



Intensive In-Home Behavioral Health Treatment

State(s): <input type="checkbox"/> Idaho <input type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington <input type="checkbox"/> Other:	LOB(s): <input type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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Medicaid Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Community Solutions in Oregon. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage

Background

Intensive In-Home Behavioral Health Treatment (IIBHT) is an episodic, community-based treatment intervention for youth, 20 years and younger, and their families or caregivers. IIBHT is designed for youth with complex and intensive behavioral health symptoms who are at risk of an out-of-home placement or higher level of care. IIBHT is also designed to support youth returning or stepping down to more natural settings following higher levels of care, such as acute psychiatric hospitalization, psychiatric residential treatment, or other out of home placements.

Criteria

IIBHT is a covered service for CCO members beginning January 1, 2021.

IIBHT Service Description

IIBHT is an intensive outpatient service that provides four or more hours of planned services per week in the home, school, and/or community, as outlined within the Assessment and Service Plan. Services are individualized and team-based, including:

- Psychiatric services.
- Mental health therapy for individuals and families.
- Home and community-based 24/7 crisis response.
- Case management.
- Skills training.
- Peer support services.

- Monthly team meetings with the youth and family or caregiver to review progress, update treatment goals, and update or review the Crisis and Safety Plan.

IIBHT Program Entry

Entry of Children into IIBHT shall be considered in the following order:

1. Children who are at immediate risk of psychiatric hospitalization or removal from home due to emotional and mental health conditions.
2. Children who have severe mental health conditions and may require residential treatment or who are discharging from residential treatment or higher levels of care.
3. Children who exhibit behavior that indicates high risk of developing conditions of a severe or persistent nature.
4. Any other child who is experiencing mental health conditions that significantly affect the child's ability to function in everyday life, but not requiring hospitalization or removal from home.

Initial Prior Authorization

IIBHT requires an initial 30-day Prior Authorization (PA) from PacificSource Community Solutions (PCS). The PA shall be submitted to the PacificSource Utilization Management (UM) Department through the Provider InTouch Portal by the rendering IIBHT provider. The PA for IIBHT must be approved, prior to the IIBHT provider initiating services.

The Provider must include a Mental Health Assessment, with the PA request. The assessment must be completed by a licensed provider or Qualified Mental Health Professional (QMHP) and reflect the member's current clinical needs. The Mental Health Assessment must include the following components:

1. Documentation of DSM-5 Diagnoses, with at least two diagnoses funded (above the line) on the Oregon Health Authority Prioritized List); and
2. Documentation of intensive behavioral health needs impacting multiple life domains (school, home, community, etc.), such as:
 - a. Documentation of significant safety risks or concerns; or
 - b. Documentation of at risk out-of-home treatment or placement; or
 - c. Documentation they are of transitioning home from an out of home treatment or placement; and
 - d. Documentation of other relevant information that substantiates the need for IIBHT.

Continued Prior Authorization

Continued prior authorization is required every thirty (30) days and shall include:

- Documentation justifying medical necessity for continued IIBHT level of care by, at minimum, a Qualified Mental Health Professional, Licensed Medical Practitioner, Licensed Clinical Practitioner, or Psychologist;
- Documentation supporting engagement by the youth and family of the full extent of services for which payment has been requested as described in OAR 410-172-0620 (Documentation Standards); and

- Documentation of demonstrated progress of treatment goals and when appropriate, documentation of updated treatment goals.

IIBHT transition will be based on clinical documentation demonstrating member's improvement or expected improvement of complex and intensive behavioral health symptoms.

Once a member no longer meets medical necessity criteria for IIBHT, an additional 30 days will be approved to allow for transition of care.

Care Management

PacificSource Community Solution Children and youth shall be offered care management services according to presenting needs. Early identification and intervention can positively affect the quality and cost associated with care, while also improving health care appropriateness and member satisfaction. PCS Care Management is family and youth driven, strength based, trauma informed, culturally responsive and linguistically appropriate and is provided in a way that members are served in the most natural and integrated environment possible that minimizes the use of institutional care.

PCS Utilization Management will notify PCS Care Management when a member is approved for IIBHT. Member Support Specialists and Clinical Care Managers conduct telephonic screenings of referred members regarding care coordination, cultural factors and social determinants of health needs.

A youth or family is not required to participate in other services or supports, including Wraparound Care Coordination, to receive IIBHT. If the member is receiving Wraparound Care Coordination, the IIBHT Service Plan Review meeting may be included in the regularly scheduled Wraparound Team meeting.

Reporting Requirements

The IIBHT provider shall administer an Oregon Health Authority (OHA) approved outcome measures tool:

- (A) For each Child enrolled in IIBHT services within 14 calendar days of entry;
- (B) Within 14 calendar days prior to discharge from IIBHT services; and
- (C) Results from the OHA-approved outcome measurement tool shall be entered into the OHA-approved data system within the seven days of completion of the tool.

Definitions

Health Plan Services Contract (CCO Contract): Contract entered into between PacificSource and the Oregon Health Authority pertaining to the administration of the Oregon Health Plan Medicaid program.

ICC: Intensive Care Coordination

IIBHT: Intensive In-Home Behavioral Health Treatment

Member: An Oregon Health Plan eligible individual enrolled by the Oregon Health Authority, or their designee, in one of the PacificSource Community Solutions Coordinated Care Organizations (CCOs).

QMHP: Qualified Mental Health Professionals, as specified in OAR 309-019-0125.

References

Intensive In-Home Behavioral Health Treatment (IIBHT) for Children, OAR 309-019-0167 (7/23/2020).
<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=271538>

Prior Authorization, OAR 410-172-0650 (07/23/2020).
<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=271843>

Intensive In-Home Behavioral Health Treatment Services for Youth (IIHBT), OAR 410-172-0695 (7/23/2020). <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=271844>

Appendix

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Policy type: Medicaid

Author(s):

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Applicable regulation(s): OARs 309-019-0167, OAR 410-172-0650 and 410-172-0695

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