5122-29-28 **Intensive home based treatment (IHBT) service.**

(A) In addition to the definitions in rule 5122-24-01 of the Administrative Code, the following definitions apply to this rule:

(1) "Caseload" means the individual cases open or assigned to each full-time equivalent IHBT staff.

(2) "Continued stay review" means a review of a child/adolescent's functioning to determine the need for further services to achieve or maintain service goals and objectives.

(3) "Crisis response" means the immediate access and availability, ~~by phone and face-to-face,~~ as clinically indicated, to the child/adolescent and family, which may include crisis stabilization services in accordance with rule 5122-29-10 of the administrative code, safety planning, and the alleviation of the presenting crisis.

~~(4) "Face-to-face contacts" means in-person IHBT provided in the home, school, and community working directly with the person served and his or her family, or on the child/adolescent 's behalf.~~

(4) "Family" means any individual or caregiver related by blood or affinity whose close association with the person is the equivalent of a family relationship as identified by the person; including kinship and foster care.

(5) "Home" means any ~~long-term~~ family living arrangement including but not limited to biological, kinship, adoptive, foster home, and non-custodial families who have made a ~~long-term~~ commitment to the child/adolescent.

(6) "Out-of-home placement" means any removal of the child/adolescent from his or her home. Planned respite, where the child's main residence remains ~~his or her~~their home, is not considered out-of-home placement.

(B) Intensive home based treatment (IHBT) service is a comprehensive behavioral health service provided to a child/adolescent ~~and his or her family that provides coordination and support for persons with serious emotional disturbance for a person enrolled in the service and integrates~~with serious emotional disturbance (SED) and their family, designed to treat mental health conditions that significantly impair functioning. IHBT may also be utilized for the treatment of children and adolescents that have co-occurring substance use or neurodevelopmental needs, when these needs co-occur with a mental health condition. IHBT is provided for the purpose of preventing out of home placement or facilitating a successful transition back home. IHBT integrates trauma-informed and resilience-focused assessment, crisis response, individual and family psychotherapy, service and resource coordination,

and rehabilitative skill development with the goal of either preventing the out-of-home placement or facilitating a successful transition back to home. These intensive, time-limited behavioral health services are provided in the child/adolescent's natural environment with the purpose of stabilizing and improving ~~his/her~~ their behavioral health functioning as documented using the Ohio specific child and adolescent needs and strengths (CANS) tool.

The purpose of IHBT is to enable a child/adolescent with ~~serious emotional disturbance (SED)~~ SED to function successfully in the least restrictive, most normative environment. IHBT services are culturally, ethnically, racially, developmentally and linguistically appropriate, and respect and build on the strengths of the child/adolescent and family's race, culture, and ethnicity.

(C) The following describes the activities and components of IHBT:

(1) IHBT is an intensive service that consists of multiple in person ~~face-to-face~~ contacts per week with the child/adolescent and family, which includes collateral contacts related to the behavioral health needs of the child/adolescent as documented in the individual client record (ICR) as required by Chapter 5122-27 of the Administrative Code~~ICR~~. IHBT can be provided via telehealth in accordance with rule 5122-29-31 of the Administrative Code. ~~The frequency of contacts may fluctuate based on the assessed needs and unique circumstances of the child, adolescent, and family.~~

(2) IHBT is provided in the home, school, and community where the child/adolescent lives and functions;

(3) The frequency and modality of contacts may fluctuate based on the assessed needs and unique circumstances of the child, adolescent, and family.

~~(2)~~(4) IHBT is strength-based and family-driven, with both the child/adolescent and family regarded as equal partners with the IHBT staff in all aspects of developing the service plan and service delivery;

~~(3) IHBT is provided in the home, school, and community where the child/adolescent lives and functions;~~

~~(4)~~(5) Provided by staff with a caseload that averages over any six month period and per full time equivalent staff:

(a) ~~Fourteen~~ Twelve or less when provided by a team of two, or

(b) ~~Seven~~ Six or less when provided by an individual staff;

~~(5)~~(6) ~~Crisis response is available twenty-four hours a day, seven days a week.~~ Immediate crisis response is available twenty-four hours a day seven days a week by the lead IHBT team member with back-up coverage available from other IHBT team members or the IHBT team supervisor. ~~Crisis response, at a minimum, may be provided by the provider's on-call system after business hours and weekends, as long as at least one IHBT staff is accessible to the on-call staff, and is available to the client and family as needed;~~

~~(6)~~(7) Each child/adolescent and family receiving IHBT is assessed for risk and safety issues. ~~When clinically indicated, a~~A jointly written crisis and safety plan shall be developed that is provided to the child/adolescent and family;

~~(7)~~(8) Collaboration ~~occurs~~ is required to be performed with other child-serving agencies or systems, e.g., school, court, developmental disabilities, ~~job and family services~~child welfare, and health care providers that are providing services to the child/adolescent and family, as well as family and community supports identified by the child/adolescent and family;

~~(8)~~(9) The service activities and components are ~~is flexible and~~ individually tailored to meet the needs of the child/adolescent and family. Appointments are made at a time that is convenient to the child/adolescent and family, including evenings and weekends if necessary;

~~(9)~~(10) The service is time-limited, with length of stay matched to the presenting ~~mental~~ behavioral health needs of the child/adolescent and the family~~. IHBT certified providers must have clearly written guidelines for granting extensions and procedures for continued stay of each individual. A continued stay review must be documented for each child/adolescent receiving IHBT beyond six months, and every forty-five days thereafter. The continued stay review must include the criteria in paragraph (F) of this rule; and~~; and,

(11) The IHBT team will collaboratively develop a plan to transition with each youth and family. The plan will include a focus on transition to other services, supports and providers for services and supports based on the individualized needs of the youth and family.

~~(10) The child/adolescent and family's IHBT aftercare service needs are addressed. Continuing care planning shall be collaborative between the child/adolescent, family and IHBT staff.~~

~~(D) Practitioner(s) on an IHBT team that provides services to a youth with a co-occurring substance use disorder shall have appropriate credentials from the state licensing board(s) to provide both mental health and substance use treatment.~~

~~(E)~~(D) ~~The provider shall determine who is eligible to receive the service and must document how the child/adolescent meets the following criteria necessary to receive IHBT services:~~Eligibility for IHBT will be determined by the IHBT team in collaboration with the youth and family and other cross systems partners by documenting the following criteria:

(1) Is clinically determined to meet the "person with serious emotional disturbance" (SED) criteria in rule 5122-24-01 of the Administrative Code and the child or adolescent;

(a) Is under twenty-one years of age;

(b) Has a mental health need;

(c) Has an Ohio specific CANS assessment that indicates marked to severe behavioral/emotional impairment and at least one of the following:

(i) Impairment that seriously disrupts life functioning; or

(ii) Risk behaviors that are rated as actionable on the CANS.

(2) Meets one or more of the following criteria as documented in the ICR:

(a) Is at risk for out-of-home placement due to ~~his/her~~ their behavioral health~~/ mental health~~ condition~~s~~;

(b) Has returned within the previous thirty days from an out-of-home placement or is transitioning back to their home within thirty days; or

(c) Requires a high intensity of ~~mental~~ behavioral health interventions to safely remain in or return home; and,

~~(3) IHBT may also be provided to transitional age youth between the ages of eighteen and twenty-one who have had an onset of serious emotional and mental disorders at an age younger than eighteen.~~

~~(F)~~(E) The community mental health services or addiction services provider must demonstrate that the following staff requirements and qualifications are met:

(1) A minimum of two full-time equivalent staff provide the service. Services may be provided by a single person, or team of staff clearly sharing various responsibilities for the same child/adolescent and family. Each child/adolescent shall have a staff assigned with lead responsibility. ~~IHBT direct care staff~~

~~must be fully dedicated to the IHBT program and cannot have mixed service caseloads.~~

(2) The provider must have a documented plan for clinical supervision of each team member.~~, which includes:~~

~~(a) The IHBT supervisor shall have a designated responsibility to IHBT;~~

~~(b) Each staff person shall receive clinical supervision that is appropriate for the staff person's expertise and caseload complexity; and~~

~~(c) Consideration of the staff person's assessed training needs.~~

(3) The IHBT supervisor shall have primary responsibility for providing supervision to the IHBT staff twenty-four hours a day, seven days a week. If the IHBT supervisor is unavailable, then supervision must be provided by staff qualified according to rule 5122-29-30 of the Administrative Code.

~~(G)~~(F) The provider must demonstrate that each IHBT staff has an individualized training plan based on an assessment of ~~his/her~~ their specific training needs. The following professional training and development criteria must be met:

(1) Each staff receives an assessment of initial training needs based on the skills and competencies necessary to provide IHBT service prior to providing IHBT service; and

(2) The agency shall have a written description of the skills and competencies required to provide IHBT service, which include, at a minimum, the following:

(a) Family systems;

(b) Risk assessment, ~~and~~ crisis stabilization, and safety planning;

(c) Parenting skills and supports for children/adolescents with SED;

(d) Cultural competency;

(e) Intersystem collaboration with a focus on schools, courts, and child welfare:

(i) Knowledge of other systems;

(ii) System advocacy; and

(iii) Roles, responsibilities, and mandates of other child/adolescent-serving entities;

(f) Trauma-informed and resiliency-focused care;

(g) Educational and vocational functioning:

(i) Assessment and intervention strategies for resolving barriers to successful educational and vocational functioning;

(ii) Knowledge of special education laws; and

(iii) Strategies for developing positive home-school partnerships and connections;

(h) IHBT philosophy, including strength-based assessment and treatment planning; and

(i) ~~Differential diagnosis with special needs children/adolescents, including co-occurring substance use disorders and developmental disabilities, for staff credentialed to diagnose.~~Understanding the complex and interconnected range of symptoms and needs of children and adolescents, including co-occurring substance use disorders and developmental disabilities.

~~(H)~~(G) The provider's training plan must include provisions for ongoing training specific to the identified training needs of the staff as it relates to the population served, including attention to cultural competency, changing demographics, new knowledge or research, and other areas identified by the agency.

~~(I)~~(H) The provider must demonstrate that each IHBT supervisor receives training specific to the clinical and administrative supervision of the service.

~~(J)~~(I) ~~The provider shall obtain at least one fidelity review of the provider's entire IHBT service~~ The provider shall obtain satisfactory fidelity reviews based on the provider's specific program modality every twelve months by an individual or organization external to the provider and designated by the Ohio department of mental health and addiction services (OhioMHAS), utilizing the ~~IHBT fidelity rating tool (dated September 23, 2016)~~IHBT individual provider model fidelity rating tool, version March 1, 2022 or the IHBT teamed-model fidelity rating tool, Version March 1, 2022 ~~avaialbe~~available at www.medicaid.ohio.gov, or be licensed by an OhioMHAS approved evidence-based practice (EBP). The provider shall incorporate the results of the fidelity review into the provider's performance improvement program, if indicated.

~~(K)~~(J) Intensive home based treatment service shall be ~~provided and~~ supervised by staff who are qualified according to rule 5122-29-30 of the Administrative Code.

(K) IHBT shall be provided by persons with competency in the provision of mental health interventions through one of the following program configurations:

(1) At least one licensed practitioner and at least one other licensed practitioner who is authorized to provide services pursuant to rule 5122-29-30 of the Administrative Code and who are providing an evidence-based practice approved by OhioMHAS and are working in a program licensed by a national accreditation body or their delegate. Each practitioner must have their own caseload of clients.

For those providers who are delivering functional family therapy (FFT), the services may be delivered by an individual who is licensed to provide services pursuant to rule 5122-29-30;

(2) At least two or more licensed or licensed-eligible practitioners who are eligible to provide services pursuant to rule 5122-29-30 of the Administrative Code and who are providing an evidence-supported practice approved by OhioMHAS. Each practitioner must have their own caseload of clients; or,

(3) At least two practitioners eligible to provide services pursuant to rule 5122-29-30 of the Administrative Code. One of the practitioners must be licensed and the other either a qualified behavioral health specialist as defined in rule 5122-29-30 of the Administrative Code or a peer supporter who holds a valid and unrestricted certification from OhioMHAS issued in accordance with rule 5122-29-15.1 of the Administrative Code. The peer supporter must be a family peer supporter or a youth peer supporter in accordance with rule 5122-29-15.1 of the Administrative Code. Peer supporters will also demonstrate competency working with children or adolescents with SED and their families. These practitioners must share a caseload of clients.

(L) A provider of FFT who provides the service in accordance with the national evidence based model, found at https://www.fftllc.com/about-fft-training/clinical-model.html, does not need to meet requirements of paragraphs (C) and (E) through (H) of this rule. Any provider of FFT without meeting all other requirements of this rule will be certified as “IHBT-FFT Only ”.

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Five Year Review (FYR) Dates: 11/30/2021 and 03/01/2022

CERTIFIED ELECTRONICALLY

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