

# Intensive Behavioral Health Services (IBHS):

## A Guide to Help Families Access Services

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### I. Introduction

Intensive Behavioral Health Services (IBHS) are provided to children under age 21 with mental, emotional, and behavioral health needs. The services can be provided in the home, school, or community. IBHS are intended to help with emotional and/or behavioral problems.

In 2020, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) established new regulations<sup>1</sup> authorizing the use of IBHS in our state. IBHS replaced the service formerly called Behavioral Health Rehabilitation Services (BHRS), also known as “Wraparound” services. The IBHS regulations were crafted after a years-long process whereby community stakeholders (including school district principals, provider agencies, and consumers) took part in targeted focused groups with the aim of improving access and quality of care for children and young adults needing behavioral health support.

There are three categories of IBHS, each of which is detailed in this guide:

1. Individual services for one child;
2. Group services, which are most often provided to multiple children at a specific place; and
3. Applied Behavior Analysis (ABA), which is a specific behavioral approach

### II. Individual Services

Individual Services are provided one-to-one to children and young adults (under age 21) with mental, emotional, and behavioral health needs. These services can be provided with Behavior Consultation Services, Mobile Therapy Services, and/or Behavioral Health Technician (BHT) Services.

- *Behavior Consultation (BC)*: These services include an assessment of the youth’s behavioral needs and development of an Individual Treatment Plan (ITP), which includes interventions to be used and when and where they occur. The child’s ITP should be developed with the child (as appropriate), family members, and other providers and school personnel as indicated. BC services can be provided in the home, school, or other community settings

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<sup>1</sup> These regulations can be found in the Pennsylvania Code, Title 55, Chapters 1155 and 5240.

based on the needs of the child. BC services replace BSC (Behavior Specialist Consultant), which were a part of BHRS or Wraparound.

- *Mobile Therapy (MT)*: These services can also include an assessment and development of the ITP, if not already done by a BC. MT can include individual therapy, family therapy, assistance with crisis stabilization, and assistance with other problems encountered by the youth and/or family. MT services are similar to the MT services that were a part of BHRS.
- *Behavioral Health Technician (BHT)*: These services are used to implement the youth's ITP. BHT services replace TSS (Therapeutic Staff Support) services that were a part of BHRS.

### **III. Group Services**

Group services are intensive therapeutic interventions that are provided in a group format. They can be provided in school or community settings such as a daycare or afterschool programs. Group services include group and family psychotherapy, design of psychoeducational group activities, clinical direction of group services, creation and revision of the ITP, and oversight of the ITP implementation and consultation with the treatment team.

IBHS regulations do not require a certain staff-to-client ratio for group services, but providers of group services must identify that ratio in their service description to OMHSAS. Parent-Child Interaction Therapy (PCIT) can be provided as a group service. Other examples of group services include Group Applied Behavior Analysis, School-Based Programs, After-School Programs, and Summer Therapeutic Activities Programs.

## **IV. How to Obtain Individual & Group Services under Medicaid**

### **1. The Written Order (i.e., prescription)**

The first step to obtaining services is to get a written order from a physician, licensed psychologist, certified registered nurse practitioner, physician assistant, licensed social worker, licensed professional counselor, or licensed family therapist. The written order must be based on a face-to-face interaction with the child. The order must be written within 12 months of the start of services.

The written order must include a behavioral health disorder diagnosis listed in the most recent edition of the DSM or ICD, as well as one or more orders for IBHS for the child, and it must include the following:

- a. The clinical information to support the medical necessity of the service ordered;
- b. The maximum number of hours of each service per month;
- c. The settings where services may be provided; and

- d. The measurable improvements in the identified therapeutic needs that indicate when services may be reduced, changed, or terminated.

## 2. The Assessment

Once the child gets a written order for services, an assessment must be completed in the home or community-based setting. Who must perform the assessment depends on whether individual or group services are sought. Behavior consultation services or mobile therapy providers must complete an assessment for individual services, while a graduate-level professional must complete an assessment for group services.

The assessment must provide information on the child and family's strengths, existing and needed supports, and clinical information that includes the following:

1. Treatment history.
2. Medical history.
3. Developmental history.
4. Family structure and history.
5. Educational history.
6. Social history.
7. Trauma history.
8. Other relevant clinical information.

The assessment must also include the child's level of developmental, cognitive, communicative, social, and behavioral functioning across the home, school, and other community settings. The cultural, linguistic, or communication needs and preferences of the child and family should also be included in the assessment.

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The assessment provides specifics for what services are needed, in what setting, and in what amount. If the assessment indicates the child needs more services than the maximum indicated in the written order, the assessor and the prescriber should discuss why. For the child to receive more services than indicated in the written order, a new written order must be done.

## 3. Individual Treatment Plan (ITP)

An individual treatment plan (ITP) must be developed from the information in the written order and assessment within 30 days of the start of individual services or group services.<sup>2</sup> An ITP for individual services is a detailed written plan of treatment specifically tailored to address a child's therapeutic

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<sup>2</sup> Please note that the ITP timeframe for ABA services is 45 days.

needs. It must list the type, amount, frequency, setting, and duration of services to be provided and the specific goals, objectives and interventions for the service.

#### ITP for Individual Services:

The ITP for individual services must be developed in collaboration with the youth's parent, legal guardian, or caregiver as appropriate and include:

1. Service type and the number of hours of each service.
2. Whether and how parent, legal guardian, or caregiver participation is needed to achieve the identified goals and objectives.
3. Safety plan to prevent a crisis, a crisis intervention plan, and a transition plan.
4. Specific goals, objectives, and interventions to address the identified therapeutic needs with definable and measurable outcomes.
5. Time frames to complete each goal.
6. Settings where services may be provided.
7. Number of hours of service at each setting.

#### ITP for Group Services

The ITP must be developed with the youth and parent, legal guardian, or caretaker as appropriate and include the following:

1. Specific goals and objectives to address the identified therapeutic needs with definable and measurable outcomes.
2. Whether and how parent, legal guardian, or caregiver participation is needed to achieve the identified goals and objectives.
3. Structured therapeutic activities, community integration activities, and individual interventions to address identified therapeutic needs for the child, youth, or young adult to function at home, school, or in the community.
4. Time frames to complete each goal.
5. Settings where group services may be provided.
6. Number of hours that group services will be provided to the child, youth, or young adult.

For Individual Services and Group Services, the ITP shall be reviewed and updated at least every 6 months or if one of the following occurs:

- The youth has made sufficient progress to require that the ITP be updated.

- The youth has not made significant progress towards the goals identified in the ITP within 90 days from the initiation of the services.
- The youth requests an update.
- A parent, legal guardian, or caregiver of the youth requests an update.
- The youth experiences a crisis event.
- The ITP is no longer clinically appropriate for the youth.
- A staff person, primary care physician, other treating clinician, case manager, or other professional involved in the youth's services provides a reason an update is needed.
- The youth experiences a change in living situation that results in a change of the youth's primary caregivers.

The ITP must be reviewed and updated at least every 6 months, or if a triggering event occurs.

## V. Applied Behavior Analysis (ABA)

ABA is comprised of a variety of models that use observation and data collection and analysis to develop techniques to produce socially significant improvement in behavior and improve skills or functioning. The IBHS regulations do not recognize any specific types or models of ABA. It is left up to the ABA professionals and family to determine, by way of the individual treatment plan, which model is most appropriate for the child. The regulations specify the qualifications and roles of various professionals who can provide ABA under Medicaid.

### 1. Behavior Analytic Services

Behavior Analytic services must be provided by a Board-Certified Behavior Analyst (BCBA) who is also a licensed behavior specialist, a licensed psychologist, a certified registered nurse practitioner, or a licensed professional counselor, marriage and family therapist, clinical social worker, or social worker. These services consist of:

- Clinical direction of services, development and revision of individual treatment plan, oversight of the treatment plan, and consultation with the treatment team; and
- Performing functional analysis

### 2. Behavior Consultation - ABA

These services are the same as behavior analytic services, except they do not include doing functional analysis. A BCBA does not need to provide behavior consultation ABA services. These services must be performed by a licensed behavior specialist, a licensed psychologist, a certified registered nurse practitioner, or a licensed professional counselor, marriage and family therapist,

clinical social worker, or social worker. The licensed provider must also have one of the following qualifications:

- A Board-Certified Assistant Behavior Analyst (BCaBA);
- One year full time provision of ABA + 12 college credits in ABA; or
- One year full time provision of ABA under the supervision of a BCBA + 40 hours of ABA training approved by DHS or the Behavior Analyst Certification Board

### **3. Assistant Behavior Consultation**

These services consist of helping the individual who provides behavior analytic services or behavior consultation—ABA services and providing face-to-face behavioral interventions.

To qualify as an assistant behavior consultation provider, an individual must meet the licensure requirements for a Behavioral Specialists (except they need not have 1,000 hours of in-person clinical experience), or they must be certified as a Board-Certified Assistant Behavior Analyst (BCaBA), with a bachelor’s degree in psychology, social work, counseling, education or a related field. If neither of these apply, the individual must then have a minimum of six months of experience providing ABA services, a bachelor's degree in psychology, social work, counseling, education or a related field, and a minimum of 12 credits in ABA from a college or university.

### **4. Behavioral Health Technician (BHT-ABA)**

These services consist of implementing the individual treatment plan. They take the place of the service formerly known as Therapeutic Support Staff (TSS). To provide BHT-ABA, an individual must:

- Be certified as a Board-Certified Assistant Behavior Analyst (BCaBA); or
- Be certified as a Registered Behavior Technician (RBT); or
- Be certified as a Board-Certified Autism Technician (BCAT); or
- Have a high school diploma/GED, plus have completed a 40-hour training covering the RBT Task List; or
- Have a minimum of two years of experience in providing ABA services, plus a minimum of 40 hours of training related to ABA approved by the Department of Human Services or provided by a continuing education provider-approved by the Behavior Analyst Certification Board.

A college degree is not required to provide behavioral health technician (BHT) ABA services.
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## **VI. How to Obtain ABA Under Medicaid**

### **Step 1: The Written Order (i.e. prescription)**

The prescription for ABA must be from a physician, licensed psychologist, certified registered nurse practitioner, or physician assistant supervised by a physician. The order can be for any behavioral

health disorder diagnoses in the DSM or ICD—not just autism spectrum disorders. The written order must be based on a face-to-face interaction with the child, and it must be written within 12 months of the start of services.

The following information must be contained in the written order:

- Clinical information supporting need for ABA;
- Maximum hours of each service per month<sup>3</sup>;
- Settings where ABA is to be provided; and
- Level of goal achievement at which point services can be reduced (titrated).

### **Step 2: The Assessment**

Formerly the “Psych Eval”, the assessment for ABA services must be done by an individual qualified to provide behavioral analytic or behavior consultation services (see above).

The assessment must be face-to-face with child or youth and their parent, legal guardian, or caregiver as appropriate. It must be completed within 30 days of the start of ABA services, but before completing the treatment plan so that services can start before assessment is completed.

The assessment needs to provide specifics for treatment delivery, including the number of hours of each service needed at each location. The parent or guardian’s signature is not required on the assessment. If progress towards goals in the treatment plan have not been made within 90 days, another assessment is needed in order to revise the treatment plan.

### **Step 3: Individual Treatment Plan (ITP)**

The ITP must be based on the assessment (above) and developed within 45 days of the start of ABA services. It is completed by an individual who is qualified to provide behavior analytic or behavior consultation services (see above qualifications). Typically, this is someone who works for the ABA service provider from whom services are being sought.

The following details need to be in the ITP:

- Service type, settings and number of hours of each service and in each setting;
- Specific measurable goals & timelines for completion;
- Whether and how parent, legal guardian or caregiver training, support and participation is needed to achieve the identified goals

### **Step 4: Review by the Insurance Company**

The written order, assessment, and ITP are submitted to the child’s Behavioral Health Managed Care Organization (BH-MCO), also known as their insurance company, for review. The BH-MCO decides

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<sup>3</sup> Note: this is not necessarily the number of hours that will be requested. The assessment and individual treatment plan will specify the exact number of hours being requested in each setting, not to exceed the number specified in the written order.

whether to approve the services requested in the treatment plan. If approved, the provider can start billing for the services described in the treatment plan. If denied, the family can appeal the decision. For more information about how to appeal a service denial made by a BH-MCO, see our guide, [“How to Appeal a Denial in HealthChoices”](#).

## **VII. For More Information**

Families that need help accessing IBHS, especially where the services are denied by the BH-MCO upon submission of the above information, should call the Pennsylvania Health Law Project (PHLP) at 1-800-274-3258.

This publication is intended to provide general legal information, not legal advice. Each person’s situation is different. If you have questions about how the law applies to your particular situation, please consult a lawyer or call the Helpline at 1-800-274-3258.