



## **CLINICAL OUTCOMES MANAGEMENT PROGRAM: OVERVIEW OF PROTOCOL**

**Revised January 2009**

*The following information should be noted and communicated immediately to your quality director, clinical director, and/or medical director.*

This protocol serves to inform prospective Massachusetts Behavioral Health Partnership (MBHP) network providers of requirements to the Clinical Outcomes Management Protocol.

### **Goal of the MBHP Clinical Outcomes Protocol**

To improve the quality of care of Members by ensuring:

- that all Members have the benefit of a standardized assessment, with periodic re-assessments; and
- that the results of the standardized assessment are incorporated into the Member's treatment planning process and the provider's quality management process.

### **Objective of the outcomes protocol**

All MBHP network providers will measure the effects of behavioral health treatment by using standardized assessment instruments that are consistent with industry standards for behavioral health care.

As a measure of its importance, MBHP has been able to grant rate increases to providers contingent on their participation in the outcomes program. MBHP's current policy is that providers are required to participate in the outcomes initiative, in order to be eligible for rate increases that may be approved in the future. All age groups in the provider's caseload must be included.

### **Method of implementation**

Providers will implement the goals and objective of this outcomes initiative in three phases.

#### *Phases of implementation*

Phase 1: Selecting a standardized assessment instrument

(To be completed as **part of the MBHP Credentialing Application** process)

Phase 2: Administering the standardized assessment instrument

(To be completed no later than 30 days after joining the MBHP panel)

Phase 3: Incorporating the evaluation results into treatment planning

(To be completed no later than 30 days after joining the MBHP panel)

**MBHP Support:** MBHP will offer training and technical assistance, within resources, to support providers in complying with this initiative.

### **Compliance notification and compliance monitoring**

MBHP will monitor compliance with the implementation of this policy through onsite review of network providers' medical records and other supporting documentation.

- If a provider submits to MBHP a self-report of participation, and MBHP is not able to verify this participation during an onsite audit, then MBHP may recover payment for the audited medical records that are non-compliant.
- If a provider does not declare a chosen instrument, as specified in section 1.F, along with the submission of the provider's MBHP Credentialing Application, then that provider will enter the network at the lower reimbursement rate. Providers who do not participate in this outcomes program may be ineligible for future quality-contingent rate increases that MBHP may grant to providers. MBHP may take further action in response to non-participating providers, depending on the extent of the non-compliance and other situational factors related to quality of care. Forfeiture would not apply to service codes exempted from outcomes evaluations. (see section 2.B)
- If a provider's compliance status changes, **it is the provider's responsibility** to inform MBHP of its decision. For example, if a provider was previously non-compliant and wished to become compliant and participate in the outcomes protocol, the provider must inform MBHP of its wish to participate in the program in order to be eligible to receive the higher reimbursement rate. It is also the provider's responsibility to notify MBHP when there is a change to the selected assessment instrument being implemented.

**To notify MBHP of any change in compliance status, contact the Outcomes Project Manager at 617-350-1951 or [MBHPOutcomes@valueoptions.com](mailto:MBHPOutcomes@valueoptions.com).**

- Annually, MBHP will require providers to sign an attestation updating MBHP as to the assessment instruments currently being implemented. MBHP will send out communication to providers when this attestation is required.

A provider is considered in "full compliance" with this initiative when all phases of this initiative have been completed as follows:

1. a standardized assessment instrument that is approved by MBHP has been selected;
2. all Members are being assessed with a standardized assessment instrument, at the time of intake and at periods of re-evaluation; and
3. the results of the assessment are reviewed with Members and are incorporated into Members' treatment plans.

# PROVIDER PERFORMANCE STANDARDS FOR MBHP OUTCOMES POLICY

## Phase 1: Selecting a Standardized Assessment Instrument

<b>1.A</b>	<p><b>Approved Assessment Instruments</b></p> <p>MBHP has reviewed and approved the following standardized assessment instruments for use in its Clinical Outcomes Measurement Protocol. Some MBHP services require certain instruments; for a description of required instruments by service, refer to Section 1.G.</p> <ul style="list-style-type: none"> <li>▪ Adolescent Treatment Outcomes Module (ATOM)</li> <li>▪ Behavior and Symptom Identification Scale (BASIS-32)</li> <li>▪ Behavioral and Emotional Rating Scale (BERS)</li> <li>▪ Brief Psychiatric Rating Scale (BPRS – adult and child)</li> <li>▪ Brief Symptom Inventory (BSI)</li> <li>▪ Child-Adolescent Functional Assessment Scale (CAFAS/PECFAS)</li> <li>▪ Child and Adolescent Needs and Strengths (CANS) – <b>See Section 1.B</b></li> <li>▪ Child Behavior Checklist (CBCL)</li> <li>▪ Connor’s Rating Scales – Revised (CRS-R)</li> <li>▪ Current Evaluation of Risk and Functioning – Revised (CERF-R)</li> <li>▪ Global Appraisal of Individual Needs (GAIN)</li> <li>▪ Methadone Treatment Quality Assurance System (MTQAS)</li> <li>▪ Personal Experience Inventory (PEI and PEI-Adult)</li> <li>▪ Quality of Life Inventory (QOLI)</li> <li>▪ SF8, 12, 36</li> <li>▪ SOCRATES</li> <li>▪ Symptom Checklist-90-Revised (SCL-90-R)</li> <li>▪ Treatment Outcome Package (TOP, TOP-SA) – <b>See Section 1.C</b></li> <li>▪ Youth Outcome Questionnaire (YOQ)</li> </ul> <p>This list may be supplemented from time-to-time with the addition of instruments with good psychometric properties for outcomes assessment.</p>
<b>1.B</b>	<p><b>Specifications for the Use of the Child and Adolescent Needs and Strengths (CANS) Tool</b></p> <p>The Child and Adolescent Needs and Strengths (CANS) tool is the required instrument as part of an initial behavioral health assessment in the following services for <b><u>Members under the age of 21</u></b> and must be updated at least every 90 days when the treatment plan is reviewed:</p> <ul style="list-style-type: none"> <li>• Outpatient Therapy (diagnostic evaluations and individual, family, and group therapy)</li> <li>• Family Stabilization Team (FST)</li> </ul> <p>The <b>CANS must also be completed</b> as part of a discharge planning process in the following 24-hour level of care services:</p> <ul style="list-style-type: none"> <li>• Psychiatric inpatient hospitalization</li> <li>• Community-Based Acute Treatment (CBAT)</li> <li>• Intensive Community-Based Acute Treatment (ICBAT)</li> <li>• Transitional Care Units (TCU)</li> </ul> <p>For additional information on the CANS, refer to the following resources:</p> <ul style="list-style-type: none"> <li>• MBHP Provider Alerts #39 and #48 (<a href="http://www.masspartnership.com">www.masspartnership.com</a>)</li> <li>• Children’s Behavioral Health Initiative (CBHI) web site (<a href="http://www.mass.gov/masshealth/childbehavioralhealth">www.mass.gov/masshealth/childbehavioralhealth</a>)</li> </ul>

<b>1.C</b>	<b>Use of the Treatment Outcome Package (TOP)</b>
	<p>Providers who wish to use TOP as their assessment instrument will need to establish their own contract with Behavioral Health Laboratories (BHL), which will be payable by the provider. MBHP no longer subsidizes the use of TOP; for more information, refer to <i>Provider Alert #57</i>. Specific information regarding the TOP can be found on the BHL web site at <a href="http://www.bhealthlabs.com">www.bhealthlabs.com</a>. Information is also provided on the Instrument Fact Sheets on the MBHP web site (see below).</p>
<b>1.D</b>	<b>Review Instrument Fact Sheets</b>
	<p>MBHP has prepared “fact sheets” for each of the approved instruments listed in this protocol. Each fact sheet gives detailed information about each of these instruments and is available through the MBHP web site at <a href="http://www.masspartnership.com">www.masspartnership.com</a> in the “For BH Providers” section under “Outcomes Management.”</p>
<b>1.E</b>	<b>Outcomes for Pre-Certified Acute Services</b>
	<p>MBHP has modified the pre-certification and discharge protocol so that standardized treatment outcomes for 24-hour acute services can be measured. The Brief Psychiatric Rating Scale (BPRS) replaces some assessment items contained in the pre-certification protocol and is added to the discharge protocol for inpatient psychiatric facilities (included services are: inpatient, holding beds, observation beds, intensive observation beds).</p> <p><i>When the BPRS is used as part of the discharge protocol, the BPRS data should be included on the discharge form, which is required to be faxed within one business day to 617-790-4128.</i></p> <p>Acute services that are pre-certified other than inpatient psychiatric facilities (services including: Community-based Acute Treatment (CBAT); Intensive Community-based Acute Treatment (ICBAT); level IV detox; Family Stabilization Teams (FSTs); partial hospitalization) may utilize this outcomes data collection process by initiating a step-down and discharge protocol with MBHP, or providers of these services may elect to use another MBHP-approved assessment instrument of their choice.</p> <p>Inpatient providers can use the CANS as part of the discharge planning process for Members under age 21 in lieu of the BPRS.</p>
<b>1.F</b>	<b><i>Optional – Request an alternative to the MBHP list of approved instruments</i></b>
	<p>If a provider wishes to use a valid, reliable, and standardized assessment instrument that has not been approved by MBHP, the provider can request approval by submitting information about the instrument to MBHP. See Section 1.H below.</p>

**1.G Overview of Required Assessment Instruments by Service**

Many MBHP services have requirements or restrictions for assessment instruments to be used. The following grid outlines the various services and required or restricted assessment tools. For services that do not require a specific assessment instrument, providers may choose an assessment instrument to implement from the approved instrument list (Section 1.A).

Service	Assessment Tool	
	Members under age 21	Members 21 and older
Outpatient Therapy (diagnostic evaluations and individual, family, and group therapy)	CANS	Any instrument
Family Stabilization Team (FST)	CANS	N/A
Community-Based Acute Treatment (CBAT)	CANS (discharge)	N/A
Intensive Community-Based Acute Treatment (ICBAT)	CANS (discharge)	N/A
Transitional Care Units (TCU)	CANS (discharge)	N/A
Psychiatric inpatient hospitalization	CANS (discharge)	BPRS (discharge) or Any Instrument
Emergency Services Provider (ESP) evaluations	BPRS	BPRS
Community Support Program (CSP)	Any instrument	Any instrument
Acute treatment services for substance abuse (ATS, E-ATS, Level IV detox)	Any instrument	Any instrument
Community Support Services (CSS) for Substance Abuse	Any instrument	Any instrument
Structured Outpatient Addiction Program (SOAP)	Any instrument	Any instrument
Psychiatric Day Treatment	Any instrument	Any instrument
Partial hospitalization	Any instrument	Any instrument
Psychopharmacology evaluations	Exempt	Exempt
Psychological/Neuropsychological testing	Exempt	Exempt
Ongoing medication management	Exempt	Exempt
Family consultation	Exempt	Exempt
Case consultation	Exempt	Exempt
Inpatient-outpatient bridge	Exempt	Exempt
ASAP	Exempt	Exempt
Collateral Contact	Exempt	Exempt
Specialing	Exempt	Exempt
IM injections	Exempt	Exempt

**1.H Notifying MBHP of Selected Assessment Instrument (as part of the MBHP Credentialing Application Process)**

All forms are included in the outcomes packet for new providers. For questions, contact the Outcomes Project Manager. Refer to the “Contact Us” section of the outcomes packet for contact information.

**Phase 1: Assessment Instrument Selection Form:** Providers are required to complete and submit this form identifying their chosen assessment instrument(s) or to indicate they only provide services exempt from this protocol (refer to section 2.B for a list of exempt services).

**Alternate Instrument Request Form:** A form is also be available for providers to request the use of an alternate instrument that meets the criteria of an outcomes instrument, as defined in Section 1.F.

**Please submit the Assessment Instrument Selection Form along with your MBHP credentialing application.**

## Phase 2: Administering the Assessment Instrument

<b>2.A</b>	<b>Members to be Included in the Outcomes Initiative</b>
	<p>All Members shall be included in the provider’s outcomes measurement process as specified in this protocol. MassHealth Members are defined as those who are eligible to receive Covered Services under the Behavioral Health Program of the Division of Medical Assistance, including PCC Plan Enrollees and children in the care and/or custody of the Commonwealth.</p> <p>In order to be compliant with the MBHP Outcomes Policy, the provider must select an outcome assessment(s) to be used for <b>each</b> age group(s) in the provider’s caseload (children and/or adolescents and/or adults).</p>
<b>2.B</b>	<b>MBHP Covered Services Exempted from Outcomes Evaluations</b>
	<p>With the exception of the services listed below, all behavioral health services covered by MBHP will be evaluated through this outcomes protocol. The MBHP covered services are listed and described in the MBHP <i>Provider Manual</i>. The services (with their associated CPT codes) that are exempt from this protocol are:</p> <p style="margin-left: 40px;"><b>Medication Evaluation Services<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• Simple and complex medication visit (90862)</li> <li>• Medication diagnostic visit (99404)</li> <li>• 60-minute medication evaluation groups (90857)</li> <li>• Psychiatric consultation on a medical floor (99251, 99252, 99253, 99254, 99255)</li> </ul> <p style="margin-left: 40px;"><b>Mental Health and Substance Abuse Outpatient Services</b></p> <ul style="list-style-type: none"> <li>• Family consultation (90887)</li> <li>• Case consultation (90882)</li> <li>• Inpatient-outpatient bridge (H0032)</li> <li>• Collateral contact (H0046)</li> <li>• Psychological testing (96101, 96111, 96116, 96118, 96119, 96120, 99402)</li> <li>• IM injections (90772)</li> </ul> <p style="margin-left: 40px;"><b>Other Services</b></p> <ul style="list-style-type: none"> <li>• Specialing (T1004)</li> <li>• Assessment for Safe and Appropriate Placement (ASAP) (H2028)</li> </ul>

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<sup>1</sup> The exemption for medical evaluation services is made on the assumption that Members for whom psychotropic medications are being prescribed by a network psychiatrist are also receiving psychotherapy or other treatment services and that such Members are receiving outcomes evaluations through these other services. Generally, MBHP recommends against Members receiving medication services only, without receiving other psychosocial treatment in addition to the medication treatment.

<p><b>2.C</b></p>	<p><b>Intake/Baseline Assessments and Periodic Reassessments</b></p> <p>The assessment process shall include the administration of the approved assessment instrument by the clinician, or self-administration by the Member, at the time of the Member’s intake for treatment (baseline assessment), with additional administrations (reassessments) given at least every 90 days to coincide with the review of the treatment plan. If there is a specified end to treatment or the time of discharge is known, the standardized assessment should also be administered at discharge.</p> <p>In the case of a clinician administering the evaluation instrument, the clinician can bill MBHP for the evaluation session within the regular parameters of direct Member contact for that session.</p> <p>The CANS is required to be updated every 90 days for services outlined in Section 1.B above. Please refer to MBHP Provider Alerts #39 and #48 for more information on the administration and billing of CANS (available at <a href="http://www.masspartnership.com">www.masspartnership.com</a>).</p>
<p><b>2.D</b></p>	<p><b>Special Considerations Regarding Assessments</b></p> <p><b><u>Clinical contraindications:</u></b> If a Member’s individual practitioner or treatment team decides that the administration of a standardized assessment instrument is not clinically indicated, or the Member refuses to complete the assessment, then the Member can be exempt from the assessment. These instances should be exceptional and must be justified in the Member’s medical record by the clinician.</p> <p><b><u>Multiple services:</u></b> Members ages 21 and older, receiving multiple concurrent services at a single LOC, do not need to have multiple assessments. <i>If a Member is receiving services from multiple practitioners, it is the responsibility of the practitioners to jointly identify a lead practitioner who would be responsible for a single outcomes assessment protocol and for the communication of outcome results to subordinate clinicians.</i></p> <p>For example, if a Member is receiving outpatient services and day treatment services, the provider of the core ongoing psychotherapeutic service should take the lead in conducting the assessments.</p> <p>If outpatient psychotherapy is provided by a clinician and medication management is provided by a psychiatrist, the psychotherapist would in most instances be the provider responsible for the outcome measurement. It would be important that the psychotherapist communicate the results of the outcome measurements to the psychiatrist.</p> <p><i>For Members under age 21, the CANS is an integral, requisite part of the behavioral health assessment process. When a Member is treated by more than one provider, each provider is required to perform their own behavioral health assessment, which will include the CANS.</i></p> <p><b><u>Family therapy:</u></b> When an entire family is being treated through family therapy sessions, it may or may not be feasible to administer an assessment to every member of the family. Many times, one or more members of the family are concurrently receiving individual therapy.</p> <p>In such cases, the <i>routine outcomes assessment completed for the Member of the family who is receiving individual therapy will suffice.</i> That is, the family members not seen individually</p>

	<p>do not need to be included in the outcomes assessment, unless the provider otherwise decides to assess each family member or the family as a unit.</p> <p>If a family is being seen as a unit with no other services being provided to individual family members, then the administration of an assessment instrument for the family is at the discretion of the clinician.</p> <p><b><u>Group therapy:</u></b> Each Member involved in group therapy is expected to have an assessment as part of the Member’s intake assessment and revision of the Member’s treatment plan.</p>
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### **Phase 3: Incorporating Evaluation Results into Treatment Planning**

<b>3.A</b>	<b>Provide Feedback to the Member About the Intake Assessment and Reassessments:</b>
	<p>The clinical implications of the initial assessment and the “outcome or change scores” (that is, the differences between the Member’s baseline measurement values and the re-measurement values) should be explained to the Member (or Member’s guardian) at the same or next session following each administration. It should be noted in the Member’s record that an assessment was completed, and the results were discussed with the Member.</p> <p>This explanation should be made in clinically appropriate, non-technical language that is understandable to the Member. If such an explanation is deemed by a psychiatrist to be clinically contra-indicated, a clinical note to this effect should be made in the Member’s medical record.</p>
<b>3.B</b>	<b><i>Optional – Attend Training by MBHP on the Integration of Assessment Results into Members’ Treatment plans</i></b>
	<p>MBHP will offer training to providers on the elements of good treatment planning and how the results of a standardized intake assessment and the subsequent reassessment are best reviewed with a Member and are best incorporated into a treatment plan. Training dates to be announced.</p>

## **Contact Us for Implementation Support**

MBHP recognizes that providers may vary in their readiness or ability to implement this initiative and may need support in developing their outcomes measurement protocol. Depending on available resources, MBHP may offer the provider support through telephone consultation, e-mail correspondence, or provider forum meetings.

### **MBHP Contacts:**

- Outcomes Project Manager  
E-mail: [MBHPOutcomes@valueoptions.com](mailto:MBHPOutcomes@valueoptions.com)  
Phone: 617-350-1951  
Fax: 617-350-1982
  
- MBHP web site: [www.masspartnership.com](http://www.masspartnership.com) (select Outcomes Management)
  
- MBHP's Community Relations staff: 800-495-0086
  
- MBHP's Regional Directors: 800-495-0086
  - Western Region
  - Central Region
  - Northeast Region
  - Metro-Boston Region
  - Southeast Region

### **Helpful references on outcomes measurement:**

Dickey, B. and Sederer, L. (2001). *Improving Mental Health Care: Commitment to Quality*. Washington, DC: American Psychiatric Publishing, Inc.

Epstein, M., Kutash, K. and Duchnowski, A. (1998). *Outcomes of Children and Youth with Emotional and Behavioral Disorders and Their Families: Programs and Evaluation Best Practices*. Austin: PRO-ED, Inc.

Hernandez, M. and Hodges, S. (2001). *Developing Outcome Strategies in Children's Mental Health*. Baltimore: Paul H. Brookes Publishing, Inc.

IsHak, W., Burt, T. and Sederer, L. (2002). *Outcome Measurement in Psychiatry: A Critical Review*. Washington, DC: American Psychiatric Publishing, Inc.

Nathan, P. "Assessing Substance Abusers". (1996) In Murphy, L. and Impara, J. *Buros Desk Reference: Assessment of Substance Abuse*. Lincoln: The Buros Institute of Mental Measurements.

Sederer, L. and Dickey, B. (eds) (1996). *Outcomes Assessment in Clinical Practice*. Baltimore: Williams & Wilkins.