

Department of Public Health

Guide to New and Current MassHealth Behavioral Health Services

&

DPH-Sponsored School- Based Clinic Protocols



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Section 1

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Section 1

MassHealth: New and Current Services

I. The Children's Behavioral Health Initiative (CBHI)

The Children's Behavioral Health Initiative is an interagency initiative of the Commonwealth's Executive Office of Health and Human Services whose mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive, community-based system of care, to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school and community.

The Children's Behavioral Health Initiative is defined by a shared commitment to providing services to families that reflect the following values:

- **Family Driven, Child-Centered and Youth Guided**
Services are driven by the needs and preferences of the child and family, developed in partnership with families and accountable to families.
- **Strengths-based**
Services are built on the strengths of the family and their community
- **Culturally Responsive**
Services are responsive to the family's values, beliefs, norms, and to the socio-economic and cultural context.
- **Collaborative and Integrated**
Services are integrated across child-serving agencies and programs.
- **Continuously Improving**
Service improvements reflect a culture of continuous learning, informed by data, family feedback, evidence and best practice.

The Initiative places the family and child at the center of our service delivery system, and will build an integrated system of behavioral health services that meets the individual needs of the child and family. The goal is to make it easier for families to find and access appropriate services and to ensure that families feel welcome, respected and receive services that meet their needs, as defined by the family.

For more information visit: www.mass.gov/masshealth/childbehavioralhealth

II. MassHealth: New and Current Services

MassHealth pays for many important health care services for a wide range of people who meet the eligibility rules. In 2009, MassHealth significantly expanded behavioral health services available to its MassHealth Standard and CommonHealth members under the age of 21 by paying for six new home and community-based services. The goal of these services is to help children and youth with significant behavioral, emotional and mental health needs achieve success in home, school and community.

These services have been designed, and are being implemented according to Children's Behavioral Health Initiative Values:

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

These new services *complement* the behavioral health services currently available to MassHealth Standard and CommonHealth members under the age of 21. Below, you will find brief descriptions of the *new* services, and of the *current community-based* MassHealth Behavioral Health Services.

NOTE: These new services are NOT for the treatment of the behavioral health needs of a youth's parents or caregivers. Behavioral Health services for parents or caregivers should be sought through their health care insurer, or MassHealth, if they are eligible.

New MassHealth Community-Based Behavioral Health Services¹

What follows are brief descriptions of the new services, with some suggestions of who might benefit from each of the new services.

This information is intended to provide staff with guidance on how to help families and youth to access appropriate MassHealth behavioral health services. It is important to note that MassHealth members may also self-refer to any behavioral health service they think might be helpful. Families and youth are always welcome to inquire with a provider about a particular service.

This guidance is intended to be informative and to illustrate the potential usefulness of each service. It does NOT replace the Medical Necessity Criteria, attached in Appendix B. Providers of each of the services will use the Medical Necessity Criteria (MNC) to evaluate whether the child or youth has a medical need for the service. Medical Necessity decisions made by providers may be reviewed by the child's or youth's MassHealth Managed Care Plan.

¹ These new services are expected to become available between June 30 and November 1, 2009. However, MassHealth needs the approval of the federal Medicaid program in order to pay for these services. MassHealth has received approval for Intensive Care Coordination and is awaiting approval for the other services.

A. Standardized Behavioral Health *Screening* in Primary Care

As part of well-child visits, the primary care doctor or nurse checks the child's or youth's health, development, need for immunizations, dental health and behavioral health. MassHealth now requires primary care doctors or nurses to offer to use a behavioral health screening tool to check the child's or youth's behavioral health. There are eight approved screening tools. They typically consist of a short list of questions, or a checklist, that the parent, caregiver or youth fills out and then talks about with the primary care doctor or nurse. The screening tool helps to spot concerns early so problems can be found and helped earlier. If there are concerns about a child's or youth's behavioral health, the primary care doctor or nurse will work with the parent/caregiver or youth to decide if a referral to a behavioral health provider for further assessment and treatment is needed, and can help the parent/caregiver/youth get needed services.

B. Standardized Behavioral Health *Assessment*, using the Child Adolescent Needs and Strengths tool (CANS)

Beginning November 30, 2008, MassHealth began requiring a uniform behavioral health assessment process for MassHealth members under the age of 21 receiving behavioral health services. The uniform behavioral health assessment process includes a comprehensive needs assessment using the Child and Adolescent Needs and Strengths (CANS) tool.

The CANS is a tool that organizes clinical information collected during a behavioral health assessment in a consistent manner, to improve communication among those involved in planning care for a child or youth. The CANS is also used as a decision-support tool to guide care planning, and to track changing strengths and needs over time. The CANS is used in child and youth serving systems in more than 30 states. There are two forms of the Massachusetts CANS: CANS Birth through Four and CANS Five through Twenty. Both versions include questions that enable the assessor to determine whether a child meets the criteria for Serious Emotional Disturbance (SED), in addition to the CANS assessment questions. (Meeting the definition of SED is a component of the Medical Necessity Criteria for the new service Intensive Care Coordination.)

C. Intensive Care Coordination (starting June 30, 2009)

ICC is a care coordination service for children and youth with serious emotional disturbance (For definitions of Serious Emotional Disturbance, see ICC Medical Necessity Criteria, Appendix B). ICC will use a model called *Wraparound Care Planning*. In *Wraparound Care Planning*, families and youth work together with professionals, talk about their strengths and needs, and actively guide their own care. In ICC, a team leader, called a Care Coordinator, helps families bring together a team of people to create a child's treatment plan. This Care Planning Team often includes therapists, teachers, social workers and representatives of all child-serving agencies involved with the youth. It also includes "natural supports", such as family members, friends and people from the family's neighborhood or community that the family invites to be part of the team. Together, the team comes up with ways to support the family's goals for the child (or youth's goals, in the case of an older child), creating an Individual Care Plan. This plan, which also focuses on the family's strengths and respects their cultural preferences, lists all the behavioral health, social, therapeutic or other services needed by the child and family including informal and community

resources. It will guide the youth's care and involve all providers and state agencies to integrate services.

The Care Planning Team will usually meet monthly and sometimes more often for children and youth with more complex needs. At these meetings the family, youth and other team members can talk about progress, work to solve problems, and make any needed changes to the Individual Care Plan.

Additionally the ICC care planning team seeks to:

- Help the family obtain and coordinate services the youth needs and/or receives from providers, state agencies, special education, or a combination thereof
- Assist with access to medically necessary services and ensure these services are provided in a coordinated manner
- Facilitate a collaborative relationship among a youth with SED, his/her family, natural supports, and involved child-serving systems to support the parent/caregiver in meeting their youth's needs

Who is likely to need ICC?

Children and families who need or receive services from multiple providers or who need or receive services from multiple state agencies, including special education. ICC can help prioritize goals and monitor progress, ensuring that interventions being used are effective and coordinated. ICC can also address needs other than behavioral health needs, such as connecting families with a variety of sustainable supports. Examples of sustainable supports include recreational activities for the child or youth, connection to mentors and opportunities for mutual support and social interaction with other families.

Who may benefit from referral to a different service?

- *A child or youth in acute emotional, behavioral or mental health crisis. Consider referring instead to Mobile Crisis Intervention for immediate stabilization and support.*
- *Family of a child or youth with a single service need who does not need a Care Planning Team to coordinate services: Consider referring instead to the service(s) that may be needed.*
- *A family in too much immediate distress to participate in the team-based sequence of steps of the Wraparound process. Consider referring first to another behavioral health service such as Family Stabilization Teams (until November 1, 2009) or In-home Therapy (available November 1 2009, during which the need for other services including ICC will be assessed).*

How do I make a referral?

See the list of Community Service Agencies in Appendix A.

Geographically-Based CSAs: MassHealth's Managed Care Contractors have selected 29 Community Service Agencies (CSAs), one for each of 29 service areas. The service areas correspond to the Areas of the Department of Children and Families.

Culturally and Linguistically Specialized CSAs: MassHealth's Managed Care Contractors have also selected 3 culturally and linguistically specialized CSAs. These CSAs were chosen for their demonstrated ability to reach deeply in to specific cultural or linguistic communities and tailor their services to engage and serve their specified populations. Like all CSAs, Specialized CSAs are expected to serve any family seeking appropriate service without regard to race, ethnicity or language.

- o Children's Services of Roxbury specializes in serving the African-American population in Greater Boston.
- o The Gandara Center specializes in serving the Latino population in the Springfield/Holyoke area.
- o The Learning Center for the Deaf, Walden School specializes in serving the Deaf and Hard of Hearing population, particularly in the eastern/central part of the state.

Families with children or youth enrolled in MassHealth are not required to choose a CSA in their area or a culturally or linguistically specialized CSA, but may choose to work with any CSA.

For more specific information about how to access these services on behalf of a youth enrolled in a MassHealth managed care plan contact the plan directly. Contact numbers for the plans are listed at the end of this section.

D. In-Home Therapy (starting November 1, 2009)

In-Home Therapy Services provides intensive family therapy for a child 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. In-Home Therapy Services are provided in the home or other location which is appropriate and convenient to the family. It is provided by a skilled behavioral health provider who may work in a team with a paraprofessional. In-Home Therapy providers work to understand how the family functions together and how these relationships can be strengthened to benefit the child. Together with the child and family, they create and implement a treatment plan. Goals in a treatment plan might include helping the family identify and use community resources, learn to more effectively set limits and establish helpful routines for their child, problem-solve difficult situations or change family behavior patterns that get in the way of their child's success. Note: Parents may also have individual behavioral health needs that may require separate behavioral health treatment.

Who is likely to need In-Home Therapy?

- *Families in need of more urgent or intensive help with a youth's emotional and behavioral challenges than could be addressed through outpatient therapy.*
- *Families that have identified their primary need as learning new ways to relate to one another, or new ways to set limits or regulate child behavior, or who have tried outpatient therapy but not found it effective. IHT offers more flexibility than outpatient therapy, not only in intensity but in treatment setting. Therapeutic intervention in a natural environment can offer opportunities for understanding behavior and for rehearsing new strategies which are not available in a clinic environment.*

Who may benefit from referral to a different behavioral health service?

- *A child or youth in acute crisis. Consider referral to Mobile Crisis intervention.*

- *Children and families with needs involving multiple providers or state agencies. Consider referral to ICC.*
- *A child with a disorder that can benefit from outpatient individual or family treatment.*

How do I make a referral?

Referrals can be made directly to the In-Home provider or the child may access In-Home therapy through ICC or outpatient therapy.

For more specific information about how to access these services on behalf of a youth enrolled in a MassHealth managed care plan contact the plan directly. Contact numbers for the plans are listed at the end of this section.

For a list of the common network of In-Home providers selected by all MassHealth's Managed Care entities, see Appendix A. For additional providers selected for MBHP's "extended network", also see Appendix A. The most up-to-date information on the In-Home Therapy provider network can also be found on the website of the appropriate MassHealth Managed Care entity or by calling the Managed Care entity.

E. Mobile Crisis Intervention (starting June 30, 2009)

Mobile Crisis Intervention is the youth (under the age of 21) -serving component of an emergency service program (ESP) provider. Mobile Crisis Intervention 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, 7 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 Intensive Care Coordination (ICC), Mobile Crisis Intervention staff will coordinate with the youth's ICC care coordinator throughout the delivery of the service. Mobile Crisis Intervention 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.

Who is likely to benefit?

A child with MassHealth who is in a behavioral health crisis and who is likely, without intervention, to escalate in a way that would pose a risk of harm to themselves or others. If in doubt, call the Mobile Crisis Intervention team and consult with the team on whether they should intervene.

Who may benefit from a different service?

If a child is in treatment he or she may have a Risk Management/Safety Plan which may identify other steps prior to calling Mobile Crisis.

Note that Mobile Crisis Intervention is only for a child/youth on MassHealth. A person who does not have MassHealth should be triaged through the 800 number on the back of the health insurance card or sent to the local emergency services program or hospital emergency room.

If the child/youth is an acute safety risk to self or others and the risk cannot be safely managed in the current setting, call 911.

How do I make a referral?

Mobile Crisis Intervention is provided by the Emergency Service Provider (ESP) in the region. See the list of ESPs in Appendix A.

F. Additional new MassHealth-covered services can be accessed through outpatient therapy, In-Home therapy or Intensive Care Coordination, as part of the youth's Individual Care Plan (ICP) or treatment plan (for Outpatient or In-Home Therapy).

➤ *Family Support and Training (Starting June 30, 2009)*

Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a Family Support and Training 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 in navigating the child serving systems (child welfare, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.) support, coaching, and training for the parent/caregiver.

In ICC, the care coordinator and Family Support and Training Partner work together with youth with SED and their families while maintaining their discrete functions. The Family Support and Training Partner works one-on-one and maintains regular frequent contact the parent(s)/caregiver(s) in order to provide education and support throughout the care planning process, attends CPT meetings, and may assist the parent(s)/ caregiver(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The Family Support and Training Partner educates parents/ caregivers about how to effectively navigate the child-serving systems for themselves and about the existence of informal/community resources available to them; and facilitates the parent's/caregiver's access to these resources. Family Partners are offered to families as part of Intensive Care Coordination.

➤ *In-Home Behavioral Health Services – Starting October 1, 2009*

In-Home Behavioral Health Services offers valuable support to children and youth with challenging behaviors that get in the way of everyday life. Services are provided by a behavioral health provider, such as a therapist, who is skilled in understanding and treating difficult behaviors in children and youth. The provider works closely with the child and family to create a specific behavior plan to improve the child's functioning. The provider may also work as a team with a skilled paraprofessional called a behavioral management monitor. The monitor works with the child and family to implement the child's behavior plan. In-Home Behavioral Health Services can be provided in places where the child is located, including home, school, childcare centers and other community settings.

➤ *Therapeutic Mentoring Services* – Starting October 1, 2009

A therapeutic mentor works one-on-one with a child or youth who, because of their behavioral health needs, require support and coaching to learn social skills that will allow them to do well in typical, normative environments. These skills may include better ways of communicating with other children and adults, dealing with different opinions and getting along with others. The therapeutic mentor works with the child to achieve goals in a treatment plan written by an outpatient therapist, In-Home Therapy Services provider or Intensive Care Coordination (ICC) team. The mentor is supervised by a behavioral health clinician and can work with a child in his or her home, school, or other social and recreational setting.

For families and youth who may need or benefit from these services, social workers should consider facilitating a referral process with the out-patient provider, in-home therapist, or ICC team.

For more specific information about how to access these services on behalf of a youth enrolled in a MassHealth managed care plan contact the plan directly. Contact numbers for the plans are listed at the end of this section.

G. Current MassHealth Community-Based Services (in addition to the New Services)

The following are other community-based (e.g. non-24 hour) behavioral health services that are available to youth enrolled in MassHealth. This is not meant to be an exhaustive list of available benefits but an overview of behavioral health services that are available in addition to the new MassHealth services described earlier in this document.

- **Outpatient Behavioral Health Services:** Outpatient services include individual, family, and group therapies, as well as medication evaluation and monitoring. Outpatient services can be provided in an office, clinic environment, a home, school, or other location. Outpatient services can be used to treat a variety of behavioral health and/or substance abuse issues that significantly interfere with functioning in at least one area of the youth's life (e.g., familial, social, occupational, educational). Outpatient is the least intensive level of care available to youth.
- **Community Support Programs (CSPs):** Provide an array of services delivered by a community-based, mobile, multidisciplinary team of paraprofessionals. CSP services are appropriate for youth who have behavioral health issues challenging their optimal level of functioning in the home/community setting. These services are designed to be maximally

flexible in supporting youth who are unable to independently access and sustain involvement with needed services. Services may include: assisting youth in enhancing their daily living skills; case management, skill building, developing a crisis plan; providing prevention and intervention; and fostering empowerment and recovery, including linkages to peer support and self-help groups. NOTE: As of October 1, 2009, CSP for youth under 18 will be replaced by the new community based behavioral health services, described earlier in this document. Youth 18 through 20 will have access to both CSP services as well as the new community based behavioral health services.

- **Structured Outpatient Addiction Program (SOAP):** SOAP is a short-term, clinically intensive, structured day and/or evening substance abuse service. SOAP can be used by youth, including pregnant youth, who need outpatient services, but who also need more structured treatment for substance abuse. SOAPs provide multidisciplinary treatment to address the sub-acute needs of youth with addiction and/or co-occurring disorders, while allowing them to maintain participation in the community, continue to work or attend school, and be part of family life.
- **Partial Hospitalization Program** is a nonresidential treatment program that may or may not be hospital-based. The program provides clinical, diagnostic, and treatment services on a level of intensity equal to an inpatient program, but on less than a 24-hour basis. These services include therapeutic milieu, nursing, psychiatric evaluation and medication management, group and individual/family therapy, psychological testing, vocational counseling, rehabilitation recovery counseling, substance abuse evaluation and counseling, and behavioral plans.

How Do I Make a Referral?

For more specific information about how to access these services on behalf of a youth enrolled in a MassHealth managed care plan contact the plan directly.

To locate a provider for youth NOT enrolled in a MassHealth Managed Care Plan, please call: MassHealth Customer Service 1-800-841-2900: TTY: 1-800-497-4648.

For youth who ARE enrolled in a MassHealth Managed Care Plan, please call:

- Boston Medical Center (BMC) HealthNet Plan 1-888-566-0010 (English and other languages) 1-888-566-0012 (Spanish) TTY: 1-800-421-1220
- Fallon Community Health Plan 1-800-341-4848 TTY: 1-877-608-7677
- Health New England (HNE) 1-800-786-9999 (TTY: 1-800-439-2370)
- Neighborhood Health Plan 1-800-462-5449 TTY: 1-800-655-1761
- Network Health 1-888-257-1985 TTY: 617-888-391-5535
- Primary Care Clinician (PCC) Plan 1-800-841-2900 TTY: 1-800-497-4648
- Massachusetts Behavioral Health Partnership 1-800-495-0086 TTY: 617-790-4130
- Beacon Health Strategies 1-888-217-3501 TTY: 1-866-727-9441

Section 2

DPH-Sponsored School-Based Clinic Protocols

Strategic Opportunities for the Department of Public Health and the Children's Behavioral Health Initiative

The Massachusetts Department of Public Health (DPH) has a strong focus on child wellbeing which requires incorporating a consideration of behavioral health into all of our child and youth serving programs. We recognize that effective coordination between DPH and other behavioral health programs and related agencies is a critical component to optimally serving children and their families.

To that end, DPH seeks to be an active partner with other state agencies in the effort to successfully implement the Children's Behavioral Health Initiative (CHBI). DPH endorses the following core principles as informing this partnership:

1. In its child and family serving programs, especially substance abuse services, school based health centers and Early Intervention (EI) programs, DPH will work for a robust collaboration with CHBI supported programs through:
 - Seamless referrals to mental health providers.
 - Integrated care planning, including discharge and transition planning, by substance abuse, school-based health centers, EI programs and mental health providers. Any care plan developed by one of these programs for a multiply involved child should be informed by the participation of and/or consultation with the other involved services.
 - Participation in the local systems of care committees.
2. DPH will promote collaborations between local community service agencies (CSA), substance abuse service and EI providers, as well as school based health centers.
3. DPH is committed to training our staff and that of our sponsored programs on the newly available behavioral health resources available through the Children's Behavioral Health Initiative to ensure optimal coordination. This training will include:
 - Introduction to the goals of the integrated, wraparound model;
 - Education about the protocols described in this document;
 - Information on screening, assessment and referral resources available;
 - A focus on collaborative care planning to ensure that roles, processes and expectations are clear.
4. DPH shares the goal of minimizing disruptive transitions for families experiencing behavioral health issues by having DPH sponsored programs provide information on the most appropriate services available to a family based on their specific situation.

DPH is committed to supporting the successful implementation of the Children's Behavioral Health Initiative and will work to ensure that these protocols are integrated into the work of our department and our supported agencies and programs.

DPH-Sponsored School-Based Clinics

School-based clinics are satellites of community health centers in 39 low-income communities across the Commonwealth. The school-based nurse practitioner works w/ the child's primary care physician from the community health center to increase access and use of primary care services, including screening of behavioral health needs.

1. Eligibility for MassHealth Behavioral Health Services

- If a youth (under age 21) is enrolled in MassHealth Standard or CommonHealth, covered services include the new MassHealth behavioral health services, if the service is medically necessary, as well as all other MassHealth-covered behavioral health services. (Generally, about 85% of all youth enrolled in MassHealth have Standard or CommonHealth, although enrollment statistics vary over time.)
- If a youth has MassHealth Family Assistance, Basic or Essential coverage types, the youth may be eligible for Mobile Crisis intervention and In-Home Therapy, as well as many other MassHealth Behavioral Health services. The other new MassHealth behavioral health services, such as Intensive Care Coordination, are not covered services.
- If a youth not enrolled in MassHealth Standard or CommonHealth has serious emotional disturbance (SED) (as determined by through a CANS or other clinical assessment) he or she may be eligible for CommonHealth, a MassHealth program for people with disabilities. There is no income limit for CommonHealth. If the youth's family's income is more than 100% of the federal poverty level, the family may have to pay a premium or pay a one-time deductible. To apply for CommonHealth, parent/guardian should contact MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648), to request both a new "Medical Benefits Request (MBR)" form, and a "Disability Supplement" form.
- If the youth or family/guardian does not know which type of MassHealth insurance the youth has, staff can check the Eligibility Verification System (EVS) or help the family check with their MassHealth Plan:
 - o Boston Medical Center (BMC) HealthNet Plan 1-888-566-0010 (English and other languages) 1-888-566-0012 (Spanish) TTY: 1-800-421-1220
 - o Fallon Community Health Plan 1-800-868-5200 TTY: 1-877-608-7677
 - o Health New England (HNE) 1-800-786-9999 (TTY: 1-800-439-2370)
 - o Neighborhood Health Plan 1-800-462-5449 TTY: 1-800-655-1761
 - o Network Health 1-888-257-1985 TTY: 617-888-391-5535

- o Primary Care Clinician (PCC) Plan 1-800-841-2900 TTY: 1-800-497-4648
- o Mass. Behavioral Health Partnership 1-800-495-0086 TTY: 617-790-4130
- If a family does not know which Health Plan their child is on, they can look at the Health Plan card they give their doctor or nurse during an office visit. If they do not have a card, they can call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648). If they are enrolled in MassHealth, but not yet enrolled in a Health Plan, they can call MassHealth customer service and be helped to enroll in a Health Plan.
- If the youth is not insured or has no coverage for mental health services, but may be eligible for MassHealth, staff can help the youth/ parent/guardian contact the appropriate regional MassHealth Enrollment Center, or call the MassHealth Customer Service number. Again, if the child has serious emotional disturbance, the family should request a disability supplement form, in addition to a Medical Benefits Form. (See above)

MassHealth Customer Service: 1-800-841-2900 (TTY: 1-800-497-4648)	
MassHealth Regional Enrollment Centers	
Revere	781-485-2500
Taunton	508-828-4600
Tewksbury	978-863-9200
Springfield	413-785-4100

- If the youth has private insurance, staff can help the youth/parent/guardian contact their insurance company to access services covered by the insurer.

2. Screening

DPH school-based nurse practitioners conduct behavioral health screens as a standard part of Early, Periodic Screening, Diagnosis, and Treatment (EPSDT)² using one or more of the MassHealth approved tools. As needed, additional, focused screening tools are used.

3. Assessment

- If the ESPDT screen indicates that a youth needs a behavioral health assessment, the nurse practitioner meets with the parent/guardian to inform them of the findings of the ESPDT

² The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is, in effect, the package of Medicaid benefits for children. Under EPSDT requirements, states must provide comprehensive health and developmental assessments and vision, dental and hearing services to children and youth up to age 21. The goal of these prevention-oriented services is the early identification of conditions that can impede children's natural growth and development so as to avoid the health and financial costs of long-term disability. In addition to screening services, EPSDT also covers the diagnostic and treatment services necessary to ameliorate acute and chronic physical and mental health conditions.

screen and shares information about providers who can provide an assessment, which will inform the need for services.

- Families can obtain a behavioral health assessment from several types of service providers (see Assessment Referral Guidelines below):
 1. An outpatient mental health clinician, such as the outpatient provider associated with your School-Based Clinic, or other outpatient provider.
 2. An In-Home Therapy provider (as described earlier in this manual)
 3. A Community Service Agency (CSA) that delivers intensive Care Coordination (as described earlier this manual)
- Nurse practitioners can help minimize the number of clinical transitions for the youth and family by providing information about the most appropriate service. Nurse practitioners can learn more about the different services in the MassHealth Services section at the beginning of this manual, the Assessment Referral Guideline below, and the more detailed Medical Necessity Criteria included in Appendix B.
- The custodial parent or legal guardian has the right to seek behavioral health treatment for their child, including a pre-treatment assessment, from any provider of any service in the child's managed care network.
- The behavioral health assessment will be followed by treatment or referral to a more appropriate service. Families can seek new or more intensive services as the need presents itself.

Assessment Referral Guidelines

- If the child already has an outpatient clinician or psychiatrist, the nurse practitioner should confer with the child's clinician, with appropriate consent, before making a referral for an assessment.
- If a child does not have a history of receiving behavioral health services, the nurse practitioner should typically begin by referring the family and child to an outpatient clinician for a diagnostic behavioral health assessment and a discussion of service options. The nurse practitioner may also recommend that the family consult with the child's Primary Care Clinician to ascertain if there are medical conditions causing or contributing to the youth's problem.
- If a child has a history of behavioral health needs or trauma, but is not currently seeing an outpatient clinician or psychiatrist, the nurse practitioner should share information with the family about the array of MassHealth behavioral health

services to help the family determine the most appropriate service and will provide the family with assistance in accessing that service.

- If a family knows that they are interested in receiving Intensive Care Coordination or In-home Therapy services, the family may go directly to a local Community Service Agency for ICC or an In-home Therapy provider to receive a behavioral health assessment and determination of medical need for the service. The nurse practitioner should assist the family in identifying the service provider in their area. (See Appendix A for provider lists.)
- If a child is in a psychiatric crisis, the parent/guardian or caregiver will be directed to call for Mobile Crisis Intervention through their local Emergency Services Provider (ESP). Mobile Crisis Intervention (MCI) will come to any location in the community where the child or youth is located, including home, school or other community setting. MCI is a short-term service that provides child-trained clinicians to respond to a youth experiencing a behavioral health crisis. Teams assess, treat and stabilize the crisis situation, remaining involved for up to 72 hours, including supporting the family by phone. MCI can also help families access additional MassHealth behavioral health services for their child. (For more information, see detailed service descriptions above and in Appendix B. See Appendix A for provider contact information in your area.)

4. Expected Response to Referrals

- For Referrals to Intensive Care Coordination
 - o Within 24 hours of referral to ICC, the ICC provider will make telephone contact with the parent or guardian to offer a face-to-face interview.
 - o A face-to-face interview with the youth and/or family will be offered within three (3) calendar days of the referral to begin a comprehensive home-based assessment.
 - o The comprehensive home-based assessment must be completed within 10 calendar days of the date on which consent for ICC was obtained. Eligibility for ICC services is determined as part of the comprehensive home-based assessment.
 - o The ICC care coordinator is expected to contact the referring school-based Nurse Practitioner (with proper consent as required by law) to discuss the referral before scheduling the comprehensive home-based assessment. As part of the comprehensive home-based assessment, the ICC care coordinator is expected to secure parent or guardian authorization and to convey it by fax, mail or hand delivery to the school-based Nurse Practitioner and other providers with whom they want to speak.
 - o The care coordinator will convene the youth's Care Planning Team within 28 calendar days of the parent/guardians consent to treatment.

- For Referrals to In-Home Therapy
 - o The In-Home Therapy provider responds telephonically to all referrals within one business day.
 - o During daytime operating hours (8 a.m. to 8 p.m.), the In-Home Therapy Services provider responds by offering a face-to-face meeting with the youth or family seeking services within 24 hours.
- For Referrals to Outpatient Providers
 - o Talk with your subcontracted Outpatient Provider for more information.
- For Referrals to Mobile Crisis Intervention
 - o Mobile Crisis Intervention arrives within 1 hour of receiving a telephone request.
 - o For remote geographical areas, Mobile Crisis Intervention arrives within the usual transport time to reach the destination.

5. Continuity of Care

As part of the primary care team, the nurse practitioner will keep the primary care physician informed of any behavioral health services accessed as a result of all behavioral health referrals by the school-based clinic.

- Establishing a Collaborative Relationship with Your Local Community Service Agency (CSA): The nurse practitioner is encouraged to establish a working relationship with the director of the Community Service Agency (CSA) in their area to facilitate collaboration for families served by both. If a Specialized CSA serving a specific target population is also in the area, the nurse practitioner should also establish a working relationship with the Specialized CSA. For more on geographic and specialized CSAs, see Appendix A.
- School-based Clinic's Participation on Care Planning Team: The parent may request that school-based clinic staff serve on the child's Care Planning Team. The school-based clinic staff is encouraged to participate to the maximum extent possible, given resource constraints, and also to help the Care Planning Team access other resources within the school.
- School-based Clinic Participation in Local System of Care Committees: Each Community Service Agency will convene a Local System of Care Committee focused

strengthening integration and communication among providers, families and other stakeholders serving youth with significant behavioral health needs. Sponsoring agencies of School-Based Clinics will designate at least one person to participate on the Local System of Care Committee. Other school-based clinic staff are encouraged to join the Local Systems of Care committee

6. Trainings To Ensure Coordination

- DPH School-based Clinician Training: School-based clinic staff will receive training in the newly available MassHealth behavioral health services (including the Intensive Care Coordination's Wraparound process) and in these protocols. The purpose of the Wraparound training component is to understand the process of collaborative care planning and the roles of school-based clinics in the process.
- CSA Training: Care coordinators and family partners will receive training in collaborative approaches to working with school-based clinics. DPH staff will help deliver this aspect of the CSA training.

