TUFTS Health Plan

a Point32Health company

Therapeutic Mentoring Services 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

Therapeutic Mentoring Services are provided to youth (under the age of 21). Therapeutic Mentors can work with youth in any setting where the youth reside, such as the home (including foster homes and therapeutic foster homes), and in other community settings such as school, childcare centers, respite settings, and other culturally and linguistically appropriate community settings.

Therapeutic Mentoring offers structured, one-to-one, strength-based support services between a Therapeutic Mentor and a youth for the purpose of addressing daily living, social, and communication needs. Therapeutic Mentoring services include supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities pursuant to a behavioral health treatment plan developed by an Outpatient provider, an In-Home Therapy (IHT) provider, an In-Home Behavioral Service (IHBS) provider, or a Family-based Intensive Treatment (FIT) team in concert with the family, and youth whenever possible, or Individual Care Plan (ICP) for youth with ICC. These services help to ensure the youth's success in navigating various social contexts, learning new skills, and making functional progress, while the Therapeutic Mentor offers supervision of these interactions and engages the youth in discussions about strategies for effective handling of peer interactions.

Therapeutic Mentoring services must be necessary to achieve a goal(s) established in an existing behavioral health treatment plan for Outpatient, In-home Therapy, In-Home Behavioral Service, or Family-based Intensive Treatment or in an ICP for youth in ICC. For members being discharged from Outpatient, In-Home Therapy, In-Home Behavioral Services, Family-based Intensive Treatment, Or ICC, the receipt of Therapeutic Mentoring services following discharge must be necessary to achieve the goal(s) established in the member's Outpatient, IHT, IHBS, FIT. Or ICC discharge plan. Progress toward meeting the identified goal(s) in their treatment plan, ICP, discharge plan, and/or ongoing action plan must be documented and communicated regularly to any other ongoing behavioral health treatment providers. Services are designed to support age-appropriate social functioning or ameliorate deficits in the youth's age-appropriate social functioning.

COMPONENTS OF SERVICE

1. Providers of Therapeutic Mentoring Services are outpatient hospitals, community health centers, mental health centers, community behavioral health centers, other clinics, and private agencies certified by the Commonwealth, Providers of Therapeutic Mentoring utilize Therapeutic Mentors to provide these services.

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.

2. The Therapeutic Mentoring service must be operated 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
3. The Therapeutic Mentoring provider delivers services in accordance with an existing Outpatient, In-Home Therapy. In-Home Behavioral Services, or Family-based Intensive Treatment treatment plan that is jointly developed by the Outpatient provider, In-Home Therapy, Ibn-Home Behavioral Services provider or Family-based Intensive Treatment team with input from the parent/caregiver/guardian and youth, whenever possible, and may also include other involved parties such as school personnel, other treatment providers, and significant people in the youth's life. For youth in ICC services are delivered in accordance with the ICP.
4. The Therapeutic Mentoring provider engages the youth in activities in the community. These activities meet one or more of the following purposes:
    a) Provisions of anticipatory guidance
    b) Teaching of alternative strategies
    c) Role playing
    d) Behavioral rehearsal
    e) Skill acquisition in the community
    f) Practicing skills in the community
    g) Exposure to social situations in which age-appropriate skills can be practiced
    h) Enhancing conflict resolution skills
    i) Developing communication skills
5. Therapeutic Mentoring interventions are designed to address one or more goals on a youth's existing Outpatient, In-Home Therapy, In-Home Behavioral Service, or Family-based Intensive Treatment plan (for youth not in ICC), or on an existing ICP (for youth in ICC), and are provided while engaging the youth in the following types of activities:
    a) Social activities
    b) Recreational activities
    c) Athletic activities
    d) Artistic or creative activities
    e) Educational or vocational activities
    f) Activities of daily living based in the community (e.g., taking public transportation, applying for a job, etc.)
6. The Therapeutic Mentoring provider engages the youth in support-based activities in the community that serve to meet the treatment plan goals. Goals for Therapeutic Mentoring, and activities used to meet those goals, should be individualized based on youth need. Activities to meet goals can include brainstorming, researching, practicing, role playing or direct rehearsal either 1:1 with the Therapeutic Mentor or in the naturally occurring setting where the member needs support.
7. Therapeutic Mentors must have a written individual action plan outlining the goal(s) of care as determined by the Outpatient therapist, In-Home therapist, In-Home Behavioral Service provider, Family-based Intensive Treatment team, or Intensive Care Coordinator. The individual action plan must identify tasks needed to meet goals and timeframes for completion. The individual action plan must include modality and location of tasks. The individual action plans must be signed by the Therapeutic Mentor, the Therapeutic Mentoring supervisor, the parent/caregiver/guardian, and the youth, when appropriate. The initial individual action plan is due within 30 days of Therapeutic Mentoring services initiating. The plan is updated every 90 days at a minimum and as needed.
8. The Therapeutic Mentoring record must document, for each session, the planned activity, the goal being targeted and the member response to the activity.
9. The Therapeutic Mentoring provider develops and maintains policies and procedures relating to all components of Therapeutic Mentoring Services. The provider will ensure all new and existing staff will be trained on these policies and procedures.
10. The Therapeutic Mentoring provider offers services in the youth's home and 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.

11. Therapeutic Mentoring services may continue after a youth is discharged from Intensive Care Coordination, In Home Therapy, Outpatient therapy, In-Home Behavioral Services, or Family-based Intensive Treatment. Therapeutic Mentoring services continuing upon discharge from Outpatient, ICC, IHT, IHBS, or FIT must obtain the most recent treatment or ICP, comprehensive assessment, and CANS. Therapeutic Mentoring services continuing upon discharge must be indicated in the Outpatient, ICC, IHT, IHBS, or FIT discharge plan and may continue until the next CANS re-evaluation date. During this time, the member must continue to have a goal in their individual action plan that requires ongoing therapeutic mentor support.
12. If Therapeutic Mentoring is the only service a youth is receiving, and the 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 Therapeutic Mentor coordinates with their clinical supervisor and YMCI staff to ensure appropriate linkage and resources for the member and family.
13. The Therapeutic Mentor provider does not directly provide group, social, educational, artistic, athletic, recreational, or vocational services.

STAFFING REQUIREMENTS

1. Minimum qualifications for Therapeutic Mentors include:
    a) 21 years of age or older; and
    b) bachelor's degree in a human service field from an accredited university and one (1) year experience working with children/adolescents/transition age youth; or
    c) associates degree in a human service field from an accredited school and one (1) year of experience working with the target population; or
    d) High school diploma or HiSET and a minimum of two (2) years of experience working with children/adolescents/transition age youth
2. Therapeutic Mentoring Service provider ensures that Therapeutic Mentors complete a training course upon employment and annually thereafter, that minimally includes the following:
    a) Overview of the clinical and psychosocial needs of the target population
    b) *Systems of Care* principles and philosophy
    c) The four phases of *Wraparound* and the 10 principles of *Wraparound*
    d) Role within a CPT
    e) Ethnic, cultural, and linguistic considerations of the community
    f) Community resources and services
    g) Family-centered practice
    h) Behavior management coaching
    i) Social skills training
    j) Psychotropic medications and possible side effects
    k) Risk management/safety plans
    l) Crisis management
    m) Introduction to child-serving systems and processes (DCF, DYS, DMH, DESE, etc.)
    n) Basic IEP and special education information
    o) Managed Care Entities' performance specifications and medical necessity criteria
    p) Child/adolescent development including sexuality
    q) Conflict resolution
    r) Documentation of the provider's training curriculum is made available upon request.
3. The Therapeutic Mentoring provider ensures that all Therapeutic Mentoring staff receives weekly individual supervision by a licensed clinician with specialized training in child/adolescent issues, child-serving agencies (e.g., DYS, DCF, DMH, DDS, DESE), mental health, family-centered treatment, strengths-based interventions, and *Wraparound* planning process consistent with *Systems of Care* philosophy.
4. The Therapeutic Mentoring provider ensures that a senior licensed clinician is available for consultation within one (1) hour to Therapeutic Mentoring staff during all hours that Therapeutic Mentoring staff provides services to youth, including evenings and weekends.

5. Each case will be reviewed, at a minimum, every 90ndays 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 Therapeutic Mentor supports, coaches, and trains the youth to enhance their skill acquisition which will ultimately support successful linkages to community resources and services that will sustain the youth's optimal functioning in the community, even after the youth discharges from Therapeutic Mentoring services. These linkages may include, but are not limited to: Boys and Girls Clubs, YMCAs, town recreational programs, faith communities, after-school programs, health and wellness programs, job-training, and tutoring
2. The Therapeutic Mentor supports, coaches, and trains the youth in connecting with existing treatment providers and in linking with new or additional resources.
3. For youth in ICC, the Therapeutic Mentor participates as a member of the CPT and clearly outlines the goals of the Therapeutic Mentoring Service in the ICP.
4. For youth who are not receiving ICC, the Therapeutic Mentor works closely with the family, and any behavioral health existing/referring provider(s) to implement the goals and objectives identified by the referring provider.
5. The Therapeutic Mentor participates in all treatment and care planning meetings and processes including Care Plan Team for youth in ICC. When state agencies (DMH, DCF, DYS, DPH, DESE/LEA, DDS, MRC, ORI, probation office, the courts) are involved, and with required consent, the Therapeutic Mentor participates with these agencies with regards to service/care planning and coordination and planning for transition to adulthood. The Therapeutic Mentor assists the youth in communicating his/her needs to the treatment team when age appropriate. The Therapeutic Mentor contributes the voice of the youth in the absence of the youth.

QUALITY MANAGEMENT (QM)

The Therapeutic Mentoring provider participates in quality management activities.

PROCESS SPECIFICATIONS

1. Treatment Planning and Documentation

a. When the need for Therapeutic Mentoring is identified in a youth's Outpatient, In- home therapy, In-home behavioral service, or Family-based intensive treatment treatment plan or ICP for youth in ICC, the Outpatient, In-home therapy, In-home behavioral service, family-based intensive treatment or ICC referring provider is responsible for communicating the reasons for referral, and the identifying goals for Therapeutic Mentoring to the Therapeutic Mentoring provider.

b. For youth engaged in ICC, the Therapeutic Mentor must coordinate with and attend all CPT meetings that occur while they are providing Therapeutic Mentoring Services. At these meetings, they give input to the CPT in order to clearly outline the goals of the Therapeutic Mentoring service in the ICP and provide updates on the youth's progress. The Therapeutic Mentor develops and identifies to the CPT an anticipated schedule for meeting with the youth and a timeline for goal completion. The Therapeutic Mentor determines the appropriate number of hours per week/month for Therapeutic Mentoring services based on the needs of the youth as identified in the ICP.

c. For youth engaged in FIT, the Therapeutic Mentor must coordinate with and attend all FIT meetings that occur while they are providing Therapeutic Mentoring Services. At these meetings, they give input to the FIT team in order to clearly outline the goals of the Therapeutic Mentoring service in the FIT plan and provide updates on the youth's progress. The Therapeutic Mentor develops and identifies to the FIT team an anticipated schedule for meeting with the youth and a timeline for goal completion. The Therapeutic Mentor determines the appropriate number of hours per week/month for Therapeutic Mentoring services based on the needs of the youth as identified in the FIT plan.

d. For youth who are not receiving FIT or ICC, the Therapeutic Mentor must coordinate with the referring behavioral health provider and attend all treatment team meetings in order to clearly outline the goals of the Therapeutic Mentoring service and provide updates on the youth's progress. The Therapeutic Mentor develops and identifies to the referring behavioral health provider an anticipated schedule for meeting with the youth and a timeline for goal completion. The Therapeutic Mentor determines the appropriate number of hours per week/month for Therapeutic Mentoring services based on the needs of the youth as identified in the individual action plan.

e. The Therapeutic Mentoring provider must outreach the parent/caregiver/guardian within five (5) 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.

f. 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.

g. The Therapeutic Mentor has at least one contact per week, and more if needed, with the youth's ICC, In-Home Therapy Services, In-Home Behavioral Services, Family-based Intensive Treatment team, or Outpatient provider to provide updates on progress toward goals on the identified treatment plan or ICP.

h. If there is no clinical behavioral health service (ICC, OP, IHT, IHBS, or FIT) open with the youth, the Therapeutic Mentor will communicate to their supervisor weekly with updates on progress towards goals on the individual action plan and document accordingly.

i. The Therapeutic Mentoring provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respecting the youth and family's dignity and right to choose.

j. Therapeutic Mentors document each contact in the Therapeutic Mentoring provider's record for the youth and share this information with other treatment providers with consent and as appropriate.

k. The emergency protocols of the Therapeutic Mentoring provider are followed by all Therapeutic Mentors during and after business hours.

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.

b. The Therapeutic Mentor begins discharge planning upon admission, with ongoing planning activities documented in the record, to ensure that the member has a natural or community support to engage with upon successful completion of Therapeutic Mentoring goals.

c. The reasons for discharge and all aftercare plans are clearly documented in the record.

d. The Therapeutic Mentor provider, in cooperation with the treatment/team, CPT or Therapeutic Mentor Supervisor, writes a discharge plan that includes documentation of ongoing strategies, supports, and resources to assist the youth and family in maintaining gains. With consent, the discharge plan is given to the youth and/or parent/caregiver/guardian and the existing behavioral health provider(s), if applicable, within five (5) business days of the last date of service.

e. If unplanned termination of services occurs, the provider makes every effort to contact the parent/caregiver/guardian or adult adolescent/emancipated child to obtain the youth's participation in the services and to provide assistance for appropriate follow-up plans (i.e., schedule another appointment, facilitate an appropriate service termination, or provide appropriate referrals). The Therapeutic Mentoring 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