Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Behavioral Health: Evidence-Based Practices (EBP)

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below.	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☐ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Evidence Based Practices (EBP) are home and community-based treatment modalities that include an array of services to meet the continuum of care a child, adolescent, and family needs. The Plan will cover EBP services for children and adolescents if Member is not in Substitute Care. Members in Substitute Care are eligible for care at an Rhode Island Executive Office of Health and Human Services **(**EOHHS) designated other managed care organization.

Note: Members must be <21 years of age and meet age eligibility and requirements for each service.

Examples of EBP family treatment and parent training programs offered in Rhode Island include:

1. **Multisystemic Therapy (MST)** is a time-limited, intensive family and community-based treatment program that addresses the multiple determinants of serious anti-social behavior in juvenile offenders, focusing on all environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighborhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. Using the strengths of each system to foster positive change, MST promotes behavior changes in a youth's natural environment. MST blends cognitive behavioral therapy, behavior management training, family therapies and community psychology to reach the population. Clinicians go to where the child is and are on call 24 hours a day, seven days a week.

- MST works with the toughest offenders ages 12 through 17.7 years who have a very long history of arrests

2. **Parenting with Love and Limits** (PLL) is an evidence-based practice that can reduce residential lengths of stay and can also be used to prevent residential placement for teens. Program is community based and combines group therapy and family therapy for children and adolescents who have severe emotional and behavioral problems. Program assists families with reunification from residential care or foster care, or prevents youth from entering care. Clients and their families participate in a 6-week group and a minimum of eight to twelve family therapy sessions. Through this process, teens and their families learn how to create a balance of empowerment and structure into the routine of the teen and in so doing improve the teen's behavior while reducing family stress and increasing their readiness for change. After the eight to twelve week "active" phase of treatment they continue with a minimum of twelve weeks of "aftercare." For those teens in residential care the aftercare phase will usually coincide with the discharge from placement. The first 90 days after discharge is the point of highest relapse risk and the added support has shown to reduce a possibility of return into residential care.
   - Age for eligibility is 10–18 years

3. **Family Centered Treatment** is focused on "family preservation", meaning child is at risk of being placed outside of the home due to abuse/neglect, or was placed and they want to reunify the family. (Their site says "the Family Centered Treatment model is an evidence-based approach that provides intensive in-home support for families at risk of disruption")
   - Age for eligibility is <21 years

4. **Functional Family Therapy** performs home based clinical services; some programs focus on "family preservation".
   - Age for eligibility is <21 years

5. **Teen Assertive Community Treatment (TACT)** provides case management and support services for teens with co-occurring mental health and substance use needs. TACT is a child-trained, multi-disciplinary group consisting of a manager, master's level clinician, case managers, vocational/educational specialist, nurse and psychiatrist.
   - This program offers daily individualized, recovery-focused support for members age 12 tor <21 years.

6. **Trauma Systems Therapy (TST)** is a trauma-focused, evidence-informed approach to help stabilize children 5 to <21 years of age.

   TST provides:
   - Access to a clinician, case manager and psychiatric care
   - Rapid response to referral source and family
   - Services delivered in the home and other community settings
   - 24-hour clinical support
   - Multilingual service providers
   - Regular ongoing updates on progress

   TST results include:
   - Improved child and caretaker ability to regulate behaviors and emotions
   - Stabilization of children within home and community environments
   - Decreased placement disruptions

7. **Triple P - Positive Parenting Program** addresses child behavioral and emotional problems by giving parents proven tools and skills to build stronger families. The program aims to: (1) promote the independence and health of families, (2) promote the development of non-violent, protective environments for children, (3) promote the development of children, (4) reduce the incidence of child abuse, mental illness, behavioral problems, delinquency and homelessness, and (5) enhance the competence, resourcefulness and self-sufficiency of parents in raising their children.

   Program components include parenting seminars, parent skills-training sessions, and individual consultations. The quantity of service is adjusted according to a family need and dysfunction severity. Triple P messages are reinforced through media strategies, such as news stories, newsletters, and radio announcements, promoting positive parenting.
   - For families with children 0-8 years of age

Clinical Guideline Coverage Criteria

Admission Coverage Criteria

The Plan considers Evidence Based Practices as reasonable and medically necessary when **ALL** of the following are met:

1. Member is not in Substitute Care; **and**
2. Member is a risk of out-of-home placement or is transitioning back from an out-of-home setting; **and**
3. Externalizing behavior symptomatology resulting in a Diagnostic and Statistical Manual 5 (DSM-5) Axis I diagnosis of Conduct Disorder or other diagnosis consistent with such symptomatology (ODD, Behavior Disorder NOS, etc.); **and**
4. Exhibiting ongoing multiple system involvement due to high-risk behaviors and/or risk of failure in mainstream school settings due to behavioral problems; **and**
5. Less intensive treatment has been ineffective or is inappropriate; **and**
6. There is an expectation for improvement with these EBP services; **and**
7. Member currently does not have any other therapeutic behavioral health home-based treatment service in place. Other support services (e.g., Kids Connect, PASS or Respite) may continue with the expectation that care be coordinated; **and**
8. Treatment will occur in a safe and stable home residence (excluding residential treatment facilities); **and**
9. Parent or guardian agrees to work with the EBP provider and actively participate in the jointly developed treatment plan; **and**
10. When **ONE** of the following are met:
    a. Member discharged from a more restrictive level of care (LOC) (inpatient, Acute Residential Treatment (ARTS), Partial Hospitalization (PHP), Intensive Outpatient (IOP) or Day Treatment, in the past 30 days; **or**
    b. Member had a recent admission (within 6 months) to a more restrictive LOC; **or**
    c. Member evaluated by licensed child clinician and determined to need diversionary service to avoid a more restrictive LOC; **or**
    d. An EBP intervention was successful prior to the current crisis (in the past 30 days) and EBP involvement is likely to stabilize the family.

Continuation Coverage Criteria:
The Plan considers continuation of Evidence Based Practices as reasonable and medically necessary when **ALL** of the following are met:

1. Member continues to meet admission criteria and another LOC, either more restrictive (e.g., Acute Residential Treatment (ARTS), Partial Hospitalization (PHP), Day Treatment, or Intensive Outpatient (IOP), or less restrictive is not appropriate; **and**
2. Treatment plan has been developed, implemented and updated, based on Member's clinical condition and response to treatment, as well as the strengths of the family, with realistic goals and objectives clearly stated; and
3. Progress is clearly evident in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident; **and**
4. Family/caregivers are actively involved in treatment, or there are active, persistent efforts being made that are expected to lead to engagement in treatment; **and**
5. Medication assessment has been completed when appropriate; medication trials have been considered, started or ruled out; **and**
6. Coordination of care and active discharge planning are occurring with a goal of transitioning the member to a less intensive treatment setting; **and**
7. Member continues to not have any other therapeutic behavioral health home-based treatment service in place. Non-therapeutic support services (e.g., Kids Connect, PASS or Respite) may continue with the expectation of care coordination.

Discharge Coverage Criteria
The Plan considers discharge from Evidence Based Practices as reasonable and medically necessary when **ONE** of the following is met:

1. Member's documented treatment plan goals have been substantially met, including discharge plan; **or**
2. Member/Member's family no longer meets admission criteria or meets criteria for a less or more intensive level of care; **or**
3. Member and/or Member's family have not benefited from program despite documented efforts to engage and there is no reasonable expectation of progress at this level of care despite treatment, or Member, parent, or guardian withdraws consent for treatment; **or**
4. Member is clinically appropriate to attend routine outpatient treatment in an office or community-based treatment setting.

Limitations

Any of the following criteria are sufficient for exclusion from this level of care:

1. Member is in Substitute Care.
2. Member is no longer eligible for Medicaid.
3. Member requires a level of structure and supervision beyond the scope of EBP.
4. Member is living independently, or a primary caregiver cannot be identified despite extensive efforts
5. Member has a diagnosis of Autism Spectrum Disorders (this can be assessed at time of referral).

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
H2033	Multisystemic therapy for juveniles, per 15 minutes
H1011	Family assessment by licensed behavioral health professional for state defined purposes
H2019	Therapeutic behavioral services, per 15 minutes
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
T1027	Family training and counseling for child development, per 15 minutes
H2014	Skills training and development, per 15 minutes
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
H0037	Community psychiatric supportive treatment program, per diem
H2016	Comprehensive community support services, per diem
H2021	Community-based wrap-around services, per 15 minutes
H2022	Community-based wrap-around services, per diem

References:

1. Contract between State of Rhode Island and Providence Plantations EOHHS and Tufts Health Public Plans, Inc., for Medicaid Managed Care Services, March 1, 2017, Attachment O: Mental Health, Substance Use and Developmental Disabilities Services for Children.

Approval And Revision History

October 21, 2020: Reviewed by IMPAC, renewed without changes
Subsequent endorsement date(s) and changes made:

- November 4, 2020: Fax number for Unify updated
- September 15, 2021: Reviewed by IMPAC, renewed without changes
- April 5, 2022: Template updated
- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- April 19, 2023: Reviewed by Medical Policy Approval Committee (MPAC), Removal of codes T1028 and T1023 from policy. Prior authorization of these codes removed effective April 19, 2023.
- August 16, 2023: Reviewed by MPAC, renewed without changes, template updated, effective November 1, 2023
- November 2023: Unify name changed to One Care effective January 1, 2024
- December 20, 2023: Reviewed by MPAC. Removal of code G0151 from policy. Removal of PA from policy. This will be maintained as a coverage guideline effective February 1, 2024.
- September 19, 2024: Reviewed by MPAC, renewed without changes effective November 1, 2024
- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis

considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.