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CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Medicaid IIBHT Rule Alignment With IIBHT Behavioral Health Programming Rules Recently Amended

EFFECTIVE DATE: 06/21/2022

AGENCY APPROVED DATE: 06/21/2022

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RULES:
410-172-0650, 410-172-0695

AMEND: 410-172-0650

NOTICE FILED DATE: 04/28/2022

RULE SUMMARY: Clarifies and simplifies IIBHT prior authorization criteria.

CHANGES TO RULE:

410-172-0650
Prior Authorization ¶

(1) Some services or items covered by the Division require authorization before the service may be provided. Services requiring prior authorization are published on the Medicaid Behavioral Health Services Fee Schedule.¶
(2) The Division shall authorize payment for the type of service or level of care that meets the recipient's medical need and that has been adequately documented.¶
(3) The Division shall authorize only services that are medically appropriate and for which the required documentation has been supplied. The Division may request additional information from the provider to determine medical appropriateness.¶
(4) Documentation submitted when requesting prior authorization shall support the medical justification for the service. The authorization request shall contain:¶
(a) A cover sheet detailing relevant provider and recipient Medicaid numbers;¶
(b) Requested dates of service;¶
(c) HCPCS or CPT Procedure code requested;-¶
(d) Amount of service or units requested; and¶
(e) A behavioral health assessment and service plan meeting the requirements described in OAR 309-019-0135 through 0140; or¶
(f) Any additional clinical information supporting medical justification for the services requested;¶
(g) For substance use disorder services (SUD), the Division uses the American Society of Addiction Medicine (ASAM) Patient Placement Criteria second edition-revised (PPC-2R) to determine the appropriate level of SUD treatment of care. Providers shall use the ASAM;¶
(h) For Applied Behavior Analysis (ABA) services, the Division requires submission of the following:¶

(A) ABA services for the treatment of autism spectrum disorder shall have an evaluation as described in OAR 410-172-0770(1)(a-j) and a referral for treatment as described in OAR 410-172-0760(1) from one of the licensed practitioners described in OAR 410-172-0760(1)(a-d) who are, in addition, experienced in the diagnosis of autism spectrum disorder;¶
(B) ABA services for the treatment of stereotyped movement disorder with self-injurious behavior due to neurodevelopmental disorder shall have an evaluation as described in OAR 410-172-0770(2) and a referral for treatment as described in OAR 410-172-0760(2) from a licensed practitioner, practicing within the scope of their license who has experience or training in the diagnosis and treatment of stereotyped movement disorder with self-injurious behavior due to neurodevelopmental disorder;¶
(C) A treatment plan, including a functional behavior assessment, as needed, from a licensed health care professional as defined in ORS 676.802(2)(a-h), or by a behavior analyst or assistant behavior analyst licensed by the Oregon Behavior Analysis Regulatory Board, or by an individual holding a declaration of practice through the Oregon Behavior Analysis Regulatory Board as described in OAR 824-010-0005(10).¶
(i) For Intensive In-Home Behavioral Treatment Services (IIHBT), the Division requires submission of the following, in addition to the requirements described in 410-172-0650(4)(a-f), to the Division or the Division's contractor:¶
(A) ~~For the i~~Initial ~~P~~prior ~~A~~authorization request ~~for~~may not exceed sixty (60) days~~that~~, and authorization for continued services may be approved in 30-day increments. Each request shall includes~~:~~¶
(i) Documentation by, at minimum, a Qualified Mental Health Professional, Licensed Medical Practitioner licensed in the state of Oregon, Licensed Clinical Practitioner, or psychologist licensed by the Oregon Board of Psychology, justifying IIBHT level of care;¶
(ii) Sufficient information and documentation to justify the presence of ~~a qualifying DSM-5~~two or more primary mental health diagnosi~~e~~s that ~~i~~meets the medically necessary reason for services; and¶
(iii) ~~An assessment of risk of injury to self or others which includes a safety plan and counseling with the youth and family to reduce the risk of suicide and harm to others through lethal means, including but not limited to firearms and medications; ¶~~
~~(B) For request~~Documentation displaying intensive behavioral health needs, that may include significant health and safety risks for con~~tinued prior authorization every thirty (30) days include:¶~~
~~(i) Documentation by, at minimum, a Qualified Mental Health Professional, Licensed Medical Practitioner, Licensed Clinical Practitioner, psychologist, justifying medical necessity for continued IIBHT level of care;¶~~
~~(ii) Documentation supporting the full extent of services for which payment has been requested as described on OAR 410-172-0620; and~~cerns, impacting multiple life domains (school, home, community) as identified on a mental health assessment.¶
(~~C~~B) ~~For a~~A 30-day ~~prior~~ authorization for transition out of IIBHT services ~~include:¶~~
~~(i) The services and supports necessary to ensure a successful transition plan; ¶~~
~~(ii) Prevention strategies;¶~~
~~(iii) Action steps to engage prevention strategies;¶~~
~~(iv) A description of the crisis management roles and responsibilities specific to each person on the treatment team;¶~~
~~(v) Communication protocols;¶~~
~~(vi) A plan for ongoing maintenance of skills and progress of IIBHT services; ¶~~
~~(vii) Development of connections to post-IIBHT resources and supports, including formal and natural supports; and¶~~
~~(viii) Written instructions on how and when to access IIBHT services, in the future, as needed.¶~~
~~(D) IIBHT transition will be based on clinical documentation demonstrating symptoms improving or expected to approve, as well as, IIBHT treatment team written recommendation~~may be requested to support transition management for the treatment team, youth, and their family, and shall include an updated service plan describing ongoing maintenance of services and supports necessary for transition planning.¶
(j) Residential treatment services for children may require a letter of approval by a designated ~~q~~Quality ~~i~~Improvement ~~o~~Organization (QIO);¶
(k) Some services require additional approval or authorization by a physician, the Division, or designee. Services requiring additional approval are listed on the Behavioral Health Fee Schedule or described in this rule.¶
(5) The Division may not authorize services under the following circumstances:¶
(a) The request received by the Division was not complete;¶
(b) The provider did not hold the appropriate license, certificate, or credential at the time services were requested;¶
(c) The recipient was not eligible for Medicaid at the time services were requested;¶
(d) The provider cannot produce appropriate documentation to support medical appropriateness, or the appropriate documentation was not submitted to the Division;¶

(e) The services requested are not in compliance with OAR 410-120-1260 through 1860;¶
(f) The provider is not currently enrolled in the Medicaid program or has not met requirements of OAR 410-120-1260, provider is currently suspended from the Medicaid program, or provider's Division-assigned provider number is deactivated for any reason.¶
(6) Authorization for payment may be given for a past date of service if:¶
(a) On the date of service, the recipient was made retroactively eligible or was retroactively dis-enrolled from a CCO or PHP;¶
(b) The services provided meet all other criteria and Division administrative rules; and¶
(c) The request for authorization is received within 90 days of the date of service.¶
(7) Any requests for authorization after 90 days from date of service require documentation from the provider demonstrating the specific reason why authorization could not have been obtained within 90 days of the date of service.¶
(8) Payment authorization is valid for the time-period specified on the authorization notice but may not exceed 12 months unless the recipient's benefit package no longer covers the service, in which case the authorization shall terminate on the date coverage ends.¶
(9) Prior authorization of services shall be subject to periodic utilization review and retrospective review to ensure services meet the definition of medical appropriateness.¶
(10) Payments shall be made for the provision of active treatment services. If active treatment is not documented during any period in which the Division prior authorized the services, the Division may limit or cancel prior authorization or recoup the payments.¶
(11) If providers fail to comply with requests for documents for purposes of verifying medical appropriateness within the specified time-frames, the Division may deem the records non-existent, cancel prior authorization and recoup payments.¶
(12) In applying OAR 410-141-3061, OAR 410-172-0650 (5)(f), and OAR 410-172-0650(6), the Division may construe them as much as possible to be complementary. In the event that OAR 410-141-3061, OAR 410-172-0650(5)(f) and OAR 410-172-0650(6) may not be complementary, the Division shall apply the following order of precedence to guide its interpretation: OAR 410-120-0025, OAR 410-141-3061, OAR 410-172-0650(5)(f), and OAR 410-172-0650(6).
Statutory/Other Authority: ORS 413.042, 430.640
Statutes/Other Implemented: ORS 413.042, 430.640, ORS 414.025, 414.065, ~~430.640,~~ 430.705, 430.715

AMEND: 410-172-0695

NOTICE FILED DATE: 04/28/2022

RULE SUMMARY: Clarifies program criteria by removing program delivery specific rules while specifying requirement to comply with Medicaid prior authorization requirements and behavioral health program rules.

CHANGES TO RULE:

410-172-0695
Intensive In-Home Behavioral Health Treatment Services for Youth (IIHBT)
(1) ~~Before providing services, providers of IIBHT for youth shall meet qualifications, credentialing, or licensing standards and competencies described in OAR 309-019-0125, OAR 309-019-0130, and OARs 410-180-0300 - 0380 for the following services:¶~~
~~(a) Child Psychiatric Services:¶~~
~~(A) A Board Eligible or Certified Child and Adolescent Psychiatrist; or¶~~
~~(B) A Psychiatric Nurse Practitioner (PNP) under the weekly consultation and quarterly supervision of a Board Eligible of Certified Child and Adolescent Psychiatrist;¶~~
~~(b) Skills Training;¶~~
~~(c) Individual Therapy;¶~~
~~(d) Family Therapy;¶~~
~~(e) In-home Proactive Support and Crisis Response available 24 hours each day; ¶~~
~~(f) Case Management; and¶~~
~~(g) Peer Delivered Services¶~~
~~(2) IIBHT services as defin~~IIBHT services as described in OAR 309-019-0167 are intended as an outcome-based, transitional, and episodic period of care to provide service and supports in a natural environment that allows the individual and their family or caregivers to successfully remain or reintegrate into their home, in school and community.¶
(~~3~~2) Participation in IIBHT services shall not be contingent upon successful completion of, or participation in, any other behavioral health treatment services. ¶
(~~4~~3) A Youth and Family shall not be required to participate in other services or supports, including Wraparound, to receive IIBHT.¶
(~~5~~4) Youth ~~ar~~may be eligible for IIBHT services in congregate care settings ~~including~~such as Behavioral Rehabilitation Services or Developmental Disability Group Homes.¶
(~~6~~5) Youth are considered for IIBHT services without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, intellectual and/or developmental disability, IQ score, or physical disability.¶
(~~7~~6) ~~To be eligible for~~Prior to delivering any IIBHT service~~s~~, ~~Youth ages zero through 20 years of age shall:¶~~
~~(a) Be determined by the Department of Human Services (Department) to meet Title XIX Medicaid eligibility criteria. The Department shall~~IIBHT providers shall meet all qualifications, credentialing, or licensing standards and complete ~~Title XIX Medicaid eligibility determinations according to OAR chapter 461, division 135, division 140, and division 155 rules; and OAR chapter 410 division 200 and division 120 rules.¶~~
~~(b) Receive a mental health assessment, using an OHA approved assessment tool and completed by a licensed provider or a Qualified Mental Health Professional (QMHP) as described in OAR 309-019-0167;¶~~
~~(c) Display Intensive behavioral health needs, which shall include:¶~~
~~(A) Multiple behavioral health diagnoses; and~~ncies described in OAR 309-019-0125, and OARs 410-180-0300 through 0380, and supervision requirements described in OAR 309-019-0130, OAR 309-019-0167, or as required by a licensing or certification board.¶
(~~B~~7) ~~Impact on multipl~~To be e~~l~~ife ~~domains (school, home, community) effected as identified on the OHA approved assessment; and¶~~
~~(C) Significant safety risks or concerns; or¶~~
~~(D) Are at risk of out-of-home treatment or placement; or¶~~
~~(E) Are transitioning home from an out-of-home treatment or placement.¶~~
~~(8) The IIBHT provider shall administer an OHA approved outcome measure tool:¶~~
~~(a) For each youth enrolled in IIBHT services within 14 calendar days of entry; and¶~~
~~(b) Within 14-calendar days prior to discharge from IIBHT services.¶~~
~~(9) IIBHT providers~~gible for IIBHT services, Youth ages zero through 20 years of age shall be determined by the Department of Human Services (Department) to meet Title XIX Medicaid eligibility criteria. The Department shall ~~enter information from the OHA approved outcome measurement tool into an OHA approved data system within the seven days of completion of the OHA approved outcome measurement tool. Information entered into the~~

~~OHA approved data system shall be complete and document measurable outcomes, compliant with OAR 3090-019-0167, IIBHT program standards.¶~~
~~(10) IIBHT services require a service pl~~complete Title XIX Medicaid eligibility determinations according to OAR chapter 461, division 135, division 140, and division 155 rules, and OAR chapter 410 division 200 and d~~eveloped with the Youth and Family or Caregiver. ¶~~
~~(11~~ivision 120 rules.¶
(8) IIBHT services providers shall document services as described in OAR 410-120-1360 ~~Requirements for Financial, Clinical and Other Records and OAR 410-0620 Documentation Standards~~and OAR 410-0620. The Division may consider incomplete or insufficient documentation as required by OAR 410-172-0620 as non-existent records and recoup payments.¶
(~~12~~9) IIBHT services providers shall retain clinical records for seven years and financial and other records for at least five years as described in 410-120-1360 Requirements for Financial, Clinical and Other Records. The Division may consider incomplete or insufficient documentation above as non-existent records and recoup payments.¶
(1~~3~~0) Qualified IIBHT services provider~~s~~ shall work with all providers and the ~~Y~~youth and their family to ~~implement a 30-day transition plan, in accordance with OAR 309-019-0167, prior to the end of IIBHT services which includes:¶~~
~~(a) Work with the Youth and Family or Caregiver and other service providers to establish criteria for a successful transition;¶~~
~~(b) Development of a post IIBHT crisis and safety plan, which includes:¶~~
~~(A) Prevention strategies;¶~~
~~(B) Action steps to engage prevention strategies;¶~~
~~(C) Specific roles and responsibilities each person will have to manage crisis; and¶~~
~~(D) Communication protocols.¶~~
~~(c) A plan for ongoing maintenance of skills and progress of IIBHT services; ¶~~
~~(d) Develop connections to post-IIBHT resources and supports, including a warm handoff, as defin~~provide transition planning as describ~~ed in OAR 309-032-0860, to formal and natural supports; and¶~~
~~(e) Communication about how to access IIBHT services, in the future, as needed.¶~~
~~(14) IIBHT services provider shall work with all providers to develop a 30-day transition plan that is agreed and consented to by the youth and their family and submit to the division or their contractor with the request for prior authorization. ¶~~
~~(15) IIBHT intake shall be offered no more than three calendar days after receipt of prior authorization.¶~~
~~(16~~19-0167.¶
(11) The Division shall reimburse authorized IIBHT services that are medically appropriate as described in OAR 410-172-063~~9~~0 and identified on the behavioral health fee schedule described in OAR 410-172-0640.¶
~~(17) To be reimbursed for IIBHT services, p~~ Providers shall ~~c~~:¶
(a) Comply with Medicaid billing and payment rules described in OAR 410-120-1280 through 1340;¶
(b) Comply with prior authorization described in OAR 410-172-0650; and¶
(c) Comply with behavioral health program rules described in OAR chapter 309 division 019.
Statutory/Other Authority: ORS 413.042, 430.640
Statutes/Other Implemented: ORS 413.042, 430.640, ORS 414.025, 414.065, 430.705, 430.715