

## DEFINITIONS OF IN-HOME THERAPY SERVICE UNIT TERMS

*The below information is not meant to replace In-Home Therapy service definitions. As such, this is not an exhaustive list of the service definitions for IHT and thus should be reviewed alongside the IHT service definitions and other pertinent Medicaid billing regulations.*

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| <b>Billable</b> |
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### 1. Documentation

This involves time spent completing required paperwork as outlined within the In-Home Therapy (IHT) Performance Specifications. This includes the following paperwork: the comprehensive, home-based behavioral health assessment; the Massachusetts Child and Adolescent Needs and Strengths (MA-CANS); the youth- and family-centered treatment plan; review or development of a safety plan (or any other crisis planning tool, i.e., Advance Communication to Treatment Provider or Supplements to the Safety Plan and Advance Communication); youth progress notes; and the aftercare plan and treatment summary. Note: If one member of the family speaks a language other than English, IHT staff can appropriately bill for the translation of the treatment plan to the family member's language, as appropriate.

Exclusion: Any administrative paperwork (i.e., billing, time spent filing and/or organizing a youth's record, or other administrative paperwork) completed by the IHT staff or supervisor that is required by the Agency is *not* included.

### 2. Care Coordination/Treatment Planning (Collateral Contacts and Direct Time Spent with Collaterals)

This includes any time spent on the phone or face-to-face with collaterals in order to plan or carry out the youth's treatment planning goals. This includes referrals or linkages to appropriate supports and services as part of a family's specific treatment planning process, identification of community resources, development of natural supports for the youth and family, collaboration with care coordinators (for youth enrolled in Intensive Care Coordination - ICC) and/or other behavioral health service providers, and engagement with the Mobile Crisis Intervention (MCI) team to implement efficacious intervention for the youth. This includes attendance at; multidisciplinary team meetings, youth specific state agency meetings, discharge planning meetings, Individualized Education Program (IEP) meetings, Care Planning Team (CPT) meetings (for youth enrolled in ICC), etc.

Limitation: It is expected that the decision to research or gather resources *for* the youth/parent/caregiver as part of the referral and linkage process is intentional and should be documented in the youth's record as such. This decision should be made after assessment of the family's readiness to engage in this activity themselves, in partnership with the family at minimum and family and treatment planning team together when possible. The youth/parent/caregiver should also be educated and taught the skills necessary to coordinate these resources on his or her own behalf in the future. It is understood that IHT staff will make all efforts to include families in conversations and/or meetings whenever possible and/or clinically indicated, and that at times, for families with complex behavioral health needs and/or multi-agency clinical involvement, this may not be possible or appropriate. Decisions around treatment planning should be made in conjunction with the family/youth, not on behalf of the family/youth, by the team as part of care coordination/treatment planning with collaterals.

Exclusion: Time spent in internal consultation with staff persons within the same program/service of the organization (i.e., IHT clinician, Therapeutic Training and Support staff, IHT supervisor, IHT program director, and/or IHT child psychiatrist or the child-trained mental health psychiatric nurse clinical specialist) is included in the IHT rate, and is *not* billable as separate units (this type of consultation may be billable under number 3 below if the family/youth is present during the consultation). Time spent preparing for sessions, i.e., planning strategies or interventions for use with the youth and/or family,

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engaging in research to help inform the session such as referring to exercises within manuals, etc., is part of the treatment process, and, as such, is not billable by IHT staff persons as separate units. Time spent participating in Systems of Care (SOC) Committee meetings by any IHT staff is *not* billable as separate units, given that the focus of SOC Committee meetings is on community and systems issues, and not on Member-specific issues. Any phone or face-to-face contact with Managed Care Entity (MCE) staff, including telephonic or electronic review time, is *not* billable as separate units.

### 3. **Regular Contact with Youth and Parent/Caregiver (Direct, Face-to-Face Time Spent with Youth/Parent/Caregiver)**

This refers to time spent in direct, face-to-face contact with the youth/parent/caregiver to assist in planning and meeting treatment planning goals and providing them with coaching in support of decision-making and skills training. This includes: providing intensive family therapy, meeting with the family/youth to complete assessments, discussing progress on goals, preparing for meetings as noted within number 2 above, and time attending clinical and other meetings/activities in service to the treatment plan goals with the youth and family.

### 4. **Telephone Support for Youth and Parent/Caregiver**

This refers to time spent on the phone with the youth/parent/caregiver to review progress on attainment of treatment plan goals and objectives, to reinforce coaching and skills training, to provide 24/7 phone crisis response, and to explore need areas and potential individualized family-driven interventions. This may also include time conducting pre- and post-meeting preparation with the youth/parent/caregiver, and/or providing to them education, advocacy, support with navigating systems, crisis monitoring, and assistance in accessing MCI.

### 5. **Member Transportation Provided by Staff**

This refers to time spent traveling with a youth in a car (or other mode of transportation) if the time spent assists in planning/meeting the youth's treatment planning goals.

Limitation: It is expected that the decision to transport the youth is thoughtful and intentional and should be documented in the youth's record as such. This decision should be made in partnership with the family at minimum and family and treatment planning team together when possible. The youth/parent/caregiver should also be educated and taught the skills necessary to coordinate transportation on his or her behalf in the future.

Exclusion: Time spent traveling to/from a youth's location (i.e., home, school, other community-based setting) or to/from collateral meetings on the youth's behalf (i.e., school IEP meetings, meetings with state agencies, etc.), without the youth in the car is included in the IHT rate, and is *not* billable as separate units.

### 6. **Member Outreach**

Member outreach refers to time spent waiting for a youth at his/her home or other community-based setting for a scheduled appointment and should be documented in the youth's record as such.

Limitation: This is *not* to exceed two units (30 minutes) per pre-arranged appointment and does *not* apply if the IHT staff is waiting for the youth at his/her office.

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| <b>Non-Billable</b> |
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*In addition to the exclusions noted above, the following are included in the IHT rate and are not billable as separate units:*

- 1. Supervision** - Supervision refers to any time spent discussing the youth/family with a supervisor individually or in group supervision, either face-to-face or telephonically. This time spent is included in the IHT rate and is *not* billable as separate units.
- 2. Translation Services** - Translation services are included in the IHT rate and are *not* billable as separate units.
- 3. Training Activities** – This refers to any time spent attending, receiving, or providing training to staff. This time spent is included in the IHT rate and is *not* billable as separate units.
- 4. Psychiatric Consultation<sup>1</sup>** – This refers to consultation provided by the child psychiatrist or the child-trained mental health psychiatric nurse clinical specialist to the team relating to treatment planning, medication concerns, and crisis intervention. This time spent is included in the IHT rate and is *not* billable as separate units.

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<sup>1</sup> Face-to-face psychiatric evaluation/medication management is billable as an outpatient service.  
May 10, 2011