

Intensive In-Home Family Intervention

Effective: March 1, 2024

Next Review: January 2025

Last Review: January 2024

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

The health plan has developed specific relationships with provider groups to deliver Intensive In-Home Family Intervention (IIFI). Please note that this is distinct from the criteria for in-home service found in the health plan's Medical Policy, Psychiatric Intensive Outpatient. This document only applies to IIFI services delivered by groups/practitioners who the health plan has contracted specially to provide these services.

MEDICAL POLICY CRITERIA

- I. Intensive In-Home Family Intervention (IIFI) may be indicated when all of the following (A. - H.) are met:
 - A. The member has been given a diagnosis according to the most recent DSM criteria by a licensed and qualified behavioral health care professional;
 - B. There are documented functional impairments that indicate a substantial risk for significant harm to self and/or others;
 - C. The member and member's family and/or support system are willing to participate in the treatment process as appropriate;

- D. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the intervention;
 - E. The member displays significant day to day variability in level of function;
 - F. The provider develops a person-centered treatment plan which identifies problem behaviors in function for individual, family/others, health, community and social capacities and includes objective measures of these impairments;
 - G. The plan includes specific and attainable goals that can be measured by at least monthly standardized assessments, such that progress is evident during the treatment process; and
 - H. The plan includes duration (hours per visit), intensity (visits per week) and the names and qualifications for the professional staff of the proposed treatment on a weekly basis for a period of 30 days.
- II. Continuation of Intensive In-Home Family Intervention (IIFI) (required every 30 days) may be indicated when all of the following (A. – E.) are met:
- A. Submission of data that measures progress on each goal, documentation of any reduction of symptom load, participation of member and family (including any missed or cancelled sessions) and current risk status;
 - B. Resubmission of updated standardized assessments used in the initial authorization;
 - C. Current request for includes duration (hours per visit), intensity (visits per week) and any changes in the names and qualifications for the professional staff of the proposed treatment on a weekly basis for a period of 30 days;
 - D. If the data submitted do not indicate progress, then the treatment plan is being re-evaluated; and
 - E. The documentation provides a transition plan to re-integrate the member into office-based care.
- III. Continuation of Intensive In-Home Family Intervention (IIFI) beyond six months may be indicated when all of the following (A. – C.) are met:
- A. Submission of data that measures progress on each goal, documentation of any reduction of symptom load, participation of member and family (including any missed or cancelled sessions) and current risk status;
 - B. Submission of clinical documentation that speaks directly to the medical necessity for continued short term IIFI services and why it is believed that additional short-term services will be effective with the extra time requested; and
 - C. Peer discussion with a health plan Medical Director.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

POLICY GUIDELINES

DEFINITIONS:

1. **Intensive In-Home Family Interventions (IIFI)** are therapy services provided face-to-face in the home to address symptoms and behaviors that, as the result of a mental health or substance use disorder, put the member and/or others at substantial risk of harm. The member's current symptoms should meet diagnostic criteria as specified in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) manual. In certain family systems there may be more than one person identified by DSM diagnostic criteria. All should be treated simultaneously, with the amount of treatment dependent on the severity of the symptoms.
2. Home refers to a private residence where the member and significant others live together. Therapies provided include, but are not limited to individual and family therapy, cognitive behavioral therapy, case management services, motivational interviewing and other manualized therapies. The goal of these intervention is to stabilize the acute risk to the member and others and ultimately to return the member to office-based care.
3. Generally speaking, the duration of the services is at least a month, with resolution of the acute crisis and return to office-based care by 6 months. When indicated by submitted clinical data, the health plan may approve treatment for greater than 6 months.
4. There are multiple Federal and state published documents that support and define the provision of intensive in-home services. This is an umbrella term for multiple clinical and treatment situations, some of which are outlined below.
 - a. Intensive, home-based services are designed to address specific mental or nervous conditions in a child or adolescent. Further, he/she is diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association AND exhibits behaviors that substantially interfere with or limit the role or ability to function in the family, school, or community, which behaviors are not considered a temporary response to a stressful situation.
 - b. Evidence-based family-focused therapy that specializes in the treatment of juvenile substance use disorders.
 - c. Short-term family therapy intervention.
 - d. Intensive, family-based and community-based treatment programs that focus on addressing environmental systems that impact chronic and violent juvenile offenders.
 - e. Other home-based therapeutic interventions for children.
 - f. Psychological and neuropsychological testing conducted by an appropriately licensed health care provider.

Evidence-based maternal, infant and early childhood home visitation services, as described in Section 2951 of the Patient Protection and Affordable Care Act P. L. 111-148, as amended from time to time, that are designed to improve health outcomes for pregnant women, postpartum mothers and newborns and children, including, but not limited to, maternal substance use.

LIST OF INFORMATION NEEDED FOR REVIEW

REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

Initial Request:

- Supporting clinical documentation, including:
 - Initial Psychiatric Evaluation/Intake Assessment
 - Nursing Assessment/ History & Physical (if available)
 - Any additional supporting clinical evidence (if available)
- Preliminary Individualized Treatment Plan

Request for Extension:

- Supporting clinical documentation, including:
 - Recent psychiatric evaluation
 - Data that measures progress on each goal
 - Documentation of any reduction of symptom load
 - Participation of member and family (including any missed or cancelled sessions)
 - Current risk status
 - For treatment beyond six months, clinical documentation that speaks directly to the medical necessity for continued short term IIFI services

CROSS REFERENCES

1. [Substance Use Disorder](#), Behavioral Health, Policy No. 35

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CODES

Codes	Number	Description
CPT	None	
HCPCS	None	

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