

Massachusetts Rehabilitation Commission

Guide to New and Current MassHealth Behavioral Health Services



Rev. March 2013

Table of Contents

Section 1

MassHealth: New and Current Services **Pg. 3**

Section 2

Massachusetts Rehabilitation Commission Protocols **Pg. 13**

Section 1. The Children's Behavioral Health Initiative (CBHI)

The Children's Behavioral Health Initiative is an interagency effort 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/cbhi.

MassHealth's Home- and Community-Based Behavioral Health Services for Children and Youth

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 services *complement* the previously available behavioral health services for MassHealth-enrolled children and youth under the age of 21. Below, you will find brief descriptions of the services available since 2009, and of previously-available 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.

Home- and Community-Based Behavioral Health Services

What follows are brief descriptions of the new services, with suggestions of who might benefit from each of the 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 (please click [here](#) to view or download Medical Necessity Criteria for these services, or go to www.mass.gov/masshealth/cbhi and click on Home- and Community-Based Behavioral Health Services for Families and Children). 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.

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 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, which 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 addressed 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 could help the parent/caregiver/youth get needed services.

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

MassHealth requires 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 tool 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. Clinical Hub Services

To help families get the right level of service and better coordinated care for their children, MassHealth behavioral health services have been organized around three clinical "hub" services: Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination (ICC). **A Clinical Hub acts as the central point of coordination and communication for children and youth involved in more than one service.** A Clinical Hub service provider is responsible for coordinating care and collaborating with other service providers who work with the child and family (e.g., making regular phone calls to people involved in the child or youth's life such as parents, providers, teachers, therapists, coaches, etc; holding meetings with the family and other treatment providers; or convening care planning teams for ICC). Clinical Hub services in order of increasing level of care coordination are: **Outpatient Therapy, In-Home Therapy and**

Intensive Care Coordination (ICC). When the child or youth is involved in more than one Clinical Hub service, care coordination is provided by the highest level hub service.

Clinical Hub Service #1: Outpatient Therapy

Outpatient therapy provides therapeutic intervention to children and youths in need of mental health resources, and may include individual, family, and group therapies. Outpatient therapy is usually delivered in a clinician's office although it may occur in other settings. This service 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 child's life (e.g., family, social, school, job).

Who is likely to need outpatient therapy?

If the child or youth has not previously received counseling or behavioral health services, or has benefited from outpatient therapy before, outpatient therapy is a good place to start. Outpatient therapy can provide an initial assessment for other needed services that the clinician and/or family identify, or follow up support for children and youth graduating from more intensive services or settings.

Who may need a different behavioral health service?

- ***A child or youth in an immediate behavioral health crisis.*** The family should immediately call for Mobile Crisis Intervention through their local Emergency Services Provider (ESP). Mobile Crisis Intervention is a MassHealth service that offers face-to-face, onsite crisis intervention wherever the child or youth is located. See section E "Other MassHealth Behavioral Health Services" for more information on Mobile Crisis Intervention.
- ***A child or youth who already has an outpatient clinician or psychiatrist but who continues to struggle at home, school, or in the community.*** The family or youth should be encouraged to talk with their provider about changing the treatment plan or the need for additional behavioral health services. The child's outpatient clinician or psychiatrist may also recommend additional behavioral health services.
- ***A child or youth with significant behavioral health needs or history of trauma who is not currently seeing an outpatient clinician or psychiatrist.*** Review the three clinical hub services with the family or youth to help them decide where to start. If the family or youth selects ICC or In-Home Therapy, tell them that they can call a nearby ICC or In-Home Therapy provider directly to schedule an appointment for a behavioral health assessment and determination of medical need for the service.

Clinical Hub Service #2: In-Home Therapy

In-Home Therapy is a flexible service that allows providers to deliver intensive family therapy to the child or youth in the home, school, or other community settings. In-Home Therapy providers work with the family to understand how the family functions and how relationships can be strengthened to benefit the child. In this service, a clinician and a trained paraprofessional work with the family to develop and implement a treatment plan, identify community resources, set limits, establish helpful routines, resolve difficult situations, or change problematic patterns that interfere with the child's development. In-Home Therapy offers greater flexibility than outpatient therapy, not only in intensity, but also in treatment setting. Therapeutic work in a natural environment can offer opportunities not available in a clinical setting for rehearsing new strategies.

Who is likely to need In-Home Therapy?

- Families whose home dynamics are affected by a child or youth's behavioral health needs and who need more urgent or intensive help with a child's emotional and behavioral challenges than could be addressed through outpatient therapy; and
- Families who have identified their primary need as learning new ways to relate to one another, or new ways to set limits or regulate their child's behavior, or who have tried outpatient therapy but not found it effective.

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 (see below) 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.

Clinical Hub Service #3: Intensive Care Coordination (ICC)

Unlike the other Clinical Hubs, ICC is not therapy. It is an intensive, individualized care planning and management process for children and youth with **serious emotional disturbance** that uses the Wraparound process. ICC provides intensive, individualized care planning and management. A facilitator, called the Care Coordinator, works with a family to convene a team whose purpose is to create and implement an individual care plan for the child or youth. The Care Planning Team often includes therapists, school administration and/or school support staff (i.e., nurses, adjustment counselors, behavioral health staff, psychologists, etc.), 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. In partnership with the team, the family actively guides its own care. Together they come up with ways to support the family's goals for the child (or youth's goals, in the case of an older child) set in the individual care plan, which builds on the family's strengths

and respects its cultural preferences. The individual care plan lists all behavioral health, social, therapeutic, or other services needed by the child and family, including informal and community resources. It guides the child's care and involves all providers and state agencies to integrate services.

The Care Planning Team may meet monthly and with greater frequency for a child or youth with more complex needs. At these meetings the team seeks to:

- help the family obtain and coordinate all necessary services that the child needs and/or receives from providers, state agencies, special education, or a combination thereof;
- create a structured process that facilitates a collaborative relationship among team members: the youth, family members, natural supports, service providers, state agency, and school staff, to help the child reach the goals in the individual care plan;
- chart progress, solve problems, and make adjustments to the individual care plan; and
- find creative and sustainable solutions for the child and family beyond their involvement in ICC.

Who is likely to need ICC?

A child or youth who needs, or receives, services from multiple providers, schools, or state agencies may benefit from ICC. ICC can help prioritize goals and monitor progress, ensuring that interventions and services are effective and coordinated. ICC can also address needs other than behavioral health, such as connecting families and/or youth to a variety of sustainable supports, like recreational activities for the child or youth support groups, faith communities, and community-based social events.

For more information on Wraparound, see the [National Wraparound Initiative](http://www.nwi.pdx.edu/) web site (<http://www.nwi.pdx.edu/>).

Geographically-Based CSAs: MassHealth's Managed Care Contractors have selected 29 Community Service Agencies (CSAs) — one for each of 29 service areas — to provide ICC. 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 three 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.

- Children's Services of Roxbury specializes in serving the African-American population in Greater Boston.
- The Gandara Center specializes in serving the Latino population in the Springfield/Holyoke area.

- 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.

How do I make a referral?

See the list of Community Service Agencies [here](#), or go to www.mass.gov/masshealth/chbi and click on CBHI Contact Information on the right hand side. The list is at the top of the page.

D. “Hub Dependent” MassHealth Behavioral Health Services

MassHealth also pays for additional home and community-based behavioral health services: Family Support and Training, In-Home Behavioral Services, and Therapeutic Mentoring. These services are “hub dependent,” meaning they address goals set in a treatment plan developed through a Clinical Hub provider (Outpatient Therapy, In-Home Therapy, or ICC). If the child or youth is enrolled in ICC, the Care Planning Team determines which additional services should be included in the treatment plan. To access these services, **a MassHealth-enrolled child must first be enrolled in a hub service**. Tell families interested in the following services to first contact a Clinical Hub provider, i.e., a provider of Outpatient Therapy, In-Home Therapy, or ICC. The family and provider can discuss options including these hub dependent services in the child’s treatment plan. You can direct the family to MassHealth customer service (1-800-841-2900/TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) for assistance in locating an Outpatient Therapy, In-Home Therapy or ICC provider.

Family Support and Training (Family Partners)

Family Partners help families and their children reach their treatment goals. Family Partners are parents or caregivers of children with special needs — they’ve “been there,” understand what families go through, and can share their experiences. Family Partners are not clinicians, but they work closely with parents to make sure that children and youth receive the services and supports they need. Family Support and Training is provided by Community Service Agencies (CSAs), which also provide Intensive Care Coordination (ICC). A family enrolled in ICC can request a Family Partner to work with them on their Care Planning Team. Family Partners are also available for families of children in other hub services. (As with all services, the Family Partner service must be medically necessary.)

In-Home Behavioral Services

In-Home Behavioral Services offer valuable support to a child or youth who has challenging behaviors that interfere with everyday life. A clinician and a trained paraprofessional work closely with the child and family to create and implement treatment plans that diminish, extinguish, or improve specific behaviors. The trained paraprofessional is known as a “monitor” and he or she works with the child and family

to implement the child's behavior plan. This service may be most appropriate for children and youth who have not responded to "talk" therapies such as Outpatient or In-home Therapy. In-Home Behavioral Services are generally available to members who live in the community and can be provided in locations in addition to home, such as, school, child care, and other community settings.

Therapeutic Mentoring Services

Therapeutic mentoring is a support service that pairs a child or youth with an adult mentor with the purpose of building and enhancing the child's social, communication, and life skills. The therapeutic mentor works one on one with the child to achieve goals in the plan written by an outpatient therapist, In-Home Therapy provider or an Intensive Care Coordination (ICC) team. Therapeutic Mentoring Services can be delivered in the home, school, child care and other community settings, as well as social and recreational settings.

E. Other MassHealth Behavioral Health Services

A child or youth does not need to be enrolled in one of the clinical hub services in order to access these services. For more specific information about how to access the following services on behalf of a youth enrolled in a MassHealth-managed care plan contact the plan directly.

Structured Outpatient Addictions Program (SOAP) for Adolescents

SOAP is a short-term, clinically intensive, structured day and/or evening substance abuse service. It provides multidisciplinary treatment to address the sub-acute needs of teens with addiction and/or co-occurring addiction and mental health conditions, while allowing them to 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.

Mobile Crisis Intervention (MCI)

MCI is a short-term treatment service that is available 24-hours a day, seven days a week to children under the age of 21 and their families. Unlike older models of crisis intervention, MCI does not simply assess the need and refer for hospitalization or medication. Instead, MCI is a treatment service. MCI staff identify, assess, treat, stabilize and otherwise help children and families to resolve crisis situations to reduce the immediate risk of danger to the child or others. Interventions may take the form of counseling, problem-solving, collaborating with family members, schools, or treatment providers, and safety planning. MCI may include psychiatric consultation, urgent psychopharmacology intervention, as needed, and referrals and linkages to all medically necessary behavioral health services and supports. MCI may stay involved for up to 72

hours offering additional support, assuring that a plan is working or helping to coordinate care. MCI may also step a youth up to an emergency department or inpatient hospital unit when necessary.

The MCI service can be provided nearly anywhere in the community based on the preferences of the child/family and in consideration of any co-existing medical conditions or safety needs of the child in crisis. Settings that are most conducive to crisis resolution are those that are natural to the child—in their home, in their school, in their community. For families who prefer their child is seen in an office setting, each ESP operates a walk-in, community-based crisis facility. All of the walk-in facilities are open seven days a week and several of them are open around the clock. (To download a list of ESP/MCI providers, click [here](#), or go to www.mass.gov/masshealth/cbhi and click on CBHI Contact Information on the right hand side—the list is at the top of the page).

There are very good reasons to choose MCI rather than the closest hospital emergency department when a child has a behavioral health crisis. Most children and families will do better with MCI, which is tailored to behavioral health needs. The ED is designed to treat medical emergencies, and tends to be a high-energy, stressful environment; in an ED a child may experience a long wait for evaluation, experience medical tests, and be evaluated by staff who do not specialize in pediatric mental health. Transportation to the ED by ambulance may be especially stressful for children, and families often find the ED experience long, stressful and exhausting. Furthermore, MCI can always use the hospital ED when needed, such as in cases where medical evaluation of the child is required.

Short-term plans created by MCI help the child or youth remain in the home and reduce the need for out-of-home placement or hospitalization. Many times the MCI service is successful in reducing harm and/or relieving stressors that led to the crisis. Sometimes the resolution lies in providing support and information to parents, coordinating care with other service providers, brainstorming with family members, school personnel and/or addressing resource issues. If the MCI service and any associated strategies are not sufficient in reducing harm or relieving the stressors, the team will talk to the child and parents about options for further treatment. This might include a referral for outpatient treatment or, less often, brief out-of-home treatment such as inpatient psychiatric treatment.

Mobile Crisis Intervention is provided by the Emergency Service Provider (ESP) in the region. See the list of ESPs [here](#), or go to www.mass.gov/masshealth/cbhi and click on CBHI Contact Information on the right hand side. The list is at the top of the page.

How Do I Make a Referral?

For more information about how to access any of the 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 people who are deaf, hard of hearing, or speech disabled.)

For youth who are enrolled in a MassHealth-managed care plan, please call:

Boston Medical Center (BMC) HealthNet Plan

1-866-444-5155 | TTY: 1-781-994-7660 or 1-866-727-9441

Fallon Community Health Plan

1-800-868-5200 | TTY: 1-877-608-7677

Health New England (HNE)

1-413-788-0123 or 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: 1-888-391-5535

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 or 1-877-509-6981

Beacon Health Strategies

1-888-217-3501 | TTY: 1-866-727-9441

Massachusetts Rehabilitation Commission Protocols for Accessing MassHealth Home- and Community-Based Behavioral Health Services

MRC's Strategic Interest in Helping Families Access Behavioral Health Services

The Massachusetts Rehabilitation Commission (MRC) assists individuals with disabilities to live and work independently. MRC is responsible for Vocational Rehabilitation Services, Community Services, and eligibility determination for the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) federal benefits programs for Massachusetts citizens with disabilities. MRC serves people with all types of disabilities *except* those who are blind.

MRC provides comprehensive services to people with disabilities that will maximize their quality of life and economic self-sufficiency in the community. This is accomplished with multiple programs, including our Public Vocational Rehabilitation Program through which people with disabilities might receive the following services: eligibility determination, vocational evaluation and assessments, vocational counseling and guidance, skills training or education assistance, on-the-job training, job-placement services, job coaching, and post-placement services. Young adults between the ages of 18-21 whom the MRC serves may be eligible for MassHealth's expanded and improved behavioral health services. These services can further MRC's mission to maximize the quality of life for young adults with 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 percent 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 is 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 has Medicare AND is enrolled in MassHealth Standard or CommonHealth, he or she will be enrolled in the Massachusetts Behavioral Health Partnership for his or her MassHealth Behavioral Health benefit and will be able to access all new and existing MassHealth Behavioral Health Services.
- If a youth eligible for Mass Rehab services is not enrolled in MassHealth Standard or CommonHealth, 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 percent of the federal poverty level, the family may have to pay a premium or a one-time deductible. To apply for CommonHealth, the parent/guardian should contact MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) to request both a new "Medical Benefits Request (MBR)" form and a "Disability Supplement" form.

- **If a youth has Medicare AND is enrolled in MassHealth Standard or CommonHealth**, he or she will be enrolled in the Massachusetts Behavioral Health Partnership for his or her MassHealth Behavioral Health benefit and will be able to access all medically necessary new and existing MassHealth Behavioral Health Services.
- **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:
 - **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** 1-800-868-5200 TTY: 1-877-608-7677
 - **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
 - **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 for people who are deaf, hard of hearing, or speech disabled). If they are enrolled in MassHealth but not yet enrolled in a health plan, they can call MassHealth customer service for help enrolling 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. If the child has serious emotional disturbance or another disability, 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 for people who are deaf, hard of hearing, or speech disabled)	
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. Primary Care Behavioral Health Screening

Primary care clinicians (PCCs) seeing MassHealth-enrolled children and youth up to the age of 21 are now required to offer to conduct a standardized behavioral health screen as part of regular “well-child visits.” PCCs must use one of eight MassHealth approved screening tools.

A family/guardian with a youth who may have a co-occurring behavioral health need will be encouraged to talk with their PCC about their concerns and about behavioral health screening for the youth. PCCs can often provide helpful guidance to families; however, youth are not required to have a behavioral health screen prior to accessing a behavioral health assessment and services.

3. Helping MassHealth-Eligible Youth Access A Behavioral Health Assessment and Services

Mass Rehab vocational counselors work with transition-aged youth through age 21 with disabilities who are in need of vocational services, both within high schools across the Commonwealth and with out-of-school youth.

1. Vocational Counselors in High Schools: Mass Rehab vocational counselors work with youth identified by the school as eligible for vocational rehab services due to a disability. For youth on MassHealth with behavioral health needs, Mass Rehab vocational counselors will share information with school personnel and with the youth and family about the new MassHealth behavioral health services, and about how to access those services locally. As part of their case management work, Vocational Counselors will help families to access services as requested.

2. Vocational Counselors Serving Out-Of-School Youth Up to Age 21: Mass Rehab vocational counselors also work with out-of-school youth. For youth on MassHealth with behavioral health needs, vocational counselors will share information with the youth and family about the new MassHealth behavioral health services.

Information and Referral Process

- Staff can learn more about available services in the MassHealth Services section at the beginning of this manual, along with more detailed Medical Necessity Criteria — see Section 3 Additional Resources.
- A comprehensive behavioral health assessment can be conducted by any MassHealth Outpatient clinician, In-Home Therapy provider or through a Community Service Agency (CSA), providing Intensive Care Coordination.
- For youth requiring In-home Behavioral Services or Therapeutic Mentoring, these services may be accessed as part of a behavioral health Treatment Plan or Individual Care Plan through any of the three core clinical services (Outpatient Therapy, In-Home Therapy or Intensive Care Coordination).
- The custodial parent or legal guardian has the right to seek behavioral health treatment, including a pre-treatment assessment, from any provider of any service in the youth's managed-care network.

Referral Guidelines

- **If the child already has an outpatient clinician or psychiatrist**, the Vocational Counselor will encourage the family to confer with the child's clinician about the need for additional behavioral health services. The outpatient provider can conduct the assessment and help the family to access additional services as needed.
- **If a child does not have a history of receiving behavioral health services**, staff should typically begin by referring the family and child to an outpatient clinician for a diagnostic behavioral health assessment followed by a discussion with the clinician of service options. Vocational counselors 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 condition.
- **If a child has a history of significant behavioral health needs or significant trauma, but is not currently seeing an outpatient clinician or psychiatrist**, staff should share information with the family about the array of MassHealth behavioral health services to help the family determine the most appropriate service and 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. Staff should assist the family in identifying the service provider in their area. (See Section 3 Additional Resources for information on finding providers.)

- If a child is in an acute psychiatric crisis, the parent/guardian or caregiver will be directed to immediately call for Mobile Crisis Intervention through their local Emergency Services Provider (ESP). Mobile Crisis Intervention is a new MassHealth service that offers face-to-face, onsite crisis intervention wherever the child or youth is located. Provided by a team consisting of a clinician and a paraprofessional trained to work with children, youth and families, Mobile Crisis Intervention is available 24 hours a day, seven days a week, and can stay involved with the youth and family up to 72 hours. (For more information, see detailed service descriptions in Section 2. See Section 3 Additional Resources for information on finding providers through the CBHI brochure.)

4. Expected Response from Behavioral Health Providers to Referrals

For Referrals to Intensive Care Coordination

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.

- A face-to-face interview with the youth and/or family will be offered within three calendar days of the referral to begin a comprehensive home-based assessment.
- 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.
- The ICC care coordinator is expected to contact the referring Vocational Counselor (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 any service providers with whom they want to speak.
- 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

- The In-Home Therapy provider responds by phone to all referrals within one business day.
- 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 Mobile Crisis Intervention

- Mobile Crisis Intervention arrives within one hour of receiving a telephone request.
- For remote geographical areas, Mobile Crisis Intervention arrives within the usual transport time to reach the destination.

5. Continuity of Care

- **Establishing a Collaborative Relationship with Your Local Community Service Agency (CSA):** The Vocational Counseling director in each Vocational Rehabilitation Area Office is encouraged to establish a working relationship with the directors of the Community Service Agencies (CSAs) in their area to facilitate collaboration for youth with co-occurring mental health needs. If a Specialized CSA serving a specific target population is also in the area, the provider should also establish a working relationship with the Specialized CSA. For more on geographic and specialized CSAs, see Section 2, under Clinical Hub Service 3, Intensive Care Coordination.
- **Participation on ICC Care Planning Team:** If a youth is simultaneously receiving vocational counseling services AND Intensive Care Coordination, the Vocational Counselor will participate on the child's ICC Care Planning Team to ensure an integrated care plan. The team will work with the youth and family to develop an integrated care plan across providers.
- **Participation in Local System of Care Committees:** Each Community Service Agency will convene a Local System of Care Committee focused on strengthening integration and communication among providers, families and other stakeholders serving youth with significant behavioral health needs. The Vocational Counseling Directors will be available for consultation as needed to the relevant Local System of Care Committees in their region.

6. Training To Ensure Coordination

- **Training for Mass Rehab staff:** Mass Rehab staff will receive training in the new MassHealth services and in these protocols with the goal of increasing collaboration and integration between mental health services in the community and Mass Rehab.