Outpatient Behavioral Health Services
Performance Specifications

Providers contracted for this level of care are expected to comply with all requirements of this service-specific performance specifications. Providers contracted for this service and all contracted services are held accountable to the General performance specifications. The requirements within this service-specific performance specification take precedence over general performance specifications. The Outpatient Behavioral Health Services performance specifications below refer to facility-based outpatient providers, group practices, and individual practitioners.

Outpatient Services is an essential component of comprehensive health care delivery, carried out in an ambulatory care setting (i.e., Community Behavioral Health Centers, Community Health Centers, Mental Health Centers, hospital outpatient departments, group, or private practice) or may be provided in a member's home, and/or telehealth. Individuals experiencing behavioral health concerns, chronic and acute medical illnesses, substance use, family concerns and/or other personal and interpersonal challenges can be assisted in coping with these challenges through outpatient treatment. The goal of BH treatment is to assist members in their achievement of a greater sense of well-being and a return to their baseline, or optimal level of functioning.

Services consist of time-effective, defined episodes of care that focus on the restoration, enhancement, and/or maintenance of a Member's optimal level of functioning and the alleviation of significant and debilitating symptoms impacting at least one area of the Member's life domains (e.g., family, social, occupational, educational). The goals, frequency, intensity, and length of treatment vary according to the needs of the Member and the response to treatment. A clear treatment focus, measurable outcomes, and a discharge plan including the identification of realistic discharge criteria are developed as part of the initial assessment and treatment planning process and are evaluated and revised as needed.

DEFINITIONS:

- **Diagnostic Evaluation:** is an assessment of a member's level of functioning, including physical, psychological, social, educational, and environmental strengths and needs for the purpose of diagnosis and treatment planning.
- **Case Consultation:** a documented meeting of at least 15 minutes duration, either in person or by telephone, between the treating provider and other behavioral health/medical clinicians or physician, concerning a Member who is a client of the Outpatient Provider to: identify and plan for additional services, coordinate a treatment plan, review the Member's progress, and revise the treatment plan as required. Case consultation shall not include

clinical supervision or consultation within the same provider group/organization.

- **Collateral contact:** is a documented communication of at least 15 minutes' duration, either in person, by telephone (including voicemails) or by email between treating provider and Member's CCA interdisciplinary team.
- **Family Consultation:** is a documented meeting of at least 15 minutes duration, either in person or by telephone, between the treating provider and with family members or others who are significant to the Member and clinically relevant to a Member's treatment to: to educate, identify and plan for additional services or resources, coordinate a treatment plan, review the individual's progress, or revise the treatment plan, as required.
- **Inpatient/Outpatient Bridge Visit** is 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 Member and the inpatient team or designated inpatient treatment team clinician.
- **Medication Management Visit:** is 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. The prescriber evaluates the Member's need for psychotropic medications and provides a prescription and ongoing medical monitoring. The prescriber is expected to participate in coordination of care with other behavioral health, medical, and substance use providers.
- **Psychiatric Consultation on an Inpatient Medical Unit:** An in-person meeting of at least 15 minutes' duration between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and Member at the request of the medical unit to assess the Member's mental status and consult on a behavioral health or psychopharmacological plan with the medical staff on the unit.
- **Telehealth Services:** are visits that can be conducted via Telehealth for most of the outpatient services listed above and are available for Members with specific geographic, cultural, linguistic or special needs that cannot be met in their community but can be provided using a combination of interactive video, audio, and externally acquired images through a HIPPA compliant networking environment (post Covid) between a Member and a provider. Medication visits may consist specifically of a psychopharmacological evaluation, prescription, review, and/or monitoring by the prescriber. Visits may also include counseling and/or coordination of care w/other physicians, other qualified health care professionals or agencies. Treatment is provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The length of the appointment varies depending on whether the Member is new or already established with the provider. All specifications outlined in this document refer to in-person and telehealth visits.

COMPONENTS OF SERVICES:

- The scope of required components provided in this level of care includes, but is not limited to, the following:
    - Bio-psychosocial evaluation
    - Development of and/or updating of a crisis prevention plan/safety plan
- Provisions of the following covered services:
    - Diagnostic evaluation

    - Individual, couples, group, and family therapies, including short-term solution-focused outpatient therapy.
    - Case and family consultations
    - Collateral contact with Member's CCA interdisciplinary team
- Outpatient Services providers provide the following directly, or ensure access through an official Memorandum of Understanding (MOU) or Affiliation Agreement with another provider for:
    - Psychopharmacology (including medication evaluation and ongoing medication monitoring and management); and
    - Psychological testing
- Outpatient Services providers ensure that each Member receives a program orientation describing their member rights, consent to treatment, releases of information, process of care, including after-hours emergency coverage, no-show policy, and cancellation policies when services begin.
- Outpatient providers will secure a release for and communicate with the member's PCP about the member entering behavioral health treatment.
- Outpatient Services providers provide initial crisis response 24 hours per day, seven days per week, to all Members enrolled in the outpatient program/clinic/practice. These crisis responses are intended to be the first level of crisis intervention whenever needed by the Member.
    - During operating hours, these crisis responses are provided by a clinician via telephone and, if clinically indicated, face-to-face through emergent appointments.
    - After hours, the program provides Members with a telephone number that allows them to access a clinician either directly or via an answering service. A live person must always answer the phone.
    - Calls identified as an emergency by the caller are immediately triaged to a clinician.
    - A clinician must respond to emergency calls within 15 minutes and minimally provide a brief assessment and intervention by phone.
    - Based upon these initial crisis responses conducted by the Outpatient Services provider both during operating hours and after hours, the provider may refer the Member, if needed, to an Adult Mobile Crisis Intervention (AMCI) provider for emergency behavioral health assessment, crisis intervention and stabilization.
    - An answering machine or answering service directing callers to call 988, 911 or the AMCI program, or go to a hospital emergency department (ED), does not meet the after-hours emergency on-call requirements.
- Outpatient Services will make best efforts to develop and maintain the capacity to serve. Members with special needs in their communities (e.g., elders, Members with developmental disabilities or cultural and linguistic needs, Members who are homeless or who have co-occurring diagnosis). They adhere to their organizations' written protocols for treating such populations and/or offer appropriate referrals if they are unable to serve these Members directly.
- Outpatient Services providers that serve Members with severe and persistent mental illness develop and maintain a treatment model designed to meet their unique needs. The model includes approaches and information that support and facilitate Members' recovery-oriented principles and practices as well as linkages and coordination with a Member's PCP, appropriate

state agencies, consumer-operated and recovery-oriented services and supports, and natural resources.

- Outpatient Services providers educate Members and, with informed consent and as clinically indicated, their families/guardians/significant others about the use and risks of medication, symptom management, and recovery. When a Member begins to utilize psychopharmacology services through the Outpatient Services provider's organization, the Outpatient Services provider engages in a medication reconciliation process in order to avoid inadvertent inconsistencies in medication prescribing that may occur, particularly in transition of a Member's prescribing from one provider or care setting to another. The Outpatient Services provider does this by reviewing with the Member, and, with Member consent, other treatment providers, the Member's complete medication regimen when the Member began treatment (e.g., transfer and/or discharge from another setting or prescriber), and comparing it with the regimen being considered in the Outpatient Services provider's organization in order to avoid medication errors. This involves:
    - Developing a list of current medications, i.e., those the Member was prescribed prior to beginning treatment at the Outpatient Services provider's organization.
    - Developing a list of medications to be prescribed in the Outpatient Services provider's organization.
    - Comparing the medications on the two lists
    - Making clinical decisions based on the comparison and, when indicated, in coordination with the Member's PCP
    - Communicating the new list to the Member and, with consent, to appropriate caregivers, the Member's PCP, and other treatment providers; and
    - All related activities are documented in the Member's health record.

ACCESS

- Members who present with an urgent request for outpatient services but are determined not to be in crisis and not in need of immediate, emergent services, are offered an outpatient therapy appointment within **48 hours** of the request. These Members are also given the Outpatient Services after-hours telephone number with appropriate emergency instructions.
- Members with routine requests for outpatient services are offered an outpatient therapy appointment within **10** business days of the request.
- Members referred from an inpatient unit are offered an outpatient therapy appointment (which may be an intake appointment for therapy services) within 7 calendar days from the date of discharge from the inpatient unit.
- Outpatient providers must ensure that Members referred from an inpatient unit are offered a psychopharmacology appointment as soon as clinically indicated and within 14 calendar days from the date of discharge post discharge from the inpatient unit.
- **Outpatient providers will make best attempts (i.e., appointment reminder calls) to support member compliance with attending the scheduled for HEDIS® 7 Day Follow-Up After Hospitalization for a Mental Illness (FUH) visit or the 14-day post discharge medication visit. If the member does not attend scheduled visits, the provider will notify member's CCA Clinical Team immediately by calling CCA' s Provider Line at 866-420-9332.**
- Outpatient Services providers are proactive in facilitating Member attendance at initial and ongoing appointments using outreach and follow-up reminder telephone calls or mailing notices.

Provider reminds members that CCA can provide assistance with transportation. Transportation to covered medical appointments within 50 miles is a CCA Member benefit and can be arranged by contacting Commonwealth Care Alliances (CCA's) Clinical Team by calling CCA's Provider Line at 866-420-9332 with the Member or making sure that the Member has knowledge and access to schedule transportation independently.

- If the Member does not keep an appointment, the clinician follows the Outpatient Services provider's policies and procedures for the management of no-shows and cancellations, including documented attempts to contact them and/or the parent/guardian/caregiver.
- Outpatient Services providers make best efforts to offer operating hours that are responsive to the needs of Members and their families, including a range of appointment days and hours, and offer evening and weekend appointments as possible and appropriate.

STAFFING REQUIREMENTS:

- Outpatient Services providers comply with the staffing requirements of the applicable licensing body, the staffing requirements in the service-specific performance specifications, and the credentialing criteria.
- The provider will ensure that all clinical work is supported by regularly scheduled and ongoing clinical supervision and consultation as appropriate or required by law.
- Any staff member diagnosing, treating, and billing for services who is not an independently licensed behavioral health clinician must meet the criteria for a "counselor" set forth in 130 CMR 429.424, and be directly and continuously supervised by a fully qualified and licensed professional staff member as set forth in 130 CMR 429.424. Supervisors must maintain supervision notes. CCA reserves the right to review records to confirm adequate levels of supervision.
- Senior clinical staff must be available for consultation (including a psychiatrist if appropriate) during all hours of operation regarding emergent and urgent situations.
- It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. This expectation is inclusive of, but not limited to:
    - Consistently using the name and pronouns that the Member uses for themselves, even if this is.
    - not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card.
    - Making admission decisions without regard to the Member's gender identity
    - Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card.
    - Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care.
- It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma informed. Trauma-informed care is inclusive of, but not limited

to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening.
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment.
- Offering trauma-specific treatment interventions and approaches

PROCESS SPECIFICATIONS: ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:

Assessments

- Outpatient Services providers ensure that comprehensive assessments and treatment plans are completed within the first week of member entering treatment and no later than third outpatient visit. Intake documentation should include:
  - Documentation that the Member has received a copy of their rights.
  - History of presenting problem
  - Chief complaints and symptoms (i.e., what is bring them to seek treatment)
  - Behavioral health and substance use history.
  - Comprehensive medical history
  - Family, social history and linguistic cultural background
  - Current substance uses and evidenced-based screening tools.
  - Crisis Risk Assessment (for all UOS appointments and if appropriate for Outpatient Services appointments)
  - Mental status exam including any current or past SI.
  - Previous medication trials, current medications, and any allergies
  - Diagnoses and clinical formulation
  - Level of functioning
  - The individual's strengths and stated needs.
  - Name of PCP and documentation of a Release of Information obtained for PCP. Or if member declines documentation of declination
- Ensure that Behavioral Health clinical assessments are conducted by licensed Behavioral Health providers are dated and signed, with their credentials and include, at a minimum, the following:
  - Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations, and strengths.
- If the Member is on medication, medication reconciliation will be initiated within the first visit. If the Member is not on medication a referral for a psychiatric/medication assessment will be initiated as needed.

Treatment Planning

- The provider will develop initial treatment plans that are in writing and include, at a minimum:
    - A description of all services needed during the course of treatment.
    - SMART (Specific, Measurable, Achievable, Relevant, and time bound) goals that have been mutually negotiated between the provider and the member.
    - Indication of the strengths of the individual and his/her family as identified in the assessment.
    - When appropriate, indication of the need for involvement of a state agency, such as DMH, and DDS
- Treatment recommendations consistent with the service plan of the relevant state agency for Members who are also DMH clients or DDS clients.
- The provider will periodically review initial treatment plans and modify them at a minimum of every 90 days.
- The provider will ensure that Members with co-occurring disorders have a treatment plan through which they receive simultaneous care for both diagnoses.
- Components of the provider's treatment planning incorporate Member identified concerns, including but not limited to, social determinants of health.
- Any service frequency or modality modification will be a planned and inclusive process with the Member. Rationale for such modification will be documented in the Member's record.
- Providers will utilize outcome tool(s) and use outcome measure(s) to gauge attainment of treatment goals.
- For facility-based providers, each Member's treatment plan is updated, and the treatment plan and progress are reviewed by one or more Members of the multi-disciplinary team, at least annually. The frequency of treatment plan updates and multi-disciplinary case review is based upon the Member's current problems, specific and concrete goals, and treatment. Treatment plan updates, multi-disciplinary team case review, and any resulting treatment plan changes are documented in the Member's health record.
- Group practices and individually contracted practitioners ensure that treatment plans are reviewed and updated at least annually and are documented in the Member's health record. The frequency of reviewing and updating a given Member's treatment plan is based upon the Member's current problems, specific and concrete goals, and treatment.
- Group practices document in the Member's health record evidence of multi-disciplinary consultation and coordination of care within the practice, including, but not limited to, such contact between treating clinicians and prescribers.
- Individual practitioners document in the Member's health record evidence of clinical consultation as needed in treating specific Members, including but not limited to consultation and coordination of care with prescribers, including those with whom the practitioner maintains an Affiliation Agreement.

DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:

- Outpatient Services providers engage the Member in developing and implementing an aftercare. plan when the Member meets the outpatient discharge criteria established in their treatment plan. The provider provides a copy of the discharge plan to the Member and documents these activities in the Members medical record.

- The provider will include the following in the discharge plan based on the Members needs and concerns:
    - Housing
    - Finances
    - Medical Care
    - Transportation
    - Family, employment, and educational concerns
    - Social supports
    - Crisis/Safety plan
    - Recovery and Peer support needs
    - List of prescribed medications, dosages, and side effects
    - Discharge plan is documented in the Members medical record.
    - Services recommended at discharge.
- Based on its policies and procedures for managing no-shows and cancellations, the Outpatient Services provider determines when it is appropriate and necessary to terminate outpatient services with a Member, making best efforts to initiate a thoughtful process, inclusive of the Member and aimed at facilitating linkage with other services and supports. All such activities are documented in the Member's health record.
- Outpatient Services providers develop working relationships with their local AMCI's, hold regular meetings or have other contact, and communicate with the AMCI's on clinical and administrative issues to enhance bi-directional referrals and continuity of care for Members.
- Outpatient Services providers work with the Member to update the crisis/safety plan created in collaboration with the Member. If a crisis/safety plan is not available, providers will develop a crisis/safety plan with the Member prior to discharge. With Member consent, a copy of the crisis/safety plan is sent to the local AMCI provider, CCA Clinical Team as well as Members support systems. The crisis/safety plan is documented in the Member's health record.
- Outpatient Services providers develop linkages and working relationships with other service providers frequently utilized by Members enrolled in their outpatient services, including PCP, the CCA Clinical Team and all levels of BH care such as Inpatient, providers of diversionary and 24-hour levels of care.
- Efforts to develop relationships with other service providers are documented through written Affiliation Agreements, MOU, active participation in local Systems of Care meetings, minutes of regularly scheduled meetings, and/or evidence of collaboration in Members' health records.
- If the member terminates without notice, every effort is made to contact the member to obtain the member's participation in the treatment, and to help with appropriate follow-up plans (i.e.- schedule another appointment or provide appropriate referrals). Such activity is documented in the member's record. When the member is a DMH client, DMH is informed of the termination.
- If the member terminates without notice, every effort is made to contact the member to obtain the member's participation in the treatment, and to help with appropriate follow-up plans (i.e.- schedule another appointment or provide appropriate referrals). Such activity is documented in the Members health record. **Provider will notify CCA of the member's termination so that the CCA Clinical Team can contact the member to offer support with finding a new therapist.**

EXPECTED OUTCOMES AND QUALITY MANAGEMENT:

- The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families.
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request and must be consistent with CCA' s performance standards for all Outpatient Behavioral Health levels of care. The providers will provide access to medical records to CCA upon medical records request.
- The success of the program and the care and well-being of members rely on a collaborative partnership with Commonwealth Care Alliance and its provider network.
- Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations, and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs) and Adverse Incidents.
- Reportable adverse incidents must be reported to CCA and MassHealth Office of Behavioral Health within one business day as per policy and DMH licensing requirements. Providers must follow all laws and regulations for reporting Adverse Incidents (per MassHealth per MassHealth All Provider Bulletin 316).
- Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies.

DOCUMENT UPDATES:

- December 2024: Revised template
- March 2026: Annual review