TUFTS Health Plan

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Youth Community- Based Mobile Crisis Intervention (YMCI) 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 applicable regulations set forth in the Code of Massachusetts Regulations and all 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

Youth Community-Based Mobile Crisis Intervention (YMCI) provides team-based crisis and behavioral health assessment, intervention, and stabilization services 24 hours per day, seven days per week, and 365 days per year to youth Members under the age of 21 who are experiencing a behavioral health crisis. YMCI must be provided at the co-located Community Behavioral Health Center (CBHC) and through youth mobile response. YMCI will provide a short-term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. YMCI should prioritize responding to youth in the community, whenever possible, including at home, in schools, or in congregate care settings, for youth who reside there.

The service includes: crisis assessment; engagement in a crisis planning process which may result in the development/ update of one or more 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) that contain information relevant to and chosen by the youth and family/caregiver; up to seven days of crisis intervention and stabilization services including therapeutic response, psychiatric consultation, and urgent psychopharmacology intervention, as needed; and referrals and linkages to Youth Community Crisis Stabilization Services (YCCS) and all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care. Services shall be provided to the youth and family in the home/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.

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.

For youth who are receiving Intensive Care Coordination (ICC) or In-Home Therapy (IHT), YMCI staff will coordinate with the youth's provider throughout the delivery of the service. YMCI will also coordinate with the youth's primary care physician (PCP), any other care management program, or other behavioral health providers providing services to the youth throughout the delivery of the service.

For youth in the care and custody of the Commonwealth through the Department of Children and Families (DCF) or the Department of Youth Services (DYS), YMCI will develop collaborative relationships with the congregate care providers in their catchment area. YMCI will respond to congregate care programs if an individual youth is in crisis and will work closely with the provider and the appropriate state agency throughout the delivery of the service. YMCI will also respond to a congregate care provider's advanced notification to YMCI identifying a youth who soon may require YMCI intervention, to enable YMCI and the congregate care provider to consult on strategies for reducing the need for YMCI intervention or ensuring collaborative intervention if a crisis arises for that youth.

COMPONENTS OF SERVICE

1. YMCI is the youth-serving component of emergency services for the CBHC.
2. YMCI provides team-based mobile, community-based crisis intervention services, which are intended to reduce the volume of emergency behavioral health services provided in hospital emergency departments (EDs), to reduce the need for psychiatric hospitalization, and to promote resolution of crisis in the least-restrictive setting and in the least-intensive manner.
3. YMCI provides crisis assessment and crisis stabilization intervention services 24/7/365. Each encounter, including ongoing coordination following the crisis assessment and stabilization intervention, may last up to seven days.
4. YMCI includes, but is not limited to:
    a) Conducting a mental status exam;
    b) Assessing crisis precipitants, including psychiatric, educational, social, familial, legal/court related, and environmental factors that may have contributed to the current crisis (e.g., new school, home, or family/caregiver; exposure to domestic or community violence or use of substances in home; death of friend or relative; or recent change in medication);
    c) Assessing the youth's behavior and the responses of parent/guardian/caregiver(s) and others to the youth's behavior;
    d) Assessing parent/guardian/caregiver strengths and resources to identify how such strengths and resources impact their ability to care for the youth's behavioral health needs;
    e) Taking a behavioral health history, including past inpatient admissions or admissions to other 24-hour levels of behavioral healthcare;
    f) Assessing medication compliance and/or past medication trials;
    g) Assessing safety/risk issues for the youth, parent/guardian/caregiver(s), and other youth in the family or congregate care setting;
    h) Taking a medical history/screening for medical issues;
    i) Assessing current functioning at home, school, and in the community;
    j) Identifying current providers, including state agency involvement;
    k) Identification and inclusion of professional and natural supports (e.g., therapist, neighbors, relatives) who can assist in stabilizing the situation and offer ongoing support to the youth and parent/guardian/caregiver(s), including within a congregate care setting;
    l) Solution-focused crisis counseling;
    m) Clinical interventions that address behavior and safety concerns, delivered on-site or via telehealth for up to seven days. The decision regarding on-site or telehealth interventions will be made in collaboration with the parent/guardian/caregiver(s); and,
    n) Psychiatric consultation and urgent psychopharmacology intervention (if current prescribing provider cannot be reached immediately or if no current provider exists), as needed, face-to-face or by phone from an on-call child psychiatrist or psychiatric advanced practice registered nurse (APRN).
5. 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.
6. YMCI assesses the safety needs of the youth, family/caregivers, and other individuals in the family or congregate care setting. YMCI, with the consent of and in collaboration with the youth and family/caregivers, engages the youth and family/caregivers in a crisis planning process that aligns with the family's needs. This process includes both a review of and the 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. YMCI seeks family/caregiver consent to engage existing service providers and/or other natural supports, as identified by the youth and family/caregiver (e.g., ICC, In-Home Therapy (IHT) services, outpatient therapist), to share in the development/update of the Crisis Planning Tools. The tools are reflective of interventions or strategies the family/caregiver believes may be beneficial. This may include, but is not limited to, the following:

a) Contacts and resources of individuals identified by the family/caregiver who will be most helpful to them in a crisis;
b) Goal(s) of the Safety Plan or other Crisis Planning Tools as identified by the family/caregiver;
c) Action steps identified by the family/caregiver; and
d) An open format (the Safety Plan) that the family/caregiver can choose to use as needed.

7. If a youth already has an existing set of Crisis Planning Tools (including Behavior Support and Safety Plan in a congregate care program), YMCI shall utilize the tools as they apply to the current situation and/or reassess the tools' effectiveness. Where necessary, YMCI collaborates with the youth, the youth's parent/guardian/caregiver(s) and other provider(s), to build consensus for revisions to the tools and to share them as directed by the family/caregiver.
8. For youth in congregate care, YMCI will work closely with the program staff on all aspects of the evaluation, intervention, and follow-up, including ensuring follow-up treatment is identified.
9. YMCI identifies all necessary referrals and linkages to medically necessary behavioral health services and supports and facilitates referrals and access to those services. YMCI also works with the youth's health plan to arrange for dispositions to all levels of care, including inpatient, Youth Community Crisis Stabilization (YCCS) and other 24-hour services, diversionary services, outpatient services or CBHC, if applicable, and ICC.
10. YMCI provides the following additional services:
    a) Crisis counseling and consultation to the family/caregiver;
    b) Emergency medication management and consultation; and
    c) Telephonic or other telehealth support to the youth and family/caregiver.
11. Throughout the YMCI intervention, YMCI will coordinate with the youth's current service providers including PCP, care management program, Children's Behavioral Health Initiative (CBHI) provider or any other behavioral health providers, including the CBHC.
12. The YMCI has policies and procedures relating to all components of this service. The YMCI provider ensures all new and existing staff members are trained on these policies and procedures.
13. YMCIs should consistently utilize the MBHA website (www.MABHAccess.com) to locate the availability of multiple levels of care for any and all individuals they are serving, including those with commercial insurance
14. The YMCI will train staff regarding completion/submission of encounter forms within the prescribed timelines.
15. The YMCI adheres to the Expedited Psychiatric Inpatient Admissions (EPIA) protocol.
16. The YMCI develops Quality Management systems and achieves quality indicator targets as determined by MassHealth.

STAFFING REQUIREMENTS

1. YMCI utilizes a multidisciplinary model, with both professional and paraprofessional/family partner staff, and maintains staffing levels as warranted by data trends. Whenever possible, the YMCI response should include a clinician and Family Partner team response.
2. YMCI staff includes master's-level clinicians trained in working with youth and families/caregivers, with experience and/or training in nonviolent crisis intervention, crisis theory/crisis intervention, solution-focused intervention, motivational interviewing, behavior management, conflict resolution, family systems, and de-escalation techniques.
3. YMCI is also staffed with bachelor's-level or paraprofessional staff/family partners experienced or trained in providing the supports needed throughout delivery of YMCI services, with supervision and under the direction of a master's-level clinician.
4. The following positions are required:
    a) **Medical Director:** This board-certified or board-eligible child psychiatrist shall be responsible for clinical and medical oversight and quality of care across all YMCI service components including youth mobile response and the Youth Community Crisis Stabilization (YCCS), if applicable. It is expected that the CBHC shall appoint one of the psychiatrists, who is in the staffing pattern for the YMCI and/or YCCS (if applicable) and works directly in one or both of those service components on at least a part-time basis, as the YMCI Medical Director. They may also be the Medical Director of the CBHC, and/or have other similar roles in that organization. If the CBHC subcontracts with another agency to provide YMCI services, the subcontracted agency must provide its own YMCI Medical Director. This individual shall coordinate the functions of their

YMCI Medical Director role, the psychiatric care delivered by them and/or other psychiatric clinicians during business hours, and the after-hours psychiatric consultation function fulfilled by them and/or other psychiatric clinicians. Included in this function shall be the responsibility for supervising all Psychiatrists and/or Advanced Practice Registered Nurses (APRN) in any of the YMCI service components. This individual shall be available for clinical consultation to YMCI staff members and community partners. Psychiatric consultation shall be provided in a variety of clinical and administrative areas, including consultation specific to the assessment, treatment, and disposition of individuals in the process of receiving YMCI services as well as negotiating issues related to medical screening and inpatient admissions.

b) **Child Psychiatrist or Advanced Practice Registered Nurse (APRN) with child/youth training:** A board-certified or board-eligible Child Psychiatrist or APRN is available for phone consultation to the YMCI 24 hours per day, must respond within 15 minutes of a request from YMCI staff, and is available for face-to-face appointments with the youth for urgent medication management evaluations or urgent medication management appointments within 48 hours of a request if the youth has no existing provider. Psychiatric consultation shall be provided in a variety of clinical and administrative areas, including consultation specific to the assessment, treatment, and disposition of individuals in the process of receiving YMCI services as well as negotiating issues related to medical screening and inpatient admissions. If the CBHC subcontracts with another agency to provide YMCI services, the subcontracted agency must provide its own YMCI psychiatric clinician.
c) **Clinical Program Director**: This independently licensed clinician shall be responsible for ensuring the provision of the core service of crisis assessment, intervention, and stabilization to clients for YMCI services delivered in the community and those provided on-site. They shall also be responsible for the services provided in the YCCS. The YMCI Clinical Program Director shall be the primary point of accountability to the youth component of the CBHC for the YMCI program. The YMCI Clinical Program Director shall provide clinical oversight and quality of care across the YMCI and ensure compliance with all requirements including standard clinical assessment tools, electronic encounter forms, and other data collection mechanisms.
d) **Independently Licensed Clinical Supervisors:** These licensed clinicians shall provide clinical supervision and oversight to all YMCI staff, ensuring quality of care and compliance with all requirements set forth by the YMCI performance specifications, i.e., crisis assessment, intervention, and stabilization services across all service components. Clinicians providing YMCI services must have experience working with children and adolescents and be knowledgeable of the systems that serve them.
e) **Independently Licensed Clinicians:** These licensed clinicians provide a short-term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. A licensed clinician must be designated per shift as a shift supervisor responsible for ensuring that the YMCI is performing all required functions and offering guidance and support to staff as needed. With the staff, there must be a triage clinician who must be a master's- or doctoral-level behavioral health clinician responsible for answering all incoming phone calls which were triaged from the statewide 24/7 Behavioral Health Help Line.
f) **Master's-level Clinicians:** These staff provide a short-term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others, consistent with the youth's risk management/safety plan, if any.
g) **Bachelor's-level Staff:** These staff shall support the master's-level clinicians in providing YMCI services to individuals. They help to support individuals and their families/caregivers and perform tasks such as assisting with implementing the disposition determined by the master's-level clinician. This additional support will bring efficiency to the system by allowing master's-level clinicians to focus primarily on the provision of direct clinical services. YMCI providers shall be encouraged to hire bachelor's-level staff who are young adult peer mentors or recovery coaches.
h) **Family Partners:** The YMCI shall employ at least one full-time equivalent who is a family partner and is available for co-response. The family partner shall provide ongoing in-home crisis stabilization services and support to families/caregivers in navigating the behavioral health crisis response system and can support brief interventions that address behavior and safety. These staff members shall have lived experience as caregivers of youth with special needs, and preferably youth with mental health needs.
i) **Appropriate staff for routine medical screening** (e.g., licensed practical nurse, emergency medical technician (EMT)): These staff shall be responsible for initial medical screening on presentation to YMCI and ongoing monitoring, as well as to determine medical stability for disposition to 24-hour level of care.

j) **Clerical Staff:** Clerical staff shall be responsible for maintaining records, release of information forms, ensuring documentation is completed, and other administrative support.
k) **Security:** Security staff shall provide enhanced safety and be trained with an approved behavioral support and management program, including skills in de-escalation, to maintain safety of all individuals and staff at all hours of operation.

5. All YMCI staff receive crisis specific training through the agency that employs them. Prior to serving families independently, YMCI staff complete 12 hours of on-the-job training in Crisis Prevention Intervention (CPI) or equivalent program. A master's-level clinician with at least two years of crisis intervention experience supervises this training. This training is documented.
6. All YMCI staff have documented annual training in the following:
    a) YMCI performance specifications and clinical criteria;
    b) Managed Care Entity (MCE) behavioral health covered services for youth;
    c) Systems of Care philosophy;
    d) Medications and side effects;
    e) First aid/CPR;
    f) Youth-serving state agencies and educational system;
    g) Family systems;
    h) Peer supports; and
    i) Clinical interventions including, but not limited to crisis intervention, conflict resolution; risk management; substance use disorders; partnering with parents/guardians/caregivers; youth development; cultural competency; and related core clinical issues/topics (e.g., Autism Spectrum Disorder (ASD), Intellectual/Developmental Disabilities (IDD).
7. YMCI staff members are knowledgeable about available community behavioral health services within their geographical service area, the levels of care, and relevant laws and regulations. They also have knowledge about other medical, legal, emergency, and community services available to the youth.
8. All staff receive at least one hour of individual, group, or didactic supervision each week, commensurate with licensure level and consistent with credentialing criteria. For non-licensed team members, supervision will be provided by an independently licensed clinician.

SERVICE, COMMUNITY AND COLLATERAL LINKAGES

1. YMCI is integrated into the CBHC infrastructure, services, policies and procedures, staff supervision and training, and community linkages.
2. Upon completion of a crisis assessment, YMCI works with the parent/guardian/caregiver(s) to provide needed crisis stabilization services and, if necessary, with the youth's insurance carrier to obtain authorization for medically necessary level of care for the youth.
3. YMCI will ensure smooth access to MassHealth behavioral health services in the area by maintaining regular communication and interagency relationships (e.g., through Memoranda of Understanding (MOUs)).
4. YMCI coordinates all behavioral health crisis response with the youth's existing providers, including ICC and IHT services, outpatient providers (e.g., mentors, therapists), other care management programs, and PCPs/PCCs. YMCI facilitates referrals for, and provides information on, both Medicaid- and non-Medicaid-covered services.
5. With required consent, YMCI connects the Member and family/caregiver to the CBHC or other community-based provider, such as ICC, IHT, or other services.
6. YMCI supports linkages with the family's/caregiver's natural support system, including friends, family, faith community, cultural communities, and self-help groups.
7. For youth with ICC/IHT services that provide 24-hour response, YMCI staff contacts the provider for care coordination and disposition planning. The ICC/IHT staff and YMCI staff communicate and collaborate on a youth's treatment throughout the mobile crisis intervention or crisis stabilization to develop a disposition plan that is consistent with the youth's Individual Care Plan (ICP)/treatment plan. With required consent, the ICC care coordinator/IHT clinician is required to participate in all meetings that occur during the youth's tenure with YMCI.
8. For youth engaged in services that do not provide 24-hour response, YMCI staff contacts the provider for the purpose of care coordination and disposition planning. YMCI staff communicates with the provider and collaborates on a youth's treatment to develop a disposition plan that is consistent with the youth's treatment plan.
9. YMCI establishes formal relationships (e.g., through MOUs) including collaborative education and training with local police, EMTs, schools, state agencies, local healthcare professionals, and juvenile justice to promote effective and safe practices related to the management of emergency services for youth with behavioral health issues and their parent/guardian/caregivers(s).

10. Crisis assessments occur in the youth's home setting or appropriate alternative community setting (preferred) or at the CBHC location. If a youth is evaluated by a YMCI team and is awaiting placement for 24-hour behavioral health treatment (e.g., YCCS, inpatient hospital, community- based acute treatment (CBAT), Partial Hospitalization Program):
    a) YMCI has daily contact with the family/caregiver to reassess the Member's clinical needs and to provide crisis intervention/stabilization in the home; and
    b) YMCI has daily contact with the IHT and/or ICC and/or other care manager for care coordination.
11. If the youth is determined to not meet the requirements for a 24-hour behavioral health placement:
    a) YMCI meets with the youth and family/caregiver to update the safety plan and provide stabilization; and
    b) YMCI coordinates with the youth's existing provider to ensure referrals are made to appropriate community-based services including CBHC and/or YCCS to stabilize youth in the community.

QUALITY MANAGEMENT (QM)

1. The YMCI participates in all CBHC network management, utilization management, and quality management initiatives and meetings.
2. The YMCI is responsible for the completion and electronic submission of an encounter form for every YMCI intervention provided. For each subsequent day in an intervention, the YMCI is responsible for the completion and electronic submission of an abbreviated subsequent YMCI follow-up encounter form. These subsequent encounters are connected to the full encounter by a unique encounter ID. The YMCI ensures that encounter forms are electronically submitted to the MassHealth Behavioral Health Vendor within the timeframe established by the Executive Office of Health and Human Services.
3. The YMCI adheres to performance specifications and Quality Performance Measures (examples include increased inpatient diversion, community-based evaluations, utilization 0f ESP and community tenure, and boarding initiatives).
4. The YMCI administers and provides data from Patient Reported Satisfaction Surveys, with further specification provided by EOHHS.
5. The YMCI utilizes monthly performance/quality data provided by the MassHealth Behavioral Health Vendor to develop YMCI-specific goals including strategies to improve patient satisfaction
6. The YMCI participates in the creation of and utilizes Provider Quality Management plans, as needed.
7. YMCI leadership participates in:
    a) Statewide AMCI/YMCI meetings; and
    b) Individual AMCI/YMCI meetings.
8. The YMCI communicates with the assigned Provider Quality Manager (PQM) in a timely manner regarding:
    a) Access issues;
    b) Changes in leadership;
    c) New initiatives affecting YMCI service delivery; and
    d) Any time-sensitive/relevant issue.

PROCESS SPECIFICATIONS

Telephone, Triage, Initial Intake, and Dispatch

1. Telephonic requests for YMCI are triaged through the CBHC and answered live. Voicemail or an answering service is not permitted, including those directing callers to call 911 or to go to a hospital ED.
2. YMCI staff arrive within one hour of receiving a telephone request 24/7/365.
3. The team mobilizes to the home or other site where the youth is located (e.g., school, congregate care setting, medical office, etc.), 24/7/365. Services shall be provided to the youth and family/caregiver home/community.
4. YMCI may deliver services via a Health Insurance Portability and Accessibility (HIPAA)-compliant telehealth platform at the family's/caregiver'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.
5. The YMCI performs the following functions within the community. Any variance shall be justified by the bidder based on local needs and resources.
    a) Collaborate with 911, 988, and the statewide 24/7 Behavioral Health Help Line to accept direct telephone transfers. YMCIs will be required to have protocols to receive referrals from the 24/7 Behavioral Health Help Line. In the absence of need for immediate referral to an ED or 911, triage clinicians from the 24/7 Behavioral Health Help Line will contact the YMCI to initiate the delivery of YMCI services in the community. Consistent with individual/ family/ caregiver preferences, time of day, or clinical considerations, triage clinicians may

arrange for services to alternatively be delivered in the YMCI community- based location, other community setting, or via telehealth.

Crisis Evaluation and Intervention

1. YMCI immediately works to de-escalate the crisis and intervenes to ensure the safety of all individuals in the environment, utilizing the interventions and services listed under the "components of service" section above.
2. YMCI completes a comprehensive crisis assessment, including the elements listed under the "components of service" section above and engages in delivering crisis stabilization services.
3. To complete the crisis assessment and crisis intervention, YMCI seeks consent to speak with collateral contacts (e.g., ICC care coordinator, IHT clinician, outpatient therapist, psychiatrist, DCF worker, etc.) and natural supports (e.g., friends, neighbors, extended family, etc.) to enlist their support in stabilizing the situation and developing/updating the set of Crisis Planning Tools and aftercare plan.
4. For youth enrolled in ICC or IHT, YMCI staff collaborates with the provider to ensure coordination of care, using the youth's ICP and YMCI Crisis Planning Tools. ICC providers are available 24/7/365 to answer calls from YMCI. YMCI coordinates with the ICC or IHT provider throughout the intervention.
5. The child psychiatrist or child-trained psychiatric advanced practice registered nurse (APRN) responds to YMCI staff requests for consultation within 15 minutes of the request, 24/7/365. For urgent medication evaluations or urgent medication management appointments, the YMCI ensures face-to-face appointments with the youth's existing prescriber or coordinates with the YMCI or CBHC prescriber.
6. YMCI will work with the youth and the family/caregiver or the congregate care staff to provide crisis intervention services for up to seven days after the initial evaluation.

Treatment Planning

1. If the crisis assessment indicates the need for acute 24-hour behavioral health treatment, YMCI obtains authorization as needed; arranges transfer and admission to an appropriate facility; and provides the treatment team at the facility with its assessment of the youth. YMCI should use the least restrictive 24-hour level of care that will meet the youth's needs.
2. If the crisis assessment indicates that the youth would benefit from non-24-hour diversionary services, YMCI obtains authorization for those services and coordinates with the youth and family/caregiver and the community-based service providers to ensure a smooth transition to those services.
3. If the youth does not have behavioral health providers, YMCI arranges a follow-up appointment with the CBHC, CBHI or other behavioral health provider in the youth's service area and coordinates with the provider for seven days following the initial encounter to ensure that the youth is receiving medically necessary services.

Aftercare Planning and Documentation

1. For youth with ICC, YMCI plans and coordinates all referrals for aftercare services with the ICC care coordinator. YMCI conducts at least one phone call or face-to-face meetings with the ICC provider and the family/caregiver to facilitate the transition.
2. For youth with IHT (or who have been referred to IHT), YMCI conducts at least one phone call or face-to-face meetings with the IHT provider and the family/caregiver to facilitate the transition.
3. YMCI facilitates access to YCCS, ICC, IHT, or other levels of care/covered services as medically necessary and ensures that families/caregivers have established a connection with the services and supports identified through YMCI assessment and intervention. YMCI remains involved with the youth and their parent/guardian/caregiver(s) until aftercare services are established and work has begun with the identified aftercare provider(s). Simply making a referral for an aftercare service does not meet the criteria for ensuring that the youth and their parent/guardian/ caregiver(s) have established a connection with a provider. If the parent or guardian declines aftercare supports and services, this decision must be clearly documented in the youth's medical record.
4. With required consent, the YMCI provider sends copies of the crisis assessment to all necessary providers as identified by the youth and parent/guardian/caregiver(s), including state agency, school, and juvenile justice personnel. With signed consent, a copy of any Crisis Planning Tool is shared with all individuals and/or providers as identified by the youth and family/caregiver.
5. For youth in congregate care settings, YMCI coordinates with the provider staff to ensure follow-up, which should include collaborative development of a crisis plan for the youth.

DOCUMENT HISTORY

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

- January 2023: Created