

**Alternative or “in Lieu of” Service Description  
In Home Therapy Services (IHTS)**

**1. Service Name and Description:**

**Service Name:** In Home Therapy Service (IHTS)

**Procedure Code:** H2022 HE U5

**Description:**

**2. Information About Alliance Population to be Served:**

Population	Age Ranges	Projected Numbers	Characteristics
MH/SU/IDD	3 to 21	279	<ul style="list-style-type: none"> <li>• Children and adolescents in need of individual and family therapy services, as well as coordination of care due to complex psychosocial situations and/or multisystem involvement.</li> <li>• These are not individuals whose mental health needs are yet at a severity that is putting them at risk for residential treatment or other forms of out-of-home placement, but rather individuals who need focused family systems work and coordination.</li> <li>• Individuals with I/DD will most likely have co-occurring disorders or demonstrate a level of functioning that can benefit from the therapeutic intervention. This is not a habilitation service.</li> <li>• Children and adolescents appropriate for IHTS have family systems issues that are complicating factors placing them at risk rather than the severity of the diagnosis alone.</li> </ul>

**3. Treatment Program Philosophy, Goals and Objectives:**

**Treatment Program Philosophy:**

In Home Therapy Services (IHTS) is a combination of evidence-based therapy services and coordination of care interventions to be provided in the home setting for individuals with complex clinical needs that traditional outpatient cannot adequately address in a time limited fashion. For some individuals in high-risk situations, such as families involved in domestic violence or child protective services, traditional outpatient services alone are not sufficient to address the needs and prevent future incidents.

These activities also can be provided through face-to-face interventions with schools, juvenile justice system, etc. – beyond the scope of traditional outpatient therapy (even when provided in the

home). This will make the service delivery seamless for the consumer and family and allow for flexibility in the intensity of coordination over the course of treatment with the ability to quickly address any issues that arise rather than having to wait for issues to become so severe that the individual meets special population criteria for care coordination.

This service has a care coordination aspect included in the definition.

**Objectives and Goals:**

The use of this service will prevent consumers from receiving more restrictive levels of care and will intensively engage the families in treatment, which has been demonstrated to lead to successful outcomes.

- Prevent out of home placements
- Increased family resiliency
- Reduce presenting psychiatric or substance use disorder symptoms
- Reduction in utilization of crisis services
- Ensure linkage to and coordination with community services and resources

**4. Expected Outcomes:**

Expected clinical outcomes include but are not limited to the following:

- Prevention of crisis episodes
- Reduction in symptomatology
- Beneficiary and family or caregivers' engagement in the recovery process
- Improved beneficiary functioning in the home, school, and community settings
- Ability of the beneficiary and family or caregiver to better identify and manage triggers, cues, and symptoms
- Individual's sustained improvement in developmentally appropriate functioning in specified life domains
- Individual's utilization of increased coping skills and social skills that mitigate life stresses resulting from the beneficiary's diagnostic and clinical needs
- Reduction of symptoms and behaviors that interfere with the Individual's daily living, such as negative effects of the substance use disorder or dependence, psychiatric symptoms, or both
- Decrease in delinquent behaviors when present
- Increased use of available natural and social supports by the beneficiary and family or caregivers
- Improvement in CANS score

**5. Utilization Management:**

An IHTS unit is a per diem event with a minimum of two hours combined therapy and coordination of care. Only one unit may be billed per week. To be able to bill for this service, the provider must have provided a minimum of two hours of treatment during the week (Sunday to Saturday).

Prior Authorization for IHTS is required. Initial authorization for services may not exceed six months. Re-authorization must be conducted every six months.

### **Entrance Criteria**

The beneficiary (ages three to 20) is eligible for this service when **ALL** of the following criteria are met:

- there is a mental health or substance use disorder diagnosis (as defined by the DSM5, or any subsequent editions of this reference material), other than a sole diagnosis of intellectual and developmental disability
- based on the current comprehensive clinical assessment, this service was indicated, and traditional office-based outpatient treatment services were considered or previously attempted, but were found to be inappropriate or not effective
- the clinical assessment identifies the need for linkage and/or coordination with other service systems or community resources to prevent family disruption or need for more intensive levels of care
- the beneficiary's symptoms and behaviors at home, school, or in other community settings due to the beneficiary's mental health or substance use disorder condition, are moderate to severe in nature and require intensive, coordinated clinical interventions
- evidence of problems in at least two major life domains, which are significantly affecting the consumer's behavioral health needs, as evidenced by at least **two** of the following:
  - Housing (problems with safety/stability)
  - education/school
  - Physical health care linkage or access needs
  - Involvement with **one or more** of the following:
    - Department of Social Services (involvement due to allegations of abuse, neglect, etc. or involvement for prevention based on identification of at-risk factor for potential removal of children from the home; safety concerns identified; reports that were unsubstantiated, but some concerns still identified or consumers in custody working towards family reunification)
    - Department of Juvenile Justice or other legal system (individuals) actively on probation, on diversion contracts, being discharged from jail or youth detention or identified as at risk for involvement due to criminal activities)
    - Exceptional Children's Program (actively involved with IEP, 504 plan, or alternative school setting; individuals identified as in need of these school services that are not yet actively in place; individuals that may be able to be maintained in traditional settings with some additional support and coordination, such as behavior plans or early intervention)
- The consumer does not present with an imminent risk of BOTH out of home placement based on MH/SA diagnosis AND does not have a history of multiple crisis events within the last 6 months.
- There is no evidence to support that alternative interventions would be equally or more effective, based on North Carolina community practice standards (Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Society of Addiction Medicine)

### **Continued Service Review**

The CANS and CALOCUS tools will be used to guide the determination of whether an IHTS recipient continues to meet the entrance criteria above.

- The individual is eligible to continue this service if the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the beneficiary's PCP; or
- the individual continues to be at risk for out-of-home placement, based on current clinical assessment, history, and the tenuous nature of the functional gains.

**AND**

One of the following applies:

- The beneficiary has achieved current PCP goals, and additional goals are indicated as evidenced by documented symptoms.
- The beneficiary is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the PCP.
- The beneficiary is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the beneficiary's premorbid level of functioning, are possible; or
- The beneficiary fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. The beneficiary's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations shall be revised based on the findings. This includes consideration of alternative or additional services.

**Discharge Criteria**

- The individual has made significant progress toward rehabilitation goals and discharge to basic, office-based therapy services with the same licensed therapist is indicated.
- Recipient requires a more intensive level of care or service

**Service Exclusions**

The following services do not occur during the same authorization period:

- a. Intensive in Home Services (IIHS)
- b. Multisystemic Therapy (MST)
- c. Day Treatment
- d. Individual, group, and family therapy (billed as separate services, as these interventions as part of IHTS service)
- e. Substance Abuse Intensive Outpatient Program (SAIOP)
- f. Child residential treatment services
- g. Psychiatric Residential Treatment Facility (PRTF)
- h. Substance abuse residential services

IHTS is not to be billed on dates when consumers are receiving inpatient hospitalization services but may facilitate coordination of discharge plans if admission occurs.

**EPSDT Special Provision**

**Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age**

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures

for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure:

- 1) That is unsafe, ineffective, or experimental or investigational.
- 2) That is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

*EPSDT and Prior Approval Requirements*

- 1) If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.
- 2) IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

*NCTracks Provider Claims and Billing Assistance Guide:*

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://www.ncdhhs.gov/dma/epsdt/>

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problem.

**A. Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:**

**Provider Requirements**

HTS is provided by staff employed by a mental health, substance use, or intellectual and developmental disability (MH/SU/DD) provider organization that meets all of the following requirements:

- Meets the provider qualification policies, procedures, and standards established by NC Medicaid for Intensive In-Home Services (IIHS) outlined in NC Medicaid Clinical Policy 8A Enhanced Mental Health and Substance Abuse Services
- Meets the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services.
- Enrolled with Cardinal Innovations Healthcare as a Medicaid provider of IHTS
- Established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina
- Achieve national accreditation with one of the accrediting bodies approved by the N.C. Department of Health and Human Services (DHHS) within one year of enrollment as a provider with NC Medicaid

### **Staffing Requirements**

- Licensed Professional (LP) Full or associate licensed professional who has the knowledge, skills and abilities required by the population and age to be served. The licensed professional will be responsible for all therapy provision and may also perform the coordination and coordination of care functions.
- For services focused on substance use disorder interventions, the therapist must be either a certified clinical supervisor (CCS) or a licensed clinical addiction specialist (LCAS).
- May also use Qualified Professional (QP) in addition to the LP QP who has the knowledge, skills and abilities required by the population and age to be served to provide coordination of care and case coordination tasks
- May also use Associate Professional (AP) in addition to the LP AP who has been trained as a Family Partner and who has the knowledge, skills, and abilities required by the population and age to be served to provide coordination of care and coordination of care functions. Training as a Family Partner includes the following trainings, at minimum.
  - Family Partner 101
  - Motivational Interviewing
  - CFT 1
  - Trauma Informed Care
  - WRAP (Wellness Recovery Action Planning)
- The QP and/or AP would perform only the coordination and coordination of care functions, although they may reinforce some of the skills and interventions being implemented through the therapy sessions.
- The LP, QP and, AP must complete the following trainings:
  - All mandatory state and employee training as required by North Carolina General Statutes or substantial equivalency for federally recognized tribal providers or Indian Health Service providers.
  - 1 hour of crisis response training
  - Training on crisis plan development to be able to develop enhanced crisis plan for all youth under this definition

- A minimum of 24 hours of training, completed within the past 10 years, in therapy practices, clinical interventions and treatment modalities to the population being served
- For the selected evidence-based treatment modality, LP would have completed training as required for the treatment modality by the developer of the model or qualified trainer.
- For trauma-focused treatment, this would include participation in the yearlong learning collaborative.
- Annual follow-up training and ongoing continuing education as required for the chosen modality (a minimum of 10 hours annually in the chosen modality would be required, unless best-practice training recommendations for the specific modality recommend more)

**Supervision:**

Clinicians would follow the standard credentialing process. QP/APs would receive supervision as outlined in an individualized supervision plan.

**B. Unit of Service:**

Services	rate	unit of service
In Home Therapy Services	280	1 unit per week

**C. Anticipated Units of Service per Person:**

The average consumer will receive this service for up to six months, so the expected utilization is 24 units.

**D. Targeted Length of Service:**

6 months. Continued length of stay requires authorization.

**E. Describe why this service is needed and is different than any State Plan or alternative service already defined. If implemented in other states, describe successful outcomes.**

This service addresses a gap in care without having to move to a more intrusive in-home service. Both an individual and family trauma focused approach provides for an intensive periodic direct and indirect services. This coordination and linkages across systems better assures continuity of supports and interventions across settings.

The team structure allows flexibility in the makeup to assure that the team serving the individual and their family is tailored to meet their needs. There will always be at least 2 members of the team and it could entail licensed staff only or a combination of trained QPs or Aps.

**Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.)**

Providers will report to Alliance the following claim codes H2022HE U5. Encounter claims shall be submitted to NC Medicaid by Alliance within the contractual requirements.

**Description of Monitoring Activities:**

Alliance Network management will monitor individuals receiving Intensive In-Home Therapy Services at a minimum annually for compliance. Ongoing monitoring of complaints, incident reports, quality of care reviews, audits etc. will occur annually or as needed.