Commonwealth Care Alliance is committed to full integration of behavioral health (BH) services in addition to the medical and long term service and support needs in each member’s care plan. Providers may provide services utilizing telehealth, and are responsible for ensuring telehealth services are HIPAA compliant. Accordingly, a full continuum of BH services is available to all Commonwealth Care Alliance members. BH services fall into the three categories described below, all of which are covered by Commonwealth Care Alliance subject to prior authorization requirements:

• Inpatient Services
• Diversionary Services
• Outpatient Services
Behavioral Health Inpatient Covered Services

24-hour treatment services delivered in licensed acute care and freestanding behavioral health facilities. Inpatient facilities may have psychiatric, substance abuse and/or dual psychiatric/substance abuse units. Patients with complex and chronic medical conditions may be admitted to a medical unit when detoxification from addiction is required.

Electroconvulsive therapy (ECT) may be provided on an inpatient or outpatient basis.

Behavioral Health Outpatient Covered Services

Treatment services for mental health and substance use disorders provided in ambulatory care settings such as hospital outpatient departments, community health or mental health center or clinic, provider offices, members’ homes, nursing or other institutional settings, or in other community-based services such as adult day health or day habilitation services. BH outpatient covered services include:

- Diagnostic evaluation
- Individual, couples, family, and group psychotherapy
- Medication evaluation and management (by prescriber of psychotropic medications)
- Opioid replacement therapy
- Psychological/neuropsychological testing
- Ambulatory detoxification including acupuncture treatment
- Case consultation, including psychiatric consultation on and inpatient medical unit
- Inpatient-outpatient bridge visit (visit by outpatient clinician to a member receiving inpatient care, to provide support in the member’s transition from inpatient care to outpatient care)
- Psychiatric Day Treatment
- Community Support Program (CSP)
- Transcranial Magnetic Stimulation (TMS)
Behavioral Health Diversionary Covered Services

Treatment services for mental health and substance use disorder services that are provided as clinically appropriate alternatives to behavioral health inpatient services, or to support a member returning to the community after an inpatient admission. Diversionary services are more clinically intensive than typical weekly outpatient care but less intensive than inpatient treatment. Diversionary services are provided in facility and community settings, and range in intensity from 24-hour acute treatment to 6 or fewer hours per week. Examples of BH diversionary services include:

• **Acute Treatment Services (ATS)** provide 24/7 medically monitored addiction treatment services, including evaluation, counseling, education, and withdrawal management, in a non-hospital setting. Enhanced Acute Treatment Services (EATS) programs also provide psychiatric care to members with co-occurring addictions and psychiatric disorders

• **Clinical Support Services (CSS)** are also 24/7 treatment services for individuals beginning to engage in recovery from addiction and can be used independently or following discharge from ATS/EATS. CCS programs focus on intensive education and counseling regarding addictions for patients and their families. Pregnant women in CCS receive coordination of their obstetrical care

• **Community Crisis Stabilization (CCS)** services are also 24-hour services, providing short term psychiatric treatment in structured, community-based therapeutic environments

• **Partial Hospitalization and Day Treatment** are clinically intensive treatment programs that provide a planned combination of diagnostic, treatment, and rehabilitative services provided to members. These services may be offered in hospital, outpatient, and community settings, typically for 6–8 hours per day, 5 days per week

• **Intensive Outpatient Programs (IOP) and Structured Outpatient Addiction Programs (SOAP)** are clinically intensive services for mental health and substance abuse conditions respectively. IOP and SOAP provide structured support, education, and counseling to improve functional status and promote stabilization in the community. Services are generally available for 3–3.5 hours on weekdays, declining in number of days per week over time

• **Emergency Service Programs (ESPs)** are operated by DMH-designated providers to provide crisis evaluation, intervention and stabilization services to individuals experiencing a mental health or substance abuse crisis or both. ESPs are available 24/7 in their designated service areas, with mobile teams and teams based in hospital emergency departments. In most cases, the area ESP must be called following medical clearance when inpatient admission is contemplated
Clinical Conditions and Criteria for Behavioral Health Inpatient Services

In addition to factors considered in determining the necessity and appropriateness of medical services, Commonwealth Care Alliance also assesses for the presence and acuity of any of the following conditions that may require admission to inpatient BH care:

• Danger to self or others
• Serious suicidal ideation with plan, intent and means
• Homicidal ideation with indication of danger to others
• Persecutory delusions or command hallucinations
• Emergency medication evaluation/adjustment and requires medication monitoring and stabilization could warrant inpatient admission or crisis stabilization bed

For a summary of prior authorization requirements for behavioral health services, please review Section 4: Covered Services and Prior Authorization Requirements in this Provider Manual, or your Provider Agreement.
Access and Availability for Behavioral Health Office Visits

Commonwealth Care Alliance is committed to providing convenient access and availability of Behavioral Health Services that support the needs of each member and support each member’s care plan. Excluding, Emergency Services, ESP and Urgent Care, Behavioral Health office visits will be made available within the following timeframes to Members for the following Behavioral Health Services:

Services described in the Inpatient or 24-Diversionary Services Discharge Plan:

a) Non-24 Hour Diversionary Services - within 2 calendar days of discharge
b) Appointments to review and refill medications - within 14 calendar days of discharge
c) Other Outpatient Services - within 7 calendar day of discharge

All other Behavioral Health Services - within 14 calendar days

In addition to our contracted Network, CCA’s Behavioral Health Specialist (Licensed Clinicians) are available 24/7 on call. BHS are also available for in person home or office appointments within 48 hours of discharge and 48 hours for medication assessment and management.

Access and Availability for Behavioral Health Emergency or Urgent Visits

Commonwealth Care Alliance insures that Emergency Services, ESP and Urgent Care are readily available for those Members who require immediate behavioral health services. These emergency services are available to Members within the following timeframes:

a) Emergency Services shall be provided immediately on a 24 hours /7 days a week, with unrestricted access, to Enrollees who present at any qualified Provider, whether a Network Provider or a non-Network Provider. Examples of emergency services include, but not limited to, response to a call with a live voice; or face-to-face within 60 minutes;

b) ESP Services shall be provided immediately to Enrollees on a 24-hour basis, seven days a week, with unrestricted access;

c) Urgent Care Services shall be provided within 48 hours;

d) All other Behavioral Health Services are provided within 14 calendar days as indicated under Access and Availability for Behavioral Health Office Visits.

CCA has licensed clinicians on call 24/7 for telephonic support, consultation and identification of resources.

Behavioral Health Assessments and Outcomes

The success of the behavioral health program and certainly the care and well-being of the members relies on a collaborative partnership with Commonwealth Care Alliance and its provider network.

Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records. Commonwealth Care Alliance may ask to see this information, upon request, which may include clinical assessments, treatment plans, crisis plans, outcome data and quality management.

As directed by EOHHS, Commonwealth Care Alliance will use this information in conjunction with outcome measures on behavioral health care best practices that are specific to behavioral health service types. Some examples of outcomes may include:

• Relapse tendency
• Adverse occurrences
• Treatment drop-out
Commonwealth Care Alliance is committed to providing convenient access and availability of Behavioral Health Services that support the needs of each member and support each member’s care plan. Excluding, Emergency Services, ESP and Urgent Care, Behavioral Health office visits will be made available within the following timeframes to Members for the following Behavioral Health Services:

- Services described in the Inpatient or 24-Diversionary Services Discharge Plan:
  - a) Non-24 Hour Diversionary Services - within 2 calendar days of discharge
  - b) Appointments to review and refill medications - within 14 calendar days of discharge
  - c) Other Outpatient Services - within 7 calendar day of discharge
- All other Behavioral Health Services - within 14 calendar days

In addition to our contracted Network, CCA's Behavioral Health Specialist (Licensed Clinicians) are available 24/7 on call. BHS are also available for in person home or office appointments within 48 hours of discharge and 48 hours for medication assessment and management.

Referral Tracking for Substance-Abuse Treatment Providers

Commonwealth Care Alliance supports the providers who treat the substance-abuse diagnosis and the sensitive impact it has on members. To the extent permitted by law, however, substance-abuse treatment providers need to submit to the Department of Public Health / Bureau of Substance Abuse Services (DPH/BSAS) the following data elements:

1) All referrals for services
2) All sources of the referrals
3) All outcomes from the referrals (e.g., admission, etc.)
4) Reasons by substance-abuse treatment provider of refusing to accept the referral

In addition, CCA’s Behavioral Health Specialist collaborate and communicate with Substance Abuse facilities and document in CCA’s internal medical record to track referrals, admissions and discharges. CCA’s BHS attempt to connect with members within 48 hours from discharge from a Substance Abuse facility.