Optum

United Behavioral Health Provider Training: Phase 2

Behavioral Health for Children and Adolescents

State of Massachusetts Mandate 1/1/2021 Implementation of Therapeutic Mentoring and Family Support & Training Services

December 2024

BHCA Phase 2 - Provider Training Topics

Behavioral Health for Children and Adolescents

1. Medical Necessity Criteria: Therapeutic Mentoring (TM) and Family Support & Training (FS&T)
2. Credentialing and Certification for TM and FS&T Services
3. Billing for TM and FS&T Services
4. BHCA Phase 1 Service Refresher: Including Modified Intensive Care Coordination (ICC) Process
5. Appendix

Medical Necessity Criteria:

Therapeutic Mentoring and Family Support & Training

Therapeutic mentoring (TM)

Medical Necessity Criteria

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.

Therapeutic mentoring (TM)

Medical Necessity Criteria

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.

Therapeutic mentoring (TM)

Medical Necessity Criteria

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 (FS&T)

Medical Necessity Criteria

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 leading to successfully supporting 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 member 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

Family support and training (FS&T)

Medical Necessity Criteria

Continuing 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 member 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.

Family support and training (FS&T)

Medical Necessity Criteria

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.

Resource: Massachusetts Commercial: Supplemental Clinical Criteria

Credentialing / Certification:

Therapeutic Mentoring and Family Support & Training

Credentialing and certification for TM and FS&T services

Behavioral Health for Children and Adolescents (BHCA)

COMMUNITY HEALTH WORKER CERTIFICATION (CHW)

The Department of Mental Health was charged with identifying the certification standards and process that best fits the knowledge and skills needed by Family Partners and Therapeutic Mentors. DMH determined that to be the **Community Health Worker (CHW)** certification.

DMH partnered with DPH's Bureau of Health Professions Licensure to record a webinar that explains the CHW certification requirements and process. DMH also created "cross-walk" documents (linked below) to help family partners, therapeutic mentors, their supervisors and program managers understand how their work is reflected in those standards.

As a reminder, the "work hours only" certification pathway is the **only one currently available and is due to expire on June 30, 2021**. Family partners and therapeutic mentors who have at least 4,000 hours of relevant work experience can pursue this pathway.

Related Resources:

- CHW Certification Webinar
- TM Crosswalk and Application Instructions
  FS&T Crosswalk and Application Instructions

Credentialing and certification for TM and FS&T services

Behavioral Health for Children and Adolescents (BHCA)

COMMUNITY HEALTH WORKER CERTIFICATION (CHW)

The **Board of Certification of Community Health Workers** within the Bureau of Health Professions Licensure at the Massachusetts Department of Public Health regulates the Community Health Worker (CHW) certification.

To apply for certification, the following are required:

1. Complete an **application** (this requires a *notarized* signature)
2. A passport photo
3. Pay the $35 application fee
4. Complete a CORI check (this requires a *notarized* signature)
5. Obtain three professional references using the Reference Form included in the application

For Additional Information and Guidance on Completing the CHW Application Process, Refer to the Following Resources:

- **Webinar Recording About CHW Certification**
- **Board of Certification of Community Health Workers**
- **FAQ from the CHW Board**
- **Massachusetts Association of Community Health Workers**

Billing for Services:

Therapeutic Mentoring and Family Support & Training

Billing for TM and FS&T services

Behavioral Health for Children and Adolescents

CPT Code	Description	Unit Definition	Auth Requirements	Items to Note
H0038–HA	Therapeutic Mentoring	96 units per day (per 15 minutes)	No Auth Required	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours)
H0038–HS	Family Support & Training		No Auth Required	

Note: these services are available for Accounts that are Sitused in MA for Commercial Fully Insured Plans and Some Commercial ASO Plans who have "opted-in" to purchase BHCA benefits – ALWAYS call in to confirm benefits for the member before providing BHCA services.

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BHCA Phase 1 Refresher:

Including Modified Intensive Care Coordination (ICC) Process

Billing for phase 1 services

Behavioral Health for Children and Adolescents

CPT Code	Description	Unit Definition	Auth Requirements	Items to Note
Rev 1001 + H0017	CBAT	CBAT with R&B	Auth Required	Must be billed with corresponding HCPCS Cannot be billed with other OP codes
Rev 1001 + H0018	ICBAT	ICBAT with R&B	Auth Required	
(For services provided prior to 10/1/24) 99510 HO – MA Level HN – BA Level *(For services provided on 10/1/24 and after)* H2019 HO – MA Level HN – BA Level	In-Home Therapy	99510 – Per diem (one 60-minute unit per day – see Items to Note for instruction on how to bill two units) H2019 – 15-minute unit	No Auth Required	Service includes phone contact with family, collateral contact for the purpose of care coordination, service provided in the home & various locations in the community, completing and updating assessment/diagnosis, creating & updating treatment plans, creating discharge plans, and othernon-traditional services BA-level notes do not require sign-off from a licensed provider; however, supervision is required *(For 99510 only)* -Code will not pay while the member is in CBAT / ICBAT care -Code can be used by either MA-level or BA-level team member -A second 60-min unit is allowed if needed on occasion > add primary modifier XU
H2014 HO – MA Level HN – BA Level	In-Home Behavioral Services	96 units per day (per 15 minutes)	No Auth Required	Can be billed with other outpatient codes within a 24-hour period (96 Units = 24 Hours) Billing under supervision BHCA is the SAME as it was for CBHI There is no HUB for IHBS Can be used when providing 7-Day MCI follow-up; S9485 is used for crisis intervention per usual
H2011 HO – MA Level HN – BA Level	Mobile Crisis Intervention		No Auth Required	
H0023	Intensive Care Coordination	1 unit per day	No Auth Required	Code can **only** be billed once per day per member Effective 7/1/2020, for Mass General Brigham Health Plan, providers can **bill health plan directly** for ICC services without requiring a single case agreement (SCA). Effective 10/15/2020, for all remaining MA-Sitused health plans (e.g. CCI, and UHC), providers can **bill the health plan directly** for ICC services without going through Optum's Internal Case Management Team

Phase 1 covered services and authorizations

Behavioral Health for Children and Adolescents

Services that REQUIRE Authorization	
Rev 1001+H0017	CBAT with R&B
Rev 1001+H0018	ICBAT with R&B
Services that DO NOT Require Authorization	
H0023	Intensive Care Coordination [1 / 2] [1] Mass General Brigham Health Plan**:** Effective 7/1/2020, for Mass General Brigham Health Plan, providers can **bill health plan directly** for ICC services without requiring a single case agreement (SCA). [2] Effective 10/15/2020, for **all remaining MA-Sitused health plans** (e.g. CCI, HPHC and UHC), providers can **bill the health plan directly** for ICC services without going through Optum's Internal Case Management Team
H2011	Mobile Crisis Intervention
H2014	In-Home Behavioral Services
99510/H2019	In-Home Therapy (In-Home Family Therapy) – Use 99510 for services prior to 10/1/24. Use H2019 for services starting 10/1/24.

Note: these services are available for Accounts that are Sitused in MA for Commercial Fully Insured Plans and Some Commercial ASO Plans who have "opted-in" to purchase BHCA benefits – ALWAYS call in to confirm benefits for the member before providing BHCA services.

Authorizations for CBAT and ICBAT can be requested in two (2) ways:

- Contracted providers can request authorizations for most services via the online portal system on Provider Express (providerexpress.com). You will need to log-in to request authorizations. The previous slide includes information about which services can be requested online and which require a phone call.
- Calling United Behavioral Health (UBH) via the number on the member's card.

Appendix

Joining our network

Behavioral Health for Children and Adolescents

Begin the Credentialing Process

- The participation process begins with submission of the provider application
  - Go to Provider Express home page > **Our Network** Under “Join Our Network” select “Individually-Contracted Clinicians” and respond to prompts
  - Clinicians contracting on an individual basis complete the CAQH universal application online at **caqh.org**
  - Agencies pursuing group contracts complete the Optum Agency application
- Additional required application materials include
  - Signed Optum Provider Agreement
  - State required credentialing documents (attestation forms, licensures)
- Approval by Optum Credentialing
- Credentialing requirements can be found at **providerexpress.com** under “Join Our Network”
- Orientation to Optum clinical and administrative protocols via webinars or review of provider resources posted on **providerexpress.com**

Recredentialing Process

- Recredentialing is completed every 36 months (3 years)
  - – Timeline is established by NCQA
- Several months prior to the recredentialing date, a recredentialing packet will be sent to the primary address on file for the provider
- Completion of the entire recredentialing packet is required for the recredentialing process to be completed
- Site audits will be completed for organizational providers as indicated by Optum policy
- Failure to complete the recredentialing paperwork or participate in the recredentialing site audit (when applicable) will impact the provider’s status in the network

BHCA provider customer service numbers

Behavioral Health for Children and Adolescents

Customer service phone numbers may vary by the type of business or employer. Therefore, when calling customer service, you should call the phone number that corresponds to the line of business you have questions about or refer to the number on the member's insurance ID card.

Below are the phone numbers dedicated to a specific line of business:

Health Plan	Phone Number
Optum/UBH	844-451-3518
Partners ASO	844-451-3520
ConnectiCare	888-946-4658
UnitedHealthcare	Call the number on the back of the insurance ID card

BHCA provider contact for questions

Behavioral Health for Children and Adolescents

- Brad Eardley, LMFT - CBHI Program Manager, bradley_eardley@optum.com
- Provider Services 1-877-614-0484 **Calls are answered between 7 a.m. and 7 p.m. CST**