Emergency Services Program (ESP)

An adult ESP episode of care is defined as a discrete, 24-hour period including crisis assessment, intervention and stabilization, plus any follow-up services delivered by the ESP deemed clinically indicated during the initial intervention. Such follow-up services may exceed the initial 24-hour period and include, but are not limited to, telephonic support and face-to-face contact. The per-episode definition for ESP services includes the following treatment components within the episode rate for this service. Please refer to the performance specification for this service for more detailed information about the required treatment components and related provider responsibilities.

Comprehensive behavioral health crisis assessment including but not limited to risk assessment and substance use disorder assessment

Crisis intervention and stabilization including:

- Mobile, onsite, face-to-face, therapeutic response including solution-focused crisis counseling
- Psychiatric consultation (telephonic)
- Psychopharmacology (face-to-face) arrangement
- Individual and family therapy
- Family consultation
- Telephonic support

Follow-up services by the ESP deemed clinically indicated during the initial intervention; such follow-up services may exceed the initial 24-hour period and include, but are not limited to, telephonic support and face-to-face contact.

Care coordination including:

- Coordination with Intensive Care Management (ICM) and other care management programs, as applicable
- Coordination of crisis response with collaterals including but not limited to primary care physicians, behavioral health treaters, other service providers, state agencies, natural supports, etc.
- Referrals and linkages to services and supports

Consultation among staff within the same program

Development of a risk management/safety plan

Discharge planning/arranging for after-care services and transfers to all levels of care

Documentation (time spent completing required paperwork as outlined in the performance specifications and other MBHP communications)

Mental Status Exam (MSE) updates required every 24 hours until resolution of disposition for individuals awaiting a 24-hour level of care

Peer Specialist services

Training and supervision

Translation services
Transportation arrangement
Travel
Triage
Utilization review with payer
Administrative paperwork as required by the host agency
(Service is billed one unit per episode)

The following activity is required in the performance specifications but is not included in this per-episode definition because they are billable as outpatient services:
- Face-to-face psychiatric/psychopharmacology services

**Note:** This document applies to services provided to MBHP PCC Plan Members, uninsured individuals, and Medicare-only individuals.
Adult Community Crisis Stabilization (CCS) Program

The per diem definition for Adult Community Crisis Stabilization (CCS) Program includes the following treatment components within the rate for this service. Please refer to the performance specification for this service for more detailed information about the treatment components and related provider responsibilities.

- Initial and continued comprehensive behavioral health assessment throughout the length of stay
- Multi-Disciplinary Treatment Team as outlined in the performance specifications
- Crisis stabilization, continuous observation and treatment coordination including:
  - 24/7/365 availability of a psychiatric clinician, including nights and weekends
  - Psychiatric and Nursing services inclusive of psychopharmacology assessment, consultation, prescription and management (face-to-face and consultation)
  - Psycho-education including the teaching of coping skills, crisis self-management skills, and how to access recovery and rehabilitation services in individual’s community
  - Individual/ family/ and group therapy
  - Family and natural support consultation
  - Substance use assessment and treatment services
  - Therapeutic milieu with structured therapeutic programming 7 days per week
- Care coordination including:
  - Coordination with Intensive Care Management (ICM) and other care management programs, as applicable
  - Coordination of treatment plan and discharge plan with collaterals including but not limited to primary care physicians, behavioral health treaters, other service providers, state agencies, natural supports, etc.
  - Referrals and linkages to services and supports
  - In the case of young adults (18 up to 21), coordination with Mobile Crisis Intervention team and coordination and referral to other CBHI services (including CCS staff accommodation and participation in ICC team meetings as applicable)
- 24/7/365 access to admission and discharge
- 24/7/365 awake staffing
- Development of a risk management/safety plan
- Discharge planning / arranging for after-care services and transfers to appropriate levels of care
- Documentation (time spent completing required paperwork as outlined in the performance specifications
- Peer to peer support
- Training and Supervision
- Translation services
- Transportation
- Utilization review with payer
- Administrative paperwork as required by the host agency
(Service is billed one unit per day)
Community Support Program
Shelter Plus Community Support Program

The service definition for Community Support Programs and Shelter Plus Community Support Program is all-inclusive and includes the following components for each unit of authorized treatment (1 unit = 15 minutes):

- Case Management
- Collateral Contacts
- Day care as indicated
- Direct Supervision
- Direct time spent with Members
- Direct time with providers
- Documentation time and time spent to review case with MBHP/HNE BH
- Psychoeducation
- Research time/phone time re: benefits/other assistance for Members
- Translation Services
- Travel time

“No show” appointments are reimbursed if they occur at a Member’s home.
“No show” appointments are NOT reimbursed if they occur at an agency location.
Psychological Testing

The service definition for Psychological Testing is all-inclusive and may include the following treatment components:

- Achievement/Educational: 2 units
- Cognitive Testing: 4 units
- Neuropsychological Testing: 10 units
- Organic Screening: 1 unit
- Personality: 6 to 7 units

*Units listed are the maximum allowed per session.
*Length of session may vary according to the number of procedures administered.
Dialectical Behavioral Therapy (DBT)

The service definition for Dialectical Behavior Therapy is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Crisis Management
- Discharge Planning/Case Management
- Family Consultation
- Family Therapy
- Group Therapy
- Individual Therapy
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications
- Psychiatric Assessment and Services
- Psychoeducation
- Substance Use Disorder Assessment and Services
- Telephonic coaching of the Member
- Therapist’s Internal Consultation
- Translation Services
Outpatient Behavioral Health Services

The service definition for Outpatient Services is all-inclusive and includes the following treatment components:

- After-hours telephone crisis coverage
- Biopsychosocial Evaluation
- Case Consultation
- Discharge Planning/Case Management
- Family Consultation
- Family Therapy
- Group Therapy
- Individual Therapy
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications
- Psychiatric Assessment and Services
- Psycho-education
- Substance Use Disorder Assessment and Services
- Translation Services
Intensive Outpatient Substance Use Disorder

The service definition for Intensive Outpatient Substance Use Disorder Services is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Discharge Planning/Case Management
- Family Consultation
- Family Therapy
- Gender-specific Group Therapy (as clinically indicated)
- Individual Therapy
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications
- On-call physician services
- Psychiatric Assessment and Services
- Psychoeducation
- Substance Use Disorder Assessment and Services
- Translation Services
Outpatient BHS: School-Based Care
Outpatient BHS: Home- and Non-Facility-Based Care

The service definition for Intensive Outpatient Services is all-inclusive and includes the following treatment components:

- After-hours coverage
- Biopsychosocial Evaluation
- Case Consultation
- Crisis Intervention
- Discharge Planning/Case Management
- Family Consultation
- Family Therapy
- Group Therapy
- Individual Therapy
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications
- Psychiatric Assessment and Services
- Psychoeducation
- School Consultation
- Substance Use Disorder Assessment and Services
- Therapeutic Milieu
- Translation Services
- Travel Expenses
Partial Hospitalization: Adults - Psychiatric

Partial Hospitalization: Adults with Co-occurring Disorders

The service definition for Adult Partial Psychiatric is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Dietary Consultation
- Discharge Planning/Case Management
- Emergency Room Charges *
- Family Consultation
- Family Therapy
- Group Therapy
- Individual Therapy
- Medication Management
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (at minimum must include nursing, social work and primary counselor)
- Psychiatric and Nursing Assessment and Services
- Psychiatrist for MH/SA (Daily Rounds)
- Psychoeducation
- Recreational/Occupational Therapy
- Routine Medications
- Substance Use Disorder Assessment and Services
- Therapeutic Milieu
- Translation Services

* If at same facility
Adult Day Treatment Psychiatric

The service definition for Adult Day Treatment Psychiatric is all-inclusive and includes the following treatment components:

- Behavioral Management
- Biopsychosocial Evaluation
- Case Management
- Case/Family Consultation
- Crisis Management
- Discharge Planning
- Group Therapy
- Intake Evaluation
- Multi-Disciplinary Treatment Team Meetings as outlined in the Performance Specifications
- Primary Counselor
- Providing or assisting with transportation
- Psychiatric and Nursing Assessment and Services as indicated
- Psycho-education
- Recreational/Occupational Therapy
- Self-Help Groups
- Substance Use Disorder Assessment and Services as indicated
- Therapeutic Milieu
- Translation Services
- Treatment Planning

Length of ½ day service is a minimum of 3 hours
Length of full-day service is a minimum of 6 hours
Structured Outpatient Addiction Program (SOAP) - Full Day

- Adolescents
- Adult Members who are Homeless
- Adults Members with Co-Occurring Psychiatric/Substance Use Disorders
- Pregnancy-Enhanced and Postpartum Women

The service definition for Adult Structured Outpatient Substance Abuse Full Day is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Discharge Planning/Case Management
- Family Consultation
- Group Therapy
- High Risk/HIV Education
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (at minimum includes social work, nursing and primary counselor)
- Nursing Assessment and Services as indicated
- On-call physician services (for pregnant women)
- Primary Counselor
- Psycho-education
- Recreational/Occupational Therapy
- Substance Use Disorder and Nursing Assessment and Services
- Therapeutic Milieu
- Translation Services
- Vocational Counseling
Ambulatory and Acupuncture Detoxification Treatment Services
Adults and Adolescents

The service definition for Acupuncture treatment services is all-inclusive and includes the following treatment components:

- Acupuncture supplies (needles, tea, etc.)
- Biopsychosocial Evaluation
- Case Consultation
- Discharge Planning/Case Management
- Initial Substance Use Disorder Assessment and Services
- Medical History and Physical Examination
- Multi-Disciplinary Treatment Team Meetings as outlined in the Performance Specifications
- Psycho-education, including substance use disorder, relapse prevention and communicable diseases
- Translation Services
Opioid Replacement Therapy Services

The service definition for Outpatient Detoxification Services is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Discharge Planning/Case Management
- Dosing as indicated
- Family Consultation
- Family Therapy
- Group Therapy
- Individual Therapy
- Initial Substance Use Disorder Assessment and Services
- MD’s for MH/SA Daily
- Medical History and Physical
- Medication Management
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications
- Psychoeducation, including substance use disorder, relapse prevention and communicable diseases
- Referral to EKG Services as clinically indicated
- Translation Services
Community-Based Acute Treatment Service (CBAT) - Children/Adolescents
Intensive Community-Based Intensive Treatment (ICBAT) - Children/Adolescents

The per diem definition for Community-Based Acute Treatment Service and Intensive Community-Based Treatment Service is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Daily Medication Management (for Intensive Treatment Service)
- Dietary Consultation
- Discharge Planning/Case Management
- Education
- Family Consultation
- Family Therapy
- Group Therapy
- High Risk/HIV Education
- Individual Therapy
- Medical History and Physical
- Medical Supplies
- Medication Groups
- Medication Management (as indicated for Acute Treatment Service)
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (at minimum includes social work, nursing and primary counselor)
- Psychiatric and Nursing Assessment and Services
- Psychiatrist for MH/SA (Daily Rounds, etc.)
- Psychoeducation
- Psychological Testing *
- Recreational/Occupational Therapy
- Room and Board Charges
- Substance Use Disorder Assessment and Services
- Therapeutic Milieu
- Translation Services

* Neuropsychological testing is excluded. Authorization for neuropsychological testing must be requested prior to conducting the service by calling MBHP/HNE BH’s Clinical Access Line at 1-800-495-0086. Failure to receive prior authorization will result in a denial of payment.

Both Community-Based Acute Treatment Service and Intensive Community-Based Treatment Service are provided in a staff-secure environment.
Community-Based Acute Treatment (CBAT)
Adults with Co-occurring Disorders

The per diem definition for Community-Based Acute Treatment for adults with co-occurring disorders is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Dietary Consultation
- Discharge Planning/Case Management
- Family Consultation
- Family Therapy
- Group Therapy
- High Risk/HIV Education
- Individual Therapy
- Medical History and Physical Examination
- Medical Management of mild withdrawal symptoms (as outlined in the Performance Specifications)
- Medical Supplies
- Medication Groups
- Medication Management
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (at minimum includes social work, nursing and primary counselor)
- Psychiatric and Nursing Assessment and Services
- Psychiatrist for MH/SA (Daily Rounds, etc.)
- Psychoeducation
- Recreational/Occupational Therapy
- Room and Board Charges
- Substance Use Disorder Assessment and Services
- Therapeutic Milieu
- Translation Services

Community-Based Acute Treatment Service for Adults with Co-occurring Disorders is provided in a staff-secure environment.
Clinical Support Services for Substance Abuse
Clinical Support Services for Substance Abuse- Individuals with Co-Occurring Disorders

The per diem definition for Clinical Support Services (formerly known as Residential SA Short Term III-B) is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Discharge Planning/Case Management
- Family Consultation
- Family Therapy
- Group Therapy
- High Risk/HIV Education
- Individual Therapy
- Laboratory/Pathology *
- Medical and Surgical Supplies *
- Medical History and Physical Examination
- Medication Monitoring/Management *
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (at minimum includes social work, nursing and primary counselor)
- Psychoeducation
- Room and Board Charges
- Substance Use Disorder and Nursing Assessment and Services
- Therapeutic Milieu
- Translation Services

* As appropriate to level of care
Assessment/Holding/Observation Inpatient Acute Mental Health (23 hours)

The per diem definition for Inpatient Assessment/Holding/Observation Psychiatric Services is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Dietary Consults
- Discharge Planning/Case Management
- EEG *
- EKG *
- Emergency Room Charges **
- Family Consultation
- Family Therapy
- Group Therapy
- Individual Therapy
- Laboratory/Pathology
- Medical and Surgical Supplies
- Medical History and Physical
- Medication Group
- Medication Management
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (includes, at a minimum, nursing, social work and primary counselor)
- Psychiatric and Nursing Assessment and Services
- Psychiatrist for MH/SA (Daily Rounds, etc.)
- Psycho-education
- Radiology (as pertains to MH/SA diagnoses)
- Recreational/Occupational Therapy
- Room and Board Charges
- Routine Medications
- Substance Use Disorder Assessment and Services
- Therapeutic Milieu
- Translation Services

** If at the same facility
* The per diem rate includes the reading of all reports pertaining to these services.
Intensive Observation/Holding Bed (72 hours)

The per diem definition for Inpatient Intensive Observation/Holding Bed Psychiatric Services is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Dietary Consults
- Discharge Planning/Case Management
- EEG *
- EKG *
- Emergency Room Charges **
- Family Consultation
- Family Therapy
- Group Therapy
- Individual Therapy
- Laboratory/Pathology
- Medical and Surgical Supplies
- Medical History and Physical
- Medication Group
- Medication Management
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (at a minimum includes, nursing, social work and primary counselor)
- Psychiatrist and Nursing Assessment and Services
- Psychiatrist for MH/SA (Daily Rounds, etc.)
- Psycho-education
- Radiology (as pertains to MH/SA diagnoses)
- Recreational/Occupational Therapy
- Room and Board Charges
- Routine Medications
- Substance Use Disorder Assessment and Services
- Therapeutic Milieu
- Translation Services

** If at the same facility
* The per diem rate includes the reading of all reports pertaining to these services.
Inpatient Acute Mental Health - Adults
Inpatient Acute Mental Health - Adults with Co-occurring Disorders

The per diem definition for Inpatient Psychiatric Services is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Dietary Consults
- Discharge Planning/Case Management
- EEG *
- EKG *
- Emergency Room Charges **
- Family Consultation
- Family Therapy
- Group Therapy
- Individual Therapy
- Laboratory/Pathology
- Medical and Surgical Supplies
- Medical History and Physical
- Medication Group
- Medication Management
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (at a minimum must include nursing, social work and primary counselor)
- Neuropsychological testing
- Psychiatric and Nursing Assessment and Services
- Psychiatrist for MH/SA (Daily Rounds, etc.)
- Psycho-education
- Psychological testing
- Radiology (as pertains to MH/SA diagnoses)
- Recreational/Occupational Therapy
- Room and Board Charges
- Routine Medications
- Substance Abuse Assessment and Services
- Therapeutic Milieu
- Translation Services

** If at the same facility
* The per diem rate includes the reading of all reports pertaining to these services.
The per diem definition for Specialty DDS Units/Inpatient Psychiatric Service is all-inclusive. In addition to the treatment components outlined in the Inpatient Acute Mental Health Per Diem Definition, the following treatment components are included:

- Behavioral Assessment and Behavioral Treatment Planning
- Neurological Assessment
- Neuropsychological Testing
- Risk Assessment
Inpatient Acute Mental Health – Children/Adolescents

The per diem definition for Inpatient Psychiatric Services for Children and Adolescents is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Dietary Consults
- Discharge Planning/Case Management
- EEG *
- EKG *
- Emergency Room Charges **
- Family Consultation
- Family Therapy
- Group Therapy
- Individual Therapy
- Laboratory/Pathology
- Medical and Surgical supplies
- Medical History and Physical
- Medication Group
- Medication Management
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (at a minimum must include nursing, social work and primary counselor)
- Neuropsychological Testing
- Psychiatric and Nursing Assessment and Services
- Psychiatrist for MH/SA (Daily Rounds, etc.)
- Psychoeducation
- Psychological Testing
- Radiology (as pertains to MH/SA diagnoses)
- Recreational/Occupational Therapy
- Room and Board Charges
- Routine Medications
- Substance Use Disorder Assessment and Services
- Therapeutic Milieu
- Translation Services

** If at the same facility
*

The per diem rate includes the reading of all reports pertaining to these services.
Inpatient Acute Mental Health Specialty Services for Department of Developmental Disabilities (DDS) Members - Children/Adolescents

Specialty Services for Pervasive Developmental Disorder - Children/Adolescents

The per diem definition for Specialty DDS/PDD Services/Inpatient Psychiatric Service for Children and Adolescents is all-inclusive. In addition to the treatment components outlined in the Inpatient Acute Mental Health for Children/Adolescents Per Diem Definition, the following treatment components are included:

- Behavioral Assessment and Behavioral Treatment Planning
- Neurological Assessment
- Neuropsychological Testing
- Risk Assessment
Acute Treatment Service for Substance Use Disorder
Acute Treatment Service for Adults with Co-occurring Disorders
Acute Treatment Services for Pregnant Women

The per diem definition for Acute Treatment Services is all-inclusive and includes the following treatment components:

- Case Consultation
- Detoxification
- Dietary Consultation
- Discharge Planning/Case Management
- Family Consultation
- Family Therapy
- Group Therapy
- High Risk/HIV Education
- Individual Therapy
- Initial Substance Use Disorder and Nursing Assessment
- Laboratory/Pathology *
- Medical History and Physical Examination
- Medical supplies *
- Medication Monitoring
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (at minimum includes social work, nursing and primary counselor)
- Physician Services
- Psychoeducation Groups
- Room and Board Charges
- Routine Medications
- Therapeutic Milieu
- Translation Services

* As appropriate to level of care

In addition to the above treatment components, the following components are included in Acute Treatment Service for Pregnant Women:

- Fetal Monitoring
- OB/Gyn Nurse Case Management

In addition to the above treatment components, the following components are included in Acute Treatment Service for Adults with Co-occurring Disorders:

- Psychiatrist Assessment and Services (as outlined in the Performance Specifications)
Level IV - Medically Managed Detoxification for Individuals with Co-Occurring Bio-Medical and/or Psychiatric Disorders

The per diem definition for Level IV Detox is all-inclusive and includes the following treatment components:

- Biopsychosocial Evaluation
- Case Consultation
- Case Management
- Detoxification
- Dietary Consultation
- Discharge Planning
- EEG *
- EKG *
- Emergency Room **
- Family Consultation
- Family Therapy
- Group Therapy
- High Risk/HIV Education
- Individual Therapy
- Initial Psychiatric and Nursing Assessment
- Initial Substance Abuse Assessment
- Laboratory/Pathology
- MDs for MH/SA (Daily Rounds, etc.)
- Medical and Surgical supplies
- Medical History and Physical
- Medication Management
- Multi-Disciplinary Treatment Team as outlined in the Performance Specifications (at a minimum must include nursing, social work and primary counselor)
- Primary Counselor (if other than attending)
- Psychoeducational Groups
- Radiology (as pertains to MH/SA diagnoses)
- Recreational/Occupational therapy
- Room and Board Charges
- Routine Medications
- Therapeutic Milieu
- Translation Services

** If at same facility
* The per diem rate includes the reading of all reports pertaining to these services.
In-Home Therapy Services (IHT)

The service definition for In-Home Therapy and Therapeutic Training and Support includes the following service components billed in 15-minute increments. Please refer to the Performance Specifications for this service for more detailed information about the service components and related provider responsibilities. (1 unit = 15 minutes)

- Comprehensive, home-based behavioral health assessment inclusive of the CANS
- Risk management/safety planning
- Treatment planning
- Intensive Family Therapy
- Identification of community resources and development of natural supports for youth and parent/guardian/caregiver
- Care coordination including:
  - Direct time with providers (e.g., attendance at IEP meetings, hospital discharge meetings, Care Planning)
  - Team (CPT) meetings (for Members enrolled in ICC), etc.
  - Collateral contacts (phone and face-to-face)
  - Collaboration with care coordinator (for youth enrolled in ICC services) and/or other behavioral health service providers
  - Referral and linkage to appropriate supports and services
  - Aftercare planning
- Coaching in support of decision-making in both crisis and non-crisis situations
- Skills training for youth and parent/guardian/caregiver
- 24/7 phone crisis response
- Member transportation provided by staff
- Member outreach\(^1\) (up to 30 minutes)
- Documentation (time spent completing required paperwork as outlined in the Performance Specifications)

The following activities are included in the rate and are not billable as separate units:

- Supervision
- Psychiatric consultation\(^2\)
- Utilization review with payer
- Administrative paperwork as required by host agency
- Staff travel time
- Translation services
- Training activities
- Internal consultation with staff persons within the same program

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\(^1\) This includes time spent waiting at a Member’s home or other community-based setting for a scheduled appointment.

\(^2\) Face-to-face psychiatric evaluation/medication management is billable as an outpatient service.
DEFINITIONS OF IN-HOME THERAPY SERVICE UNIT TERMS

The below information is not meant to replace In-Home Therapy service definitions. As such, this is not an exhaustive list of the service definitions for IHT and thus should be reviewed alongside the IHT service definitions and other pertinent Medicaid billing regulations.

Billing

1. Documentation
This involves time spent completing required paperwork as outlined within the In-Home Therapy (IHT) Performance Specifications. This includes the following paperwork: the comprehensive, home-based behavioral health assessment; the Massachusetts Child and Adolescent Needs and Strengths (MA-CANS); the youth- and family-centered treatment plan; review or development of a safety plan (or any other crisis planning tool, i.e., Advance Communication to Treatment Provider or Supplements to the Safety Plan and Advance Communication); youth progress notes; and the aftercare plan and treatment summary. Note: If one member of the family speaks a language other than English, IHT staff can appropriately bill for the translation of the treatment plan to the family member's language, as appropriate.

Exclusion: Any administrative paperwork (i.e., billing, time spent filing and/or organizing a youth’s record, or other administrative paperwork) completed by the IHT staff or supervisor that is required by the Agency is not included.

2. Care Coordination/Treatment Planning (Collateral Contacts and Direct Time Spent with Collaterals)
This includes any time spent on the phone or face-to-face with collaterals in order to plan or carry out the youth’s treatment planning goals. This includes referrals or linkages to appropriate supports and services as part of a family’s specific treatment planning process, identification of community resources, development of natural supports for the youth and family, collaboration with care coordinators (for youth enrolled in Intensive Care Coordination - ICC) and/or other behavioral health service providers, and engagement with the Mobile Crisis Intervention (MCI) team to implement efficacious intervention for the youth. This includes attendance at; multidisciplinary team meetings, youth specific state agency meetings, discharge planning meetings, Individualized Education Program (IEP) meetings, Care Planning Team (CPT) meetings (for youth enrolled in ICC), etc.

Limitation: It is expected that the decision to research or gather resources for the youth/parent/caregiver as part of the referral and linkage process is intentional and should be documented in the youth’s record as such. This decision should be made after assessment of the family’s readiness to engage in this activity themselves, in partnership with the family at minimum and family and treatment planning team together when possible. The youth/parent/caregiver should also be educated and taught the skills necessary to coordinate these resources on his or her own behalf in the future. It is understood that IHT staff will make all efforts to include families in conversations and/or meetings whenever possible and/or clinically indicated, and that at times, for families with complex behavioral health needs and/or multi-agency clinical involvement, this may not be possible or appropriate. Decisions around treatment planning should be made in conjunction with the family/youth, not on behalf of the family/youth, by the team as part of care coordination/treatment planning.
planning with collaterals.

Exclusion: Time spent in internal consultation with staff persons within the same program/service of the organization (i.e., IHT clinician, Therapeutic Training and Support staff, IHT supervisor, IHT program director, and/or IHT child psychiatrist or the child-trained mental health psychiatric nurse clinical specialist) is included in the IHT rate, and is not billable as separate units (this type of consultation may be billable under number 3 below if the family/youth is present during the consultation). Time spent preparing for sessions, i.e., planning strategies or interventions for use with the youth and/or family, engaging in research to help inform the session such as referring to exercises within manuals, etc., is part of the treatment process, and, as such, is not billable by IHT staff persons as separate units. Time spent participating in Systems of Care (SOC) Committee meetings by any IHT staff is not billable as separate units, given that the focus of SOC Committee meetings is on community and systems issues, and not on Member-specific issues. Any phone or face-to-face contact with Managed Care Entity (MCE) staff, including telephonic or electronic review time, is not billable as separate units.

3. Regular Contact with Youth and Parent/Caregiver (Direct, Face-to-Face Time Spent with Youth/Parent/Caregiver)
   This refers to time spent in direct, face-to-face contact with the youth/parent/caregiver to assist in planning and meeting treatment planning goals and providing them with coaching in support of decision-making and skills training. This includes: providing intensive family therapy, meeting with the family/youth to complete assessments, discussing progress on goals, preparing for meetings as noted within number 2 above, and time attending clinical and other meetings/activities in service to the treatment plan goals with the youth and family.

4. Telephone Support for Youth and Parent/Caregiver
   This refers to time spent on the phone with the youth/parent/caregiver to review progress on attainment of treatment plan goals and objectives, to reinforce coaching and skills training, to provide 24/7 phone crisis response, and to explore need areas and potential individualized family-driven interventions. This may also include time conducting pre- and post-meeting preparation with the youth/parent/caregiver, and/or providing to them education, advocacy, support with navigating systems, crisis monitoring, and assistance in accessing MCI.

5. Member Transportation Provided by Staff
   This refers to time spent traveling with a youth in a car (or other mode of transportation) if the time spent assists in planning/meeting the youth’s treatment planning goals.
   Limitation: It is expected that the decision to transport the youth is thoughtful and intentional and should be documented in the youth’s record as such. This decision should be made in partnership with the family at minimum and family and treatment planning team together when possible. The youth/parent/caregiver should also be educated and taught the skills necessary to coordinate transportation on his or her behalf in the future.
   Exclusion: Time spent traveling to/from a youth’s location (i.e., home, school, other community-based setting) or to/from collateral meetings on the youth’s behalf (i.e., school IEP meetings, meetings with state agencies, etc.), without the youth in the car is included in the IHT rate, and is not
billable as separate units.

6. **Member Outreach**
   Member outreach refers to time spent waiting for a youth at his/her home or other community-based setting for a scheduled appointment and should be documented in the youth’s record as such.
   **Limitation:** This is *not* to exceed two units (30 minutes) per pre-arranged appointment and does not apply if the IHT staff is waiting for the youth at his/her office.

<table>
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<th>Non-Billable</th>
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*In addition to the exclusions noted above, the following are included in the IHT rate and are not billable as separate units:*

1. **Supervision** - Supervision refers to any time spent discussing the youth/family with a supervisor individually or in group supervision, either face-to-face or telephonically. This time spent is included in the IHT rate and is *not* billable as separate units.

2. **Translation Services** - Translation services are included in the IHT rate and are *not* billable as separate units.

3. **Training Activities** – This refers to any time spent attending, receiving, or providing training to staff. This time spent is included in the IHT rate and is *not* billable as separate units.

4. **Psychiatric Consultation**¹ – This refers to consultation provided by the child psychiatrist or the child-trained mental health psychiatric nurse clinical specialist to the team relating to treatment planning, medication concerns, and crisis intervention. This time spent is included in the IHT rate and is *not* billable as separate units.

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¹ Face-to-face psychiatric evaluation/medication management is billable as an outpatient service.
In-Home Behavioral Services (IHBS)

The service definition for Behavior Management Therapy and Behavior Management Monitoring includes the following components billed in 15-minute increments. Please refer to the Performance Specifications for this service for more detailed information about the service components and related provider responsibilities. (1 unit = 15 minutes)

**For Behavior Management Therapy**
- Functional behavioral assessment
- In-home and in-community behavioral observation
- Interviews with the youth, family, and any identified collaterals
- Completion of a written functional behavioral assessment
- Development of a focused behavior plan
- Coordination with behavioral health providers to incorporate objectives into the youth’s new or existing risk management/safety plan
- Family consultation (phone and face-to-face)
- Collateral contacts (phone and face-to-face)
- Direct time with providers (e.g., attendance at Individualized Education Plan (IEP) meetings, Care Planning
- Team (CPT) meetings, etc.)
- Modeling for the parent/guardian/caregiver on how to implement strategies identified in the behavior management plan
- Member transportation provided by staff
- Member outreach (up to 30 minutes)
- Documentation (time spent completing required paperwork as outlined in the Performance Specifications)

**For Behavior Management Monitoring**
- Family consultation (phone and face-to-face)
- Collateral contacts (phone and face-to-face)
- Direct time with providers (e.g., attendance at IEP meetings, CPT meetings, etc.)
- Modeling for the parent/guardian/caregiver on how to implement strategies identified in the behavior management plan
- Monitoring progress on implementation of behavior plan goals
- Coaching, support, and guidance to the parent/guardian/caregiver on plan implementation
- Member transportation provided by staff
- Member outreach (up to 30 minutes)
- Documentation (time spent completing required paperwork as outlined in the Performance Specifications)

The following services are included in the rate and are not billable as separate services:
- Supervision
- Utilization review with payer
- Administrative paperwork as required by host agency
Per Diem Definitions

- Translation services
- Staff travel time
- Training activities
- Internal consultations with staff persons within the same program

1 This includes time spent waiting at a Member’s home or other community-based setting for a scheduled appointment.
Therapeutic Mentoring (TM) Services

The service definition for Therapeutic Mentoring Services includes the following components billed in 15-minute increments. Please refer to the Performance Specifications for this service for more detailed information about the service components and related provider responsibilities. (1 unit = 15 minutes)

- Direct time with Member engaged in activities in the home and community that are designed to address one or more goals on the youth’s existing treatment plan, or Individual Care Plan (ICP) for Members in ICC
- Coaching, supporting, and training in order to ensure the youth’s success in navigating various social contexts, learning new skills, and making functional progress
- Telephone support for the Member
- Family contacts (phone and face-to-face)
- Collateral contacts (phone and face-to-face)
- Direct time with providers [e.g., participation in Care Planning Team (CPT) for Members in ICC, and other relevant meetings]
- Member transportation provided by staff
- Member outreach\(^1\)(up to 30 minutes)
- Documentation (time spent completing required paperwork as outlined in the Performance Specifications)

The following activities are included in the rate and are not billable as separate units:
- Supervision
- Utilization review with payer
- Administrative paperwork as required by host agency
- Translation services
- Training activities
- Staff travel time
- Internal consultation with staff within the same program

\(^1\) This includes time spent waiting at a Member’s home or other community-based setting for a scheduled appointment.
Targeted Case Management - Intensive Care Coordination (ICC)

The service definition for ICC includes the following components billed in 15-minute increments. Please refer to the performance specifications for this service for more detailed information about the service components and related provider responsibilities. (1 unit = 15 minutes)

- Comprehensive home-based assessment inclusive of the Massachusetts Child and Adolescent Needs and Strengths (CANS)
- Care Planning Team (CPT) meetings
- Individual Care Plans (ICP)
- Risk management/safety plan(s)
- Care coordination, including:
  - Links and referrals for supports and services
  - Assistance with systems navigation
  - Collateral contacts (phone and face-to-face)
  - Direct time with providers (e.g., attendance at IEP, hospital discharge, and other meetings)
  - Aftercare planning
- Education, advocacy and support to youth and parent(s)/caregiver(s)
- Individualized and family-driven interventions and/or supports for the youth and parent/caregiver
- Regular contact with youth and parent/caregiver
- Telephone support for youth and parent/caregiver
- 24/7 crisis monitoring and assistance in accessing ESP/MCI services
- Member transportation provided by staff
- Member outreach\(^\text{1}\) (up to 30 minutes)
- Documentation (time spent completing required paperwork as outlined in the Performance Specifications)

The following activities are included in the rate and are not billable as separate units:

- Supervision
- Psychiatric consultation to the team
- Utilization review with payer
- Administrative paperwork as required by host agency
- Translation services
- Training activities
- Attendance at System of Care Committee meetings
- Staff travel time
- Internal consultations with staff persons within the same program

\(^\text{1}\) This includes time spent waiting at a Member’s home or other community-based setting for a scheduled appointment.
DEFINITIONS OF INTENSIVE CARE COORDINATION SERVICE UNIT TERMS

The below information is not meant to replace Intensive Care Coordination service definitions. As such, this is not an exhaustive list of the service definitions for ICC and thus should be reviewed alongside the ICC service definitions and other pertinent Medicaid billing regulations.

### Billing

1. **Documentation**
   This involves time spent completing required paperwork as outlined within the ICC Performance Specifications. This includes the following paperwork: the Individual Care Plan (ICP); review or development of a safety plan (or any other crisis planning tool, i.e., Advance Communication to Treatment Provider or Supplements to the Safety Plan and Advance Communication); the comprehensive, home-based assessment; the Massachusetts Child and Adolescent Needs and Strengths (CANS); and the aftercare/transition plan. In high fidelity wraparound, the Strength/Needs/Cultural Discovery (SNCD) is a crucial component of the comprehensive assessment and the CANS; as such, time spent developing this is an appropriate activity for which ICC staff may bill, whether it is written in a separate document or within the comprehensive assessment itself.

   **Exclusion:** Any administrative paperwork (i.e., billing or other administrative paperwork) completed by the ICC staff or supervisor that is required by the agency is not included.

2. **Care Coordination (Collateral Contacts and Direct Time Spent with Collaterals)**
   This includes any time spent on the phone or face-to-face with collaterals in order to plan or carry out the youth’s care planning goals. This includes systems navigation and advocacy with collaterals as well as referrals or linkages to supports and services as part of a family’s specific care-planning process. This includes attendance at: multidisciplinary team meetings, youth-specific state agency meetings, discharge planning meetings, IEP meetings, etc.

   **Limitation:** It is expected that the decision to research or gather resources for the youth/parent/caregiver as part of the referral and linkage process is intentional. This decision should be made after assessment of the family’s readiness to engage in this activity themselves, in partnership with the family at minimum and family and CPT together when possible. The youth/parent/caregiver should also be educated and taught the skills necessary to coordinate these resources on his or her behalf in the future. ICC staff are expected to refrain from attending meetings without the youth/caregiver present. Decisions around treatment planning should be made in conjunction with the family/youth, not on behalf of the family/youth, by the team as part of care coordination/treatment planning with collaterals.

   **Exclusion:** Time spent in internal consultation with staff persons (such as FS&T staff, ICC staff, and the CSA psychiatrist) within the same program/service of the organization is included in the ICC rate and is not billable as separate units (this type of consultation may be billable under number 3 below if the family/youth is present during the consultation). Time spent preparing for sessions, i.e., planning strategies or interventions for use with the youth and/or family, engaging in research to help inform the session such as referring to exercises within manuals, etc., is part of the treatment process, and, as such, is not billable by ICC staff persons as separate units. Time spent participating in Systems of
Care (SOC) Committee meetings is included in the ICC rate and is not billable as separate units, given that the focus of SOC Committee meetings is on community and systems issues, and not on Member-specific issues. Any phone or face-to-face contact with Managed Care Entity (MCE) staff, including telephonic or electronic review time, is not billable as separate units.

3. Regular Contact with Youth and Parent/Caregiver (Direct, Face-to-Face Time Spent with Youth/Parent/Caregiver)
   This refers to time spent in direct, face-to-face contact with the youth/parent/caregiver to assist in planning and meeting care planning goals, and providing them with education, advocacy, support, and individualized and family-driven interventions and/or supports. This includes: meeting with the family/youth to complete assessments, discussing progress on goals, preparing for CPT meetings, providing 24/7 crisis monitoring, and assistance in accessing Emergency Services Program (ESP)/Mobile Crisis Intervention (MCI) services, as well as time attending clinical and other meetings/activities in service to the care plan goals with the youth/caregiver.

4. Telephone Support for Youth and Parent/Caregiver
   This refers to time on the phone with youth/parent/caregiver to review progress with ICP goals/tasks and explore need areas and potential individualized family-driven interventions. This may also include time conducting pre- and post-meeting preparation, and/or providing education, advocacy, support with navigating systems, crisis monitoring, and assistance in accessing Mobile Crisis Intervention (MCI).

5. Member Transportation Provided by Staff
   This refers to time spent traveling with a youth in a car (or other mode of transportation) if the time spent assists in planning/meeting the youth’s care planning goals.
   Limitation: It is expected that the decision to transport the youth is thoughtful and intentional. This decision should be made in partnership with the family at minimum and family and CPT together when possible. The youth/parent/caregiver should also be educated and taught the skills necessary to coordinate transportation on his or her behalf in the future.
   Exclusion: Time spent traveling to/from a youth’s location (i.e., home, school, other community-based setting) or to/from collateral meetings on the youth’s behalf (i.e., school Individualized Education Program (IEP) meetings, meetings with state agencies, etc.), without the youth in the car, is included in the Intensive Care Coordination (ICC) rate and is not billable as separate units.

6. Member Outreach
   Member outreach refers to time spent waiting for a youth at his/her home or other community-based setting for a scheduled appointment.
   Limitation: This is not to exceed two units (30 minutes) per pre-arranged appointment and does not apply if the ICC staff is waiting for the youth at his/her office.
Non-Billable

In addition to the exclusions noted above, the following are included in the ICC rate:

**Supervision** - Supervision refers to any time spent discussing the youth/family with a supervisor individually or in group supervision, either face-to-face or telephonically. This time spent is included in the ICC rate and is *not* billable as separate units. Additionally, time spent within training activities is included in the ICC rate and is *not* billable as separate units.

**Translation Services** - Translation services are included in the ICC rate and are *not* billable as separate units.

**Training Activities** – any time spent attending, receiving, or providing training to staff
Family Support and Training (FS&T)/Family Partner

The service definition for Family Support and Training includes the following components billed in 15-minute increments:

- Engage the parent/caregiver in activities in the home and community that are designed to address one or more goals on the youth’s treatment plan or ICP.
- Assist parent/caregiver in meeting the needs of the youth through educating, supporting, coaching, modeling and guiding.
- Teach parent/caregiver how to network/link to community resources and treatment providers.
- Teach parent/caregiver how to advocate for services and resources to meet the youth’s needs.
- Guide and support linkage to individual, peer/parent support and self-help groups for parent/caregiver.
- Participate on Care Planning Team (CPT) and attend CPT meetings.
- Direct time with providers (e.g., attendance at IEP, hospital discharge, treatment team, and other meetings).
- Discharge planning.
- Telephone support for parent/caregiver.
- Collateral contacts (phone and face-to-face).
- Member transportation provided by Family Support and Training Partner.
- Member outreach \(^1\) (up to 30 minutes).
- Documentation (time spent completing required paperwork as outlined in the Performance Specifications).

The following activities are included in the rate and are not billable as separate units:

- Supervision.
- Utilization review with payer.
- Administrative paperwork as required by host agency.
- Translation services.
- Participation in System of Care committee meetings.
- Staff travel time.
- Training.
- Internal consultations with staff persons within the same program.

\(^1\) This includes time spent waiting at a Member’s home or other community-based setting for a scheduled appointment.
Emergency Services Program (ESP)
Mobile Crisis Intervention (MCI)

The service definition for Mobile Crisis Intervention teams includes the following treatment components within the rate for this service. Please refer to the performance specification for this service for more detailed information about the treatment components and related provider responsibilities.

- Mobile, on-site, face-to-face crisis response 24 hours per day, 7 days per week, 365 days per year for youth experiencing a behavioral health crisis
- Comprehensive behavioral health crisis assessment
- Crisis intervention, stabilization and coordination, for up to 72 hours, until the youth is stable or transferred to another level of care, including:
  - Onsite, face-to-face therapeutic response
  - Telephonic psychiatric consultation
  - Solution-focused crisis counseling includes: teaching of coping and behavior management skills, mediation, and parent support and psycho-education
  - Telephonic support to the youth and family
  - Collateral contacts
  - Crisis counseling and consultation to the youth’s family
- Care coordination including:
  - Coordination with Intensive Care Coordination, when applicable
  - Coordination with primary care physician
  - Coordination with other care coordination program(s) as applicable
  - Coordination with existing behavioral health providers
  - Referrals and linkages to services and supports
  - Coordination of crisis response with collaterals
- Development of a risk management/safety plan*
- Arranging for after-care services and transfers to all levels of care, including, but not limited to, coordinating referrals with youth crisis stabilization programs
- Documentation (time spent completing required paperwork as outlined in the performance specifications)
- Member transportation provided by staff
- 1:1 Specialing

The following activities are included in the rate and are not billable as separate units:

- Supervision
- Utilization review with payer
- Psychiatric consultation with staff within the same program
- Training
- Administrative paperwork as required by the host agency
- Travel
- Translation service

The following activities are required in the performance specifications but are not included in
this service definition because they are billable as outpatient services:

- Face-to-face psychiatric consultation with the youth and/or family
- Face-to-face urgent psychopharmacology intervention, as applicable