

# Welcome to the Magellan Provider IBHS Workgroup

SEPTEMBER 10, 2024

**Magellan**  
HEALTHCARE®



# Welcome and Opening Remarks

# Agenda

- Updates from OMHSAS
- Network Updates
- Provider Spotlight
- Clinical Updates/Reminders
- Dr Siegler's Corner
- Upcoming Forums, Technical Assistance, and Resources
- Questions



# Updates from OMHSAS

# Provisional Licenses



- Individual did not have the # of hours of service at each setting fully broken out in the ITP.
- Lack of updated ITPs every 6 months.
- Transition plan was not developed as part of the ITP.
- BC-ABA supervision form does not contain a narrative review of the regulatory required areas.
- BHT-ABA did not receive one hour of Individual face to face supervision that is separate from the child.
- Assessment did not include a review of family needs nor existing and needed natural and formal supports. (5240.85)
- ITPs are missing safety and crisis plans.
- ITPs not signed by the individual's parent or by the staff completing it.

## Assessments and Treatment Plans – Double check



- Assessment and Individualized Treatment Plan (ITP) must indicate the ***type of services*** that are ordered within Individual Services, ABA Services, and Group Services.
- Must include the ***number of hours*** of each service ***per month, per setting***.
- Must breakdown the number of BHT/BHT-ABA monthly hours per ***setting***.



# Network Updates

# Network Team



**Mitch Fash** – Sr. Network Manager – [MFash@magellanhealth.com](mailto:MFash@magellanhealth.com)

**Jess Pearce** – Sr. Network Management Specialist – Cambria County- [jpearce@magellanhealth.com](mailto:jpearce@magellanhealth.com)

**Michael Ditty** – Network Management Specialist – Lehigh/Northampton Counties - [msditty@magellanhealth.com](mailto:msditty@magellanhealth.com)

**Crystal Devine** – Network Management Specialist – Montgomery County - [cedevine@magellanhealth.com](mailto:cedevine@magellanhealth.com)

**Jessica Torano** – Network Management Specialist – Bucks County - [toranoj@magellanhealth.com](mailto:toranoj@magellanhealth.com)

**Jeff Stumm** – Network Management Specialist – Contracts/Credentialing - [jrstumm@magellanhealth.com](mailto:jrstumm@magellanhealth.com)

**Alyssa Gorzelsky** – Claims Resolution Specialist – [amgorzelsky@magellanhealth.com](mailto:amgorzelsky@magellanhealth.com)



# Billing Usual & Customary



When submitting claims please use your usual and customary charges vs contracted amount.

## **Why is this important?**

When Magellan provides a rate increase, sometimes the rate increase will be effective prior to the rates being loaded into the system. If a provider bills above their contracted amount (U&C), Magellan will be able to adjust the claims without the provider needing to resubmit their claims again. If the claim billed is under the new amount Magellan will not be able to adjust to the new amount contracted.

With the most recent rate increases, it is important to check that current rates are paying at the higher amounts. Please verify all claims have been submitted with the higher contracted amounts. If claims were submitted and paid with a billed amount lower than your current contracted rates, you will need to resubmit for the higher amount.

Magellan is automatically sweeping claims to adjust to the higher amounts as long as they were billed at the new rates. No additional actions are needed by providers. Please be aware that this process will take some time to complete, but feel free to reach out with any questions.

# Billing Reminders



- Do not bill members home address or any location other than a contracted rendering service location. These locations are listed out on your contracts.
- Please bill with your contracted codes and modifies. Authorization codes may differ than what is listed on your fee schedule. Modifiers must be listed in the order that they show on the fee schedule.
- For any corrected claims, it is required to resubmit with the original claim number.
- For ACT 62 covered members, claims must go through the primary payer first before submitting to Medicaid, who is always the payer of last resort.



# Claims Resolution



- Claims that providers feel were denied *incorrectly* or have questions about a denied claim, these are considered “Claims Inquiries”.
- Providers should contact the Magellan provider line and speak to a customer service associate.

## Provider Services Contact Information:

**Bucks/Montgomery:** (877) 769-9779

**Cambria:** (800) 424-3711

**Lehigh/Northampton:** (866) 780-3368

- If necessary, the customer service associate will submit a Service Request Application (SRA) to Magellan’s claims resolution team for further investigation.

# Satellite Sites & Licensing



- IBHS licenses are issued regionally. There are 4 regional field offices: Western Field Office, Northeast Field Office, Southeast Field Office, and Central Field Office. A provider is only required to get multiple licenses if it provides services in multiple regions.
- If a provider has multiple locations in one region, they do not need each site licensed, unless the site provides on-site services. However, your service description must include all locations under the regional license as well as services being provided.
  - Example: Home, Community, and site based
- A provider is required to submit 1 service description for each IBHS license.
- If a provider's service changes, an updated service description must be submitted to the licensing field office for approval. If a provider's address changes, a provider must notify OMHSAS's licensing field office and, if the provider is enrolled in MA, it must also notify MA enrollment.
- **\*Not all locations in the region require MA enrollment unless providing on-site services.\***



# New IBHS Group Process



- If your agency is interested in expanding the IBHS Services currently being provided under your Magellan contract to include Groups & ABA Groups, please email [MBHInterestedProviderApplication@magellanhealth.com](mailto:MBHInterestedProviderApplication@magellanhealth.com).
- Please identify your agency and note whether your agency is seeking to add:
  - ✓ IBHS Group
  - ✓ IBHS ABA Group
  - ✓ Both

Network will respond by sending a link via DocuSign to be completed. This application will request submission of some documents for Magellan's review. Magellan will be asking your agency to submit a Group/ABA Group Service Description containing at minimum the following information: Address where group will occur, target population (including primary & MA secondary participants), clinical model of program, # of groups, size of each group, frequency of each group, length and frequency of sessions, open/closed enrollment, staff level of who will deliver the group service, family involvement in group service.

Once all the paperwork is received and reviewed, Magellan's clinical department will outreach to schedule a time to meet with your agency to verbally review and ask any outstanding questions. After, there is an internal, cross-department review process which will conclude with Magellan's decision and contracts as applicable.

# Provider Expansion or Provider Changes



For Magellan, is your agency....?

- Moving locations
- Adding a new location
- Want to begin delivering 1:1 site-based services
- Want to begin delivering ABA Services or Individual Services

Please outreach Magellan's Network department identifying your expansion request or change to [MBHInterestedProviderApplication@magellanhealth.com](mailto:MBHInterestedProviderApplication@magellanhealth.com).

**\*Magellan should be notified prior to any changes as this can impact reimbursement.**

# Availity Contact Information



- Availity provider support is available via Availity Client Services (ACS):
- E-ticketing – Available 24/7 on <https://www.availity.com>.
- Chat – Available throughout the day via Community Support on <https://www.availity.com>.
- Phone –1.800.AVAILITY (282.4548) Monday-Friday 8a.m. - 8p.m.ET

# Network Reminders



- Magellan Credentialing is updated every 3 years. Providers will be directly notified from Magellan with a recredentialing application 6 months prior to the recredentialing date.
    - Please make sure your contact information is updated via the Magellan Provider website to ensure the applications are sent to the correct person.
  - Promise Medicaid Enrollment is due for revalidation every 5 years. This revalidation date is found directly on the Promise website.
    - Providers are encouraged to review this date and are responsible to revalidate as needed.
    - This is for all enrolled locations and for all provider type/specialty types
      - Example – individual 11/590, group 11/591, and ABA 11/592 are all individual provider type/specialty types.
- \*Without active enrollment providers will be potentially affected with being reimbursed.





# Provider Spotlight



## Piece of our Puzzle – Alison & Erin

- Best practices and lessons learned delivering ABA Group





# Clinical Updates/Reminders

# Magellan Staffing Updates



Please join me in congratulating Dr. John Siegler on his upcoming retirement. Dr. Siegler has been a tremendous support to Magellan staff as well as the IBHS provider network. His last day at Magellan will be October 31, 2024.

Best of luck on your next adventures, Dr. Siegler!



# Magellan Staffing Updates



Emily, our Lead Autism Care Manager, welcomed a baby boy into the world on July 30, 2024.

## Welcome to the world, **CLARK!**



# Magellan Staffing Updates



We have 2 open Care Manager positions within the IBHS/Children's Community Based Services team at Magellan.

❑ Care Manager, Autism – Requires a BCBA and license

<https://careers.magellanhealth.com/us/en/job/R00000060362/Care-Manager-Autism-licensed-Remote-in-PA>

❑ Care Manager – Primarily serving children in Cambria County

<https://careers.magellanhealth.com/us/en/job/R00000062857/Care-Manager-BH-Licensed-Remote-in-PA-Cambria-County>

The logo for Magellan Health, featuring the word "Magellan" in a large, white, sans-serif font above the word "HEALTH" in a smaller, white, all-caps, sans-serif font. The logo is set against a solid blue rectangular background.

Magellan Health, Inc. is an Equal  
Opportunity Employer.

# Concurrent Issues in Online System



TruCare BH PROD Dashboard Members Tasks Providers Authorizations Scheduler Management

## Authorizations

SUMMARY VIEW OP0124392677

Authorization # [ ] Authorization Type: All Include:  Closed  Voided

Date From [ ] Date To [ ]

Rx Authorizations are Disabled  
Pharmacy Authorizations are not completed within TruCare.

### Authorizations Summary

ASSIGN TO CASE ADD TASK LINK VIEW EDIT COPY VOID CLOSE REOPEN CREATE PDF

| Authorization # | From Date  | To Date    | Servicing | Diagnosis  | Diagnosis | Status          | State | Case # | Updated L  | Updated E      |
|-----------------|------------|------------|-----------|------------|-----------|-----------------|-------|--------|------------|----------------|
| OP [ ]          | 03/15/2024 | 09/10/2024 | [ ]       | Behavioral | F90.2     | Partially Ap... | Open  | -      | 03/14/2024 | Caroline Sm... |

VIEW EDIT VOID CREATE PDF

| Line Item # | From Date  | To Date    | Stay Level | Service Type           | Status (R/A/D)         | Servicing Provider | Procedure Code |
|-------------|------------|------------|------------|------------------------|------------------------|--------------------|----------------|
| 1-SP        | 03/15/2024 | 09/10/2024 | -          | Intensive Behaviora... | Approved (288/ 288/ 0) | [ ]                | 97151HO        |
| 2-SP        | 03/15/2024 | 09/10/2024 | -          | Intensive Behaviora... | Pending (1661/ 0/ 0)   | [ ]                | 97152HO        |

VIEW EDIT VOID CREATE PDF

|        |            |            |     |            |       |          |      |   |            |               |
|--------|------------|------------|-----|------------|-------|----------|------|---|------------|---------------|
| OP [ ] | 11/07/2023 | 03/14/2024 | [ ] | Behavioral | F90.2 | Approved | Open | - | 11/03/2023 | Heather Ch... |
|--------|------------|------------|-----|------------|-------|----------|------|---|------------|---------------|

VIEW EDIT VOID CREATE PDF

| Line Item # | From Date  | To Date    | Stay Level | Service Type           | Status (R/A/D)           | Servicing Provider | Procedure Code |
|-------------|------------|------------|------------|------------------------|--------------------------|--------------------|----------------|
| 1-SP        | 11/07/2023 | 03/14/2024 | -          | Intensive Behaviora... | Approved (206/ 206/ 0)   | [ ]                | 97151HO        |
| 2-SP        | 11/07/2023 | 03/14/2024 | -          | Intensive Behaviora... | Approved (1548/ 1548/ 0) | [ ]                | 97152HO        |

VIEW EDIT VOID CREATE PDF

Page 1 Rows 10 1 to 10 of 13

# Finding Authorizations



To go in and check an authorization status from the main screen, go into...

## **REQUEST MEMBER CARE**

The old process seems to work but it will not always be accurate so please go into Request Member Care to find the authorizations submitted through Availity.



# Provider Search to View Authorizations



## Provider Search

When you are on the **Prescreen** searching for the Servicing Provider (for outpatient service/procedure requests) or Servicing Facility (for inpatient requests), follow the steps below to complete a provider search:

- a. Type your agency's name. Click "**Search.**"

**Search Provider**

Provider Name

Provider NPI

- b. Click "**Go to Provider Search.**"

**Provider Search Result(s)**

The search results only include the first 50 providers. There are more providers, please refine your search criteria.

[Go to Provider Search](#)

# Provider Search to View Authorizations



- c. **Provider ID field** = Type this number in the field. *(This is the number Magellan has commonly referred to as your agency's MIS Number.)*
- Narrow the search results by using the other fields including City and State. Enter your agency's city and state in the field and click "**Search.**"
  - If you get a message saying that there are no results, remove one of the filters.

**Search Provider**

|   |  |
|---|--|
| Provider Name                           | Provider NPI   |
| <input type="text"/>                    | <input type="text"/>   |
| Provider ID                             | Tax ID   |
| <input type="text"/>                    | <input type="text"/>   |
| City                                    | State  |
| <input type="text" value="Warminster"/> | <input style="border-bottom: none; border-right: none; border-left: none; border-top: none; padding: 2px 10px;" type="text" value="PA"/> |

There are no results for the entered filters.

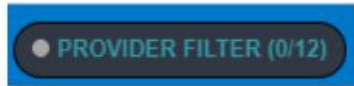
# View Authorizations



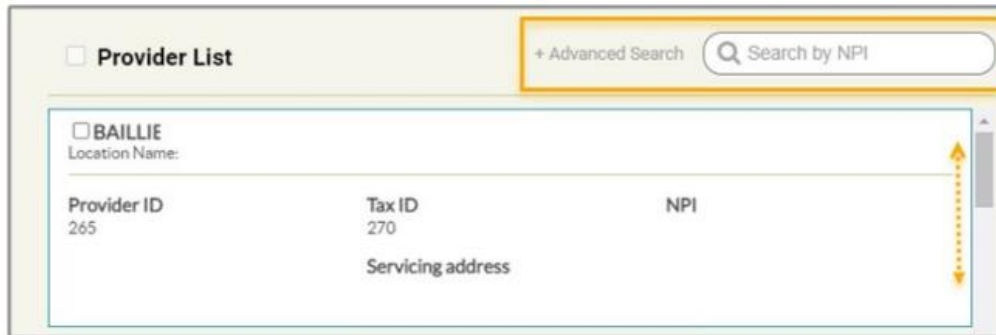
## View All Authorizations for One Provider

To view all authorizations for a specific provider, you must first select the provider using the **Provider Filter** feature.

- a. Click on **PROVIDER FILTER**.



- b. Scroll to select the desired provider or perform a search using “Search by NPI” or the **Advanced Search** feature.



# View Authorizations



c. Click the box next the desired provider.

| Provider ID | Tax ID | NPI |
|-------------|--------|-----|
| 265         | 270    |     |

Location Name: BAILLIE

Servicing address

d. Select **“APPLY FILTER”** at the bottom of the window to see all applicable authorizations.

APPLY FILTER    RESET

# Nice job!



**43% of providers are sending in concurrent requests the right way in Availity.**

Here are a few....

- ✓ Adaptive Connections
- ✓ Brett DiNovi & Associates
- ✓ Children's Behavioral Health Center
  - ✓ Creative Health Services
    - ✓ KidsPeace
  - ✓ Lenape Valley Foundation
    - ✓ PA Mentor SE
    - ✓ Penndel
- ✓ Team Counseling Concepts

# “Extending” a Service/Procedure Authorization



1. Search for the authorization in the main Dashboard screen by entering the authorization number in the **Authorization Number** field.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By

Member ID:  Authorization Number:  1 Diagnosis Type:

Date of Service From Date: 03/08/2023 Date of Service To Date:  Inpatient Service Types:  Service/Procedure Service Types:

Include Closed  Requested By Me

**FILTER** **RESET**

2. Select the **FILTER** button.
3. Highlight the authorization, and then select the **ADD/EXTEND SERVICE** button.

**RESULT:** The **Services** screen will display.

4. Select the **EXTEND** button once the authorization appears.

Dashboard

CREATE INPATIENT AUTHORIZATION | CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By: Include Closed: No | From Date: 03/08/2023 | Authorization Number: OPXXXXXXX359

Inpatient Authorizations Summary

| Member Name      | Authorization # | Determination Status | From Date | To Date | Servicing Facility | Diagnosis Code | State |
|------------------|-----------------|----------------------|-----------|---------|--------------------|----------------|-------|
| No records found |                 |                      |           |         |                    |                |       |

Service / Procedure Authorizations Summary

| Member Name     | Authorization # | Determination Status | Start Date | End Date   | State |
|-----------------|-----------------|----------------------|------------|------------|-------|
| SIMPSON, RYAN R | OPXXXXXXX359    | Approved             | 12/20/2022 | 03/20/2023 | Open  |

**ADD/EXTEND SERVICE** **VIEW AUTH DETAILS**

**RESULT:** The **Prescreen** section will display with pre-entered authorization information automatically populated. Only certain fields will be editable.

Extend Service/Procedure Behavioral Health Authorization

Prescreen | Authorization Details | Services | Confirmation

Service Type: Electroconvulsive Therapy (ECT) Procedure Code: ANESTHESIA ELECTROCONVULSIVE THERAPY (00104)

**EXTEND**

## Extend with the same MIS#/Provider ID#



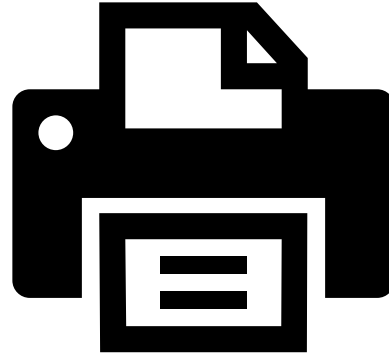
- When submitting a concurrent (“extension”) in Availity, please be mindful to ensure that the MIS#/Provider ID# is the same for all authorizations.
- If it has the same authorization #, the Provider ID#/MIS# needs to be the same otherwise it creates an error in the system.

### Example:

Auth# OP0123456789 - 3/10/2024-9/9/2024 – IBHS – ABA North Pole, Requesting Provider ID# [555444333](#)

Auth# OP0123456789 - 9/10/2024-3/8/2025 – IBHS – ABA Alaska, Requesting Provider ID# [5554443332](#)

# Sending a Fax to Magellan....?



Please clearly write on the fax cover sheet what is being faxed to us:

- ✓ Change of BHT prescription
- ✓ 30-day extension request
- ✓ Availity was down. Faxing in this concurrent request.
- ✓ RAI response

Etc, etc



# Updated Appendix AA in PS&R for 2021

## Peer to Peer Reviews



*“If the Member is under 21 years of age the reasonable effort to consult with the prescriber must include a request that the Member, parent, or authorized representative of the Member, if the Member has an authorized representative, contact the prescriber to request that the prescriber contact the BH-MCO. If a Member is under 21 years of age, the BH-MCO must document its attempts to reach the prescriber, including its request that the Member, parent, or authorized representative of the Member, if the Member has an authorized representative, contact the prescriber to request that the prescriber contact the BH-MCO.”*

Based on this, please note that if we are uncertain based on the information received whether Medical Necessity is met, a Magellan Care Worker will be outreaching the member’s Written Order writer to schedule a peer to peer.

If we have difficulty reaching the Written Order writer, a Magellan Care Manager will be outreaching the member/guardian requesting their assistance to encourage the Written Order writer to contact Magellan to complete this peer to peer review.

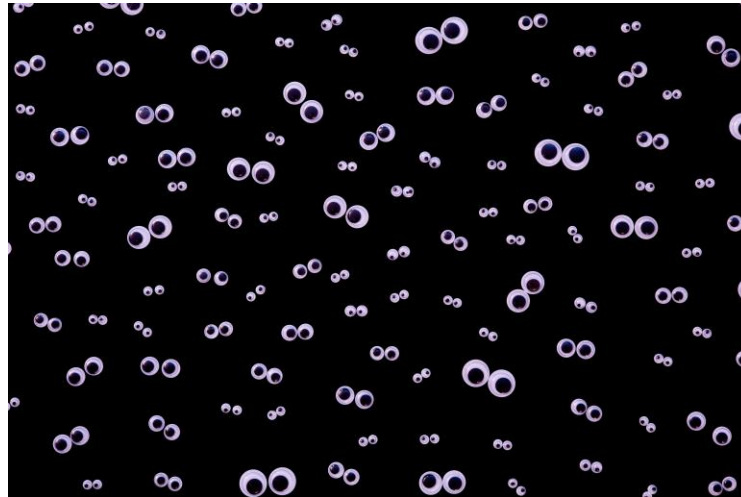
# Spot the error(s) #1



## Assessment recommendation:

BC 12hrs/month in home, school, and community.

BHT 60hrs/month in home, school, and community.



## Spot the error(s) #1 - Results



### Assessment recommendation:

BC 12hrs/month in home, school, and community.

BHT 60hrs/month in home, school, and community.

Assessment must breakdown the number of BHT/BHT-ABA monthly hours per *setting*.

BC 12hrs/month in home, school, and community.

BHT 40hrs/month in school and 20hr/month in the home/community.

## Spot the error(s) #2 -



### Assessment recommendation:

BC-ABA up to 14hrs/month in home, school, and community.

BHT-ABA up to 80hrs/month in daycare.



## Spot the error(s) #2 - Results



### Assessment recommendation:

BC-ABA up to 14hrs/month in home, school, and community.

BHT-ABA up to 80hrs/month in daycare.

Assessment must include the ***number of hours*** of each service ***per month***. The assessment should not include the “up to” language, only the Written Order should.

BC-ABA 14hrs/month in home/community and daycare.

BHT-ABA 80hrs/month in daycare.

## Spot the error(s) #3 - Results



Assessment recommendation:

MT 2 hours per week in home/community.



## Spot the error(s) #3 - Results



### Assessment recommendation:

MT 2 hours per week in home/community.

Assessment must include the number of hours of each service *per month, not per week.*

MT 8 hours per month in home/community.

# 1 Packet Attachment in Availity



**THANK YOU!**

**62% of providers have sent in 1 attachment within Availity.**

For those still attaching each document separately, please work with your team to explore ways to upload just 1 document.





# Change of Prescription/Mid Authorization Change Request



## Option A. Change of hours in the same setting as currently authorized request

1. Written Order
2. Updated assessment
3. Updated TAR ([Providers to use current auth start and end date with the new units for the entire auth timeframe](#))

## Option B. Adding a new service OR location to currently authorized request that is not already in the Written Order

1. Original WO
2. Updated WO (not Face to Face) within current authorization by original WO writer
3. Updated assessment
4. TAR – [Containing just the newly requested service\(s\)](#)
5. Updated ITP
6. ISPT meeting notes if adding BHT/BHT-ABA in school

## Option C. Changing from Individual IBHS to ABA & vice versa during authorization

1. Original WO
2. Updated WO (not Face to Face) within current authorization by original WO writer
3. Updated assessment
4. TAR for new LOC
5. ITP for new LOC
6. ISPT meeting notes if adding BHT/BHT-ABA in school

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

# Dr. Siegler's Corner



# IBHS in Schools

JOHN SIEGLER, PSYD

# 3 Tasks for Successful School-based IBHS



- Initial and ongoing assessment of the school culture
- Establish/Maintain a Collaborative Relationship with School/Classroom Staff
- Developing/Implementing the ITP

# Task #1: Initial and ongoing assessment of the school culture

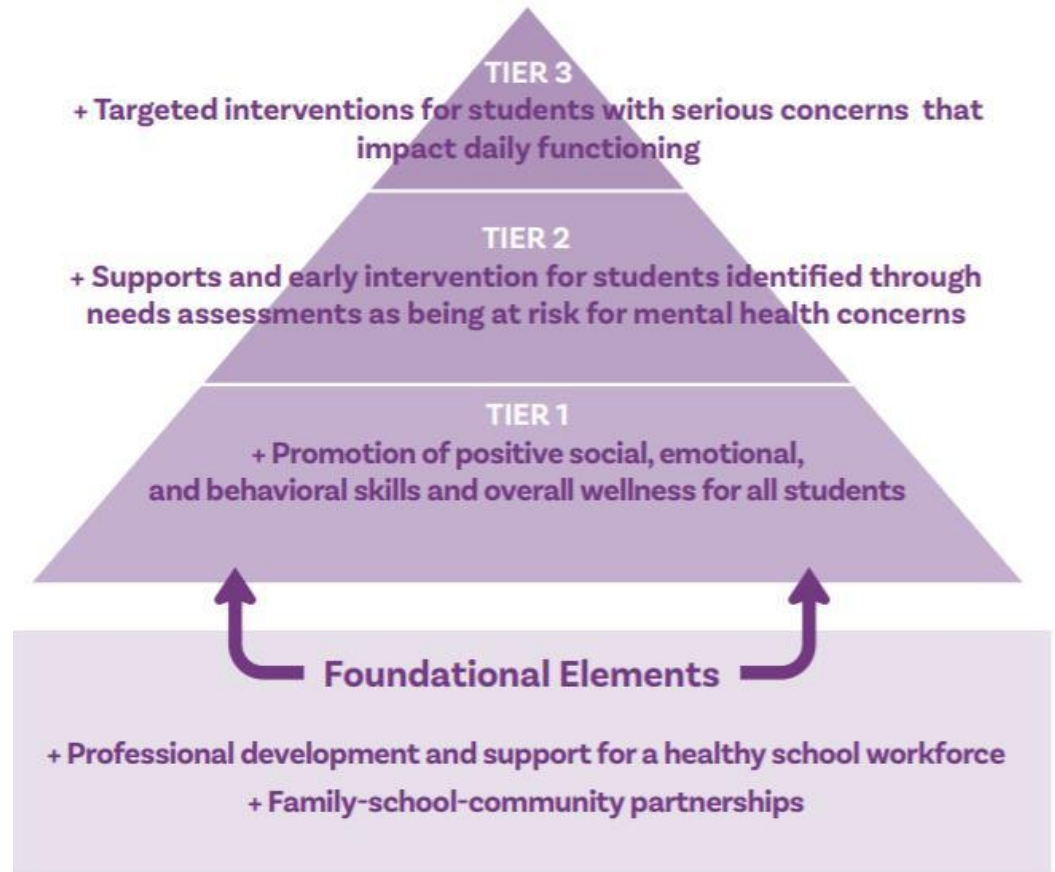


- To what extent does the school embrace evidence-based practices?
- How well and consistently do teachers/classroom staff implement evidence-based classroom management strategies?
- Are Social-Emotional Learning skills being practiced in the classroom?
- Are classroom staff using agreed upon interventions transferred from the IBHS team?

# Multi-tiered Systems of Support (MTSS)



- A framework for service delivery
- Promotes prevention and wellness
- 3 levels of service intensity
- Systematically identifies student needs
- Monitors progress



(Framework for Safe and Successful Schools, 2013)  
(Hoover et al., 2019)

[https://www.magellanofpa.com/documents/2022/08/082422\\_ibhsbestpracticeswebinaronapril252002.pdf/](https://www.magellanofpa.com/documents/2022/08/082422_ibhsbestpracticeswebinaronapril252002.pdf/)

<https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/>

## Task #2: Establish/Maintain a Collaborative Relationship with the School/Classroom Staff



- Who attends the ISPT meeting?
- Is the ISPT meeting utilized to gather information about the child's educational program? (IEP, ER/RR, PBSP)
- Is the ISPT utilized to engage the school team in group problem solving?
- Does the ISPT result in the school/classroom staff committing to support/participate in specific practices that are included in the ITP?

# Recommended ISPT Meeting Discussion Questions



- What strategies currently work?
- Where has progress been seen?
- Are there any barriers for progress? If so, how can those be addressed?
- What are areas of need/concern within the school setting and how are they being addressed?
- What does the child need to learn to succeed?
- How will school staff reinforce replacement behaviors?
- What is the child expected to do and how can school staff reinforce in a way that the child can understand?
- Titration Plan
- Next steps by provider and school



## Task #3: Developing/Implementing the ITP



- What specific interventions are school staff to learn, practice, master?
- How will you measure progress in transferring skills to school staff?
- What is a barrier?
- Who is the primary point of contact (person at school responsible for student progress) who you go to with problems?

# Tips for Packets with BHT/BHT-ABA in school



- The Assessment recommendations should clearly note the 1<sup>st</sup> day and last day of school as appropriate within the requested timeframe. This will assist in accurately calculating the units needed for the authorization.
- Show and summarize the data.
- Be clear of what, where and when these changes will be taking place. M-F? Hours per day? What type of classroom? Might help to submit a schedule.
- Medical Necessity is not met exclusively because a school requires “full-time support”. Encourage families to review information about FAPE.
- If it is a concurrent request, please discuss the progress areas, barriers for progress, and transfer of skills from the previous authorization time period. Show the impact of the work being done.
- If the hours remain the same or are increased within a concurrent request, please explain the clinical rationale.
- The requests should be clear and the clinical rationale for the services/hours should be obvious in the paperwork.



# Upcoming Forums, Technical Assistance & Resources

# Compliance



- [Compliance Blasts: Providers Page | Magellan of PA](#)
- [Compliance Forum](#) scheduled for 10/18/24 10am-12pm





## September 17, 2024 @ 2pm-3pm

[register here](#)





*Magellan Behavioral Health of Pennsylvania, Inc. (Magellan), on behalf of Bucks County Department of Behavioral Health & Developmental Programs invites you to attend a*

**FREE virtual information session:**

## **Myth vs. Fact: What's the real deal with RTF?**

### **Overview of Residential Treatment Facility (RTF) Services and**

---

### **Other Levels of Care**

**Thursday September 26, 2024**

Location: Zoom [Register here](#)  
10:00 A.M. to 11:30 A.M.  
(Please login by 9:55am.)

Presented by Ashley Horvath, Lead Care Manager &  
Lisa Welsh, Senior Care Manager

[PM-F1018rev1 PA Medication Matters Provider Flyer\\_508 \(magellanofpa.com\)](#)

# Free Children's Crisis training



Magellan Behavioral Health of Pennsylvania, Inc. (Magellan), on behalf of Bucks County Department of Behavioral Health & Developmental Programs, invites you to attend a

**FREE online interactive live CE webinar:**

## **CHILDREN'S CRISIS DIVERSION AND DE-ESCALATION STRATEGIES FOR COMMUNITY SETTINGS**

This workshop is a skill building opportunity to help staff increase their knowledge, ability and understanding of the value of implementing crisis management activities in the community. Training will provide strategies to implement during crisis situations in the community. This training event will cover the same content as was offered during the 2023 Crisis training, and the addition of the local crisis perspective. Please feel free to attend as a refresher if you have previously attended. All new children's services staff in Bucks County are encouraged to attend this training, as well as any staff working with youth and families in community-based settings.

**Date:** Thursday, October 17, 2024

**Time:** 9:00 AM to 2:30 PM *(Please log in by 8:45 AM)*

**Location:** Zoom

### **System**

**Requirements:** A device with internet connection and speakers to participate in live, interactive webinar.

**Cost:** **Free of Charge** - Registration is required.

**Registration:** Please [register here](#) in advance. After registering, you will receive a confirmation email containing information about joining the meeting.

### **Presenters:**

**Erica Chestnut-Ramirez, MC, LISAC**

Erica is the Regional Vice President of EMPACT-Suicide Prevention Center, Trauma Healing Services,

---

[magellanofpa.com/documents/2024/09/090424\\_buckscountyinviteforoct17.pdf/](https://magellanofpa.com/documents/2024/09/090424_buckscountyinviteforoct17.pdf/)

<https://www.magellanofpa.com/for-members/services-programs/ibhs/#>



## IBHS Summary Video





# Caregiver FAQ



- Offered on the IBHS Member Page as well as the IBHS Provider Page.
- Developed in collaboration with the Autism Action Committee along with Lehigh and Northampton county partners and IBHS providers.
- A Tool to use with parents, schools, and caregivers when discussing the role of IBHS.

<https://www.magellanofpa.com/for-members/services-programs/ibhs/>

<https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/>

# CHIP and HIPP Resources



- **Children’s Health Insurance Program (CHIP)** – As of April 17, 2023, the PA Dept of Human Services (DHS) are determining eligibility for CHIP applications and renewals.

CHIP FAQ: <https://www.dhs.pa.gov/CHIP/CHIP-Resources/CHIP-Resources/Documents/CHIP-Transition-Enrollee-FAQ.pdf>

- **Health Insurance Premium Payment (HIPP) Program** – Administered by PA DHS. If the MA costs are greater than the cost of the employer insurance, the client is enrolled into the HIPP Program.

DHS HIPP Program Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

COMPASS is an online tool to apply for many health and human service programs and manage benefit information.

<https://www.compass.state.pa.us/compass.web/Public/CMPHome>

# Helpful Resources for Online Authorizations



**Self-Service Provider Training Materials are available at [www.MagellanProvider.com/authsystem](http://www.MagellanProvider.com/authsystem):** You will find written training materials and instructional videos. Recommend checking out the following step-by-step instructions and other helpful tools:

- Create an Intensive Behavioral Health Services (IBHS) Authorization
- IBHS Tips, Tricks, and Troubleshooting
- View Authorization Status
- Understanding the Provider Filter
- Authorization system FAQs
- Live video demonstration from 3/22/23
- And many more resources....

Do you have a new IBHS staff at your agency who needs to understand Magellan processes?



Here are some helpful resources:

- Online Authorization System [www.MagellanProvider.com/authsystem](http://www.MagellanProvider.com/authsystem)
- Availity <https://www.availity.com>
- Magellan IBHS forms, previous Provider Workgroups, Best Practice Trainings <https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/>
- Ask your Care Manager for a copy of the **New Provider training** which is given to new providers as they come in network.

# External Written Orders/Assessments - REVIEW



- IBHS OMHSAS report requires BH-MCOs to report any Written Orders or Assessments done outside of Magellan's billable codes. Ex. A WO completed by a Developmental Pediatrician.
- Please e-mail [ibhs@magellanhealth.com](mailto:ibhs@magellanhealth.com) the following information when you encounter a member with an external Written Order and/or when you have a member with an external WO/assessment (outside billable codes) and are awaiting treatment.

| Member Name   | Member ID   | EXTERNAL SOURCE WO | NAME OF EXTERNAL SOURCE WO WRITER/ ORGANIZATION | COMPLETED WO/ASSESSMENT (EXTERNAL SOURCE) PENDING TREATMENT (YES/NO) | AGENCY NAME   | AGENCY MIS |
|---------------|-------------|--------------------|---|--|---------------|------------|
| Maeve Whaland | MNT12345678 | YES                | CHOP  | Yes  | NeurAbilities | 601453949  |



**Thursday, November 7, 2024, 9:00 to 11:00 A.M. Via Zoom**

**Register in advance for this meeting:**

**<https://magellanhealth.zoom.us/meeting/register/tJwpcOiupj4jHdA3j6cRZilaBRq4diEC8ApE>**

After registering, you will receive a confirmation email containing information about joining the meeting.

**No invites are sent. This info can always be found at the bottom of our**

**IBHS provider webpage:**

**<https://www.magellanofpa.com/for-providers/services-programs/intensive-behavioral-health-services-ibhs/>**



**Questions?**



**Thank you!**



# Confidentiality statement



*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.*