6.20. Mental Health – Home and Community-Based Services: Intensive Behavioral Health Services for Children, Youth, and Families – 1915(i)

DESCRIPTION OF SERVICES

The home and community-based services (HCBS) benefit for children and youth with serious emotional disturbances and their families is authorized under a 1915(i) Medicaid State Plan Amendment. Intensive behavioral health services are provided by a program approved and operated under the provision of COMAR 10.09.89 and are provided in the participant's home or in an approved community-based setting. Services are designed to support the participant remaining in their homes by providing a wraparound service delivery model. Services covered include:

- Care coordination – A Care Coordination Organization (CCO) is responsible for providing case management services to 1915(i) participants and families as described in COMAR 10.09.90.
- Child and family team (CFT) participation – The CFT means a team of participants selected by the participant and family to work with them to design and implement a plan of care.
- Intensive in-home services – Intensive in-home services (IIHS) are a strengths-based intervention with the youth and his or her family that include a series of components described in COMAR 10.09.89.14.
- Mobile crisis and stabilization – Mobile crisis and stabilization services are offered in response to urgent mental health needs and are available on a short-term basis, 24-hours per day, seven days per week. These services are coordinated with the CCO and CFT. They are incorporated in the participant's plan of care.
- Community-based and out-of-home respite care – Respite services are offered to provide stabilization and relief to caregivers from the stress of care giving. These services may be provided in the home or community. In-home services offer additional temporary support, in the home and overnight. Out-of-home respite services provide a temporary overnight living arrangement outside the participant's home.
- Peer-to-peer support – Peer-to-peer support services are offered to ensure that family and participant opinions and perspectives are incorporated into the CFT process and plan of care. Services are provided by a family support organization (FSO) as described in COMAR 10.09.89.10.
- Expressive and experiential behavioral services – Expressive and experiential behavioral Services means the use of art, dance, music, equine, horticulture or drama to accomplish individualized goals as part of the plan of care. Services may be provided individually or in a group.
- Customized goods and services – Customized goods and services are expenditures requested by the participant's CCO and made by the CSA to support the plan of care as described in COMAR 10.09.89.09.
- Behavioral health consultation services to health care professionals

PARTICIPANT ELIGIBILITY

Participants with Medicaid must be under 18 years of age at the time of enrollment and who meet additional clinical and financial eligibility criteria according to COMAR 10.09.89.03. Termination of enrollment, for a variety of conditions, is also described in COMAR 10.09.89.04.

Some services are automatically authorized with the initial approval for any participant meeting the 1915(i) State Plan Amendment eligibility criteria. IIHS are automatically authorized for 60 days. Thereafter, the services will be authorized in six-month increments. Both community-based and in-home respite services are also automatically authorized for 60 days. Thereafter, the services will be authorized in six-month increments. Peer-to-peer support services are automatically authorized for one year. Thereafter, the services will be authorized in six-month increments. The remaining services (e.g., mobile crisis and stabilization, expressive and experiential behavioral services, and customized goods and services) must receive prior authorization from Beacon Health Options, Inc. (Beacon) before providing them to participants.

SERVICE ELIGIBILITY

1. **Age:** Youth must be under 18 years of age at the time of enrollment although they may continue in 1915(i) HCBS benefit up to age 22.
2. **Residence:**
    a. Youth must reside in a home and community-based setting. Excluded community programs in which a youth may not reside while receiving the HCBS 1915(i) benefit are: group home; psychiatric respite care facility located on the grounds on an IMD for the purpose of placement; residential program for adults with serious mental illness licensed under COMAR 10.21.22.
    b. Youth must reside in one of the geographic areas where the 1915(i) HCBS benefit is available
3. **Consent:** Youth under 18 must have consent from the parent or legal guardian to participate; for young adults who are 18 or older and already enrolled, the young adult must consent to participate. Youth over 18 who are in the care and custody of the State, require consent from their legal guardian.
4. **Behavioral Health Disorder:**
    a. Youth must have a behavioral health disorder amenable to active clinical treatment. The evaluation and assignment of a DSM diagnosis must result from a face-to-face psychiatric evaluation that was completed or updated within 30 days of submission of the application to Beacon.
    b. There must be clinical evidence the child or adolescent has a serious emotional disturbance and continues to meet the service intensity needs and medical necessity criteria for the duration of their enrollment. Because of the clinical requirement that the young person have a serious emotional disturbance, it will be required for the young person to be actively involved in ongoing mental health treatment on a regular basis in order to receive 1915(i) HCBS benefit services.
5. **Impaired Functioning & Service Intensity:** A licensed mental health professional must complete a comprehensive psychosocial assessment within 30 days of the submission of the application to the Beacon. The psychosocial assessment must outline how the youth's functioning presents potential danger to self or others, across settings, including the home, school, and/or community. The serious harm does not necessarily have to be of an imminent nature. The

psychosocial assessment must support the completion of the Early Childhood Service Intensity Instrument (ECSII) for youth ages 0-5 or the Child and Adolescent Service Intensity Instrument (CASII) for youth ages 6-21.

a. Youth must receive a score of:

    i. 4 (High Service Intensity) or 5 (Maximal Service Intensity) on the ESCII

        1. Youth who are younger than six years old who have a score of 4 on the ECSII either must:

            a. Be referred directly from an inpatient hospital unit

            OR

            b. If living in the community, have two or more psychiatric inpatient hospitalizations in the past 12 months.

    OR

    ii. 5 (Non-Secure, 24-Hour, Medically Monitored Services) or 6 (Secure, 24- Hours, Medially Managed Services) on the CASII

b. Youth with a score of 5 on the CASII also must meet one of the following criteria to be eligible based on their impaired functioning and service intensity level:

    i. Transitioning from a residential treatment center (RTC)

    ii. Living in the community and

        1. At least 13 years old and have

            a. Three or more inpatient psychiatric hospitalizations in the past 12 months

            OR

            b. Resided in an RTC within the past 90 days

        2. Age 6 through 12 years old and have:

            a. Two or more inpatient psychiatric hospitalizations in the past 12 months

            OR

            b. Resided in an RTC within the past 90 days Youth will not be eligible for HCBS services if they meet one of the following criteria:

- Youth is hospitalized for longer than 30 days.
- Youth moves out-of-state for more than 30 days.
- During the initial phase-in of the 1915(i) HCBS benefit, youth moves out of a geographic area within the state of Maryland where the youth cannot reasonably access services and supports.
- Youth is admitted to and placed in an RTC for longer than 60 days.

- Youth is admitted to and placed in a group home setting licensed under COMAR.
- Youth is placed in a psychiatric respite care program, a non-medical group residential facility located on the grounds of an IMD primarily for the purpose of placement.
- Youth losses eligibility for Maryland Medicaid for more than 30 days.
- Youth turns 22 years old.
- Youth is detained, committed to a facility, or incarcerated for longer than 60 days.
- Youth's annual medical review does not meet medical re-certification criteria.
- There is no CFT meeting held within 90 days.
- The youth is no longer actively engaged in ongoing mental health treatment with a licensed mental health professional.

PROVIDER ELIGIBILITY

Services may only be provided by approved 1915(i) service providers whose eligibility has been verified by the Department of Mental Health and Hygiene (DHMH) according to the process outlined in COMAR 10.09.89.08.

AUTHORIZATION PROCESS

An initial assessment session (mobile crisis services) is pre-approved for all participants and should be completed within the first week of CCO services to develop a crisis response plan. Subsequent to a "crisis," services are pre-approved for up to a three-day stabilization period. Additional services require further documentation, review, and pre-authorization through Beacon.

To obtain authorization for 1915(i) services, the CCO, working with the participant and family, must request authorization from Beacon. The clinical information required consists of the list of applicable DSM 5 diagnoses and the current need for requested service. The description of the requested services should be identified as part of the participant's individualized plan of care. The plan of care should be developed through the CFT process.

Authorizations for initial & continued stay 1915i services are requested electronically through Beacon. Electronic authorizations are completed by the provider through submission of a request in Provider Connect. Provider Connect can be accessed 24/7, including weekends and holidays through the Beacon website: http://maryland.beaconhealthoptions.com/provider-main.html. If the level of care is medically necessary, services will be authorized.

If a Beacon Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to a Beacon Physician Advisor for review. If the services requested do not meet medical necessity criteria and are non-authorized, the determination of the non- authorized case will be communicated both via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).

Providers are expected to initiate discharge planning at the beginning of service delivery. Providers are also required to submit the discharge plan in the authorization request.

SERVICE RULES

Children and youth are authorized on an annual basis as participants in the HCBS 1915(i) benefit. Enrollment begins when youth are identified by a CCO who provides:

- Intake
- Ongoing assessment
- Coordination and facilitation of the CFT
- Management of the plan of care
- Facilitation of access to services and supports in the plan of care
- Assistance with the development of the crisis plan
- Regular face-to-face meetings with the family and/or youth
- Follow-up monitoring and coordination of care services

Applicants shall have a face-to-face, psychiatric evaluation completed within 30 days of the submission of the enrollment application to the Beacon.

CLAIMS PROCESS

- 1915(i) services must be billed on a CMS 1500 form.
- Claims must specify an ICD 10 code (not DSM 5 code) for reimbursement.
- Claims for unauthorized services will be denied.