

## **Intensive Behavioral Health Services (IBHS) Frequently Asked Questions**

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## **TRAINING AND TECHNICAL ASSISTANCE**

### **1. Where can I find the initial trainings the Department conducted on the IBHS regulations?**

The Department of Human Services (Department) held scheduled trainings through a WebEx on October 4, 2019 and November 20, 2019. Both trainings were recorded and are posted on <http://www.healthchoices.pa.gov/providers/about/behavioral/inbehavioralhs/index.htm>. The October 4<sup>th</sup> WebEx provided general information regarding the regulations as well as the process for licensure and enrollment in the Medical Assistance (MA) program. Following this WebEx, there were regional forums across the Commonwealth which provided the opportunity to discuss the information presented on October 4<sup>th</sup> and address any remaining questions or concerns. The November 20<sup>th</sup> WebEx provided a statewide summary of the issues discussed at the regional forums and addressed additional implementation questions.

### **2. What does RBT stand for?**

RBT refers to Registered Behavior Technician.

## **IBHS LICENSING AND IBHS PROVIDER ENROLLMENT**

### **1. What is the timeframe for an agency to obtain an IBHS license?**

Agencies that currently provide IBHS and do not meet any of the other qualifications included in this response must obtain an IBHS license by January 17, 2020. This includes agencies that currently provide individual services, ABA services or group services and do not participate in the MA program. Unlicensed providers enrolled under the OMHSAS-16-07 bulletin and approved to provide ABA services must obtain a license by April 16, 2020. IBHS agencies that currently have a base mental health license, such as an outpatient psychiatric clinic, a psychiatric partial hospitalization program or family based

mental health license, must obtain an IBHS license when their current license expires. All other agencies that are currently approved to provide BHRS must obtain an IBHS license by October 17, 2020. Agencies established after January 17, 2020, must obtain an IBHS license prior to providing IBHS.

## **2. Who should an agency contact if the agency has concerns regarding the licensure process?**

Agencies should contact their regional field office if they have any questions about obtaining an IBHS license. A list of regional contacts can be found at [http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c\\_291930.pdf](http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_291930.pdf).

## **3. How do a group of psychologists who provide BHRS obtain an IBHS license? Do the IBHS regulations apply to licensed psychologist?**

Licensed psychologists who provide services directly within the scope of their license do not need to obtain an additional license to provide IBHS or to receive payment for psychological services. For example, a psychologist who provides behavioral interventions within the scope of the psychologist's license does not need to obtain an IBHS license to continue to provide services to a child, youth or young adult. However, if the psychologist employs staff who provide IBHS such as behavioral health technician (BHT) services, behavior consultation services or mobile therapy service, the psychologist's agency would need to obtain an IBHS license (also known as a Certificate of Compliance). If a group of psychologists need to obtain a license to provide IBHS because they are employing staff that provide IBHS, the psychologists should follow the same process as all other providers for obtaining a license as an IBHS provider.

## **4. Will all agencies that provide Applied Behavior Analysis (ABA) services, including those who do not wish to serve clients with MA, be required to obtain an IBHS license?**

All providers of IBHS must be licensed. This includes providers who do not serve individuals with MA.

**5. Will an outpatient clinic or partial hospitalization program that uses ABA to provide treatment need to obtain an IBHS license?**

Outpatient clinics and partial hospitalization programs have their own regulations that must be followed. ABA interventions can be used as a treatment modality in both outpatient and partial programs and an IBHS license is not required.

**6. How will the IBHS regulations impact Multisystemic Therapy (MST) providers?**

MST is an IBHS. Providers of MST will need to obtain an IBHS license.

**7. If an agency has a base mental health license, i.e. family based mental health license, partial hospitalization program license or outpatient psychiatric clinic license, that is due for a renewal prior to the effective date of the IBHS regulations, when is the agency required to obtain an IBHS license?**

While the IBHS regulations are effective upon promulgation, providers have 90 days after the regulations are promulgated to comply with the regulations.

If an agency's license expires after the IBHS regulations are promulgated, but before the provider must comply with the regulations, the provider agency can choose to go through the licensing process for their current license and then obtain an IBHS license once their current license expires or the agency can choose to obtain an IBHS license.

**8. How does a provider handle a change in address or in services to be delivered that occurs after the new regulation is promulgated?**

If a provider's services change an updated service description must be submitting to the licensing field office for approval. If a provider's address changes, a provider must notify the licensing field office and, if the provider is enrolled in Medical Assistance (MA), MA enrollment.

**9. Does an agency have the option to choose the licensure visit/base mental health license within the agency where the initial IBHS licensing visit will occur?**

No, the license that the BHRS program is currently attached to will be used to determine when the provider must obtain an IBHS license.

**10. Do providers who are already enrolled in the MA program need to enroll to provide IBHS?**

Once an agency is licensed to provide IBHS, the agency will need to enroll as an IBHS provider

**11. If a provider has multiple license and multiple locations is more than 1 service description needed?**

A provider is required to submit 1 service description for each IBHS license. However, a service description may cover multiple locations of the provider.

**12. Is an agency required to obtain a separate IBHS license for each county/region it serves and for each type of service it provides? For example, if an agency provides both individual and ABA services in 3 counties, will that agency need a total of 6 IBHS licenses?**

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.

There are 3 service types outlined in the IBHS regulations: ABA services, individual services, and group services. A provider is not required to obtain a license for each service type it provides, and the provider will receive 1 IBHS license for all service types it provides. The provider's license will include the specialty types the provider is licensed to provide.

**13. Can an agency choose which IBHS it will provide, or must an agency provide every IBHS included in the regulations?**

An IBHS agency may choose which IBHS the agency wants to provide. The IBHS agency will be licensed to provide the specific IBHS they choose to provide.

**14. If a provider currently employs multiple licensed individuals, such as psychologists and licensed behavior specialists, how should it enroll to provide IBHS?**

Each organization will need to decide which services it would like to provide and its organizational structure.

**15. Is a provider that was approved to provide BHRS required to obtain a letter of support from the county to be licensed to provide IBHS?**

As part of the OMHSAS licensing process, a provider must notify the county that it is seeking a license and request a county letter of support.

**16. Can a provider apply for an IBHS license before its license that allows it to provide BHRS expires?**

An agency does not need to wait for its license to expire. An agency that meets the requirements in the regulations to provide IBHS may contact its regional field office to begin the process of obtaining an IBHS license.

**17. Can Parent-Child Interaction Therapy (PCIT) be provided as an IBHS?**

Yes, PCIT can be provided through group services.

**18. Must a provider be enrolled in the Children's Health Insurance Program (CHIP) to be an ABA provider?**

Enrollment and licensing are not the same. An agency must obtain a license if it will provide ABA services. If a provider wants to participate in CHIP, the provider must obtain a license and enroll in CHIP. Questions specific to CHIP enrollment should be directed to Provider Enrollment at 1-800-537-8862.

**19. If an IBHS agency provides multiple services, can all service types (i.e. individual services, group services, and ABA services) be listed on one license?**

An IBHS license can include multiple service types.

**20. Can an agency continue to provide ABA services under the BHRS bulletins if it does not plan on obtaining an IBHS license?**

If the agency is not working towards meeting the requirements in the IBHS regulations to provide ABA services, the agency should notify the child's BH-MCO and be working throughout 2020 with the BH-MCO to transfer cases to a qualified ABA provider. Agencies that are not planning on obtaining an IBHS license should not accept new cases.

**21. Will BHRS agencies be able to provide both BHRS and IBHS even if they do not have an IBHS license?**

During the transition year of 2020, agencies are not required to have an IBHS license before providing IBHS but must meet all IBHS regulatory requirements and follow prior authorization requirements, when applicable, prior to billing for IBHS. Both BHRS and IBHS may be billed during 2020. Beginning January 17, 2021 agencies will no longer be able to bill for BHRS.

**22. If an agency receives a written order for IBHS prior to it being able to meet the requirements in the IBHS regulations, what should it do?**



If an agency receives a written order for IBHS and is unable to provide the service(s) requested because the agency does not meet the requirements in the IBHS regulations, the agency must notify the child's BH-MCO so the BH-MCO can work with the child's family to find a provider who is able to provide the services included in the written order.

**23. When completing the BEO application as part of the licensing process, should we use data from our existing BHRS program staff?**

When completing the BEO application an agency should use data pertaining to the individuals the agency currently employs.

**24. Are Licensed professional counselors (LPCs) who prescribe IBHS required to enroll to be able to order, refer or prescribe services for MA beneficiaries?**

Yes, LCPs have to enroll as an 11/594 to be qualified to order, refer or prescribe services. LPCs should answer the question on the enrollment application "Are you only enrolling as an ordering, referring or prescribing individual?" as a Yes.

**25. During this period when the IBHS regulations are in effect but children, youth or young adults still have an active authorization for BHRS, such as BSC, MT, or TSS, can the individuals who are providing BSC, MT, or TSS services through BHRS, continue to provide those services or must they provide IBHS?**

2020 is a transition year during which both BHRS and IBHS can be provided for the purpose of ensuring services are not disrupted. Claims for BHRS cannot be submitted with a service date that is after January 17, 2021 so providers should plan accordingly. Providers must ensure staff are meeting the qualifications and requirements for the services they are providing. If a staff person is providing TSS services, the staff person and the agency must meet the requirements in the OMHSAS bulletins to provide TSS services. If a staff person is providing BHT services, the staff person and the agency must meet the regulatory requirements to provide BHT services.



## **PROGRAM EXCEPTION**

### **1. How will services that were approved through the program exception process be addressed after the IBHS regulations are promulgated?**

Providers that provide IBHS that were previously approved through a program exception will need to comply with the IBHS regulations. It is expected that most services previously approved through a program exception would meet the standards established in the IBHS regulations. If an exception to the regulations is required, it may be requested through the waiver process included in section 5240.111.

### **2. Can a service that is provided in a school and have been approved through the program exception process continue to be provided in a school?**

Services can continue to be provided in schools as group services. Section 5240.98 addresses group services in school settings.

## **EFFECTIVE DATE**

### **1. When will the IBHS regulations be effective?**

The IBHS regulations are effective upon promulgation. Providers will be required to comply with the IBHS regulations 90 days after they are promulgated.

### **2. Is the compliance date different based on when an IBHS license is obtained?**

Section 5240.3(b) requires all IBHS agencies to comply with the regulations 90 days after their promulgation regardless of when the IBHS agency obtains a license.

**3. Will agencies be expected to comply with all the training, supervision, and quality management requirements within 90 days of the promulgation of IBHS?**

Providers must comply with the regulations 90 days after they are promulgated. The Department recognizes that there will be a transition period for providers and will provide technical assistance through the licensing process.

**4. When can an individual who is certified as an RBT and does not meet other requirements to provide BHT services begin to provide IBHS?**

Upon promulgation of the IBHS regulations, an individual who is certified as an RBT can provide TSS services, BHT services or BHT-ABA services if the agency either complies with the training and supervision requirements included in MA Bulletin 01-01-05 and OMHSAS-16-02 or the IBHS regulations. After January 17, 2020, which is 90 days following promulgation of the regulations, an individual who is certified as an RBT can provide BHT services or BHT-ABA services if the IBHS agency complies with the training and supervision requirements included in the IBHS regulations.

**PAYMENT**

**1. Section 1155.34(c) states “Payment will be made to a licensed IBHS agency for group services for up to 45 days after initiation of services, if there is a written order for services that complies with subsection (a)(1) and there is a treatment plan for the group services provided.” Are group services only permitted to be provided for 45 days? Why is the payment limited to only 45 days?**

Group services can be provided for more than 45 days. The 45-day limitation applies only when treatment needs to be delivered prior to the completion of the initial treatment plan (ITP). In such situations, payment will be made for 45

days as long as there is a treatment plan. If an ITP is not developed after 45 days, payment can no longer be made for group services.

**2. If an agency is not licensed to provide IBHS as of January 17, 2020, can the agency still bill using the new IBHS codes or will it have to bill the old BHRS codes?**

As of January 17, 2020, agencies may bill for either BHRS or IBHS. OMHSAS will monitor to ensure that agencies are not billing for BHRS and IBHS for the same services.

**3. Will there be a cutoff date or a soft transition for BHRS claims?**

Claims for BHRS cannot be submitted with a service date that is after January 17, 2021.

**4. Do the regulations prohibit private health insurance companies from paying a provider who does not participate in the MA program and has not completed the process of obtaining a license within the 90 days following promulgation of the regulations?**

Although the IBHS regulations require all providers of IBHS to obtain an IBHS license, the IBHS regulations do not regulate payment outside of the MA program. If there are outstanding items noted during a licensing visit, the Department may choose to issue a provisional license.

**5. Can an agency submit claims for IBHS if the agency is not yet licensed?**

Approved BHRS providers who wish to receive payment for delivering IBHS prior to licensure must follow the requirements in OMHSAS-20-01 Bulletin.

## **STAFF QUALIFICATIONS**

**1. Can a person who has a Pennsylvania behavior specialist license, graduate level certification in ABA from a National Commission for Certifying Agencies approved program and over 2 years of experience providing ABA services be a clinical director of an IBHS agency that provides ABA services?**

Yes, upon promulgation of the IBHS regulations this person may be a clinical director of an IBHS agency that provides ABA services. This person would need to obtain a certification as a board-certified behavior analyst (BCBA) or other graduate-level certification in behavior analysis to continue to be the clinical director of an agency that provides ABA services after July 1, 2022.

**2. Are licensed professional counselors (LPC) still able to provide behavior consultation services to individuals with an autism spectrum disorder?**

An LPC can continue to provide behavior consultation services to children with autism spectrum disorder. An LPC who wants to provide ABA services through behavior analytic services must also have a certification as a BCBA. If the LPC wants to provide ABA services through behavior consultation-ABA services, the individual must have one of the following: (1) certification as a board-certified assistant behavior analyst (BCaBA), (2) a minimum of 1 year of full-time experience providing ABA services and a minimum of 12 credits in ABA, or (3) a minimum of 1 year of full-time experience providing ABA services under the supervision of a professional with a certification as a BCBA and a minimum of 40 hours of training related to ABA approved by the Department or provided by a continuing education provider approved by the Behavior Analyst Certification Board.

**3. Can a clinical director who does not have a certification as a BCBA, but has been providing ABA services for a long time continue to be a clinical director of an agency that provides ABA services?**

If the clinical director meets the interim qualifications to be a clinical director of an IBHS agency that provides ABA services included in section 5240.81(b), the clinical director can continue to be the clinical director of an IBHS agency that provides ABA services. The regulations allow individuals who meet the interim qualifications time to obtain the additional required training and qualifications. By July 1, 2022, the clinical director must have one of the licenses included in section 5240.81(c)(1) and be certified as a BCBA and have 2 years of experience in providing ABA services, or be a licensed psychologist with a minimum of 5 years of full-time experience providing clinical oversight of an ABA program and a minimum of 40 hours of training related to ABA, or be licensed as a psychologist and have a graduate degree or graduate certificate in ABA.

**4. If an agency is not going to provide ABA services to clients, does the clinical director need the BCBA certification or ABA training?**

If an agency is not providing ABA services, the agency needs to comply with the staffing requirement for a clinical director for an agency that provides individual services included in section 5240.12(b).

**5. What if an agency believes a prospective employee is qualified to deliver a service but the individual does not have the qualifications required by the IBHS regulations to deliver the service? Will the IBHS regulations prevent the prospective employee from providing services?**

If a provider believes that an individual is qualified for a position or to provide a service and the individual does not have the qualifications specified in the IBHS regulations, the provider can submit a waiver request, which will be reviewed by the Department.

**6. Can an individual who is qualified to provide behavior consultation-ABA services or BHT-ABA services provide individual services if they are supervised by a clinical director of ABA services?**

Staff who provide individual services can be supervised by a clinical director of an ABA program if the clinical director meets the qualifications to be a clinical director of an individual services program.

**7. Can an individual with a BCBA certification be a clinical director of an agency that provides individual services?**

An individual who is certified as a BCBA can be a clinical director of an IBHS agency that provides individual services if the individual meets the qualifications in section 5240.12(b) for the clinical director of an IBHS agency that provides individual services.

**8. Can an individual serve as a clinical director of an IBHS agency that provides individual services, group services, and ABA services?**

An individual can serve as the clinical director of an IBHS agency that provides individual services, group services, and ABA services if the individual meets the qualifications described in both section 5240.12(b) and in section 5240.81(b) and is able to perform all the tasks described in section 5240.11(d).

**9. Can the 40 hours of ABA training required to provide ABA through behavior consultation services be met by completing a 40-hour RBT training program?**

Yes, if the RBT training program is provided by a continuing education provider that is approved by the Behavior Analyst Certification Board, which includes an authorized continuing education (ACE) provider.

**10. The IBHS regulations allow an individual to deliver BHT services or BHTABA services if the individual has a high school diploma and completed a 40hour training covering the RBT Task List as evidenced by a certification that includes the name of the responsible trainer, who is certified as a BCBA or BCaBA. What is meant by certification?**



The required certification is issued by the individual responsible for the training that confirms that the 40-hour RBT training was completed. An example of the required certification can be found on page 4 of the RBT© 40Hour Training Packet: Requirements Document at the following link [https://www.bacb.com/wp-content/uploads/RBT-40-Hour-TrainingPacket\\_190522.pdf](https://www.bacb.com/wp-content/uploads/RBT-40-Hour-TrainingPacket_190522.pdf).

**11. What is meant by “other graduate-level certification in behavior analysis that is accredited by the National Commission for Certifying Agencies or the American National Standards Institute”? Would this include individuals who completed their coursework to sit for the BCBA exam?**

Currently, the only graduate level certification in behavior analysis available is the BCBA certification. The Department included language about other graduate-level certifications as a placeholder should other accredited certifications for behavior analysis be developed. Individuals who have completed the coursework to sit for the BCBA exam do not yet have a graduate certification in behavior analysis.

**12. Does “licensed as a behavior specialist” include individuals who are currently licensed as a social worker, clinical social worker, professional counselor, or psychologist?**

“Licensed as a behavioral specialist” means that the individual has a behavior specialist license. It does not include any other license.

**13. Why are individuals who provide the individual services through behavior consultation services to children, youth, and young adults with autism spectrum disorder required to have additional training and experience requirements specific to ABA?**

Individuals who provide individual services through behavior consultation services to children, youth, and young adults with autism spectrum disorder do not need to have training experience specific to ABA. They do have to be



licensed in this Commonwealth as a psychologist, professional counselor, marriage and family therapist, clinical social worker, behavior specialist, certified registered nurse practitioner or a professional with a scope of practice that includes overseeing the provision of ABA services. There was an error in the regulations that were delivered to the Independent Regulatory Review Commission, which was corrected as the regulations went through the review process.

**14. Is the Department mandating that all individuals that provide BHT services obtain a certification in ABA by January 1, 2021?**

The Department is not mandating that individuals who provide BHT services have training and certification in any specific treatment modality. Section 5240.71(d)(4) provides that an individual who obtains a behavior health certification from an accredited organization can provide individual services.

**15. Will there be a “grandfather” option for a clinical director of an IBHS agency that provides ABA services who has several years of clinical experience and has demonstrated competency but is not eligible for a license?**

The IBHS regulations include a phase in period for the final qualifications of a clinical director of an IBHS agency that provides ABA services. Providers should use that time to ensure staff meet the required qualifications in section 5240.81(c) by July 1, 2022. If a provider believes that an individual is qualified for the clinical director position and the individual does not meet the requirements in section 5240.81(c), the provider can submit a waiver request, which will be reviewed by the Department.

**16. Does clinical or mental health direct care experience satisfy the requirement that an individual have completed a clinical practicum?**

No, experience is not the same as completing a clinical or mental health direct services practicum while obtaining a graduate degree.

**17. Can an individual who is a licensed social worker (LSW), has completed a clinical practicum, and has the required experience be the clinical director of an IBHS agency that provides individual services or group services.**

Yes, an individual who is an LSW, completed a clinical practicum, and has 1 year of full-time postgraduate experience providing mental health direct services to children, youth or young adults can be a clinical director of an IBHS agency that provides individual services or group services.

**18. Can an administrative director also provide services?**

If the administrative director meets the qualifications to provide a service, the administrative director can provide the service. However, that individual still needs to be able to perform all the duties of an administrative director.

**19. What is considered full-time experience?**

Full-time experience includes time spent in both direct service provision and non-billable activities related to behavioral health services. IBHS agencies should review the employment activities of a potential candidate to determine if they have worked sufficient hours to constitute full-time experience.

**20. Will current TSS workers be considered “grandfathered” and be allowed to deliver BHT services?**

Current TSS workers who do not meet any of the other requirements in section 5240.71(d) can provide BHT services if by January 1, 2021 they have a minimum of 2 years of experience in the provision of behavioral health services.

**21. Can an individual with a behavior specialist license and a master’s degree in ABA who has also completed an internship that was focused on the provision of ABA be a supervisor of an IBHS agency that provides individual services?**

If an individual has a behavior specialist license and no other license, the individual must have a graduate degree that required a clinical or mental health direct service practicum to be the clinical director of an IBHS agency that provides individual services. If the individual described in the question does not have another license, the individual would not be qualified to be the clinical director of an IBHS agency that provides individual services.

**22. Do staff who completed 40 hours of training in ABA as a part of obtaining a behavior specialist license need to complete an additional 40 hours of training in ABA to provide behavior consultation-ABA service?**

Staff that can document that they completed 40 hours of training related to ABA as part of the training required to obtain a behavior specialist license do not need to complete an additional 40 hours of training related to ABA to provide behavior consultation-ABA services.

**23. Is there a minimum age requirement for an individual to provide BHT services?**

No, there is no minimum age requirement. However, it is unlikely that an individual who is not at least 18 years old would meet the qualifications for providing BHT services.

**24. The IBHS regulations only state what qualifications need to be met by 2021 for individuals who provide BHT through individual services and ABA services, what is required now (other than the training requirements stated)?**

Individuals who provide ABA services through BHT-ABA services must meet the qualifications included in section 5240.81(g) by July 1, 2020. While individuals who provide individual services through BHT services are not required to meet the qualifications included in section 5240.71(d) until January 1, 2021, they should not be providing services they are not qualified to provide, and must meet the training and supervision requirements included in the regulations.

**25. What is considered experience in the provision of behavioral health services when an individual wants to provide BHT services? For example, can experience working in a pre-school, daycare, etc. be included?**

General experience working in a pre-school or daycare would not be considered behavioral health experience. Implementing a behavioral health treatment plan while a child was in a pre-school or daycare setting would be considered behavioral health experience.

**26. The regulations require staff providing BC-ABA services to have “a minimum of 1-year full-time experience providing ABA services under the supervision of a BCBA.” How should a provider count part-time experience providing ABA services under the supervision of a BCBA towards meeting the 1-year of full-time experience requirement?**

A provider may count part-time experience as part of the experience required to provide BC-ABA services. Part-time experience under the supervision of a BCBA must be equivalent to 1 year of full-time experience.

**27. What experience, if any, must be postgraduate experience?**

When experience must be postgraduate experience, the regulation will specify that it must be postgraduate experience (e.g. § 5240.12(b) requires that the clinical director have postgraduate experience). If the regulation does not state that the experience must be postgraduate experience, that means postgraduate experience is not required.

## **STAFF TRAINING**

**1. Are agencies required to have individual staff training plans or would a training plan based on job position suffice?**

Agencies are required to have a training plan for each staff person that is based on each staff person's educational level, experience, current job functions, and performance reviews.

**2. Where can providers find ABA trainings and what is the expected cost?**

The Department's Office of Developmental Programs (ODP) and Office of Child Development and Early Learning (OCDEL) and the Pennsylvania Training and Technical Assistance Network (PaTTAN) offer free ABA trainings. Providers can also find trainings, including options for on-line/virtual trainings, by searching for ACE providers. The cost of these trainings may vary, but typically start around \$30 per training.

**3. How will an agency know if the training already provided meets the criteria of "Department approved"?**

The Department issued guidance regarding Department approved trainings as well as the process to obtain Department approval. This information can be found on the IBHS website under the IBHS documents section.

**4. Must an individual who provides BHT services receive 24 hours of Department approved training within the first 6 months of providing BHT services in addition to the initial 30 hours of training?**

Yes, if the individual has not previously provided BHT services, the individual must complete at least 30 hours of Department approved training prior to providing services independently and at least 24 hours of Department approved training within the first 6 months of providing BHT services.

**5. Does an ACE provider need Department approval of training materials?**

No, however the IBHS agency is responsible for ensuring that the ACE provider covers the content areas specified in the IBHS regulations.

**6. Are current BHRS staff required to complete the trainings required for new hires?**

Staff that currently provide BHRS are not required to complete new hire training.

**7. The MST model requires that all MST clinicians receive 32 hours of training annually. Do these trainings meet the requirement for 16 hours of Department approved annual training?**

Yes, this training meets the requirement for 16 hours of Department approved annual training.

**8. Does the Department approve the training itself or is it just the topic of the training that needs approval?**

The training itself needs to be approved by the Department.

**9. Will the Department be publishing a list of approved trainings?**

Yes, this information will be posted on the Department's website.

**10. Can a college course taken before the individual was hired by the IBHS agency count towards the training required by the IBHS regulations or does the college course need to co-occur with tenure of employment?**

College courses taken prior to being hired can be used to satisfy the training requirements included in the IBHS regulations.

**11. Will staff who currently provide BHRS need to complete the initial training requirements to provide IBHS?**

Anyone that completed training in the required content areas prior to January 17, 2020 will not have to repeat training in those areas.



**12. If an agency is an ACE approved training provider, is the agency required to also obtain approval from the Department for its trainings to be considered Department-approved?**

No, the Department has determined that all ACE approved trainings are Department-approved trainings.

**13. Do on-line trainings resources, such as Relias, require approval by the Department?**

The Department has determined that trainings provided by Relias are considered Department-approved trainings. If an organization wishes to be considered a Department-approved on-line training resource, the organization should submit an IBHS training approval form to [RAPWIBHSDeptTrng@pa.gov](mailto:RAPWIBHSDeptTrng@pa.gov)

**14. Are trainings currently offered by state agencies considered to be Department-approved trainings?**

Trainings provided by state agencies, including trainings offered by the Office of Developmental Programs (ODP), Office of Child Development and Early Learning (OCDEL) and PaTTAN, satisfy the requirement in the IBHS regulations that trainings be Department-approved.

**15. Are agency developed trainings that have been approved by the Bureau for Autism and Special Populations as meeting the training requirements for a behavior specialist license, Department-approved trainings for purposes of satisfying the training requirements included in the IBHS regulations?**

The trainings are considered to be Department-approved trainings.

**16. If a newly hired staff person who provides BHT services has completed the 40-hour RBT Task List training, can any of the training be used to meet the requirements for the 30 hours of training needed prior to working independently or the additional 24 hours of training required within the first 6 months of employment?**



An individual who completed a 40-hour RBT Task List training before being hired may count corresponding content areas of that training that align with the requirements towards the 30 hours of training needed prior to working independently and towards the training required during the first six months of employment.

**17. Must an individual who provides BHT services receive 24 hours of Department approved training within the first 6 months of providing BHT services in addition to the initial 30 hours of training?**

Yes, if the individual has not previously provided BHT or TSS services, the individual must complete at least 30 hours of Department approved training prior to providing services independently and at least 24 hours of Department approved training within the first 6 months of providing BHT services.

**18. What is meant by RBT “certification” in section 5240.71(d)(5)? Should this be completion certificate?**

Section 5240.71(d)(5) requires that an individual have a certificate or other document that verifies that the individual has completed the 40-hour training covering the RBT Task list.

**STAFF SUPERVISION**

**1. How often can an individual who provides BHT services or BHT-ABA services receive group supervision?**

Individuals who provide BHT services or BHT-ABA services who work at least 37.5 hours a week must receive 1 hour of supervision each week and individuals who provide BHT services or BHT-ABA services who work less than 37.5 hours a week must receive 1 hour of supervision 2 times a month. One hour of the supervision must be individual face-to-face supervision. The remaining supervision can be group supervision.

**2. Can group supervision count as individual supervision? Could a clinical director of an IBHS agency that provides ABA services conduct group supervision twice a month for all individuals providing behavior analytic and behavior consultation-ABA services? Can individuals that provide behavior analytic or behavior consultation-ABA services conduct group supervision for their teams of individuals providing BHT-ABA services?**

Individual supervision must be face to face. Individuals who provide behavioral analytic services and behavioral-consultation-ABA services must receive at least 1 hour of individual supervision a month. This is distinct from group supervision. If the individual who provides behavioral analytic services and behavioral-consultation-ABA services supervises an individual who provides assistant behavior consultation-ABA services or BHT-ABA services, the individual must receive an additional hour of individual supervision a month. Group supervision of teams of individuals providing BHT-ABA services is allowed, as long as each individual that provides BHT-ABA services receives 1 hour of individual face-to-face supervision each month.

**3. Are individuals who are qualified to provide behavior consultation services or mobile therapy services able to provide supervision?**

An individual who is qualified to provide mobile therapy services or behavior consultation services may provide supervision to individuals who provide the BHT service. In addition, an individual who meets the qualifications of a clinical director may supervise an individual who provides BHT services.

**4. The regulations allow a clinical director to supervise a maximum of 12 full-time equivalent staff. Is an IBHS agency required to have more than one clinical director to supervise additional staff?**

An agency is not required to have more than one clinical director. An agency can also employ an individual who meets the qualification of the clinical director to provide supervision.

**5. Must staff who cover for other individuals who are unavailable and provide BHT services receive supervision?**

All staff who provide BHT services must receive supervision. If the individual providing the BHT service works less than 37.5 hours per week, the individual must receive 1 hour of supervision two times a month.

**6. Who provides the on-site supervision of individuals who provide behavior consultation services and mobile therapy services?**

An individual who meets the qualifications of a clinical director must supervise individuals who provide behavior consultation and mobile therapy services.

**7. Who is responsible for completing on-site supervision of individuals who provide individual services?**

An individual who meets the qualification of a clinical director must provide on-site supervision of individuals who provide behavior consultation or mobile therapy services. An individual who meets the qualifications of a clinical director or is qualified to provide behavior consultation services or mobile therapy services must provide on-site supervision of individuals who provide BHT service.

**8. Can all supervision of individuals who provide BHT services or BHT-ABA services take place on-site during the provision of services?**

The Department expects that that there will be a need for supervision to occur outside of the presence of the child, youth or young adult. For example, a supervisor may need to discuss feedback with an individual providing the BHT or BHT-ABA services which may not be appropriate to discuss in front of the child, youth, young adult or caregiver.

**9. Are clinical directors required to provide all supervision or may other qualified individuals assist in providing supervision?**

It is up to the agency to decide how the agency meets the supervision requirements. Any individual who meets the qualifications of a clinical director can provide supervision. However, the clinical director is ultimately responsible for ensuring that staff who provide IBHS are supervised in accordance with the IBHS regulations.

**10. Can a qualified supervisor supervise more than 12 staff as long as the supervisor supervises only 12 staff at a time?**

A qualified supervisor is permitted to supervise a total of 12 staff. A qualified supervisor cannot supervise multiple groups of 12 staff at different times.

**11. Can master's level staff receive group supervision?**

Yes, as long as master's level staff also receive one hour of individual face-to-face supervision per month.

**12. Can the additional hour per month of supervision required for individuals who supervise an individual who provides BHT services be provided through group supervision?**

The additional hour of supervision required because an individual supervises an individual who provides BHT services may be provided through group supervision as long as the individual receives one hour of individual face-to-face supervision per month.

**13. The regulations require that an individual who works less than 37.5 hours per week receive less supervision than an individual who works at least 37.5 hours a week. How are the 37.5 hours a week calculated. Do only face-to-face billable hours providing services to a child, youth or young adult count?**

No, the 37.5 hours per week includes all time the individual works, including hours the individual is not providing face-to-face BHT services or BHT-ABA service.

**14. If an agency provides individual and group services or ABA and group services, does the agency have to comply with the supervision requirements for both services?**

Yes, an agency must comply with the supervision requirements for each service the agency provides.

**15. If a staff person provides individual services and ABA services would supervision need to be conducted by different clinical directors since the requirements for a clinical director of an agency that provides individual services are different than the requirements for a clinical director of an agency that provides ABA services?**

Supervision can be conducted by one clinical director if the clinical director meets the qualifications to be a clinical director of an agency that provides individual services and meets the qualifications to be a clinical director of an agency that provides ABA services.

**16. Our agency provides both individual services and ABA services. Are we able to bill for direct observation and on-site supervision?**

Staff who are qualified to provide BA, BC-ABA or Assistant BC-ABA (with a BCaBA) services can bill for direct observation and supervision of staff providing BHT-ABA services while the individual is working with a child, youth or young adult.

Because ongoing supervision and direct observation are included in the rates for individual services, they may not be billed for separately. The procedure code for Skills Training & Development may be used to bill for the initial on-site supervision of someone who has just begun providing the BHT service.

**17. If an agency provides individual and group services or ABA and group services, does the agency have to comply with the supervision requirements for both services?**

Yes, an agency must comply with the supervision requirements for each service the agency provides.

**18. Are clinical directors who also provide behavior consultation services or mobile therapy services required to receive supervision?**

If a clinical director has a caseload, they should make arrangements to have peer supervision by an individual who meets the regulatory requirements to provide supervision. If the clinical director does not carry a caseload but will provide MT, BC, BA or BC-ABA services when an individual who normally provides MT, BC, BA or BC-ABA services is unavailable, the IBHS agency should develop a policy and procedure to outline the circumstances when the clinical director will provide direct services and how the clinical director will seek peer supervision/consultation when the clinical director is providing direct services. At a minimum this should include the name of the individual who will conduct the peer supervision, confirmation that the individual who provides peer supervision meets the qualifications of a clinical director, and the method, frequency and duration of the supervision. The policy and procedure will be reviewed by OMHSAS as part of licensing.

**19. Does documentation of group supervision need to be copied and included in every individual's personnel file? Or can one document be maintained in the agency's file?**

As required by sections 5240.72(f), 5240.82(h), and 5240.92(g), documentation of group supervision must be included in the supervised staff person's personnel file.

**20. Can individuals who provide BHT services or BHT-ABA services who work less than 37.5 hours a week receive supervision in half-hour increments to meet the requirement of "must receive 1 hour of supervision 2 times a month"?**



Yes, the requirement is for the total duration of 1 hour of supervision 2 times a month.

**21. If a behavior analyst meets the criteria for clinical director, but is working as a behavior analyst, does the individual need ongoing supervision?**

Yes, a staff person who provides behavior analyst services must receive supervision, even if the staff person meets the criteria for being a clinical director.

**22. Would observing a treatment team meeting count as “direct observation of services being provided” as required by the IBHS regulations?**

The IBHS regulations require direct observation to occur while staff are providing services directly to the child, youth or young adult. As a result, observing a staff person who provides MT, BC, BC-ABA, or BA services conduct a treatment team meeting would not count as direct observation. Observing staff conducting a treatment team meeting could be considered supervision.

**WRITTEN ORDER**

**1. Can a licensed psychologist utilize unlicensed staff to complete a written order for IBHS?**

Licensed individuals must follow the regulations that govern their license and should only sign off on tasks performed by an unlicensed individual if permitted by their licensing regulations.

**2. Does a child that is referred to IBHS need to have a best practice evaluation completed prior to the child receiving IBHS? Is a best practice evaluation needed even though an assessment is required to be completed within 15 days of admission for services?**



The IBHS regulations require a written order to provide IBHS. A best practice evaluation does not need to be conducted but can be conducted if clinically indicated. A best practice evaluation must meet the regulatory requirements for a written order for individual services, ABA services, and group services. An assessment is required regardless of if a best practice evaluation has been completed. Unlike a best practice evaluation, the assessment takes place in home and community settings.

### **3. Who may prescribe IBHS and how must they be prescribed/recommended?**

IBHS must be prescribed through a written order based on a face-to-face interaction with the child, youth or young adult. The order may be 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.

### **4. Who will train the individuals who can write an order for IBHS on how to determine the amount of IBHS needed, the setting where services should be provided, and if there have been measurable improvements in a child's, youth's or young adult's identified therapeutic needs?**

The Behavioral Health-Managed Care Organizations (BH-MCOs) will continue to train prescribers. If there is a need for additional training, OMHSAS will address this need.

### **5. Who must write the order for IBHS to continue?**

The same individuals who can write the initial order for IBHS, can write an order for IBHS to continue.

### **6. Should a prescription for IBHS include the number of hours of services needed monthly or weekly?**

The regulations require the written order to include the maximum number of hours per month needed for each service. The assessment and ITP will provide more specifics on the delivery of the prescribed hours.

**7. Will a provider receive payment for a written order?**

A written order is provided as part of a service. Payment will not be made for a written order that is not associated with a service.

**8. Is a written order required to be completed at least annually?**

A written order must be completed within 12 months prior to the initiation of IBHS.

**9. What is the process for obtaining an addendum to a written order?**

The individual who wrote the order is responsible for determining the process for obtaining a change in the recommendation.

**10. When ABA services are recommended, does the written order need to indicate the specific type and amount of ABA services recommended?**

Written orders should specify the type of service recommended. They should include the maximum number of each ABA service per month (i.e. behavior analytic services, behavior consultation-ABA services, assistant behavior consultation ABA-services, BHT-ABA services). It is not sufficient for the order to just state that ABA services are recommended.

**11. How often is a written order for IBHS required?**

There must be an order for IBHS written within 12 months prior to the initiation of IBHS.

**12. When would a best practice psychological evaluation be considered necessary?**

Whether or not a child, youth or young adult needs a psychological or psychiatric evaluation depends on the needs of the child, youth or young adult. A licensed practitioner will be able to determine whether a child, youth or young adult needs an evaluation.

**13. How frequently can a provider receive payment for a reevaluation? Will a provider be paid for a reevaluation multiple times a year or only once every 6 months?**

For an IBHS agency to receive payment for IBHS, there must be an order for the services written within 12 months prior to the initiation of services. The information included in the written order may be the result of an evaluation or a reevaluation or another similar process. The requirement that an order for services be written 12 months prior to the initiation of services does not preclude more frequent evaluations or reevaluations of a child, youth or young adult. An evaluation or reevaluation should be conducted whenever one is medically necessary.

**14. Are IBHS agencies that do not participate in the MA program required to obtain a written order every 12 months for services they provide, if the commercial insurance plans do not require it?**

No. For the purpose of licensure, the IBHS regulations require all IBHS agencies to obtain an order written within 12 months prior to the initiation of IBHS that complies with sections 1155.32(a)(1), 1155.33(a)(1), 1155.34(a)(1) or 1155.35(a)(1).

Once IBHS has been initiated, IBHS agencies that are not seeking MA payment for IBHS are not required to obtain written orders every 12 months for continued services. IBHS agencies may, however, be required to obtain written orders for continued services by the commercial insurance plans.

IBHS agencies that participate in the MA program are required to obtain written orders for continued services to receive payment pursuant to sections 1155.32(a)(6), 1155.33(a)(6), 1155.34(a)(6) or 1155.35(a)(6).

## **ASSESSMENT**

**1. Why is the Department requiring that an assessment be updated if a child, youth or young adult has not made progress towards the goals identified in the ITP within 90 days? Updating the assessment will take clinical treatment time away from the child, youth or young adult and is not needed because the ITP will be updated.**

If a child, youth or young adult is not making progress towards the goals identified in the ITP, it is important that the child's, youth's or young adult's behavioral needs and skills be assessed. This is because an updated assessment is needed to gather the necessary clinical information to update the child's, youth's or young adult's ITP.

**2. Must an IBHS assessment be signed by a licensed psychologist?**

An assessment for IBHS and all subsequent updates must be signed and dated by the staff person who completed the assessment.

**3. Can the provider use his or her discretion when conducting a face-to-face assessment, or will a standardized document be released for use, which is similar to the best practice evaluation document?**

The Department does not intend to release a standardized format to be used for assessments. An assessment must include the information identified in the IBHS regulations. If a BH-MCO or IBHS agency develops a standard format, the format must ensure that the information required by the regulations will be included in the assessment.

**4. What qualifications must the person who completes an assessment have?**

The qualifications required to complete an assessment depend on the service prescribed. An individual qualified to provide behavior consultation services or mobile therapy services must complete an assessment for individual services. An individual qualified to provide behavior analytic services or behavior consultation-ABA services must complete an assessment for ABA services. A graduate-level professional must complete an assessment for group services.

**5. Does a functional behavior assessment (FBA) meet the IBHS regulations' requirement for an assessment?**

Yes, an FBA is considered an assessment if it meets the regulatory requirements for an assessment for individual services, ABA services, or group services.

**6. Can the person who writes the written order complete the assessment?**

If an individual meets the qualifications to write an order for IBHS and is qualified to complete an assessment, the individual may do so.

**7. How comprehensive must an assessment be for IBHS?**

The assessment must include the information required by sections 5240.21, 5240.85 and 5240.95 of the IBHS regulations. Clinical judgment can be used to determine the type of clinical assessment a child, youth or young adult needs.

**8. Will the Department still require that an individual complete training prior to conducting an FBA?**

An individual must complete a training provided by the Bureau of Supports for Autism and Special Populations, formerly Bureau of Autism Services, and demonstrate competence in conducting the FBA or complete one of the BCBA credential programs offered by a university.

**9. If a psychological evaluation includes all the components required to be included in an assessment, is an additional assessment still needed?**

Yes, an assessment is still required. However, the level of detail of the assessment may vary based on the information that was included in the psychological evaluation.

**10. Can assessments be conducted only in the home/community or can they take place in an office setting?**

Assessments should be conducted in the home and community. For group services the assessment may also occur in a community-like setting.

**SERVICE PROVISION**

**1. Do the IBHS regulations exclude a school as a permissible place of service for IBHS or is the school considered a “community” setting?**

Individual services, ABA services, and group services can be provided in a school.

**2. Is IBHS available for children, youth, and young adults who have mental health disorders such as anxiety, depression, and attention deficit hyperactivity disorder or only for children, youth, and young adults with autism spectrum disorder?**

All IBHS are available to children, youth, and young adults if they are medically necessary regardless of the child’s, youth’s or young adult’s behavioral health diagnosis.

**3. Who is considered part of the treatment team?**

Individuals who are involved in a child’s, youth’s or young adult’s treatment are part of the treatment team. This may include the child, youth, young adult, parents, legal guardians, caregivers, teachers, individuals who provide services



and any individual chosen by the child, youth, young adult, parents or legal guardians of the child or youth.

#### **4. What is considered the initiation of services?**

Initiation of services is the first day an individual service, ABA service or group service is provided. This includes the first day an assessment is conducted.

#### **5. Can an IBHS agency provide center-based ABA?**

Yes, center-based ABA services can be delivered in a community-like setting through group services. A community like setting is a setting that simulates a natural or normal setting for a child, youth or young adult.

#### **6. Will there be a time limit on how long IBHS can be provided?**

A child, youth or young adult can continue to receive IBHS as long as the services are medically necessary.

#### **7. Is a behavioral health disorder diagnosis required to provide IBHS, even if payment for the service is through a commercial insurance plan?**

For IBHS to be provided, a child, youth or young adult must have a behavioral health disorder diagnosis that is listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders or International Classification of Diseases. If an agency is receiving payment through commercial insurance for a service provided to a child, youth or young adult that does not have a behavioral health disorder diagnosis that is not IBHS.

#### **8. Regarding the skills training and development procedure code, can it be used only for initial onsite supervision similar to the original Assessment and Assistance (A & A) requirement or can this code be used for the ongoing onsite supervision that is required?**

If the individual has not previously provided BHT services, the skills training and development procedure code may be used for the 6 hours of onsite supervision

during the provision of services to a child, youth or young adult prior to providing services independently. It cannot be used for ongoing onsite supervision.

**9. Can an agency take on a case if it does not have sufficient staff to provide the service hours identified in the written order?**

Yes, as long as the agency has sufficient staff to provide the service hours identified in the ITP. Section 5240.11(f) requires a provider to employ sufficient staff to provide the service hours identified in the written order and ITP. The ITP will be written after an IBHS assessment has been completed and will reflect the detailed needs of a child, youth or young adult, including the number of hours of services needed. The number of hours of services included in the ITP cannot be greater than the number of hours recommended in the written order, and can be used by agencies to determine if they have sufficient staff to accept a case.

**10. When a regulation includes a timeframe (e.g. number of days to complete an assessment, number for days to complete an individual treatment plan, etc.) is that timeframe intended to be calendar days or business days?**

The timeframes used in the IBHS regulations are for calendar days.

**11. What should be included when determining if an individual who provides BHT services works 37.5 hours a week? Should time spent driving between services be included in those hours? Can other non-billable services such as note writing, supervision, training, etc., be included in number of hours worked?**

When determining if an individual who provides BHT services works 37.5 hours a week, the IBHS agency should include the hours the individual is considered to be working for the IBHS agency.

**12. Does direct observation count towards the weekly supervision requirements (e.g. the requirement for one hour of supervision per week for individuals who provide BHT services 37.5 hours a week)?**

No, direct observation is not counted towards the required weekly hours of supervision. Direct observation is required in addition to weekly supervision.

**TREATMENT PLAN AND INDIVIDUAL TREATMENT PLAN**

**1. How does a treatment plan differ from an ITP?**

A treatment plan is utilized when a child, youth or young adult needs services while an assessment is being conducted. A treatment plan should be written to describe the services and interventions that are being provided. Once the assessment is completed and an ITP is written, the treatment plan should no longer be followed.

**ABA REPORTING**

**1. After the IBHS regulations are implemented, will the BH-MCOs still be required to provide monthly reports to the Department on ABA requests and capacity to provide ABA capacity?**

Reporting on requests for ABA services and capacity to provide ABA services will continue to be required after the IBHS regulations are promulgated. The Department will provide further guidance to the BH-MCOs about the reports.

**SERVICE DESCRIPTION**

**1. What information must be included in an IBHS service description?**

The requirements for an IBHS service description are in section 5240.5. The field office has developed an IBHS service description checklist which is available at <http://www.healthchoices.pa.gov/providers/about/behavioral/inbehavioralhs/index.htm>

**2. Can all services be included in 1 service description or are separate service descriptions required for each IBHS?**

A provider may submit one service description that includes each service the agency will provide. The field office has developed an IBHS service description checklist to ensure that all required information is included in the service description.

**3. Why are providers required to submit a new service description if they already have an approved BHRS service description?**

A new service description is needed because some of the requirements for IBHS and some of the services that can be provided are different.

**4. Will OMHSAS or the BH-MCOs provide a template service description?**

The Department will provide training and technical assistance regarding the development of IBHS service descriptions. If a consistent delivery model is used, such as for an EBT, the Department may develop a template. Templates will not be developed for a service where there is a variety of ways the service can be provided.

**5. Our agency did not receive an outreach letter requesting that we submit a new service description. Are we still required to submit a service description?**

An IBHS agency is required to submit a service description to obtain an IBHS license even if it did not receive an outreach letter. Agencies can submit service descriptions to the appropriate field office at any time. A copy of the outreach letter is on the Department's website.

**RESTRICTIVE PROCEDURES**

**1. How will family members and treatment team members be notified of the use of a manual restraint?**

IBHS agencies' policies and procedures must include how the treatment team will be notified within 24 hours if a manual restraint is used. The Department is not requiring that a specific means be used to notify the treatment team.

## **POLICIES AND PROCEDURES**

**1. Does the requirement that an IBHS agency have a written referral process for children, youth, and young adults whose needs cannot be served by the agency apply to initial referrals for service or must the referral process address what should happen if an IBHS agency can no longer serve a child, youth or young adult because the agency no longer has enough staff or the child, youth or young adult has needs beyond those that the agency can provide for?**

An IBHS agency's written referral process should address all circumstances where a referral may be required.

**2. How often does each clinical record need to be reviewed? Clarification is needed between the requirements in section 5240.11(d)(4) and section 5240.41(b)(3). Must the review of each individual record be done annually or quarterly?**

Section 5240.11(d)(4) is tied to the overall quality plan, which requires at a minimum quarterly quality reviews. Section 5240.41(b)(3) is a requirement for each chart. Every chart must be reviewed within 6 months of it being created and at least annually thereafter. A chart review can include a review for quality and to determine if it meets the requirements in section 5240.41(b)(3). Separate reviews of a chart are not required to meet the regulatory requirements.

## **WAIVERS**

**1. Can only specific regulatory requirements be waived, or can a program be considered for a waiver (i.e. program exception in the past)?**

An entire program cannot be considered for a waiver. Section 5240.111(a) provides that an IBHS agency may submit a written request to the Department for a waiver of a specific requirement of Chapter 5240. The Department anticipates that services currently approved through the program exception process will meet the requirements for individual services, group services or ABA services.

**2. If a provider will need a waiver to comply with the IBHS regulations, should the provider submit a service description that is based on the requirements that the provider can meet, or should the service description be consistent with the regulations?**

The service description should reflect how the IBHS agency plans to provide services. If the service description does not demonstrate compliance with the regulatory requirements, the IBHS agency should submit a waiver request.

**3. Can you request a waiver prior to applying for your license?**

An agency may apply for a waiver as part of the application process for an initial license.

### **PRIOR AUTHORIZATION**

**1. If IBHS is prior authorized, must the services be authorized for 12 months?**

IBHS do not need to be authorized for 12 months. How long services are authorized should continue to be based on medical necessity and will vary based on a child's, youth's or young adult's needs.

**2. What will be required to be submitted when a provider requests prior authorization of IBHS and what is the time frame for submitting a request to prior authorize IBHS?**

The Department will be issuing a bulletin on the process it will be using to prior authorize services in the fee-for-service delivery system. The BH-MCOs will



also be informing IBHS agencies of the process they will be using to prior authorize IBHS.

## **MEDICAL NECESSITY**

### **1. When will the Department be issuing the medical necessity guidelines for IBHS?**

The Department issued medical necessity guidelines on July 13, 2020. Please refer to OMHSAS-20-05 Medical Necessity Guidelines for Intensive Behavioral Health Services, Attachment 1, 2 and 3.

\*\*\*This FAQ document will continue to be updated throughout the IBHS implementation process. Additional information on the IBHS regulations can be found in the preamble to the IBHS regulations.