Intensive Home-Based Treatment Fidelity Rating Tool

Minimum Rating to Qualify for Medicaid Billing: Case Recommendations
State Recommendations

Rating	1	2	3	4	5
1) Intensity of service	Averages one or less service hours per week and less than 1 contact per week for each IHBT consumer. Intensity is not sufficient in meeting the behavioral health needs of the youth.	Averages 2 or less service hours per week and 1 face-to-face contact per week for each IHBT consumer. Intensity is not sufficient in meeting the behavioral health needs of the youth.	Averages 3 service hours per week and 2 face-to-face contacts per week during the intensive phase, one of which has to be with the youth and family. Intensity matches presenting behavioral health needs of youth and family and is modified during course of treatment as needed.	Averages 4 service hours per week and a minimum of 2 face-to face contacts with the youth and family and collaterals per week during the intensive phase. Intensity matches presenting behavioral health needs of youth and family and is modified during course of treatment as needed.	Averages 5 or more service hours per week and 3 or more face-to-face contacts with the youth, family, and collaterals per week during the intensive phases of IHBT. Intensity matches presenting behavioral health needs of youth and family and is modified during course of treatment as needed.
2) Location of service	49% or less of IHBT services delivered in home & community.	50% to 74% of IHBT delivered in home and community.	75% to 89% of IHBT service is delivered in home & community.	90% to 99% of IHBT service is delivered in home & community.	100% of IHBT service is delivered in home & community.
3) Caseload	**For single provider:** Averages 12 or greater **For team of two:** Averages 20 or greater Mixed caseloads (non-IHBT and IHBT)	**For single provider:** Averages 9 to 11 **For team of two:** Averages 17 to 19 Mixed caseloads (non-IHBT & IHBT)	**For single provider:** Averages 8 cases **For team of two:** Averages 15 to 16 Staff serve IHBT cases only.	**For single provider:** Averages 7 cases **For team of two:** Averages 13 to 14 Staff serve IHBT cases only.	Small caseloads. Staff serve IHBT cases only. **For single provider:** Caseload averages 4 to 6 youth/families. **For team of two:** Caseload averages 8 to 12.

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4) Crisis response and availability	No on-call availability to the family. No team backup. No IHBT outreach availability. No specific IHBT crisis protocols or policies. No immediate crisis call response available.	24-hour agency on-call system or county-wide on-call system. IHBT team notified of crisis call. No team backup Face-to-face response not available. Agency has crisis response policy but is not specific to IHBT program. No immediate IHBT crisis call response available. Follow up done the next day.	24-hour crisis response is available through agency on-call system. At least one IHBT staff is accessible and is available to client and family around the clock. Face to face response as needed. Program has comprehensive crisis protocols & policies. Immediate response to crisis calls by agency on-call.	IHBT provider on-call during office hours 5 days a week. IHBT team or agency on-call system rotates on-call after hours and on weekends. IHBT team backup available. Face to face response as needed. Program has comprehensive crisis protocols & policies. Immediate response to crisis calls.	24/5 or 24/7 on-call by provider with IHBT team rotating weekend on-call. IHBT team backup available. Face-to-face response available as needed. Program has comprehensive crisis protocols & policies. Immediate response to crisis calls.
5) Safety planning	Safety planning is present as evidenced by meeting criteria (a–e) in < 25% of cases.	Safety planning is present as evidenced by meeting criteria (a–e) in 25%- 49% of cases.	Safety planning is present as evidenced by meeting criteria (a–e) in 50% to 74% of cases.	Safety planning is present as evidenced by meeting criteria (a–e) in 75%-89% of cases.	**Safety planning (when clinically indicated) is present as evidenced by meeting five of five criteria in > 90% of cases:** **a)** Assessment of safety concerns, escalation patterns, and crisis triggers. **b)** Written safety plans present in ICR, when clinically indicated. **c)** Safety plans incorporate natural supports & do not rely exclusively on professional resources. **d)** Safety plan has actionable crisis stabilization steps and de-escalation strategies that are concise and easily understood. **e)** Safety planning and safety proofing steps were completed, monitored, and updated as needed.

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6) Treatment Partnerships and Youth and Family Engagement	Effective youth and family engagement and treatment partnerships as evidenced by one or less of the five criteria.	Effective youth and family engagement and treatment partnerships as evidenced by two of the five criteria.	Effective youth and family engagement and treatment partnerships as evidenced by three of the five criteria.	Effective youth and family engagement and treatment partnerships as evidenced by four of the five criteria.	**Effective youth and family engagement and treatment partnerships as evidenced by five of the five criteria:** **a)** Involvement of youth & family in treatment planning as evidenced by inclusion of youth-guided & family-driven goals. **b)** Youth and family feel that IHBT provider understands their situation and is an effective advocate for their family. **c)** Comprehensive working relationships developed as evidenced by regular appointments with youth, family, informal supports, & collaterals. **d)** Progress notes reflect strength-based family partnership. **e)** IHBT providers make contact with consumers within 72 hours of referral.
7) Comprehensive and integrated behavioral health treatment approach	Comprehensive and integrated behavioral health treatment approach as evidenced by one or less of the six criteria.	Comprehensive and integrated behavioral health treatment approach as evidenced by two of the six criteria.	Comprehensive and integrated behavioral health treatment approach as evidenced by three of the six criteria.	Comprehensive and integrated behavioral health treatment approach as evidenced by four of the six criteria.	**Comprehensive and integrated behavioral health treatment approach as evidenced by at least five of the six criteria:** **a)** Crisis response, stabilization, and safety planning; **b)** Systemic care coordination and planning; **c)** Individual counseling; **d)** Behavioral management & adaptive skill training; **e)** Resiliency promotion: support identification and linkage; pro-social activities and environments; and **f)** Family counseling
8) Accessible and Flexible Services and Scheduling	Accessible & flexible services as evidenced by one or less of the five criteria. .	Accessible & flexible services as evidenced by two of the five criteria.	Accessible & flexible services as evidenced by three of the five criteria.	Accessible & flexible services as evidenced by four of the five criteria.	**Accessible & flexible services as evidenced by five of the five criteria:** **a)** IHBT providers are dependable, reliable, and accessible. **b)** IHBT program has written policies that accommodate for flex time & flexible scheduling based on the needs of the family. **c)** Appointments made at a time that are convenient to the family, including weekends & evenings. **d)** Services are delivered at home and community locations convenient to the family. **e)** IHBT staff are available to meet with cross-system partners at school, court, and community locations.

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9) Strength-based assessment and treatment planning	Evidence of strength-based assessment & treatment planning in one or less of the five criteria.	Evidence of strength-based assessment & treatment planning in two of the five criteria.	Evidence of strength-based assessment & treatment planning in three of the five criteria.	Evidence of strength-based assessment & treatment planning in four of the five criteria.	**Strength-based treatment as evidenced by five of the five criteria:** **a)** Services are individualized to the unique needs and strengths, of the youth and family. **b)** Treatment plan and notes incorporate youth's and parent's strengths and abilities. **c)** Treatment plan and notes reflect the unique culture and values of the youth and family. **d)** Evidence of identification and use of informal support system in treatment planning. **e)** Evidence of identification & development of youth & family resiliency, assets, resources, and protective factors.
10) Comprehensive system collaboration & service coordination	Comprehensive system collaboration and service coordination is present as evidenced by one or less of the five criteria.	Comprehensive system collaboration and service coordination is present as evidenced by two of the five criteria.	Comprehensive system collaboration and service coordination is present as evidenced by three of the five criteria.	Comprehensive system collaboration and service coordination is present as evidenced by four of the five criteria.	**Comprehensive system collaboration and service coordination as evidenced by five of the five criteria:** **a)** IHBT provider assumes lead clinical role and coordinates all mental health services for youth. **b)** IHBT staff develop & maintain positive relationships with other system of care professionals. **c)** IHBT provider facilitates the development of youth and family informal supports and resources. **d)** IHBT provides proactive system advocacy for youth and family. **e)** IHBT provider takes lead role in scheduling & facilitating collaborative meetings in the community.

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11) Treatment duration & continuing care planning	Time limited service with continuing care planning as evidenced by one of the five criteria.	Time limited service with continuing care planning as evidenced by two of the five criteria.	Time limited service with continuing care planning as evidenced by three of the five criteria.	Time limited service with continuing care planning as evidenced by four of the five criteria.	**Time-limited service and continuing care planning as evidenced by five of the five criteria:** **a)** Episode of care is time-limited based on the mental health needs of youth. **b)** Programs have written guidelines & procedures for granting extensions. **c)** IHBT treatment averages 3 to 6 months and exceeds 6-month length of stay in less than 10% of the cases served. **d)** Continuing care needs are collaboratively planned for in partnership with the youth and family and include informal supports and resources. **e)** Facilitate linkage to ongoing mental health services as needed.
12) Supervisory support and availability	Supervisory support as evidenced by one of the five criteria.	Supervisory support as evidenced by two of the five criteria.	Supervisory support as evidenced by three of the five criteria.	Supervisory support as evidenced by four of the five criteria.	**Supervisory support as evidenced by five of the five criteria:** **a)** Staff receive clinical supervision, that is appropriate for the staff person's expertise and caseload complexity. **b)** Supervisor is available 24/7 to IHBT staff for emergency consultation and supervision as needed and assists staff in the field as needed. **c)** Supervisor actively monitors and addresses ethical issues. **d)** Supervisor actively monitors and addresses worker safety concerns. **e)** Supervisor actively monitors and addresses youth and family risk and safety issues in supervision.

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13) Cultural responsiveness	Cultural responsiveness as evidenced by one of the five criteria.	Cultural responsiveness as evidenced by two of the five criteria.	Cultural responsiveness as evidenced by three of the five criteria.	Cultural responsiveness as evidenced by four of the five criteria.	**Cultural responsiveness as evidenced by five of the five criteria:** **a)** Staff is comfortable discussing culture in sessions with clients. **b)** Culture is discussed in supervision and appropriate interventions are modeled. **c)** Program has policy on and utilizes translators when needed. **d)** Youth and families feel that their family and culture is respected and understood as evidenced by strong engagement and treatment retention with different cultures. **e)** Staff understand different youth and neighborhood cultures in areas they serve.
14) Team composition	IHBT program has only one direct care staff (1 FTE). Bachelor level staff only. Unable to provide all the IHBT services required. Independently licensed IHBT supervisor; 24% or less dedicated to IHBT program. IHBT provider operates in isolation. No diversity of staff.	2 FTE IHBT Bachelor's and Master's level unlicensed staff provide IHBT. Unable to provide all the IHBT services required. Independently licensed IHBT supervisor; 25% to 49% dedicated to IHBT program. IHBT providers lack team support. Limited diversity of staff.	IHBT program has at least 2 full time dedicated direct care staff. Mix of BH licensed staff with a competency in mental health. Independently licensed IHBT supervisor; 50% to 69% dedicated to IHBT. Team members are mutually supportive. Diversity of staff is limited.	IHBT program has 3 or more full time dedicated direct care staff. Mix of BH licensed staff with a competency in mental health. Independently licensed IHBT supervisor; 70% to 89% of time dedicated to IHBT program. Team members are mutually supportive and available to each other and participate in weekly group supervision. Diversity of staff and expertise matches population served.	**Team composition as evidenced by five of the criteria:** **a)** IHBT program comprised of 4 or more full- time dedicated staff. **b)** Master's BH licensed clinicians provide all IHBT services. **c)** Independently licensed IHBT supervisor; >90% of time dedicated to the IHBT program. **d)** IHBT staff operate as a team and participate in weekly group supervision and case planning. Team members are mutually supportive and available to each other. **e)** Diversity of staff and expertise matches population served.

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15) Professional training and development	Professional training and development as evidenced by one or less of the five criteria.	Professional training and development as evidenced by two of the five criteria.	Professional training and development as evidenced by three of the five criteria.	Professional training and development as evidenced by four of the five criteria.	**Professional training and development as evidenced by five out of five criteria**: **a)** Each staff receives an assessment of initial training needs. **b)** Each IHBT staff has an individualized training plan based on an assessment of his or her specific training needs. **c)** Each agency has a written description of the skills and competencies required to provide IHBT service. **d)** Each IHBT supervisor receives training specific to the clinical & administrative supervision of IHBT. **e)** The agency's training plan includes provisions for quarterly trainings specific to the identified training needs of the staff.
16) Outcomes monitoring and quality improvement	Outcomes monitoring and quality improvement as evidenced by none of the criteria.	Outcomes monitoring and quality improvement as evidenced by one of the four criteria.	Outcomes monitoring and quality improvement as evidenced by two of the four criteria.	Outcomes monitoring and quality improvement as evidenced by three of the four criteria.	**Outcomes monitoring and quality improvement as evidenced by four of the four criteria:** **a)** Outcomes are collected and utilized for program quality improvement. **b)** IHBT staff use outcomes for monitoring of treatment progress. **c)** Consumer satisfaction with services is collected and utilized for quality improvement. **d)** Outcome data shared with staff.
17) Fidelity monitoring	Fidelity monitoring and utilization is evidenced in one of the five criteria.	Fidelity monitoring and utilization is evidenced in two of the five criteria.	Fidelity monitoring and utilization is evidenced in three of the five criteria.	Fidelity monitoring and utilization is evidenced in four of the five criteria.	**Fidelity monitoring and utilization is evidenced in five of the five criteria:** **a)** IHBT fidelity rating tool completed yearly. **b)** IHBT fidelity data tracked by supervisor. **c)** Fidelity and adherence data is used for program improvement. **d)** Fidelity evaluation completed by independent source. **e)** Program utilizes consultant coaching process to facilitate fidelity to model.