Commonwealth of Massachusetts
Executive Office of Health and Human services www.mass.gov/masshealth

Performance Specifications

Children's Behavioral Health Initiative
Family-based Intensive Treatment (FIT)

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.**

Family-based Intensive Treatment (FIT): This service is delivered by a team consisting of clinician, paraprofessional, and Family Partner (FIT Team) offering a combination of medically necessary intensive family therapy, robust care coordination (targeted case management) and Family Partner engagement for MassHealth youth with serious emotional disturbance (SED), under the age of 21, and enrolled in MassHealth Standard or CommonHealth. The main focus of the FIT service is to ameliorate the youth's mental health issues and strengthen the family structures and supports with the goal of safely transitioning the youth into less-intensive, community-based treatment services within 4-6 months of the initiation of the service. The FIT service is distinguished from traditional outpatient therapy in that services are delivered in the home and community, rather than in a clinic setting; services include 24/7 urgent response capability for therapeutic stabilization of enrolled youth on the part of the provider; the frequency and duration of a given session matches need and is not time limited; scheduling is flexible; and services are expected to include the identification of natural supports and include coordination of care.

FIT facilitates a structured, consistent, strength-based therapeutic relationship between the FIT team and the youth and family for the purpose of treating the youth's behavioral health needs, including improving the family's ability to provide effective support for the youth to promote the youth's healthy functioning within the family. Interventions are designed to enhance and improve the family's capacity to improve the youth's functioning in the home and community and are focused on preventing the need for the youth's admission to an inpatient hospital, psychiatric residential treatment facility, or other treatment setting. The FIT team, inclusive of the caregiver(s) and youth, develops a treatment plan and, using established psychotherapeutic techniques and intensive family therapy, works with the entire family, or a subset of the family, to implement focused structural or strategic interventions and behavioral techniques to: improve communication, enhance problem-solving, build skills to strengthen the family dynamics, advance therapeutic goals, improve ineffective patterns of interaction, promote limit-setting, conduct risk management/safety planning, identify and utilize community resources, and develop and maintain natural supports for the youth and parent/caregiver(s) in order to promote sustainability of treatment gains. Phone contact and consultation are provided as part of the intervention, but the primary modality of treatment is in-person.

The FIT service may be provided in any setting where the youth is naturally located, including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, childcare centers, respite settings, and other community settings.

Components of service

1. FIT services are delivered by a service provider that is contracted as a Community service Agency (CSA).
2. FIT service includes, but is not limited to:

a. **Initial Intake** – The initial intake of the youth and family must be conducted face-to-face in the youth's natural environment or other location chosen by the family.
b. **Comprehensive Assessment**
    i. The FIT service provider completes a comprehensive and age-appropriate behavioral health clinical assessment that includes the Child and Adolescent Needs and Strengths (CANS-MA) version and the CRAFFT (for youth 12 years and older) occurring in the youth's home or another location of the family's choice, that is signed by an independently licensed clinician within 14 calendar days of the face-to-face intake appointment. All relevant assessments or evaluations are requested from prior/current treaters with proper consent. The assessment includes the strengths and needs of the youth and family and collecting background information and plans from other agencies.
    ii. The FIT service provider updates the comprehensive clinical assessment every 90 days and the CANS and the CRAFFT (for youth 12 years and older) **every 180 days, or as clinically indicated**.
c. **Treatment Planning**
    i. The FIT service creates an initial treatment plan at most 48 hours after intake to include immediate needs and immediate goals of the service.
    ii. Using the information collected through a comprehensive assessment, the FIT service provider completes an ongoing treatment plan, within the first 14 days after intake, which includes the strengths of the youth and family. The treatment plan specifies the goals and actions to address the medical, educational, social, therapeutic, or other services needed by the youth and family. Evidence-based or best-practice models that match the main need/focal problem are recommended to guide treatment planning and interventions. The treatment plan is solution-focused with clearly defined interventions and measurable outcomes to assist the youth and family members in their environment to help the youth to achieve and maintain stabilization.
    iii. In developing this treatment plan, the provider consults with the youth, the family, FIT service provider supervisors, outpatient treatment provider, agencies involved with the youth/family, and the FIT service provider's multidisciplinary team, including as needed the consulting psychiatrist and consulting provider with expertise in autism spectrum disorder/intellectual and developmental disability (ASD/IDD). All parties involved, including the youth (aged 10 or older), sign the treatment plan, where clinically appropriate. In addition to the clinically appropriate parties, an independently licensed clinician must sign off on the treatment plan. The FIT service provider's treatment plans must be synchronized with other provider's existing plans.
    iv. The FIT service provider documents all services provided (e.g., face-to-face, phone, and collateral contacts) and progress toward measurable behavioral goals in the youth's service record.
    v. The FIT service provider reviews and modifies the treatment plan every 30 days at a minimum, or more often, as clinically indicated.
    vi. The FIT service provider monitors progress on attainment of treatment plan goals and objectives.
d. **Safety/Crisis Planning**
    i. Immediately upon gaining consent for participation, the FIT service provider assesses the safety needs of the youth and family and creates an initial safety plan. The FIT service provider, in collaboration with the youth and family, guides the family through the crisis planning process that is in line with the family's present stage of readiness for change. As the family chooses, the FIT service provider engages existing service providers and/or other natural supports, as identified by the youth and family, to share in the development of the Safety Plan and/or other Crisis Planning Tools. These tools are reflective of action the family believes may be beneficial. This may include, but is not limited to, the following:

- Contacts and resources of individuals identified by the family who will be most helpful to them in a crisis.
- Goal(s) of the Safety Plan as identified by the family.
- Action steps identified by the family.
- An open format that the family can choose to use as needed.
  If a youth already has an existing set of Crisis Planning Tools, the FIT service provider will utilize the tools as they apply to the current situation and/or reassess their effectiveness. Where necessary the FIT service provider collaborates with the youth's parent/caregiver/guardian and other provider(s), to build consensus for revisions to the tools and to share them as directed by the family.

ii. The FIT service provider reassesses the safety needs of youth and family as clinically indicated. The FIT service provider reviews and updates the set of Crisis Planning Tools with the youth and family and others as directed by the family. The set of tools is reviewed and updated as needed, but at a minimum after an encounter with the YMCI team staff and at the time of discharge from a 24-hour facility. The FIT service provider ensures that a written copy of any current Crisis Planning Tools is sent to and maintained by the local Youth Mobile Crisis Intervention (YMCI) team as directed by the family. The FIT provider can provide 24/7 urgent therapeutic response with use of all modalities as clinically indicated (e.g., phone, telehealth, and in-person) to support and work through options for stabilization.

e. **Therapy and Family Partner Intervention**

i. The FIT service includes Intensive Family Therapy that may involve working with the entire family (or a subset of the family) to implement focused, structural, strategic, behavioral techniques or evidence-based interventions to enhance problem-solving, limit-setting, risk management/safety planning, communication, and skill-building to strengthen the family and to advance therapeutic goals to improve ineffective patterns of interaction.

ii. The FIT team provides coaching in support of decision-making in both crisis and non-crisis situations.

iii. The Family Partner staff of the FIT Team provides education and support throughout the duration of treatment, attends care coordination meetings, and may assist the parent(s)/caregiver(s) in articulating the youth's strengths, needs, and goals. The Family Partner educates parents/caregivers about how to effectively navigate the child-serving systems for themselves and about the existence of informal/community resources available to them; and facilitates the caregiver's access to these resources. This may include:

- Supporting the parent/caregiver/guardian in navigating the child-serving systems and processes.
- Fostering empowerment, including linkages to peer/parent support and self-help groups.
- Supporting the parent/caregiver/guardian in identifying formal and community-based resources (e.g., after-school programs, food assistance, housing resources, etc.).

f. **Care Management**

i. The FIT service provider will provide care coordination as clinically indicated through phone calls, in-person meetings, and/or virtual meetings with collaterals throughout their work with the youth and family, including making appropriate referrals and "warm hand offs" to follow-up providers, as indicated.

ii. The FIT service provider supports identification of community resources and development of natural supports for youth and family to support and sustain achievement of the youth's treatment plan goals and objectives.

iii. The FIT service provider conducts care coordination with collateral providers, schools, state agencies, YMCI providers, physical health practitioners, i.e., PCPs and prescribing clinicians, and other individuals or entities who may impact the youth's treatment plan

including phone contact and consultation.

iv. The FIT service provider supports the youth's attendance at school, as clinically appropriate, including collaboration with the therapeutic supports at the youth's school.

v. If while receiving FIT services, a youth is evaluated by YMCI and is awaiting placement for a 24-hour behavioral health level of care (e.g., Community Crisis Stabilization, inpatient hospital, or Partial Hospitalization (PHP)):
   - The FIT service provider has daily contact with the parent/caregiver/guardian to facilitate safety planning and stabilization in the home.
   - The FIT service provider has daily contact with the YMCI provider for care coordination.
   - The FIT service provider clinician re-evaluates the youth's treatment plan and makes appropriate community-based referrals to stabilize youth in the community.

vi. If, while receiving FIT services, a youth is evaluated for 24-hour behavioral health level of care, and is determined to not meet level of care for a 24-hour behavioral health placement:
   - The FIT services clinician has an immediate session with the youth and parent/caregiver/guardian to update the safety plan and provide stabilization.
   - The FIT services clinician re-evaluates the youth's treatment plan and makes appropriate community-based referrals to stabilize youth in the community.
   - The FIT service provider has a treatment meeting with a family and community providers within 48 hours of YMCI involvement.

v. If, while receiving FIT services, a youth is admitted to a 24-hour behavioral health level of care (e.g., Community Crisis Stabilization, inpatient hospital, PHP), the FIT service provider contacts the facility at the time they are made aware of the admission and:
   - Provides preliminary treatment recommendations to the 24-hour level of care to initiate and guide treatment.
   - Schedules a meeting at the facility within two days for care coordination and disposition planning. The meeting includes the participation of the family, facility staff, and other providers involved in the youth's care.
   - The FIT team and facility staff communicate and collaborate on a youth's treatment throughout their admission to develop, in concert with the family, a disposition plan that is consistent with their treatment plan. With consent, the FIT team participates in all meetings that occur during the youth's tenure in the facility as appropriate.

vii. When state agencies (Department of Mental Health (DMH), Department of Children and Families (DCF), Department of Youth Services (DYS), Department of Public Health (DPH), Department of Elementary and Secondary Education/Local Education Agency (DESE/LEA), Department of Developmental Services (DDS), probation office, the courts) are involved with the youth, the FIT team will include these agencies in the development of any treatment and safety planning with the youth/family, as clinically appropriate. Contact with these agencies will be maintained as appropriate for the duration of the service.

viii. Representatives from the youth's managed care plan and the FIT service will be in regular contact to ensure that enrolled youth are receiving the services as they were intended and to coordinate aftercare.

g. **Referral to services and Community Linkages**

i. The FIT service supports referrals and linkages to appropriate services along the continuum of care from the initiation of FIT services to ensure an effortless transition to community-based behavioral health and community services following discharge from FIT:
   - This includes regular meetings, in-person or telehealth, with child-serving state agencies (including but not limited to DMH and DCF) to coordinate care and referrals, as appropriate.

ii. Using the treatment plan, staff of the FIT Team identify, actively assist the youth and family to obtain, and monitor the delivery of available services including medical, educational, social, therapeutic, or other services.
iii. Staff of the FIT Team, when requested by the family, and when clinically appropriate, may accompany the family to meetings about the youth's behavioral health treatment needs in schools, day care, foster homes, and other community-based locations. All meetings will be scheduled at a time and location that are convenient for the youth and family.
iv. The FIT service provider maintains a linkage and working relationship with youth serving providers within the FIT provider catchment area to facilitate clinical coordination, referrals, and discharge planning, including but not limited to:
    - Youth Mobile Crisis Intervention (YMCI) teams
    - Emergency Departments (EDs)
    - 24-hour level of care facilities (e.g., Community Crisis Stabilization (CCS), inpatient hospital)
    - Partial Hospitalization (PHP)
    - Transitional Care Units (TCU)
    - Children's Behavioral Health Initiative service providers (e.g., In-Home Therapy (IHT), In-Home Behavioral Services (IHBS), Therapeutic Mentoring (TM))
    - Community Behavioral Health Centers (CBHCs)
    - Behavioral Health Urgent Care (BHUC) providers
    - Applied Behavior Analysis (ABA) providers
    - Outpatient behavioral health providers (e.g., mental health centers, group practices, community health centers, individual practitioners)
    - Primary care providers
v. Any agency providing the FIT service is expected to develop a formal, documented communication and referral strategy with all regional YMCI teams, EDs, and 24-hour level of care facilities within FIT provider catchment area. The documented strategy must include how the agency:
    - Works with regional crisis teams, EDs, 24-hour level of care facilities, and MCEs to review possible referrals.
    - Has an identified program staff person to meet monthly with local YMCI, EDs, 24-hour level of care facilities, and anyone else identified as necessary to ensure that the service is functioning as intended.
    - Provides youth and their families seamless and prompt access to FIT service upon referral.
vi. The FIT service provider maintains procedures to ensure access to emergent medical care for youth as needed.
vii. The FIT service provider promotes linkages with outpatient treaters by assisting the youth and family in attending outpatient appointments, including medication monitoring and psychiatric services.

h. **Discharge Planning**
    i. Discharge planning should start at the time of admission. Throughout the service, the FIT provider assists the youth and family in accessing other levels of care when clinically indicated and identified in the comprehensive assessment. This includes but is not limited to:
        - Making referrals to ongoing community-based services that will be necessary for transition from FIT services within 14 days of the face-to-face initiation of the FIT service and following up on the status. If the youth is placed on a waitlist, educating the family on what to expect.
        - Sharing necessary documents with new providers.

- Providing a warm handoff to new providers. This should include a treatment team meeting between the FIT team and the new providers scheduled by the FIT team.
- All referrals and discharge activities must begin at intake and be documented in the record.

ii. The FIT service provider includes an anticipated date of 4-6 months for discharge in the initial treatment plan and the comprehensive assessment.
iii. When clinically indicated, the youth, family members and all providers involved in care are involved in the discharge planning process. Such involvement will be noted within the discharge summary and youth's service record.
iv. If the youth and/or family terminate the services without notice or become unresponsive, the FIT services provider makes every effort to contact the youth and family to re-engage them in the treatment and to provide assistance for appropriate follow-up plans. This includes scheduling another appointment, facilitating a clinically appropriate service termination, or providing appropriate referrals. Such activity is documented in the youth's service record. If after 7 calendar days the family does not reengage, then the service must close.
v. The FIT service provider updates the comprehensive clinical assessment including the CANS and the CRAFFT (for youth 12 years and older) upon discharge.
vi. The FIT service provider includes in the discharge plan, at a minimum:
    - Identification of the youth's needs according to life domains.
    - A list of services that are in place post-discharge and providers arranged to deliver each service.
    - A list of prescribed medications, dosages, and possible side effects.
    - Treatment recommendations consistent with the service plan of the relevant state agency for youth who are also DMH clients or youth in the care and/or custody of DCF, and for DDS, DYS, and uninsured DMH clients.
vii. Prior to discharge, an updated Safety Plan and/or other Crisis Planning Tools is developed in conjunction with the youth and family and all providers of care, subject to required consent. The purpose of this plan is to strengthen bridges within the family, the informal support network, and the formal treatment network as appropriate.
viii. The FIT service provider gives a written aftercare plan, a Safety Plan or set of Crisis Planning Tools, and treatment summary to the youth and family at the time of discharge.
ix. The FIT service provider gives a written aftercare plan, a Safety Plan or set of Crisis Planning tools, and treatment summary to the outpatient, ICC, or other community-based provider, primary care clinician or provider (PCC/PCP), school, and other entities and agencies that are engaged with or significant to the youth's aftercare, subject to required consent.
x. Well-child primary care visits are scheduled prior to discharge, if a primary care visit is indicated based on the EPSDT periodicity schedule.

Provider Qualifications and Operational Requirements

1. FIT services are delivered by a service provider that is contracted as a Community Service Agency (CSA).
2. FIT services must be delivered by a provider with demonstrated infrastructure to support and ensure:
    a. Quality Management and Assurance
    b. Utilization Management
    c. Electronic Data Collection
    d. Clinical and Psychiatric Expertise
    e. Cultural and Linguistic Competence

3. The FIT service provider operates from 8 a.m. to 8 p.m., 7 days per week, 365 days per year.
4. The FIT service provider offers 24-hour urgent response, accessible in person or by phone, depending on clinical need, to the youth and family, 365 days a year. In the event of an emergency, the FIT provider supports the youth, engages YMCI (24 hours a day, 365 days a year), and supports the YMCI team to implement efficacious intervention. An answering machine or answering service directing callers to call 911, YMCI, or to go to a hospital emergency department (ED) is not acceptable.
5. If the youth and/or family are unable or unwilling to keep an appointment, the FIT service provider attempts to contact the family immediately and documents this contact, including unsuccessful attempts, in the youth's service record.
6. The FIT service provider develops and maintains policies and procedures relating to all components of FIT. The provider ensures that all new and existing staff will be trained on these policies and procedures.
7. Services shall be provided to the youth and family in the home/community as the preferred modality of delivering the FIT service. 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, and the reason for utilizing telehealth must be documented in the youth's record.
8. A master's-level clinician must respond to the family at either the point of crisis (ED or in the community) or at the 24-hour level of care facility or PHP they are discharging from within 24 hours of referral; for youth being referred by a YMCI provider, this would be after the initial crisis evaluation and intervention has been rendered. Intake should be completed in collaboration with crisis evaluation clinician(s) and/or hospital/CCS/PHP staff to ensure continuity.
9. Within 24 hours of the face-to-face initiation of services, the team must begin intensive family therapy including evidence-based practices, parent support, psychopharmacological evaluation, and behavioral consultation, as needed.
10. The FIT team will work directly with the youth and family 3-5 times per week or more intensely so as to prevent the need for an admission to a 24-hour level of care. Families who do not need or cannot engage at this frequency should be evaluated for ongoing eligibility for FIT services and referred to services more appropriate for their need or ability to engage, including increased outpatient services or Behavioral Health Urgent Care for bridging care during wait times.
11. The FIT team will provide care coordination as clinically indicated through phone calls, in person meetings, and/or virtual meetings with collaterals throughout their work with the youth and family, including making appropriate referrals and "warm hand offs" to follow-up providers, as indicated. Care Coordination will be conducted at a minimum 60 minutes per week. All care coordination activities will be documented in the youth's medical record.
12. The FIT team lead will convene monthly team meetings on each youth on their caseload. The team meeting will include FIT team, the caregiver and the youth, other community-based providers including YMCI, the prescribing clinician, and a representative from the youth's school.
13. A representative from the youth's health plan is aware and involved as necessary in supporting the care coordination and linkage to other services for the youth.
14. FIT service is delivered in a manner that is consistent with Systems of Care philosophy.

Staffing Requirements

1. The FIT service provider employs a multidisciplinary model of professional and paraprofessional roles inclusive of a master's-prepared clinician, a qualified paraprofessional, and family partner staff.
2. The FIT service requires a multidisciplinary team, including a clinical team lead, a consulting psychiatrist, and a consulting provider with expertise in behavioral management. Clinical team

leads are required to have crisis intervention training and will be responsible for ongoing supervision and coaching of other team members.

3. Staff must be credentialed as follows:
    a. All professional staff of the FIT Team have a master's-level clinician who must have a degree that is license-eligible with an Allied Mental Health licensure board or Department of Public Health. Licensure/degree must be appropriate and contain a scope of practice that allows a clinician to provide behavioral health interventions to youth and families. If not, a degree in one of the following fields with two years of experience working with children and families with behavioral health needs will be accepted: mental health (including but not restricted to: counseling, addictions, family therapy, social work, psychology and expressive therapies), child development, nursing/medicine and education with a concentration in behavioral health. Note that all unlicensed master's-level counselors must provide services under the direct supervision of an LICSW, LMFT, LMHC, LCSW, LADC 1, Psychologist, Psychiatric Nurse, or Nurse Clinical Specialist consistent with applicable state licensure requirements."
    b. All paraprofessional staff of the FIT Team are either 1) interns enrolled in a master's degree program in the human services field, or 2) individuals with an associate's degree or bachelor's degree in a human services field from an accredited university and are trained to provide family members with therapeutic support for behavioral health needs.
    c. All Family Partners on the FIT Team have experience as a caregiver of a youth with special needs, and preferably a youth with mental health needs; bachelor's degree in a human services field from an accredited university and one (1) year of experience working with the target population; or associate's degree in a human service field from an accredited school and one (1) year of experience working with children/adolescents/transition age youth; or High school diploma or HiSET and a minimum of two (2) years of experience working with children/adolescents/transition age youth; and experience in navigating any of the child and family-serving systems and supporting family members who are involved with the child and family serving systems.
4. The FIT service provider has a Program Director that is an independently licensed clinician. This role can provide supervision according to licensing guidelines.
5. The FIT team includes a board-certified (ABPN) or board-eligible child/adolescent psychiatrist or a certified (ANCC) or certification-eligible child/adolescent/family-trained mental health psychiatric advanced practice registered nurse who is available during normal business hours for consultation related to treatment planning, medication concerns, and to offer emergency consultation to staff within 24 hours of initial referral, when clinically indicated. The consultant will review the youth'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.
6. The FIT service provider must have access to behavior management expertise for consultation as needed. This consultation can be provided by an In-Home Behavioral Services (IHBS) clinician. The behavior management expertise will support the FIT team by providing consultation related to treatment planning, identifying needed referrals, and discharge planning. This consultation will also support the FIT team by reviewing cases presented by the FIT team and providing feedback, strategies and recommendations on how to better support the youth's behavioral management needs.
7. The FIT service provider delivers staff supervision commensurate with licensure level and consistent with credentialing criteria. Appropriately credentialed professionals with specialized training in family, adolescent, and child treatment will provide supervision. Each case will be reviewed, at a minimum, every 30 days by an independently licensed clinician and documented in the youth's medical record.
8. The FIT service provider ensures that all professional and paraprofessional staff receive weekly, individual supervision with an independently licensed, senior clinician.

9. The FIT service provider ensures Family Partner staff receive weekly individual supervision from a Senior Family Partner and weekly supervision by an independently licensed clinician. This supervision can be individual, dyad, and/or group.
10. A senior-level, independently licensed clinician trained in working with youth is available to the staff and the supervisor 24 hours a day, seven days a week for consultation.
11. Qualified staff are certified to administer the CANS-MA version assessment.
12. The FIT service provider ensures that all staff, upon employment, before assuming their duties, complete a training course that minimally includes the following:
    a. Systems of Care principles and philosophy, including family-centered and strength-based practices.
    b. Introduction to child-serving systems and processes (DCF and mandated reporting, DYS, DMH, DESE, DDS, DPH, juvenile court (Child Requiring Assistance), other MassHealth levels of care/services, etc.
    c. Basic Individualized Education Plan (IEP) and special education information.
    d. Managed care entities' performance specifications and medical necessity criteria and overview of MassHealth Benefits for BH services.
    e. Substance use disorder screening; including the CRAFFT (for youth 12 years and older).
    f. Family systems theory/family-centered practice.
    g. Peer support.
    h. Overview of the clinical and psychosocial needs of the target population, including LGBTQIA+, ASD/IDD.
    i. Community resources and services, for youth and families, including community behavioral health.
    j. Behavior management coaching.
    k. Mandated reporting.
    l. Psychotropic medications and possible side effects.
    m. Upholding standards of trauma-informed care, including fostering trauma-informed environments.
    n. Crisis prevention and de-escalation, risk management and safety planning, and conflict resolution.
    o. Ethnic, cultural, and linguistic cultural competencies relevant to the communities served.
13. The FIT service provider ensures that all FIT clinical staff complete the Clinical Assessment and Understanding training (UMass CANS) within six months of hire.
14. FIT service provider staff will also receive annual trainings in the topics above and evidence-based practices, therapy, crisis management, and de-escalation training. Trainings will be documented, and training curriculum will be available upon request.
15. The FIT service provider is knowledgeable about available community behavioral health services including substance use disorder services within their natural service area, the levels of care, and relevant laws and regulations, and are familiar with Systems of Care philosophy and Wraparound planning process. They also have knowledge about other medical, legal, emergency, and community services available to the youth and family.

Quality Management (QM)

1. The FIT provider participates in all MCE/ACO network management, utilization management, and quality management initiatives and meetings.

Referrals to and Initiation of services

1. The FIT service provider is available from 8 a.m. to 8 p.m., seven days a week, 365 days a year to take referrals.
2. The FIT service provider must outreach the parent/caregiver/guardian within 24 hours of referral, to offer a face-to-face intake 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 14-day standard begins from the time at which the family has been contacted following referral regarding treatment.

3. Providers are required to engage in assertive outreach regarding engaging in the service, track the outreach, and follow-up.
4. Providers must maintain a waitlist if unable to initiate services within 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.
5. The FIT service provider participates in discharge planning at the referring treating facility/provider location.
6. With the youth and parent/caregiver/guardian's consent, the FIT service provider will visit the youth and family in any safe setting within 24 hours of the referral if referred from an inpatient unit/Community Crisis Stabilization. If referred from a YMCI Team, the first meeting will be offered within 24 hours of the initial referral or as negotiated with the youth and parent/caregiver/guardian and the YMCI Team in any safe setting. Initial treatment goals and planning will be initiated at this meeting.
7. When the youth is referred or assessed by YMCI, inpatient unit, CCS, or IHT provider, the FIT provider obtains a copy of any assessment and focal treatment plan (including the Massachusetts CANS, if completed) and includes these recommendations in the youth's initial FIT treatment plan.