

Frequently Asked Questions

Intensive In-Home Behavioral Health Treatment (IIBHT)

Certification process for providers

Is the certification process at the agency level or individual (QMHP/QMHA, Peer Support) level?

Agencies interested in becoming IIBHT certified providers need to have IIBHT added to the agency's Certificate of Approval. To do this, agencies should contact their OHA Compliance Specialist to apply for IIBHT certification.

How do I become a designated provider for the coordinated care organization (CCO) in my area?

CCOs will begin offering IIBHT to OHP members starting January 2020. Agencies interested in providing IIBHT should contact their local CCO directly.

How do I know what providers in the community are certified to provide IIBHT?

A list of certified providers can be accessed on the OHA website. Starting in January 2021 OHP members can contact their local CCO to access a list of approved providers.

Where can I find the IIBHT Oregon Administrative Rules (OAR)?

The OARs are [309-019-0167](#), [410-172-0650](#) and [410-172-0695](#).

Eligibility criteria

Who can access these services?

Medicaid-eligible children and youth through age 20 (under age 21) who display Intensive behavioral health needs, which shall include:

- Multiple behavioral health diagnoses; and
- Impact on multiple life domains (school, home, community) effected as identified on the OHA-approved assessment; and
- Significant safety risks or concerns; or
- Are at risk of out-of-home treatment or placement; or
- Are transitioning home from an out-of-home treatment or placement.

Can youth be enrolled in other mental health services or addiction treatment while enrolled in IIBHT?

Yes. The IIBHT provider is required to screen all youth for co-occurring substance use disorders and coordinate an outside referral, if services are not available within the agency.

Can youth access IIBHT while living in foster care, Behavioral Rehabilitation Services placements, or a group home serving transitional age youth or youth with developmental disabilities?

Yes. Youth who meet the eligibility criteria for IIBHT will be considered regardless of their living situation and can include foster homes, home of a relative, group homes and other alternate living situations.

Can a youth enrolled in Wraparound also be enrolled in IIBHT?

Yes, if they meet both the Wraparound and IIBHT eligibility criteria. IIBHT is a mental health treatment model that offers a menu of services to assist the child and family in meeting established treatment goals. Wraparound is a fidelity care coordination model for youth with multisystem involvement. Youth enrolled in Wraparound may continue to receive care coordination through Wraparound. The IIBHT providers will need to partner closely with Wraparound teams to clarify roles and ensure services are not duplicated.

Does IIBHT require a preauthorization?

Yes. For fee-for-service (“open card”) members, the IIBHT provider must request the initial sixty (60) day preauthorization through Comagine Health.

What information is needed to obtain the preauthorization?

At a minimum, documentation by a Qualified Mental Health Professional, Licensed Medical Practitioner, Licensed Clinical Practitioner, or Psychologist that:

- Justifies IIBHT level of care
- Provides sufficient information to justify the medical necessity of services, and
- Supports a qualifying DSM-5 diagnosis.

IIBHT model and services

How long after a youth is authorized for IIBHT do the actual services start?

Once a youth is authorized for IIBHT, the IIBHT provider has three (3) calendar days to conduct the intake with the youth and their family. The therapist in collaboration with the youth and family will determine the type and frequency of services that will best meet their needs. The therapist has 5 days to complete the initial Service Plan.

What services does IIBHT include for my child?

IIBHT providers are required to provide a menu of services which may include the following:

- Psychiatric services (assessments and medication management),
- Individual and family therapy,
- Peer support services,
- Skills training and case management.

The youth and their family will work with the provider to collaboratively determine the frequency and types of services that will best meet the needs of the family. Providers are required to offer a minimum of 4 hours of planned services per week

What if the youth already has a medication provider and therapist can they continue to see those providers while enrolled in IIBHT?

IIBHT providers are responsible for coordinating care for the youth while they are enrolled in services. Each youth will be assigned a team of professionals. The IIBHT will work in collaboration with the youth and family to identify natural supports, clinical professionals and peer supports that are already involved with the family to participate in the monthly team meetings and stay connected.

Are providers required to offer psychiatry as part of IIBHT?

IIBHT programs must partner with a board-certified or board-eligible child and adolescent psychiatrist when providing this level of care. A Psychiatric Nurse Practitioner can provide psychiatric services including psychiatric assessments and medication management to youth enrolled in IIBHT when receiving weekly consultation with the programs designated child and adolescent psychiatrist.

How many hours a week will the youth miss school? How often will parents need to take off work to participate in meetings and treatment while enrolled in these services?

IIBHT providers will work with parents and caregivers to coordinate meetings at times that are convenient to the family. The intent of IIBHT is to not add barriers to a routine that currently works for the family. Youth should not have to miss school or important activities and parents should not have to miss work or compromise routinely functional natural supports.

Does IIBHT offer any services or supports to parents, caregivers and/or other family members while the youth is enrolled in IIBHT?

IIBHT offers peer delivered services by a Family Support Specialist and Youth Support Specialist (for youth ages 14-20). The purpose of peer and family support is to assist parents to stabilize their family's wellness routine using the family's cultural values, supporting the parent's advocacy skills for the needs of their child and themselves, connect with other parents and engage or reengage with their family, friends and community-based supports.

What happens if there is an emergency after hours or on the weekend?

Youth and families enrolled in IIBHT will have 24/7 Proactive Support and Crisis Response from their IIBHT providers. Providers will share information with the family about how to access support from their team both during the day, evenings, overnight and on weekends. Parents and families are encouraged to call for support, as needed and not to wait until there is a crisis.

What is the suggested case size for therapists in IIBHT?

National Practice Standards recommends a clinical case load of 4-6 for this level of care.

Technical Assistance

Is this set up in MMIS?

OHA Certified IIBHT Providers will use H0023 in MMIS. Providers are required to submit encounter data for IIBHT services provided.

Will providers have separate IIBHT provider numbers (such as Subacute, PRTS, SAIP, SCIP...)?

No, the provider must be type 33 (mental health provider) and the specialties are described in OAR.

For IIBHT providers who are contracted with a CCO is the funding included in the capitation rate?

Yes. A total of \$12M in funding was given to the CCOs as part of their annual global budgets.

Is psychiatry included in the per member per month rate?

Yes.

What is the “OHA-approved outcome measure” referenced in the OARs?

OHA is partnering with OHSU to provide technical assistance for IIBHT providers. The Hope scale and Ohio Scales will be used to collect data at both the start and end of services using Redcap data system. IIBHT providers will be offered training opportunities on these outcome measures and the Redcap data submission process.