Intensive In-Home Services for Children and Adolescents (H2012): A Refresher

Presented by the Clinical and Quality Staff
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After today’s training you will be able to:

• Determine DMAS Medical Necessity Criteria (MNC) for this level of care and the targeted member population for this level of care
• Demonstrate a better understanding of the DMAS Community Mental Health Rehabilitative Services Chapter IV
• Identify and Summarize regulations associated with this level of care
• Have adequate knowledge about the Service Authorization Requests (SRA) submission requirements for Intensive In-Home Services for Children and Adolescents (IIH)
Intensive In-Home Services (IIH): Service Definition within the Community Mental Health Rehabilitation Services (CMHRS) Manual Chapter IV page 25

• This is a service for children under the age of 21
• This is a time-limited service in the member’s residence
• Goal is to keep the member within the home and to decrease the risk of out of home placement
• Designed to:
  • Improve Family Dynamics
  • Provide modeling
  • Improve interpersonal relations between family members in the home
  • Provide clinical interventions to help improve functioning
IIH Service Definition continued

Please reference 12VAC30-50-130. Skilled Nursing Facility Services, EPSDT, School Health Services, and Family Planning.

• Discusses and reemphasizes time limited interventions

• IIH services shall also include:
  • Crisis intervention
  • 24 hour emergency response
  • Care coordination with other required services
  • Communication Skills
  • Family counseling
  • Outpatient therapy provided by the IIH provider or coordinated with another provider
  • Training to increase appropriate communication skills
  • Services shall also be used to facilitate the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful. The member and responsible parent/guardian shall be available and in agreement to participate in the transition.
IIH Service Definition continued

• The focus of this service is on the family unit as well as the member; therefore one parent or legal guardian MUST be willing to participate in the services.

• Effective January 30, 2015, all children who met the medical necessity criteria to receive IIH services also became eligible to be simultaneously enrolled for either Mental Health Case Management or Treatment Foster Care Case Management services. Prior to this date, these services could not be combined as it was considered a duplication of services.

• A member can choose to request the service of Case Management or Treatment Foster Care Case Management.
Independent Clinical Assessment (VICAP)

• Each member (under the age of 21) must have an independent clinical assessment prior to the initiation of services.
• If services are not initiated within 30 days of the VICAP being completed a new VICAP will be required.
• Exception: members who are being discharged from residential treatment (DMAS Levels A, B, or C) or from a psychiatric inpatient hospitalization do not need an independent clinical assessment for the initial submission
  • The member will need to have an independent clinical assessment on the first concurrent review.
• If the parent or legal guardian disagrees with the VICAP recommendations, the parent or legal guardian may request that a service provider perform his own evaluation. If the service provider determines that services are medically necessary, the service provider may submit any additional/recent information with a service authorization request to Magellan.
Medical Necessity Criteria (MNC): CMHRS Chap IV page 25-27

• Members receiving IIH Services must have the functional capability to understand and benefit from the required activities and counseling of this service.
• These services are rehabilitative and are intended to improve the member’s functioning.
• It is unlikely that members with severe cognitive and developmental delays/impairments would clinically benefit and meet the service eligibility criteria.
• To qualify for Intensive In-Home reimbursement members must MEET ALL of the criteria including Diagnostic, At Risk, Family Involvement and Level of Care.
MNC Diagnostic Criteria

• Members qualifying for this service shall demonstrate a clinical necessity for the service arising from mental, behavioral or emotional illness which results in significant functional impairments in major life activities.

• The diagnosis must be the primary clinical issue addressed by services and meet the following criteria:

MEET ONE:

• The diagnosis must support the mental, behavioral or emotional illness attributed to the recent significant functional impairments in major life activities.
MNC At Risk Criteria

At Risk Criteria
The impairments experienced by the member are to such a degree that they meet the criteria for being at risk of out of home placement as defined in the below section.

MEET TWO:

a. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community.
b. Exhibit such inappropriate behavior that documented, repeated interventions by the mental health, social services, or judicial system are or have been necessary resulting in being at risk for out of home placement.
c. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior resulting in being at risk for out of home placement.
MNC At Risk of Hospitalization

Means one or more of the following:

(i) within the two weeks before the intake, the member shall be screened by an LMHP type for escalating behaviors that have put either the member or others at immediate risk of physical injury such that crisis intervention, crisis stabilization, hospitalization or other high intensity interventions are or have been warranted; REFER to Emergency Services for Assessment if necessary

(ii) the parent/guardian is unable to manage the member's mental, behavioral, or emotional problems in the home and is actively, within the past two to four weeks, seeking an out-of-home placement

(iii) a representative of either a juvenile justice agency, a department of social services (either the state agency or local agency), a community services board/behavioral health authority, the Department of Education, or an LMHP, as defined in 12VAC35-105-20, and who is neither an employee of or consultant to the IIH services or therapeutic day treatment (TDT) provider, has recommended an out of home placement absent an immediate change of behaviors and when unsuccessful mental health services are evident
MNC At Risk of Hospitalization continued

Meet one on the previous slide, or one from below:

(iv) the member has a history of unsuccessful services (either crisis intervention, crisis stabilization, outpatient psychotherapy, outpatient substance abuse services, or mental health skill building) within the past 30 days

(v) the treatment team or family assessment planning team (FAPT) recommends IIH services or TDT for a member currently who is either:

(a) Transitioning (within the last 30 days) out of residential treatment facility Level C services

(b) Transitioning (within the last 30 days) out of a group home Level A or B services

(c) Transitioning (within the last 30 days) out of acute psychiatric hospitalization, or

(d) Transitioning (within the last 30 days) between foster homes, mental health case management, crisis intervention, crisis stabilization, outpatient psychotherapy, or outpatient substance abuse services.
MNC At Risk for Hospitalization continued

Please reference 12VAC30-60-61. Services Related to the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT); Community Mental Health Services for Children.

• This regulation references how a member would demonstrate the clinical need for this level of care.
• Discusses individual service plan (ISP)
• Discusses billing units
• Notification required if a member is receiving case management services
**Required Activities When Member Meets “At risk of physical injury”**

• If the member is deemed at risk of physical injury or the risk screening determines there is a need for immediate intervention, the provider will work with the appropriate entities (parents, local CSB, local hospital) to come up with a safety plan and conduct an emergency services assessment to assess for the most appropriate level of care. *(The member should always be immediately referred to the local CSB Emergency Services Program if he/she is presenting imminent risk to self or others.)*

• Once the member is referred for community based services the Service Specific Provider Intake must be completed by the provider selected by the member’s caregivers. If the SSPI is not completed within 14 calendar days of the LMHP who deemed the member to be a physical danger to self or others, an additional risk screening must be completed.

• This risk screening must be done by an LMHP type.
Required Activities When Member Meets “At risk of physical injury”: continued

• If an Independent Clinical Assessment (VICAP) was done, the original VICAP assessor may update that assessment if they are available to do so.

• The risk screening will be submitted along with the Service Request Application to Magellan for review.

• If the service request is submitted to Magellan for a child who is at risk of physical danger to self or others more than 14 days after the VICAP, the case will be pended and the submitting provider will be contacted and asked to submit a risk screening to Magellan within three business days.

• Once the risk screening is received, the information will then be reviewed and a decision made.

• If the provider does not submit the additional requested information, the service may not be authorized.
MNC Out of Home Placement

Means placement in one or more of the following:

(i) either a Level A or Level B group home;
(ii) regular foster home if the member is currently residing with his biological family and, due to his behavior problems, is at risk of being placed in the custody of the local department of social services;
(iii) treatment foster care if the member is currently residing with his biological family or a regular foster care family and, due to the member's behavioral problems, is at risk of removal to a higher level of care;
(iv) Level C residential facility;
(v) emergency shelter for the member only due either to his mental health or behavior or both;
(vi) psychiatric hospitalization; or
(vii) juvenile justice system or incarceration.
MNC Level of Care

The service-specific provider intake shall describe how the member meets either subdivision a or b of this subdivision

MEET ONE:
These services shall be provided in this level of care when the clinical needs of the member put him at risk for out-of-home placement, as these terms are defined in this section:

a. When services that are far more intensive than outpatient clinic care are required to stabilize the member in the family situation, or
b. When the member's residence as the setting for services is more likely to be successful than a clinic.
MNC Family Involvement

MEET BOTH:

• At least one parent/legal guardian or responsible adult with whom the member is living must be willing to participate in the intensive in-home services with the goal of keeping the member with the family.

• In the instance of this service, a responsible adult shall be an adult who lives in the same household with the member and is responsible for engaging in therapy and service-related activities to benefit the member.
IIH Discharge Criteria

• Medicaid reimbursement is not available when other less intensive services may achieve stabilization.

• Reimbursement shall not be made for this level of care if the following applies:
  • The member is no longer at risk of being moved into an out-of-home placement related to behavioral health symptoms.
  • The level of functioning has improved with respect to the goals outlined in the ISP and the member can reasonably be expected to maintain these gains at a lower level of treatment.
  • The child is no longer in the home.
  • There is no parent or responsible adult actively participating in the service.
IIH Discharge Criteria continued

Discharges shall also be warranted when the service documentation does not demonstrate that services meet the IIH service definition or when the services progress meets the “failed services” definition:

"Failed services" or "unsuccessful services" means, as measured by ongoing behavioral, mental, or physical distress, that the service or services did not treat or resolve the member's mental health or behavioral issues (12VAC30-60-61).

Discharge is required when the member has achieved maximal benefit from this level of care and their level of functioning has not improved despite the length of time in treatment and interventions attempted.
MNC Service Limitations

• Services that meet the definition of “Failed Services” will not be eligible for reimbursement approval.
• IIH may not be billed prior to the day of discharge from any Level A, Level B, Level C or inpatient hospitalization.
• Outpatient therapy must be either provided by the IIH provider or coordinated with another provider to align the service with ISP goals and objectives. The ISP and progress notes must reflect the need and coordination activities.
• Activities outside the home, such as trips to the library, restaurants, museums, health clubs, shopping centers, and the like, are not considered a part of the scope of services.
• There must be a clinical rationale documented for any activity provided outside the home. Services may be provided in the community instead of the home if this is supported by the service specific provider intake and the ISP.
MNC Service Limitations continued

• The unit of service for IIH service is one hour.
• For reimbursement of this service, a minimum of 3 hours per week of therapeutic intervention must be medically necessary for the member, with a maximum of 10 hours per week. In exceptional circumstances only, and with appropriate supporting documentation that describes medical necessity, providers may bill for up to 15 hours per week.
• Magellan may authorize up to a maximum of 50 hours per calendar month based on medical necessity criteria and the needs of the member.
• The information provided for service authorization must be corroborated and in the provider’s clinical record.
• An approved Service Authorization is required for any units of service (H2012) to be paid.
Requesting Authorization for IIH

• Submit a request by going to: https://www.magellanprovider.com/MagellanProvider/do/LoadHome

• Select and complete the correct SRA
  • Intensive In-Home Services – Initial Review
  • Intensive In-Home Services – Continued Stay Review

• Complete the entire SRA. An incomplete SRA will result in a delay.

• Include specific behaviors that are relevant to the request for IIH

• Include all previous interventions that have been tried

• The Individualized Service Plan (ISP) must be attached with all Continued Stay Reviews

• The clinical contact for the provider should have a confidential voicemail. This will allow the Magellan Care Manager to leave a message regarding the provider’s request.
Requesting Authorization for IIH

- Requesting authorization beyond the state plan service limit of 26 weeks:
  - When the service request covers a date span that is beyond any established service limits, the provider should split the authorization request based on the Medicaid service limit and when EPSDT allowable coverage should be applied.
  - If EPSDT consideration is requested for any portion of an authorization, the answer to the EPSDT question in the SRA should be "Yes."
  - If the EPSDT question is answered incorrectly or the clinical information does not support the need for continued medically necessary care, the request for authorization beyond the stated benefit limit may not be authorized.
  - If you have questions about EPSDT and related service authorization requests or related to the above information please contact us: 1-800-424-4046.
Resources

• Magellan Provider Web Portal: [https://www.magellanprovider.com/MagellanProvider/do/LoadHome](https://www.magellanprovider.com/MagellanProvider/do/LoadHome)
• Magellan of Virginia: [http://magellanofvirginia.com/for-providers-va.aspx](http://magellanofvirginia.com/for-providers-va.aspx)
• Contact us:
  • 1-800-424-4046
  • VAProviderQuestions@MagellanHealth.com
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