Timely Access to Care Protocol for Providers of In-Home Therapy, Therapeutic Mentoring and In-Home Behavioral Services

8.20.12

The Managed Care Entities (MCEs) have developed this protocol to ensure that families receive a consistent response to referrals received by all In-Home Therapy (IHT), Therapeutic Mentoring (TM) and In-Home Behavioral Services (IHBS) providers. It also supports the integrity of the waitlist data collected by the MCEs. To this end, IHT/TM/IHBS providers are requested to incorporate the following into their practices, effective immediately.

This protocol outlines expectations regarding referral and waitlist processes for IHT/TM/IHBS providers. It is divided into three sections: (I) access to care related definitions, (II) IHT/TM/IHBS response time to referrals and, (III) IHT/TM/IHBS waitlist follow up procedure for referred families. Referred families include those that: (1) have not yet been reached by the IHT/TM/IHBS provider, (2) have chosen to wait for a particular IHT/TM/IHBS provider and (3) are waiting for first available IHT/TM/IHBS provider agency to service them.

I. Access to Care Related Definitions

**Referrals** - calls, faxes or other communications to the IHT/TM/IHBS provider on behalf of a member, where the referral source (if not a self-referral) has spoken with the family and believes the member is appropriate for and interested in the service.

**Referral date** - date referral was made to the IHT/TM/IHBS provider, even if it’s just a voice mail message.

**Youth/Family not yet reached** - a youth for which a referral has been made, but IHT/TM/IHBS staff are still attempting to reach the family to verify that they want the service and that IHT/TM/IHBS is the appropriate service.

**Initial Contact with the family** - this is the date on which the family or youth directly talks to the IHT/TM/IHBS provider and indicates they are interested in the service. For self-referred families, this is the same as the referral date.

**Date of the first available appointment** - this is the date of the first appointment offered to the family regardless of whether the family accepts that appointment date or is seen by the provider on that date.

**Waiting for 1st available agency (Waiting)** – when a family is waiting for the first available IHT/TM/IHBS appointment date to be offered to them by the first available IHT/TM/IHBS provider within proximity of the family’s zip code.

**Choosing to wait for a particular IHT/TM/IHBS provider** – when a family indicates that they do not want to seek services with the first available provider agency and/or they are “choosing to wait” to receive the services through a particular agency/staff.
Referred out & no longer waiting - youth/family who are referred to a more clinically appropriate service, such as outpatient or ICC, and who are not interested in IHT/TM/IHBS at this time.

Referred on & no longer waiting - youth/family who is connected to another IHT/TM/IHBS agency that is able to begin serving the family immediately.

Date services started - the date family provided written consent to participate in IHT/TM/IHBS and has met with the assigned IHT/TM/IHBS staff.

Family declined service - when a family indicates that they are not interested in IHT/TM/IHBS services at this time either verbally, in writing or by not responding to outreach attempts.

Not MassHealth eligible - a youth who is no longer eligible for MassHealth Standard, CommonHealth, Basic, Family Assist or Essential.

II. IHT/TM/IHBS Response Time to Referrals

THERAPEUTIC MENTORING, IN-HOME BEHAVIORAL SERVICES

1. TM/IHBS provider telephones the parent/caregiver within five (5) calendar days of referral to screen for appropriateness of referral and offer a face-to-face appointment with the family.

2. TM/IHBS provider offers the family a face-to-face appointment to occur within five (5) days of the date the family was contacted by the TM/IHBS provider during which the family agreed to service.

IN-HOME THERAPY

1. IHT provider telephones the parent/caregiver within one (1) calendar day of referral, including self-referral, to screen for appropriateness of referral and offer a face-to-face appointment with the family.

2. IHT provider offers the family a face-to-face appointment to occur within 24 hours of the date the family was contacted by the IHT provider during which the family agreed to service.

1. The IHT/TM/IHBS provider should keep a referral log/waitlist of all referrals received, including the following information at minimum:
   - youth name
   - parent/caregiver name
   - youth/caregiver contact information
   - referral source name
   - referral source contact information
   - reason for referral
   - referral date
   - dates of outreach attempts to family
• date of initial contact with the family
• date of the first available appointment offered to the family
• date services started
• referral status (as defined above) including:
  o service started
  o referred out and no longer waiting
  o referred on and no longer waiting
  o family declined service
  o not MassHealth eligible
  o choosing to wait
  o waiting for first available agency
  o youth/family not yet reached

2. If the youth/family and the IHT/TM/IHBS provider agree that the service is not appropriate or needed, the provider helps the family connect to an appropriate service provider(s). The IHT/TM/IHBS provider:
   a. gives the youth/family agency names and contact info for the appropriate provider(s)
   b. informs the youth/family and referral source that if the youth needs IHT/TM/IHBS at a later date, they can contact the provider at that time
   c. notes the youth in the referral log/waitlist as, “referred out & no longer waiting”

3. If the youth/family and the IHT/TM/IHBS provider agree that the service is appropriate/needed, the provider offers the family the first available face to face appointment in accordance with the provider’s performance specifications as noted in the text boxes above.

4. If the IHT/TM/IHBS provider is at capacity and cannot offer an appointment, then the provider offers to add the youth/family to their waitlist. The IHT/TM/IHBS provider:
   a. informs the youth/family and referral source that they have a waitlist
   b. discloses the approximate wait time, allowing the youth/family to make an informed decision around choosing to wait for the provider
   c. reviews current availability of other providers within proximity of the youth/family via MABHAccess and asks the youth/family if they would like to receive services from the first available provider within a reasonable distance or if they prefer to wait solely for this agency
      o If the youth/family chooses to wait solely for this agency, the provider:
         • notes youth’s/family’s referral status as ‘choosing to wait’ on their referral log/waitlist
      o If the youth/family chooses to wait for the first available agency, the provider:
         • offers the youth/family a list of names/numbers of alternate service providers, specifying which ones are reporting availability per MABHAccess (and those with availability per other sources such as communications between providers)
• notes youth’s/family’s referral status as ‘waiting for first available agency’ on their referral log/waitlist

III. IHT/TM/IHBS Waitlist Follow Up

IHT/TM/IHBS providers are required to follow up weekly with all families in the following categories: (1) family not yet reached, (2) choosing to wait for a particular IHT/TM/IHBS provider, (3) waiting for 1st available agency. For these families, the IHT/TM/IHBS provider should engage in and document the following activities:

1. **Youth/Family not yet reached** - The IHT/TM/IHBS provider:
   a. engages in aggressive outreach to the youth/family via phone and/or other means of contact
   b. calls youths/families weekly at a minimum leaving a message when possible with best time and number to call back
   c. sends an outreach letter to the youth/family after 3 failed outreach attempts
   d. notes youth as youth/family ‘declined services’ in the referral log/waitlist if the family has not responded to aggressive outreach attempts

2. **Waiting for 1st available agency** - IHT/TM/IHBS provider contacts the youth/family once a week and:
   a. re-assesses need/appropriateness for the service
   b. determines whether the youth/family has received an appointment date with another IHT/TM/IHBS provider (youth/family that have received an appointment with another IHT/TM/IHBS provider are noted as ‘referred on & no longer waiting’ in the referral log/waitlist)
   c. offers the youth/family an updated list of names/numbers of alternate providers, specifying which ones are reporting availability per MABHA (and those with availability per other sources such as communications between providers)
   d. coordinates with other IHT/TM/IHBS providers to link waiting youth/family on to those that have availability to start services (if the other IHT/TM/IHBS provider confirms that they have no waitlist and can offer the family a start date the provider notes the youth/family as ‘referred on & no longer waiting’ in their referral log/waitlist)
   e. Contacts the appropriate MCE for assistance when there are no IHT/TM/IHBS providers with availability in MABHAccess system within a reasonable distance from the family:
      - *Massachusetts Behavioral Health Partnership Access Line: 800-495-0086 and select prompts 1,4,2,1*
      - *Health New England-Be Healthy: 800-495-0086 and select prompts 1,4,2,2*
      - *Network Health: 888-257-1985*
      - *Neighborhood Health Plan: 800-414-2820*
      - *Boston Medical Center HealthNet Plan: 866-444-5155*
      - *Fallon Community Health Plan: 888-421-8861*
3. **Choosing to wait for a particular IHT/TM/IHBS provider** - IHT/TM/IHBS provider contacts the youth/family once a week and:
   a. re-assesses need/appropriateness for IHT/TM/IHBS
   b. determines whether the youth/family has received an appointment date with another IHT/TM/IHBS provider (youth/families that have received an appointment with another IHT/TM/IHBS provider are noted as ‘referred on & no longer waiting’ in the referral log/waitlist)
   c. discloses the approximate wait time to the youth/family so that the youth/family can make an informed decision around continuing to choose to wait for the provider
   d. asks the youth/family if they still want to wait for services solely from their agency or if they would prefer to receive services from the first available agency within a reasonable distance
   e. **If the youth/family now chooses to wait for the first available agency**, the provider:
      - Changes their status in the referral log/waitlist to, “Waiting for 1st available agency”
      - Follows the procedure noted above under the heading, “2. Waiting for 1st available agency.”