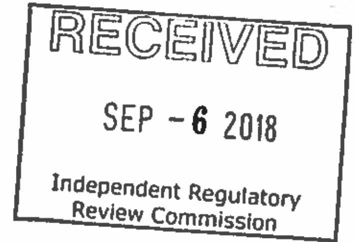
14-546-91 3209

Champa, Heidi

From:	Karbiner, Tara W. <TAKarbiner@magellanhealth.com>
Sent:	Tuesday, September 04, 2018 4:15 PM
To:	PW, IBHS
Cc:	Leonard, James
Subject:	IBHS Regulations Feedback
Attachments:	Proposed IBHS Regulations Feedback 09042018.pdf



Dear Ms. Pride,

Thank you so much for the opportunity to provide feedback on the proposed regulations for Intensive Behavioral Health Services (IBHS). Magellan Behavioral Health of Pennsylvania, Inc. (MBH) gathered feedback from our customer partners, Bucks County, Delaware County, Lehigh County, Montgomery County, and Northampton County and our leadership team. We also had the opportunity to participate in the workgroups for the development of these regulations and found the process very positive. Please see attached. We look forward to the new regulations being published.

Tara Karbiner
Children's Clinical System Transformation Manager
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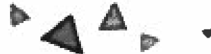

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3209

Magellan HEALTHCARE

September 4, 2018

Attention: Tara Pride
Bureau of Policy, Planning and Program Development
Commonwealth Towers, 11th Floor
P.O. Box 2675,
303 Walnut Street,
Harrisburg, Pennsylvania 17105
RA-PWIBHS@pa.gov

Dear Ms. Pride,

Thank you so much for the opportunity to provide feedback on the proposed regulations for Intensive Behavioral Health Services (IBHS). Magellan Behavioral Health of Pennsylvania, Inc. (MBH) gathered feedback from our customer partners, Bucks County, Delaware County, Lehigh County, Montgomery County, and Northampton County and our leadership team. We also had the opportunity to participate in the workgroups for the development of these regulations and found the process very positive. We look forward to the new regulations being published.

Evaluation/Written Order

- While it appears the regulations are attempting to eliminate the current requirements of the Life Domain evaluation process through the written order, the lack of clarity related to written order clinical information may increase the misuse of IBHS and inappropriate referrals.
- Further define the "clinical information to support medical necessity" required in the written order.
- The proposed regulations indicate that a "Licensed Professional" can recommend IBHS. Are there any restrictions on who meets criteria? What kind of licenses are acceptable? This should be better defined.
- Concern if treating BSC/MT, in the role of a Licensed Professional, can recommend continued services. This is a conflict of interest.
- The lack of a structured entry/evaluation and re-evaluation process (evaluation and ITM) looking at the need for services and the needs overall could lead to longer lengths of stay as well as service dependency, impacting access for new youth. It would be helpful to have a process of review that is based on progress that helps to empower and engage the family beyond formal service delivery. This also pertains to the process of treatment planning.
- How will medical necessity criteria be applied to the written order?

- If a licensed professional can make the recommendation, can a licensed professional at a BH-MCO complete the denial?
- Why is ABA allowed with an order within 12 months, but non-ABA is only 6 months. Would suggest both be six months.

Follow Up

- While we support the idea of outreach to members/families post discharge by the Provider, clarity is needed regarding the content of this outreach and if it is reimbursable.
- What are the guidelines around these contacts, including level of practitioner that makes the outreaches?

QI

- Support the QI Plan requirement and annual report.

Group

- Please provide parameters around the community integration activities permitted under group services as this was problematic within STAP and other levels of care in the past.

School Coordination

- IBHS in school settings should be carefully vetted since there are already existing school based services in several counties and multiple schools. We want to avoid duplication.

Training and Supervision

- Although minimum supervision is very clearly outlined for all staff levels and all IBHS services, there is no language about this time not being billable. The BHRS FAQs currently outline the restriction on billing for TSS supervision. This needs clarification.
- If the IBHS supervisor must provide all supervision to staff, can a behavior specialist or mobile therapist meet criteria to be an IBHS supervisor and thus be in dual roles? If so, are there any parameters for this?
- Supervision standards help establish and reinforce expectations for staff support.
- More credentials could create additional access issues/service delays than we already have trying to meet the needs, e.g. TSS changes and expectations.
- The annual training requirements are good and will maintain qualified individuals' skills.
- The requirement that BHTs complete behavior analysis certification is essential as these technicians perform the critical role of skills transfer, and in the past it hasn't always been clear if the TSS understands exactly why a skill needs to be taught and whether or not they have to training to be able to transfer that skill.
- The current regulations defines the number of BHT's a IBHHS supervisor may supervise, but does not give a limit to other staff, outside of group supervision limit. Is there a limit to how many staff a Supervisor may support?

ISPTM

- Concern about eliminating the ISPTM process, as this serves as the primary method of coordination and communication for larger treatment teams and encourages good coordination between systems.
- Clarification on expectations around requiring "list of community resources" be provided to families.

Licensure

- Capacity of the State to license all of the existing Providers as an IBHS Provider when the current license expires, any delays with this process could lead to access issues and disruption of services.
- New licensing application process may have challenges related to timeliness.
- What is the role of county and MCO in licensing and the referenced annual licensing inspections?

Reinitiating Services

- While we support the concept of reinitiating services within 90 days post discharge if clinically indicated, the practicality of implementing this will be challenging. We suggest a more standard requirement for assessing if services need to be reinitiated, and don't think allowing a written order from the last six months is sufficient to determine the true need.
- This could be an opportunity to establish a clearer discharge process and engagement expectations for families.
- What does this look like in terms of access and capacity when there is an existing BHRS waiting list and the staff previously assigned to the case would likely already be assigned to new cases?
- Does county/MCO determine process for referenced reinitiating services up to 60 days after discharge?

Restraints

- More clarification is needed for use of restraints, including defining emergency.
- Suggest requirement of training by a nationally certified agency.
- How will providers be required to notify families that a restraint occurred in this level of care?

General

- If service initiated prior to authorization and the service is denied, who's responsible for payment?
- Liked that they were specific about overlap of IBHS with RTF. Are there any limitations with overlap of services that fall under the IBHS umbrella?

- Chart review – is the entire chart expected to be reviewed by Agency director every 6 months?

Thank you so much for the opportunity to provide feedback. If you have any questions, please feel free to contact Tara Karbiner at (215) 504-3973 or TAKarbiner@MagellanHealth.com.

Sincerely,

James P. Leonard, LCSW, MBA

Tara Karbiner, MSW, LCSW

James P. Leonard, LCSW, MBA
Chief Executive Officer

Tara Karbiner, MSW, LCSW
Children's Clinical System Transformation Manager