July 24, 2018

MassHealth has asked Tufts Health Plan to pass on the below requirements to its Tufts Health Together (MassHealth MCO Plan and Accountable Care Partnership Plans) In-Home Therapy (IHT) and Intensive Care Coordination (ICC) provider network.

MassHealth's New Requirements: Updated Screening and Triage for Youth Referred for IHT and ICC

This information corresponds to the IHT and ICC performance specifications and should be reviewed alongside those documents. The purpose of this Broadcast is to inform IHT and ICC providers that, in addition to the requirements set forth in the IHT and ICC performance specifications, an additional requirement must be met in the provision of this service.

Tufts Health Plan is issuing screening and triage requirements for youth referred for IHT and ICC levels of care; these requirements should be followed in conjunction with the *IHT/TM/IHBS Access to Care Protocol* (IHT) and the *Guidelines For Ensuring Timely Access to CBHI Services.* The below screening and triage protocol will ensure that youth and families receive access to medically necessary services in a timely and consistent fashion across the provider network.

Effective September 15, 2018, IHT and ICC providers will be required to have dedicated master's-level clinicians screening and triaging all referrals.

1. Providers must have in place written policies and procedures as follows:
    a. Screening of referrals by providers is conducted in the preferred language of the caregiver. Providers must have mechanisms in place for using interpretation when needed.
    b. Staff taking referrals are master's-level clinicians, are thoroughly trained in all CBHI levels of care, assessment, and triage, and follow clear protocols for screening and escalating a case to a Program Director if needed. Screeners receive regular supervision and monitoring of calls by the Program Director.
    c. Screening of referrals is thorough and includes the following:
        i. Factors relevant to medical necessity, informed family choice for the service:
            ☐ Not all referrals are medically necessary. If the service is not medically necessary, the intake clinician will discuss a referral to a more appropriate service with the family.
            ☐ A caregiver has been referred to the service by a collateral but hadn't been given a full explanation of services. Upon explanation of intensity, the caregiver believes that he/she would not be able to engage at this time.
        ii. Factors relevant to urgency, including risk factors, impending events, and factors affecting engagement:
            ☐ A referral may be medically necessary but not urgent. In this case, a family might be able to wait longer than another family with a more urgent need for the service.
            ☐ A child being discharged from a 24-hour level of care would have more urgency, other things being equal, than a child at no risk of hospitalization.
            ☐ A family who has had multiple service disruptions may have a greater need of prompt engagement than a family stably engaged with an outpatient therapist and needing additional services.
        iii. Inventory of other services that the family is receiving:
            ☐ A family receiving other services and supports may be more able to wait than a family with no supports.
        iv. Inventory of other providers for whom the family is waiting or to whom the family is being referred:
            ☐ A family with referrals in process for multiple services may benefit from a discussion about which services are needed first, with focus on efforts to obtain those services.
        v. Other factors that indicate a need for further review or escalation to a Program Director may include:
            ☐ The screening call may indicate a need for immediate crisis intervention (i.e., referral to Mobile Crisis Intervention (MCI), 51a, or other immediate action).

- ☐ A family has been waiting for several weeks, and the caregiver sounds hopeless. A clinician should make phone contact for further assessment.

d. Triage decisions are made by a master's-level clinician, not clerical personnel. Triage decisions include any decisions that change a member's relative position on a wait list or that result in any contacts with the member or collaterals. Triage decisions are noted in a log, which may be reviewed by MCEs.

e. The waitlist, including contact history and all items in 1c. above, is reviewed and signed by a Program Director or a supervisory clinician at least twice per week to facilitate triage.

f. Once a member has been waiting 14 days from date of referral without being offered an appointment, the provider contacts the member's health plan for advice and assistance. This contact is noted in the triage log. Each plan will develop their own protocol related to assisting providers with youth waiting over 14 days.

2. MassHealth may request plans to report on the number of members referred by providers as waiting, actions taken by the plan and the provider to address needs of waiting members, and barriers to youth being served within 14 days.

Additional Information
For questions regarding any of the above information from MassHealth, please contact Tufts Health Public Plans Provider Services at 888.257.1985.