



## 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

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

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.

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

**IIBHT services do not require prior authorization.**

#### **Care Management**

PCS care management is available to children and youth engaged in IIBHT.

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 Oversight, and Monitoring**

If PCS lacks provider capacity to provide IIBHT services PCS will immediately notify OHA, via Administrative Notice, and develop and submit within (7) business days, a plan to increase provider capacity within sixty (60) days (“60 Day Plan”).

- a. Lack of capacity may not be a basis to allow members who are eligible for IIBHT to be placed on a waitlist.
- b. No member eligible for IIBHT services may be without such services for more than fourteen (14) days.
- c. PCS shall submit a progress report for the 60-Day Plan to OHA, via administrative notice, every thirty (30) days. If PCS has not, as determined by OHA in its reasonable discretion, made sufficient progress to increase provider capacity, OHA may, but is not required, to extend the duration of the 60-Day Plan and require PCS to continue to submit progress reports every thirty (30) days until OHA has determined, in its reasonable discretion, that PCS is making sustainable progress toward meeting provider capacity. OHA reserves the right to impose one or more sanctions as described in Ex. B, Pt. (if, at the conclusion of the sixty (60) days of the 60-Day Plan, PCS continues to lack the capacity to provide IIBHT services.

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.

PCS makes culturally and linguistically appropriate information about IIBHT easily available and accessible on the website where other information about Member benefits is provided. At a minimum, the IIBHT information on the PCS website will provide a brief description of IIBHT, explain how Members can access IIBHT, and provide the contact information for PCS’s participating providers for IIBHT.

PCS shall submit to OHA, via administrative notice, quarterly reports about IIBHT referrals and enrollments with each of PCS’ participating providers. Each report is due within thirty (30) days after each calendar quarter. PCS shall use the template provided by OHA on the CCO Contract Forms Website.

## **Definitions**

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**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**

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Oregon Administrative Rules (OARs). Oregon Health Authority. Health Systems: Behavioral Health Services – Chapter 309. <https://secure.sos.state.or.us/oard/displayChapterRules.action>

Oregon Administrative Rules (OARs). Oregon Health Authority. Health Systems: Medical Assistance Programs – Chapter 410. <https://secure.sos.state.or.us/oard/displayChapterRules.action>

Oregon Health Plan, Health Plan Services Contract. Coordinated Care Organization Contract with PacificSource Community Solutions, Inc.

## **Appendix**

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Policy Number:

**Effective:** 1/1/2021

**Next review:** 11/1/2025

**Policy type:** Medicaid

**Author(s):**

**Depts.:** Health Services

**Applicable regulation(s):** CCO contract, OARs: 309-019-0167, 410-172-0650, 410-172-0695.

**Government Ops:** 1/2025