

ACCESS TO CHILDREN'S BEHAVIORAL HEALTH INITIATIVE (CBHI) SERVICES IN MASSACHUSETTS

**Prepared by the Mental Health Legal Advisors Committee
March 2012**

What is MassHealth?

MassHealth is Massachusetts' managed Medicaid Program.

What is *Rosie D.*?

Rosie D. is a federal, class action lawsuit filed in 2001 on behalf of Medicaid-eligible children hospitalized or at risk of hospitalization. Plaintiffs sought to compel the Commonwealth of Massachusetts to provide intensive home-based behavioral health services to youth under age 21 with serious emotional disturbance (SED) pursuant to the federal Medicaid Act.

Under the Medicaid Act's Early and Periodic Screening, Detection and Treatment (EPSDT) mandate, all states must screen eligible children, diagnose conditions found, and furnish treatment to correct or ameliorate physical and mental health issues promptly and for as long as medically necessary.

The class of youth involved in the lawsuit includes the thousands of Massachusetts children eligible for Medicaid who have emotional, behavioral or psychiatric disabilities.

A 2006 judicial order in the case directed that Massachusetts had to comply with the EPSDT mandate. In 2007, the district court issued a remedial plan requiring the development of intensive home and community based services for MassHealth-eligible youth. Services became available in 2009.

What is CBHI?

The Children's Behavioral Health Initiative (CBHI) is a project of the Massachusetts Executive Office of Health and Human Services (EOHHS). The purpose of the initiative is to strengthen, expand and integrate state children's mental health services into a comprehensive, community-based system of care.

While CBHI has a wider agenda, its first project is the implementation of the *Rosie D.* lawsuit which seeks to provide mental health services to children enrolled in MassHealth.

You can reach more about the initiative by going to www.mass.gov/eohhs and clicking on the box on the right marked "CBHI."

What MassHealth insurance plans provide access to Rosie D. services?

Youth in MassHealth Standard and CommonHealth can access all *Rosie D.* services.

Youth in all MassHealth coverage types except MassHealth Limited can access two *Rosie D.* services: in-home therapy and mobile crisis intervention.¹

When a youth is enrolled in MassHealth Standard or CommonHealth, who provides these behavioral health services?

Most youth enrolled in MassHealth Standard or CommonHealth must select a managed care plan.² There are two types of managed care plans – a Primary Care Clinician (PCC) plan and managed care organization plans (MCOs).

MassHealth members who are receiving services from the Department of Children and Families or the Department of Youth Services may choose to enroll in the PCC Plan or a MassHealth-contracted MCO.³ Such members who do not choose to enroll in the PCC Plan or a MassHealth-contracted MCO must enroll with the MassHealth behavioral-health contractor, Massachusetts Behavioral Health Partnership (MBHP).⁴

What is the PCC plan?

All members who enroll in the PCC Plan receive behavioral-health services through MBHP.⁵ MBHP has created a network of mental and behavioral health clinicians to provide mental and behavioral health services. Individuals in the PCC plan don't need a referral to access these clinicians.⁶ Thus, while the Primary Care Clinicians of individuals enrolled in the PCC program are paid directly by Medicaid, any behavioral health clinicians are instead paid by MBHP.⁷

What are the MCO plans?

Members who enroll in a MassHealth-contracted MCO that is under contract to provide behavioral health services receive behavioral health services through that MCO.⁸ The MCOs may provide mental health services from within their network, or subcontract to another provider which has its own network of providers from whom one may access services. There are five MCOs:

- Fallon Community Health Plan;
- BMC Health Net;
- Neighborhood Health Plan;
- Network Health Plan;
- Health New England.

BMC Health Net and Network Health Plan manage providers of behavioral health services

directly.

Fallon Community Health Plan and Neighborhood Health Plan subcontract with Beacon Health Strategies to manage behavioral health providers. Health New England subcontracts with MBHP to manage behavioral health providers.

What happens if you have additional insurance and don't select a plan?

If your child is not enrolled in a MassHealth managed-care plan and has insurance in addition to MassHealth, behavioral-health services covered by MassHealth and not covered by the additional insurance you hold will be provided through MBHP.

Other non-behavioral MassHealth benefits will continue on a fee-for-service basis.⁹

Does choice of a managed care plan affect access to services?

Regardless of the plan, the *Rosie D.* services and ability to access them should be the same across all the plans.

Depending on what insurance plan is selected, different entities administer the behavioral health benefits.

What if the youth has CommonHealth?

If a youth is enrolled in CommonHealth, the youth will receive services on a fee for service basis. These youth will have to access behavioral health services through MBHP.

What are CBHI services like?

CBHI services are home-based services. The services can be provided separately or in combination. They are delivered in a variety of settings – home (including foster homes), school, community.

Who can access CBHI services?

A youth must be:

- a resident of Massachusetts;
- eligible for MassHealth, under MassHealth Standard or CommonHealth;
- under age 21;
- diagnosed with a serious emotional, behavioral or psychiatric condition meeting the federal definitions of serious emotional disturbance; and
- determined through a mental health evaluation to need home-based services.

How can a youth or family determine what kind of MassHealth coverage the youth has or apply for MassHealth?

To determine coverage or enroll, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648).

How does a youth pursue CommonHealth on the basis of a disability?

To apply for CommonHealth, contact the MassHealth Customer Service Center at 1-800-841-2900 (TTY 1-800-497-4648) and request a new “Medical Benefits Requests (MBR) form as well as a “Disability Supplement” form.

What is a serious emotional disturbance (SED)?

There are two federal definitions of serious emotional disturbance (SED). One definition comes from the federal Substance Abuse & Mental Health Services Administration (SAMHSA) and the other from the federal special education law, the Individuals with Disabilities Act (IDEA). They are slightly different but both try to define a youth with a SED as a youth whose life is affected at home, in school and in the community. A youth may meet either definition.

SAMHSA says a youth has SED if currently or within the last 12 months the youth has had a diagnosable mental, behavioral or emotional disorder that resulted in functional impairment which substantially interferes with or limits his/her role or functioning in family, school or community activities.

The IDEA defines SED as a condition exhibiting one or more of the following characteristics over a long period of time and adversely affects a child’s 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 behaviors or feelings under normal circumstances;
- general pervasive mood of unhappiness or depression; or
- a tendency to develop physical symptoms associated with personal or school problems.

How does one determine if a youth has a SED?

To determine if a youth has SED, the youth should have a mental health evaluation.

Children with SED who also are diagnosed with another disabling condition, such as autism spectrum disorders, developmental disabilities or substance abuse are eligible for CBHI services.

What are the CBHI services?

The CBHI services for youth under age 21 with behavioral health needs are:

- **Behavioral Health Screening**

- **Comprehensive Diagnostic Assessments**

A Comprehensive Diagnostic Assessment includes an in-depth review of past records and treatment, a home visit, multiple interviews with family members, teacher and other collaterals.

- **Mobile Crisis Intervention**

Mobile Crisis Intervention is a mobile, face to face response for youth in crisis. It is available 24 hours a day, 7 days a week. While originally available for up to 3 days, it will now be available for up to 7 days. Intervention can occur in the home or in the community by clinical or paraprofessional team. The goal is to assess, de-escalate and stabilize and to do safety planning, referrals and support to maintain youth in a natural setting.

- **In Home therapy**

In Home Therapy is designed to address social or emotional issues. A mental health therapist provides counseling and therapy to the child and family. The therapist may be assisted by an aide who provides support the child in the home, school or community/recreational settings.

- **Intensive Care Coordination (ICC)**

Intensive Care Coordination involves a single care coordinator, a single treatment team, and a single treatment plan that guide the provision of all mental health and related support services. This service is only available to youth with MassHealth Standard or CommonHealth.¹⁰

- **Family Support and Training**

Family Support and Training helps families participate in the wraparound planning process, access services, and navigate child-serving agencies. It is a service provided by Community Service Agencies (CSAs). CSAs assign Family Partners to the family to provide the service. The Family Partners provide structured one to one services with the parent or caregiver of the youth. This service is only available to youth with MassHealth Standard or CommonHealth.¹¹

- **In Home Behavioral Services**

In Home Behavioral Services address challenging behaviors in the home and community. A behavioral therapist writes and monitors a behavioral management plan with the family, while a behavioral aide works with the family to implement the plan in the home and in the community. This service is only available to youth with MassHealth Standard or CommonHealth.¹²

○ **Therapeutic Monitoring**

Therapeutic monitoring helps a child develop independent living, social and communication skills, as well as providing education, training and support services for children and their families. Structured one-to-one relationship between paraprofessional and youth, addressing daily living, social and communication skills. This service is only available to youth with MassHealth Standard or CommonHealth.¹³

How does a youth qualify for a particular CBHI service?

To receive a particular CBHI service, a youth must meet the medical necessity criteria for that service.¹⁴

Is there a document that describes what each service is?

Yes, there are “performance specifications” for each service. These specifications explain how the service ought to be delivered.¹⁵

How can a youth access CBHI services?

A youth may access CBHI services in a number of ways.

- A youth can have a behavioral health screening. Primary care doctors and nurses must offer voluntary screening for behavioral health concerns at well child visits or upon request, using one of several standardized screening instruments.¹⁶
- A youth can have a mental health evaluation by a mental health professional – this is for children with known conditions.¹⁷ Part of that evaluation will be the CANS survey, an assessment tool.¹⁸ The CANS uses a structured interview of assess the child and family’s strengths and identify needs.
- Children diagnosed with SED and who needs services from one than one provider or governmental agency are entitled to ICC. This means that a child with SED will be assigned a single care manager who is responsible for overseeing and coordinating all aspects of the child’s care and treatment. The care manager will convene and oversee the child’s care planning team that works with the family to plan the home-based services.¹⁹ The care manager will conduct and coordinate the comprehensive home-based assessment, which focuses on the strengths of the child and family.²⁰

Can a youth seek CBHI services from the Department of Mental Health (DMH)?

If the youth contacts the Department of Mental Health (DMH), DMH will apply its protocol for Accessing and Coordination with MassHealth Behavioral Health Services.²¹ This process may involve directing the youth to MassHealth eligibility or resources.

What is ICC?

ICC is intensive care coordination. ICC is a wraparound treatment planning process. ICC is delivered by a Community Service Agency (CSA), a mental health service provider in the youth's community.

The coordinator ensures that a comprehensive home-based assessment is done and that a care planning team is convened. This team, which includes the family, plans home-based services. Once the plan is created, the coordinator monitors and reviews it, working with the youth and family.

How can a youth access ICC?

To receive ICC, a youth must have a serious emotional disturbance (SED) and must receive MassHealth Standard or CommonHealth.²² If a youth has another kind of MassHealth (Family Assistance, Basic or Essential – but not MassHealth Limited), the youth may seek ICC eligibility by transferring to CommonHealth (if eligible on the basis of a disability).²³

NOTE: Children without SED can still obtain home-based services other than ICC if medically necessary, depending on MassHealth coverage type.²⁴

Does a youth have to go through an ICC to obtain home-based services?

No. A youth can be referred directly to a discrete home-based service (and not to an ICC). If a youth is not interested in or eligible for ICC, the youth can seek specific services directly, if the services are medically necessary. All Medicaid behavioral health services can be requested this way.

For Therapeutic Mentoring and Family Support and Training, a clinical treatment plan must be in place to support the referral.

Who is part of the care planning team?

In addition to the child and his or her family, members of the Care Planning Team may include state and educational agencies and all other persons involved in the child's life, with the family's consent.

What is the role of the care planning team?

The Team determines the both the type of home-based services that will best benefit the child, as well as the amount, intensity and duration of the home-based services. Treatment planning will be based upon a wraparound process.²⁵

Until what age may MassHealth enrolled youth remain in ICC or other CBHI services?

Youth may remain in ICC and other CBHI services until their 21st birthday.

Who coordinates a youth's care when DMH is involved?

Youth are not expected to simultaneously receive DMH case management and ICC except during the transition from out-of-home placement.

Case management may be provided by ICC if the youth has that service. If DMH is going to switch case management to the ICC, DMH will tell the youth that.²⁶

Some youth will still have DMH case management and not ICC. In that case, the DMH Case Manager will coordinate all services, including MassHealth services, identified in youth's DMH Individual Service Plan (ISP).

Will DMH staff be part of ICC care planning teams?

Ordinarily, DMH staff will not be ongoing members of individual ICC care planning teams. Usually, the DMH liaison will serve as a resource to the care planning teams within the CSA.

What if the ICC and MassHealth CBHI services cannot adequately address a youth's needs?

If the ICC and other CBHI services are not enough to address a youth's needs, the Community Service Agency (CSA) may refer youth to DMH for child adolescent case management or some other services. To do this, the CSA will begin an application for DMH services.

What is the role of the Community Service Agency (CSA)?

The CSA provides certain CBHI services -- care coordination and family support and training.

CSAs are located throughout the state. They are mental health provider agencies. A list of CSAs is available at <https://www.masspartnership.com/provider/CommunityResources.aspx>

Is there an appeal process when a MassHealth service is denied?

Yes. Any disagreements with the MassHealth agency or managed care decisions regarding need, amount, duration or termination of services can be appealed through the managed care entity grievance and/or Medicaid fair hearing processes.

What if the youth has private insurance in addition to MassHealth?

A youth can have both private insurance and MassHealth. In that case, MassHealth-covered CBHI services that are medically necessary but not covered by the youth's primary private health insurer will be provided through the Massachusetts Behavioral Health Partnership.

What if the youth has no insurance coverage?

The youth or family/guardian may contact the local MassHealth Enrollment Center through the MassHealth Customer Service Center at 1-800-841-2900 (TTY 1-800-497-4648).

Where can I get more information?

You can learn more about CBHI services at the following two web sites.

- www.rosied.org Particularly note the Parents and Families tab on the left.
- www.mass.gov/eohhs -- click on the box on the right marked "CBHI." Particularly note the brochure and companion guide entitled Helping Families Access MassHealth Home and Community-Based Behavioral Health Services for Children and Youth under Age 21" available by clicking "CBHI Related Materials" and then "CBHI Brochure and Companion Guide.

¹ MassHealth, Notice to Parents or Caregivers (June 2009).

² 130 CMR 508.001(A)(1); 130 CMR 508.004. Exceptions include youths with private health insurance in addition to MassHealth and certain institutionalized youths. 130 CMR 508.004.

³ 130 CMR 508.001(A)(6).

⁴ 130 CMR 508.001(A)(6).

⁵ 130 CMR 508.001(B)(3)(a).

⁶ 130 CMR 508.001(B)(2)(a); 130 CMR 450.118(J)(2)(d).

⁷ 130 CMR 508.001(B)(3)(a).

⁸ 130 CMR 508.001(B)(3)(b)(i).

⁹ CBHI Member Notice (July 10, 2009), https://www.network-health.org/uploadedFiles/pdfs/behavioral_health/CSA%20Service%20Authorization%20Procedure%208.10.09.pdf.

¹⁰ If a child is in another MassHealth category (Family Assistance, Basic or Essential), excluding MassHealth Limited, he or she can transfer to CommonHealth if found eligible on the basis of a disability. MBHP Alert #69 (July 10, 2009).

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¹³ If a child is in another MassHealth category (Family Assistance, Basic or Essential), excluding MassHealth Limited, he or she can transfer to CommonHealth if found eligible on the basis of a disability. MBHP Alert #69 (July 10, 2009).

¹⁴ Medical necessity criteria can be found at www.rosied.org under Document Library, Implementation Documents.

¹⁵ Performance specifications can be found at www.rosied.org under Document Library, Implementation Documents.

¹⁶ Center for Public Representation, How to Access Home-Based Services, <http://www.rosied.org/Default.aspx?pageId=84544>.

¹⁷ Center for Public Representation, How to Access Home-Based Services, <http://www.rosied.org/Default.aspx?pageId=84544>.

¹⁸ Information about the CANS tool is available at <http://www.masspartnership.com/provider/index.aspx?Inkid=CANS.ascx>.

¹⁹ Center for Public Representation, How to Access Home-Based Services, <http://www.rosied.org/Default.aspx?pageId=84544>.

²⁰ Center for Public Representation, How to Access Home-Based Services, <http://www.rosied.org/Default.aspx?pageId=84544>.

²¹ DMH's Protocol can be found at www.rosied.org under Document Library, Implementation Documents.

²² MBHP Provider Alert 69 (July 10, 2009)

²³ MBHP Provider Alert 69 (July 10, 2009)

²⁴ MBHP Provider Alert 69 (July 10, 2009); Center for Public Representation, How to Access Home-Based Services, <http://www.rosied.org/Default.aspx?pageId=84544>.

²⁵ For more information on care planning teams and wraparound services, see <http://www.rosied.org/Default.aspx?pageId=84544>.

²⁶ The ICC care coordinator should be invited by DMH funded inpatient or residential providers to any program discharge planning meetings. The DMH funded providers will also assist the ICC care coordinator in arranging meetings with the youth, family and/or Care Planning Team at the residential program site. Draft Strategic Overview and DMH Protocols (June 18, 2009), <http://www.rosied.org/resources/Documents/DMH%20protocols.final.doc>.