

Intensive Behavioral Health Services (IBHS) Frequently Asked Questions

The IBHS regulations were promulgated on October 19, 2019. The Office of Mental Health and Substance Abuse Services (OMHSAS) allowed providers not yet licensed as IBHS agencies to continue to provide behavioral health rehabilitation services (BHRS) until January 17, 2021, to ensure that children, youth and young adults continued to receive needed services. OMHSAS included questions that addressed the transition to IBHS in its IBHS Frequently Asked Questions (FAQs). Because all providers must now comply with the IBHS regulations, OMHSAS has removed from the FAQs information that applies only to this transition period.

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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/inbehavioral/hs/index.htm>. The October 4th 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 4th and address any remaining questions or concerns. The November 20th WebEx provided a statewide summary of the issues discussed at the regional forums and addressed additional implementation questions.

LICENSING AND PROVIDER ENROLLMENT

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

All agencies must have 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 OMHSAS 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

3. Do the IBHS regulations apply to licensed psychologist? How would a group of psychologists obtain an IBHS license?

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, including ABA services, 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?

No, 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 considered an IBHS. Providers of MST will need to obtain an IBHS license.

7. How should a provider handle a change in address or services it delivers?

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.

8. Will providers that are enrolled in the MA program need to update their enrollment in the MA program after obtaining an IBHS license?

Yes, once an agency is licensed to provide IBHS, the agency will need to enroll in the MA program as an IBHS provider.

9. If a provider has multiple licenses and provides services at 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.

10. 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. A 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.

11. 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 it chooses to provide.

12. Is a provider 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.

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

Yes, PCIT can be provided as an evidence-based therapy (EBT) through individual services.

14. 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. Questions specific to CHIP enrollment should be directed to Provider Enrollment at 1-800-537-8862. Additional information on CHIP enrollment can be found at

<https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Chip-Enrollment.aspx>

15. If an agency receives a written order for IBHS prior to being a licensed IBHS agency 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 have an IBHS license, 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.

16. When completing the Bureau of Equal Opportunity (BEO) application as part of the licensing process, what data should an agency use?

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

17. Are licensed professional counselors (LPCs) who prescribe IBHS required to enroll in the MA program to be able to order, refer or prescribe services for MA beneficiaries?

Yes, LPCs 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."

EFFECTIVE DATE

1. When are the IBHS regulations effective?

The IBHS regulations became effective upon promulgation on October 19, 2019.

PAYMENT

1. Section 1155.34(c) of the IBHS regulations 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 individual 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. 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.

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

No, an agency must be licensed in order to submit IBHS claims to the MA program.

4. In order to accommodate IBHS agencies that are licensed, but not yet enrolled, will BHRS provider type and provider specialty code combinations continue to be available for billing by IBHS agencies?

Yes, BHRS provider type and provider specialty code combinations will be available for billing until July 31, 2021.

5. Why can providers of behavior consultation-ABA services bill for indirect activities, including data analysis, but providers of behavior consultation services cannot bill for these activities?

The national ABA codes include codes that allow for billing of activities, such as data analysis, which was taken into account in the development of the ABA rates. While providers of behavior consultation services cannot bill directly for activities such as data collection, documentation, and staff oversight, the time associated with these activities was taken into account when the fee schedule rate for behavior consultation services was developed.

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, the individual described above may be a clinical director of an IBHS agency that provides ABA services. The individual needs to obtain a certification as a board-certified behavior analyst (BCBA) or other graduate-level certification in behavior analysis by July 1, 2022 to continue to be the clinical director of an agency that provides ABA services.

2. Are LPCs 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 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. The individual should not provide IBHS unless the Department approves a waiver request allowing the individual to do so.

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 are qualified to provide behavior consultation-ABA or BHT-ABA services can provide individual services if they are supervised by a clinical director of an ABA program that 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. What does RBT stand for?

RBT refers to Registered Behavior Technician.

10. 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.

11. The IBHS regulations allow an individual to deliver BHT services or BHT-ABA services if the individual has a high school diploma and completed a 40-hour 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 type of certification is required?

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

12. What is considered an “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 but have not passed the exam do not have a graduate level certification in behavior analysis.

13. 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.

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) and has completed the required clinical practicum and 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 TSS workers be considered “grandfathered” and be allowed to deliver BHT services?

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. Will 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. 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.

25. The regulations require staff providing behavior consultation-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 behavior consultation-ABA services. Part-time experience under the supervision of a BCBA must be equivalent to 1 year of full-time experience.

26. What experience, if any, must be postgraduate experience?

The regulation specifies when postgraduate experience is required. For example, section 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 at

<http://www.healthchoices.pa.gov/providers/about/behavioral/inbehavioralhs/index.htm> .

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. 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.

7. 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.

8. Will the Department publish a list of approved trainings?

The Department has published guidance on trainings that do not require Department review and approval, which can be found at http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_292633.pdf

9. 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.

10. Will staff who provided BHRS need to complete the initial training requirements for providing IBHS?

If a staff person completed training in a required content area while the staff person was providing BHRS, the staff person does not have to repeat training in the content area to provide IBHS.

11. Do online training 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 online training resource, the organization should submit an IBHS training approval form to RAPWIBHSDeptTrng@pa.gov

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

Trainings provided by state agencies, including trainings offered by ODP, OCDEL and PaTTAN, are Department-approved trainings.

13. 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 considered Department-approved trainings for purposes of satisfying the training requirements included in the IBHS regulations?

Yes, agency developed trainings that have been approved by the Bureau for Autism and Special Populations are considered to be Department-approved trainings.

14. 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 24 hours of training required during the first six months of employment.

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 hours of 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 behavior-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 behavior analytic services and behavior-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. This additional hour of supervision may take place individually or in a group as long as that individual is receiving one hour of individual face-to-face supervision per 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 fill-in for individuals who are unavailable to 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 can provide 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.

7. 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 BHT services or BHT-ABA services which may not be appropriate to discuss in front of the child, youth, young adult or caregiver.

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. If an agency provides individual services, group services or ABA services, does the agency have to comply with the supervision requirements for all services?

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

14. 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.

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

Staff who are qualified to provide behavior analytic, behavior consultation-ABA or Assistant behavior consultation -ABA (with a BCaBA) services can separately 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.

16. 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 mobile therapy, behavior consultation, behavior analytic or behavior consultation-ABA services when an individual who normally provides these 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.

17. 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.

18. 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 "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.

19. 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.

20. 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 mobile therapy, behavior consultation, behavior consultation -ABA, or behavior analytic services conduct a treatment team meeting would not count as direct observation. Observing staff conducting a treatment team meeting could be considered supervision.

21. If a staff provides multiple service types, what supervision requirements should the staff follow?

Staff who provide multiple types of IBHS, must receive supervision related to each IBHS they deliver. Supervision related to multiple types of IBHS can occur concurrently. For example, staff who provide both mobile therapy and behavior consultation -ABA services can receive a total of 1 hour of supervision per month which covers both services rather than receiving separate 1 hour per month supervision addressing mobile therapy services and another 1 hour per month supervision addressing behavior consultation - ABA services. If there are differing supervision requirements, staff providing multiple types of IBHS must receive the highest amount of supervision required for the IBHS the staff person provides.

Supervision of staff providing multiple types of IBHS must be conducted by a qualified supervisor. A supervisor is qualified if they are permitted to conduct

the supervision for each of the services provided by staff under the IBHS regulations. For example, an individual qualified to provide supervision of staff that provide mobile therapy or behavior consultation-ABA services can provide supervision of staff who provides both mobile therapy and behavior consultation -ABA services.

The responses regarding the amount of supervision, as well as the qualifications of the supervisor are also applicable to direct observation requirements and supervision of staff who provide supervision to staff delivering BHT and/or BHT-ABA services.

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 who is prescribed 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 services 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. 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.

9. 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. The order 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.

10. 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.

11. 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.

12. 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 write the written order and complete the assessment.

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?

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. If a written order recommends IBHS be provided in a community like setting, the assessment should also be conducted 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. A community like setting is a setting that simulates a natural or normal setting for a child, youth or young adult. ABA services can be delivered in a group or on a one-to-one basis. Additional information on one-to-one ABA services in a center can be found in OMHSAS-21-02.

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 ITP, 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 one 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. Will OMHSAS or the BH-MCOs provide a template service description?

The Department has provided 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.

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 are 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 has issued OMHSAS-20-07 which provides the instructions for the prior authorization of IBHS. OMHSAS-20-07 and the instructions are available at

http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_308439.pdf and

http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_308440.pdf. BH-MCOs have also provided instruction on 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.

*** Additional information on the IBHS regulations can be found in the preamble to the IBHS regulations.