COMMUNITY-BASED ACUTE TREATMENT (CBAT) FOR CHILDREN/ADOLESCENTS WITH INTELLECTUAL DISABILITIES/AUTISM SPECTRUM DISORDERS (ID/ASD)

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

Community-Based Acute Treatment (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 within CBAT, the program provides clinical expertise and intervention specifically pertaining to youth with co-occurring mental health conditions and ID/ASD.

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 are differences between the CBAT and CBAT for Children/Adolescents with ID/ASD performance specifications, these CBAT for Children/ Adolescents with ID/ASD take precedence.

SERVICE COMPONENTS

1. The provider ensures that all service components required in the CBAT performance specifications are provided to Enrollees 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/1D:
   a) Neurological assessment

b) Neuropsychological testing
c) Functional behavioral assessment and functional behavioral treatment planning

2. If clinically indicated, the program must provide, or refer, Enrollee to the following within two days of admission:
   a) Speech and language assessment
   b) Endocrinology consultation
   c) Nutritional consultation
   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
3. The provider admits and has the capacity to treat Enrollee who have co-occurring mental health conditions and/or ID/ASD. The provider ensures specific staffing, services, and programming to meet the clinically land milieu needs of this population.

STAFFING REQUIREMENTS

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Plan service-specific performance specifications and the credentialing criteria outlined in your provider manual that can be found at providerexpress.com.
2. The provider ensures that the attending psychiatrist has had previous training, experience, and demonstrated expertise 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.
3. The program utilizes a multi-disciplinary staff with established skills, training and/or expertise in the treatment of Enrollees with mental health conditions and ID/ASD. This team includes all 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 community with successful supports.
4. The provider has access to medical consultation with expertise in assessing the medical condition and needs of Enrollees with co-occurring disorders, including nutritional consult, and regularly screens for such conditions, as appropriate.
5. 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 an Enrollee'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.).

6. The provider maintains staffing levels appropriate to ensuring the safety of Enrollees and treatment intensity to meet an Enrollee's clinical need and ensures a safety management technique recommended for this population.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. 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.
2. The provider includes information about community-based services and supports for youth and families, including but not limited to the Federation for Children with Special Needs, The Arc, DDS resources, and local advocacy and support groups in their wellness and recovery information and resources available to Enrollees and their families.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. All required assessments include the consideration of the impact and special needs related to the Enrollee's ID/ASD.
2. 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 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.).
3. All treatment plans and treatment plan reviews and updates include goals and interventions specific to the Enrollee's 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 Enrollee'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 Developmental 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, Enrollees will have the opportunity, as appropriate, for

home visits, and the treatment team will be available as a resource to families during home visits.

4. A data-collection check sheet is utilized and monitors the behaviors every 15 minutes.
5. 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. Families are expected to be doing behavior training during their visits to unit.
   c) Weekly family meetings are held.
   d) Staff will partner with families to address issues/concerns around access and equity.
6. 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 ensures that all discharge planning activities address the Enrollee's 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.

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.