



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

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**BULLETIN 2018-yy**

**TO:** Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations

**FROM:** Gary D. Anderson, Commissioner of Insurance  
Joan Mikula, Commissioner of Mental Health

**DATE:** xx yy, 2018

**RE:** Access to Intermediate Care Services to Treat Child-Adolescent Mental Health Disorders

The purpose of this Bulletin jointly issued by the Division of Insurance ("Division") and the Department of Mental Health is to clarify certain mandated benefits for child-adolescent services as required by M.G.L. c. 175, §47B; M.G.L. c. 176A, §8A; M.G.L. c. 176B, §4A; and M.G.L. c. 176G, §4M. Please refer also to Division Bulletins 2000-06, 2000-10, 2002-07, 2003-11, 2009-04, 2009-11 and 2013-02.

**Background**

Mental health services required to be covered by health plans offered under M.G.L. chapters 175, 176A, 176B, and 176G (hereinafter referred to as insured health plans<sup>1</sup>) are those that diagnose and/or treat an illness, disease or health condition in order to reduce or alleviate symptoms and/or improve an individual's emotional or behavioral functioning. All mental health benefits for biologically-based and for non-biologically-based disorders are required to be provided on a non-discriminatory basis.<sup>2</sup>

**Required Benefits for Child-Adolescent Mental Health Disorders<sup>3</sup>**

Insured health plans must include benefits for the diagnosis and treatment of child-adolescent mental health disorders on a non-discriminatory basis for the diagnosis and treatment of mental, behavioral or emotional disorders, as described in the most recent edition of the DSM,<sup>4</sup> which substantially interfere with or substantially limit the functioning and social interactions of such a

<sup>1</sup> An insured health plan is one that is offered by a licensed health carrier through which the carrier assumes the risk to pay the cost of specified medically necessary health treatment(s) in return for the receipt of premiums.

<sup>2</sup> See Bulletin 2013-02; Changes to Mental Health Benefit; Issued April 1, 2013.

<sup>3</sup> For purposes of this Bulletin, all subsequent references to mental health disorders and services include substance use disorders and services and mental, behavioral or emotional disorders, as described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

<sup>4</sup> Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, which is commonly referred to as the DSM.

child or adolescent; provided, that said interference or limitation is documented by, and the referral for said diagnosis and treatment is made by, the primary care provider, primary pediatrician or a licensed mental health professional of such a child or adolescent or is evidenced by conduct, including, but not limited to: (1) an inability to attend school as a result of such a disorder, (2) the need to hospitalize the child or adolescent as a result of the disorder, (3) a pattern of conduct or behavior caused by such a disorder which poses a serious danger to self or others.<sup>5</sup>

Child-adolescent mental health services shall consist of a range of inpatient, intermediate, and outpatient services that shall permit medically necessary and active and noncustodial treatment for said mental disorders to take place in the least restrictive clinically appropriate setting. The covered services may be provided to the child, the child's parent(s) and/or other appropriate caregivers. Educational services to improve an individual's academic performance or developmental functioning are not required services under the benefit mandate for mental health services.

### **Intermediate Care Services**

The Division expects that carriers provide adequate access to intermediate care services medically necessary to treat child-adolescent mental health disorders. These intermediate care services shall include, but are not limited to, the following services:<sup>6</sup>

*In-home behavioral services* - a combination of behavior management therapy and behavior management monitoring; provided, however, that such services shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting. In-home behavioral services include:

*Behavior management monitoring* - monitoring of a child's behavior, the implementation of a behavior plan and reinforcing implementation of a behavior plan by the child's parent or other caregiver.

*Behavior management therapy* - therapy that addresses challenging behaviors that interfere with a child's successful functioning; provided, however, that "behavior management therapy" shall include assessment, development of a behavior plan and supervision and coordination of interventions to address specific behavioral objectives or performance, including the development of a crisis-response strategy; and provided further, that "behavior management therapy" may include short-term counseling and assistance.

*Family support and training* - a service provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs and to parent; provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting.

*In-home therapy* - therapeutic clinical intervention or ongoing training and therapeutic support; provided however, that the intervention or support shall be provided where the

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<sup>5</sup> The examples of conduct listed in the statute do not constitute a comprehensive list of conduct that indicates substantial limitation or interference for which diagnosis and treatment are required under the statute. Insured health plans should not use these examples as the sole basis for determining medical necessity for services.

<sup>6</sup> See Section 254A of Chapter 224 of the Acts of 2012, which was added by Section 23(a) of Chapter 110 of the Acts of 2017, and Bulletin 2009-11; [Access to Intermediate and Outpatient Mental Health & Substance Use Disorder Services](#); Issued September 4, 2009.

child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting. In-home therapy includes:

*Therapeutic clinical intervention* - intervention that shall include: (i) a structured and consistent therapeutic relationship between a licensed clinician and a child and the child's family to treat the child's mental health needs, including improvement of the family's ability to provide effective support for the child and promotion of healthy functioning of the child within the family; (ii) the development of a treatment plan; and (iii) using established psychotherapeutic techniques, working with the family or a subset of the family to enhance problem solving, limit setting, communication, emotional support or other family or individual functions.

*Ongoing therapeutic training and support* - services that support implementation of a treatment plan pursuant to therapeutic clinical intervention that shall include, but not be limited to, teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations and assisting the family in supporting the child and addressing the child's emotional and mental health needs.

*Therapeutic mentoring services* - services provided to a child designed to support age-appropriate social functioning or to ameliorate deficits in the child's age-appropriate social functioning; provided, however, that such services may include supporting, coaching and training the child in age-appropriate behaviors, interpersonal communication, problem solving, conflict resolution and relating appropriately to other children and adolescents and to adults in recreational and social activities; and provided further, that such services shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting

*Mobile crisis intervention* - a short-term, mobile, on-site, face-to-face therapeutic response service that is available 24 hours a day, 7 days a week to a child experiencing a behavioral health crisis to identify, assess, treat and stabilize a situation and reduce the immediate risk of danger to the child or others; provided, however, that the intervention shall be consistent with the child's risk management or safety plan, if any.

*Intensive care coordination* - a service that provides targeted case management services to children and adolescents with a serious emotional disturbance, including individuals with co-occurring conditions. This service includes assessment, development of an individualized care plan, referral and related activities to implement the care plan and monitoring of the care plan.

*Community-based acute treatment for children and adolescents (CBAT)* - mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to insure safety for the child or adolescent, while providing intensive therapeutic services including, but not limited to, daily medication monitoring; psychiatric assessment; nursing availability; Specialing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed. This service may be used as an alternative to or transition from inpatient services.

*Intensive community-based treatment for children and adolescents (ICBAT)* - provides the same services as CBAT for children and adolescents but of higher intensity, including more frequent psychiatric and psychopharmacological evaluation and treatment, and more intensive staffing and service delivery. ICBAT programs have the capability to admit children and adolescents with more acute symptoms than those admitted to CBAT. ICBAT

programs are able to treat children and adolescents with clinical presentations similar to those referred to inpatient mental health services but who are able to be cared for safely in an unlocked setting. Children and adolescents may be admitted to an ICBAT directly from the community as an alternative to inpatient hospitalization; ICBAT is not used as a step-down placement following discharge from a locked, 24-hour setting.

The following are not considered child-adolescent mental intermediate care services and are not required to be covered by an insured health plan;

- Programs in which the patient has a pre-defined duration of care without the health plan's ability to conduct concurrent determinations of continued medical necessity for an individual.
- Programs that only provide meetings or activities that are not based on individualized treatment planning.
- Programs that focus solely on improvement in interpersonal or other skills rather than services directed toward symptom reduction and functional recovery related to specific mental health disorders.
- Tuition-based programs that offer educational, vocational, recreational or personal development activities, such as a therapeutic school, camp or wilderness program. The health plan must provide coverage for medically necessary services provided while the individual is in the program, subject to the terms of the member's evidence of coverage including any network requirements or co-payments/coinsurance provisions.
- Programs that provide primarily custodial care services.<sup>7</sup>

### **Level of Benefits for Child-Adolescent Mental Health Services**

The duration and types of child-adolescent mental health services for any particular individual will vary according to that person's individual needs. Because Chapter 80 of the Acts of 2000 and Chapter 256 of the Acts of 2008 do not specify a minimum benefit for child-adolescent mental health care, plan consideration of coverage for child-adolescent care should be based solely on medical necessity criteria rather than any arbitrary number of days or number of visits.

### **Medical Necessity**

Pursuant to M.G.L. c. 176O, §16(b), insured health plans are required to cover health care services if (1) the services are a covered benefit under the insured's health benefit plan; and (2) the services are medically necessary. Carriers that are accredited by the Division as managed care companies under M.G.L. c. 176O may employ utilization review systems for insured health plans in making decisions about whether services are medically necessary. Utilization review is defined in M.G.L. c. 176O as "a set of formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of, health care services, procedures or settings."

An insured health plan must consider the individual health care needs of the insured in applying such guidelines. In accordance with M.G.L. c. 176O, an individual may appeal a decision by his or her health plan to reduce or modify a request for authorization of covered care based on the health plan's medical necessity criteria.

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<sup>7</sup> See Bulletin 2009-11; Access to Intermediate and Outpatient Mental Health & Substance Use Disorder Services; Issued September 4, 2009.

**Clarifying Coverage within Health Plan Systems**

The Division expects all carriers offering insured health benefits plans to amend existing evidence of coverage and other documents so that they present benefits for child-adolescent services in a manner that is consistent with the clarifications presented in this Bulletin. The Division expects that insured carriers will take all appropriate steps to ensure that any necessary changes to its insured benefit plans, utilization criteria or other rating/claims system are in place for plans offered on and after xxx 1, 2018. In order to ensure that all appropriate rate and form information may be processed by the Division for coverage becoming effective by xxx 1, 2018, carriers are requested to submit rate and form filing materials, where necessary, by no later than xxx 1, 2018.

If there are questions regarding this Bulletin, please call Tracey McMillan at (617) 521-7347.