



Intensive In-Home Behavioral Health Treatment

LOB(s): <input type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input type="checkbox"/> Idaho <input type="checkbox"/> Montana <input type="checkbox"/> Oregon <input type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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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 determinations 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 a community-based treatment intervention for youth, twenty (20) years and younger, and their families or caregivers who need more support and services than traditional outpatient services provided.

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 community-based settings following higher levels of care, such as acute psychiatric hospitalization, psychiatric residential treatment, or other out-of-home placements.

Members are eligible for IIBHT if they have two or more primary mental health diagnosis funded on the Prioritized List of health services and require intensive services to provide for community stabilization, to prevent the need for facility-based care, or as step-down to the community for facility-based care.

- a. Members are not required to participate in any other programs or treatments as a condition of eligibility for IIBHT.
- b. Wraparound or Intensive Care Coordination (ICC) are available to members who receive IIBHT but do not make member ineligible for IIBHT if these services are not indicated.

PacificSource Community Solutions (PCS) ensures access to IIBHT services for all eligible members aged twenty (20) and younger in accordance with OARs 309-019-0167, 410-172-0650, and 410-172-0695.

Criteria

Prior authorization is required.

IIBHT is authorized in accordance with OAR 410-172-0650. Initial requests for treatment are approved for sixty (60) days, and authorization for continued services may be approved in thirty (30) day increments.

Each request must include:

- a. Documentation by, at a minimum, a Qualified Mental Health professional, Licensed Medical Practitioner licensed in the state of Oregon, Licensed Clinical Practitioner, or psychologist licensed by the Oregon Board of Psychology justifying IIBHT level of care;
- b. Sufficient information and documentation to justify the presence of two or more primary mental health diagnoses that meets the medically necessary reason for services; and
- c. Documentation displaying intensive behavioral health needs that may include significant health and safety risks or concerns, impacting multiple life domains (school, home, community) as identified on a mental health assessment. .

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

Care Management

PCS children and youth are 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 notifies PCS Care Management when a member is approved for IIBHT. The Care Management team conducts 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.

Program Requirements, Oversight, and Monitoring

All IIBHT programs must provide services in accordance with OARs 309-019-0167, 410-172-0650, and 410-172-0695.

IIBHT services are community-based services that are delivered in the member's home (e.g., biological home, foster home, group home), school, or other community location demined by member. No fewer than four (4) hours of in-person planned program services must be offered to the member each week, as identified within the assessment and service plan.

PCS ensures all members receiving IIBHT services have an assessment, crisis and safety plan, and service plan completed in accordance with OAR 309-019-0167. PCS also ensures that all contracted IIBHT providers are able to offer members:

- a. Child psychiatric services provided by a board eligible or certified child and adolescent psychiatrist, or a psychiatric nurse practitioner under the weekly consultation of a board eligible or certified child and adolescent psychiatrist.

- b. Individual therapy
- c. Family therapy
- d. Skills training
- e. Case manager
- f. Peer delivered services
- g. In-home proactive support and crisis response available twenty-four (24) hours each day.

Members must be considered for IIBHT services without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, intellectual and/or developmental disability, IQ score, or physical disability.

If PCS lacks provider capacity to provide IIBHT services (ability to offer services within 14 days), PCS will promptly notify OHA and develop a plan to increase provider capacity. Lack of capacity may not be a basis to allow members who are eligible for IIBHT to be placed on a waitlist. No member eligible for IIBHT services may be without services for more than fourteen (14) days.

PCS ensures contracted IIBHT providers are trained in the RedCap system to enter participant and outcome data.

- Trainings will be provided by an OHA approved contractor.
- PCS ensures contracted IIBHT providers enter participant and outcome data into the RedCap system for members in IIBHT within seven (7) days prior to discharge as required by OAR 309-019-0167.
- PCS will monitor RedCap training and reporting compliance through monthly meetings and outreach to community IIBHT providers, as well as yearly attestations and audits

PCS will maintain sufficient funding and resources to implement the IIBHT program for members twenty (20) years and younger for any member meeting entry criteria.

The PCS Behavioral Health Population Health team supports programs by engaging in monthly meetings and outreach to community IIBHT providers to ensure services are being offered and delivered to eligible youth. This meeting serves as a feedback loop to address contracting practices and program capacity, ensure mitigation of any barriers to treatment, and allows contract requirements to be addressed and tracked. This meeting also evaluates and monitors if adequate funding and resources are in place and provides a forum to maximize service delivery and assess any need for waitlists to make certain that all eligible youth receive timely services.

The PCS Behavioral Health Clinical Quality team will facilitate yearly attestations and auditing of IIBHT providers to ensure contract compliance and support for care delivery, including provider capacity, RedCap Training and reporting compliance, and monitoring of resources and funding.

Definitions

Intensive Care Coordination (ICC) - Specialized services described in OAR 410-141-3870. These services have, in other contexts, been labeled Exceptional Needs Care Coordination.

Qualified Mental Health Professional (QMHP): Program staff Licensed Medical Practitioner or any other program staff meeting the minimum qualifications as authorized by the Local Mental Health Authority or designee and specified in OAR 309-019-0125.

Wraparound: A high fidelity model of team-based intensive care coordination for children and their families based on National Wraparound Initiative values and principles

References

Oregon Administrative Rules (OARs): 309-019-0100, 309-019-0167, 410-141-3500, 410-172-0620, 410-172-0650, 410-172-0695. <https://secure.sos.state.or.us/oard/ruleSearch.action>

Oregon Health Plan, Health Plan Services Contract. Coordinated Care Organization Contract with PacificSource Community Solutions, Inc. (01/01/2022). Exhibit B, Part 1, Part 2 and Exhibit M

Appendix

Policy Number:

Effective: 1/1/2021

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Policy type: Medicaid

Author(s):

Depts.: Health Services

Applicable regulation(s): OARs: 309-019-0100, 309-019-0167, 410-141-3500, 410-172-0620, 410-172-0650, 410-172-0695, CCO contract Exhibit B, Part 1, Part 2 and Exhibit M.

Government Ops: 1/2023

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