

## 24-Hour Diversionary Services Community-Based Acute Treatment for Children and Adolescents (CBAT) with Intellectual Disabilities/ Autism Spectrum Disorders (ID/ASD) Performance Specifications

These performance specifications apply to the following Tufts Health Plan products:

- ☐ Tufts Health Plan Commercial<sup>1</sup>
- ☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)<sup>2</sup>
- ☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)<sup>2</sup>

These performance specifications apply to the following Tufts Health Public Plans products:

- ☐ Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- ☐ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☐ Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the [General Behavioral Health Performance Specifications](#). All Performance Specifications are located in the Provider Resource Center. The requirements outlined within these service-specific performance specifications take precedence over those in the General Performance Specifications.

The following CBAT for Children/ Adolescents with ID/ASD performance specifications are a subset of the [CBAT performance specifications](#). As such, CBAT for Children/Adolescents with ID/ASD providers agree to adhere to both the CBAT performance specifications and to the CBAT for Children/Adolescents with ID/ASD performance specifications contained within. Where there is difference between the CBAT and CBAT for Children/Adolescents with ID/ASD performance specifications, these CBAT for Children/Adolescents with ID/ASD take precedence.

### DEFINITION

**CBAT for Children/ Adolescents with Intellectual Disabilities/Autism Spectrum Disorders (ID/ASD)** are specialized CBAT services for children and adolescents with co-occurring mental health conditions and/or ID/ASD. In addition to all the clinical service components provided with CBAT, the program provides clinical expertise and intervention specifically pertaining to youth with co-occurring mental health conditions and ID/ASD.

### COMPONENTS OF SERVICE

1. The provider complies with all provisions of the corresponding section in the General Performance Specifications.
2. The provider ensures that all service components required in the CBAT performance specifications are provided to members enrolled in CBAT for Children/Adolescents with ID/ASD. Additionally, the provider has the capacity to provide or refer to the following service components as clinically indicated by staff who have expertise in ASD/ID:
  - a) Neurological assessment
  - b) Neuropsychological testing
  - c) Functional behavioral assessment and functional behavioral treatment planning
3. If clinically indicated, the program must provide, or refer, members to the following within two days of admission:
  - a) Speech and language assessment
  - b) Endocrinology consultation
  - c) Nutritional consultation

1. Commercial products include HMO, POS, PPO, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

2. Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

- d) Genetic assessment if indicated by American Academy of Child and Adolescent Psychiatry (ACCAP) guidelines (Journal of American Academy of Child and Adolescent Psychiatry, vol. 56(11), pp 910-913)
  - e) Occupational therapy
  - f) Physical therapy
  - g) Dental assessment
4. The provider admits and has the capacity to treat members who have co-occurring mental health conditions and/or ID/ASD. The provider ensures specific staffing, services, and programming to meet the clinically and milieu needs of this population.

## **STAFFING REQUIREMENTS**

1. The provider complies with all provisions of the corresponding sections in the General Performance Specifications.
2. The provider complies with the staffing requirements of the applicable licensing body.
3. The provider ensures that the attending psychiatrist has had previous training, experience, and demonstrated experience in treating children/adolescents with co-occurring mental health conditions and ID/ASD, and they are actively engaged in relevant training to maintain current expertise and relevant certification.
4. The program utilizes a multi-disciplinary staff with established skills, training and or/expertise in the treatment of members with mental health conditions and ID/ASD. This team includes **all** of the following modalities:
  - a) Child psychiatry
  - b) Behavioral psychology
  - c) Board-Certified Behavioral Analyst
  - d) Speech/ language therapy including expertise in using augmentative communication devices
  - e) Occupational therapy
  - f) Social work
  - g) Nursing
  - h) Behavior Technicians
  - i) School liaison
  - j) Parent/ guardian
  - k) Discharge Planning Coordinator: Discharge planning activities should include care coordination with state agencies, special education directors, and other state agencies as needed. It is essential that the discharge planning coordinator works with state and community resources to transition child/ youth back to the community with successful supports
5. The provider has access to medical consultation with expertise in assessing the medical condition and needs of members with co-occurring disorders, including nutritional consult, and regularly screens for such conditions, as appropriate.
6. The provider ensures that mandatory trainings related to the clinical needs of this specialty population are provided for all staff directly responsible for providing any treatment component during a member's stay to ensure clinical competency among the treatment team. Trainings include but are not limited to the assessment and treatment of children/adolescents with ID/ASD, learning disorders, motor skills disorders, communication disorders, and common comorbid conditions and concerns (e.g., obesity, Post-Traumatic Stress Disorder, etc.).
7. The provider maintains staffing levels appropriate to ensuring the safety of members and treatment intensity to meet member clinical need and ensures a safety management technique recommended for this population.

## **SERVICE, COMMUNITY AND COLLATERAL LINKAGES**

1. The provider complies with all provisions of the corresponding sections in the General Performance Specifications.
2. The provider works collaboratively with parent/guardian, LEAs, and involved state agencies including but not limited to DDS, DCF, and others to coordinate treatment and discharge planning.
3. The provider includes information about community-based services and supports for youth and families, including but not limited to the Federation for Children and Special Needs, The Arc, DDS resources, and local advocacy and support groups in their wellness and recovery information and resources available to members and their families.

## **QUALITY MANAGEMENT (QM)**

1. The facility and/or program will develop and maintain a quality management plan that is consistent and that utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is used and will include outcome measures and satisfaction surveys to measure and improve the quality of care and service delivered to members, including youth and their families.
3. Clinical outcomes data must be made available upon request and must be consistent with Tufts Health Plan's performance standards for this service.

4. All Reportable Adverse Incidents will be reported within one business day of their occurrence per Tufts Health Plan policy and DMH licensing requirements. A Reportable Adverse Incident is an occurrence that represents actual or potential harm to the well-being of a member, or to others by action of a member, who is receiving services or has recently been discharged from services.
5. The facility and/or program will adhere to all reporting requirements of DPH and/or DMH regarding serious incidents and related matters.

## **PROCESS SPECIFICATIONS**

### **Assessment, Treatment Planning, and Documentation**

1. The provider complies with all provisions of the corresponding section in the General Performance Specifications.
2. All required assessments include the consideration of the impact and special needs related to the member's ID/ASD.
3. The provider ensures that assessments for children/adolescents with ID/ASD include, but are not limited to the review of:
  - a) History of placements outside the home and residential placements for special education for children and adolescents in the care and/or custody of the Commonwealth;
  - b) History provided by the parent/guardian
  - c) Educational records inclusive of progress reports within the last three years;
  - d) Behavioral intervention data;
  - e) Individualized Education Programs (IEPs), when applicable
  - f) Individual Care Plans (ICPs) for Intensive Care Coordination (ICC)-enrolled youth, when applicable;
  - g) Neurological evaluation(s)
  - h) Neuropsychological evaluation(s); and
  - i) Other consultation reports (i.e., occupational therapy, physical therapy, etc.)
4. Ensure that Behavioral Health Clinical Assessments conducted by Behavioral Health Providers are in writing, dated and signed, and include, at a minimum, the following:
  - a) Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations, and strengths.
5. All treatment plans and treatment plan reviews and updates include goals and interventions specific to the members needs related to their ID/ASD. The treatment and discharge plans will be reviewed by the multidisciplinary treatment team at least every 48 hours (a maximum of 72 hours between reviews on weekends) and are updated accordingly based on each member's individualized progress. The discharge planning coordinator as part of the multidisciplinary team will coordinate with staff from the Local Education Authority (LEA), Department of Development Services (DDS), Department of Children and Families (DCF), and/or other state agencies to ensure a successful discharge to the community. As part of the discharge planning process, members will have the opportunity, as appropriate, for home visits, and the treatment team will be available as a resource to families during home visits.
6. A data-collection check sheet is utilized and monitors the behaviors every 15 minutes.
7. There is a family behavior training program:
  - a) Families should engage in treatment as much as possible, preferably in person
  - b) Qualified staff do behavior training on weekends when parents visit most
  - c) Families are expected to be doing behavior training during their visits to the unit
  - d) Weekly family meetings are held
  - e) Staff will partner with families to address issues/concerns around access and equity
8. With appropriate consent and as applicable, staff from the LEA, DDS, DCF, and/or other state agencies and providers are included in treatment and discharge planning processes, and meetings.

### **Discharge Planning and Documentation**

1. The provider complies with all provisions of the corresponding section in the General Performance Specifications
2. The provider ensures that all discharge planning activities address the members' needs related to their co-occurring psychiatric conditions and ID/ASD, and the discharge and/or aftercare plan includes aftercare services that offer appropriate services to this population and their caregiving families.

## **DOCUMENT HISTORY**

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- September 2023: Updated for new services, based on performance specifications currently in use by MassHealth