



Massachusetts Commercial Supplemental Clinical Criteria

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Introduction & Instructions for Use

Introduction

The following State or Contract Specific Clinical Criteria defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as Optum Health Behavioral Solutions of California (“Optum-CA”)).

Other Clinical Criteria may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services.

Instructions for Use

When deciding coverage, the member’s specific benefits must be referenced. All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member’s specific benefit, the member’s specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

*The guidance provided for the following services is applicable to children and adolescents under age 19, as defined by M.G.L. c. 175, §47B(c); M.G.L. c. 176A, §8A(c); M.G.L. c. 176B, §4A(c); and M.G.L. c. 176G, §4M(c).

In-Home Behavioral Services

In-Home Behavioral Services: IHBS services are a combination of medically necessary Behavior Management Therapy and Behavior Management Monitoring, and such services are available, when indicated, where the member resides, including in the member's home, a foster home, a therapeutic foster home, or another community setting. In-Home Behavioral Services are delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of Behavior Management Therapy and Behavior Management Monitoring. In-Home Behavioral Services include:

- Behavior Management Therapy: Addresses challenging behaviors that interfere with a member's successful functioning. Services include a functional behavioral assessment and observation of the youth in the home and /or community setting, development of a behavior plan and supervision and coordination of interventions to address specific behavioral objectives or performance. Development of a crisis-response strategy and short-term counseling and assistance may also be provided.
- Behavior Management Monitoring: Is the monitoring of a member's behavior, the implementation of a behavior plan and reinforcing implementation of a behavior plan by the member's parent or other caregiver.

Admission Criteria

- A comprehensive behavioral health assessment conducted by a licensed behavioral health provider indicates that the member's clinical condition warrants this service in order to diminish, extinguish, or improve specific behaviors related to the member's behavioral health condition(s).
- Alternative behavioral health interventions have not been successful in reducing or eliminating the problem behaviors or increasing/maintaining desirable behaviors.
- The comprehensive behavioral health assessment suggest that the member's clinical condition, level of functioning, and intensity of need require the structure and positive behavioral supports to be applied consistently across home and school settings and warrant this level of care to successfully support the member in the home and community.

Continuing Stay Criteria

- The member's clinical condition(s) continues to meet admission criteria in order to maintain him/her in the community and continue progress toward goals established in the behavior plan.
- The member is actively participating in the plan of care and treatment to the extent possible consistent with his/her condition and making progress toward treatment goals.
- With consent, the parent/guardian/caregiver, and/or natural supports are actively involved in the treatment as required by the behavior plan, or there are active efforts being made and documented to involve them.

Discharge Criteria

- The member no longer meets admission criteria for this level of care or meets criteria for a less or more intensive level of care.
- The member's behavior plan goals and objectives have been substantially met, and continued services are not necessary to prevent the worsening of the member's behavior.
- The member and/or parent/guardian/caregiver are not engaged in treatment. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues.
- The member is not making progress toward goals and objectives in the behavior plan, and there is no reasonable expectation of progress at this level of care, nor is it required to maintain the current level of functioning.
- Consent for treatment is withdrawn.

Service Delivery

- Evaluation and service planning is member and family centered.
- The member and family/caregivers are actively being engaged in services.
- The provider helps the member and family/caregivers:
 - Identify the goals of the member and family throughout the treatment process;
 - Monitor the progress of the member toward achievement of the goals; and
 - Monitor the progress of the family toward achievement of the goals.
- The provider collaborates with other programs in planning service delivery.

Services may not be appropriate when:

- The environment in which the service takes place presents a serious safety risk to the behavior management therapist or monitor, alternative community settings are not likely to ameliorate the risk, and no other safe venue is available or appropriate for this service.
- The member is at imminent risk to harm self or others, or sufficient impairment exists that requires a more-intensive level of care beyond a community-based intervention.
- The member has medical conditions or impairments that would prevent beneficial utilization of services.
- Introduction of this service would be duplicative of services that are already in place.
- The member is in a hospital, skilled nursing facility psychiatric residential treatment facility, or other residential setting at the time of referral and is not ready for discharge to a family home environment or community setting with community-based supports.

Community-Based Acute Treatment (CBAT)

A facility-based program which delivers 24-hour/7-day assessment and diagnostic services, and active behavioral health treatment to members who do not require the intensity of nursing care, medical monitoring and physician availability offered in Inpatient.

The course of treatment is focused on addressing the member's condition to the point that the member's condition can be safely, efficiently, and effectively treated in a less intensive level of care or no longer requires treatment. The member's condition includes consideration of the acute and chronic symptoms in the member's history and presentation, including co-occurring behavioral health or medical conditions, informed by information collected by the provider following evaluation and treatment planning.

To determine whether services are medically necessary please consider the above service definition for CBAT in combination with the Child and Adolescent Level of Care Utilization System/Child and Adolescent Service Intensity Instrument (CALOCUS-CASII) and the Early Childhood Service Intensity Instrument (ECSII).

CBAT for Intellectual Disability/Autism Spectrum Disorder

CBAT for Children/Adolescents with Intellectual Disabilities/Autism Spectrum Disorders (ID/ASD) are specialized CBAT services for children and adolescents with co-occurring mental health conditions and/or ID/ASD. In addition to all the clinical service components provided within CBAT, the program provides clinical expertise and intervention specifically pertaining to youth with co-occurring mental health conditions and ID/ASD.

CBAT with ID/ASD has the capacity to provide or refer to the following service components as clinically indicated by staff who have expertise in ID/ASD including neurological assessment, neuropsychological testing, and functional behavioral assessment and functional behavioral treatment planning. If clinically indicated, the program must provide, or refer, the member to the following within two days of admission: speech and language assessment, endocrinology consultations, nutritional consultations, genetic assessment if indicated by ACCAP guidelines (Journal of American Academy of Child and Adolescent Psychiatry, vol.56 (11), pp 910-913).

Admission Criteria

All of the following criteria are necessary for admission to this level of care:

- The member demonstrates symptomatology consistent with an ID/ASD DSM-5-TR diagnosis, which requires and can reasonably be expected to respond to therapeutic intervention;
- The child/adolescent is experiencing emotional or behavioral problems in the home, school, community, and/or treatment setting and is not sufficiently stable, either emotionally or behaviorally, to be treated outside of a highly structured, 24-hour therapeutic environment;
- The member has only poor or fair motivation and/or insight and the community supports are inadequate to support recovery;
- The family situation and functioning levels are such that the child/adolescent cannot currently remain in the home environment and receive outpatient treatment; and
- The member has sufficient cognitive capacity to respond to active acute and time limited psychological treatment and interventions.

Psychosocial and Linguistic Factors

These factors, as detailed in the introduction, may change the risk assessment and should be considered when making level of care decisions.

Exclusion Criteria

Any of the following criteria may be sufficient for exclusions from this level of care:

- The child/adolescent exhibits severe suicidal, homicidal, or acute mood symptoms/thought disorder, which require a more-intensive level of care;
- The parent/guardian does not voluntarily consent to admission or treatment;
- After initial evaluation and stabilization, it is determined that the presenting symptomatology is indicative of an ID/ASD DSM-5-TR diagnosis, which is amenable to continued treatment at this level of care. Conditions that would not be appropriate for continued treatment are:
 - Primary substance use disorder requiring treatment in a specialized level of care;
 - Medical illness requiring treatment in a medical setting;
 - Impairments indicate no reasonable expectation of progress toward treatment goals at this level of care; or
 - Chronic condition with no indication of need for ongoing treatment at this level of care to maintain stability and functioning.
- The child/adolescent can be safely maintained and effectively treated at a less-intensive level of care;
- The primary problem is not related to ID/ASD diagnosis. It is a social, legal, or medical problem, without a concurrent major psychiatric episode meeting criteria for this level of care; or
- The admission is being used as an alternative to placement within the juvenile justice or protective services system, or as an alternative to specialized schooling (which should be provided by the local school system) or as respite or housing.

Continued Stay Criteria

All of the following criteria are necessary for continuing in treatment at this level of care:

- The child/adolescent's condition continues to meet admission criteria at this level of care;
- The child/adolescent's treatment does not require a more-intensive level of care, and no less-intensive level of care would be appropriate;
- Treatment planning is individualized and appropriate to the child/adolescent's age and changing condition specific to their ID/ASD, with realistic, specific, and attainable goals and objectives stated. Treatment planning includes family, support systems, social, educational, occupational, and interpersonal assessments. This process should actively involve family, guardian, and/or other support systems unless contraindicated. Expected benefit from all relevant treatment modalities is documented. The treatment plan has been updated and implemented with consideration of all applicable and appropriate treatment modalities;
- All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible consistent with sound clinical practice;
- If treatment progress is not evident, then there is documentation of treatment plan adjustments to address the lack of progress;
- Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioral and functional outcomes;
- An individualized discharge plan has been developed that includes specific realistic, objective, and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion is in place, but discharge criteria have not yet been met;
- The child/adolescent is actively participating in treatment to the extent possible consistent with their condition, or there are active efforts being made that can reasonably be expected to lead to the child/adolescent's engagement in treatment, improve functionality, and reduce acute psychiatric/behavioral symptoms;
- Unless contraindicated, family, guardian, and/or natural supports are actively involved in the behavior training program as required by the treatment plan, or there are active efforts being made and documented to involve them;
- When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated;
- There is documented active coordination of care with other behavioral health providers, Applied Behavior Analysis (ABA), the primary care provider (PCP), and other services and state agencies. If coordination is not successful, the reasons are documented, and efforts to coordinate care continue; and
- A data-collection check sheet is utilized and monitors the behaviors such as whole interval recording, partial interval record, or momentary time sampling.

Discharge Criteria

The following criteria are necessary for discharge from this level of care:

- The child/adolescent can be safely treated at an alternative level of care; and
- An individualized discharge plan with appropriate, realistic, and timely follow-up care is in place.

One of the following criteria is also necessary for discharge from this level of care:

- The child/adolescent's documented treatment plan goals and objective have been substantially met, and/or a safe, continuing care program can be arranged and deployed at an alternate level of care;
- The child/adolescent, parent, and/or legal guardian is competent but not engaged to such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues. In addition, it has been determined that the child/adolescent does not meet criteria for an inpatient level of care;
- Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision and does not meet criteria for an inpatient level of care; or
- The child/adolescent's physical condition necessitates transfer to a medical facility.

Intensive Community-Based Acute Treatment (ICBAT)

This service has been merged with CBAT. Please consult the CBAT section above for information.

In-Home Therapy and Family Stabilization Team

In-Home Therapy services include medically necessary assessment, diagnosis and active behavioral health treatment that are provided in the member's home. The course of treatment is focused on addressing the member's condition to the point that the member's condition can be safely, efficiently, and effectively treated in a less intensive level of care or no longer requires treatment. The member's condition includes consideration of the acute and chronic symptoms in the member's history and presentation, including co-occurring behavioral health or medical conditions, informed by information collected by the provider following evaluation and treatment planning.

Admission Criteria

In-home outpatient assessment and/or treatment may be covered when the member is homebound. A member is homebound when:

- A physical condition restricts the member's ability to leave his/her residence except with the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person; or if leaving home is medically contraindicated.
OR
- A behavioral health condition is manifested in part by an inability to leave home or is such that it would not be considered safe for the member to leave home unattended.

In-home outpatient assessment may be covered when:

- An assessment of the changes in the member's signs and symptoms, and/or psychosocial and environmental factors is required to determine if behavioral health services are needed.
OR

An assessment of psychosocial and environmental factors conducted in an ambulatory setting was inconclusive.

In-home therapy may be covered when:

- The member's signs and symptoms are primarily or exclusively experienced at home.
OR
- The member's condition undermines participation in treatment at an ambulatory setting.

Service Delivery

- The frequency and duration of outpatient visits allows for safe, efficient, and effective achievement of treatment goals, and supports the member's recovery and resiliency. Initially, the frequency of visits varies from weekly in routine cases to several times a week. As the member's functional status improves, the frequency of visits decreases to meet the member's current needs and treatment goals. Factors that may impact frequency and duration include the following:
 - The goals of treatment;
 - The member's preferences;
 - Evidence from clinical best practices which supports frequency and duration;
 - The need to monitor and manage imminent risk of harm to self, others, and/or property.
- The provider informs the member of the process to be followed in the event of an after-hours emergency, such as the availability of on-call services. The process is not solely reliant on the Emergency Room.

Additional best practices for in-home assessment and treatment are:

- The following conditions may support in-home assessment and/or treatment:
- Agoraphobia or Panic Disorder;
- Disorders of thought processes wherein the severity of delusions, hallucinations, agitation and/or impairments of thoughts/cognition grossly affect the member's judgment and decision making, and therefore the member's safety;
- Depression with severe vegetative symptoms;
- Behavioral health problems associated with medical problems that render the member homebound.

Family Stabilization Team (FST)

The Family Stabilization Team (FST) program provides intensive, therapeutic services in the home setting to assist the family in stabilizing children and adolescents during a period of emotional, behavioral, and/or psychiatric disturbance, and secondarily, after out-of-home treatment, such as inpatient hospitalization or community-based acute treatment. This type of program is designed to treat all members of a family, not just the specific child/adolescent identified as being at risk. Interventions are designed to improve and sustain the youth's functioning in the community, strengthen family interactions, and increase the capacity of parents and other caregivers to provide support. This includes the identification of community resources and the development of natural supports to sustain treatment gains. Treatment decisions must include consideration of the resiliency, strengths, and deficits of the child; the ability of the parents to provide the necessary advocacy for meeting the child's needs; and to support individuation in the child. Goals of developing positive thoughts, necessary life skills, and strong self-esteem should be included.

Programs at this level of care typically use a team approach with both licensed and/or certified professionals and paraprofessionals, delivering a flexible variety of services under a comprehensive and coordinated treatment plan. Services may include counseling, crisis intervention, case management, skill building, mentoring, and other non-traditional services. Family stabilization programs can be used as an independent level of care or as an adjunct to another level of care.

Admission Criteria

- The member demonstrates symptoms consistent with a DSM diagnosis;
- The member's clinical condition warrants this level of care to maintain the member safely in the home and community;
- Outpatient services are not sufficient to meet the family's needs for support and education;
- The family is not receiving duplicative services; and
- The member and family give consent and are motivated to participate.

Continued Service Criteria

- The member's clinical condition continues to warrant family stabilization services in order to maintain the member in the community and continue progress toward treatment goals.
- The member does not require a more intensive level of care, and a less intensive level of care would not be appropriate.
- Treatment planning is individualized and appropriate to the child/adolescent's age and changing condition, with realistic, specific, attainable goals and objectives stated. Treatment planning includes family, support systems, social, educational, occupational, and interpersonal assessments. This process should actively involve family, guardian, and/or other support

systems unless contraindicated. Expected benefit from all relevant treatment modalities is documented. The treatment plan has been implemented and updated with consideration of all applicable and appropriate treatment modalities.

- The child/adolescent is actively participating in the plan of care and treatment to the extent possible consistent with his/her condition.
- Unless contraindicated, the family, guardian, and/or natural supports are actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.
- There is documented active discharge planning from the beginning of treatment.
- There is documented active coordination of care with other behavioral health providers and other services and agencies as appropriate.

Discharge Criteria

- The child/adolescent, parent, and/or legal guardian are not engaged in treatment or in following program rules and regulations. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues. In addition, it has been determined that the child/adolescent, parent, and/or guardian have the capacity to make an informed decision, and the child/adolescent does not meet the criteria for a more intensive level of care.
- Consent for treatment is withdrawn. In addition, it is determined that the child/adolescent, parent, and/or guardian have the capacity to make an informed decision, and the child/adolescent does not meet the criteria for a more intensive level of care.
- The child/adolescent is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care, nor is it required to maintain the current level of functioning.
- Support systems that allow the child/adolescent to be maintained in a less restrictive treatment environment have been secured.

Mobile Crisis Intervention

Mobile Crisis Intervention is a short-term, mobile, on-site, face-to-face therapeutic response service that is available 24 hours a day, 7 days a week to a child experiencing a behavioral health crisis to identify, assess, treat, and stabilize a situation and reduce the immediate risk of danger to the child or others, and to make referrals and linkages to all medically necessary behavioral health services and supports and the appropriate level of care. The intervention shall be consistent with the child's risk management or safety plan, if any. Mobile crisis intervention includes a crisis assessment and crisis planning, which may result in the development or update of a crisis safety plan.

Admission Criteria

- The member must be in a behavioral health crisis that was unable to be resolved to the caller's satisfaction by phone triage. Immediate intervention is needed to attempt to stabilize the member's condition safely in situations that do not require an immediate public safety response.
- The member demonstrates impairment in mood, thought, and/or behavior that substantially interferes with functioning at school, home, and/or in the community.
- AND at least one of the following:
 - The member demonstrates suicidal/assaultive/destructive ideas, threats, plans, or actions that represent a risk to self or others.
 - The member is experiencing escalating behavior(s), and, without immediate intervention, he/she is likely to require a higher intensity of services.
 - The member is in need of clinical intervention in order to resolve the crisis and/or to remain stable in the community.
 - The demands of the situation exceed the parent's/guardian's/caregiver's strengths and capacity to maintain the member in his/her present living environment and external supports are required.

Discharge Criteria

- The crisis assessment and other relevant information indicate that the member needs a more- (or less-) intensive level of care, and the MCI has facilitated transfer to the next treatment setting and ensured that the risk management/safety plan has been communicated to the treatment team at that setting.

- The member's physical condition necessitates transfer to an inpatient medical facility, and the MCI provider has communicated the member risk management/safety plan to the receiving provider.
- Consent for treatment is withdrawn and there is no court order requiring such treatment.

Intensive Care Coordination

Intensive Care Coordination A wraparound service that facilitates care planning and coordination of services to children and adolescents 18 years of age and under with a serious emotional disturbance, including individuals with co-occurring conditions. This service includes assessment, development of an individualized care plan, referral, and related activities to implement the care plan, and monitoring of the care plan.

ICC provides a single point of accountability for ensuring that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, family/member-driven, and ethnically, culturally, and linguistically relevant manner. Services and supports, which are guided by the needs of the member, are developed through a Wraparound planning process that results in an individualized plan of care for the member and family. ICC is designed to facilitate a collaborative relationship among a member with SED, his/her family and involved child-serving systems to support the parent/caregiver in meeting their member's needs. The ICC care planning process ensures that a Care Coordinator organizes and matches care across providers and child serving systems to enable the member to be served in his/her home community.

Admission Criteria

The member meets the criteria for serious emotional disturbance (SED) as defined by either Part I or II of the criteria below.

- Part I:
 - The member currently has, or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified within ICD-10 or DSM-5 of the American Psychiatric Association, with the exception of other V codes, substance use disorders, and developmental disorders, unless these disorders co-occur with another diagnosable disturbance. All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects.
 - The diagnosable disorder identified above has resulted in functional impairment that substantially interferes with or limits the member's role or functioning in family, school, or community activities. Functional impairment is defined as difficulties that substantially interfere with or limit the member in achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills.
 - Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.
 - Member who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.

OR

- Part II:
 - The member exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems.
 - The emotional impairment is not solely the result of autism, developmental delay, intellectual impairment, hearing impairment, vision impairment, deaf-blind impairment, specific learning disability, traumatic brain injury, speech or language impairment, health impairment, or a combination thereof.
 - The member:
 - Needs or receives multiple services other than ICC from the same or multiple provider(s) OR
 - Needs or receives services from, state agencies, special education, or a combination thereof; AND
 - Needs a care planning team to coordinate services the member needs from multiple providers or state agencies, special education, or a combination thereof.
 - The person(s) with authority to consent to medical treatment for the member voluntarily agrees to participate in ICC. The assent of a member who is not authorized under applicable law to consent to medical treatment is desirable but not required.

- For member in a hospital, skilled nursing facility, psychiatric residential treatment facility or other residential treatment setting who meet the above criteria, the admission to ICC may occur no more than 180 days prior to discharge from the above settings.

Continued Stay Criteria

- The member's clinical condition(s) continues to warrant ICC services in order to coordinate the member's involvement with state agencies and special education or multiple service providers.
- Progress toward Individualized Care Plan (ICP)-identified goals is evident and has been documented based upon the objectives defined for each goal, but the goals have not yet been substantially achieved despite sound clinical practice consistent with Wraparound and Systems of Care principles; OR
- Progress has not been made, and the Care Plan Team (CPT) has identified and implemented changes and revisions to the ICP to support the goals of the member and family.

Discharge Criteria

- The member no longer meets the criteria for SED.
- The CPT determines that the member's documented ICP goals and objectives have been substantially met, and continued services are not necessary to prevent worsening of the member's behavioral health condition.
- Consent for treatment is withdrawn.
- The member and parent/caregiver are not engaged in treatment. Despite multiple, documented attempts to address engagement, the lack of engagement is to such a degree that it implies withdrawn consent or treatment at this level of care becomes ineffective or unsafe.
- The member is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is unable to return to a family home environment or a community setting with community-based supports or ICC.
- The member turns 21.

Service Delivery

- The Care Coordinator facilitates the development of a Care Planning Team (CPT) comprised of both formal and natural support persons who assist the family in identifying goals and developing an Individual Care Plan (ICP) and risk management/safety plan; convenes CPT meetings; coordinates and communicates with the members of the CPT to ensure the implementation of the ICP; works directly with the member and family to implement elements of the ICP; coordinates the delivery of available services; and monitors and reviews progress toward ICP goals and updates the ICP in concert with the CPT. The provision of ICC services reflects the individualized needs of member and their families. Changes in the intensity of a member's needs over time should not result in a change in Care Coordinator.
- Delivery of ICC may require Care Coordinators to team with Family Partners. In ICC, the Care Coordinator and Family Partner work together with member with SED and their families while maintaining their discrete functions. The Family Partner works one-on-one and maintains regular frequent contact with the parent(s)/caregiver(s) in order to provide education and support throughout the care planning process, attends CPT meetings, and may assist the parent(s)/caregiver(s) in articulating the member's strengths, needs, and goals for ICC to the Care Coordinator and CPT. The Family Partner educates parents/caregivers about how to effectively navigate the child-serving systems for themselves and about the existence of informal/community resources available to them and facilitates the caregiver's access to these resources.

Assessment: The Care Coordinator facilitates the development of the Care Planning Team

- (CPT), including a comprehensive assessment and other clinical information to organize and guide the development of an Individual Care Plan (ICP) and a risk management/safety plan. The CPT is a source for information needed to form a complete assessment of the member and family. The CPT includes, as appropriate, both formal supports, such as the Care Coordinator, providers, Case Managers from child-serving state agencies, and natural supports, such as family members, neighbors, friends, and clergy. Care Coordinator assessment activities include without limitation:
 - Assisting the family to identify appropriate members of the CPT;
 - Facilitating the CPT to identify strengths and needs of the member and family in meeting their needs; and
 - Collecting background information and plans from other agencies.

- The assessment process determines the needs of the member for any medical, educational, social, therapeutic, or other services. Further assessments will be provided as medically necessary.

Development of an Individual Care Plan: Using the information collected through an assessment, the Care Coordinator convenes and facilitates the CPT meetings, and the CPT develops a child- and family-centered Individual Care Plan (ICP) that specifies the goals and actions to address the medical, educational, social, therapeutic, or other services needed by the member and family. The Care Coordinator works directly with the member, the family (or the authorized health care decision maker), and others to identify strengths and needs of the member and family and to develop a plan for meeting those needs and goals with concrete interventions and strategies and identified responsible persons.

- Referral and related activities: Using the ICP, the Care Coordinator:
 - Convenes the CPT which develops the ICP;
 - Works directly with the member and family to implement elements of the ICP;
 - Prepares, monitors, and modifies the ICP in concert with the CPT;
 - Will identify, actively assist the member and family to obtain and monitor the delivery of available services including medical, educational, social, therapeutic, or other services;
 - Develops with the CPT a transition plan when the member has achieved goals of the ICP; and,
 - Collaborates with the other service providers and state agencies (if involved) on the behalf of the member and family.

Monitoring and follow-up activities: The Care Coordinator will facilitate reviews of the ICP, convening the CPT as needed to update the plan of care to reflect the changing needs of the member and family. The Care Coordinator working with the CPT perform such reviews and include:

- Whether services are being provided in accordance with the ICP;
- Whether services in the ICP are adequate; and
- Whether these are changes in the needs or status of the member and if so, adjusting the plan of care as necessary.

Exclusions/Limitations

- The person(s) with authority to consent to medical treatment for the member does not voluntarily consent to participate in ICC.
- The member is in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting at the time of referral and is unable to return to a family home environment or community setting with community-based supports

Therapeutic Mentoring Services

Therapeutic Mentoring Medically necessary services provided to a child designed to support age-appropriate social functioning or to ameliorate deficits in the child's age-appropriate social functioning resulting from a DSM diagnosis; provided, however, that such services may include supporting, coaching and training the child in age-appropriate behaviors, interpersonal communication, problem solving, conflict resolution and relating appropriately to other children and adolescents and to adults. Such services are provided, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting. Therapeutic mentoring is a skill building service supporting specific elements one or more goals on the youth's behavioral health treatment plan developed by the primary treating clinician. It may also be delivered in the community, to allow the youth to practice desired skills in appropriate settings.

Admission Criteria

- A comprehensive behavioral health assessment indicates that the member's clinical condition warrants this service in order to support age-appropriate social functioning or ameliorate deficits in the member's age-appropriate social functioning.
- The member requires education, support, coaching, and guidance image-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to others to address daily living, social, and communication needs and to support the member in a home, foster home, or community setting, OR the member may be at risk for out-of-home placement as a result of the member's mental health condition OR requires support in transitioning back to the home, foster home, or community from a congregate care setting.
- Outpatient services alone are not sufficient to meet the member's needs for coaching, support, and education.

- Required consent is obtained.
- The member is currently engaged in outpatient services, In-Home Therapy, Family Stabilization Team, or ICC and the provider or ICC CPT determine that Therapeutic Mentoring Services can facilitate the attainment of a goal or objective identified in the treatment plan or ICP that pertains to the development of communication skills, social skills, and peer relationships.
- Services provided by therapeutic mentors are within the scope of their training and certification.

Continuing Stay Criteria

- The member's clinical condition continues to warrant Therapeutic Mentoring Services in order to continue progress toward treatment plan goals.
- The member's treatment does not require a more-intensive level of care.
- No less-intensive level of care would be appropriate.
- Care is rendered in a clinically appropriate manner and focused on the member's behavioral and functional outcomes as described in the treatment plan/ICP.
- Progress in relation to specific behavior, symptoms, or impairments is evident and can be described in objective terms, but goals have not yet been achieved, or adjustments in the treatment plan/ICP to address lack of progress are evident.
- The member is actively participating in the plan of care to the extent possible consistent with his/her condition.
- Where applicable, the parent/guardian/caregiver and/or natural supports are actively involved as required by the treatment plan/ICP.

Discharge Criteria

- The member no longer meets admission criteria for this level of care or meets criteria for a less or more intensive level of care.
- The treatment plan/ICP goals and objectives have been substantially met, and continued services are not necessary to prevent worsening of the member's behavioral health condition.
- The member and parent/guardian/caregiver are not engaged in treatment. Despite multiple, documented attempts to address engagement, the lack of engagement is of such a degree that it implies withdrawn consent or treatment at this level of care becomes ineffective or unsafe.
- Required consent for treatment is withdrawn.
- The member is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care, nor is it required to maintain the current level of functioning.
- The member is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is not ready for discharge to a family home environment or a community setting with community-based supports.

Exclusions/Limitations

- The member displays a pattern of behavior that may pose an imminent risk to harm self or others, or sufficient impairment exists that requires a more intensive service beyond community-based intervention.
- The member has medical conditions or impairments that would prevent beneficial utilization of services.
- Therapeutic Mentoring services are not needed to achieve an identified treatment goal.
- The member's primary need is only for observation or for management during sport/physical activity, school, after-school activities, or recreation, or for parental respite.
- The service needs identified in the treatment plan/ICP are being fully met by similar services.
- The member is placed in a residential treatment setting with no plans for return to the home setting.

Family Support and Training

Family Support and Training Medically necessary services provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs and to parent; provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting. Family support and training supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the

child and how to identify formal and informal services and supports in their communities, including parent support and self-help groups.

Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.

Family support and training is provided by Family Partners, to support supporting specific elements of the youth's behavioral health treatment plan developed by the primary treating clinician. Services and may include educating parents/caregivers about the youth's behavioral health needs and resiliency factors, teaching parents/caregivers how to navigate services on behalf of the child and how to identify formal and informal services and supports in their communities, including parent support and self-help groups

Admission Criteria

- A comprehensive behavioral health assessment indicates that the member's clinical condition warrants this service in order to improve the capacity of the parent/caregiver in ameliorating or resolving the member's emotional or behavioral needs and strengthen the parent/caregiver's capacity to parent so as to successfully support the member in the home or community setting.
- The parent/caregiver requires education, support, coaching, and guidance to improve their capacity to parent in order to ameliorate or resolve the member's emotional or behavioral needs so as to improve the member's functioning as identified in the outpatient, In-Home Therapy or Family Stabilization treatment plan/ICP, for those members enrolled in ICC, and to support the member in the community.
- Outpatient services alone are not sufficient to meet the parent/caregiver's needs for coaching, support, and education.
- The parent/caregiver gives consent and agrees to participate.
- A goal identified in the member's outpatient, In-Home Therapy, or Family Stabilization Team treatment plan or ICP, for those enrolled in ICC, with objective outcome measures pertains to the development of the parent/caregiver capacity to parent the member in the home or community.
- The member resides with or has current plan to return to the identified parent/caregiver.
- Services provided by family partners are within the scope of their training and certification.

Continued Stay Criteria

- The parent/caregiver continues to need support to improve his/her capacity to parent in order to ameliorate or resolve the member's emotional or behavioral needs as identified in the outpatient, In-Home Therapy or Family Stabilization treatment plan/ICP, for those members enrolled in ICC, and to support the member in the community.
- Care is rendered in a clinically appropriate manner and focused on the parent/caregiver's need for support, guidance, and coaching.
- All services and supports are structured to achieve goals in the most time efficient manner possible.
- For members in ICC, with required consent, informal and formal supports of the parent/caregiver are actively involved on the member's team.
- With required consent, there is evidence of active coordination of care with the member's care coordinator (if involved in ICC) and/or other services and state agencies.
- Progress in relation to specific behavior, symptoms, or impairments is evident and can be described in objective terms, but goals have not yet been achieved, or adjustments in the treatment plan/ICP to address lack of progress are evident.

Discharge Criteria

- The parent/caregiver no longer needs this level of one-to-one support and is actively utilizing other formal and/or informal support networks.
- The member's treatment plan/ICP indicates the goals and objectives for Family Support and Training have been substantially met.
- The parent/caregiver is not engaged in the service. The lack of engagement is of such a degree that this type of support becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues.
- The parent/guardian/caregiver withdraws consent for treatment.

Exclusions/Limitations

- There is impairment with no reasonable expectation of progress toward identified treatment goals for this service.
- There is no indication of need for this service to ameliorate or resolve the member's emotional needs or to support the member in the community.
- The environment in which the service takes place presents a serious safety risk to the Family Support and Training Partner making visits, alternative community settings are not likely to ameliorate the risk, and no other safe venue is available or appropriate for this service.
- The member is placed in a residential treatment setting with no current plans to return to the home setting.
- The member is in an independent living situation and is not in the family's home or returning to a family setting.
- The service needs identified in the treatment plan/ICP are being fully met by similar services from the same or any other agency.

References

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Revision History

Date	Summary of Changes
07/2019	Version 1
01/2020	Version 2
04/2020	Version 3
07/2020	Version 4
10/2020	Version 5
10/2021	Version 6
04/2022	Version 7
10/2022	Version 8
10/2023	Version 9
12/2024	Version 10
07/2025	CBAT Update