NEW DIRECTIONS BEHAVIORAL HEALTH, L.L.C.

Medical Policy	**Intensive In-Home Family Services**

Original Effective date: 6/01/2018
Reviewed:
Revised:

PURPOSE: Intensive In Home Family Services (IIHFS) is a clinical program providing home based therapeutic care to children and families, addressing individual and family behavioral issues. It is comprehensive in nature and includes therapy, crisis intervention and case management, in order stabilize and improve family functioning.

Please note that this is distinct from the criteria for in-home service found in the New Directions' Medical Necessity Criteria, Psychiatric Outpatient Programs (POP). This document only applies to IIHFS services delivered by groups/practitioners who New Directions has contracted specially to provide these services.

DEFINITIONS:

1. **Intensive In-Home Family Services (IIHFS)** are therapy services provided face-to-face in the home to address symptoms and behaviors that, as the result of a primary mental health (and can include secondary substance use disorders), put the member and/or others at substantial risk of harm. The member's current symptoms should meet diagnostic criteria as specified in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) manual. In certain family systems there may be more than one person identified by DSM diagnostic criteria. All should be treated simultaneously, with the amount of treatment dependent on the severity of the symptoms.
2. Home refers to a private residence where the member and significant others live together. Therapies provided include, but are not limited to individual and family therapy, cognitive behavioral therapy, case management services, motivational interviewing and other manualized therapies. The goal of these intervention is to stabilize the acute risk to the member and others and ultimately to return the member to office based care.
3. The duration of the services is at least one month, with resolution of the acute crisis and return to office based care by 6 months. When indicated by submitted clinical data, New Directions may approved treatment for greater than 6 months.
4. There are multiple Federal and state Medicaid program documents that support and define the provision of intensive in–home services. This is an umbrella term for multiple clinical and treatment situations, some of which are outlined below.

a. Intensive, home-based services are designed to address specific mental or nervous conditions in a child or adolescent. Further, he/she is diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association AND exhibits behaviors that substantially interfere with or limit the role or ability to function in the family, school, or community, which behaviors are not considered a temporary response to a stressful situation.

b. Evidence-based family-focused therapy that specializes in the treatment of juvenile substance use disorders.

c. Short-term family therapy intervention.

d. Other home-based therapeutic interventions for children including: parent training, crisis intervention, coordination with school and other treatment providers, community referrals to address Social Determinants of Health

e. Psychological and neuropsychological testing conducted by an appropriately licensed health care provider.

f. Evidence-based maternal, infant and early childhood home visitation services, as described in Section 2951 of the Patient Protection and Affordable Care Act P. L. 111-148, as amended from time to time, that are designed to improve health outcomes for pregnant women, postpartum mothers and newborns and children, including, but not limited to, maternal substance use.

POLICY:

A. Initial Notification Requirements: Clinical information should be sent to the New Directions Utilization Manager who has initiated the request for IIHFS.

All of the following are required:

1. A diagnosis has been made by a licensed and qualified behavioral health care professional;

2. There are documented functional impairments that indicate a substantial risk for significant harm to self and/or others;

3. The member and others are agreeable to IIHFS and exhibit motivation to participate in treatment;

4. The proposed plan for treatment has a reasonable chance of improving the outcome;

5. The member and family display significant impairment in day to day level of function with substantial risk for out of home placement;

6. The provider develops a person-centered treatment plan which identifies problem behaviors in function for individual, family/others, health, community and social capacities and includes objective measures of these impairments;

7. The plan includes specific and attainable goals that will be measured by at least monthly standardized assessments, such that progress is evident during the treatment process; and

8. The plan includes duration (hours per visit), intensity (visits per week) and the names and qualifications for the professional staff of the proposed treatment on a weekly basis for a period of 30 days.

B. 30 Day Clinical Updates: Clinical progress notes should be sent to the New Directions Utilization Manager who is managing the request for IIHFS.
All of the following are required:

1. Submission of data that measures progress on each goal, documentation of any reduction of symptom, participation of member and family (including any missed or cancelled sessions) and current risk status;
2. Re submission of updated standardized assessments used in the notification prior to initiation of service initial;
3. Current request includes duration (hours per visit), intensity (visits per week) and any changes in the names and qualifications for the professional staff of the proposed treatment on a weekly basis for a period of 30 days;
4. If the data submitted does not indicate progress, information to support re-evaluation and adjustment of the treatment plan; and
5. The documentation also provides a transition plan to re-integrate the member (and family) to office based care.

C. IIHFS Services which extend beyond 6 months: Members in care after 6 months will be reviewed on a case by case basis, as the expectation is that stabilization of symptoms can be achieved in this time period and services will not be medically necessary after 6 months. New Directions may approve further short term IIHFS, based upon review of clinical information.
All of the following are required:

1. Submission of data that measures progress on each goal, documentation of any reduction of symptoms, participation of member and family (including any missed or cancelled sessions) and current risk status;
2. Submission of clinical documentation that speaks directly to the medical necessity for continued short term IIHFS services and why it is believed that additional short term services will be effective with the extra time requested; and
3. Peer discussion with New Directions Medical Director.

CODING:

1. Contracted providers have agreed to use the following code for the IIHFS services reimbursement. This is not meant to represent all codes for BH activities and payment for certain codes below may be excluded by the health plan:

   CPCS
   H0023 Behavioral health outreach service (planned approach to reach a targeted population)
   S9480 (Florida only)

CLINICAL RATIONALE:

The current peer-reviewed medical literature supports the effectiveness for intensive in home treatments when a family and the individuals within it struggle to confront challenges such as depression, anxiety, self-harm, bullying, aggression, abuse and trauma. Intensive family intervention provides treatment that supports every person in the household to achieve physical, social and emotional well-being by learning new skills to handle current and future problems. Treatment focuses on the whole family to address the impact of trauma, depression and other experiences, which leads to positive outcomes, and:

Decreased Emergency Department mental health visits
Decreased risky health behaviors
Increased school attendance
Increased coping skills

This will be accomplished through the provision of strength-based and solution-focused in-home services that restore families in crisis to an acceptable level of functioning. Rather than resorting to an out-of-home placement option, the provision of in-home behavioral health services works to stabilize the immediate crisis, address the safety factors needed to keep the child, family and community safe and reduce the likelihood of recurrence by learning new skills
Interventions are all Evidenced-Based and include: Cognitive Behavioral Therapy, Motivational Interviewing, Multisystem Therapy, Psycho-educational Parent Training, and Dialectical Behavioral Therapy
This model gives the family a voice in developing their own plan of action - a plan that employs expertise within the families' network of providers and community relationships, a plan that is very specific, and tied to everyday life with agreed upon outcomes. Family Crisis and Safety Plans are incorporated into the Treatment Plan to be used during or preventing crisis and the possible need for hospitalization.

Family-focused treatments. Because the family plays a major role in the social and emotional development of children, family-focused interventions have long been a part of child and adolescent mental health treatment. Meta-analysis of family-focused treatments shows the general effectiveness of such treatments (Shadish, Wilson)

Home-based service models have been developed for children who have serious emotional disturbances. One rigorously studied home-based intervention is Multisystemic therapy, the primary goal of which is to develop independent skills among youths who have behavioral problems and their parents to cope with family, peer, school, and neighborhood problems through brief (three to four months) and intense (sometimes daily) treatment. Treatment strategies integrate empirically based treatment approaches—for example, behavioral training for parents, cognitive-behavioral therapies, and functional family therapy to address the problems of children and adolescents across environmental contexts. Eight randomized trials of Multisystemic therapy have been conducted, and the results have been among

the strongest found for children's services. Among a group of chronic juvenile offenders, those who received Multisystemic therapy had lower rates of recidivism and out-of-home placements 59 weeks after treatment and lower arrest rates more than two years after treatment. Similar results were found when Multisystemic therapy was compared with individual therapy in a different group of juvenile offenders A recent study comparing Multisystemic therapy with emergency psychiatric hospitalization among children and adolescents with serious psychiatric impairments has found that Multisystemic therapy can safely reduce rates of psychiatric hospitalization and improve the functioning of youths and their families. The effects of Multisystemic therapy have been further demonstrated among juvenile sex offenders and abused or neglected children. Researchers evaluating Multisystemic therapy suggest that adequate supervision, training of therapists, and institutional program support are essential to successful outcomes (Schoenwald, Ward).

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