
WELCOME

**Intensive In-Home
Behavioral Health Treatment (IIBHT)
Learning Collaborative**

**Chelsea Holcomb, Child and Family Behavioral Health
Beth Holliman, Acute Care Coordinator**

The logo for Oregon Health Authority features the word "Oregon" in orange, "Health" in blue, and "Authority" in orange, all in a serif font. A horizontal line is positioned below the word "Health".

**Oregon
Health
Authority**

Agenda

- Welcome and Intro.
- Goals of the Learning Collaborative
- OHA Updates
 - * Certification
 - * Open Card Pre-Auth
- Question and Answer
- Topic for next meeting

Welcome

Please type into the chat box...

Your Organization/Agency
and
something that makes you smile



What do we want to accomplish?

University of WA
Learning Collaborative Model

Group Brainstorm Learning Collaborative Topics



Potential Topics

- The role of psychiatry in IIBHT
- Rural vs. Urban Implementation
- University of WA IIBHT Practice Standards
- Outcome Measures- Ohio Scale and Hope Scale
- IIBHT Comparison to Wrap/IOSS

Comparison Chart

Oregon \	IIBHT	IOSS	Wraparound
Treatment vs Process	Treatment Intervention	Treatment Intervention	Planning process
Population Focus	Youth and families who have complex and intensive BH symptoms and can have multisystem needs; at risk of placement or returning	Youth and their families who are experiencing behavioral health symptoms requiring more frequency/intensity	Youth with complex and intensive multisystem needs and their families
Primary Function	Placement/higher LOC prevention and reunification; stabilization; Improved functioning	Individual and family stabilization; Improved youth and family functioning; safety; positive alternatives	Intensive care coordination; development of unique helping responses and supports
Licensure and Credentials	Licensed BH Professional; Team based approach	Licensed BH Professionals; and non-licensed stabilizers	No licensure required
Caseload Size	Ideal Caseloads: 4 to 6	Ideal Caseloads: 8-12	Caseloads: 15
Length of Stay	LOS: 3 to 6 months	LOS: 3-9 months	LOS: 12 to 18 months
Intensity	4 to 6 + hours; 2 to 5 sessions per week	Based on Mental Health acuity	Planning meetings weekly to monthly
SOC Principles	Adhere to SOC principles	Adhere to SOC principles	Adhere to SOC principles
Individual and Family Therapy	Yes: Mental Health	Yes: Mental Health	No
Crisis response; safety planning	Yes; 24/7 availability	Yes; 24/7 availability	Yes; 24/7 availability
Care Coordination	When ICC is unavailable	When ICC is unavailable	Yes

OHA Updates

- Certification
- Open Card Pre-Auth
- Training

Becoming an IIBHT Certified Provider

- The type of certification process to render IIBHT will depend on the current HSD certification status for the provider:
 - If the program ***currently holds a certification for outpatient mental health*** treatment services, contact your Licensing and Certification Compliance Specialist for the Request for New Services or Locations (application).
 - If the program ***does not hold a certificate for outpatient mental health*** treatment services, identify and contact your local Licensing and Certification Compliance Specialist for the Certification Application for Outpatient Behavioral Health Treatment Services (see the slide with contact information for your area and program type).

Application Process

Contact OHA Compliance Specialist (CS) discuss intent, fit and steps for application process.

CS emails application and information to help complete application.

Provider submits complete application to CS via email, according to instructions in application.

CS reviews application and responds to Provider in one of three ways

Application Process

CS reviews application and responds to Provider in one of three ways

1. Application is approved, will issue certificate/ updated certificate;

2. Additional information and/ or revisions are needed

3. Application is denied

OHA COMPLIANCE SPECIALISTS

Carrie Wouda

503-269-1146; carrie.wouda@dhsoha.state.or.us;

PROGRAMS: Child and Adolescent Programs.

REGION: State-wide.

Lisa Rivers

503-891-8084; lisa.a.rivers@dhsoha.state.or.us

PROGRAMS: Community Mental Health Programs (CMHP), Substance Use Disorder Residential Treatment & Detoxification.

REGION: Baker, Crook, Deschutes, Gilliam, Grant, Hood River, Jefferson, Morrow, Malheur, Sherman, Umatilla, Union, Wallowa, Wasco & Wheeler.

Karen Cady

503-551-1093; karen.a.cady-pyle@dhsoha.state.or.us

PROGRAMS: Outpatient Behavioral Health, Substance Use Disorder Residential Treatment, Detoxification & Community Mental Health Programs (CMHP).

REGION: Lane, Douglas, Josephine, Jackson, Coos, Curry, Klamath, Lake & Harney; Malheur for Residential SUDS only.

OHA COMPLIANCE SPECIALISTS

Christy Springer

503-358-6928; christy.l.springer@dhsoha.state.or.us

PROGRAMS: Outpatient Behavioral Health & Community Mental Health Programs (CMHP).

REGION: Multnomah & Columbia Counties, and the Northern Coast.

Melissa Farin

503-410-2343; melissa.c.farin@dhsoha.state.or.us

PROGRAMS: Community Mental Health Programs (CMHP), Outpatient Behavioral Health Programs, Substance Use Disorder Residential Treatment & Detoxification Programs.

REGION: Clackamas, Multnomah & Washington Counties, and the Confederated Tribes of Warm Springs.

Simon Williams

503-569-5150; Simon.o.williams@dhsoha.state.or.us

PROGRAMS: Department of Corrections (DOC), Culturally Specific, Outpatient Behavioral Health.

REGION: State-wide for DOC and Culturally Specific; Outpatient Substance Use Disorders Treatment and DUII Services in Multnomah, Clackamas and Washington Counties; Outpatient Mental Health in Marion County.

IIBHT

Oregon Administrative Rules

https://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx

Program Rules

309-019-0167

Medicaid Rules

410-172-0650, 410-172-0695

Open Card Referrals and Preauthorization Process



IIBHT Code and Open Card Rate

- Fee for Services Code: H0023 (no modifier required)
- Rate: \$3000.00
- Providers and CCOs will determine rates that makes sense in their region
- Per Member/Per Month (PMPM)
- Encounter data will still need to be submitted to support documentation and program utilization

Eligibility Criteria

An assessment must be completed by a licensed provider or a Qualified Mental Health Professional (QMHP) as described in OAR 309-019-0167 which outlines the Intensive behavioral health needs of the child (**0 through 20 years old**) and includes the following:

- Multiple behavioral health diagnoses; **and**
- Multiple life domains (school, home, community) effected 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.

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Comagine OHP Referral Form

Comagine Health 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.

Question and Answer



OHA IIBHT Website

<https://www.oregon.gov/OHA/HSD/BH-Child-Family/Pages/IIBHT.aspx>

- Program Highlights
- IIBHT Documents
- Links to past webinar recordings and slide shows
- Certification Information
- Coming soon: map of certified providers and FAQ

Helpful Reminders

Oregon's IIBHT Learning Collaborative

Every other Friday 9-10am

October 2, 2020

Technical Assistance and Training

OHA in partnership with OHSU will be providing IIBHT Trainings to support new providers and staff

General Inquires and Questions

Email: OHA-IIBHT.program@dhsoha.state.or.us

OHA Contacts



Chelsea Holcomb, CFBH Director

chelsea.holcomb@state.or.us

Beth Holliman, IIBHT Lead

Beth.Holliman@dhsoha.state.or.us

Tamara McNatt, Medicaid

TAMARA.W.MCNATT@dhsoha.state.or.us