

7.26. Intensive Behavioral Health Services for Child, Youth, and Families – 1915(i)

INTENSIVE BEHAVIORAL HEALTH SERVICES FOR CHILD, YOUTH, AND FAMILIES 1915(i)

Principles for Medical Necessity Criteria

The term “1915(i)” refers to the 1915(i) intensive behavioral health services for children, youth, and families program described in DHMH medical care programs section 10.09.89, building upon the prior 1915(c) RTC waiver that allowed states to provide home and community-based care to participant’s that would otherwise be institutionalized.

Included in the 1915(i) program are an array of diagnostic and therapeutic mental health services, including 24-hour availability of mental health and/or crisis services, which are provided to the child or adolescent and family using a wraparound approach that includes intensive care coordination with an individualized plan of care. Specialized services not otherwise available through the Medicaid program include mobile crisis stabilization, respite services, intensive in home services, expressive and experiential behavioral services, and family and peer support services. (Please see COMAR 10.09.89.09-14).

When participants have a mental health disorder that require professional evaluation and treatment, they should be treated in the least intensive, least restrictive setting available that is most appropriate and able to meet the their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

CRITERIA

<p>Admission Criteria</p>	<p>Medical necessity for admission to the 1915(i) services must be documented by the presence of all the criteria given below in eligibility, as well as meeting the medical necessity criteria defined for intensive care coordination (defined in COMAR 10.09.90)</p> <p>For a participant to be considered meeting the medical necessity criteria for 1915(i) services documentation must be provided to demonstrate meeting the following conditions:</p> <ol style="list-style-type: none"> 1. Has a behavioral health disorder amenable to active clinical treatment resulting from a face to face psychiatric evaluation 2. Has a serious emotional disorder and continues to meet the service intensity needs and medical necessity criteria for the duration of their enrollment 3. Has been assessed by a licensed mental health professional that finds a significant impairment in functioning representing potential serious harm to self or others, across settings
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	<p>4. Scores 4 or 5 on the ECSII (Early Childhood Services Intensity Instrument); or 5 or 6 on the CASII (Child and Adolescent Service Intensity Instrument)</p> <p>Participant with a score of 5 on the CASII shall also meet one of the following criteria to be eligible:</p> <ol style="list-style-type: none"> 1. Transitioning from an RTC 2. Living in the community: <ol style="list-style-type: none"> a. Be at least age 13 and older and have: <ol style="list-style-type: none"> i. Three or more inpatient psychiatric hospitalizations in the past 12 months ii. Been in an RTC within the past 90 calendar days b. Be age 6-12 years old and have: <ol style="list-style-type: none"> i. Two or more inpatient psychiatric hospitalizations in the past 12 months ii. Been in an RTC within the past 90 calendar days; <p>Participants who are younger than six years of age who have a score of 4 on the ECSII shall either:</p> <ol style="list-style-type: none"> 1. Be referred directly from an inpatient hospital 2. If living in the community, have two or more hospitalizations in the past 12 months.
<p>Participant Eligibility</p>	<p>For a participant to be eligible for 1915(i) services, the participant shall meet all of the following:</p> <ol style="list-style-type: none"> A. The participant shall be younger than 18 years old at the time of enrollment. B. The participant shall reside in a home and community-based setting that is : <ol style="list-style-type: none"> 1. Located in the 1915(i) service area 2. Not any of the following excluded settings <ol style="list-style-type: none"> a. Therapeutic group home b. Psychiatric respite care facility located on the grounds of an IMD for the purpose of placement. c. Residential program for adults with serious mental illness d. Group residential facility licensed through other agencies (MSDE, DSS, DDA, etc.)

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	<ul style="list-style-type: none"> C. The family or medical guardian of the participant shall give consent to participate in the 1915(i), with consent given by participant upon reaching age 18. D. The participant shall: <ul style="list-style-type: none"> 1. Have a face-to-face psychiatric evaluation completed or updated within 30 days of submission of the enrollment application to the Beacon that: <ul style="list-style-type: none"> a. Assigns a DSM 5 behavioral health diagnosis b. Determines the participant to be amenable to active clinical treatment c. Is conducted by a provider not associated with the CCO by which the participant may eventually be served; and 2. Meets the medical necessity criteria for Intensive Level care coordination E. The accessibility or intensity of currently available community supports and services are inadequate to meet the participant’s needs due to the severity of the impairment without the provision of one or more of the services contained in the 1915(i) benefit. F. The participant may not be served in a health home while enrolled in the 1915(i) G. Eligible for Medicaid <ul style="list-style-type: none"> 1. Categorically needy – eligible for Medicaid or MCHIP and family income <150 percent federal poverty line 2. Optional categorically needy if receiving services through an existing 1915(c) HCBS waiver program
<p>Termination of Participant Enrollment</p>	<p>A participant shall be disenrolled from the 1915(i), as of the date established by the Department, if the participant:</p> <ul style="list-style-type: none"> 1. No longer meets all of the criterion for 1915(i) 2. Voluntarily chooses to dis-enroll from the benefit, if the participant is 18 years old, or the participant’s family or medical guardian chooses to do so on behalf of a participant who is younger than 18 years old or in the custody of the State, or both 3. Is hospitalized for longer than 30 days 4. Moves out of the service area and cannot reasonably access services and supports 5. Is admitted to and placed in an RTC for longer than 60 days

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6. Is admitted to and placed in a therapeutic group home
7. Is placed in a psychiatric respite care program located on the grounds of an IMD primarily for the purpose of placement
8. Loses eligibility for Maryland Medicaid
9. Turns 22 years old
10. Is detained, committed to a juvenile justice or correctional facility, or incarcerated for longer than 60 days
11. Does not meet medical re-certification criterion criteria;
12. Does not participate in a child and family team (CFT) meeting within 90 days
13. Is no longer actively engaged in ongoing behavioral health treatment with a licensed mental health professional
14. Is placed in a group residential facility licensed through an outside agency (MSDE, DSS, DDA, etc.)

A participant who is not receiving 1915(i) services continuously after reaching age 18 is ineligible to enroll in the program at a later date.
