

MA Tufts Medicare Complement (TMC) Large Group Plan Amendment

The following amendment is effective for all large group plans that are new or renewing on or after 7/1/2019. This Amendment explains new coverage for Behavioral Health Services for Children and Adolescents (“BHCA”) under your Massachusetts Large Group TMC plan.

Chapter 3 – COVERED SERVICES

OTHER COVERED SERVICES (OUTSIDE OF MEDICARE PARTS A AND B)

This section is amended to include the following *Inpatient* and Intermediate Behavioral Health Services for Children and Adolescents (“BHCA”):

Other Covered Services (outside of Medicare Parts A and B) - continued

Benefit

Inpatient and intermediate services for child-adolescent *Behavioral Health Disorders*

In addition to the *Outpatient* and *Inpatient* and intermediate behavioral health and substance use disorder services listed above, the following services are available to children and adolescents until age 19, and their parents and/or appropriate caregiver, when *Medically Necessary*:

- **Intensive community based acute treatment (ICBAT)** is covered as *Inpatient* behavioral health services. ICBAT provides the same services as CBAT (see below) for children and adolescents, but of higher intensity, including:
 - more frequent psychiatric and psychopharmacological evaluation and treatment; and
 - more intensive staffing and service delivery.

ICBAT programs have the capability to admit children and adolescents with more acute symptoms than those admitted to CBAT. ICBAT programs are able to treat children and adolescents with clinical presentations similar to those referred to *Inpatient* mental health services, but who are able to be cared for safely in an unlocked setting. Children and adolescents may be admitted to an ICBAT directly from the community as an alternative to *Inpatient* hospitalization. ICBAT is not used as a step-down placement following discharge from a locked, 24-hour hospital setting.

These services do not require the prior approval of a *Tufts Health Plan Behavioral Health Authorized Reviewer*.

- The following services are covered intermediate behavioral health services and require the prior approval of a *Tufts Health Plan Behavioral Health Authorized Reviewer*, except as designated below. Services may be provided by an appropriate health care professional under the supervision of a licensed behavioral health *Provider*.
 - **Community based acute treatment (CBAT)** –Mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to ensure 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.

These services may be used as an alternative to or transition from inpatient services.

These services do not require the prior approval of a *Tufts Health Plan Behavioral Health Authorized Reviewer*), unless services are a step-down from a more intensive level of care.

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Other Covered Services (outside of Medicare Parts A and B) - continued

Benefit

Intermediate services for child-adolescent *Behavioral Health Disorders* - continued

- **Mobile crisis intervention** – A short-term, mobile, on-site, face-to-face therapeutic response service that is available 24 hours a day, 7 days a week to a child experiencing a behavioral health crisis. Mobile crisis intervention is used to:
 - identify, assess, treat and stabilize a situation;
 - reduce the immediate risk of danger to the child or others; and;
 - make referrals and linkages to all medically necessary behavioral health services and supports and the appropriate level of care.

The intervention shall be consistent with the child's risk management or safety plan, if any. Mobile crisis intervention includes a crisis assessment and crisis planning, which may result in the development or update of a crisis safety plan. Mobile crisis intervention does not require the prior approval of a *Tufts Health Plan Behavioral Health Authorized Reviewer*.

- **In-home behavioral services** – A combination of *Medically Necessary* behavior management therapy and behavior management monitoring. These services shall be available, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting. In-home behavioral services include:
 - Behavior management monitoring - Monitoring of a child's behavior, the implementation of a behavior plan and reinforcing implementation of a behavior plan by the child's parent or other caregiver.
 - Behavior management therapy - Therapy that addresses challenging behaviors that interfere with a child's successful functioning. "Behavior management therapy" shall include:
 - a functional behavioral assessment and observation of the youth in the home and/or community setting;
 - development of a behavior plan; and
 - supervision and coordination of interventions to address specific behavioral objectives or performance, including the development of a crisis-response strategy."Behavior management therapy" may include short-term counseling and assistance.
- **In-home therapy services** – *Medically Necessary* therapeutic clinical intervention or ongoing training, as well as therapeutic support. The intervention or support shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting. *Covered Services* include:
 - Therapeutic clinical intervention: these services include a structured and consistent therapeutic relationship between a licensed clinician and a child and the child's family to treat the child's behavioral health needs. This may include improvement of the family's ability to provide effective support for the child and promote healthy functioning of the child within the family; the development of a treatment plan; and the use of established psychotherapeutic techniques, working with family members to enhance problem solving, limit setting, communication, emotional support or other family or individual functions.
 - Ongoing therapeutic training and support: these services include those that support implementation of a treatment plan that involve therapeutic interventions that teach the child to understand, direct, interpret, and manage and control feelings and emotional responses to situations and assisting the family in supporting the child and addressing the child's emotional and behavioral health needs.

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Other Covered Services (outside of Medicare Parts A and B) - continued

Benefit

Intermediate services for child-adolescent *Behavioral Health Disorders* - continued

- **Intensive care coordination** –A collaborative service that provides targeted case management services to children and adolescents with a serious emotional disturbance, including individuals with co-occurring conditions, in order to meet the comprehensive medical, behavioral health, and psychosocial needs of an individual and the individual's family, while promoting quality, cost-effective outcomes. This service includes:
 - an assessment;
 - the development of an individualized care plan;
 - referrals to appropriate levels of care;
 - monitoring of goals, and
 - coordinating with other services and social supports and with state agencies, as indicated.

The service shall be based on a system of care philosophy. The individualized care plan shall be tailored to meet the needs of the individual. The service shall include both face-to-face and telephonic meetings, as indicated and as clinically appropriate. ICC is delivered in office, home or other settings, as clinically appropriate. Intensive care coordination does not require the prior approval of a *Tufts Health Plan Behavioral Health Authorized Reviewer*. You or your *Provider* must notify *Tufts Health Plan* within 3 days of your initial visit by calling *Tufts Health Plan's Behavioral Health Department* at 1-800-208-9565.

For more information about the services available under this benefit, please call the *Tufts Health Plan Behavioral Health Department* at 1-800-208-9565. You may also see the *Medical Necessity Guidelines* on our website at www.tuftshealthplan.com

Benefit	<u>Tufts HP Pays...</u>	<u>You Pay...</u>
<i>Inpatient</i> services for child-adolescent Mental Health Disorders	<ul style="list-style-type: none"> • <u>If your Plan includes an <i>Inpatient Copayment</i>, we pay:</u> All charges, minus your <i>Inpatient Copayment</i>. • <u>If your Plan does not include an <i>Inpatient Copayment</i>, we pay:</u> All charges. 	<ul style="list-style-type: none"> • <u>If your Plan includes an <i>Inpatient Copayment</i>, you pay:</u> Your <i>Inpatient Copayment</i>. • <u>If your Plan does not include an <i>Inpatient Copayment</i>, you pay:</u> Nothing.
Intermediate services for child-adolescent Mental Health Disorders	All charges.	Nothing.

Chapter 3 – COVERED SERVICES

EXCLUSIONS FROM BENEFITS

This section is amended to include the following exclusion for Behavioral Health Services for Children and Adolescents (“BHCA”):

With respect to child-adolescent mental health intermediate care and *Outpatient* services, *Tufts Health Plan* will not pay for the following programs:

- Programs in which the patient has a pre-defined duration of care without *Tufts Health Plan's* ability to conduct concurrent determinations of continued medical necessity for an individual.
- Programs that only provide meetings or activities that are not based on individualized treatment planning.
- Programs that focus solely on improvement in interpersonal or other skills rather than services directed toward symptom reduction and functional recovery related to specific mental health disorders.