TIP SHEET FOR OUTPATIENT CLINICIANS: ROLES AND RESPONSIBILITIES AS A CHILDREN'S BEHAVIORAL HEALTH INITIATIVE (CBHI) HUB PROVIDER

The purpose of this tip sheet is to provide outpatient clinicians with information regarding their role as a Hub provider, as well as linkage to resources to enhance their effectiveness as members of a youth and family's team. It is anticipated that this tip sheet, along with participation in ongoing trainings, events, and CBHI Level of Care meetings, will assist outpatient clinicians in more fully understanding their new role and the new child-serving system.

Below are answers to commonly asked questions for outpatient clinicians regarding their role as a Hub within the CBHI.

What services can an outpatient clinician bill for as a CBHI Hub provider?

- In addition to the traditional therapeutic services (i.e., individual, couples, family and group therapy), outpatient clinicians can bill for time spent engaged in case and/or family consultations and/or in collateral contacts. This includes time spent with youth and/or with their parents/caregivers (face-to-face), when participating in treatment team/care planning team (CPT) meetings (phone and face-to-face), collaborating with treatment/CPT teams (phone and face-to-face), and engaging in coordination and/or collaboration activities (phone and face-to-face), as these are all reimbursable activities. Note: Outpatient clinicians should contact each of the Managed Care Entities (MCEs) and/or go to their websites (see *Additional Resources* below) for clarification regarding utilization of collateral contacts, case consultations, and family consultations.

If an outpatient clinician is the Hub and there are no Hub-dependent services, what are his/her expected responsibilities?

- Completing a comprehensive assessment inclusive of the Massachusetts Child and Adolescent Needs and Strengths (MA-CANS)
- Assessing and identifying the need for Hub-dependent services and/or other services/supports (informed by their comprehensive assessment and CANS) and making those referrals and linkages, as appropriate
- Coordinating care for the youth/family, i.e., systems navigation, advocacy with collaterals, referrals or linkages to supports and services as part of a family's specific treatment planning process, attendance at IEP meetings, youth-specific state agency meetings, etc. Note: See first question for information pertaining to how outpatient clinicians can get reimbursed for these activities
- Engaging in face-to-face contact with the youth/family, at a frequency and intensity commensurate with the individual needs of the youth/family
- Documenting all activity in the youth's health record (i.e., assessment, CANS, action/treatment plan, progress notes, contact and/or collaboration with any/all parties relating to the youth's treatment, etc.)

If an outpatient clinician is the Hub, what are the Hub-dependent* services he/she can refer youth to?

- Family Support and Training (FS&T), provided by Family Partners
- Therapeutic Mentoring (TM)
- In-Home Behavioral Services (IHBS)

***Only a Hub provider - Intensive Care Coordination (ICC), In-Home Therapy (IHT), and Outpatient - can refer to these Hub-dependent services.

How does an outpatient clinician assess whether a youth should be referred to a Hub-dependent service(s)?

- The outpatient clinician's comprehensive assessment, inclusive of the MA-CANS, helps to inform the need for any of these (or other) additional services/supports.
- There must be a goal identified in the outpatient clinician's existing treatment/action plan that specifies the necessity of the Hub-dependent service(s) in relation to addressing the youth's need.

How does an outpatient clinician access Hub-dependent services?

- Referral to a Hub-dependent service is made directly to the program that the youth/family agrees upon.
- It is recommended that outpatient clinicians utilize the MABHA website, www.mabhaccess.com (see *Additional Resources* below) to find Hub-dependent providers in the geographic location of the youth/family.
- To determine the availability of the service(s) being sought, utilize the www.mabhaccess.com website.
- Enter the youth/family's zip code.
- Once a provider is identified, the outpatient clinician, with the consent of the family, contacts the Hub-dependent service provider to make the referral, and shares his/her assessment, inclusive of the MA-CANS, and treatment/action plan.
- The FS&T service can be especially beneficial to families. Family Partners (FPs) are an asset to bridging collaboration between families and providers. As the Hub, outpatient clinicians can utilize FPs to:
    - educate parents/caregivers;
    - provide assistance in navigating the child-serving systems (DCF, education, mental health, juvenile justice, etc.);
    - foster empowerment including linkages to peer/parent support and self-help groups;
    - assist in identifying formal and community resources (e.g., after-school programs, food assistance, housing resources, summer camps, etc.); and
    - provide support, coaching, and training for the parent/caregiver.
    - Reminder: There must be a goal identified in the outpatient clinician's existing treatment/action plan for the youth that specifies the necessity of the FS&T service in relation to addressing the youth's need.

Note: To find an FS&T provider, outpatient clinicians should utilize the MABHA website. Please select the ICC service, as currently both the ICC and FS&T services are housed within Community Service Agencies (CSAs).

What are the expected responsibilities of an outpatient clinician as the Hub with regard to Hub-dependent services?

- Engaging in face-to-face contact with the youth/family, at a frequency and intensity commensurate with the individual needs of the youth/family
- Regularly connecting with the Hub-dependent service provider(s) to coordinate care and obtain and provide updates on the youth's progress. Note: Hub-dependent service providers (FS&T, TM, and IHBS) are required, per their Performance Specifications, to have regular, frequent contact with the Hub/youth's referring provider (ICC, IHT, or Outpatient) to report updates on progress on the identified behavioral goal(s).
- Ensuring that a concrete, measurable and individualized goal is identified and documented in his/her treatment/action plan that the Hub-dependent service is required/needed to address
- Continually assessing and identifying the need for other Hub-dependent services and/or other services/supports (informed by his/her comprehensive assessment and CANS) and making those referrals and linkages, as appropriate
- Coordinating care and collaborating with other service providers. Note: See first question for information pertaining to how outpatient clinicians can get reimbursed for these activities.

- Documenting all activity in the youth's health record

What can an outpatient clinician do if he/she feels that the youth could benefit from additional care coordination services?

- Consider making a referral to IHT or ICC – the other CBHI Hubs – both of which provide a more intensive level of care coordination compared to outpatient services:
    - IHT is an intensive, clinical, home-based intervention that is needed to enhance the family's problem-solving, limit-setting, and risk and safety management and/or to develop more effective patterns of household/family interaction and strengthen the family's ability to sustain the youth in the home setting.
    - ICC is the most intensive service that coordinates services from multiple providers or state agencies, special education, etc., in order to more uniformly address the youth's serious emotional disturbance and improve the youth's overall level of functioning in the community.
- Review the medical necessity criteria for the clinically indicated service (see *Additional Resources* below).
- Engage the youth/family in discussion to determine their interest in the care coordination service that is clinically indicated (either IHT or ICC) and obtain consent, as appropriate.
- Review the list of providers with availability for the service.
- Referral for the IHT or ICC service is made directly to the program that the youth/family agrees upon.
- Upon the youth's successful enrollment in IHT or ICC, the outpatient clinician participates as part of the youth's treatment team or CPT.

What is the role of an outpatient clinician who works with a youth who is currently enrolled in ICC?

- By participating in CPT meetings, outpatient clinicians are an active part of the shared decision-making and consensus building that supports a family's engagement in clinical interventions/activities.
- The outpatient clinician, as part of the CPT, assists the family in identifying goals and developing and implementing the Individual Care Plan (ICP) (see below).
- The outpatient clinician provides input to the CPT to clearly outline the goals of the outpatient service in the ICP and provide updates on the youth's progress toward goals. The outpatient clinician ensures he/she collaborates with the CPT regarding the outpatient treatment being provided based on the needs of the youth as identified in the ICP.
- The outpatient clinician maintains a sufficient level of contact with the ICC care coordinator to successfully carry out his/her responsibilities as noted above.
- The outpatient clinician documents all activity in the youth's health record.

What documents are created and used by ICC staff that may be useful to an outpatient clinician?

- *The Individual Care Plan (ICP)* is a care plan that specifies the goals and actions to address the medical, educational, social, therapeutic, or other services needed by the youth and family, that is developed by the CPT, and incorporates the strengths and needs of the youth and family. The ICP is the primary coordination tool for behavioral health and informal interventions.
- *The Strengths, Needs, and Culture Discovery* is part of the *Wraparound* process and is documented in the comprehensive assessment form or in a separate document. It contains salient information that can help inform outpatient clinicians about the family's unique strengths, needs, and culture, and it has the potential to inform more effective approaches to care and disposition planning.

- *CBHI Crisis Planning Tools* comprise a set of resources that is available for families to use in preventing, planning for, and navigating crisis situations. Families decide how to use any of the tools. Descriptions of two of the tools follow:
    - *Safety Plan* - This is a flexible tool that is created by children, families, or young adults, along with whomever else they identify. It generally details an individualized plan the family finds meaningful to use when a crisis situation arises. With the family's consent and participation, the Safety Plan should be reviewed and updated after a Mobile Crisis Intervention (MCI) intervention, at the time of discharge from a 24-hour facility, and when circumstances change or otherwise impact the youth's safety. It is also expected to be reviewed periodically during CPT meetings (for ICC-enrolled youth), as noted within the ICC Performance Specifications, or more frequently as needed.
    - *Advance Communication to Treatment Provider document (Advance Communication)* - This document provides a method for the youth and/or parents/guardians to communicate potential crisis support or intervention in advance and in writing to potential future providers. In essence, it communicates the following: "If you see me/my child in crisis, here is how I/we would like to be treated, here are the types of interventions I/we prefer, and here is what is important to me/our family." The Advance Communication is a tool that promotes the consideration of personal/family voice and choice and the practice of "Shared Decision-Making." The completion and dissemination of the document is determined by the young adult/parent/guardian/caregiver. The Advance Communication is most likely to be useful when a youth has used crisis services before and expects to use the services again.

When an outpatient clinician is providing services to an ICC-enrolled youth who has MassHealth as the secondary insurer, is he/she able to bill for coordination and/or collaboration activities, and/or activities relating to his/her role within the CPT?

- When a youth has MassHealth secondary, the MCE-contracted in-network outpatient clinician must submit a denial from the primary insurer along with the claim for case consultation/collateral contact activities to the appropriate MassHealth MCE.

Additional Resources for Outpatient Clinicians

CBHI has developed a guide, *Helping Families Access MassHealth Home- and Community-Based Behavioral Health Services for Children and Youths under Age 21: A Guide for Staff Who Work with Children and Families*." This guide contains an abundance of information and can be accessed at http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/cbhi-brochure-and-companion-guide-1.html

The CBHI section of the MBHP website, http://www.masspartnership.com/provider/index.aspx?lnkID=CBHI.ascx, is a resource maintained by MBHP, on behalf of the MCEs, that provides an abundance of information pertaining to CBHI. Examples of the kinds of information found here include, but are not limited to:

- Commonly asked questions from the CBHI Outpatient Forums sponsored by the MCEs;
- An overview of CBHI and the new home- and community-based services;
- Medical necessity criteria, performance specifications and service definitions for the services;
- Listings and referral contact numbers for the services;
- The CANS tool and other CANS resources;
- Materials from CBHI meetings sponsored by the MCEs;
- Resources for Systems of Care Committees;
- *Wraparound* resources;

- Crisis Planning tools and other resources;
- Guidelines for ensuring timely access to the CBHI services; and
- Questions and answers regarding information that is common across all MCEs.

The Massachusetts Behavioral Health Access (MABHA) website, http://www.mabhaccess.com/, is a resource designed to enable behavioral health and health care providers to locate potential openings in mental health, substance use and the CBHI services (ICC, FS&T, IHT, TM and IHBS) for the purpose of referring individuals to those available services. The MABHA website allows providers and families to enter their zip code and find the nearest CBHI provider to their home, as well as the Emergency Service Provider (ESP) that covers their area. Additionally, youth, families, and providers of any type are welcome to utilize the website to locate these services that they can access directly from the community, as well as other stakeholders who may refer youth and families to the CBHI services such as advocates, state agency personnel, primary care clinicians, school personnel, etc.

Given that the processes and parameters for obtaining authorizations (initial and ongoing) and authorization extensions for Hub-dependent services differ across each of the MCEs, outpatient clinicians should refer to the MCEs' websites for this specific information, or contact their designated MCE representative. Note: Obtaining authorization for Hub-dependent services is not required of outpatient clinicians amongst *all* the MCEs:

- Beacon Health Strategies[1]: www.beaconhealthstrategies.com
- BMC HealthNet Plan: www.bmchp.org
- Fallon Community Health Plan: www.fchp.org
- Neighborhood Health Plan: www.nhp.org
- Network Health: www.network-health.org
- Massachusetts Behavioral Health Partnership[2]: www.masspartnership.com
- Health New England[3]: www.healthnewengland.com/

[1] BMCHP, NHP, and FCHP have contracted with Beacon Health Strategies (Beacon) to manage the delivery of mental health and substance use disorder services for each of these plans respective members.

[2] MBHP manages the mental health and substance use disorder services for Members of the Primary Care Clinician (PCC) Plan within MassHealth.

[3] MBHP is also the behavioral health subcontractor for Health New England's (HNE) Managed Care Organization (MCO) contract with MassHealth, HNE Be Healthy. In this role, MBHP manages the mental health and substance use disorder services for Members of the HNE Be Healthy plan.