



THERAPEUTIC MENTORING (TM)

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

Therapeutic Mentoring (TM) services are provided to youth (under the age of 21) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings such as school, child care centers, respite settings, and other culturally and linguistically appropriate community settings.

TM offers structured, one-to-one, strength-based support services between a Therapeutic Mentor and a youth for the purpose of addressing daily living, social, and communication needs. TM services include supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities pursuant to a behavioral health treatment plan developed by an outpatient, or In-Home Therapy (IHT) provider in concert with the family, and youth whenever possible, or Individual Care Plan (ICP) for youth with Intensive Care Coordination (ICC).

These services help to ensure the youth's success in navigating various social contexts, learning new skills, and making functional progress, while the Therapeutic Mentor offers supervision of these interactions and engages the youth in discussions about strategies for effective handling of peer interactions.

Therapeutic Mentoring services must be necessary to achieve a goal established in an existing behavioral health treatment plan for Outpatient or In-home Therapy or in an ICP for youth in ICC. For members being discharged from Outpatient, In-Home Therapy, or ICC, the receipt of Therapeutic Mentoring services following discharge must be necessary to achieve the goals established in the member's Outpatient, IHT, or ICC discharge plan. Progress toward meeting the identified goal(s) in their treatment plan, ICP, discharge plan, and/or ongoing action plan must be documented and communicated regularly to any other ongoing behavioral health treatment providers. Services are designed to support age-appropriate social functioning or ameliorate deficits in the youth's age-appropriate social functioning.

SERVICE COMPONENTS

1. Providers of TM services are outpatient hospitals, community health centers, mental health centers, other clinics, and private agencies certified by the Commonwealth. Providers of TM utilize Therapeutic Mentors to provide these services.
2. The TM service must be operated 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
3. The Therapeutic Mentoring provider delivers services in accordance with an existing Outpatient or In-home therapy treatment plan that is jointly developed by the Outpatient, or In-home therapy provider with input from the parent/caregiver/guardian and youth, whenever possible, and may also include other involved parties such as school personnel, other treatment providers, and significant people in the youth's life. For youth in ICC services are delivered in accordance with the ICP.
4. The TM provider engages the youth in activities in the community. These activities meet one or more of the following purposes:
 - a) Provision of anticipatory guidance
 - b) Teaching of alternative strategies
 - c) Role playing
 - d) Behavioral rehearsal
 - e) Skill acquisition in the community
 - f) Practicing skills in the community
 - g) Exposure to social situations in which age-appropriate skills can be practiced
 - h) Enhancing conflict resolution skills
 - i) Developing communication skills
5. TM interventions are designed to address one or more goals on a youth's existing outpatient or IHT treatment plan (for youth not in ICC), or on an existing ICP (for youth in ICC), and are provided while engaging the youth in the following types of activities:

- a) Social activities
 - b) Recreational activities
 - c) Athletic activities
 - d) Artistic or creative activities
 - e) Educational or vocational activities
 - f) Activities of daily living based in the community (e.g., taking public transportation, applying for a job, etc.)
6. The Therapeutic Mentoring provider engages the youth in support-based activities in the community that serve to meet the treatment plan goals. Goals for Therapeutic Mentoring, and activities used to meet those goals, should be individualized based on youth need. Activities to meet goals can include brainstorming, researching, practicing, role playing or direct rehearsal either 1:1 with the Therapeutic Mentor or in the naturally occurring setting where the member needs support.
 7. Therapeutic Mentors must have a written individual action plan outlining the goals of care as determined by the Outpatient therapist, In-home therapist or Intensive Care Coordinator. The individual action plan must identify tasks needed to meet goals and timeframes for completion. The individual action plan must include modality and location of tasks. The individual action plans must be signed by the Therapeutic Mentor, the Therapeutic Mentoring supervisor, the parent/caregiver/guardian and the youth, when appropriate. The initial individual action plan is due within 30 days of Therapeutic Mentoring services initiating. The plan is updated every 90 days at a minimum and as needed.
 8. The Therapeutic Mentoring record must document, for each session, the planned activity, the goal being targeted and the member response to the activity.
 9. The TM provider develops and maintains policies and procedures relating to all components of TM services. The provider will ensure all new and existing staff will be trained on these policies and procedures.
 10. The TM provider offers services in the youth's home and community. 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, and the reason for utilizing telehealth must be documented in the youth's record.
 11. Therapeutic Mentoring services may continue after a youth is discharged from Intensive Care Coordination, In Home Therapy or Outpatient therapy. Therapeutic Mentoring services continuing upon discharge from Outpatient, ICC or IHT must obtain the most recent treatment or ICP, comprehensive assessment, and CANS. Therapeutic Mentoring services continuing upon discharge must be indicated in the Outpatient, ICC or IHT discharge plan and may continue until the next CANS re-evaluation date. During this time, the member must continue to have a goal in their individual action plan that requires ongoing therapeutic mentor support.
 12. If Therapeutic Mentoring is the only service a youth is receiving, and the youth is evaluated by a mobile crisis team and is awaiting placement for a 24-hour behavioral health level of care (e.g., Crisis Stabilization, inpatient hospital, CBAT):

- a) The Therapeutic Mentor coordinates with their clinical supervisor and YMCI staff to ensure appropriate linkage and resources for the member and family.
13. The TM provider does not directly provide social, educational, artistic, athletic, recreational or vocational services.

STAFFING REQUIREMENTS

1. Minimum qualifications for Therapeutic Mentors include:
 - a) 21 years of age or older; and
 - b) bachelor's degree in a human service field from an accredited university and one (1) year experience working with children/adolescents/transition age youth; or
 - c) associate's degree in a human services field from an accredited school and one (1) year of experience working with the target population; or
 - d) high school diploma or HiSET and a minimum of two (2) years of experience working with children/adolescents/transition age youth.
2. TM providers ensure that Therapeutic Mentors complete a training course upon employment and annually thereafter, that minimally includes the following:
 - a) Overview of the clinical and psychosocial needs of the target population
 - b) Systems of Care principles and philosophy
 - c) The four phases of Wraparound and the 10 principles of Wraparound
 - d) Their role within a CPT
 - e) Ethnic, cultural, and linguistic considerations of the community
 - f) Community resources and services
 - g) Family-centered practice
 - h) Behavior management coaching
 - i) Social skills training
 - j) Psychotropic medications and possible side effects
 - k) Risk management/safety plans
 - l) Crisis Management
 - m) Introduction to child-serving systems and processes (e.g., DCF, DYS, DMH, DESE, etc.)
 - n) Basic Individual Education Plan and special education information
 - o) Managed Care Entities' performance specifications and medical necessity criteria
 - p) Child/adolescent development including sexuality
 - q) Conflict resolution
3. Documentation of the provider's training curriculum is made available upon request.
4. The TM provider ensures that all TM staff receives weekly individual supervision by a licensed clinician with specialized training in child/adolescent issues, child-serving agencies (e.g., DYS, DCF, DMH, DDS, DESE), mental health, family-centered treatment, strengths-based interventions, and Wraparound planning process consistent with Systems of Care philosophy.
5. The TM provider ensures that a senior licensed clinician is available for consultation within one (1) hour to TM staff during all hours that TM staff provides services to youth, including evenings and weekends.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. The Therapeutic Mentor supports, coaches, and trains the youth to support linkages to community resources and services that will sustain the youth's optimal functioning in the community. These linkages may include but are not limited to: Boys and Girls Clubs, YMCAs, town recreational programs, faith communities, after-school programs, health and wellness programs, job-training, and tutoring.
2. The Therapeutic Mentor supports, coaches, and trains the youth in connecting with existing treatment providers and in linking with new or additional resources.
3. For youth in ICC, the Therapeutic Mentor participates as a member of the CPT and clearly outlines the goals of the TM service in the ICP.
4. For youth who are not receiving ICC, the Therapeutic Mentor works closely with the family, and any behavioral health existing/referring providers to implement the goals and objectives identified by the referring provider.
5. The Therapeutic Mentor participates in all treatment and care planning meetings and processes including Care Plan Team for youth in ICC. When state agencies (e.g., DMH, DCF, DYS, DPH, DESE/LEA, DDS, MRC, ORI, probation office, the courts) are involved, and with required consent, the Therapeutic Mentor participates with these agencies with regards to service/care planning and coordination and planning for transition to adulthood. The Therapeutic Mentor assists the youth in communicating his/her needs to the treatment team when age-appropriate. The Therapeutic Mentor contributes the voice of the youth in the absence of the youth.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. When the need for TM is identified in a youth's outpatient, IHT treatment plan or ICP for youth in ICC, the outpatient, IHT or ICC referring provider is responsible for communicating the reasons for referral, and the identifying goals for TM to the TM provider.
 - a) Individual Action Planning and Documentation For youth engaged in ICC, the Therapeutic Mentor must coordinate with and attend all CPT meetings that occur while they are providing Therapeutic Mentoring Services. At these meetings, they give input to the CPT in order to clearly outline the goals of the Therapeutic Mentoring service in the ICP and provide updates on the youth's progress. The Therapeutic Mentor develops and identifies to the CPT an anticipated schedule for meeting with the youth and a timeline for goal completion. The Therapeutic Mentor determines the appropriate number of hours per week/month for Therapeutic Mentoring services based on the needs of the youth as identified in the ICP.
 - b) For youth who are not receiving ICC, the Therapeutic Mentor must coordinate with the referring behavioral health provider and attend all treatment team meetings to clearly outline the goals of the TM service and provide updates on the youth's progress. The Therapeutic Mentor develops and identifies to the referring behavioral health provider an anticipated schedule for meeting with the youth and a timeline for goal completion. The Therapeutic Mentor determines the appropriate number of hours per week/month for TM services based on the needs of the youth as identified in the treatment plan.

- c) The Therapeutic Mentoring provider must outreach the parent/caregiver/guardian within five (5) calendar days of referral, including self-referral, to offer a face-to-face initiation of services appointment with the family. The provider will make best efforts to initiate services as soon as possible based on the clinical needs of the youth. Fourteen (14) days is the Medicaid standard for the timely provision of 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 following referral regarding treatment.
- d) Providers must maintain a waitlist if unable to initiate services within fourteen (14) calendar days of initial contact with the parent/caregiver/guardian. In those instances, the provider must contact the parent/caregiver/guardian and the referral source to discuss waitlist procedures.
- e) The Therapeutic Mentor has at least one (1) contact per week, and more if needed, with the youth's ICC, IHT, or outpatient provider to provide updates on progress toward goals on the identified treatment plan or ICP.
- f) If there is no clinical behavioral health service (ICC, OP or IHT) open with the youth, the Therapeutic Mentor will communicate to their supervisor weekly with updates on progress towards goals on the individual action plan and document accordingly.
- g) The TM provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respecting the youth and family's dignity and right to choose.
- h) Therapeutic Mentors document each contact in the Therapeutic Mentoring provider's record for the youth and share this information with other treatment providers with consent and as appropriate.
- i) The emergency protocols of the TM provider are followed by all Therapeutic Mentors during and after business hours.

Discharge Planning and Documentation

1. When clinically indicated, the youth, family members, and all providers involved in care are involved in the discharge planning process, subject to required consent. Such involvement will be noted within the discharge summary and youth's record.
2. The Therapeutic Mentor begins discharge planning upon admission, with ongoing planning activities documented in the record, to ensure that the member has a natural or community support to engage with upon successful completion of Therapeutic Mentoring goals.
3. The reasons for discharge and all aftercare plans are clearly documented in the record.
4. The Therapeutic Mentor provider, in cooperation with the treatment team or CPT for youth in ICC, writes a discharge plan that includes documentation of ongoing strategies, supports, and resources to assist the youth and family in maintaining gains. With consent, the discharge plan is given to the youth and/or parent/guardian/caregiver and the existing behavioral health providers within five (5) business days of the last date of service.
5. If unplanned termination of services occurs, the provider makes every effort to contact the parent/guardian/caregiver or adult adolescent/emancipated child to obtain the youth's participation in the services and to provide assistance for appropriate follow-up plans (e.g., schedule another appointment, facilitate an appropriate service termination, or provide

appropriate referrals, etc.). The Therapeutic Mentoring provider informs any other behavioral health providers involved of the unplanned termination and documents in the youth's 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.