



## Intensive In-Home Behavioral Health Treatment Services (IIBHT) Prior Authorization CHECK LIST

\*Failure to provide ALL information below may result in denial or require resubmission\*

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Oregon Medicaid ID: \_\_\_\_\_ Projected Admit/Start Date: \_\_\_\_\_

Home County: \_\_\_\_\_

Custody/Legal Guardian: Parent/Family Member DHS-Child Welfare  
Oregon Youth Authority JPSRB Other \_\_\_\_\_

### Youth's placement for services:

Parent/Family Home Foster Care Qualified Residential Treatment Program(QRTP)  
BRS Developmental Disabilities Group Home  
Other

Name of Facility Placement or Parent/Family Home:  
\_\_\_\_\_

IIBHT Provider Organization: \_\_\_\_\_

Packet Completed By: \_\_\_\_\_

Best Contact (Phone/Email): \_\_\_\_\_

Mental Health assessment by QMHP (demonstrating current need)

DSM-5 Diagnoses (*need at least two diagnoses from above the line on the prioritized list*):  
\_\_\_\_\_  
\_\_\_\_\_

Displays intensive behavioral health needs including impact on multiple life domains (school, home, community, etc.) as identified in QMHP Assessment.

Documentation of significant safety risks or concerns, OR

Documentation of at risk of out-of-home treatment or placement, OR

Documentation they are transitioning home from out-of-home treatment or placement.

Documentation from the referral sources or other involved community agencies and the family that are pertinent and appropriate to this level of care.

Youth does not have private insurance OR documentation/certification that private insurance benefit will not fund stay (e.g., private insurance exhausted or denied)

MMIS Screen shot of open card (fee-for-service) status (or copy of Substitute Care form indicating application for the Oregon Health Plan)

**PLEASE NOTE: PRIOR AUTHORIZATION APPROVAL DOES NOT GUARANTEE PAYMENT OF SERVICES. THE PROVIDER IS RESPONSIBLE TO VERIFY A YOUTH'S ELIGIBILITY AND BENEFIT COVERAGE (OAR 410-120-1140). This Prior Authorization is only for open card/fee-for-service Medicaid recipients and not for CCO members.**

**Intensive In-Home Behavioral Health Treatment Services are authorized if:**

- Medicaid eligible
- Under 21 years of age (through age 20)
- Mental Health Assessment by a QMHP (demonstrating current need)
- Display intensive behavioral health needs, which shall include:
  - Multiple behavioral health diagnoses; and
  - Impact on multiple life domains (school, home, community) 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.

**Please note:**

Enrollment in other mental health services, resources and/or supports including wraparound, day treatment, or behavioral rehabilitation services shall not be reason to exclude an individual from IIBHT if they meet the above stated criteria.

Youth with Intellectual and Developmental Disabilities shall not be excluded from IIBHT if they meet the above stated criteria.

Youth who meet the above stated criteria for IIBHT shall not be required to enroll in a lower level of care prior to being considered for IIBHT.