS IBHS website link:

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

- Link to IBHS Regulations
- OMHSAS Field Offices' contact information
- Multiple Publications (IBHS License search tool, Family Fact Sheet, IBHS Acronyms list)
- IBHS FAQ
- Submit questions to **RA-PWIBHS@pa.gov**

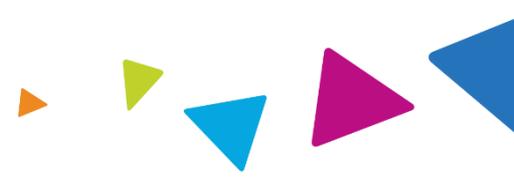


Questions?



Thank you!

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