TUFTS Health Plan

a Point32Health company

In-Home Behavioral Services (IHBS) Performance Specifications

These performance specifications apply to the following Tufts Health Plan products:

- ☐ Tufts Health Plan Commercial[1]
- ☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)[2]
- ☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)[2]

These performance specifications apply to the following Tufts Health Public Plans products:

- ☐ Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- ☐ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☐ Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications. Additionally, providers of this service and all contracted services will be held accountable to the "general" performance specifications.

DEFINITION

In-Home Behavioral Services are delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary Behavior Management Therapy and Behavior Management Monitoring.

Behavior Management Therapy: This service includes a behavioral assessment (including observing the youth's behavior, antecedents of behaviors, and identification of motivators), development of a highly specific behavior treatment plan; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals. This service is designed to treat challenging behaviors that interfere with the youth's successful functioning. The behavior management therapist develops specific behavioral objectives and interventions that are designed to diminish, extinguish, or improve specific behaviors related to the youth's behavioral health condition(s) and which are incorporated into the behavior management treatment plan and the risk management/safety plan.

Behavior Management Monitoring: This service includes implementation of the behavior treatment plan, monitoring the youth's behavior, reinforcing implementation of the treatment plan by the parent(s)/caregiver(s)/guardian(s), and reporting to the behavior management therapist on implementation of the treatment plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.

For youth engaged in Intensive Care Coordination (ICC), In-Home Therapy (IHT) and/or Outpatient, the behavior management treatment plan is designed to achieve goals identified in the youth's Individual Care Plan (ICP). The Care Planning Team (CPT) works closely with the youth, parent/caregiver/guardian and/or other individual(s) identified by the family to support adherence to the behavior treatment plan and to sustain the gains made.

COMPONENTS OF SERVICE

1. Providers of In-Home Behavioral Services are outpatient hospitals, community health centers, mental health centers, community behavioral health centers, other clinics, and private agencies certified by the Commonwealth of Massachusetts. In-Home Behavioral Services must be delivered 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
2. The activities of In-Home Behavioral Services include:

1. Commercial products include HMO, POS, PPO, and CareLink℠ when Tufts Health Plan is the primary administrator.
2. Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

a. For Behavior Management Therapy
    i. Functional Behavioral Assessment
    ii. Documented observations of the youth in the home and community
    iii. Structured interviews with the youth, family, and any identified collaterals about his/her behavior(s)
    iv. Completion of a written functional behavioral assessment
    v. Development of a focused behavior management treatment plan that identifies specific behavioral and measurable objectives or performance goals and interventions (e.g. skills training, reinforcement systems, removal of triggering stimuli, graduated exposure to triggering stimuli, etc.), that are designed to diminish, extinguish, or improve specific behaviors related to a youth's mental health condition(s)
    vi. Development of specific behavioral objectives and interventions that are incorporated into the youth's new or existing risk management/safety plan
    vii. Modeling for the parent/caregiver/guardian on how to implement strategies identified in the behavior management plan
    viii. Working closely with the behavior management monitor to ensure the behavior management plans and risk management/safety plan are implemented as developed by the behavior management therapist, and to make any necessary adjustments to the plan
    ix. Coordination with collateral providers, schools, state agencies, Youth Mobile Crisis Intervention (YMCI), physical health practitioners, i.e., PCPs and prescribing clinicians, and other individuals or entities that may impact the youth's treatment plan, subject to required consent
    x. Referral and linkage to appropriate services along the continuum of care
    xi. Coaching in support of decision-making in both crisis and non-crisis situations.
b. For Behavior Management Monitoring
    i. Monitoring the youth's progress on implementation of the goals of the treatment plan developed by the behavior management therapist
    ii. Providing coaching, support, and guidance to the parent/caregiver/guardian in implementing the plan
    iii. Working closely with the behavior management therapist to ensure the behavior management plans and risk management/safety plan are implemented as developed, and reporting to the behavior management therapist if the youth is not achieving the goals and objectives set forth in the behavior management plan so that the behavior management therapist can modify the plan as necessary.

3. The In-Home Behavioral Services provider develops and maintains policies and procedures relating to all components of In-Home Behavioral Services. The agency will ensure that all new and existing staff will be trained on these policies and procedures.
4. The In-Home Behavioral Services provider provides these services in the youth's home and community. Providers may deliver services via a Health Insurance Portability and Accessibility (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.
5. The In-Home Behavioral Services provider works collaboratively with other existing provider(s), such as FIT, ICC, IHT and Youth Mobile Crisis Intervention Team (YMCI) and delivers services in accordance with the youth's plan of care. In the event of an emergency, the IHBS service provider engages YMCI team and supports the YMCI team to implement efficacious intervention. An answering machine or answering service directing callers to call 911, the YMCI team, or to go to a hospital emergency department (ED) is not acceptable.
6. The IHBS service provider, when requested by the family, will also accompany the family to meetings about the youth's behavioral health treatment needs in schools, day care, foster homes, and other community-based locations.

STAFFING REQUIREMENTS

This service is usually provided by a staff team including a Behavior Management Therapist and a Behavior Management Monitor. The **minimum** staff qualifications for each are as follows:

1. Behavioral Management Therapist
    a. Master's level practitioner (A master's level mental health practitioner for these purposes includes persons with the following credentials: Developmental-behavioral pediatricians, developmental-behavioral pediatric fellows, LICSWs, LCSWs, LMFTs, LMHCs, licensed psychologists, master's-level counselors, marriage and family therapy interns, mental health counselor interns, psychiatric nurse mental health clinical specialists, psychiatric nurse mental health clinical specialist trainee, psychiatric nurses, psychiatrists, psychiatry residents, psychology interns, social work interns, or master's-level in the following fields: Autism, Applied behavioral analysis, or education (with concentration specialization, such as Special Needs or Moderate Disabilities, documented). Note that all unlicensed master's-level counselors and/or interns must provide services under the direct supervision of a LICSW, LMFT, LMHC, LCSW, LADC I, Psychologist, Psychiatric Nurse, or Nurse Clinical Specialist consistent with applicable state licensure requirements; and
    b. Meet one of the following qualifications:
        i. Board-Certified Behavior Analyst (BCBA); OR

ii. Enrolled in a behavior analyst training program and eligible for certification within nine months; OR
iii. A psychologist licensed by the Massachusetts Board of Registration in Psychology with experience performing functional behavioral assessments and implementing and evaluating intervention strategies; OR
iv. A master's level mental health practitioner working under the supervision of a BCBA; OR
v. A master's level mental health practitioner with relevant training and two years' experience inclusive of but not limited to:
   - Conducting functional behavioral assessments (FBA) of youth with serious emotional and behavioral disturbances that include observing and analyzing behavior in settings where the behavior is naturally occurring; evaluating specific antecedent stimuli and consequences; and understanding the values, skills, and resources of those who are responsible for implementing the behavior plan; AND
   - Selecting interventions and strategies based on the results of the FBA and designing behavior plans that include intensive behaviorally oriented interventions; AND
   - Evaluating progress based on both qualitative and quantitative data and making adjustments to the behavior plan as needed; AND
   - Working with parents/caregivers/guardians and paraprofessional staff in homes and other community-based settings to implement behavior plans using techniques grounded in principles of positive behavior support (PBS) and/or applied behavioral analysis (ABA) with an aim toward extinguishing a wide range of challenging behaviors and increasing more socially acceptable behaviors that are age or developmentally appropriate.

2. Behavior Management Monitor
   a. Supervision by a clinical meeting one of the above criteria and:
      i. A bachelor's degree in a human services field from an accredited university and one year of direct relevant experience working with youth and families who require behavior management to address mental health needs; OR
      ii. An associate degree and a minimum of two years of relevant direct service experience working with youth and families who require behavior management to address mental health needs.
      iii. The In-Home Therapy program has a Program Director that is an independently licensed clinician.
   b. The provider ensures that In-Home Behavioral Services staff is trained in principles of behavior management. The provider also ensures that all behavioral management therapy and monitoring staff completes training, upon employment and annually thereafter, inclusive of the following topics:
      i. Systems of Care principles and philosophy, including family-centered and strength-based practices
      ii. Introduction to child-serving systems and processes (DCF and mandated reporting, DYS, DMH, DESE, DDS, DPH, juvenile court (Child Requiring Assistance), other MassHealth levels of care/services, etc.
      iii. Basic Individualized Education Plan (IEP) and special education information
      Managed care entities' performance specifications and medical necessity criteria and overview of MassHealth Benefits for BH services
      iv. Substance use disorder screening; including the CRAFFT (for youth 12 years and older)
      v. Family systems theory/family-centered practice
      vi. Peer support
      vii. Overview of the clinical and psychosocial needs of the target population, including LGBTQIA+, ASD/IDD
      viii. Community resources and services, for youth and families, including community behavioral health
      ix. Behavior management coaching
      x. Mandated reporting
      xi. Psychotropic medications and possible side effects
      xii. Upholding standards of trauma-informed care, including fostering trauma- informed environments
      xiii. Crisis prevention and de-escalation, risk management and safety planning, and conflict resolution
      xiv. Ethnic, cultural, and linguistic cultural competencies relevant to the communities served
      xv. The In-Home Behavioral Services provider ensures that a licensed, senior clinician, with the following credentials – LICSW, LMFT, LMHC, LADC I, Psychologist, Psychiatric Nurse, or Nurse Clinical Specialist – provides adequate supervision to all unlicensed master's-level behavior management therapists and/or interns as well.
   c. Each case will be reviewed, at a minimum, every 90 days by an independently licensed clinician. This review includes reviewing the record. 90-day case reviews must be documented in the record.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. For youth who are not receiving ICC, IHT, or FIT, the In-Home Behavioral Services provider works closely with the family and any behavioral health existing/referring provider(s) to implement the goals and objectives.
2. For youth who are receiving ICC, IHT, or FIT, the In-Home Behavioral Services provider participates in all care planning meetings and processes to implement the goal(s) and objective(s) identified. When state agencies (DMH, DCF, DYS, DPH, DESE/LEA, DMR, probation office, the courts) are involved with the family and with appropriate consent, the provider participates, as appropriate, with these agencies with regard to service/care planning and coordination, on behalf of, and with, the family.

3. If IHBS is the only service or is the most intensive service a youth is receiving, and the youth is evaluated by a Youth Mobile Crisis Intervention team and is awaiting placement for a 24- hour behavioral health level of care (e.g., Crisis Stabilization, inpatient hospital, CBAT):
    a. The IHBS clinician has daily contact with the parent/caregiver/guardian to facilitate safety planning and stabilization in the home;
    b. The IHBS clinician has daily contact with the YMCI provider for care coordination; and
    c. The IHBS clinician re-evaluates the youth's treatment plan and makes appropriate community-based referrals to stabilize youth in the community.
4. If the youth is evaluated by a mobile crisis team and is determined to not meet level of care for a 24-hour behavioral health placement:
    a. The IHBS clinician has an immediate meeting with the youth and parent/caregiver/guardian specifically to update the safety plan and provide stabilization;
    b. The IHBS clinician re-evaluates the youth's treatment plan and makes appropriate community based referrals to stabilize youth in the community.
    c. The IHBS team has a meeting with a family within 48 hours of YMCI involvement.
5. If a youth is admitted to a 24-hour behavioral health level of care (e.g., Crisis Stabilization, inpatient hospital, CBAT, PHP), the IHBS clinician contacts the facility at the time they are made aware of the admission and:
    a. Provides preliminary treatment history and recommendations to initiate and guide treatment;
    b. Engages in all meetings at the facility for care coordination and disposition planning. The meeting includes the participation of the family, facility staff, and other providers involved in the youth's care; and
    c. The IHBS provider and facility staff communicate and collaborate on a youth's treatment throughout their admission to develop, in concert with the family, a disposition plan that is consistent with their treatment plan. With consent, the IHBS clinician is required to participate in all meetings that occur during the youth's tenure in the facility as appropriate. When the Intensive Care Coordination (ICC) or Family-based Intensive Treatment (FIT) is involved, the IHBS clinician participates in the meeting convened by the ICC and all other treatment planning and disposition planning meetings as appropriate.

QUALITY MANAGEMENT (QM)

The In-Home Behavioral Services provider participates in quality management activities that include fidelity monitoring and attends meetings as required.

PROCESS SPECIFICATIONS

1. Treatment Planning and Documentation

a. The In-Home Behavioral Service provider must outreach the parent/caregiver/guardian within five 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 days is the Medicaid standard for the timely provision of services established in accordance with 42 CFR 441.56(e). The fourteen-day standard begins from the time at which the family has been contacted following referral regarding treatment.

b. 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.

c. In-Home Behavioral Services are provided in a clinically appropriate manner and focused on the youth's behavioral and functional outcomes as described in the treatment and discharge plans.

d. The behavior management therapist completes a comprehensive assessment, inclusive of CANS and a functional behavioral assessment, a safety plan, and develops a highly specific behavior management plan with clearly defined interventions and measurable goals and outcomes within 14 to 28 calendar days of the first meeting with the family, that are consistent with the concerns/goals identified by the family and/or other provider agencies. In order for a behavior management therapist to diagnose a behavioral health disorder as part of a comprehensive assessment, they must hold a Master's degree that qualifies them to do so. For behavior management therapists who are not qualified to diagnose a behavioral health disorder, a qualified clinician would be expected to perform this function. The assessment and plan must be signed off by an independently licensed clinician.

e. Treatment planning is individualized and appropriate to the youth's age and changing condition, with realistic, specific, attainable, and measurable goals and objectives stated.

f. There is documented active coordination of care with ICC, IHT, FIT, other current behavioral health providers, the PCP/PCC (primary care physician/clinician), and other services and state agencies. If coordination is not successful, the reasons are documented and efforts to coordinate care continue.

g. For youth who are receiving ICC, the In-Home Behavioral Services staff must coordinate with and attend all CPT meetings that occur while they are providing In- Home Behavioral Services to the youth. At these meetings, they give input to the CPT in order to clearly outline the goals of the service in the ICP and provide updates on the youth's progress. In concert with the family and the CPT, the behavior management therapist will determine if the youth needs Behavior Management Monitoring in addition to the Behavior Management Therapy. The In-Home Behavioral Services provider will identify to the CPT the number of hours per week/month of the In-Home Behavioral Services that are medically necessary for the youth.

h. For youth who are receiving FIT, the In-Home Behavioral Services staff must coordinate with and attend all meetings that occur while they are providing In-Home Behavioral Services to the youth. At these meetings, they give input to the team in order to clearly outline the goals of the service in the Treatment Plan and provide updates on the youth's progress. In concert with the family and the team, the behavior management therapist will determine if the youth needs Behavior Management Monitoring in addition to the Behavior Management Therapy. The In- Home Behavioral Services provider will identify to the team the number of hours per week/ month of the In-Home Behavioral Services that are medically necessary for the youth.

i. For youth who are not receiving ICC, IHT or FIT, the In-Home Behavioral Services staff must coordinate and attend all treatment team meetings in order to clearly outline the goals of the service and provide updates on the youth's progress. In concert with the family, the behavior management therapist will determine if the youth needs Behavior Management Monitoring in addition to the Behavior Management Therapy.

j. The In-Home Behavioral Services provider will identify the number of hours per week/month for the In-Home Behavioral Services that are medically necessary for the youth.

k. Evidence-based or best-practice models that match the main need/focus problem are recommended to guide treatment/care planning and interventions.
   i. The behavior management treatment plan must be updated every 90 days, including updates following any sentinel events such as presentation to YMCI or hospitalization.
   ii. For youth who receive ICC, IHT or FIT, In-Home Behavioral Services staff has contact as needed but at least one per week with the youth's ICC care coordinator, IHT clinician or FIT team to provide updates on progress on the identified ICP or treatment plan goal(s). For youth not receiving ICC, IHT or FIT, the In-Home Behavioral Services staff has regular, frequent contact with the youth's other behavioral health providers to report updates on progress on the identified behavioral goal(s).
   iii. The In-Home Behavioral Services provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respecting the family's dignity and right to choice.
   iv. The behavior management therapist and monitor document each contact in a progress report in the provider's file for the youth.
   v. The behavior management therapist gives his/her agency's after-hours emergency contact information and procedures to the parent/caregiver/guardian.

2. Discharge Planning and Documentation

a. 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. The In-Home Behavioral Services provider begins discharge planning upon admission, with ongoing planning activities documented in the record, to ensure that the member has natural and/or community supports to engage with upon successful completion of In-Home Behavioral Services.

b. The reasons for discharge and all behavior management treatment and discharge plans are clearly documented in the record.

c. For youth engaged in ICC, IHT, or FIT, In-Home Behavioral Services staff develops an up-to-date copy of the behavior management plan, which is given to the parent/caregiver/guardian on the last date of service, and to the ICC care coordinator or FIT team within seven calendar days of the last date of service.

d. For youth not involved in ICC, IHT, or FIT, the In-Home Behavioral Services staff develops an up-to-date copy of the behavior management plan, which is given to the parent/caregiver/guardian on the last date of service and to all current/referring provider(s) within seven days of the last date of service.

e. If IHBS is closing and Therapeutic Mentoring or Family Support & Training is continuing, the IHBS discharge plan must include the outstanding goals that the TM and or FS&T will be working on.

f. If an unplanned termination of services occurs, the provider makes every effort to contact the parent/caregiver/guardian to obtain their participation in In-Home Behavioral Services and to provide assistance for appropriate follow-up plans (i.e., schedule another appointment, facilitate a clinically appropriate service termination, or provide appropriate referrals). The In-Home Behavioral Services provider informs any other behavioral health providers involved of the unplanned termination and documents in the youth's record.

DOCUMENT HISTORY

- December 2025: Updated Per MassHealth guidance
- September 2024: Template Updates