

Tip Sheet for Outpatient Clinicians: Roles and Responsibilities as a Children's Behavioral Health Initiative (CBHI) Hub Provider

The purpose of this tip sheet is to provide outpatient clinicians with information regarding their roles as Hub providers, as well as linkage to resources to enhance their effectiveness as members of a youth and family's team. It is anticipated that this tip sheet, along with participation in ongoing trainings, events, and CBHI Level of Care meetings will assist outpatient clinicians in more fully understanding their role in the CBHI child-serving system. Below are answers to commonly asked questions for outpatient clinicians regarding their roles as Hubs within the CBHI.

What CBHI-related information should an outpatient clinician provide parents/caregivers of Medicaid recipients under the age of 21?

Outpatient providers should disseminate the MassHealth CBHI brochure, "**MassHealth Services for Children and Youth**," which may be ordered free of charge at <https://www.mass.gov/service-details/cbhi-for-families>.

What services can an outpatient clinician bill for as a CBHI Hub provider?

In addition to the traditional therapeutic services (i.e., individual, couples, family, and group therapy), outpatient clinicians can bill for time spent engaged in case and/or family consultations and/or in collateral contacts. This includes time spent with youth and/or with their parents/caregivers (face-to-face), when participating in treatment team/care planning team (CPT) meetings (phone and face-to-face), collaborating with treatment/care planning teams (phone and face-to-face), and engaging in coordination and/or collaboration activities (phone and face-to-face), as these are all reimbursable activities. Note: Outpatient clinicians should contact each of the Managed Care Entities (MCEs) and/or go to their websites (see *Additional Resources* below) for clarification regarding utilization of collateral contacts, case consultations, and family consultations.

If an outpatient clinician is the Hub and there are no Hub-dependent services, what are their expected responsibilities?

- Completing a comprehensive assessment inclusive of the Massachusetts Child and Adolescent Needs and Strengths (MA-CANS) tool
- Assessing and identifying the need for Hub-dependent services and/or other services/supports (informed by their comprehensive assessment and CANS) and making those referrals and linkages, as appropriate
- Coordinating care for the youth/family, i.e., systems navigation, advocacy with collaterals, referrals or linkages to supports and services as part of a family's specific treatment planning process, attendance at IEP meetings, youth-specific state agency meetings, etc. Note: See first question for information about how outpatient clinicians can be reimbursed for these activities.
- Engaging in face-to-face contact with the youth/family, at a frequency and intensity commensurate with the individual needs of the youth/family
- Documenting all activity in the youth's health record (i.e., assessment, CANS, action/treatment plan, progress notes, contact and/or collaboration with any/all parties relating to the youth's treatment, etc.)

If an outpatient clinician is the Hub, what are the Hub-dependent* services they can refer youth to?

- Family Support and Training (FS&T), provided by Family Partners
- Therapeutic Mentoring (TM)

*Only a Hub provider (Intensive Care Coordination (ICC), In-Home Therapy (IHT), and Outpatient) can refer to these Hub-dependent services.

How does an outpatient clinician assess whether a youth should be referred to a Hub-dependent service(s)?

- The outpatient clinician's comprehensive assessment, inclusive of the MA-CANS, helps to inform the need for any of these (or other) additional services/supports.
- There must be a goal identified in the outpatient clinician's existing treatment/action plan that specifies the necessity of the Hub-dependent service(s) in relation to addressing the youth's need.

How does an outpatient clinician access Hub-dependent services?

- Referral to a Hub-dependent service is made directly to the program that the youth/family agrees upon.
- It is recommended that outpatient clinicians utilize the Massachusetts Behavioral Health Access (MABHA) website, www.mabhaccess.com (see *Additional Resources* below) to find Hub-dependent providers in the geographic location of the youth/family and to determine the availability of the service(s) being sought.
- Once a provider is identified, the outpatient clinician, with the consent of the family, contacts the Hub-dependent service provider to make the referral and shares their assessment, inclusive of the MA-CANS, and treatment/action plan.
- The FS&T service can be especially beneficial to families. Family Partners (FPs) are an asset to bridging collaboration between families and providers. As the Hub, outpatient clinicians can utilize FPs to:
 - Educate parents/caregivers;
 - Provide assistance in navigating the child-serving systems (DCF, education, mental health, juvenile justice, etc.);
 - Foster empowerment including linkages to peer/parent support and self-help groups;
 - Assist in identifying formal and community resources (e.g., after-school programs, food assistance, housing resources, summer camps, etc.); and
 - Provide support, coaching, and training for the parent/caregiver.
 - Reminder: There must be a goal identified in the outpatient clinician's existing treatment/action plan for the youth that specifies the necessity of the FS&T service in relation to addressing the youth's need.

What are the expected responsibilities of an outpatient clinician as the Hub with regard to Hub-dependent services?

- Engaging in face-to-face contact with the youth/family, at a frequency and intensity commensurate with the individual needs of the youth/family
- Weekly connecting with the Hub-dependent service provider(s) to coordinate care and obtain and provide updates on the youth's progress. Note: Hub-dependent service providers (FS&T and TM,) are required, per their performance specifications, to have weekly contact with the Hub/youth's

referring provider (ICC, IHT, or Outpatient) to report updates on progress on the identified behavioral goal(s).

- Ensuring that a concrete, measurable, and individualized goal is identified and documented in their treatment/action plan that the Hub-dependent service is required/needed to address
- Continually assessing and identifying the need for other Hub-dependent services and/or other services/supports (informed by their comprehensive assessment and CANS) and making those referrals and linkages, as appropriate
- Coordinating care and collaborating with other service providers. Note: See first question for information pertaining to how outpatient clinicians can get reimbursed for these activities.
- Documenting all activity in the youth's health record

What can an outpatient clinician do if they feel that the youth could benefit from additional care coordination services?

- Consider making a referral to IHT or ICC – the other CBHI Hubs – both of which provide a more-intensive level of care coordination compared to outpatient services:
 - IHT is an intensive, clinical, home-based intervention that is needed to enhance the family's problem solving, limit setting, and risk and safety management and/or to develop more effective patterns of household/family interaction and strengthen the family's ability to sustain the youth in the home setting.
 - ICC is the most intensive service that coordinates services from multiple providers or state agencies, special education, etc., in order to more uniformly address the youth's serious emotional disturbance and improve the youth's overall level of functioning in the community.
- Review the medical necessity criteria for the clinically indicated service (see *Additional Resources* below).
- Engage the youth/family in discussion to determine their interest in the care coordination service that is clinically indicated (either IHT or ICC) and obtain consent, as appropriate.
- Review the list of providers with availability for the service.
- Referral for the IHT or ICC service is made directly to the program that the youth/family agrees upon.
- Upon the youth's successful enrollment in IHT or ICC, the outpatient clinician participates as part of the youth's treatment team or CPT.

What is the role of an outpatient clinician who works with a youth who is currently enrolled in ICC?

- By participating in CPT meetings, outpatient clinicians are an active part of the shared decision-making and consensus building that supports a family's engagement in clinical interventions/activities.
- The outpatient clinician, as part of the CPT, assists the family in identifying goals and developing and implementing the Individual Care Plan (ICP) (see below).
- The outpatient clinician provides input to the CPT to clearly outline the goals of the outpatient service in the ICP and provide updates on the youth's progress toward goals. The outpatient clinician ensures they collaborate with the CPT regarding the outpatient treatment being provided based on the needs of the youth as identified in the ICP.
- The outpatient clinician maintains a sufficient level of contact with the ICC care coordinator to successfully carry out their responsibilities as noted above.
- The outpatient clinician documents all activity in the youth's health record.

What documents are created and used by ICC staff that may be useful to an outpatient clinician?

- **The Individual Care Plan (ICP)** is a care plan that specifies the goals and actions to address the medical, educational, social, therapeutic, or other services needed by the youth and family, that is developed by the CPT, and incorporates the strengths and needs of the youth and family. The ICP is the primary coordination tool for behavioral health and informal interventions.
- **Strengths, Needs, and Culture Discovery** is part of the *Wraparound* process and is documented in the comprehensive assessment form or in a separate document. It contains salient information that can help inform outpatient clinicians about the family's unique strengths, needs, and culture, and it has the potential to inform more effective approaches to care and disposition planning.
- **CBHI Crisis Planning Tools** comprise a set of resources that is available for families to use in preventing, planning for, and navigating crisis situations. Families decide how to use any of the tools. Descriptions of two of the tools follow:
 - *Safety Plan* - This is a flexible tool that is created by children, families, or young adults, along with whomever else they identify. It generally details an individualized plan the family finds meaningful to use when a crisis situation arises. With the family's consent and participation, the Safety Plan should be reviewed and updated after a Mobile Crisis Intervention (MCI), at the time of discharge from a 24-hour facility, and when circumstances change or otherwise impact the youth's safety. It is also expected to be reviewed periodically during CPT meetings (for ICC-enrolled youth), as noted within the ICC performance specifications, or more frequently as needed.
 - *Advance Communication to Treatment Provider document (Advance Communication)* - This document provides a method for the youth and/or parents/guardians to communicate potential crisis support or intervention in advance and in writing to potential future providers. In essence, it communicates the following: "If you see me/my child in crisis, here is how I/we would like to be treated, here are the types of interventions I/we prefer, and here is what is important to me/our family." The Advance Communication is a tool that promotes the consideration of personal/family voice and choice and the practice of "Shared Decision-Making." The completion and dissemination of the document is determined by the young adult/parent/guardian/caregiver. The Advance Communication is most likely to be useful when a youth has used crisis services before and expects to use the services again.

When an outpatient clinician is providing services to an ICC-enrolled youth who has MassHealth as the secondary insurer, are they able to bill for coordination and/or collaboration activities, and/or activities relating to their role within the CPT?

- When a youth has MassHealth secondary, the MCE-contracted in-network outpatient clinician must submit a denial from the primary insurer along with the claim for case consultation/collateral contact activities to the appropriate MassHealth MCE.

Additional Resources for Outpatient Clinicians

- MassHealth CBHI brochures provide family-friendly descriptions of CBHI services available to certain MassHealth-enrolled children and youth under the age of 21. Outpatient providers can order the brochures free of charge for dissemination to parents/caregivers at <https://www.mass.gov/service-details/cbhi-brochures-and-companion-guide>.

- The CBHI section of the MBHP website, <https://www.masspartnership.com/provider/CBHI.aspx>, is a resource maintained by MBHP, on behalf of the MCEs, that provides an abundance of information pertaining to CBHI.
- The Massachusetts Behavioral Health Access (MABHA) website, <http://www.mabhaccess.com/>, is a resource designed to enable behavioral health and other healthcare providers to locate potential openings in mental health, substance use disorder, and youth and family services including CBHI services (ICC, FS&T, IHT, TM, and IHBS) for the purpose of referring individuals to those available services. The MABHA website allows providers and families to enter their city/town or zip code and find the nearest CBHI provider to their home, as well as the Emergency Services Provider (ESP) that covers their area. Additionally, youth, families, and providers of any type are welcome to utilize the website to locate these services that they can access directly from the community, as well as other stakeholders who may refer youth and families to CBHI services such as advocates, state agency personnel, primary care clinicians, school personnel, etc.

Given that the processes and parameters for obtaining authorizations (initial and ongoing) and authorization extensions for Hub-dependent services differ across each of the MCEs, outpatient clinicians should refer to the MCEs' websites for this specific information or contact their designated MCE representative. Note: Obtaining authorization for Hub-dependent services is not required of outpatient clinicians amongst *all* the MCEs.