Sentara Health Plans

Medicaid

Intensive in-Home Service for Youth, BH 18

Table of Content

Description & Definitions
Criteria
Document History
Coding
Special Notes
References
Keywords

Effective Date	8/1/2026
Next Review Date	4/2027
Coverage Policy	BH 18
Version	12

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

Purpose:

This policy addresses Intensive in-Home Service for Youth Medicaid.

Description & Definitions:

Mental Health Services (formerly CMHRS) - Appendix H: Community Mental Health Rehabilitative Services (CMHRS) p. 3 (6.14.2023)

Intensive in-home services (IIH) for youth under age 21 are intensive therapeutic interventions provided in the youth's residence (or other community settings as medically necessary and documented in the Comprehensive Needs Assessment and ISP), to improve family functioning, and significant functional impairments in major life activities that have occurred due to the youth's mental, behavioral or emotional illness in order to prevent an out of home placement, stabilize the youth, and gradually transition the youth to less restrictive levels of care and supports. All IIH services shall be designed to specifically improve family dynamics, provide modeling, and include clinically necessary interventions that increase functional and therapeutic interpersonal relations between family members in the home. IIH services are designed to promote benefits of psychoeducation in the home setting of a youth who is at risk of being moved into an out-of-home placement or who is being transitioned to home from an out-of-home placement due to a documented medical need of the youth.

Mental Health (formerly CMHRS) – Appendix A: Definitions p. 1 (7.17.2025)

"Comprehensive Needs Assessment" means the face-to-face interaction, in which the provider obtains information from the individual, and parent or other family member or members, as appropriate, about the individual's mental health status. It includes documented history of the severity, intensity, and duration of mental health care problems and issues and shall contain all of the following elements: (i) the presenting issue/reason for referral, (ii) mental health history/hospitalizations, (iii) previous interventions by providers and timeframes and response to treatment, (iv) medical profile, (v) developmental history including history of abuse, if appropriate, (vi)

educational/vocational status, (vii) current living situation and family history and relationships, (viii) legal status, (ix) drug and alcohol profile, (x) resources and strengths, (xi) mental status exam and profile, (xii) diagnosis, (xiii) professional summary and clinical formulation, (xiv) recommended care and treatment goals, and (xv) The dated signature of the LMHP, LMHP-supervisee, LMHP-resident, or LMHP-RP.

"At Risk of Hospitalization" means one or more of the following: (i) within the two weeks before the Comprehensive Needs Assessment, the individual shall be screened by an LMHP, LMHP-R, LMHP-S or LMHP-RP for escalating behaviors that have put either the individual or others at immediate risk of physical injury such that comprehensive crisis services, hospitalization or other high intensity interventions are or have been warranted; (ii) the parent/guardian is unable to manage the individual's mental, behavioral, or emotional problems in the home and is actively, within the past two to four weeks, seeking an out-of-home placement; (iii) a representative of either a juvenile justice agency, a department of social services (either the state agency or local agency), a community services board/behavioral health authority, the Department of Education, or an LMHP, as defined in 12VAC35-105-20, or LMHP-R, LMHP-S, or LMHP-RP and who is neither an employee of nor consultant to the intensive in-home (IIH) services or therapeutic day treatment (TDT) provider, has recommended an out-of-home placement absent an immediate change of behaviors and when unsuccessful mental health services are evident; (iv) the individual has a history of unsuccessful services (either mobile crisis response, community stabilization, outpatient psychotherapy, outpatient substance use disorder services, or mental health skill building) within the past 30 calendar days; (v) the treatment team or family assessment planning team (FAPT) recommends IIH services or TDT for an individual currently who, within the past thirty calendar days, is either: (a) transitioning out of residential treatment services, either psychiatric residential treatment facility (PRTF) or therapeutic group home TGH), (b) transitioning out of acute psychiatric hospitalization, or (c) transitioning between foster homes, mental health case management, mobile crisis response, community stabilization, outpatient psychotherapy, or outpatient substance abuse services.

“At Risk of Out-of-Home Placement" means placement in one or more of the following: (i) Therapeutic Group Home; (ii) regular foster home if the individual is currently residing with his biological family and, due to his behavior problems, is at risk of being placed in the custody of the local department of social services; (iii) treatment foster care if the individual is currently residing with his biological family or a regular foster care family and, due to the individual's behavioral problems, is at risk of removal to a higher level of care; (iv) PRTF; (v) emergency shelter for the individual only due either to his mental health or behavior or both; (vi) psychiatric hospitalization; or (vii) juvenile justice system or incarceration.

"Failed Services" or "Unsuccessful Services" means, as measured by ongoing behavioral, mental, or physical distress, that the service or services did not treat or resolve the individual's mental health or behavioral issues.

Criteria:

Commonwealth of Virginia. Department of Medical Assistance Services. Mental Health. Appendix H: Community Mental Health Rehabilitative Services (CMHRS) P. 5 Revision Date 6.14.2023

Commonwealth of Virginia. Department of Medical Assistance Services. Mental Health Services. Chapter IV: Covered Services and Limitations. P. 11. Revision date 11.15.2024

Intensive in-home service is considered medically necessary with **ALL of the following**:

- The youth has Sentara Health Plans Medicaid Plan
- The youth is under the age of 21 years old
- Youth receiving IIH Services must have the functional capability to understand and benefit from the required activities and counseling of this service. These services are rehabilitative and are intended to improve the youth’s functioning.
- Prior to the start of services, a valid Comprehensive Needs Assessment, as defined in the definition section, shall be conducted by the LMHP, LMHP-S, LMHP-R, or LMHP-RP, documenting the youth’s diagnosis and describing how service needs can best be met through intervention provided typically but not solely in the youth’s residence. The Comprehensive Needs Assessment describes how the youth’s clinical needs put the youth at risk of out-of-home placement.
- Youth shall meet **ALL** of the following criteria including Diagnostic, At Risk, Level of Care and Family Involvement to qualify for IIH services.

- 1. Diagnostic Criteria - Youth qualifying for this service shall demonstrate a clinical necessity for the service arising from mental, behavioral or emotional illness which results in significant functional impairments in major life activities. The diagnosis must be the primary clinical issue addressed by services and must support the mental, behavioral or emotional illness attributed to the recent significant functional impairments in major life activities.
- 2. At Risk Criteria - The impairments experienced by the member are to such a degree that they shall meet at least **2 or more of the following** criteria below, on a continuing or intermittent basis, for being at risk of out of home placement as defined in Appendix A.
    - Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement as defined in Appendix A of this manual because of conflicts with family or community; and/or
    - Exhibit such inappropriate behavior that documented, repeated interventions by the mental health, social services, or judicial system are or have been necessary resulting in being at risk for out of home placement; and/or
    - Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior resulting in being at risk for out of home placement.
- 3. Level of Care - The impairments experienced by the member are to such a degree that they shall meet **1 or more** of the following criteria below
    - When services that are far more intensive than outpatient clinic care are required to stabilize the youth in the family situation, or
    - When the youth's residence as the setting for services is more likely to be successful than a clinic.
- 4. Family Involvement - At least one parent/legal guardian or responsible adult with whom the youth is living shall be willing to participate in the intensive in-home services with the goal of keeping the youth with the family. In the instance of this service, a responsible adult shall be an adult who lives in the same household with the child and is responsible for engaging in counseling and service-related activities to benefit the youth.

- For mental health services requiring service authorization, the medical record content must corroborate information provided to DMAS or its contractor.

Discharge Criteria: Commonwealth of Virgina. Department of Medical Assistance Services. Mental Health (formerly CMHRS) – Appendix H: Community Mental Health Rehabilitative Services (CMHRS) p. 6 (6.14.2023)
Medicaid reimbursement is not available when other less intensive services may achieve stabilization.

Reimbursement shall not be made for this level of care if **1 or more** of the following apply:

- The youth is no longer at risk of being moved into an out-of-home placement related to behavioral health symptoms
- The level of functioning has improved with respect to the goals outlined in the ISP and the youth can reasonably be expected to maintain these gains at a lower level of treatment
- The child is no longer in the home
- There is no parent or responsible adult actively participating in the service

Note: Discharges shall also be warranted when the service documentation does not demonstrate that services meet the IIH service definition or when the services progress meets the "failed services" definition. Discharge is required when the youth has achieved maximal benefit from this level of care and their level of functioning has not improved despite the length of time in treatment and interventions attempted.

Note: If there is a lapse in services that is greater than 31 consecutive calendar days without any communications from family members/legal guardian or the youth with the service provider, the provider shall discharge the youth.

Exclusions and Service Limitations: Commonwealth of Virgina. Department of Medical Assistance Services. Mental Health (formerly CMHRS) – Appendix H: Community Mental Health Rehabilitative Services (CMHRS) p. 7 (6.14.2023)

- Services that meet the definition of "Failed Services" will not be eligible for reimbursement approval.

- IIH may be billed only within 7 days prior to discharge from any residential treatment service or inpatient hospitalization.
- Recreational activities outside the home, such as trips to the library, restaurants, museums, health clubs and shopping centers, are not considered a part of the scope of services. There must be a clinical rationale documented for any activity provided outside the home. Services may be provided in the community instead of the home if this is supported by the Comprehensive Needs Assessment and the ISP.
- The unit of service for IIH service is one hour.
- IIH may not be authorized or billed concurrently with Multisystemic Therapy (MST), Functional Family Therapy (FFT), Applied Behavior Analysis (ABA), Assertive Community Treatment, Mental Health Intensive Outpatient or Mental Health Partial Hospitalization Program services. IIH may not be billed concurrently with Community Stabilization or Residential Crisis Stabilization Unit services. Short-term service authorization overlaps are allowable as approved by the FFS Contractor or MCO during transitions from one service to another for care coordination and continuity of care.
- There is insufficient scientific evidence to support the medical necessity of intensive in-home services for uses other than those listed in the clinical indications for procedure section.

Document History:

Revised Dates:

- 2025: Removed procedures requiring service authorization
- 2024: August
- 2023: April
- 2022: May, June
- 2021: June, October
- 2020: July
- 2019: October

Reviewed Dates:

- 2026: April – Implementation date of August 1, 2026. Updated reference links only. No changes to criteria.
- 2019: July
- 2018: December

Origination Date: January 2018

Coding:

CPT/HCPCS codes considered **medically necessary** if policy criteria are met:

Coding	Description
H2012	Behavioral health day treatment, per hour
H0031	Mental health assessment, by nonphysician

CPT/HCPCS codes considered **not medically necessary** per this policy:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes:

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: This guideline is applicable to all Sentara Health Plan Virginia Medicaid products except Sentara Health Plan Virginia Medicaid FAMIS members.
- Authorization Requirements:
    - Youth who meet the medical necessity criteria to receive IIH services may also simultaneously be approved for either Mental Health Case Management or Treatment Foster Care Case Management services.
    - Pre-certification by the Plan is required.
    - Mental Health (formerly CMHRS) – Appendix H: Community Mental Health Rehabilitative Services (CMHRS) p. 3 (6.14.2023). In addition to the "Requirements for All Services" section of Chapter IV, the following required activities apply to IIH:
        - Prior to the start of services, a valid Comprehensive Needs Assessment as described earlier in this chapter shall be conducted by the LMHP, LMHP-S, LMHP-R or LMHPRP, documenting the youth's diagnosis and describing how service needs match the level of care criteria.
        - An ISP shall be developed within 30 calendar days of initiation of services. The ISP shall meet all of the requirements as defined in 12 VAC 30-50-130, 12VAC30-50-226 and the ISP Requirements section of Chapter IV. ISPs shall be required during the entire duration of services and shall be current. Services based upon incomplete, missing, or outdated Comprehensive Needs Assessment or ISPs shall be denied reimbursement
        - Individual and family counseling is a required component of this service and must be provided by a LMHP, LMHP-R, LMHP-RP or LMHP-S. Counseling may be provided by the IIH provider or an outpatient service by a private provider as long as it is documented in the ISP and coordinated by the IIH provider. If the counseling is provided by a private provider, the private provider would bill as an outpatient psychiatric services separate from the IIH services
        - The ISP shall be in effect and demonstrate the required need for a minimum of three hours a week of IIH. It is expected that the pattern of service provision may show more intensive services and more frequent contact with the youth and family as documented in the ISP. In preparation of discharge, the ISP can be updated to show a reduction in the services to transition the child and family to a lower level of care. The individualized discharge plan shall describe the transition from IIH to a lower level of care
        - Emergency assistance shall be available to the family, and delivered, as needed, by the IIH service provider 24 hours per day, seven days a week
        - All interventions and the settings of the intervention shall be defined in the ISP
        - Services shall be directed toward the treatment of the eligible youth and delivered primarily in the family's residence with the youth present
        - As clinically indicated, the services may be rendered in the community if there is documentation, on that date of service, of the necessity of providing services in the community. The documentation shall describe how the alternative community service location supports the identified clinical needs of the youth and describe how it facilitates the implementation of the ISP
        - Training to increase appropriate communication skills (e.g., counseling to assist the youth and his parents or guardians, as appropriate, to understand and practice appropriate problem solving, anger management, and interpersonal interaction, etc.)
        - Services may be provided to facilitate the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful. The youth and responsible parent/guardian shall be available and in agreement to participate in the transition.

- At least one parent/legal guardian or responsible adult with whom the youth is living must be willing to participate in the intensive in-home services with the goal of keeping the youth with the family.
- All services must be provided on a one-to-one basis with one staff person and one Medicaid member with the exception of family counseling and care coordination.

- Special Notes:
  - Medicaid
    - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
    - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider within 60 days of the date of service requested.

References:

Behavioral health professionals are involved in the decision-making process for behavioral healthcare services.

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Mental Health Services. Revision Date: 6.14.2023. Appendix H: Community Mental Health Rehabilitative Services. Retrieved 2.17.2026 https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-07/MHS%20-%20Appendix%20H%20%28updated%206.14.23%29_Final.pdf

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Mental Health Services. Revision Date: 7/17/2025. Appendix A: Definitions. Retrieved 2.17.2026. https://vamedicaid.dmas.virginia.gov/sites/default/files/2025-07/MHS%20-%20Appendix%20A%20%28updated%207.17.25%29_Final.pdf

Keywords:

SHP Behavioral Health 18, BH, OHCC, Optima Health Community Care, CMHRS, Community Mental Health Resource Services, Intensive in-Home Service, IIH, emotional illness, mental illness, behavioral illness