



Provider Alert

ALERT #78

October 1, 2009

ROLE OF OUTPATIENT PROVIDERS FOR THREE CBHI SERVICES: THERAPEUTIC MENTORING, IN-HOME BEHAVIORAL SERVICES, AND FAMILY SUPPORT AND TRAINING

The following information should be noted immediately to your chief executive officer, chief operating officer, program director, billing director, and staff.

Beginning October 1, 2009, as part of the Children’s Behavioral Health Initiative (CBHI), outpatient providers serving youth under the age of 21 who are enrolled in MassHealth Standard and CommonHealth will be responsible for assuming the role of “clinical hub,” and will play a key role in the coordination of three new “hub dependent” services for their clients.

Therapeutic Mentoring, In-Home Behavioral Services, and Family Support and Training are new services available to youth under age 21 with behavioral health needs who are enrolled in MassHealth Standard and CommonHealth. As with all CBHI services, these services are designed to promote *Systems of Care* values and ensure that the care provided is:

- **Family-Driven, Child-Centered, and Youth Guided**
- **Strengths-Based**
- **Culturally Responsive**
- **Collaborative and Integrated**
- **Continuously Improving**

This *Alert* includes information on all six CBHI services so that outpatient providers are aware of the entire CBHI continuum.

Role of the Clinical Hub

Clinical Hub providers are responsible for coordinating care and collaborating with other service providers (e.g., making regular phone calls to collaterals, holding meetings with the family and other treatment providers, or convening care planning teams for ICC). Clinical Hub services in order of

intensity are: Intensive Care Coordination (ICC), In-Home Therapy (beginning November 1, 2009), and Outpatient Therapy. When more than one Clinical Hub service provider is involved with a family, care coordination is provided by the most intensive service.

Clinical Hub providers may refer for services that require a hub (i.e., “hub dependent” services). These services include: Therapeutic Mentoring, In-Home Behavioral Services, and Family Support and Training.

Hub dependent services require a referral from one of the three Clinical Hubs (i.e., outpatient, In-Home Therapy, Intensive Care Coordination) and will not be authorized as a “stand-alone” service. There must be a goal identified on the existing outpatient or IHT treatment plan, or on the individual care plan (ICP) for youth in ICC, which corresponds directly with the need for a “hub dependent” service.

It is the responsibility of the Clinical Hub provider to regularly connect with those “hub dependent” service providers to which you make referrals in order to coordinate care and obtain and provide updates on the youth’s progress.

Outpatient providers will be reimbursed for coordination activities related to their Clinical Hub responsibilities including participation in care plan team meetings and collateral contacts. Providers can be reimbursed by billing for Case Consultation or Collateral Contacts. See *Provider Alert #74*, dated August 20, 2009, on MBHP expanding the parameters for case consultations.

Summary of three clinical hub services

Intensive Care Coordination (ICC) – This service provides a single point of accountability for ensuring that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, family/youth-driven, and ethnically, culturally, and linguistically relevant manner. Services and supports, which are guided by the needs of the youth, are developed through a *Wraparound* planning process consistent with *Systems of Care* philosophy that results in an individualized and flexible plan of care for the youth and family. The ICC care coordinator facilitates the development of a Care Planning Team (CPT) comprised of both formal and natural support persons who assist the family in identifying goals and developing an Individual Care Plan (ICP) and risk management/safety plan; convenes CPT meetings; coordinates and communicates with the members of the CPT to ensure the implementation of the ICP; works directly with the youth and family to implement elements of the ICP; coordinates the delivery of available services; and monitors and reviews progress toward ICP goals and updates the ICP in concert with the CPT. This service was implemented on June 30, 2009 and can be accessed through a network of 32 Community Service Agencies (CSAs). Please refer to *Provider Alert #64*, dated June 25, 2009.

In-Home Therapy – This service is delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary In-Home Therapy and Therapeutic Training and Support. In-Home Therapy is a structured, consistent, strength-based therapeutic relationship between a licensed clinician and the youth and family for the purpose of treating the youth’s behavioral health needs, including improving the family’s ability to provide effective support for the youth to promote his/her healthy functioning within the family. Interventions are designed to enhance and improve the family’s capacity to improve the youth’s functioning in the home and community and may prevent the need for the youth’s admission to an inpatient hospital,

psychiatric residential treatment facility, or other treatment setting. The In-Home Therapy team (comprised of the qualified practitioner(s), family, and youth), develops a treatment plan and, using established psychotherapeutic techniques and intensive family therapy, works with the entire family, or a subset of the family, to implement focused interventions and behavioral techniques to:

- enhance problem-solving, limit-setting, risk management/safety planning, and communication;
- build skills to strengthen the family, advance therapeutic goals, or improve ineffective patterns of interaction;
- identify and utilize community resources; and
- develop and maintain natural supports for the youth and parent/caregiver(s) in order to promote sustainability of treatment gains.

This service will be implemented on November 1, 2009.

Outpatient Therapy – This service focuses on the restoration, enhancement, and/or maintenance of a Member’s level of functioning and the alleviation of symptoms that significantly interfere with functioning in at least one area of the Member’s life (e.g., familial, social, occupational, educational). Active family/guardian/natural supports involvement is expected when serving youth.

Summary of three hub-dependent services

As noted above, the following three hub-dependent services can only be accessed by a referral from a provider of one of the three clinical hubs outlined above and must be connected to a goal(s) in the referring provider’s behavioral health treatment plan or pursuant to an Individual Care Plan (ICP) for youth in ICC.

Therapeutic Mentoring Services are provided in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings, such as school, child care centers, respite settings, and other culturally and linguistically appropriate community settings. Therapeutic Mentoring offers structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs. Therapeutic Mentoring services include supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to other children and adolescents, as well as adults. These services are to support youth in recreational and social activities pursuant to a behavioral health treatment plan developed by an outpatient or In-Home Therapy provider in concert with the family, and youth whenever possible, or pursuant to an Individual Care Plan for youth enrolled in ICC.

In-Home Behavioral Services are delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary Behavior Management Therapy and Behavior Management Monitoring.

- **Behavior Management Therapy:** This service includes a behavioral assessment (including observing the youth’s behavior, antecedents of behaviors, and identification of motivators); development of a highly specific behavior plan; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals. This service is designed to treat challenging behaviors that interfere with the youth’s successful functioning. The behavior management therapist develops specific behavioral objectives and interventions designed to diminish, extinguish, or improve specific behaviors related to the

youth's behavioral health condition(s) and which are incorporated into the behavior plan and the risk management/safety plan.

- **Behavior Management Monitoring:** This service includes implementation of the behavior plan; monitoring the youth's behavior; reinforcing implementation of the behavior plan by the parent(s)/guardian(s)/caregiver(s); and reporting to the behavior management therapist on implementation of the behavior plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention. This service was implemented on October 1, 2009.

Family Support and Training (FS&T): This service is provided to the parent/caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and other community settings. FS&T is a service that provides a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth so as to improve the youth's functioning as identified in the outpatient or In-Home Therapy treatment plan or Individual Care Plan (ICP), for youth enrolled in Intensive Care Coordination (ICC), and to support the youth in the community or to assist the youth in returning to the community. Services may include education; assistance with navigating the child-serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance with identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and providing support, coaching, and training for the parent/caregiver. FS&T is delivered by strength-based, culturally and linguistically appropriate, qualified paraprofessionals under the supervision of a licensed clinician. FS&T services must achieve a goal(s) established in an existing behavioral health treatment plan for outpatient or In-Home Therapy, or an ICP, for youth enrolled in ICC. This service was implemented on June 30, 2009.

Additional CBHI service

Mobile Crisis Intervention (MCI) is the youth (under the age of 21) -serving component of an Emergency Service Program (ESP) provider. MCI will provide a short-term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. This service is provided 24 hours a day, seven days a week.

The service includes: A crisis assessment; development of a risk management/safety plan, if the youth/family does not already have one; up to 72 hours of crisis intervention and stabilization services including: on-site, face-to-face therapeutic response, psychiatric consultation, and urgent psychopharmacology intervention, as needed; and referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care.

For youth who are receiving ICC, MCI staff will coordinate with the youth's ICC care coordinator throughout the delivery of the service. MCI staff also will coordinate with the youth's primary care physician, any other care management program, or other behavioral health providers providing services to the youth throughout the delivery of the service. This service was implemented on June 30, 2009.

For more information on ESP or MCI, please go to MBHP's web site, www.masspartnership.com, and view the "ESP" section for detailed information.

Further information

Further information is available on the MCE web sites, where you will find information on CBHI, as well as the providers to which you may make referrals for CBHI services.

Further venues to provide information and opportunities to collaborate with your organization regarding CBHI services and your role in this initiative are currently being planned.

If you have questions regarding this *Alert*, please contact our Community Relations Department at **1-800-495-0086 (press 1 for the English menu or 2 for the Spanish menu, then #3 then #1 to skip prompts)**, Monday through Thursday, 8 a.m. to 5 p.m., and on Fridays from 9:30 a.m. to 5 p.m.