TUFTS Health Plan

a Point32Health company

Intensive Hospital Diversion Program 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 applicable regulations set forth in the Code of Massachusetts Regulations and requirements of these service-specific performance specifications, in addition to the General Behavioral Health Performance Specifications. All Performance specifications are located in the Provider Resource Center.

DEFINITION

Intensive Hospital Diversion (IHD) is a specialized service of In-Home Therapy (IHT). As such, IHD providers are expected to adhere to IHT Performance Specifications in addition to those contained herein. Where there are differences between the IHT and IHD performance specifications, IHD specifications take precedence.

The IHD Program will provide intensive short-term (on average, 4 to 6 weeks) in-home crisis stabilization and treatment to youth and their families to support diversion from psychiatric hospitalization and other out-of-home placements. The clinical goal of this program is to provide youth under 21 and their parents/caregivers with the intensive short-term treatment and support needed to maintain the youth at home safely and to (re)connect them to ongoing outpatient and/or community-based services.

COMPONENTS OF SERVICE

1. The IHD Program requires a multidisciplinary clinical team, including a clinical team lead and a consulting psychiatrist. Clinical team leads are required to have crisis intervention training and will be responsible for ongoing supervision and coaching of other team members. The IHD team will be supported by psychiatry and autism spectrum disorder/intellectual and developmental disability (ASD/IDD) expertise through consultation.
2. A Master's level clinician must respond to the family at the point of crisis (emergency department or in the community) within 24 hours of referral, after the initial crisis evaluation and intervention has been rendered. Intake should be completed in collaboration with crisis evaluation clinician(s) to ensure continuity.
3. Ensure that Behavioral Health Clinical Assessments conducted by Behavioral Health Providers are in writing, dated and signed, and include, at a minimum, the following:
    a) Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations, and strengths.
4. Within 24 hours of intake, the team must begin intensive individual and family therapy including Cognitive Behavioral Therapy (CBT) skills building, parent support, psychopharmacological evaluation, and behavioral consultation, as needed.
5. The IHD team will work directly with the child and family 3-7 times per week.

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[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.

6. The IHD team lead is expected to convene weekly team meetings on each youth on their caseload. The team meeting is expected to include IHD team, other community-based providers, the prescribing clinician, a representative from the youth's school, the caregiver and youth, and a representative from the youth's health plan.
7. It is expected that youth will be attending school as clinically appropriate, and that the IHD team will coordinate with any therapeutic supports at the youth's school to ensure the youth has appropriate support across community settings.
8. The IHD team will provide care coordination throughout their work with the youth and family, including making appropriate referrals and "warm hand offs" to follow-up providers, as indicated.
9. The team must provide 24/7 crisis response for youth/families, including in-person, when clinically indicated.

STAFFING REQUIREMENTS

1. Dedicated clinical staff will have CBT, crisis management and de-escalation training to meet the needs of this model. Staff will complete and document 2 hours of training per content area, annually. Training curriculum will be available upon request. These training requirements are in addition to the IHT Performance Specifications.
2. Child psychiatry or other prescriber capacity will be available to offer emergency consultation to staff within 24 hours of initial referral, when clinically indicated. The prescriber will assess the member's psychopharmacological needs within 7 days of initial referral, as clinically indicated and in consultation with any existing providers, including the youth's primary care doctor. The prescriber is expected to be available for ongoing consultation throughout the duration that the youth is receiving IHD services.
3. When clinically indicated for members with ASD/IDD, a licensed Applied Behavior Analyst (LABA) must be available to provide consultation. This may include using Massachusetts Child Psychiatry Access Program (MCPAP) for ASD/IDD for initial consultation.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. Any agency providing IHD is expected to develop a formal, documented communication and referral strategy with all regional Mobile Crisis Intervention (MCI) teams and Emergency Departments (EDs) within IHD provider catchment area to facilitate clinical coordination.
2. IHD program leadership will work with regional crisis teams, EDs and Managed Care Entities (MCE) to develop a minimum weekly cadence to review and track possible referrals.
3. The IHD program will have a dedicated program staff person to meet weekly with local MCI, Emergency Departments, and anyone else identified as necessary to ensure that the program is functioning as intended.
4. MCE representatives and the IHD program will be in regular contact to ensure that enrolled youth are receiving the services as they were intended and to coordinate aftercare.

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- April 2022: Template Updates