



Subject: Intensive In-Home Behavioral Health Services

Revision Date: 5/25

DESCRIPTION

Intensive in-home behavioral health services (II-HBHS) are comprehensive behavioral health services provided to a child/adolescent and their family that provide coordination and support for persons with serious emotional disturbance. Integrated assessments, crisis response, individual and family psychotherapy, and service and resource coordination are provided with the goal of preventing out-of-home placement (or facilitating a successful transition back to home when out-of-home placement was necessary). Services are provided as part of an approved intensive individualized service plan and encompass a variety of clinical and behavioral intervention supports and services. These services are provided in the home and community, addressing individual and family issues relative to their setting.

The purpose of II-HBHS is to enable a child/adolescent with serious emotional disturbance to function successfully in the least restrictive, most normative environment. Harm reduction and condition stabilization are the anticipated outcomes of treatment, allowing for safe transition to less intensive levels of care after short-term II-HBHS intervention.

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

DEFINITIONS

Suicide rumination is a mental fixation on one's suicidal thoughts, intentions, and plans.

Treatment plan is a personalized roadmap developed by mental health professionals to address an individual's specific needs and goals in therapy to reach a specific goal.

POLICY

OSU Health Plan considers initiation of intensive in-home behavioral health services (II-HBHS), medically necessary when ALL the following selection criteria are met (A, B, C, D, and E):

- A. Covered person is under the age of 18; and
- B. A diagnosis has been documented by a licensed medical professional acting within their scope of licensed practice, which confirms a psychiatric diagnosis or significant mood or behavioral disturbance, as defined within the most recent edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This diagnosis should be consistent with noted symptoms, linked to functional impairment and risk of serious harm, and the primary focus of treatment; and
- C. There is documentation that all the following Severity of Illness criteria are met, demonstrated by marked-to-severe behavioral impairment that seriously disrupts family or interpersonal relationships and puts the covered person at significant risk of needing out-of-home placement*:
 - 1. Marked-to-severe behavioral impairment is defined as impairment that is at or greater than the level implied by any of the following criteria in most social areas of functioning:
 - i. Inability or unwillingness to cooperate or participate in self-care activities;
 - ii. Suicidal preoccupation or rumination with or without lethal intent;
 - iii. School refusal and other anxieties or more severe withdraw and isolation;
 - iv. Obsessive rituals, frequent anxiety attacks, or major conversion symptoms;
 - v. Frequent episodes of aggressive or other antisocial behavior, either mild with some preservation of social relationships or more severe requiring

considerable constant supervision; or

- vi. Impairment so severe as to preclude observation of social functioning or assessment of symptoms related to anxiety (e.g., severe depression or psychosis).

2. An impairment that seriously disrupts family or interpersonal relationships is defined as one:

- i. Requiring assistance or intervention by police, courts, educational system, mental health system, social service, human services, and/or children's services;
- ii. Preventing participation in age-appropriate activities;
- iii. In which community (home, school, peers) is unable to tolerate behavior; or
- iv. In which behavior is life-threatening (e.g., suicidal, homicidal, or otherwise potentially able to cause serious injury to self or others).

3. Out-of-home placement settings may include group home, foster care, residential care, emergency shelter, psychiatric hospitalization, or juvenile justice system / incarceration.

*Coverage may also be considered for a covered person transitioning home from such settings when placement was due to behavioral impairment and disrupted family and interpersonal relationships as defined above.

D. II-HBHS is documented as suitable for treatment of covered person's condition as demonstrated by all the following:

- 1. Identification of specific deficits in the covered person's treatment plan that can be addressed with II-HBHS; and
- 2. Covered person and family are motivated, capable of benefiting from the treatment approach planned, and consent to participate in treatment; and
- 3. Expectation that symptoms and functional impairment associated with the covered

person's psychiatric disorder or mood/behavioral disturbance will improve with II-HBHS based on targeting achievable individual goals; and

4. Presence of risk for behavioral or functional regression without II-HBHS; and
5. Need for direct monitoring less than daily but more often than weekly.

E. A patient-centered treatment plan has been developed that includes all the following:

1. Identifies specific behavioral, psychological, family-based, or community-based behavioral impairments or symptoms that interfere with normal functions, (which may include social, adaptive, psychological, or other functional impairments to performing activities of daily living [ADL] and social interactions); and
2. Specific individual age-appropriate goals have been documented which can be objectively measured based on standardized assessments related to the diagnosed condition or conditions and linked to specific targeted symptoms, behaviors and functional impairments which are to be addressed by the treatment plan*; and
3. Treatment plan includes the appropriate setting to address maladaptive behaviors (e.g., sessions may be held in school where outbursts have occurred); and
4. A specific timeline is documented in the treatment plan which specifies the intensity of services (number of visits per week and hours per visit) and duration (which is usually not less than for 1 month and not more than for 6 months), after which a follow/up re- evaluation is to be performed by an appropriately licensed medical professional for the purpose of determining the covered person's symptomatic or behavioral progress and possible need for continuation of services; and
5. Treatment is to be delivered by appropriately licensed or certified providers acting within their respective scopes of practice.

Note: Each goal specified within the individualized treatment plan should include documentation of all the following:

- A. Baseline behavioral measurements of function; and

- B. The covered person's symptomatic or behavioral progress, to date, with assessment of specific measures of progress made (for example, in areas such as social skills, communication skills, ADL or specifically targeted functional impairments); and
- C. The anticipated duration of treatment, which includes a timeline for achievement based on both the initial assessment and subsequent reassessments to be performed not less often than every 4 weeks. The duration of treatment, along with the treatment plan goals and documented behavioral progress, is to be reassessed every month.

OSU Health Plan considers continuation of intensive in-home behavioral health services (II-HBHS) medically necessary when the covered person continues to meet Severity of Illness criteria (see above) and has demonstrated one of the following (A or B):

- A. Measurable progress with the symptoms and behaviors associated with the psychiatric diagnosis or disturbance of mood or behavior is documented not less often than every 4 weeks and all the following are met:
 - B. The covered person and family are cooperative with treatment; and
 - C. The covered person and family are meeting treatment plan goals; and
 - D. The covered person's symptoms or disturbances of mood or behavior are at risk for relapse or deterioration without continued treatment; or
- E. If progress is not occurring, then the treatment plan is being re-evaluated and amended with goals that are still considered achievable by the appropriately licensed medical professional who conducts the re-assessment.

The covered person may be appropriate for discharge when any of the following are met:

- A. Documented short-term (stabilization) treatment plan goals and objectives have been substantially met;
- B. Covered person meets criteria for a higher or lower level of care;
- C. Consent for treatment is withdrawn;
- D. Covered person and/or family are competent, but non-participatory in treatment or in following the program requirements. The non-participation is of such a degree that

treatment, at this intensity of service, is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues;

- E. Covered person has not demonstrated documented measurable improvement and there is no reasonable expectation of progress at this intensity of service, despite treatment planning changes;
- F. A discharge plan with follow-up appointments is in place.

PROCEDURES

OSU Health Plan will cover Intensive In-Home Behavioral Health Services according to the above guidelines.

PRIOR AUTHORIZATION

Prior authorization is required for Intensive In-Home Behavioral Health Services.

EXCLUSIONS

Therapeutic behavioral on-site services are considered not medically necessary when the above criteria are not met or when a reassessment performed by an appropriately licensed medical professional has determined either (A or B):

- A. No measurable improvement in symptoms or functional impairments has been documented; or
- B. The covered person's condition (symptoms or ability to function) has deteriorated and now warrants a more intensive level of care (for example, inpatient or more intensive supervised outpatient behavioral health care).

CODES

Codes that support medical necessity include, but are not limited to the following:

HPCPS CODE	DESCRIPTION
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H0004	Behavioral health counseling and therapy, per 15 minutes
H0006	Alcohol and/or drug services; case management
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem

REFERENCES

21 Ohio Rev. Code. § 2151.011 (2017), available at <http://codes.ohio.gov/orc/2151.011>

51 Ohio Rev. Code. § 5122.29 (2018), available at <http://codes.ohio.gov/oac/5122-29-28>

51 Ohio Rev. Code. § 5122.24.01 (2013), available at <http://codes.ohio.gov/oac/5122-24-01>

Anthem. (2024). Intensive in-home behavioral health services. Retrieved from https://www.anthem.com/dam/medpolicies/abcbs/active/guidelines/gl_pw_c187094.html

Anthem. (2018). Intensive in-home behavioral health services. Retrieved from https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c187094.htm

PerformCare. (2014). Intensive in home (IIH) services for youth with intellectual and/or developmental disabilities (I/DD). Retrieved from <http://www.performcarenj.org/pdf/provider/clinicalcriteria/intensive-in-home-services.pdf>