

Provider Notice

To: **All IBHS Providers and Prescribers**
 From: **PerformCare**
 Date: **September 2, 2021**
 Subject: **IBHS 21 106: Adding or Increasing IBHS during a current IBHS authorization period**

This notice serves to outline the process to add or increase IBHS during a current authorization. Period. The table below outlines the process to increase hours for an already approved service, add a setting to Individual (BC/MT/BHT) or ABA (BC-ABA/BA/Asst. BC-ABA/BHT-ABA), or add a new IBHS level of care.

Providers should consider completing a new Written Order/Best Practice Evaluation (BPE) if the current one is within (60) days of expiration. A face-to-face interaction for an updated IBHS Written Order/BPE during a current authorization is at the discretion of the prescriber and is not required.

Please note an updated CANS (CABHC only) is not required for these requests.

Scenario	Process	Required Submission forms to PerformCare.	Authorization Period Following MNC Approval
1. Provider wants to start a service, add a setting, or increase hours that were prescribed in the original Written Order/BPE but the initial assessment did not indicate clinical need	<ul style="list-style-type: none"> • Update IBHS assessment including clinical rationale for the change • Update ITP to reflect change 	<ul style="list-style-type: none"> • Submission Sheet • Original Written Order/BPE • Updated Assessment (within last 30 days) • Updated ITP (within last 30 days) 	Date of the medical necessity decision until the original authorization end date (end date remains unchanged)

<p>2. Provider wants to request an increase in hours, add a setting, or add a service within an IBHS level of care for following services: ABA (BC-ABA/BA/Asst. BC-ABA/BHT-ABA), Individual – (BC/MT/BHT) that was not prescribed in the original Written Order/BPE</p>	<ul style="list-style-type: none"> • Update original Written Order/BPE to reflect change (changes must be initialed/dated) • Update IBHS assessment including clinical rationale for the change • Update ITP to reflect change 	<ul style="list-style-type: none"> • Submission Sheet • Updated Written Order/BPE • Updated Assessment (within last 30 days) • Updated ITP (within last 30 days) 	<p>Date of the medical necessity decision until the original authorization end date (end date remains unchanged)</p>
<p>3. Provider wants to request a new IBHS level of care that was not prescribed in the original Written Order/BPE to the current IBHS level of care. (i.e. add ASP to currently approved MT & BHT)</p> <p><u>Note: This applies to adding IBHS group (ASP, STAP), IBHS ABA-Group, and other Individual IBHS ONLY (i.e. FFT, JFACTS, MST, SPIN, IDT)</u></p>	<ul style="list-style-type: none"> • Update original Written Order/BPE to reflect new service (updates must be initialed/dated) • Update IBHS assessment including clinical rationale for the change • Update ITP to reflect change 	<ul style="list-style-type: none"> • Submission Sheet • Updated Written Order/BPE • Proposed Treatment Plan • Provider Choice Form, if applicable 	<p>Date of the medical necessity decision for a period of twelve (12) months (unless otherwise specified in the approved service description)</p>

Thank you for your ongoing collaboration and commitment to our Members. Please reach out to your Account Executive with any questions.

cc: Lisa Hanzel, PerformCare
 Scott Suhring, Capital Area Behavioral Health Collaborative
 Missy Reisinger, Tuscarora Managed Care Alliance
 PerformCare Account Executives