



Service Name and Description

In Home Therapy Services

Children and adolescents in need of individual and family therapy services, parenting and coping strategies due to complex psychosocial situations and/or multisystem involvement.

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.

Individuals with I/DD will most likely have co-occurring disorders or demonstrate a level of functioning that can benefit from the therapeutic intervention.

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Procedure Code:

H2022 HE U5 Weekly

H2022 TS U5 15 Minute Encounter

Staffing Requirements by Age/Disability

Clinician/Team Lead - Licensed Psychological Associate, LCSW or Associate, LMFT or Associate, LMHC or Associate, or LCAS or Associate, practicing within their scope.

Qualified Professional in accordance with 10 NCAC 27G .0104

Family Partner/Associate Professional in accordance with 10 NCAC 27G .0104

Program and Staff Supervision

Clinical Supervision for the Qualified Professional is at minimum monthly by the Licensed Professional with consult as needed. Licensed Professionals are supervised as required by licensing board and all supervision is in compliance with all requirements of 10A NCAC 27G.

- 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)
- 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)

Service Type/Setting

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, therefore in home therapy services is preventing out of home placements and reducing symptoms associated with diagnoses such as depressive disorders, anxiety and post-traumatic stress. This service is more robust than outpatient therapy and not at the level of intensity of In-Home Services, MST or FCT.

Service Goals and Objectives

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 placement
- Increased family resiliency
- Reduce presenting psychiatric or substance use disorder symptoms
- Reduction in utilization of crisis services

Anticipated Outcomes:

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

- Prevention of crisis episodes
- Reduction in symptomatology
- Member and family or caregivers' engagement in the recovery process
- Improved member functioning in the home, school and community settings

- Ability of the member 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 member'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.

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).

Targeted Length of Service:

6 months. Continued length of stay requires authorization.

Entrance Criteria & Eligibility Requirements

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

- These youth have serious emotional disturbance or serious mental illness and/or substance use disorders 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 member's symptoms and behaviors at home, school, or in other community settings due to the member'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 Stay Criteria

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 discharge implementation or disposition as directed by the Tailored Care Manager. Tailored Care Management is allowed concurrently for eligible members with coordination of service interventions to ensure there is no service duplication.

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.