In-Home Behavioral Services (IHBS)

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

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 parents/guardians/caregivers, 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.

For youth engaged in Intensive Care Coordination (ICC), 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 individuals identified by the family to support adherence to the behavior treatment plan and to sustain the gains made

SERVICE COMPONENTS

1. Providers of IHBS are outpatient hospitals, community health centers, mental health centers, other clinics, and private agencies certified by the Commonwealth of Massachusetts. IHBS 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 IHBS include:
    a) For Behavior Management Therapy
        i. Functional Behavioral Assessment
        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 behaviors
        iv. Completion of a written functional behavioral assessment
        v. 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 conditions
        vi. Development of specific behavioral objectives and interventions that are incorporated into the youth's new or existing risk management/safety plan
        vii. Modeling for the parent/guardian/caregiver on how to implement strategies identified in the behavior management plan
        viii. Working closely with the Behavior Management Monitor to ensure the behavior management plans and risk management/safety plan are implemented as developed, and to make any necessary adjustments to the plan
    b) For Behavior Management Monitoring
        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

3. The IHBS provider develops and maintains policies and procedures relating to all components of IHBS. The agency will ensure that all new and existing staff will be trained on these policies and procedures.
4. The IHBS provider provides these services in the youth's home and community.
5. The IHBS provider works collaboratively with ICC, In-Home Therapy (IHT), or other existing providers, and delivers services in accordance with the youth's plan of care.

STAFFING REQUIREMENTS

This service is usually provided by a staff team including a Behavior Management Therapist and a Behavior Management Monitor.

The **minimum** staff qualifications for each are as follows.

Behavior Management Therapist

1. Master's level practitioner. A master's level practitioner for these purposes includes persons with the following credentials: 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 a 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
2. Board-Certified Behavior Analyst (BCBA); or
3. Enrolled in a Behavior Analyst training program and eligible for certification within nine months; or
4. A psychologist licensed by the Massachusetts Board of Registration in Psychology with experience performing functional behavioral assessments and implementing and evaluating intervention strategies; or
5. A master's level mental health practitioner working under the supervision of a BCBA; or
6. A master's level mental health practitioner with relevant training and two years' experience inclusive of but not limited to:
    a) 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
    b) selecting interventions and strategies based on the results of the FBA and designing behavior plans that include intensive behaviorally oriented interventions; and
    c) evaluating progress based on both qualitative and quantitative data and adjusting the behavior plan as needed; and

d) 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.

Behavior Management Monitor

Supervision by a clinician meeting one of the above criteria and

1. 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 experience working with youth and families who require behavior management to address mental health needs; or
2. 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.
3. The provider ensures that IHBS 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:
    a) Overview of the clinical and psychosocial needs of the target population
    b) Systems of Care principles and philosophy
    c) Their role within a CPT
    d) Ethnic, cultural, and linguistic considerations of the community
    e) Community resources and services
    f) Family-centered practice
    g) Behavior management coaching
    h) Social skills training
    i) Psychotropic medications and possible side effects
    j) Risk management/safety plans
    k) Crisis Management
    l) Introduction to child-serving systems and processes (e.g., DCF, DYS, DMH, DESE, etc.)
    m) Basic Individualized Education Program (IEP) and special education information
    n) Managed Care Entities' performance specifications and medical necessity criteria
    o) Child/adolescent development including sexuality
    p) Conflict resolution
4. The IHBS 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.

SERVICE, COMMUMITY AND OTHER LINKAGES

1. For youth who are receiving ICC, the IHBS provider participates as a member of the CPT and works closely with the CPT to implement the goals and objectives identified by the CPT.
2. For youth who are not receiving ICC, the IHBS provider works closely with the family and any behavioral health existing/referring providers to implement the goals and objectives identified by the referring provider.
3. The IHBS provider participates in all care planning meetings and processes. When state agencies (e.g., DMH, DCF, DYS, DPH, DESE/LEA, DMR, probation office, the courts) are involved with the family and with appropriate consent, the provider participates, as appropriate, with these agencies about service/care planning and coordination, on behalf of, and with, the family.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. Telephone the parent/caregiver within five (5) calendar days of referral, including self-referral, to offer a face-to-face interview with the family.
2. Fourteen (14) 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. IHBS 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 primary care physician/clinician (PCP/PCC), 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 IHBS staff must coordinate with and attend all CPT meetings that occur while they are providing IHBS 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 IHBS provider will identify to the CPT the number of hours per week/month of the IHBS that are medically necessary for the youth.
8. For youth who are not receiving ICC, the IHBS staff must coordinate with the referring provider and attend all treatment team meetings to clearly outline the goals of the service and provide updates on the youth's progress. In concert with the family and the referring provider, the Behavior Management Therapist will determine if the youth needs Behavior Management Monitoring in addition to the Behavior Management Therapy.

9. The IHBS 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 management treatment plan with clearly defined interventions and measurable goals and outcomes within 14 to 28 days of the first meeting with the family, that are consistent with the concerns/goals identified by the family and or other provider agencies. **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.
11. Evidence-based or best-practice models that match the main need/focused problem are recommended to guide treatment/care planning and interventions.
12. The behavior management treatment plan must be updated regularly, including updates following any sentinel events such as presentation to an Emergency Services Program (ESP) or hospitalization.
13. For youth who receive ICC, IHBS 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 goals. For youth not receiving ICC, the IHBS staff has regular, frequent contact with the youth's referring provider to report updates on progress on the identified behavioral goals.
14. The IHBS provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respecting the family's dignity and right to choose.
15. The Behavior Management Therapist and Behavior Management Monitor document each contact in a progress report in the provider's file for the youth.
16. The Behavior Management Therapist gives his/her agency's after-hours emergency contact information and procedures to the parent/guardian/caregiver.
17. Services shall be provided to the youth and family in the home/community. Providers may deliver services via a HIPAA-compliant telehealth platform at the family's request and if the service can be effectively delivered via telehealth. Services delivered through a telehealth platform must conform to all applicable standards of care. When providing services via telehealth, providers shall follow the current MassHealth and MCE guidelines regarding telehealth.

Discharge Planning and Documentation

A discharge planning meeting is scheduled whenever the authorized decision maker decides that services are no longer desired, or the CPT along with the family, determines that the youth has met his/her goals and no longer needs the service, or the youth no longer meets the medical necessity criteria for IHBS.

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, IHBS 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 (7) calendar days of the last date of service.
4. For youth not involved in ICC, the IHBS 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 providers within seven (7) 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 IHBS and to provide assistance for appropriate follow-up plans (e.g., 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.

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.