



United Behavioral Health

Supplemental Clinical Criteria: Ohio Medicaid

Document Number: BH803OHSCC012020

Effective Date: January 31, 2020

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INTRODUCTION & INSTRUCTIONS FOR USE

The following *State or Contract Specific Clinical Criteria*¹ defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California ("Optum-CA")).

Other *Clinical Criteria*² may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®³. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required,

¹ **Clinical Criteria (State or Contract Specific):** Criteria used to make medical necessity determinations for mental health disorder benefits when there are explicit mandates or contractual requirements.

² **Clinical Criteria**

(Level of Care Utilization System-LOCUS) Standardized level of care assessment tool developed by the American Association of Community Psychiatrists used to make medical necessity determinations and placement decisions for adults ages 19 and older.

(Child and Adolescent Service Intensity Instrument-CASII) -Standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry used to make medical necessity determinations and to provide level of service intensity recommendations for children and adolescents ages 6-18.

(Early Childhood Service Intensity Instrument-ECSII) - Standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry used to make medical necessity determinations and to provide level of service intensity recommendations for children ages 0-5.

(ASAM Criteria) Criteria used to make medical necessity determinations for substance-related disorder benefits.

³ Optum is a brand used by United Behavioral Health and its affiliates.

or when state or contractual requirements are absent for certain covered services. When deciding coverage, the member's specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member's specific benefit, the member's specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

EVIDENCE-BASED PRACTICE CRITERIA

In addition to the applicable Clinical Criteria, for all services, treatments and levels of care, services are delivered according to evidence-based practices consistent with the applicable definition of Medical Necessity and the following:

- Services are:
 - Provided under an individualized plan of treatment or diagnostic plan developed in conjunction with providers of appropriate disciplines on the basis of a thorough evaluation of the member's strengths and disabilities;
 - Supervised and evaluated by the most appropriate physician or provider;
 - For the purpose of diagnosis or services are reasonably expected to improve the member's condition:
 - It is not necessary that a course of therapy have as its goal restoration of the member to the level of functioning exhibited prior to the onset of the illness, although this may be appropriate for some members. For many other members, particularly those with long-term, chronic conditions, control of symptoms and maintenance of a functional level to avoid further deterioration or hospitalization is an acceptable expectation of improvement.
 - "Improvement" in this context is measured by comparing the effect of continuing treatment versus discontinuing it. Where there is a reasonable expectation that if treatment services were withdrawn the member's condition would deteriorate, relapse further, or require hospitalization, this criterion is met.
- The individualized written plan includes the type, amount frequency, and duration of the services to be furnished and indicate the diagnoses and anticipated goals.
- For continued service, the member continues to show improvement in accordance with his/her individualized treatment plan, and the frequency of services is within accepted norms of medical practice.
- Discharge is indicated when stability can be maintained without further treatment or with less intensive treatment.
 - Discharge planning includes linkages with community resources, supports, and providers in order to promote a member's return to a higher level of functioning in the least restrictive environment.
 - A discharge plan and a summary with recommendations for appropriate services concerning follow-up or aftercare have been developed as well as a summary of the member's condition upon discharge.

ASSERTIVE COMMUNITY TREATMENT

Please apply LOCUS/CASII/ECSII criteria.

BEHAVIORAL HEALTH NURSING

BEHAVIORAL HEALTH NURSING Behavioral Health Nursing Services are those activities that are performed within professional scope of practice and in authorized settings by staff that are licensed by the Ohio board of nursing and are intended to address the behavioral and other physical health needs of individuals receiving treatment for psychiatric symptoms or substance use disorders. Activities may include performing health care screenings, nursing assessments and exams, checking vital signs, monitoring the effects of medication, symptoms, behavioral health education and collaboration with the individual and/or family as clinically indicated. Eligible Providers are Registered nurse (RN) as defined in and Licensed practical nurse (LPN) as defined in Ohio administrative code 5160-27-01.

Limitations and Exclusions

- Mental health nursing services are limited to 24 hours per calendar year. These limits can be exceeded with prior authorization.
- Substance use disorder nursing services are limited to 24 hours per calendar year. These limits can be exceeded with prior authorization.
- Group nursing services and nursing assessments must be provided by an RN.
- When behavioral health nursing services are provided medication administration will not be reimbursed when provided by the same practitioner, to the same recipient, on the same day.
- Behavioral health nursing services will not be reimbursed when a recipient is enrolled in ACT or in a SUD residential treatment facility.

CHILDREN'S INTENSIVE BEHAVIORAL SERVICES

Children's Intensive Behavioral Services (CIBS) include intensive services for children who have been diagnosed with Autism Spectrum Disorder.

Admission Criteria

- The member is under the age of twenty-one;
AND
- The member lives in a community setting;
AND
- The member has a diagnosis of Autism Spectrum Disorder diagnosed by a practitioner whose scope of practice includes the diagnosis and treatment of ASD.
AND
- The completed assessment identifies the need for interventions.

Service Delivery

- All assessments require a signed order from a practitioner whose scope of practice includes the diagnosis and treatment of ASD;
AND
- Assessments include the development of a treatment plan and have a clinical focus to assess behaviors which interfere with typical development. Tools to assess skills and behavior may be utilized and include, but are not limited to:
 - The Assessment of Basic Language and Learning Skills (ABLLS);
 - The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP); or
 - The Behavior Assessment System for Children, Second Edition (BASC-2).
- Treatment plan
 - The individual who developed the treatment plan is responsible for the implementation of the treatment plan.
 - The treatment plan must include behavior analytic intervention methods proven to be effective, such as Applied Behavior Analysis (ABA), to address what was identified in the assessment.
 - At a minimum, the treatment plan includes the following:
 - Diagnosis identifying autism spectrum disorder (ASD); and
 - The signatures of the practitioner responsible for implementing the treatment plan and the signatures of the parents or guardians involved in the care of the individual receiving CIBS services.
- Interventions
 - Interventions may be provided in an individual, family or group setting.
 - Interventions must be focused on achieving the goals and addressing the needs identified in the treatment plan for the CIBS eligible individual.
 - Interventions are only be provided after an assessment has been performed and a treatment plan has been developed.
 - Additional interventions may be requested through prior authorization. The prior authorization request must include a new assessment and copy of the treatment plan that meets the above criteria.
 - Training may be provided with or without the child present.

- Training must be child-centered and focused on training the family or guardians in developing the skills needed to address the ongoing needs of the CIBS eligible individual.
- Training must assist the family or guardians to carry out behavior analytic interventions based on evidence-based practices, published research and designs.
- Training must include instruction in behavior interventions to the family or guardians and other supportive caregivers.
- Practitioners
 - The following practitioners may conduct assessments, render CIBS interventions, and supervise practitioners if applicable and consistent with scope of practice, education, training, and experience:
 - A psychologist licensed by the Ohio board of psychology and practicing according to agency 4732 of the Administrative Code;
 - A licensed professional clinical counselor (LPCC), licensed independent social worker (LISW), or licensed independent marriage and family therapist (LIMFT) licensed by the Ohio counselor, social worker, and marriage and family therapist (CSWMFT) board;
 - A certified Ohio behavioral analyst (COBA) certified by the Ohio board of psychology;
 - A professional medical group consisting of providers who meet the requirements.
 - A medicaid school program operating in accordance with Ohio statutes.
 - The following practitioners may only render the interventions set forth in the treatment plan of a CIBS eligible individual as applicable within their scope of practice and consistent with their education, training, and experience:
 - A licensed professional counselor (LPC), licensed social worker (LSW), or marriage and family therapist licensed (MFT) by the Ohio CSWMFT board. Such practitioners must:
 - A. Work under the general supervision of a provider.
 - B. Be trained regarding the implementation of the treatment plan by the supervisor.
 - C. A paraprofessional who possesses at least a bachelor's degree in psychology, special education, or a related discipline. Such practitioners must:
 - I. Work under the direct supervision of one of the providers;
 - II. If acting on the license of and working under the direct supervision of a provider the paraprofessional must be registered with the appropriate licensing board as a trainee, assistant, or intern as applicable; or
 - iii. If operating under the medicaid school program, be supervised by a qualifying provided listed above.

Limitations and Exclusions

- Services not identified in the approved treatment plan.
- Experimental behavioral methods or models.
- Services including nonhuman elements, including animal therapy.
- Sex therapy, psychoanalysis, or hypnotherapy.
- Education and related services as described by the individuals with disability education act (IDEA).
- Vocational services that are otherwise available to the child through a program funded under Section 110 of the Rehabilitation Act of 1973.
- Services required as a component of adult day care programs.
- A maximum of four hours of assessments are allowed per consecutive twelve month period. This limit may be exceeded if medically necessary through prior authorization.
- A provider of CIBS, who is a family member or guardian of the CIBS eligible individual, shall not be reimbursed for services.
- Community Psychiatric Supportive Treatment (CPST) is not reimbursable when an individual is receiving CIBS interventions as part of an approved treatment plan.

- CIBS interventions are not reimbursable under Therapeutic Behavioral Services (TBS) and Psychosocial Rehabilitation (PSR).

COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT

COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT Community psychiatric supportive treatment (CPST) service provides an array of services delivered by community based, mobile individuals or multidisciplinary teams of professionals and trained others. Services address the individualized mental health needs of the client. They are directed towards adults, children, adolescents and families and will vary with respect to hours, type and intensity of services, depending on the changing needs of each individual. The purpose/intent of CPST services is to provide specific, measurable, and individualized services to each person served. CPST services should be focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community.

Admission Criteria

- The Member has a DSM diagnosis which has created a reduced level of functioning and subjective distress.
AND
- Less intensive services would not be adequate to assist the member in reaching identified treatment goals.
AND
- Co-occurring mental health and substance use disorders and/or co-morbid physical conditions can be safely managed.
AND
- In collaboration with the CPST provider, the member is willing and able to connect with individual natural supports, community resources and activities that will enable community integration.

Service Delivery

- Activities of the CPST service shall consist of one or more of the following:
 - Ongoing assessment of needs;
 - Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent or guardian;
 - Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian;
 - Coordination of the ISP, including:
 - Services identified in the ISP;
 - Assistance with accessing natural support systems in the community; and
 - Linkages to formal community service/systems;
 - Symptom monitoring;
 - Coordination and/or assistance in crisis management and stabilization as needed;
 - Advocacy and outreach;
 - As appropriate to the care provided to individuals, and when appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn;
 - Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist an individual in eliminating barriers to seeking or maintaining education and employment; and
 - Activities that increase the individual's capacity to positively impact his/her own environment.
 - The methods of CPST service delivery shall consist of:
 - Service delivery to the person served and/or any other individual who will assist in the person's mental health treatment.
 - Service delivery may be face-to-face, by telephone, and/or by video conferencing; and
 - Service delivery may be to individuals or groups.

- CPST services are not site specific. However, they must be provided in locations that meet the needs of the persons served. When a person served is enrolled in a residential treatment or residential support facility setting, CPST services must be provided by staff that are organized and distinct and separate from the residential service as evidenced by staff job descriptions, time allocation or schedules, and development of service rates.
- There must be one CPST staff who is clearly responsible for case coordination. This staff person must be an employee of an agency that is certified by ODMH to provide CPST services. This person may delegate CPST services to eligible providers internal and/or external to the certified agency as long as the following requirements and/or conditions are met:
 - All delegated CPST activities are consistent with this rule in its entirety;
 - The delegated CPST services may be provided by an entity not certified by ODMH to provide CPST services as long as there is written agreement between the certified agency and the non-certified entity that defines the service expectations, qualifications of staff, program and financial accountability, health and safety requirements, and required documentation; and
 - An entity that is not certified by ODMH for CPST service may seek reimbursement for CPST services through a certified agency and with a written agreement as required in this paragraph.
- Providers of CPST service shall have a staff development plan based upon individual needs of CPST staff. Evidence that the plan is being followed shall be maintained. The plan shall address, at a minimum, the following:
 - An understanding of systems of care, such as natural support systems, entitlements and benefits, inter- and intra-agency systems of care, crisis response systems and their purpose, and the intent and activities of CPST;
 - Characteristics of the population to be served, such as psychiatric symptoms, medications, culture, and age/gender development; and
 - Knowledge of CPST purpose, intent and activities.
- Community psychiatric support treatment (CPST) service shall be provided and supervised by staff that are qualified according to rule 5122-29-30 of the Administrative Code.

CRISIS INTERVENTION

Please apply LOCUS/CASII/ECSII criteria.

DAY TREATMENT

Please apply LOCUS/CASII/ECSII criteria.

INDIVIDUALIZED PLACEMENT AND SUPPORT/SUPPORTED EMPLOYMENT

INDIVIDUALIZED PLACEMENT AND SUPPORT/SUPPORTED EMPLOYMENT: The purpose and intent of Individualized Placement and Support Supported Employment (IPS-SE) is to promote recovery through the implementation of evidence based and best practices which allow individuals with severe and persistent mental illness or co-occurring mental illness and a substance use disorder to obtain and maintain integrated competitive meaningful employment by providing training, ongoing individualized support, and skill development that honor client choice.

Recovery management is the coordination of all specialized recovery services program services received by an individual and assisting him or her in gaining access to needed Medicaid services, as well as medical, social, educational, and other resources, regardless of funding source. The Recovery Manager is the person responsible for performing the needs-based assessment and monitoring the provision of services included in the person-centered care plan to ensure the individual's needs, preferences, health and welfare are supported.

Admission Criteria

- The member is 21 years of age or older, has a current diagnosis of Schizophrenia, Bipolar, Major Depressive Disorder or Severe Affective Disorder, and is enrolled in the 1915(i) Waiver.
AND

- The member has chosen to participate in activities to support the process of acquiring and maintaining employment.
AND
- The member will participate in an initial assessment using the "Adult Needs and Strengths Assessment (ANSA)" and obtain a qualifying score of either:
 - Two or greater on at least one item in the "mental health needs" or "risk behaviors" sections; or
 - Three on at least one item in the "life domain functioning" section.
 AND
- The member demonstrates needs related to the management of his or her behavioral health as documented in the "ANSA";
AND
 - The member has at least one of the following risk factors prior to enrollment in the program:
 - One or more psychiatric inpatient admissions at an inpatient psychiatric hospital; or
 - A discharge from a correctional facility with a history of inpatient or outpatient behavioral health treatment while residing in that correctional facility; or
 - Two or more emergency department visits with a psychiatric diagnosis; or
 - A history of treatment in an intensive outpatient rehabilitation program for greater than ninety days.
 AND
- The member meets at least one of the following:
 - Currently have a need for one or more of the specialized recovery services to maintain stability, improve functioning, prevent relapse, maintain residency in the community, and be assessed and found that, if not for the provision of home and community-based services (HCBS) for stabilization and maintenance purposes, he or she would decline to prior levels of need (i.e., subsequent medically necessary services and coordination of care for stabilization and maintenance is needed to prevent decline to previous needs-based functioning); or
 - Reside in an HCBS setting;
 - Demonstrate a need for specialized recovery services, and not otherwise receive those services;
 - Have needs that can be safely met through the program in an HCBS setting;
 - Participate in the development of a person-centered care plan.
 AND
- At least one of the following Supported Employment services and activities is provided to the member:
 - Vocational Assessment
 - Development of a Vocational Plan
 - On-the-job Training and skill development
 - Job seeking skills training (JSST)
 - Job development and placement
 - Job coaching
 - Individualized job supports, which may include regular contact with the employers, family members, guardians, advocates, treatment providers, and other community supports
 - Benefits planning
 - General consultation, advocacy, building and maintaining relationships with employers
 - Rehabilitation guidance and counseling
 - Time unlimited vocational support.

Continuing Stay Criteria

- The member agrees to receive services according to his/her person-centered care plan and consent by signing and dating the plan;
AND
- Ongoing and at least annual reassessments will occur according to the care plan.

Discharge Criteria

- Goals of the person-centered plan related to employment have been substantially met.
OR
- The member requests a discharge from this service.
OR
- The member does not currently desire competitive employment.
AND
- The duration of services is for up to one year, but a six month review with person-centered plan to review progress is recommended. The recovery manager can recommend extended follow along after twelve months.

Service Delivery

- The responsible service provider in conjunction with the treatment team and, whenever possible, the member develops a person-centered service plan that includes a description of the following:
 - The member's recovery and resiliency goals;
 - Strengths;
 - Problems;
 - Specific and measurable goals for each problem;
 - Interventions that will support the member in meeting the goals.
- The services plan must reflect the services and supports that are important for the member to meet the needs identified through the assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.
- The provider also completes a comprehensive employment assessment in order to establish a vocational profile and individual employment support plan.
- The person-centered service plan and employment plan are updated or revised at least quarterly, or as necessary to document changes in the member's service needs.
- Discharge Planning
 - Prevocational services are designed to be provided for a limited time in order to prepare a member for employment. If a member has been receiving prevocational services for more than one year and is not ready for regular employment, the interdisciplinary team should re-evaluate the necessity of prevocational services and explore other service options to meet the member's vocational needs, if necessary.
- Supported Employment Service Delivery
 - There are eight core principles to the IPS model:
 - Zero Exclusion
 - Integrated Employment & Treatment
 - Competitive Jobs
 - Rapid Job-Search
 - Systematic Job Development
 - Time-Unlimited Support
 - Consumer Preferences
 - Benefits Planning
 - The following are requirement components of the program:
 - a. Vocational Assessment;
 - b. Development of a Vocational Plan;
 - c. On-the-job Training and skill development;
 - d. Job seeking skills training (JSST);
 - e. Job development and placement;
 - f. Job coaching;
 - g. Individualized job supports, which may include regular contact with the employers, family members, guardians, advocates, treatment providers, and other community supports;
 - h. Benefits planning;
 - i. General consultation, advocacy, building and maintaining relationships with employers;
 - j. Rehabilitation guidance and counseling; or
 - k. Time unlimited vocational support.
 - Supported Employment can be provided in conjunction with any of the following services:

- Facilitation of natural supports;
 - Transportation; or
 - Peer services.
- The outcome of an employment service is that individuals will obtain and maintain a job of their choosing through rapid job placement which will increase their self-sufficiency and further their recovery. Employment services should be coordinated with mental health services and substance use treatment and services.

Limitations and Exclusions

- Supervisory activities rendered as a normal part of the business setting.
- Supervision, training, support, and adaptations typically available to other non-disabled workers filling similar positions in the business.
- Transportation to and from the work site will be a component of - and the cost of this transportation will be included in - the rate paid to providers, unless the individual can access public transportation or has other means of transportation available to them. If public transportation is available, then it should be utilized by the individual, if at all possible.
- Employment services may be used for an individual to gain work-related experience considered crucial for job placement (e.g., unpaid internship), only if such experience is vital to the person to achieve his or her vocational goal.
- Services may not be provided on the same day and at the same time as services that contain elements integral to the delivery of employment services (e.g., rehabilitation).
- Services do not include adaptations, assistance, and training used to meet an employer's responsibility to fulfill requirements for reasonable accommodations under the Americans with Disabilities Act.

INPATIENT & INSTITUTIONS FOR MENTAL DISEASE

ACUTE INPATIENT is a structured hospital-based program which provides 24-hour/7-day nursing care, medical monitoring, and physician availability; assessment and diagnostic services, active behavioral health treatment, and specialty medical consultation with an immediacy needed to avoid serious jeopardy to the health of the member or others.

The course of treatment in an inpatient setting is focused on addressing the factors that precipitated admission (e.g., changes in the member's signs and symptoms, psychosocial and environmental factors, or level of functioning) to the point that the member's condition can be safely, efficiently and effectively treated in a less intensive level of care.

INSTITUTIONS FOR MENTAL DISEASE An IMD is a hospital, nursing facility, or other institution of more than sixteen beds which primarily provides diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services intended to provide members with improved access to timely, medically appropriate, and cost-effective services by allowing IMDs to be utilized in lieu of otherwise covered settings, such as inpatient psychiatric units in general medical hospitals.

Admission Criteria

- For IMD settings, the member must be 21 to 64 years old.

Continuing Stay Criteria

- For IMD settings, there is a limit of 15 days per month.

INTENSIVE HOME-BASED TREATMENT SERVICES

INTENSIVE HOME-BASED TREATMENT SERVICES Intensive home based treatment (IHBT) service is a comprehensive mental health service provided to a child/adolescent and his or her family that integrates community psychiatric supportive treatment (CPST) service or health home service for persons with serious and persistent mental illness for a person enrolled in the service, mental health assessment service, mental health crisis response, behavioral health counseling and therapy service, and social services with the goal of either preventing the out-of-home placement or facilitating a successful transition back to home. IHBT service may also be provided to transitional age youth between the ages of eighteen and twenty-one who have an onset of serious emotional and mental

disorders in childhood or adolescence. These intensive, time-limited mental health services are provided in the child/adolescent's natural environment with the purpose of stabilizing and improving his/her mental health functioning.

The purpose of IHBT is to enable a child/adolescent with serious emotional disturbance (SED) to function successfully in the least restrictive, most normative environment. IHBT services are culturally, ethnically, racially, developmentally and linguistically appropriate, and respect and build on the strengths of the child/adolescent and family's race, culture, and ethnicity.

Admission Criteria

- The member is clinically determined to meet the "person with serious emotional disturbance" (SED) criteria⁴
OR
- IHBT may also be provided to an individual age eighteen through twenty-one who meets all of the other diagnostic criteria for SED, and is still living at home and/or in the custody of a public child serving agency and/or under the jurisdiction of juvenile court and/or in the custody of the Ohio department of youth services.
AND
- Meets one or more of the following criteria:
 - Is at risk for out-of-home placement due to his/her behavioral health/mental health condition;
 - Has returned within the previous thirty days from an out-of-home placement or is transitioning back to their home within thirty days; or
 - Requires a high intensity of mental health interventions to safely remain in or return home.AND
- The youth must score the following on the life functioning domain, child behavioral/emotional needs, and child risk behaviors dimensions of the child and adolescent needs and strengths (CANS) assessment tool available at www.medicaid.ohio.gov:
 - A rating of "three" on one item or a rating of "two" on two of the following life functioning domain items:
 - Family;
 - Legal;
 - Social functioning;
 - Living situation;
 - School behavior; or
 - School attendance.
 - A rating of "two" or higher on one or more items within the child behavioral/emotional needs criteria:
 - Psychosis;
 - Impulse/Hyperactivity;
 - Depression;
 - Anxiety;

⁴ Per paragraph (B) (48) of rule 5122-24-01 of the Administrative Code: "Person with serious emotional disturbance" means a person less than eighteen years of age who meets criteria that is a combination of duration of impairment, intensity of impairment and diagnosis. (i) Under eighteen years of age; (ii) Marked to severe emotional/behavioral impairment; (iii) Impairment that seriously disrupts family or interpersonal relationships; and (iv) May require the services of other youth-serving systems (e.g., education, human services, juvenile court, health, mental health/mental retardation, youth services, and others). (b) 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 withdrawal 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 in social relationships or more severe requiring considerable constant supervision; and (vi) Impairment so severe as to preclude observation of social functioning or assessment of symptoms related to anxiety (e.g., severe depression or psychosis). (c) 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).

- Oppositional;
- Conduct;
- Adjustment to trauma;
- Anger control; or
- Substance use.
- A rating of "two" or higher on one or more items within the child risk behaviors criteria:
 - Suicide risk;
 - Self-mutilation;
 - Other self-harm;
 - Danger to others;
 - Sexual aggression;
 - Runaway;
 - Delinquency;
 - Judgment;
 - Fire setting; or
 - Social behavior.

AND

- The youth must have at least one family member or other individual who is a part of the youth's home who authorizes IHBT services to be provided, and actively participates in the provision of IHBT.

Continuing Stay Criteria

- The service is time-limited, with length of stay matched to the presenting mental health needs of the child/adolescent. The maximum amount of IHBT service which may be prior authorized at any one time is 72 hours.
 - IHBT should not exceed six months length of stay. A continued stay review must be documented for each child/adolescent receiving IHBT beyond six months, and every forty-five days thereafter.

Service Delivery

- The treatment plan shall be individualized based on the recipient's needs, strengths, and preferences and shall set measurable long-term and short-term goals and specify approaches and interventions necessary for the recipient to achieve the individual goals. The treatment plan shall also identify who will carry out the approaches and interventions.
- The treatment plan shall address, at a minimum, the following key areas:
 - Psychiatric illness or symptom reduction.
 - Stable, safe, and affordable housing.
 - Activities of daily living.
 - Daily structure and activities, including employment if appropriate.
 - Family and social relationships.
 - The treatment plan shall be reviewed and revised by a member of the IHBT team with the recipient whenever there is a major decision point in the recipient's course of treatment or, at a minimum, every six months.
 - In conjunction with a treatment plan review, the IHBT team member shall prepare a summary of the recipient's progress, goal attainment, effectiveness of the intervention and a recipient's satisfaction with the IHBT team interventions since enactment of the previous treatment plan.
 - The treatment plan, and all subsequent revisions of it, shall be reviewed and signed or verbally agreed upon by the recipient, the IHBT team reviewer, and the IHBT team leader.
- The following describes the activities and components of IHBT:
 - IHBT is an intensive service that consists of multiple face-to-face contacts per week with the child/adolescent and family, which includes collateral contacts related to the mental health needs of the child/adolescent as documented in the

- ICR. The frequency of contacts may fluctuate based on the assessed needs and unique circumstances of the child, adolescent, and family;
- IHBT is strength-based and family-driven, with both the child/adolescent and family regarded as equal partners with the IHBT staff in all aspects of developing the service plan and service delivery;
 - IHBT is provided in the home, school, and community where the child/adolescent lives and functions;
 - Crisis response is available twenty-four hours a day, seven days a week. Crisis response may be provided through written agreement with another agency, as long as at least one agency IHBT staff is accessible to the provider agency, and is available to the client and family as needed;
 - Each child/adolescent and family receiving IHBT is assessed for risk and safety issues. When clinically indicated, a jointly written safety plan shall be developed that is provided to the child/adolescent and family;
 - Collaboration occurs with other child-serving agencies or systems, e.g., school, court, developmental disabilities, job and family services, and health care providers that are providing services to the child/adolescent and family, as well as family and community supports identified by the child/adolescent and family;
 - The service is flexible and individually tailored to meet the needs of the child/adolescent and family. Appointments are made at a time that is convenient to the child/adolescent and family, including evenings and weekends if necessary; Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist an individual in eliminating barriers to seeking or maintaining education and employment.

Limitations and Exclusions

- Time spent doing, attending, or participating in recreational activities.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family.
- Any art, movement, dance, or drama therapies.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Assessments, screenings, and diagnostic evaluations.
- Mental health day treatment.
- Individual, group, or family psychotherapy and counseling.
- Therapeutic behavioral services.
- Community psychiatric supportive treatment.
- Psychosocial rehabilitation.
- Substance use disorder residential treatment services.
- Assertive community treatment.
- Crisis intervention.
- SUD case management requires prior authorization from the ODM designated entity while a recipient is enrolled in IHBT.

OUTPATIENT SERVICES

Please apply LOCUS/CASII/ECSII criteria.

PEER RECOVERY AND SUPPORT

Please apply LOCUS/CASII/ECSII criteria.

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING

Please see Optum's guideline: [Psychological and Neuropsychological Testing Guidelines](#)

PSYCHOSOCIAL REHABILITATION

Please apply LOCUS/CASII/ECSII criteria.

THERAPEUTIC BEHAVIORAL SERVICES

THERAPEUTIC BEHAVIORAL SERVICES Therapeutic Behavioral Services (TBS) are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual's treatment plan. Solution focused interventions, emotional and behavioral management, and problem behavior analysis includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other psychotherapeutic interventions that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation. TBS is an individual or group face-to-face intervention with the individual, family/caregiver and/or other collateral supports.

Service Delivery

- Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's treatment plan. Activities are including but not limited to the following:
 - Treatment Planning - Participating in and utilizing strengths based treatments/planning which may include assisting the individual and family members or other collaterals with identifying strengths and needs.
 - Identification of strategies or treatment options - Assisting the individual and family members or other collaterals to identify strategies or treatment options associated with the individual's mental illness.
 - Counseling - Developing and providing individual supportive counseling including solution focused interventions, emotional and behavioral management, and problem behavior analysis drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions.
 - Restoration of social skills - Rehabilitation and support with the restoration of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies, and promote effective functioning in the individual's social environment including home, work and school.
 - Restoration of daily functioning - Assisting the individual to restore daily functioning specific to managing their own home including managing their money, medications, and using community resources and other self-care requirements; and
 - Crisis prevention and amelioration - Assisting the individual with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location or that result in functional impairments, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan, and/or, as appropriate, seeking other supports to restore stability and functioning.

Limitations and Exclusions

- TBS will not be reimbursed when a patient is enrolled in the ACT, IHBT, or receiving residential treatment services.
- TBS must be delivered as in individual or group face-to-face intervention with the individual, family/caregiver and/or other collateral supports.
- When TBS group services cannot be billed in combination with any one of the following: mental health day treatment, SUD intensive outpatient group or SUD partial hospitalization group.

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REVISION HISTORY

Date	Action/Description
04/22/2019	<ul style="list-style-type: none">Version 2
01/31/2020	<ul style="list-style-type: none">Version 3: Added Evidence-Based Practice Criteria section, updated with LOCUS/CASII/ECSII language