

Inpatient, Outpatient, Community Services Behavioral Health Survey Glossary

The document outlines the following to be used to populate data on the corresponding template.

- *Appendix A – 1:
Services and definitions (pre-defined by the Commonwealth). The services and definitions are to be used by Carriers to provide data as requested on the corresponding template.*

- *Appendix B – 1:
Other services and definitions (predefined by the Health Insurance Carriers). These services and definitions are to be used by the Carriers to provide data as requested on the corresponding template.*

APPENDIX A-1:

Services and definitions (pre-defined by the Commonwealth).

I. INPATIENT SERVICES

- a. **Inpatient Mental Health Services (also might be referred to as Acute Inpatient Psychiatric):**
Most intensive level of psychiatric treatment used to stabilize individuals with an acute, worsening, destabilizing, or sudden onset psychiatric condition with a short and severe duration. A structured treatment milieu and 24-hour medical and skilled nursing care, daily medical evaluation and management, (including daily visit with an attending licensed prescribing provider), and structured milieu treatment are required for inpatient treatment. Treatment may include physical and mechanical restraints, isolation and locked units.

- b. **Inpatient Substance Use Disorder Services Level IV (also might be referred to as Level IV Detox):**
Inpatient substance use services include 24-hour medically directed evaluation, care (including nursing care, counseling, and daily provider visits), and treatment of psychoactive substance-use disorders for members in a medically managed inpatient setting. Patients receiving such services have access to the full resources of a general hospital, including life-support care and psychiatric treatment. Inpatient substance use services are the most intensive level of care provided for detoxification.

II. 24-HOUR DIVERSIONARY SERVICES

- a. **Community Crisis Stabilization:**
Services provided as an alternative to hospitalization, including short-term psychiatric treatment in structured, community-based therapeutic environments. Community Crisis Stabilization provides continuous 24-hour observation and supervision for Covered Individuals who do not require Inpatient Services.

- b. **Community-Based Acute Treatment for Children and Adolescents (CBAT):** Mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to insure safety for the child or adolescent, while providing intensive therapeutic services including, but not limited to, daily medication monitoring; psychiatric assessment; nursing availability; Specialing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed. This service may be used as an alternative to or transition from Inpatient services.

- c. **Acute Treatment Services (ATS) for Substance Use Disorders (Level III.7):**
24-hour, seven days week, medically monitored addiction treatment services that provide evaluation and withdrawal management. Detoxification services are delivered by nursing and counseling staff under a physician-approved protocol and physician-monitored procedures and include: bio-psychosocial assessment; individual and group counseling; psychoeducational groups; and discharge planning. Pregnant women receive specialized services to ensure substance use disorder treatment and obstetrical care. Covered Individuals with Co-occurring Disorders receive specialized services to ensure treatment for their co-occurring psychiatric conditions. These services may be provided in licensed freestanding or hospital-based programs.

- d. **Enhanced Acute Treatment Services (also includes Dual Diagnosis Acute Treatment):**
 For members with co-occurring addiction and mental health disorders that both require a 24-hour level of care. EATS patients require both detoxification services by an inpatient, 24-hour, medically monitored evaluation, care, and treatment facility, as well as 24-hour care and treatment for their mental health needs, including thorough psychopharmacologic evaluation and treatment for stabilization. It includes 24-hour provider- and psychiatrist-consultation availability, 24-hour nursing care and observation, counseling staff trained in addiction and mental health treatment, and overall monitoring of medical care. In addition, Dual Diagnosis Acute Treatment provides a 24-hour therapeutically planned group-living program for members with both mental health and substance use diagnoses. Additionally, the program provides individualized therapeutic treatment and treatment planning. DDART must be both physically and programmatically distinct if part of a larger treatment program.

- e. **Clinical Support Services/Stabilization Services (Level III.5):**
 24-hour treatment services, which can be used independently or following Acute Treatment Services for substance use disorders, and including intensive education and counseling regarding the nature of addiction and its consequences; outreach to families and significant others; and aftercare planning for individuals beginning to engage in recovery from addiction. Covered Individuals with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. Pregnant women receive coordination of their obstetrical care.

- f. **Transitional Support Services (TSS) (Source: EOHHS website):**
Short-term residential, support services for clients who need a safe and structured environment to support their recovery process after detoxification. These programs are designed to help those who need services between acute treatment and residential rehabilitation, outpatient or other aftercare.

III. NON-24-HOUR DIVERSIONARY SERVICES

- a. **Adult Day Health Services (130 CMR 404.002):**
All services provided by a MassHealth agency-approved ADH provider that meet the conditions of 130 CMR 404.000. The general goal of these services is to provide an organized program of nursing services and supervision, maintenance-therapy services.
- b. **Community Support Program (CSP):**
An array of services delivered by a community-based, mobile, multi-disciplinary team of professionals and paraprofessionals. These programs provide essential services to Covered Individuals with a long standing history of a psychiatric or substance use disorder and to their families, or to Covered Individuals who are at varying degrees of increased medical risk, or to children/adolescents who have behavioral health issues challenging their optimal level of functioning in the home/community setting. Services include outreach and supportive services, delivered in a community setting, which will vary with respect to hours, type and intensity of services depending on the changing needs of the Enrollee.
- c. **Community Support for Persons Experiencing Chronic Homelessness (CSPECH):**
(ASPE website)
Many services that Medicaid can cover to address the health and behavioral health care needs of people experiencing chronic homelessness and those living in PSH. These Medicaid-reimbursed health care and supportive services help people with disabling health conditions, including those who have experienced chronic homelessness, to recover and to live in community settings. Many states use Medicaid benefits to provide health care and some of the supportive services that help vulnerable people get and keep housing. Medicaid is implemented through partnerships between states and the Federal Government, every state's Medicaid program is different. Within the definitions and guidelines provided by federal law and CMS, states have substantial flexibility in determining which optional Medicaid services to cover, and in defining Medicaid-covered services in state Medicaid plans and programs. This flexibility results in much variability among states in the approaches they have taken to defining the covered services that are available to people who experience homelessness or live in PSH. ... Benefits and services potentially covered include FQHC services, rehabilitative services, case management services, and HCBS.
- d. **Day Habilitation Services (130 CMR 419.02):**
A program of services, for individuals with mental retardation (MR) or another developmental disability (DD), that is based on a day habilitation service plan,

sets forth measurable goals and objectives, and prescribes an integrated program of activities and therapies necessary to reach the stated goals and objectives.

e. **Partial Hospitalization (PHP):**

An alternative to Inpatient Mental Health Services, PHP services offer short-term day mental health programming available seven days per week. These services consist of therapeutically intensive acute treatment within a stable therapeutic milieu and include daily psychiatric management.

f. **Psychiatric Day Treatment:**

Services which constitute a program of a planned combination of diagnostic, treatment and rehabilitative services provided to a person with mental illness who needs more active or inclusive treatment than is typically available through a weekly visit to a mental health center, individual Provider's office or hospital outpatient department, but who does not need 24-hour hospitalization.

g. **Structured Outpatient Addiction Program (SOAP):**

Clinically intensive, structured day and/or evening substance use disorder services. These programs can be utilized as a transition service in the continuum of care for an Enrollee being discharged from Acute Substance Abuse Treatment, or can be utilized by individuals, who need Outpatient Services, but who also need more structured treatment for a substance use disorder. These programs may incorporate the evidence-based practice of Motivational Interviewing into clinical programming to promote individualized treatment planning. These programs may include specialized services and staffing for targeted populations including pregnant women, adolescents and adults requiring 24 monitoring.

h. **Program of Assertive Community Treatment (PACT):**

Shall mean a multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation and support. The program team provides assistance to Covered Individuals to maximize their recovery, ensure consumer-directed goal setting, assist individuals in gaining a sense of hope and empowerment, and provide assistance in helping the individuals served become better integrated into the community. Services are provided in the community and are available, as needed by the individual, 24 hours a day, seven days a week, 365 days a year.

i. **Intensive Outpatient Program (IOP):**

A clinically intensive service designed to improve functional status, provide stabilization in the community, divert an admission to an Inpatient Service, or facilitate a rapid and stable reintegration into the community following a discharge from an inpatient service. The IOP provides time-limited, comprehensive, and coordinated multidisciplinary treatment.

IV. OUTPATIENT SERVICES

- a. **Office-Based Urgent Evaluation:**
Urgent psychiatric evaluation in a mental health provider's office (as opposed to the Emergency Department). There is a specific CPT code add on for patients in crisis.
- b. **School-Based Outpatient Therapy (or other community-based setting):**
Outpatient therapy that takes place in a school or other community setting, rather than in a clinician's office or at home.
- c. **Parent Infant Mental Health Consultation:**
Providers in-network who can do consultation and ongoing work with children under 5 who appear to have mental or behavioral health needs. This is usually parent-infant dyad therapy.
- d. **Family Consultation:**
A meeting of at least 15 minutes' duration, either in person or by telephone, with family members or others who are significant to the Enrollee and clinically relevant to an Enrollee's treatment to: identify and plan for additional services; coordinate a treatment plan; review the individual's progress; or revise the treatment plan, as required.
- e. **Case Consultation:**
An in-person or by telephone meeting of at least 15 minutes' duration, between the treating Provider and other behavioral health clinicians or the Enrollee's primary care physician, concerning an Enrollee who is a client of the Provider, to: identify and plan for additional services; coordinate a treatment plan; review the individual's progress; and revise the treatment plan, as required. Case Consultation shall not include clinical supervision or consultation with other clinicians within the same provider organization.
- f. **Diagnostic Evaluation:**
An assessment of an Enrollee's level of functioning, including physical, psychological, social, educational and environmental strengths and challenges for the purpose of diagnosis and designing a treatment plan.
- g. **Dialectical Behavioral Therapy (DBT):**
A manual-directed outpatient treatment developed by Marsha Linehan, PhD, and her colleagues that combines strategies from behavioral, cognitive, and supportive psychotherapies for Covered Individuals with borderline personality disorder who also exhibit chronic, parasuicidal behaviors and adolescents who exhibit these symptoms. DBT may be used for other disorders if the Contractor determines that, based on available research, DBT is effective and meets the Contractor's criteria for determining medical necessity.

- h. Medication Visit:**
An individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist for efficacy and side effects.
- i. Medication Administration:**
Shall mean the injection of intramuscular psychotherapeutic medication by qualified personnel.
- j. Group Treatment:**
The use of psychotherapeutic or counseling techniques in the treatment of a group, most of whom are not related by blood, marriage, or legal guardianship.
- k. Individual Treatment:**
The use of psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis.
- l. Inpatient-Outpatient Bridge Visit:**
A single-session consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit. The Inpatient-Outpatient Bridge Visit involves the outpatient Provider meeting with the Enrollee and the inpatient team or designated inpatient treatment team clinician.
- m. Assessment for Safe and Appropriate Placement (ASAP):**
An assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists, to evaluate individuals who are in the care and custody of DSS and who have been adjudicated delinquent for a sexual offense or the commission of arson, or have admitted to such behavior, or are the subject of a documented or substantiated report of such behavior, and who are being discharged from Inpatient Psychiatric Unit or Hospital or Community-Based Acute Treatment for Children/Adolescents or Intensive Community Based Acute Treatment for Children/Adolescents to a family home care setting. Services are provided through a DSS designated ASAP provider.
- n. Collateral Contact:**
An in-person or by telephone conversation of at least 15 minutes' duration between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age, including, but not limited to, school and day care personnel, state agency staff, and human services agency staff.
- o. Acupuncture Treatment:**
The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substance(s) or in recovery from addiction.

- p. **Opioid Replacement Therapy:**
Medically monitored administration of methadone, Buprenorphine , or other U.S. Food and Drug Administration (FDA)-approved medications to opiate-addicted individuals, in conformance with FDA and Drug Enforcement Administration (DEA) regulations. This service combines medical and pharmacological interventions with counseling, educational and vocational services and is offered on a short-term (detoxification) and long-term (maintenance) basis.
- q. **Ambulatory Detoxification (Level II.d):**
Outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications. Ambulatory Detoxification is provided under the direction of a physician and is designed to stabilize the Member's medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of the individual's symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment.
- r. **Psychological Testing:**
The use of standardized test instruments to assess a Covered Individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing.
- s. **Neuro Psychological Testing:**
Use of standardized instruments and systematic procedures to examine a person's functional abilities in the areas of intelligence, memory, language, attention, problem solving, visual-motor skills, and sensorimotor skills. Neuropsychological testing plays a significant role in diagnosis, treatment, and rehabilitation of individuals with brain injuries, developmental disorders or disease processes causing impairment in these functional abilities.
- t. **Special Education Psychological Testing:**
Psychological, emotional or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special education programs pursuant to Mass Gen. Law 71B, and which shall be utilized toward the development of an Individualized Educational Plan (IEP). Special Education Psychological Testing shall not be administered more than once a year unless new events have significantly affected the student's academic functioning.
- u. **Telemedicine Activity:**
(Annotated Laws of MA. Chapter 224, Sec. 158)
Telemedicine as it pertains to the delivery of health care services, shall mean the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. 'Telemedicine' shall not include the use of audio-only telephone, facsimile machine or e-mail.

- v. **Medically Assisted Therapies:**
(Division of Insurance Bulletin 2015-05)
ASAM level of care level 1- outpatient services provided in a variety of settings that utilize pharmacological interventions often in combination with nonpharmacological treatment services to decrease craving and relapse in order to assist persons with substance use disorders to attain and maintain abstinence from alcohol and illicit drug use. Pharmacological agents include, but are not limited to, opioid agonist medications such as methadone and buprenorphine and antagonist medications such as naltrexone. Examples of medically assisted therapy programs include Methadone treatment programs, office based opioid treatment programs, and programs licensed under 105 CMR 164.200 or 105 CMR 164.300.

- w. **Intensive Outpatient Programs (IOP):**
ASAM level of care level 2.1- multimodal, inter-disciplinary, structured behavioral health treatment provided over the course of two to three hours per day for multiple days per week in an outpatient setting. Treatment may include, but is not limited to, diagnosis, evaluation and treatment of mental health and substance use disorders. An IOP may operate in programs licensed under 105 CMR 164.200.

- x. **BSAS Clinical Outpatient Services (H0004):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Behavioral health counseling and therapy, per 15 minutes.

- y. **BSAS Clinical Outpatient Services (H0005):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Alcohol and/or drug services; group counseling by a clinician.

- z. **BSAS Clinical Outpatient Services (T1006):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Alcohol and/or substance abuse services (methadone/opioid counseling) per 30-minute unit (family/couple counseling, two units maximum per day).

- aa. **BSAS Clinical Outpatient Services (90882):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (substance abuse program) (case management) (case consultation) (per 30-minute unit two units maximum per day).

- bb. **BSAS Clinical Outpatient Services (H2019):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Therapeutic behavioral services, per 15 minutes.

- cc. **BSAS Clinical Outpatient Services (H0006):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Alcohol and/or drug services; case management.

- dd. **BSAS Clinical Outpatient Services (H2027):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Psych educational service, per 15 minutes.
- ee. **BSAS Clinical Outpatient Services (H0001):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines -
Alcohol and/or drug assessment.
- ff. **BSAS Clinical Outpatient Services – Day Treatment (H0015):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Alcohol and/or drug services; intensive outpatient (treatment program that
operates at least 3 hours/day and at least 3 days/week and is based on an
individualized treatment plan), including assessment counseling, crisis
intervention, and activity therapies or education.
- gg. **BSAS Clinical Outpatient Services – Recovery Support Outpatient Services
(H0038):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Self-help/peer services, per 15 minutes.
- hh. **BSAS Clinical Outpatient Services – Recovery Support Outpatient Services
(H2015):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Comprehensive community support services, per 15 minutes.

V. INTENSIVE HOME OR COMMUNITY-BASED SERVICES FOR YOUTH

- a. **Family Support and Training:**
A service provided to the parent /caregiver of a youth (under the age of 21), in
any setting where the youth resides, such as the home and other community
settings. Family Support and Training is a service that provides a structured,
one-to-one, strength-based relationship between a Family Support and Training
Partner and a parent/caregiver. The purpose of this service is for resolving or
ameliorating the youth’s emotional and behavioral needs by improving the
capacity of the parent /caregiver to parent the youth so as to improve the youth’s
functioning. Services may include education, assistance in navigating the child
serving systems; fostering empowerment, including linkages to peer/parent
support and self-help groups; assistance in identifying formal and community
resources, support, coaching, and training for the parent/caregiver.
- b. **Intensive Care Coordination (ICC):**
A service that provides targeted case management services to individuals under
21 with a Serious Emotional Disturbance including individuals with co-
occurring conditions. This service includes assessment, development of an
individualized care plan, referral and related activities to implement the care
plan and monitoring of the care plan.

c. **In-Home Behavioral Services (IHBT):**

This service usually includes a combination of behavior management therapy and behavior management monitoring, as follows:

i. **C1. Behavior Management Therapy:**

This service includes assessment, development of the behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance. This service addresses challenging behaviors which interfere with the child's successful functioning. The behavior management therapist develops and monitors specific behavioral objectives and interventions, including a crisis-response strategy, which are incorporated into the child's treatment plan. The therapist may also provide short-term counseling and assistance, depending on the child's performance and level of intervention required. Phone contact and consultation may be provided as part of the intervention.

ii. **C2. Behavior Management Monitoring:**

This service includes implementation of the behavior plan, monitoring the child's behavior, reinforcing implementation of the plan by parents or other caregivers and reporting to the behavior management therapist on implementation of the plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.

d. **In-Home Therapy Services (IHT):**

This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows:

i. **D1. The Therapeutic Clinical Intervention:**

Is a structured, consistent, therapeutic relationship between a licensed clinician and the child and family for the purpose of treating the child's mental health needs including improving the family's ability to provide effective support for the child to promote healthy functioning of the child within the family. The clinician develops a treatment plan and, using established psychotherapeutic techniques, works with the entire family or a subset of the family, to enhance problem-solving, limit-setting, communication, emotional support or other family or individual functions. The Therapeutic Clinical Intervention is provided by a qualified licensed clinician who will often work in a team that includes one or more qualified paraprofessionals.

ii. **D2. Ongoing Therapeutic Training and Support:**

Is a service provided by a paraprofessional to support implementation of the licensed clinician's treatment plan to achieve the goals of the treatment plan. The paraprofessional assists a licensed clinician in implementing the therapeutic objectives of the treatment plan designed to address the child's mental health and emotional challenges. This service includes teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family in supporting the child in addressing his or her emotional and mental health needs. Phone contact and consultation may be provided as part of the intervention.

e. **Therapeutic Mentoring Services:**

This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs. Each child or adolescent will have goals and objectives that are designed to support age-appropriate social functioning or ameliorate deficits in the child or adolescent's age-appropriate social functioning. These goals and objectives are developed by the child or adolescent, as appropriate, and his/her treatment team and are incorporated into the treatment plan. The services include supporting, coaching and training the child or adolescent in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities. The therapeutic mentor works with the child or adolescent in such settings as their home, school or social or recreational activities.

f. **Family Stabilization Team:**

A short term, intensive and flexible service that assists with the stabilization of children and adolescents in their home environment during an acute psychiatric crisis. It is a structured treatment modality that is designed to work with all Members of a family, not just the identified child/adolescent at risk. FST services can be used as an independent level of care or as an adjunct to other levels of care. FST services are designed to prevent repeated hospitalizations and/or out of home placement by providing intensive in home services and arranging successful linkages for the family with outpatient providers.

VI. EMERGENCY SERVICES PROGRAM (ESP)

a. **ESP Encounter:**

Each 24-hour period an individual is receiving ESP Services. Each ESP Encounter shall include at a minimum: crisis assessment, intervention and stabilization.

i. **Assessment:**

A face-to-face evaluation of an individual presenting with a behavioral health emergency, including assessment of the need for hospitalization, conducted by appropriate clinical personnel;

ii. **Intervention:**

The provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and

iii. **Stabilization:**

Short-term behavioral health treatment in a structured environment with continuous observation and supervision of individuals who do not require hospital level of care.

*In addition, medication evaluation and specializing services shall be provided if Medically Necessary.

b. **Mobile Crisis Intervention:**

A short-term mobile, on-site, and face-to-face therapeutic service provided for youth experiencing a behavioral health crisis and for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing the immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. Mobile Crisis Intervention utilizes a multidisciplinary model, with both professional and paraprofessional staff. Services are available 24 hours a day, 7 days a week.

VII. LONG TERM RESIDENTIAL

a. **BSAS Statewide Secure (H0047, H0011, H0010, H0018):**

(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)

Alcohol and/or drug abuse services, not otherwise specified; alcohol and/or drug services; acute detoxification [residential addiction program outpatient]; alcohol and/or drug services; sub-acute detoxification [residential addiction program inpatient]; behavioral health; short-term residential [nonhospital residential treatment program], without room and board, per diem.

- b. **Residential Rehabilitation Services (Level 3.1):**
(EOHHS website)
Residential Treatment over 30 days are services for individuals who have recently stopped using alcohol and/or other drugs, have been stabilized medically and are able to participate in a structured residential treatment program. Residential Treatment over 30 Days include Recovery Homes, Social Model Homes, Therapeutic Communities, Specialized Residential Services for Women, Specialized Residential Services for Families, and Youth Residential Programs.
- c. **Residential Rehabilitation Services (H0019):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem.
- d. **BSAS Transitional Support Services (H0004):**
(BSAS EIM-ESM Activity and HCPCS Level II Definitions and Guidelines)
Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem.

VIII. CARE MANAGEMENT

- a. **Aftercare Planning:**
The care, treatment, etc., given to people after they leave a place (such as a hospital or prison)
- b. **Intensive Case Management:**
(Masshealth website)
Intensive Care Coordination (ICC) is a service that facilitates care planning and coordination services for MassHealth youth with serious emotional disturbance (SED), under the age of 21, and enrolled in MassHealth Standard or CommonHealth. Care planning is driven by the needs of the youth and developed through a Wraparound planning process consistent with Systems of Care philosophy.
- c. **Family Support Program:**
(MassHealth website)
Family Support and Training is a service provided to the parent/caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and other community settings. Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth so as to improve the youth's functioning as identified in the outpatient or In-Home Therapy

treatment plan or Individual Care Plan (ICP), for youth enrolled in Intensive Care Coordination (ICC), and to support the youth in the community or to assist the youth in returning to the community. Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.) support, coaching, and training for the parent/caregiver.

d. Peer Support Program:

(MBHP website)

Peer support is when other people with lived experience of mental illness and/or substance use disorders share their recovery stories and offer support. It is an important part of many people's recovery journeys. Peer support can come from traditional, 12-step self-help groups such as Alcoholics Anonymous. It can also come from peer specialists, recovery coaches, and others who help encourage individuals to talk about their recovery from addiction and mental health conditions. Talking with others who have similar experiences and have "been there" helps to promote hope and provides positive role models for those in recovery.

e. Targeted Case Management:

(MassHealth website)

Intensive Care Coordination (ICC) is a service that facilitates care planning and coordination services for MassHealth youth, with serious emotional disturbance (SED), under the age of 21, and enrolled in MassHealth Standard or CommonHealth. Care planning is driven by the needs of the youth and developed through a Wraparound planning process consistent with Systems of Care philosophy.

Intensive Care Coordination (ICC) provides a single point of accountability for ensuring that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, Family/youth-driven, and ethnically, culturally, and linguistically relevant manner. Services and supports, which are guided by the needs of the youth, are developed through a Wraparound planning process consistent with Systems of Care philosophy that results in an individualized and flexible plan of care for the youth and family. ICC is designed to facilitate a collaborative relationship among a youth with SED, his/her family, and involved child-serving systems to support the parent/caregiver in meeting their youth's needs. The ICC care planning process ensures that a care coordinator organizes and matches care across providers and child-serving systems to enable the youth to be served in their home community.

f. **Therapeutic Behavioral Supports:**

(EOHHS website)

Therapeutic mentoring services are provided to youth (under the age of 21) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes) and in other community settings such as school, child care centers, respite settings and other culturally and linguistically appropriate community settings.

IX. SUPPORT SERVICES

a. **Clubhouse Services:**

(Massachusetts Department of Mental Health ANNUAL REPORT FISCAL YEAR 2015)

Clubhouses provide skill development and employment services that help individuals to develop skills in social networking, independent living, budgeting, accessing transportation, self-care, maintaining educational goals, and securing and retaining employment.

b. **Respite Services:**

(Massachusetts Department of Mental Health ANNUAL REPORT FISCAL YEAR 2015)

Respite Services provide temporary short-term, community-based clinical and rehabilitative services that enable a person to live in the community as fully and independently as possible.

c. **Psycho-Social Education:**

(American Red Cross)

Psycho Social supports the psychological and emotional well-being of the community by providing counseling, consultation and crisis intervention. All cases adhere to strict standards of confidentiality. Psycho Social support is offered to people living in vulnerable circumstances to enable them to feel cared for, accepted and a sense of belonging to a social group. It is an ongoing process of meeting the emotional, social, mental and spiritual needs, all of which are considered essential elements of a meaningful and positive human development.

d. **Recovery Learning Communities (RLCs):**

(EOHHS Website)

RLCs are consumer-run networks of self-help/peer support, information and referral, advocacy and training activities. Training in recovery concepts and tools, advocacy forums and social and recreational events are all part of what goes on in a Recovery Learning Community.

e. **Supported Employment:**

(EOHHS website)

Programs that provide individual and group supported employment in the community and center-based, sheltered work programs for individuals that require provider support and/or supervision.

f. **Supportive Home Care Aide:**

(651 CMR 3.01 (2)(r))

Services provided to clients with emotional or behavioral problems to assist with Activities of Daily Living and Instrumental Activities of Daily Living. These services include Personal Care (as defined in the Personal Care Guidelines issued by Elder Affairs), shopping, menu planning, meal preparation including special diets, laundry, light housekeeping, escort, and socialization/emotional support. These Services comply with the Supportive Home Care Aide Standards issued by Elder Affairs.

g. **Money Follows the Person Waivers (MFP Waivers):**

(EOHHS website)

MassHealth offers two Home- and Community-Based Services (HCBS) waivers called the Money Follows the Person Waivers (MFP Waivers), which will help individuals who are qualified for the MFP Demonstration to move from a nursing home or long-stay hospital to an MFP-qualified residence in the community and obtain community-based services.

The two MFP Waivers are:

1. **MFP Residential Supports (MFP-RS) waiver:**
For individuals who need supervision and staffing 24 hours a day, seven days a week.
2. **MFP Community Living (MFP-CL) waiver:**
For individuals who can move to their own home or apartment or to the home of someone else and receive services in the community.

APPENDIX B-1:

Other services and definitions (predefined by the Health Insurance Carriers).

1. **Applied Behavioral Analysis:**

The design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior. It also includes the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

2. **Electroconvulsive Therapy:**

ECT is a procedure, done under general anesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse symptoms of certain mental illnesses. It often works when other treatments are unsuccessful. A hospital or facility can administer ECT for members with: Significant psychiatric impairment, with or without psychosis, that does not respond to adequate trials of medication or when medication is contraindicated; Previous therapeutic response to ECT; Severe impairment due to life-threatening behaviors (e.g., refusal to eat or drink, compulsive and/or impulsive suicidal tendencies) when the latency of action of medication places members at added risk.

3. **Repetitive Transcranial Magnetic Stimulation (rTMS):**

Used for member with treatment resistant depression. Non-invasive procedure that uses a magnetic coil to stimulate a targeted brain area.

4. **Transcranial Magnetic Stimulation:**

A noninvasive method of brain stimulation. An electromagnetic coil is positioned against the individual's scalp near his or her forehead. MRI strength, pulsed, magnetic fields then induce an electric current in a localized region of the cerebral cortex, which induces a focal current in the brain and temporary modulation of cerebral cordial function. Capacitor discharge provides electrical current in alternating on/off pulses. Depending on stimulation parameters, repetitive TMS to specific cortical regions can either decrease or increase the excitability of the targeted structures. It is thought that this stimulates the part of the brain that involves mood control and can ease depression. This is a treatment that could be tried when other depression treatments have not worked. TMS does not induce seizures or involve complete sedation with anesthesia (like are involved with ECT). TMS is usually administered 4-6 times per week for 6 weeks or less. It is typically performed in an outpatient office. TMS is not considered proven for maintenance treatment. The decision to recommend the use of TMS derives from a risk/benefit analysis for the specific patient. This analysis considers the diagnosis of the patient and the severity of the presenting illness, the patient's treatment history, any potential risks, anticipated adverse side effects, and the expected efficacy.