



In-Home Behavioral Services Performance Specifications

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications. Additionally, providers of this service and all contracted services will be held accountable to all “general” performance specifications.

In-Home Behavioral Services (IHBS) 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 treatment 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 that are designed to diminish, extinguish, or improve specific behaviors related to the youth’s behavioral health condition(s) and which are incorporated into the behavior management treatment plan and the risk management/safety plan.

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

This service is not hub dependent, however for youth engaged in Intensive Care Coordination (ICC) and/or In-Home Therapy (IHT), the behavior management treatment plan is designed to achieve goals identified in the youth’s Individual Care Plan (ICP). The Care Planning Team (CPT) works closely with the youth, parent/guardian/ caregiver and/or other individual(s) identified by the family to support adherence to the behavior treatment plan and to sustain the gains made.

Components of Service

1. Providers of In-Home Behavioral Services are outpatient hospitals, community health centers, mental health centers, other clinics, and private agencies certified by the Commonwealth of Massachusetts. In-Home Behavioral Services must be delivered by a provider with demonstrated infrastructure to support and ensure
 - a. Quality Management/Assurance
 - b. Utilization Management
 - c. Electronic Data Collection/IT
 - d. Clinical and Psychiatric Expertise
 - e. Cultural and Linguistic Competence
2. The activities of In-Home Behavioral Services include:
 - a. For Behavior Management Therapy:
 - i. Functional Behavioral Assessment

	<ul style="list-style-type: none"> ii. Documented observations of the youth in the home and community iii. Structured interviews with the youth, family, and any identified collaterals about his/her behavior(s) Completion of a written functional behavioral assessment iv. Development of a focused behavior management treatment plan that identifies specific behavioral and measurable objectives or performance goals and interventions (e.g. skills training, reinforcement systems, removal of triggering stimuli, graduated exposure to triggering stimuli, etc.), that are designed to diminish, extinguish, or improve specific behaviors related to a youth’s mental health condition(s) v. Development of specific behavioral objectives and interventions that are incorporated into the youth’s new or existing risk management/safety plan vi. Modeling for the parent/guardian/caregiver on how to implement strategies identified in the behavior management plan vii. Working closely with the behavior management monitor to ensure the behavior management plans and risk management/safety plan are implemented as developed by the behavior management therapist, and to make any necessary adjustments to the plan <p>b. For Behavior Management Monitoring:</p> <ul style="list-style-type: none"> i. Monitoring the youth’s progress on implementation of the goals of the treatment plan developed by the behavior management therapist ii. Providing coaching, support, and guidance to the parent/guardian/caregiver in implementing the plan iii. Working closely with the behavior management therapist to ensure the behavior management plans and risk management/safety plan are implemented as developed, and reporting to the behavior management therapist if the youth is not achieving the goals and objectives set forth in the behavior management plan so that the behavior management therapist can modify the plan as necessary <p>3. The In-Home Behavioral Services provider develops and maintains policies and procedures relating to all components of In-Home Behavioral Services. The agency will ensure that all new and existing staff will be trained on these policies and procedures.</p> <p>4. The In-Home Behavioral Services provider provides these services in the youth’s home and community.</p> <p>5. The In-Home Behavioral Services provider works collaboratively with other existing provider(s) and delivers services in accordance with the youth’s plan of care.</p>
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Staffing Requirements

	<p>This service is usually provided by a staff team including a Behavior Management Therapist and a Behavior Management Monitor.</p> <p>The minimum staff qualifications for each are as follows.</p> <ol style="list-style-type: none"> 1. Behavior Management Therapist
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- a. Master's-level practitioner (A master's-level practitioner with a degree that is on the Managed Care-approved list) for these purposes includes persons with the following credentials:
 - i. Developmental-behavioral pediatricians, developmental-behavioral pediatric fellows, LICSWs, LCSWs, LMFTs, LMHCs, licensed psychologists, master's-level counselors, marriage and family therapy interns, mental health counselor interns, psychiatric nurse mental health clinical specialists, psychiatric nurse mental health clinical specialist trainee, psychiatric nurses, psychiatrists, psychiatry residents, psychology interns, and social work interns. Note that all unlicensed master's-level counselors and/or interns must provide services under the direct supervision of an LICSW, LMFT, LMHC, LCSW, LADC I, Psychologist, Psychiatric Nurse, or Nurse Clinical Specialist consistent with applicable state licensure requirements. Please see Massachusetts State Plan 08-004 for further definition of the credentials described above.); AND
 - ii. Board-Certified Behavior Analyst (BCBA); OR
 - iii. Enrolled in a behavior analyst training program and eligible for certification within nine months; OR
 - iv. A psychologist licensed by the Massachusetts Board of Registration in Psychology with experience performing functional behavioral assessments and implementing and evaluating intervention strategies; OR
 - v. A master's level mental health practitioner working under the supervision of a BCBA; OR
 - b. A master's-level mental health practitioner with relevant training and two years' experience inclusive of but not limited to:
 - i. conducting functional behavioral assessments (FBA) of youth with serious emotional and behavioral disturbances that include observing and analyzing behavior in settings where the behavior is naturally occurring; evaluating specific antecedent stimuli and consequences; and understanding the values, skills, and resources of those who are responsible for implementing the behavior plan; AND
 - ii. selecting interventions and strategies based on the results of the FBA and designing behavior plans that include intensive behaviorally oriented interventions; AND
 - iii. evaluating progress based on both qualitative and quantitative data and making adjustments to the behavior plan as needed; AND
 - iv. working with parents/caregivers and paraprofessional staff in homes and other community-based settings to implement behavior plans using techniques grounded in principles of positive behavior support (PBS) and/or applied behavioral analysis (ABA) with an aim toward extinguishing a wide range of challenging behaviors and increasing more socially acceptable behaviors that are age or developmentally appropriate.
2. Behavior Management Monitor
- a. Supervision by a clinician meeting one of the above criteria and:
 - i. A bachelor's degree in a human services field (that is on the Managed Care-approved list) from an accredited university and one year of direct relevant

	<p>experience working with youth and families who require behavior management to address mental health needs; OR</p> <ul style="list-style-type: none"> ii. An associate’s degree (that is on the Managed Care-approved list) and a minimum of two years of relevant direct service experience working with youth and families who require behavior management to address mental health needs. <p>b. The provider ensures that In-Home Behavioral Services staff is trained in principles of behavior management. The provider also ensures that all behavioral management therapy and monitoring staff completes training, upon employment and annually thereafter, inclusive of the following topics:</p> <ul style="list-style-type: none"> i. Overview of the clinical and psychosocial needs of the target population ii. Systems of Care principles and philosophy iii. Role within a CPT iv. Ethnic, cultural, and linguistic considerations of the community v. Community resources and services vi. Family-centered practice vii. Behavior management coaching viii. Social skills training ix. Psychotropic medications and possible side effects x. Risk management/safety plans xi. Crisis Management xii. Introduction to child-serving systems and processes (DCF, DYS, DMH, DESE, etc.) xiii. Basic IEP and special education information xiv. Managed Care Entities’ performance specifications and medical necessity criteria xv. Child/adolescent development including sexuality xvi. Conflict resolution <p>c. The In-Home Behavioral Services provider ensures that a licensed, senior clinician with the following credentials – LICSW, LMFT, LMHC, LCSW, LADC I, Psychologist, Psychiatric Nurse, or Nurse Clinical Specialist – provides adequate supervision to all unlicensed, master’s-level behavior management therapists and/or interns as well.</p>
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Service, Community, and Collateral Linkages

	<ol style="list-style-type: none"> 1. For youth who are receiving ICC, the In-Home Behavioral Services provider participates as a member of the care planning team (CPT) and works closely with CPT to implement the goal(s) and objective(s) identified by the CPT. 2. For youth who are not receiving ICC, the In-Home Behavioral Services provider works closely with the family and any behavioral health existing/referring provider(s) to implement the goals and objectives identified by the referral source. 3. For youth who are receiving ICC, the In-Home Behavioral Services provider participates
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	<p>in all care planning meetings and processes. When state agencies (DMH, DCF, DYS, DPH, DESE/LEA, DDS, probation office, the courts) are involved with the family and with appropriate consent, the provider participates, as appropriate, with these agencies with regard to service/care planning and coordination, on behalf of, and with, the family.</p>
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<p>Quality Management (QM)</p>	
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	<p>The In-Home Behavioral Services provider participates in quality management activities that include fidelity monitoring and attends meetings as required.</p>
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<p>Process Specifications</p>	
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<p>Treatment Planning and Documentation</p>	<ol style="list-style-type: none"> 1. Telephone the parent/caregiver within five calendar days of referral, including self-referral, to offer a face-to-face interview with the family. 2. Fourteen days is the Medicaid standard for the timely provision for services established in accordance with 42 CFR 441.56(e). The 14-day standard begins from the time at which the family has been contacted. 3. Providers shall maintain a waitlist if unable to offer a face-to-face interview and initiate services within five calendar days of contact with the parent/caregiver. 4. In-Home Behavioral Services are provided in a clinically appropriate manner and focused on the youth’s behavioral and functional outcomes as described in the treatment and discharge plans. 5. Treatment planning is individualized and appropriate to the youth’s age and changing condition, with realistic, specific, attainable, and measurable goals and objectives stated. 6. There is documented active coordination of care with ICC, other current behavioral health providers, the PCP/PCC (primary care physician/clinician), and other services and state agencies. If coordination is not successful, the reasons are documented and efforts to coordinate care continue. 7. For youth who are receiving ICC, the In-Home Behavioral Services staff must coordinate with and attend all CPT meetings that occur while they are providing In-Home Behavioral Services to the youth. At these meetings, they give input to the CPT in order to clearly outline the goals of the service in the ICP and provide updates on the youth’s progress. In concert with the family and the CPT, the behavior management therapist will determine if the youth needs Behavior Management Monitoring in addition to the Behavior Management Therapy. The In-Home Behavioral Services provider will identify to the CPT the number of hours per week/month of the In-Home Behavioral Services that are medically necessary for the youth. 8. For youth who are not receiving ICC, the In-Home Behavioral Services staff must coordinate and attend all treatment team meetings in order to clearly outline the goals of the service and provide updates on the youth’s progress. In concert with the family, the behavior management therapist will determine if the youth needs Behavior Management Monitoring in addition to the Behavior Management Therapy. 9. The In-Home Behavioral Services provider will identify the number of hours per week/month for the In-Home Behavioral Services that are medically necessary for the youth. 10. The behavior management therapist completes a comprehensive assessment , inclusive of a functional behavioral assessment and develops a highly specific behavior
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	<p>management plan with clearly defined interventions and measurable goals and outcomes within 14 to 28 calendar days of the first meeting with the family, that are consistent with the concerns/goals identified by the family and or other provider agencies.</p> <ol style="list-style-type: none"> 11. In order for a behavior management therapist to diagnose a behavioral health disorder as part of a comprehensive assessment, they must hold a Master’s degree that qualifies them to do so. For behavior management therapists with a non-mental health degree included on the MCE approved degree list, a qualified clinician would be expected to perform this function. The assessment and plan must be signed off by an independently licensed clinician. 12. Evidence-based or best-practice models that match the main need/focused problem are recommended to guide treatment/care planning and interventions. 13. The behavior management treatment plan must be updated every 90 days, including updates following any sentinel events such as presentation to an ESP or hospitalization. 14. For youth who receive ICC, In-Home Behavioral Services staff has contact as needed but at least one per week with the youth’s ICC care coordinator to provide updates on progress on the identified ICP goal(s). For youth not receiving ICC, the In-Home Behavioral Services staff has regular, frequent contact with the youth’s referring provider to report updates on progress on the identified behavioral goal(s). 15. The In-Home Behavioral Services provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respecting the family’s dignity and right to choice. 16. The behavior management therapist and monitor document each contact in a progress report in the provider’s file for the youth. 17. The behavior management therapist gives his/her agency’s after-hours emergency contact information and procedures to the parent/guardian/caregiver.
<p>Discharge Planning and Documentation</p>	<p>A discharge planning meeting is scheduled whenever the provider and family determines that the youth has met his/her goals and no longer needs the service, the family no longer wants the service, or the youth no longer meets the medical necessity criteria for In-Home Behavioral Services.</p> <ol style="list-style-type: none"> 1. There is documented active discharge planning from the beginning of treatment. 2. The reasons for discharge and all behavior management treatment and discharge plans are clearly documented in the record. 3. For youth engaged in ICC, In-Home Behavioral Services staff develops an up-to-date copy of the behavior management plan, which is given to the parent/guardian/caregiver on the last date of service, and to the ICC care coordinator and CPT within seven calendar days of the last date of service. 4. For youth not involved in ICC, the In-Home Behavioral Services staff develops an up-to-date copy of the behavior management plan, which is given to the parent/guardian/caregiver on the last date of service and to all current /referring provider(s) within seven days of the last date of service. 5. If an unplanned termination of services occurs, the provider makes every effort to contact the parent/guardian/caregiver to obtain their participation in In-Home Behavioral Services and to provide assistance for appropriate follow-up plans (i.e., schedule another appointment, facilitate a clinically appropriate service termination, or provide

	appropriate referrals). For youth receiving ICC, the provider will make every effort to contact the ICC care coordinator. Such activity is documented in the record.
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