



ASSESSMENT FOR SAFE AND APPROPRIATE PLACEMENT (ASAP)

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

Assessment for Safe and Appropriate Placement (ASAP) is an assessment conducted by a Plan ASAP Qualified Diagnostician who has specialized training and experience in the evaluation and treatment of youth who engage in sexual-offending or fire-setting behaviors. An ASAP is required by MGL 119 Section 33B and is exclusively reserved for youth in the care and/or custody of the Department of Children and Families (DCF) who have been adjudicated delinquent for a sexual offense or the commission of arson, have admitted to such behavior, or are the subject of a documented or substantiated report of such behavior, and who are being initially placed into foster care, a family home-care setting, or a community group home setting, and may also include initial placement into a residential school based on individual needs, with Plan Enrollee-specific approval. Youth are also appropriate for an ASAP who are currently in a foster home, group home, or independent living program, and who exhibit sexual offending and/or fire-setting behaviors that were not previously known to DCF.

The following are not appropriate for an ASAP:

- Youth who are currently placed in a residential facility for whom Plan has not granted Enrollee-specific approval (as noted above).
- Youth who are transitioning from a residential facility to a less-restrictive setting, either on- or off-site from the residential facility. It is expected that the facility has planned and implemented an appropriate clinical discharge, inclusive of a safety plan, with the subsequent community setting. A written safety plan developed by the youth's treatment team is required prior to the youth's discharge.

- Youth being discharged from an acute 24-hour inpatient psychiatric facility or Community-Based Acute Treatment/Intensive Community- Based Acute Treatment (CBAT/ICBAT) program to a restrictive setting such as a residential treatment facility. A written safety plan developed by the youth's treatment team is required prior to the youth's discharge.

The following **Assessment for Safe and Appropriate Placement (ASAP)** performance specifications are a subset of the Outpatient Services performance specifications. As such, ASAP providers agree to adhere to both the Outpatient Services performance specifications and to the ASAP performance specifications contained within. Where there are differences between the Outpatient Services and ASAP performance specifications, these ASAP specifications take precedence.

SERVICE COMPONENTS

None

STAFFING REQUIREMENTS

1. The provider complies with the staffing requirements of the applicable licensing body and the staffing requirements in the Plan's service-specific performance specifications.
2. Plan individually credentials the following professionals, who meet Plan's credentialing criteria, as ASAP Qualified Diagnosticians, whether they provide this service in a Plan-contracted individual or group practice or a clinic or facility:
 - a) Licensed Psychiatrists
 - b) Licensed Psychologists
 - c) Licensed Independent Clinical Social Workers (LICSW)
 - d) Licensed Mental Health Counselors (LMHC)
 - e) Psychiatric Nurse Mental Health Clinical Specialist (PNMHCS)
 - f) Licensed marriage and family therapists (LMFT)
 - g) Licensed alcohol and drug counselors (LADC 1)
 - h) Plan also credentials the following professionals, who meet Plan's credentialing criteria, as ASAP Qualified Diagnosticians in a Plan-contracted clinic or facility:
 - i. Master's-level clinicians
3. Additional credentialing criteria include:
 - a. For providers assessing fire-setting behaviors:
 - i. demonstrated knowledge of DCF, its mission, population served including the effects of abuse/neglect and trauma on children, levels of congregate care and other services;
 - ii. 120 hours per year of documented juvenile fire-setter-specific assessment experience in direct service (face-to-face treatment) within the prior seven years; and

- iii. 45 hours per year of documented juvenile fire-setter-specific training experience (e.g., continuing medical education (CME)/continuing education units (CEUs)) within the prior seven years.
 - iv. Completed the Massachusetts Child and Adolescent Assessment Protocol training (M-CAAP).
- b. For providers assessing sexual-offending behaviors:
- i. demonstrated knowledge of the DCF, its mission, population served including the effects of abuse/neglect and trauma on children, levels of congregate care and other services; and
 - ii. 75 hours of documented juvenile sexual-offender-specific assessment and treatment training experience (e.g., CME/CEUs) within the prior seven years. Twenty-five of these 75 hours must be in juvenile sexual-offender-specific assessments.
 - iii. Completed the Massachusetts Child and Adolescent Assessment Protocol training (M-CAAP).
- c. ASAP interns must meet Plan defined requirements of master’s-level interns, supervised by a licensed, contracted/credentialed ASAP provider.

SERVICE, COMMUNITY AND OTHER LINKAGES

None

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. The provider complies with the following as part of the referral process:
 - a. All ASAP referrals are initiated by the DCF Area Office responsible for the care and/or custody of the youth.
 - b. The DCF Area Office completes either the “Referral for Juvenile Fire-Setter/Arson Evaluation” or the “Referral for Juvenile Problematic Sexual Behavior Evaluation” form as appropriate.
 - c. The form is forwarded to the appropriate Plan contracted DCF Lead Agency.
2. The DCF Lead Agency assigns the youth to a Plan ASAP Qualified Diagnostician within 24 hours of receipt of the referral. **Please note that only QDs contracted and credentialed by the Plan are allowed to conduct ASAP assessments.**
3. The provider completes an ASAP assessment and report and sends it to the DCF Lead Agency, as follows:
 - a. The Plan ASAP Qualified Diagnostician completes the ASAP assessment and report, including the post-assessment safety plan, as part of the Crisis Planning Tools for youth, within 10 business days of receipt of the referral. Written recommendations will also be completed within no more than 10 working days from the referral for youth who are in a 24-hour acute psychiatric setting or in an initial emergency assessment or

- diagnostic placement. Otherwise, recommendations and the final report need to be completed within 20 days from the referral from DCF.
- b. The Plan ASAP Qualified Diagnostician forwards the ASAP report, including the post-assessment safety plan, to the DCF Area Office and the DCF Lead Agency initiating the referral.
 - c. All activities are documented in the Enrollee's health record.
4. Subsequent ASAPs of youth with fire-setting and/or sexual-offending behaviors are allowable under the following conditions:
- a. The youth is in the care (via a voluntary placement agreement or custody order (per court order)) of DCF;
 - b. The youth's behavioral health care is managed by Plan; and
 - c. The youth exhibits specific new fire-setting or sexual-offending behaviors that are either:
 - i. of a different behavior type than assessed during the initial ASAP and a one-year time period has elapsed since that assessment; or
 - ii. an exacerbation of previously assessed or known behavior and a two-year time period has elapsed since the completion of the initial ASAP; and
 - iii. The DCF Regional Clinical Team recommends a subsequent ASAP.
5. After these conditions have been met, the DCF Regional Clinical Team reviews the initial ASAP report and the youth's current clinical presentation. The Team:
- a. identifies current specific fire-setting/sex-offending behaviors;
 - b. determines whether the behaviors are new behaviors or old behaviors previously known and/or assessed at the time of the initial clinical assessment; and
 - c. identifies how these behaviors adversely impact the youth's current community setting or pending community setting.
6. The Plan will conduct a clinical review for second ASAP requests before authorizing when a one-year time period has not elapsed from the previous ASAP.

Definitions

1. New behaviors (second ASAP): If the specific behaviors are "new" behaviors (i.e., a behavior type not previously known), the team will formulate the diagnostic question(s) to be answered by a second ASAP (e.g., placement type, treatment type). The DCF area office will complete the referral for a second ASAP, forward it to the appropriate lead agency, and request the ASAP be assigned to the QD who completed the initial assessment (ASAP) when possible.
2. Old behaviors (ASAP update): If the behaviors are "old" behaviors, the team will review the recommendations of the first ASAP and determine if the recommendations were implemented. If the recommendations were not implemented, the team will determine whether there is currently a barrier to implement the recommendations. If there is no barrier, an attempt to implement the recommendations will occur, unless the team decides to make a placement decision other than the one reflected in the initial assessment. If the team does make an alternative recommendation, the rationale for the different decision will be reported as part of the request for authorization. The DCF area office will complete the referral for an ASAP update, forward it to the appropriate lead agency, and request the ASAP update be assigned to the QD who completed the initial assessment when possible.

Discharge Planning and Documentation

None

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.