TUFTS Health Plan

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In-Home Therapy Services (IHTS) 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 Behavioral Health Performance Specifications.

DEFINITION

In-Home Therapy Services: This service is delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary In-Home Therapy and Therapeutic Training and Support.

In-Home Therapy is a structured, consistent, strength-based therapeutic relationship between a clinician, a youth and the youth's family for the purpose of treating the youth's behavioral health needs. This treatment includes improving the family's ability to provide effective support in promoting the youth's healthy functioning with the family. Interventions are designed to enhance and improve the family's capacity to improve the youth's functioning in the home and community and may prevent the need for the youth's admission to an inpatient hospital, psychiatric residential treatment facility or other treatment setting. The In-Home Therapy team develops a treatment plan and, using established psychotherapeutic techniques and intensive family therapy, works with the entire family (or a subset of the family) to implement focused interventions and behavioral techniques to: enhance problem-solving, limit-setting, risk management/safety planning, communication, build skills to strengthen the family, advance therapeutic goals, and improve ineffective patterns of interaction; identify and utilize community resources; develop and maintain natural supports for the youth and family in order to promote sustainability of treatment gains. Phone contact and consultation are provided as part of the intervention.

In-Home Therapy is provided by a qualified clinician who may work in a team that includes one or more qualified paraprofessionals.

Therapeutic Training and Support is a service provided by a qualified paraprofessional working under the supervision of a clinician to support implementation of the clinician's treatment plan to assist the youth and family in achieving the goals of that plan. The paraprofessional assists the clinician in implementing the therapeutic objectives of the treatment plan designed to address the youth's mental health, behavioral, and emotional needs. This service includes teaching the youth to understand, direct, interpret, manage, and control feelings and emotional responses to situations and to assist the family to address the youth's emotional and mental health needs. Phone contact and consultation are provided as part of the intervention.

In Home Therapy Services may be provided in any setting where the youth is naturally located, including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, childcare centers, respite settings, and other community settings.

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.

COMPONENTS OF SERVICE

1. Providers of In-Home Therapy Services are outpatient hospitals, community behavioral health centers, community mental health centers, and other clinics and private agencies certified by the Commonwealth of Massachusetts.
2. In-Home Therapy Services must be delivered by a provider with demonstrated infrastructure to support and ensure:
    a) Quality Management and Assurance
    b) Utilization Management
    c) Electronic Data Collection
    d) Clinical and Psychiatric Expertise
    e) Cultural and Linguistic Competence
3. In-Home Therapy Services include, but are not limited to the following:
    a) A comprehensive and age-appropriate home-based behavioral health assessment, inclusive of the Massachusetts CANS, conducted by a clinician, occurring in the youth's home or another location of the family's choice, that is signed by an independently licensed clinician
    b) Development of a youth-and-family-centered treatment plan by the qualified clinician in collaboration with the youth, family, and other providers, subject to required consent.
    c) Review and modification of the treatment plan every 90 days at a minimum, or more, as necessary.
    d) Review/update or development of a Safety Plan and/or other Crisis Planning Tools (Safety Plan, Advance Communication to Treatment Providers, Supplements to Advance Communication and Safety Plan, Companion Guide for Providers on the Crisis Planning Tools for Families) in collaboration with the youth and parent/caregiver/guardian.
    e) Intensive Family Therapy that may include working with the entire family (or a subset of the family) to implement focused, structural, strategic, behavioral techniques, or evidence-based interventions to enhance problem-solving, limit-setting, risk management/safety planning, communication, skill-building to strengthen the family, and to advance therapeutic goals to improve ineffective patterns of interaction
    f) Identification of community resources and development of natural supports for youth and family to support and sustain achievement of the youth's treatment plan goals and objectives.
    g) 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.
    h) Referral and linkage to appropriate services along the continuum of care.
    i) Coaching in support of decision-making in both crisis and non-crisis situations
    j) Skills training for youth and family
    k) Monitoring progress on attainment of treatment plan goals and objectives.
4. The In-Home Therapy Services provider develops and maintains policies and procedures relating to all components of In-Home Therapy Services. The provider ensures that all new and existing staff will be trained on these policies and procedures.
5. The In-Home Therapy Services provider operates from 8 a.m. to 8 p.m., 7 days per week, 365 days per year.
6. 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.
7. The In-Home Therapy Services provider has 24-hour urgent response, accessible by phone to the youth and family, 365 days a year. In the event of an emergency, the In-Home Therapy Services provider engages YMCI (24 hours a day, 365 days a year) and supports the YMCI team to implement efficacious intervention. An answering machine or answering service directing callers to call 911, YMCI, or to go to a hospital emergency department (ED), is not acceptable.
8. The In-Home Therapy Services 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. All meetings are scheduled at a time and location convenient for the youth and family.
9. In-Home Therapy Services are delivered in a manner that is consistent with Systems of Care philosophy.

STAFFING REQUIREMENTS

1. The In-Home Therapy Services team employs a multidisciplinary model, with both professional and paraprofessional staff. The professional staff has a Master's degree that is license eligible with an Allied Mental Health licensure board or Department of Public Health. Licensure/degree must be appropriate and contain a scope of practice that allows a clinician to provide behavioral health interventions to youth and families. If not, a degree in one of the following fields with two years of experience working with children and families with behavioral health needs will be accepted: Mental Health (including but not restricted to : counseling, addictions, family therapy, social work, psychology and expressive therapies), child development, nursing/medicine and Education with a concentration in Behavioral Health. Note all unlicensed master's-level counselors and/or interns must provide services under the direct supervision of an LICSW, LMFT, LMHC, LCSW, LADC 1, Psychologist, Psychiatric Nurse, or Nurse Clinical Specialist consistent with applicable state licensure requirements. Paraprofessional staff has a bachelor's or associate's degree in a human services field from an accredited university, has one year of work experience relevant to the role of TT&S and is trained to provide family members with therapeutic support for behavioral health needs. If the bachelors or associate's degree is not in a human services field, additional life or work experience may be considered in place of the human services degree. 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 1, Psychologist, Psychiatric Nurse, or Nurse clinical Specialist consistent with applicable state licensure requirements.
2. The In-Home Therapy program has a Program Director that is an independently licensed clinician.
3. The In-Home Therapy Services provider ensures that an independently licensed, senior clinician provides weekly supervision to professional staff.
4. The In-Home Therapy Services provider ensures that a licensed, behavioral health clinician provides weekly supervision to paraprofessional staff.
5. The In-Home Therapy Services team will have access to psychiatric expertise for consultation as needed. The team includes a board-certified (ABPN) or board-eligible child/adolescent psychiatrist or a certified (ANCC) or certification-eligible child/adolescent/family-trained mental health psychiatric nurse clinical specialist, who is available during normal business hours for consultation related to treatment planning, medication concerns, and crisis intervention on an as needed basis. The psychiatric clinician is available for provider consultation within one hour.
6. A senior-level, independently licensed clinician trained in working with youth is available to the staff and the supervisor 24 hours a day, seven days a week for consultation on an as needed basis.
7. Qualified staff is certified to administer the CANS-MA version.
8. The In-Home Therapy Services provider ensures that all staff, upon employment, before assuming their duties, complete a training course that minimally includes the following:
    a. Systems of Care principles and philosophy, including family centered and strength-based practices
    b. 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.
    c. Basic Individualized Education Plan (IEP) and special education information
    d. Managed care entities' performance specifications and medical necessity criteria and overview of MassHealth Benefits for BH services
    e. Substance use disorder screening; including the CRAFFT (for youth 12 years and older)
    f. Family systems theory/family-centered practice
    g. Peer support
    h. Overview of the clinical and psychosocial needs of the target population, including LGBTQIA+, ASD/ID
    i. Community resources and services, for youth and families, including community behavioral health
    j. Behavior management coaching
    k. Mandated reporting
    l. Psychotropic medications and possible side effects
    m. Upholding standards of trauma-informed care, including fostering trauma-informed environments
    n. Crisis prevention and de-escalation, risk management and safety planning, and conflict resolution
    o. Ethnic, cultural, and linguistic competencies relevant to the communities served
    p. Clinical Assessment and Understanding training (UMass CANS) completion required for all clinical staff

q. IHT practice profile and IHT practice guidelines

9. All In-Home Therapy staff will complete training annually specific to the core elements of the In-Home Therapy Practice Profile. Documentation of the provider's training curriculum is made available upon request.
10. In-Home Therapy Services staff is knowledgeable about available community mental health and substance use disorder services within their natural service area, the levels of care, and relevant laws and regulations, and are familiar with Systems of Care philosophy and Wraparound planning process. They also have knowledge about other medical, legal, emergency, and community services available to the youth and family.
11. The In-Home Therapy Services provider delivers staff supervision commensurate with licensure level and consistent with credentialing criteria. Appropriately credentialed professionals with specialized training in family, adolescent, and child treatment will provide supervision. Supervision will ensure delivery of the service in alignment with the IHT Practice Profile.
12. 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. The In-Home Therapy Services team maintains a linkage and working relationship with the local YMCI team in their area in order to provide youth and their families with seamless and prompt access to In-Home Therapy Services upon referral from a YMCI team following a crisis period or to YMCI in an emergency.
2. The In-Home Therapy Services team promotes linkages with outpatient treaters by assisting the youth and family in attending outpatient appointments, including medication monitoring and psychiatric services.
3. If a 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 IHT clinician has daily contact with the parent/caregiver/guardian to facilitate safety planning and stabilization in the home
    b) The IHT clinician has daily contact with the YMCI provider for care coordination
    c) The IHT 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 determined to not meet level of care for a 24-hour behavioral health placement
    a) The IHT clinician has an immediate session with the youth and parent/caregiver/guardian to update the safety plan and provide stabilization
    b) The IHT clinician re-evaluates the youth's treatment plan and makes appropriate community-based referrals to stabilize youth in the community
    c) IHT team needs to have 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 IHT clinician contacts the facility at the time they are made aware of the admission and:
    a) Provides preliminary treatment recommendations to initiate and guide treatment, and
    b) Schedules a meeting at the facility within two days 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.
    c) The IHT provider and facility staff communicate and collaborate on a youth's treatment throughout his/her admission to develop, in concert with the family, a disposition plan that is consistent with his/her treatment plan. With consent, the IHT 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) is involved, the IHT clinician participates in the meeting convened by the ICC and all other treatment planning and disposition planning meetings as appropriate.
6. When state agencies (DMH, DCF, DYS, DPH, DESE/LEA, DDS, probation office, the courts) are involved with the youth, the In-Home Therapy Services provider will include these agencies in the development of any treatment and safety planning with the youth/family. Contact with these agencies will be subject to required consent and maintained as appropriate for the duration of the service.
7. The In-Home Therapy Services provider maintains procedures to ensure access to emergent medical care for youth and as needed.

QUALITY MANAGEMENT (QM)

The In-Home Therapy Services provider participates in all network management, utilization management, and quality management initiatives and meetings.

PROCESS SPECIFICATIONS

1. **Treatment Planning and Documentation**

a. The In-Home Therapy Services provider is available 24 hours a day, seven days a week, 365 days a year to take referrals.
b. The IHT provider must outreach the parent/caregiver/guardian within 24 hours 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.
c. Providers are required to engage in assertive outreach regarding engaging in the service, track the outreach, and follow-up.
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 In-Home Therapy Services provider participates in discharge planning at the referring treating facility/provider location. If the referral is initiated as a diversion by YMCI in an effort to divert out of home placement or psychiatric hospitalization, the In-Home Therapy Services provider makes every effort to meet with the youth and family and the YMCI clinician at the time of referral or as soon as possible thereafter.
f. With the youth's and parent/caregiver/guardian's consent, the In-Home Therapy Services team will visit the youth and family in any safe setting within 24 hours of the referral if referred from an inpatient unit/CBAT/Crisis Stabilization. If referred from a YMCI Team, the first In-Home Therapy meeting will be offered within 24 hours of the initial referral or as negotiated with the youth and parent/caregiver/guardian and the YMCI Team in any safe setting. Initial treatment goals and planning will be initiated at this meeting.
g. When the youth is referred or assessed by YMCI, inpatient unit, CBAT, or Crisis Stabilization, the In-Home Therapy Services provider obtains a copy of the YMCI team's or inpatient unit/CBAT/Crisis Stabilization's assessment and focal treatment plan (including the Massachusetts CANS, if completed) and includes their recommendations in the youth's initial In-Home Therapy Services treatment plan.
h. The In-Home Therapy Services provider completes an initial assessment within 7 calendar days of meeting with the youth and family, which clarifies the main need/focal problem, the contributing factors to the main need from multiple life domains, and matching interventions with an emphasis on youth/family interactions and skill building.
i. When the youth is receiving ICC, the In-Home Therapy Services provider participates in all Care Planning Team (CPT) meetings as a member of the CPT. The In-Home Therapy treatment plan must reflect a goal(s) on the ICP, and treatment planning and delivery must be synchronized with ICC.
j. Immediately upon gaining consent for participation, the In-Home Therapy Services provider assesses the safety needs of the youth and family and creates an initial safety plan. The In-Home Therapy Services provider, with the consent of and in collaboration with the youth and family, guides the family through the crisis planning process that is in line with the family's present stage of readiness for change. As the family chooses, the In-Home Therapy provider engages existing service providers (e.g., Intensive Care Coordination, outpatient provider, etc.) and/or other natural supports, as identified by the youth and family, to share in the development of the Safety Plan and/or other Crisis Planning Tools. These tools are reflective of action the family believes may be beneficial. This may include, but is not limited, to the following:
    i. Contacts and resources of individuals identified by the family who will be most helpful to them in a crisis;
    ii. Goal(s) of the Safety Plan as identified by the family;
    iii. Action steps identified by the family; and
    iv. An open format (the second side of the Safety Plan) that the family can choose to use as needed.
k. If a youth already has an existing set of Crisis Planning Tools, the In-Home Therapy Services provider will utilize the tools as they apply to the current situation and/or reassess their effectiveness. Where necessary the In-Home Therapy Services provider collaborates with the youth's parent/caregiver/guardian and other provider(s), to build consensus for revisions to the tools and to share them as directed by the family.
l. The In-Home Therapy Services provider reassesses the safety needs of youth and family as clinically indicated. The In-Home Therapy Services provider reviews and updates the set of Crisis Planning Tools with the youth and family and others as directed by the family. The set of tools is reviewed and updated as needed, but at a minimum after an encounter with the YMCI team staff and at the time of discharge from a 24-hour facility. With signed consent, the In-Home Therapy Services provider ensures that a written copy of any current Crisis Planning Tools is sent to and maintained by the local YMCI team as directed by the family.

m. The In-Home Therapy Services provider completes a comprehensive clinical assessment that includes the CANS-MA version and the CRAFFT (youth 12 or older) within 21 calendar days of the initial contact. All relevant assessments or evaluations are requested from prior/current treaters with proper consent. The assessment includes the strengths and needs of the youth and family. The In-Home Therapy Services provider completes a treatment plan, including a set of Crisis Planning Tools, strengths of the youth and family within 21 calendar days of first contact. This includes a review and use of the set of Crisis Planning Tools (Safety Plan, Advance Communication to Treatment Providers, Supplements to Advance Communication and Safety Plan, Companion Guide for Providers on the Crisis Planning Tools for Families) where appropriate and in accordance with the Companion Guide for Providers. Evidence-based or best-practice models that match the main need/focal problem are recommended to guide treatment planning and interventions. The treatment plan is solution-focused with clearly defined interventions and measurable outcomes to assist the youth and family members in their environment to help the youth to achieve and maintain stabilization.

n. The In-Home Therapy staff updates the comprehensive clinical assessment, inclusive of the CANS and the CRAFFT every 180 days.

o. In developing this treatment plan, the provider consults with the youth, the family In-Home Therapy Services supervisors, outpatient treatment provider, agencies involved with the youth/family, and the In-Home Therapy Services program's multidisciplinary team. All parties involved, including the youth (aged 10 or older), sign the treatment plan where clinically appropriate. In addition to the clinically appropriate parties, an independently licensed clinician must sign off on the treatment plan. The plan is updated every 90 days at a minimum and as needed. In-Home Therapy Services provider's treatment plans must be synchronized with other provider's existing plans. The In-Home Therapy Services provider documents all services provided (e.g., face-to-face, phone, and collateral contacts) and progress toward measurable behavioral goals in the youth's service record).

p. If the youth and/or family are unable or unwilling to keep an appointment, the In-Home Therapy Services team attempts to contact the family immediately and documents this contact, including unsuccessful attempts, in the youth's service record.

2. Discharge Planning and Documentation

a. The In-Home Therapy Services provider assists the youth and family in accessing other levels of care when clinically indicated and identified in the comprehensive assessment.

b. The In-Home Therapy Services provider includes the anticipated date for discharge in the initial treatment plan and the comprehensive assessment.

c. When clinically or legally 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 service record.

d. If the youth and/or family terminate the services without notice, the In-Home Therapy Services provider makes every effort to contact the youth and family to re-engage them in the treatment and to provide assistance for appropriate follow-up plans. This includes scheduling another appointment, facilitating a clinically appropriate service termination, or providing appropriate referrals. Such activity is documented in the youth's service record.

e. The In-Home Therapy Services provider includes in the discharge plan, at a minimum:

i. Identification of the youth's needs according to life domains;
ii. A list of services that are in place post-discharge and providers arranged to deliver each service;
iii. A list of prescribed medications, dosages, and possible side effects; and
iv. Treatment recommendations consistent with the service plan of the relevant state agency for youth who are also DMH clients or youth in the care and/or custody of DCF, and for DDS, DYS, and uninsured DMH clients.
v. If IHT is closing and Therapeutic Mentoring or Family Support & Training is going to continue, the IHT discharge plan must include the outstanding goals that the TM and or FS&T will be working on.
vi. Prior to discharge an updated Safety Plan and/or other Crisis Planning Tools is developed in conjunction with the youth, and family and all providers of care, subject to required consent. The purpose of this plan is to strengthen bridges within the family, the informal support network, and the formal treatment network as appropriate.
vii. The In-Home Therapy Services provider gives a written aftercare plan, a Safety Plan or set of Crisis Planning Tools, and treatment summary to the youth and family at the time of discharge.
viii. The In-Home Therapy Services provider gives a written aftercare plan, a Safety Plan or set of Crisis Planning tools, and treatment summary to the outpatient, ICC, or other community-based provider,

PCC/PCP (primary care clinician or provider), school, and other entities and agencies that are engaged with or significant to the youth's aftercare, subject to required consent

ix. Well-child primary care visits are scheduled prior to discharge, if a primary care visit is indicated based on the EPSDT periodicity schedule.

DOCUMENT HISTORY

- December 2025: Updated Per MassHealth guidance