

<b>PerformCARE<sup>®</sup></b>		<b>Policy and Procedure</b>
<b>Name of Policy:</b>	Initial Individual Intensive Behavioral Health Services (IBHS) Service Capacity and Referral Monitoring: Individual BC/MT/BHT & ABA Services – BA, BC-ABA Asst. BC-ABA/BHT-ABA	
<b>Policy Number:</b>	CM-CAS-060	
<b>Contracts:</b>	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
<b>Primary Stakeholder:</b>	Clinical Department	
<b>Related Stakeholder(s):</b>	Provider Network Operations	
<b>Applies to:</b>	Providers	
<b>Original Effective Date:</b>	03/01/22	
<b>Last Revision Date:</b>	01/25/24	
<b>Last Review Date:</b>	01/25/24	
<b>OMHSAS Approval Date:</b>	01/25/24	
<b>Next Review Date:</b>	01/01/25	

**Policy:** Establishes protocols for the monitoring and referral of Members when Intensive Behavioral Health Services (IBHS), specific to Individual Behavior Consultation (BC), Mobile Therapy (MT), Behavioral Health Technician (BHT) or ABA specific to Behavior Analytic (BA), Behavior Consultation-ABA (BC-ABA), Assistant. Behavior Consultation-ABA (Asst. BC-ABA), Behavioral Health Technician-ABA (BHT-ABA), are recommended but the provider cannot begin the IBHS assessment in a timely manner.

**Purpose:** To establish a monitoring and referral process of Members who receive a Written Order or Best Practice Evaluation (BPE) recommending Individual IBHS (BC/MT/BHT) or ABA (BA, BC-ABA, Assistant BC-ABA, BHT-ABA) for the first time and the provider is unable to initiate an IBHS assessment within seven (7) calendar days of receiving a Written Order/BPE.

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

**Individual ABA IBHS:** Include Behavior Analytic, Behavior Consultation-ABA, Assistant Behavior Consultation-ABA, BHT-

ABA, Behavioral Health Technician- ABA for the purpose of this policy.

**Individual IBHS:** Intensive Behavioral Health Services, which is an array of therapeutic interventions and supports provided to a child, youth, or young adult in the home, school, or other community setting. This includes BC, BHT and MT for the purpose of this policy.

**Acronyms:** **ABA:** Applied Behavior Analysis  
**Assistant BC-ABA:** Assistant Behavior Consultation - ABA  
**BA:** Behavior Analytic  
**BC:** Behavior Consultation  
**BC-ABA:** Behavior Consultation – ABA  
**BHT:** Behavioral Health Technician  
**BHT-ABA:** Behavioral Health Technician - ABA  
**BPE:** Best Practice Evaluation  
**CC:** Care Connector  
**CCM:** Clinical Care Manager  
**ITP:** Individual Treatment Plan  
**MT:** Mobile Therapy

- Procedure:**
1. In the event an Individual or ABA IBHS provider is unable to begin the IBHS assessment within seven (7) calendar days of receiving a Written Order/BPE, the provider notifies PerformCare by means of completing the IBHS Written Order/Best Practice Evaluation (BPE) Receipt Notification via the Provider Portal.
  2. PerformCare Care Connectors will track and maintain bi-weekly contact with all Individual and ABA IBHS providers requesting updates on all Members for whom the provider of choice is unable to start the IBHS assessment within seven (7) calendar days of receiving a Written Order/BPE and have completed an IBHS Written Order/Best Practice Evaluation (BPE) Receipt Notification.
    - 2.1. PerformCare will continue to outreach every two (2) weeks to the IBHS provider until an IBHS assessment start date is received. Dialogue between PerformCare and the IBHS provider will focus on the following for each Member:
      - 2.1.1. Provider staffing capacity and timeline for staffing Member IBHS assessment.
      - 2.1.2. Ensure that Member/Parent/Guardian has been offered a transfer to another IBHS provider with capacity.
        - 2.1.2.1. If a decision is made to transfer to another provider by the Member/Parent/Guardian, then

- PerformCare will assist the Member/Parent/Guardian in the identification of a new provider and facilitate the transfer.
- 2.1.2.2. The transferring provider will submit the following to PerformCare:
    - 2.1.2.2.1. Child/Adolescent Services Request Submission Sheet.
    - 2.1.2.2.2. Written Order/BPE.
  - 2.1.2.3. PerformCare will identify additional provider(s) of choice, monitor network capacity as reported on the PerformCare website, and coordinate with the identified provider once they report capacity and accept the referral.
  - 2.1.2.4. If a Member's Written Order/BPE is pending expiration as they await a provider with capacity, PerformCare will send written notification of this to the Member/Parent/Guardian, including instructions on how to obtain an updated Written Order/BPE.
    - 2.1.2.4.1. PerformCare will cease monitoring and referral activities for all Members for whom the current Written Order/BPE has expired and an updated Written Order/BPE has not been received. (Referral activity will resume upon receipt of an updated Written Order/BPE.)
  - 2.1.2.5. If a decision is made to not transfer to another provider by the Member/Parent/Guardian, the provider will complete the PerformCare Intensive Behavioral Health Services (IBHS) Initial Service Capacity Acknowledgement form indicating that the family does not agree to a transfer.
3. The PerformCare CCM will outreach to Member/Parent/Guardian three (3) weeks from the date the Provider notifies PerformCare that assessment has not started, or the Member/Family/Guardian requests a transfer. CCM outreach to the Member/Parent /Guardian will also occur when a decision to transfer is made.
    - 3.1. CCM outreach will continue every three (3) weeks until an IBHS assessment start date is received, or the Member's referral is sent to an accepting IBHS provider with capacity. Dialogue between the CCM and the Member/Parent/Guardian will focus on the following:
      - 3.1.1. Discussion of provider transfer based on capacity.

- 3.1.2. Obtaining a clinical update on Member functioning.
- 3.1.3. Determining the need for a treatment team meeting.
- 3.1.4. Discussing the need for an interim or alternate level of care based on updated/new clinical information as collected by the CCM.
- 3.1.5. Coordination with other providers/systems, as needed.
- 3.2. Note: If the CCM is not able to contact the Member/Parent/Guardian after three (3) attempts in the span of three (3) weeks then the CCM outreach will be discontinued and an unable to contact letter will be sent asking Member/Parent/Guardian to contact CCM.
  - 3.2.1. Outreach activity will resume if the Member/Parent/Guardian contacts the CCM.
- 4. The provider will outreach to the Member/Parent/Guardian when they can start the IBHS assessment. The CCM will be notified if the provider is unable to contact family.
- 5. CC/CCM will notify a PerformCare Account Executive if problems contacting a provider are identified.
  - 5.1. The Account Executive will escalate the issue as needed to the provider management contact within the agency until a resolution is reached.
- 6. All IBHS- Individual and IBHS-ABA providers are required to report current capacity for each county served, on a biweekly basis, or more frequently when there is a change in capacity via PerformCare Provider Portal system.
- 7. CC staff will utilize the IBHS capacity report on the PerformCare website while monitoring cases to offer Member/Parent/Guardian a transfer to a provider with capacity. Once a match is identified, PerformCare will send a referral to the identified provider.
  - 7.1. Providers and PerformCare will encourage Member/Parent/Guardian to utilize the IBHS capacity report on the PerformCare website in order to facilitate an informed provider decision.
- 8. PerformCare will utilize claims data to monitor the time frame between an IBHS assessment end date and the start date for BC/MT/BHT/ABA.
  - 8.1. PerformCare Account Executives will review IBHS provider capacity monthly in order to identify and report status and trends to the Director of Network Operations to determine the need for expansion of IBHS Providers.
  - 8.2. PerformCare will manage IBHS capacity per *PR-007 Development of Services Not Available In-Network* and

*PR-029 Expansion Request Process for State Plan Service for Providers.*

8.3. PerformCare Quality Improvement (QI) Department will follow current Quality Improvement Process (QIP) protocols based on capacity trends in order to continually improve the initiation of IBHS.

**Related Policies:** *CM-CAS-042 Initial & Re-Authorization Requirements for Individual Intensive Behavioral Health Services (IBHS) – BC/MT/BHT & ABA Services*  
*CM-CAS-057 Children's Service Provider Transfer Process*  
*PR-007 Development of Services Not Available In-Network*  
*PR-029 Expansion Request Process for State Plan Service for Providers*

**Related Reports:** None

**Source Documents and References:** *Chapter 1155 & 5240 Intensive Behavioral Health Services Regulations.*

**Superseded Policies and/or Procedures:** None

**Attachments:** [\*Attachment 1 PerformCare IBHS Initial Service Capacity Acknowledgment\*](#)  
[\*Attachment 2 PerformCare IBHS Written Order/BPE Receipt Notification Form\*](#)

Approved by:



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Primary Stakeholder