** Intensive In-Home Behavioral Health Treatment – Progress Report #2**

|  |  |
| --- | --- |
| ***CCO Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***CCO Contact for this Report:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Instructions:*** Please complete the gray cells with an update on the progress to date implementing the plans and activities for Intensive In-Home Behavioral Health Treatment (IIBHT) described in Exhibit M, Section 20 of the 2021 CCO contract. The progress report should clearly identify your CCO’s accomplishments and challenges in implementing the IIBHT requirements outlined in the CCO Contract. Be clear and concise in your responses. Do not exceed 5 total pages for your progress report.  Submit your completed Progress Report #2 to CCO.MCODeliverableReports@dhsoha.state.or.us by April 15, 2021. | |

|  |  |
| --- | --- |
| **Please provide the following updates on your CCO’s IIBHT implementation:** | |
| 1. Please list the certified IIBHT provider(s) contracted by your CCO to provide IIBHT services. How many youth will each provider have capacity to serve? |  |
| 1. If the contracted provider(s) is not yet certified by OHA for IIBHT, please provide the plan and timeline for the provider(s) to be certified. |  |
| 1. According to your CCO’s projected network capacity, how many youth will be served annually in IIBHT? |  |
| 1. How many IIBHT providers will be needed to ensure network adequacy? |  |
| 1. Will members throughout your CCO’s service area have access to IIBHT services, including those in rural and frontier areas? If not, please describe in detail your plan and timeline for addressing barriers in each affected part of your service area. |  |
| 1. Have all of your IIBHT providers secured access to psychiatric services? If a PMHNP will be providing services for IIBHT, does the program have a plan in place for the required weekly consultation by a Child and Adolescent Psychiatrist? If not, what steps are you taking to address this need? |  |
| 1. Please describe your CCO’s Prior Authorization process for IIBHT. |  |
| 1. How many youth have been authorized for IIBHT services as of the submission date for this report?  * If the CCO does not yet offer IIBHT to its members, what is the expected start date.? * If you did not meet the start date outlined in Progress Report #1, please explain steps you are taking to resolve barriers to implementation. |  |
| 1. H0023 is the IIBHT code that is being used to track Open Card enrolled youth in IIBHT and encounter data. What code/modifier will be used by your providers for IIBHT? |  |
| 1. Are there any other barriers, concerns or issues that could potentially impact your CCO’s ability to have IIBHT services fully implemented by July 1, 2021? |  |
| 1. What assistance does your CCO need from OHA for its IIBHT implementation? |  |