

Magellan IBHS Group Provider Workgroup

APRIL 25, 2022

Magellan
HEALTHCARE®

Agenda



- Welcome
- Round table: Plans for Groups in Summer
- Group Authorization Process
- Group FAQ
- Review of Group Best Practices
- Q&A/Discussion for next steps



Round Table: Plans for Group(s) in Summer

Round Table: Plans for Group(s) in Summer



- Current days/hours vs proposed summer days/hours
- Size and # of groups? Any changes to ratio?
- How will you individualize the prescription and program?
- Changes in structure?
- Curriculum
- How will you handle non-billables?
- Off-site activities?

What does your availability look like? Keep CM updated.



Group Authorization Process

Written Orders for Group



- Written orders should include a recommendation for an Initial Group Assessment. On the Magellan template, complete Part A.



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.

Initial Assessment Requests for Group



- Providers will request authorization for the initial group assessment on the IBHS Registration TAR. Please include a Written Order with the Registration TAR as well.
- Magellan will authorize 15 hours (60 units) for 30 calendar days.
- Assessments should be completed within 15 calendar days as per the regulations.
- Assessments must face-to-face in the settings in which services will be provided.

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

Bucks County
 Date of Birth: (MM/DD/YYYY) _____
 Member Name: _____
 MA ID #: _____

Cambria County
 Provider Name: _____
 Magellan Provider MIS #: _____
 Provider Phone #: _____ Ext: _____

Delaware County
 Lehigh County
 Montgomery County
 Northampton County

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY							
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?	
<input type="checkbox"/> IBHS-Individual Initial Assessment				536	H0032	001	HA				
<input type="checkbox"/> IBHS-Group Initial Assessment				536	H2021	001	HA				
<input type="checkbox"/> IBHS-ABA Initial Assessment				536	97151	001	HA				

DSM-5 DIAGNOSIS

Written Order Group Recommendations



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 _____ hours/month
	<input type="checkbox"/>	Mobile Therapist (MT)	Up to _____ hours/month
	<input type="checkbox"/>	Behavioral Health Technician (BHT) School/Camp/Daycare/Preschool/ Afterschool	Up to _____ hours/month Please indicate service location: _____
	<input type="checkbox"/>	Behavioral Health Technician (BHT) Home/Community	Up to _____ hours/month
	<input type="checkbox"/>	Behavioral Health Technician (BHT) in a community-like setting/center based	Up to _____ hours/month
	Brief Treatment Model (BTM)		
	<input type="checkbox"/>	Behavior Consultant (BC)	Up to _____ hours/month
	<input type="checkbox"/>	Mobile Therapist (MT)	Up to _____ hours/month
	Evidence-Based Therapy (EBT)		
	<input type="checkbox"/>	Multisystemic Therapy (MST)	Up to _____ hours/month
<input type="checkbox"/>	Functional Family Therapy (FFT)	Up to _____ hours/month	
IBHS Group	<input type="checkbox"/>	Up to _____ hours/month	
IBHS ABA Group	<input type="checkbox"/>	Graduate Level Professional (GLP)	Up to _____ hours/month
	<input type="checkbox"/>	Behavioral Health Technician (BHT)	Up to _____ hours/month
IBHS ABA	<input type="checkbox"/>	Behavior Consultant - ABA (BC-ABA)	Up to _____ hours/month
	<input type="checkbox"/>	Behavioral Health Technician – ABA (BHT-	Up to _____ hours/month

Requesting ABA Group



GLP & BHT-ABA

- Split the units
- Same units for both clinicians.

Requests should be consistent with your approved group program description.

Requesting Group Re-Assessment



In order to allow Group Providers to be able to bill for the Re-Assessment, providers will need to request an authorization.

- Group providers will use the Initial Registration TAR to request a re-assessment authorization requesting 30 days/60 units. The start and end date of that assessment will be the last 30 days of the requested authorization period.

For example,


- ❑ Initial Group Assessment auth, 3/3-4/1/22, 60 units
- ❑ On 3/30, full packet comes in requesting 6 months of Group, 4/1-9/27/22
- ❑ In addition, in this packet, on the Initial Registration IBHS TAR, providers would request 30 days, 60u, 8/29-9/27/22. This way the provider gets a group auth as well as an assessment auth to use near the end of the auth period for the re-assessment.

Group Packet Request



Following the completion of the assessment and development of the Individualized Treatment Plan (ITP) the authorization request for Group/ABA Group should be submitted with the following documents:

1. Treatment Authorization Request (TAR) Form
2. Written Order
3. Assessment
4. Individualized Treatment Plan (ITP)
5. ***IBHS Registration Only TAR – requesting 60 units for the last 30 days of the group auth**



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

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

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

Member Name: _____ Magellan Provider MIS #: _____

MA ID #: _____ Provider Phone #: _____ Ext: _____

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?
<input type="checkbox"/> IBHS-Individual Initial Assessment				536	H0032	001	HA			
<input type="checkbox"/> IBHS-Group Initial Assessment	60	8/29/21	9/27/21	536	H2021	001	HA			
<input type="checkbox"/> IBHS-ABA Initial Assessment				536	97151	001	HA			

DSM-5 DIAGNOSIS



Please submit Group requests separately.

This applies even if a member is receiving Individual or ABA Services within the same agency.



Group FAQ



Q: Do all IBHS group authorizations have to be up to 6 months?

A: Requests should be consistent with the duration of your group and/or the member's needs. The authorizations cannot exceed 6 months.



Q: Do we need a separate assessment auth for group and ABA/Individual services if a member is being assessed for both?

A: Yes for reporting purposes two authorizations are required.



Q: If a provider is supplying both individual and group services together, can the same packet be submitted to request both services?

A: No, Group services must be requested separately.



Q: Do we need to complete the CANS for group services?

A: CANS is not required for members attending group services. However, we do require a standardized assessment/outcome tool be used.



- **Q: What if we want to make changes to our already approved group(s)?**
- A: In order to make any changes to your Magellan approved group(s), please update your group service description previously approved by Magellan. Please submit that updated SD to IBHS@magellanhealth.com.



Group Best Practices



Use of structured assessment tool that assesses need addressed by group services

- E.g. Social Responsiveness Scale (SRS), Social Skills Rating System (SSRS), Social Skills Improvement System (SSIS)
- E.g. Functional Behavior Assessment/Functional Analysis – what are the optimal environments for skill acquisition for this member that will increase opportunities for learning and reinforcement

Rationale for participation in specific requested group based on outcome of assessment AND Inclusionary/Exclusionary Criteria

- What prevents member from participating in community-based programming? What other alternatives were considered before determining that Group would be the least restrictive option? (Boy Scouts, dance class, soccer team)

What is this specific groups criteria to be included and excluded? (Inclusionary/Exclusionary Criteria)

Group Individualized Treatment Plan – Best Practices



Objective, measurable goals based on assessed needs - How needs be addressed?
How will measurable progress or lack there of be monitored?

Caregiver transfer of skill – How will caregivers, including school IEP team members, be trained or made aware of interventions?

Skill generalization to natural settings – How will skills learned in the group transfer or be practiced in functional settings so that they maintain?

Titration and Discharge Planning – At what point does transition to community-based afterschool settings occur? Could needs be better met in different LOC?

Other Misc. Group Best Practices



- Providers are required to ensure that there is not a duplication in service delivery for any member attending Group Services. If member is receiving other services, these need to be coordinated with Group program to ensure effective and efficient utilization of services.
- Are Group service goals aligned with other levels of care being provided to the member?
- Are the Group facilitators trained in the delivery of therapeutic services in a group context and for the specific need being addressed?
- How are groups assigned and managed – Age appropriate/developmentally appropriate? Will ratios be assigned based on the needs of the groups represented?
- Groups are social skills but may need to consider adaptive skills as a focus.

Helpful Resources



- IBHS Group Services Medical Necessity Guidelines – <https://www.dhs.pa.gov/HealthChoices/HC-Providers/Documents/OMHSAS-20-05%20-%20IBHS%20MGN%20Bulletin%20-%20Attachment%203%20Group%20Services.pdf>
- IBHS OMHSAS FAQ Feb 2022 – <https://www.dhs.pa.gov/sandbox/training/Documents/IBHS%20FAQ%20updated%202022.pdf>
- MBH IBHS Written Order Template – <https://www.magellanofpa.com/documents/2021/07/p-forms-ibhs-written-order-updated-version.pdf/>
- MBH IBHS Registration TAR – <https://www.magellanofpa.com/documents/2021/07/p-forms-ibhs-tar-registration-cover-sheet.pdf/>
- MBH IBHS TAR Cover Sheet - <https://www.magellanofpa.com/documents/2021/07/p-forms-ibhs-tar-cover-sheet.pdf/>



Q&A

Discussion

Next Steps

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