

# MEDICAL POLICY STATEMENT

## Arkansas PASSE

| Policy Name & Number                              | Date Effective |
|---|----------------|
| Intensive In-Home (IIH) Services-AR PASSE-MM-1543 | 10/01/2025     |
| Policy Type                                       |                |
| MEDICAL   |                |

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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**A. Subject****Intensive In-Home (IIH) Services****B. Background**

Intensive In-Home (IIH) services are comprehensive, multifaceted behavioral health (BH) services provided to children, adolescents (ages 3-20), and families to treat co-occurring substance use, conditions that significantly impair functioning, or to address neurodevelopmental needs. IIH is a team approach to prevent out of home placement or facilitate successful transition back into the home. Services (eg, counseling, skills training, resource coordination) are intended to improve family functioning by clinically stabilizing the home environment, promoting reunification, or defusing crises and preventing reoccurrence. The member's home or a community setting is the place of service, and parents/caregivers are active participants in treatment, applying individualized services developed in full partnership with the family.

IIH services provide a variety of interventions available at all times, including crisis response. A licensed professional monitors and documents progress, efficacy of strategies and interventions outlined in the care plan. Consultation occurs with identified medical professionals and non-medical providers, including primary care physicians, juvenile justice workers, and child welfare workers, to engage community and natural supports to ensure linkage to needed resources.

There should be a reasonable expectation that symptoms or level of functioning will be stabilized or improved within a period of IIH services known to be effective by established evidence-based and best practice standards. Continued services require reassessment by professional staff to determine behavioral improvement and continued willingness to participate in the treatment plan. IIH services are provided depending on individual severity of symptoms and circumstances and must utilize a recognized model of care. The duration and scope of services must be clearly outlined by providers.

**C. Definitions**

- **Crisis Response** – Immediate access and availability, as clinically indicated, to the member and family, which may include crisis stabilization services, safety planning, and the alleviation of the presenting crisis.
- **Family or Significant Other** – Any individual or caregiver related by blood or affinity whose close association with the member is the equivalent of a family relationship as identified by the member, including kinship and foster care.
- **Home** – Any family living arrangement including, but not limited to, biological, kinship, adoptive, foster home, and non-custodial families who have made a commitment to the member.
- **Out of Home Placement** – Removal of the member from the home, not including planned respite.
- **Qualified Behavioral Health Provider (QBHP)** – A person who does not possess an Arkansas license to provide clinical BH care, works under the direct supervision of a mental health professional (MHP), has successfully completed prescribed and

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documented courses of initial and annual training sufficient to perform all tasks assigned by a MHP, and acknowledges in writing that all QBHP services are controlled by client care plans and provided under the direct supervision of an MHP.

#### D. Policy

##### I. General Guidelines and Program Requirements

- A. A review of medical necessity is required for all IIH services.
- B. Home and Community Based Services (HCBS) under the 1915(i) and 1915(c) waivers that are duplicative and provided by the IIH provider may not be billed while a member is actively receiving IIH services. QBHP services offered in the school setting will be reviewed on an individual basis and should be requested by the IIH provider. The IIH provider will provide psychotherapy and medication management services or collaborate/coordinate with a provider who will administer these services, if medically necessary.
- C. A thorough assessment of the member and family must be completed and clearly documented in the record prior to service delivery to assist with development of an appropriate treatment plan.
- D. A higher frequency of services will be provided at the onset of treatment and tapering will occur toward discharge. Services must be available 24 hours a day, 7 days a week through on-call arrangements with practitioners skilled in crisis intervention. Providers must offer a minimum of 3 contacts per week with the member/family, except during periods of tapering.
- E. A person-centered treatment plan is developed and includes the following:
  1. identification of specific behavioral, psychological, family-based, or community-based behavioral impairments or symptoms that interfere with normal functioning (eg, social, adaptive, psychological, other) to perform activities of daily living and social interaction
  2. specific, individual, age-appropriate goals that can be objectively measured based on standardized assessments related to the diagnosed condition(s) and linked to specific targeted symptoms, behaviors, and functional impairments
  3. goals should include documentation of
    - a. baseline behavioral measurements of function
    - b. member progress to date
    - c. anticipated duration of treatment, including a timeline for achievement-based reassessments according to fidelity model standards
  4. intensity (number of visits and hours per visit per week) and duration of services (usually between 1-6 months), after which a follow/up re-evaluation is to be performed by an appropriately licensed professional to determine progress and need for continuation
  5. provider of IIH services, particularly appropriately licensed or certified providers acting within a respective scope of practice

- II. Initial requests will be considered medically necessary when **ALL** the following criteria are met:

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- A. A licensed professional has documented a BH diagnosis as defined in the most recent edition of the *Diagnostic and Statistical Manual (DSM)*. Documentation will be reviewed on a case-by-case basis and accepted from a BH agency, another provider (eg, primary care physician), possible self-report, or other documentation.
  - B. Documentation of symptom(s)/diagnosis(-es) presentation, including **ALL** the following, is displayed:
    - 1. specific symptoms, mood, or behavior(s) linked to functional impairment or risk of serious harm directly related to the IIH services requested and that are expected to improve based on targeting achievable, individual goals
    - 2. member/family motivation for treatment and capability of benefit from the planned treatment approach
    - 3. a risk for behavioral or functional regression without IIH services
    - 4. evidence of significant variability in day-to-day capacity of the member to cope with life situations
    - 5. direct monitoring needed less than daily but more often than weekly
  - C. The risk factors for out of home placement, member issues or symptoms, or legal system intervention are too great or unmanageable for less intensive or traditional outpatient services and require intensive, coordinated clinical and supportive intervention.
  - D. Member and family have insufficient or severely limited resources or skills necessary to cope with an immediate BH crisis.
- III. Continuation will be considered medically necessary when the above criteria for initial consideration are met and **1** of the following:
- A. Measurable progress based on symptom and behavioral improvement associated with diagnosis(-es) is documented not less than every 4 weeks and **ALL** the following:
    - 1. Member/family are cooperative with treatment and meeting treatment plan goals.
    - 2. Member's symptoms or functional impairments are at risk for relapse or deterioration without continued IIH services.
  - B. Progress is not occurring. The treatment plan is being re-evaluated and amended with goals considered achievable by the appropriately licensed professional.
- IV. Discharge Criteria
- Discharge may occur after an adequate discharge plan has been established outlining the provision of additional services, providers to be involved in care, and at least **1 or more** of the following:
- A. Member no longer meets admission criteria.
  - B. Member shows no measurable improvement in symptoms or functional impairments.
  - C. Treatment plan goals have been substantially met.
  - D. Member and family request discharge, and the member is not imminently a threat to self or others.

- E. Transfer to another service (higher or lower level of care) is warranted due to a change in the member's condition or status.
  - F. Member requires services not available within IIH services.
  - G. Family is not engaged in treatment, and provider has not been able to successfully engage/reengage the family in more than 30 days.
- V. Evidenced-based practices may have exclusionary criteria based on program models allowed by the Arkansas Department of Human Services. Exclusionary criteria will be assessed by the provider, not CareSource, and may include the following (not an all-inclusive list):
- A. gang involvement with an inability to sever affiliations or attachments and/or known violent behavior due to gang involvement
  - B. problematic sexual behavior in members 13 and older without completion of a sexual behavior treatment program or current enrollment in a program with assessment of low sexual risk
  - C. current homicidal ideation or behaviors with intent and plan, particularly if caregiver cannot restrict access to lethal means
- VI. Telemedicine  
Providers may use telemedicine as a tool to provide direct interventions to members and families enrolled in this service. GT modifier shall be utilized in documentation and claims submission.
- E. Conditions of Coverage  
CareSource reserves the right to request additional documentation service provision.
- F. Related Policies/Rules  
Nonmedical Community Supports and Services  
Person-Centered Service Plans  
Behavioral Health Service Record Documentation

G. Review/Revision History

| DATE                  |            | ACTION  |
|-----------------------|------------|---|
| <b>Date Issued</b>    | 08/16/2023 | Approved at Committee.                                    |
| <b>Date Revised</b>   | 07/31/2024 | Annual review. Updated references. Approved at Committee. |
|                       | 07/16/2025 | Annual review. Updated references. Approved at Committee. |
| <b>Date Effective</b> | 10/01/2025 |   |
| <b>Date Archived</b>  |            |   |

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