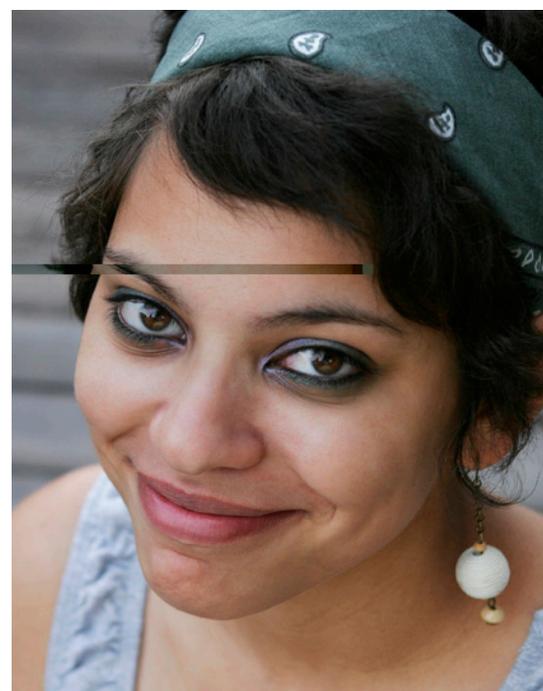


MassHealth Behavioral Health Services for Children and Youth Aged 20 and Younger

A Guide for Staff Who Work with Children, Youths, and Families





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This guide was produced by the Children’s Behavioral Health Initiative (CBHI), an interagency initiative of the Commonwealth of Massachusetts Executive Office of Health and Human Services.

The mission of CBHI is to strengthen, expand, and integrate Massachusetts state services into a comprehensive, community-based system of care, and to ensure that families and their children with significant behavioral, emotional, and mental health needs obtain the services necessary for success in home, school, and community, and throughout life.



When working with children, teens, or young adults, you may find yourself concerned about one in particular. Perhaps she isn't getting along with others or he's having a hard time controlling his behavior. Maybe worried parents¹ have turned to you for advice or support.

This guide was created for staff working in education, social services, health care, and other community-based organizations who serve children, youths, and their families. It contains practical information on home- and community-based behavioral health services to assess and treat mental health and substance abuse issues that are available to MassHealth-enrolled children and youths aged 20 and younger.

In this Guide you will find

- Basic information on MassHealth and eligibility
- Descriptions of MassHealth's home- and community-based behavioral health services
- Guidance on how to help families select the right starting point for their child
- Specific steps to take to help families access services

At the end of the Guide you will also find additional resources for your program and the families of the children and youths you interact with, including

- Ordering information for *Worried about the way your child is acting or feeling?*, a MassHealth brochure that provides family-friendly descriptions of MassHealth home- and community-based behavioral health services
- A guide for applying for health care coverage through MassHealth
- A family guide to behavioral health assessment using the Child and Adolescent Needs and Strengths (CANS) tool
- A worksheet to help families prepare for initial appointments with providers
- Links to other helpful resources

We hope that you will find this guide a useful source of information when speaking with families seeking help for their children.

¹ This publication uses the terms "parent" and "caregiver" to describe a person who nurtures and cares for a child. A parent may be a biological, foster, or adoptive parent; a grandparent, relative, caregiver, or guardian. Although this publication generally refers to how parents and families can help children access services, it also covers MassHealth members aged 20 and younger, including members who do not need parental consent to obtain treatment services.

2. I E M H B H ?

MassHealth is our state's Medicaid program. It provides comprehensive health insurance to more than one million Massachusetts children, families, seniors, and people with disabilities. In 2009, MassHealth, as part of the Children's Behavioral Health Initiative (CBHI), significantly expanded home- and community-based behavioral health services (mental health and substance abuse services) for MassHealth-eligible children and youths aged 20 and younger. The goal of the service expansion was to ensure that children and youths with serious mental health challenges, and their families, obtain the services they need for success in home, school, and community, and throughout life.



In order to get the services described in this Guide, a child or youth must be enrolled in MassHealth and must have a medical need for the services. There are various “coverage types” within MassHealth. Most MassHealth-enrolled children have either the Standard or CommonHealth coverage type. **A child or youth enrolled in MassHealth “Standard” or “CommonHealth” may access any “medically necessary” MassHealth service.**

- To be enrolled in MassHealth Standard, a family's income must be less than 150% of the federal poverty level.
- CommonHealth is available to a child or an adult with a disability, *regardless of income*. However, higher-income families must pay a “sliding scale” premium, based on income. The definition of disability includes behavioral health conditions; the disability standard for children and youths younger than age 18 is less stringent than the standard for adults.

Some families who are not eligible for MassHealth Standard, and either have not applied for CommonHealth or are not eligible for CommonHealth, are covered by MassHealth's Family Assistance program. Children and youths enrolled in Family Assistance may access certain medically necessary MassHealth behavioral health services (see table below).

If a child's or youth's family is covered by MassHealth but is unsure of the coverage type, they can do one of the following.

- Call MassHealth's Customer Service Center at **1-800-841-2900** (TTY: **1-800-497-4648** for people who are deaf, hard of hearing, or speech disabled).
- Call the health plan (the name and phone number will be on the insurance card that the child or youth uses when going to the doctor).

If a child is **not** already a MassHealth member, you can help by encouraging the family to apply. See **A endix A** for a guide on how to apply for MassHealth coverage.

Below is a summary of MassHealth coverage types and the behavioral health services² for children and youths aged 20 and younger. Descriptions of these services can be found in Section 4. Note: This list of services covered by MassHealth provides only general information. Parents and youths should call their MassHealth health plan for the most up-to-date, accurate information.

Behavioral Health Service	MassHealth Coverage Types
Outpatient Therapy	Standard, CommonHealth, Family Assistance*
Mobile Crisis Intervention	Standard, CommonHealth, Family Assistance*
Structured Outpatient Addiction Program	Standard, CommonHealth, Family Assistance*
In-Home Therapy	



Behavioral health needs, including mental health, emotional, and substance abuse concerns, can be hard to recognize. Too often, it takes a crisis for families to get the help they need. But research shows that earlier interventions for children and youths with mental or behavioral health needs can prevent more serious problems in young adulthood and beyond.

With your help, families could start getting the services they need sooner, which can mean better outcomes for the child or youth.

If you have concerns about a child or youth in your program, it may help to write them down. Consider the following questions.

- Is this a dramatic change in behavior or mood for the child or youth?
- How severe is it?
- Does this behavior occur at specific times of day?
- How long has it been occurring?
- How does this behavior compare with the behavior of peers?
- Is there a possible health or developmental issue that could be causing the behavior/mood change?
- Are there changes within the child's home life or other events (i.e., death, divorce, new child, remarriage, move to new home/housing instability, etc.) that could be affecting his or her behavior?
- Is the child or youth experimenting, using, or abusing alcohol and other drugs?
- Is the child or youth having trouble at school resulting in disciplinary actions, academic concerns, and/or relationship problems?
- Is the child or youth having relationship problems with friends outside of school or with other family members?

Whenever you have any concerns, follow your organization's procedures for communicating concerns with families.

When talking with a parent about your concerns, it may help to keep the following in mind.

1. Plan ahead. Think carefully about what you want to say and what you hope the conversation will accomplish.
2. Make yourself available. Find a good time with no distractions that works for both of you. Depending on the parent's availability, this can mean a face-to-face meeting or a phone call.
3. Start with the positive. You can share an observation about something you appreciate in the child or youth.
4. Let the parent know that your goal is to help his or her child be successful and that your program is doing everything it can to make that happen, but that you need help from the parent. Describe what you are seeing without attaching a meaning or judgment to the behavior.
5. Ask the parent if he or she has similar concerns or has experienced similar situations and what solutions have worked at home. Parents often have ways of working with their children that can help in other settings. If they do not have solutions, this can be the opening they need to share their concerns.
6. Be ready with information and useful resources to share with the parent. Understand that parents may not be ready to address a need immediately, but they may appreciate being able to look into these resources later. Offer the parent a few options for moving forward and allow the parent to choose. You can always check in at a later time if he or she shows little interest at the moment.
7. Above all, listen to the parent. Keep your mind open for new information. Be mindful and respectful of cultural differences. Be sure to check your tone, body language, and facial expression, because your nonverbal communication can speak just as loudly as your words.



Of course, a worried parent could come to you first. The same principles of good communication described above apply here as well. When a parent approaches you, set aside time without distraction so that you can really listen to his or her concerns. Parents who approach you first are demonstrating their trust in you, so it is important to honor that trust.

Parents who approach you first are also being proactive. They may simply want your reassurance, or they may have serious concerns and are unsure what to do next. Make space for them to share their worries and ask them to share their observations. You can ask them the same questions (see above in this section) that you would consider yourself if you were worried about a child.

Asking parents these questions shows that you take their concerns seriously and that you are being systematic by considering all explanations for a behavior. You are also helping them to make concrete observations that could help them describe their concerns to a pediatrician (see Behavioral Health Screening below) if they decide to seek a more in-depth evaluation.

If you have concerns of your own, this can be your opportunity to share them. Even if you have no concerns of your own, you can support parents by providing information and resources (listed at the end of this guide) and by encouraging them to talk with their pediatricians. The pediatrician's or primary care provider's (PCP's) office is often the best place for a concerned parent to start in order to determine if there is an underlying medical or developmental issue.

B H A

If the child or youth receives MassHealth benefits, the pediatrician/PCP must offer to conduct a **behavioral health screening** during the yearly well-child visit, or when the parent requests it at any other office visit. If the child has private insurance, the parent can still ask the pediatrician about a behavioral health screening. Screening helps to spot potential concerns early so a child can get help sooner.

MassHealth requires PCPs to offer to use a standardized screening tool to check the child's or youth's behavioral health. The tools typically consist of a short list of questions or a checklist, which the parent (or age-appropriate youth) fills out during the visit. The pediatrician will review the results and talk about them with the parent or youth. If there are concerns about a child's or youth's behavioral health, the pediatrician will work with the parent or youth to decide if a referral to a behavioral health provider for further assessment and treatment is needed, or if the child or youth's needs can be managed by the pediatrician.

The PCP can also help the parent or youth connect with needed services. MassHealth offers several kinds of mental health services that may help children and youths aged 20 and younger.

A **endix B** includes a worksheet that parents can use to help prepare for an appointment with the pediatrician (or other provider).

4.

A A ?

MassHealth uses the term “behavioral health” to refer to mental health and substance abuse services. The following pages provide brief descriptions of MassHealth’s home- and community-based services. This information guides staff on how to help families and youths to access appropriate MassHealth behavioral health services. It is important to note that MassHealth members may also self-refer to any behavioral health service that they think might be helpful. Families and youth are always welcome to inquire with a provider about a particular service.



This guidance is intended to be informative and to illustrate the potential usefulness of each service. It does not replace the Medical Necessity Criteria that providers of each of the services will use to evaluate whether the child or youth has a medical need for the service. Medical Necessity decisions made by providers may be reviewed by the child’s or youth’s MassHealth managed-care plan. To read the Medical Necessity Criteria for each service described in the guide, please click [here](#) to view, or go to www.mass.gov/masshealth/cbhi and then click on “Home- and Community-Based Behavioral Health Services for Families and Children.”

NOTE: These services are not for the treatment of the parents of a child with behavioral health needs. Behavioral health services for parents should be sought through their health care insurer, or MassHealth, if they are eligible.

H

To help families get the right level of service and better-coordinated care for their children, MassHealth behavioral health services have been organized around three clinical “hub” services: Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination (ICC). Hub service providers are the primary behavioral health care provider for a child or youth receiving MassHealth home- and community-based behavioral services. Each hub is responsible for overseeing a comprehensive behavioral health assessment, which includes using the CANS tool (see text box on page 13 for more information on the CANS) and developing an overall care plan for the child.

A hub-service provider is responsible for coordinating care and collaborating with other service providers who work with the child and family (e.g., making regular phone calls to people involved in the child’s or youth’s life, such as parents, providers, teachers, therapists, coaches, etc.; holding meetings with the family and other treatment providers; or convening Care Planning Teams for ICC).

Hub services, in order of increasing level of care coordination capacity, are: Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination (ICC). When the child or youth is involved in more than one hub service, care coordination is provided by the hub with the highest level of care-coordination capacity.

The hub service provider and family work together in developing the treatment plan for the child, including additional services and supports if necessary. A family that is unsure which services would be appropriate can always seek guidance from a provider. Descriptions of these hub services follow.





Outpatient Therapy is the service closest to the community and a foundation of mental health treatment for children and youth. Alone, it meets the needs of many who need mental health treatment. Moreover, it is usually the place that families go first when they need help, and where children and youth return after being in higher level of care.

Outpatient Therapy can be used to treat a variety of behavioral health and/or substance abuse issues that significantly interfere with functioning in at least one area of the child's life (e.g., family, social, school, job). It may include individual, family, and group therapies.

Outpatient Therapy is usually delivered in a clinician's office, although it may take place in other settings.

Who is likely to need Outpatient Therapy?

If the child or youth has not previously received counseling or other behavioral health services, or has benefited from Outpatient Therapy before, Outpatient Therapy is a good place to start. An outpatient therapist can provide an initial assessment for other needed services that the clinician or family identify.

Outpatient Therapy can also provide follow-up support for children and youths who are "stepping down" from more intensive services or settings.

Who may need a different behavioral health service?

- **A child or youth in an immediate behavioral health crisis.** The family should immediately call for Mobile Crisis Intervention through their local Emergency Services Provider (ESP). Mobile Crisis Intervention is a MassHealth service that offers face-to-face, onsite crisis intervention wherever the child or youth is located. See Emergency Services: Mobile Crisis Intervention in this guide for more information.
- **A child or youth who already has an outpatient clinician or psychiatrist but who continues to struggle at home, school, or in the community.** The family or youth should be encouraged to talk with their provider about changing the treatment plan or the need for additional behavioral health services. The child's outpatient clinician or psychiatrist may also recommend additional behavioral health services.
- **A child or youth with significant behavioral health needs or history of trauma who is not currently seeing an outpatient clinician or psychiatrist.** Review the three hub services with the family or youth to help them decide where to start. If the family or youth selects ICC or In-Home Therapy, tell them that they can call a nearby ICC or In-Home Therapy provider directly to schedule an appointment for a behavioral health assessment and determination of medical need for the service.



In-Home Therapy is a flexible service that allows providers to deliver intensive family therapy to the child or youth in the home, school, or other community settings. In-Home Therapy providers work with the family to understand how the family functions and how relationships can be strengthened to benefit the child.

In this service, a clinician and a trained paraprofessional work with the family to develop and implement a treatment plan, identify community resources, set limits, establish helpful routines, resolve difficult situations, or change problematic patterns that interfere with the child's development.

In-Home Therapy offers greater flexibility than Outpatient Therapy, not only in intensity, but also in treatment setting. Therapeutic work in a natural environment can offer opportunities for rehearsing new strategies not available in a clinical setting.

Who is likely to need In-Home Therapy?

- Families whose home dynamics are affected by a child or youth's behavioral health needs and who need more urgent or intensive help with a child's emotional and behavioral challenges than can be addressed through Outpatient Therapy
- Families who have identified their primary need as learning new ways to relate to one another, or new ways to set limits or regulate their child's behavior, or who have tried Outpatient Therapy but have not found it effective

Who may need Intensive Care Coordination instead of (or in addition to) IHT?

- A child or youth who needs or is receiving MULTIPLE services
- A child or youth who needs or is receiving services from state agencies or special education
- A child or youth whose caregivers need help learning how to be effective advocates for their child or coordinate their child's care
- A child or youth whose caregivers need help restoring or creating social support systems for themselves and their child



Unlike the other hubs, ICC is not therapy. It is an intensive, individualized care-planning and management process for children and youths with **serious emotional disturbance** that uses the [Wraparound](#) process. Thirty-two Community Service Agencies provide ICC. A Wraparound facilitator is a master's- or bachelor's-level mental health clinician called the Care Coordinator, who works with a family to convene a team whose purpose is to create and implement an Individual Care Plan for the child or youth.

The Care Planning Team often includes therapists, school administration or school support staff (i.e., nurses, adjustment counselors, behavioral health staff, psychologists, etc.), social workers, and representatives of all child-serving agencies involved with the youth. It also includes "natural supports," such as family members, friends, and people from the family's neighborhood or community. In partnership with the team, the family actively guides the child's care. Together they come up with ways to support the family's goals for the child (or youth's goals, in the case of an older child) set in the individual care plan, which builds on the family's strengths and respects its cultural preferences.

The Individual Care Plan lists all behavioral health, social, therapeutic, or other services needed by the child and family, including informal and community resources. It guides the child's care and involves all of the child's providers and various state agencies to integrate services.

The Care Planning Team may meet monthly or with greater frequency for a child or youth with more complex needs. At these meetings the team seeks to

- Help the family obtain and coordinate all services that the child needs and/or receives from providers, state agencies, special education, or a combination thereof
- Create a structured process that facilitates collaboration between team members to help the child reach the goals in the Individual Care Plan
- Chart progress, solve problems, and make adjustments to the Individual Care Plan
- Find creative and sustainable solutions for the child and family beyond their involvement in ICC

Who is likely to need ICC?

A child or youth who needs or receives services from multiple providers, schools, or state agencies may benefit from ICC. ICC can help prioritize goals and monitor progress, ensuring that interventions and services are effective and coordinated. ICC can also address needs other than behavioral health, such as connecting families or youths to a variety of sustainable supports, like recreational activities for the child or youth, support groups, faith communities, and community-based social events.

For more information on Wraparound, see the National Wraparound Initiative website at www.nwi.pdx.edu.

G B C A

There are 29 Community Service Agencies (CSAs) that correspond to the catchment areas of the Department of Children and Families.

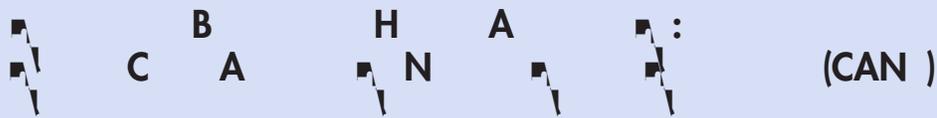


C L L C A

In addition, there are three culturally and linguistically specialized CSAs. These CSAs were chosen for their demonstrated ability to serve specific cultural or linguistic communities. Like all CSAs, specialized CSAs are expected to serve any family seeking appropriate service without regard to race, ethnicity, or language.

- Children's Services of Roxbury specializes in serving the African-American population in Greater Boston.
- The Gandara Center specializes in serving the Latino population in the Springfield/Holyoke area.
- The Learning Center for the Deaf at the Walden School specializes in serving the deaf and hard-of-hearing population, both in eastern and western Massachusetts.

Families are not required to choose a CSA in their area or a culturally or linguistically specialized CSA, but may choose to work with any CSA.



MassHealth requires behavioral health providers to use a uniform assessment process for children and youths aged 20 and younger. This process includes a comprehensive needs assessment using the Child and Adolescent Needs and Strengths (CANS) tool.

Hub services (Outpatient Therapy, In-Home Therapy, and ICC) must use the CANS as part of their behavioral health assessment process with each child or youth.

The CANS organizes information gathered through initial assessments and regular updates. It provides a common framework and language for families, providers, state agency staff, and others to use to talk about the child's and family's strengths and needs. It is also used as a decision-support tool to guide care-planning and to track changing strengths and needs over time.

There are two forms of the Massachusetts CANS: CANS Birth through Four and CANS Five through Twenty. Both versions also include questions that enable the assessor to determine whether a child meets the criteria for Serious Emotional Disturbance (SED). Meeting the definition of SED is a component of the Medical Necessity Criteria for the Intensive Care Coordination.

To help explain the CANS, you can share a copy of the CANS Family Guide in **A endix C**. You can help parents/caregivers prepare for the assessment by encouraging them to think about important information they want to share with the provider about their child's needs and strengths. **A endix B** contains a worksheet that parents can use to prepare for an appointment with a pediatrician or any other provider.



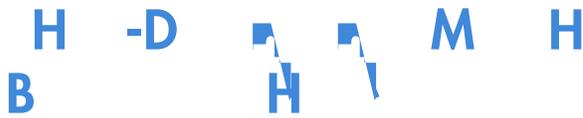
Hub Services (A Family Choice?)

Hub services do not require a referral from a doctor or other “gatekeeper.” Families choose the hub that they think may be best, and call the provider directly to learn more. The provider will work with the family to see if the service is right for the child’s needs and the family’s situation, and, if not, the provider will help the family get a more appropriate service.



There are several ways to help families find hub providers.

- To find **In-Home Therapy (IHT)** and **Intensive Care Coordination (ICC)**, parents can search for available providers by zip code at www.mabhaccess.com. You can see a provider’s ability to accept new referrals, though this does not guarantee an appointment or placement.
- To find **Intensive Care Coordination**, you can refer to the directory of the 32 Community Service Agencies (CSA) in **Appendix D**.
- To find **Outpatient Therapy**, parents can call their MassHealth plan customer service line. A directory of MassHealth Customer Service lines is included in **Appendix E**.
- Parents can also find provider contact information in a MassHealth brochure, [*Worried about the way your child is acting or feeling?*](#) It describes MassHealth behavioral health services and lists local contact information for providers. It is available in English, Spanish, Portuguese, Haitian Creole, Chinese, and Vietnamese. You can order free copies of the brochure for your agency by calling the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-790-4130). You may also order copies online—go to www.mass.gov/masshealth/cbhi and click on [CBHI Brochure and Companion Guide](#). Scroll down until you come to the order form.
- You can also call hub providers directly on behalf of a child *with a parent’s or guardian’s permission*. The providers will then contact the parent/guardian directly to complete the intake process and schedule an appointment.



MassHealth also pays for additional, hub-dependent home- and community-based behavioral health services—**Family Support and Training, In-Home Behavioral Services,** and **Therapeutic Mentoring.** These are specialty services that support the interventions of the hub service.

Enrollment in these services usually requires a referral from a hub service provider (Outpatient Therapy, In-Home Therapy, or ICC described previously) because the services should address goals set in a treatment plan developed through a hub service. Together with the family, the hub provider would determine which of these hub-dependent services should be included in the treatment plan.

Tell families interested in the following services to first contact a hub provider (i.e., a provider of Outpatient Therapy, In-Home Therapy, or ICC). The family and provider can discuss whether to include these hub-dependent services in the child’s treatment plan.

As with all services, the child must meet medical necessity criteria in order to enroll in these services.



A Family Partner is an individual with lived experience as the caregiver of a child or youth with behavioral health or special health care needs. Family Partners are trained to assist families in either of two MassHealth services—Family Support and Training (FS&T, a hub-dependent service through a Community Service Agency), or Mobile Crisis Intervention (MCI).

Most Family Partners provide the FS&T service, and while they often pair with Care Coordinators to implement the Wraparound process with families, they can also work with families in other hubs, either In-Home Therapy or Outpatient Therapy.

On MCI teams, Family Partners pair with clinicians to provide support to youth in crisis and their families. The Family Partner provides emotional support for the caregiver, fosters empowerment, and encourages the expression of family voice. Family Partners often share parts of their own stories with the intention of helping caregivers develop insight and the motivation to act on their child’s and family’s behalf.

I-H B (IHB)

In-Home Behavioral Services offer valuable support to a child or youth who has challenging behaviors that interfere with everyday life. A clinician and a trained paraprofessional work closely with the child and family to create and implement treatment plans that diminish, extinguish, or improve specific behaviors. The trained paraprofessional, also known as a behavior management monitor, works with the child and his or her family to implement the child's behavior plan.

In-Home Behavioral Services are generally available to members in their home, but also can be provided in locations such as school, child care, and other community settings.



M M (M)

Therapeutic Mentoring is a support service that pairs a child or youth with an adult mentor for the purpose of building and enhancing the child's social, communication, and life skills. The Therapeutic Mentor works one-on-one with the child to achieve goals in the plan written by an outpatient therapist, In-Home Therapy provider, or an Intensive Care Coordination (ICC) team. Therapeutic Mentoring services can be delivered in the home, school, child care, and other community settings, as well as in social and recreational settings.

E M C R I S S E R V I C E S (MCI)

MCI is the youth-serving component of an Emergency Services Program (ESP) and is a short-term treatment service that is available 24-hours a day, seven days a week, to children and youths aged 20 and younger, and their families. Unlike older models of crisis intervention, MCI does not simply assess the need and refer for hospitalization or medication. Instead, MCI is a treatment service.

MCI staff are available to identify, assess, treat, stabilize, and otherwise help children and families to resolve crisis situations to reduce the immediate risk of danger to the child or others. Interventions may take the form of counseling; problem-solving; collaborating with family members, schools, or treatment providers; and safety planning.

MCI may include psychiatric consultation and urgent psychopharmacology intervention as needed, as well as referrals and linkages to all medically necessary behavioral health services and supports. MCI may stay involved **for up to seven days** offering additional support, ensuring that a plan is working, or helping to coordinate care. MCI may also step a youth up to an emergency department or inpatient hospital unit when necessary.

The MCI service can be provided nearly anywhere in the community, based on the preferences of the child or family and in consideration of any coexisting medical conditions or safety needs of the child in crisis. Settings that are most conducive to crisis resolution are those that are natural to the child—home, school, or community. For families who prefer that their child is seen in an office setting, each ESP operates a walk-in, community-based crisis facility. All of the walk-in facilities are open seven days a week, and several are open around the clock.

E

MCI services are available to persons who are enrolled in any type of MassHealth plan; those who are uninsured; and many who contract with commercial insurance companies. However, some providers offer mobile crisis services for all children regardless of type of insurance. The best way to know is to contact the MCI manager for your local Emergency Service Provider (ESP). You can call your local ESP for more detail about service eligibility for the children in your program. **Call 1-877-382-1609 to find the closest ESP/MCI by zip code.**

C

Anyone can contact MCI for a child in crisis. It is recommended that programs contact a parent or legal guardian before requesting the MCI service, or at least before the team arrives at the program. Discussion can include the best setting for the intervention; the availability of the parent to join the intervention; or whether the child already has a treatment provider who could conduct the crisis intervention. If the parent or guardian is unreachable, an MCI team may start treatment services while continuing attempts to reach the parent or guardian.

E



Mobile Crisis Intervention is provided by the Emergency Service Provider (ESP) in the region. Call 1-877-382-1609 or see **A** **endix E** for a directory.

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A child or youth does **not** need to be enrolled in one of the hub services in order to access these services. For more information about how to access the following services, a parent can contact MassHealth or the child's MassHealth managed care plan. You can also call on behalf of the child with the parent's permission.



A



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A



SOAP is a short-term, clinically intensive, structured day or evening service for substance-use disorder. It provides multidisciplinary treatment to address the subacute needs of teens with addiction or co-occurring addiction and mental health conditions, while allowing them to continue to work or attend school and be part of family life.

H



The partial hospitalization program is a nonresidential treatment program that may be hospital-based. The program provides clinical, diagnostic, and treatment services at a level of intensity equal to an inpatient program, but on less than a 24-hour basis. These services include therapeutic milieu; nursing; psychiatric evaluation and medication management; group and individual or family therapy; psychological testing; vocational counseling; rehabilitation recovery counseling; substance-use disorder evaluation and counseling; and behavioral plans.

H



Psychiatric hospitals are designed to be safe settings for intensive mental health treatment, including observation, diagnosis, individual and group psychotherapy, and medication management. Inpatient treatment should be part of an overall plan of care—a coordinated effort between the individual, the family or other supporters, the inpatient treatment team, and outpatient service providers.

5. A



H A H C / C

CBHI developed a step-by-step application guide that provides instructions for applying for MassHealth coverage. It contains practical tips to ensure a smooth application process, links to required application forms, and instructions for finding these forms on the MassHealth website.

To view or download the guide, click [here](#), or go to www.mass.gov/masshealth/cbhi and then click on "CBHI Information for Members & Families." A copy of this guide is also included as **A** **endix A**.



CAN : A F G

This handout explains what the Child and Adolescent Strengths and Needs (CANS) tool is and how providers use it during the assessment process.

To view or download the guide, click [here](#) or go to www.mass.gov/masshealth/CANS, and select "Clinical Guidance on the CANS." A copy of this guide is also included as **A** **endix C**.

C / B H / (CBHI)

You can find many of the resources referenced throughout this guide on the CBHI website at www.mass.gov/masshealth/cbhi.

B A A (B A - 77A)

BSAS-OYYAS promotes comprehensive, high-quality, integrated services for youth and young adults and their families experiencing substance use and co-occurring disorders. To find services, call the Youth Central Intake line at **617-661-3991** or **866-705-2807** (TTY: **617-661-9051**).

To learn more, visit www.mass.gov/dph/youthtreatment.

F C (F C) M

FRCs is a statewide network providing community-based, multicultural parenting programs, support groups, early childhood services, information and referral resources, and education for families with children from birth to 18 years old. Supported through funding from the Massachusetts Executive Office of Health and Human Services in collaboration with the Department of Children and Families, a Family Resource Center is located in each of the 12 Massachusetts counties.

To locate your local FRC, visit www.frcma.org.

M B H A

Families can identify available MassHealth service providers and their contact information using this site. Anyone can search for available providers by zip code and service type, as well as determine a provider's current capacity to accept new referrals, though this does not guarantee a family will get an appointment or placement.

For more information, visit www.mabhaccess.com.

M H

The MassHealth website, at www.mass.gov/masshealth, is a good starting place for all things Medicaid-related.

M 2-1-1

211 is an easy-to-remember telephone number that connects callers to information about critical health and human services available in their community. It serves as a resource for finding government benefits and services, nonprofit organizations, support groups, volunteer opportunities, donation programs, and other local resources. Always confidential, Mass 2-1-1 maintains the integrity of the 9-1-1 system, so that 9-1-1, a vital community resource, is reserved for life-and-death emergencies.

Mass 2-1-1 is available 24 hours a day, seven days a week, and is an easy way to find or give help in your community. The website is www.mass211.org.

M C A (MCA) F M

MCPAP For Moms is a program that promotes maternal and child health by building the capacity of certain providers—those who serve pregnant and postpartum women and their children up to one year after delivery—to effectively prevent, identify, and manage depression. The website offers several resources for parents and caregivers, including contact information for local parenting support groups and links to other family and parenting supports.

For more information, visit www.mcpapformoms.org and click on “Mothers and Families.”

M C I (MCI)

To find your local provider, call 1-877-382-1609 and enter your zip code, or see **Appendix F**.

N I (NI)

For more information on Wraparound, the process used in ICC, please visit <http://nwi.pdx.edu>.

C F M H A

At the heart of CBHI and MassHealth’s home- and community-based behavioral health services is Systems of Care, a philosophical and organizational framework that involves collaboration across agencies, families, and youths. Its purpose is to improve access and expand the array of coordinated community-based, culturally and linguistically competent services and supports for children and youths with a serious emotional disturbance, and their families.

For more information on Systems of Care, please visit www.tapartnership.org/systemsOfCare.php.

Worried about the way your child is acting or feeling?

CBHI created a full-color family friendly brochure, *Worried about the way your child is acting or feeling?*, that includes brief descriptions of MassHealth home- and community-based services, including information on how to access them. This publication is distributed in five regional versions and multiple languages, each containing contact information for local providers delivering Mobile Crisis Intervention, In-Home Therapy, and Intensive Care Coordination (ICC).

You can order bulk copies of the brochure [here](#), or go to www.mass.gov/masshealth/cbhi and then click on CBHI Brochure and Companion Guide.

A



- A ■ A. How to Apply for Health Care Coverage for Your Child
- A ■ B. Preparing for Your Appointment
- A ■ C. CANS Family Guide
- A ■ D. Community Service Agency (CSA) Directory
- A ■ E. MassHealth Customer Service Lines
- A ■ F. Emergency Service Provider/Mobile Crisis Intervention (ESP) Directory





HOW TO APPLY FOR HEALTH COVERAGE FOR YOUR CHILD

MassHealth is the Massachusetts Medicaid program. More than 1 million people in the state get health care services with help from MassHealth.

This guide explains options you have in applying for health coverage for your child.

If you are a parent or caregiver who wants your child to get MassHealth Standard or CommonHealth for behavioral health services, this guide will help you. The guide also may be useful for anyone else who would like to apply for coverage under MassHealth.

MassHealth Standard

MassHealth Standard offers a full range of health care benefits. To obtain MassHealth Standard for your child aged 0-18 years, your family's income must be less than or equal to 150% of the federal poverty level.

As of March 1, 2015, 150% of the federal poverty level for a family of four is \$36,372. If you are not sure if your household income meets this requirement, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

MassHealth CommonHealth

MassHealth CommonHealth offers health care benefits similar to MassHealth Standard to disabled adults and disabled children who cannot get MassHealth Standard.

- There is no income limit for CommonHealth.
- There is a sliding-scale premium based on family income, and some adults may have to meet a one-time deductible.

For more detailed information on MassHealth, please see the [Member Booklet for Health and Dental Coverage and Help Paying Costs \(ACA-1\)](#), available at www.mass.gov/masshealth under Applications and Member Forms.

How do I apply for MassHealth Standard or CommonHealth for my child?

1. You must fill out the [Massachusetts Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#) form. You can get the ACA-3 form in a several ways.
 - ◆ Go online and create an account at www.MAhealthconnector.org. Applying online may be a faster way for you to get coverage than mailing a paper application.
 - ◆ Go to www.mass.gov/masshealth and click on [Applications and Member Forms](#) in the lower right corner. You can print out the [ACA-3](#) form and fill it out by hand.
 - ◆ Call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648). They can mail you an [ACA-3](#) form.
 - ◆ Visit a MassHealth Enrollment Center (MEC) to apply in person. See the [Member Booklet for Health and Dental Coverage and Help Paying Costs](#) for a list of MEC addresses.

2. When you fill out the [ACA-3](#) form

- ◆ You will need to include all household members on the application. Tell us about all the household members who live with you. If you file taxes, we need to know about everyone on your tax return. You do not need to file taxes to get MassHealth.
- ◆ Be sure to answer all questions on the application.
- ◆ Be sure to answer YES to question 12 about injury, illness, or disability in Step 2 of the paper application for each person with a disability. If you complete your application by telephone or online, you will also be asked this question.

Navigators and Certified Application Counselors can help you apply for MassHealth. These trained individuals can help you from application through enrollment and answer your questions. To find a Navigator or Certified Application Counselor organization near you, go to www.betterMAhealthconnector.org/get-help.

3. You can submit your completed application in any of the following ways.

- ◆ **Go online** and sign in to your account at www.MAhealthconnector.org.
- ◆ **Mail** your filled-out, signed **Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3)** form to
 **Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780**
- ◆ **Fax** your filled-out, signed ACA-3 application to 1-857-323-8300.
- ◆ **Call** the MassHealth Customer Service Center at 1-800-841-2900 and apply over the phone (TTY: 1-800-497-4648).

If you mail your application at the post office, make sure to ask for a return receipt. This way you have proof that MassHealth got your application.

- ◆ The date MassHealth gets your application affects the date that MassHealth can pay for medical services if you are found eligible.
- ◆ Do not send more than one copy of your application. An application review can take up to 45 days. The extra paperwork will delay review.
- ◆ Keep a copy of everything you send for your records.

What happens after I submit the application?

MassHealth will try to verify the information on the application. If additional information (such as proof of income, citizenship, or immigration status) is needed, we will send you a Request for Information notice that will list all the required documents and the deadline for submitting them.

MassHealth works with UMass/Disability Evaluation Services (DES) to look at disability requests. DES will follow up with you and may send you more paperwork to complete. The paperwork DES sends you helps them review your child's disability request for MassHealth. This process can take up to 90 days.

You can speed up the disability review process by following the three steps below. (To download the forms described below from a computer, go to www.mass.gov/masshealth. In the lower right corner, click on [Applications and Member Forms](#).)

1. When you get the [ACA-3](#) form, also get one of the two forms below. (You can download them or ask for them if you call the MassHealth Customer Service Center.)
 - ▶ **MassHealth Child Disability Supplement Form**
Fill out this form if your child is age 17 or younger. It tells MassHealth about your child's medical and mental health providers, daily activities, and educational background.
 - ▶ **MassHealth Adult Disability Supplement Form**
If your child is age 18 or older, you or your child needs to fill out this form. Some work requirements may apply to youths between the ages of 18 and 21.
2. Be sure to sign the **Medical Records Release** forms at the end of the disability supplement forms (above). Sometimes MassHealth needs more information about your child's medical conditions. When you fill out the MassHealth Medical Release form, you give DES permission to contact your child's providers for such information.
 - ◆ The information helps DES decide if your child is disabled under state and federal law. Fill out one form for each provider by name.
 - ◆ If your child is in an Early Intervention Program or has an IEP or 504 Plan at school, you will need to fill out a release form for these providers/teachers.
 - ◆ Five blank copies of this form are also included in the Disability Supplement Form.
3. Send the completed Disability Supplement and signed Medical Records Release forms to  **Disability Evaluation Services, P.O. Box 2796, Worcester, MA 01613-2796**

If you have any of the following, send copies with the Medical Records Release and Disability Supplement forms. Sending the documents below can help speed up the review process.

- ◆ Your child's medical records
 - ◆ Individualized Family Services Plan (IFSP)
- or
- ◆ Individualized Educational Plan (IEP), testing results, or other records that describe your child's condition(s).

After you have mailed this information, a staff member from the UMass/Disability Evaluation Services may contact you if MassHealth needs more information.

- ◆ Keep a copy of everything you send for your records.
- ◆ If you mail your application at the post office, make sure to ask for a return receipt. This way you have proof that DES got your forms.
- ◆ Check with all your child's providers to make sure they sent the requested information to the UMass/Disability Evaluation Services.

My child already has MassHealth Family Assistance. How do I apply for CommonHealth?

If your child has a disability, he or she may be eligible for CommonHealth. You will need to fill out the [MassHealth Child Disability Supplement](#), including the MassHealth Medical Records Release forms. (Five of these forms are included in the supplement.)

You can get these forms by

calling the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648); or **visiting** www.mass.gov/masshealth and clicking on [Applications and Member Forms](#). Scroll down the screen until you get to Member Forms. Fill out the forms and send them to

 **Disability Evaluation Services (DES), P.O. Box 2796, Worcester, MA 01613-2796**

- ◆ If you mail these forms at the post office, make sure to ask for a return receipt. This way you have proof that DES got your forms.
- ◆ If you need help filling out these forms, you can call the UMass/Disability Evaluation Services Help Line at 1-888-497-9890.
- ◆ Keep a copy of everything for your records.

Reminder: required documents to apply for MassHealth/CommonHealth

If you want to apply for MassHealth/CommonHealth, you will need to mail or submit two separate sets of documents.

1. Send your Application for [Massachusetts Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#) form by **Mail** to

 **Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780**

Fax: 857-323-8300, or

Go Online and sign into your account at www.MAhealthconnector.org.

2. The following documents also are required for MassHealth CommonHealth.
 - ▶ Completed MassHealth Child Disability Supplement or Adult Disability Supplement form for children aged 19 years and older
 - ▶ Completed MassHealth Medical Records Release form(s)
 - ▶ Copies of records that describe your child's condition. Examples include medical records, an Individualized Educational Plan (IEP), an Individualized Family Services Plan (IFSP), and psychological testing results.

Send these documents to

 **Disability Evaluation Services, P.O. Box 2796, Worcester, MA 01613-2796**

Where can I get additional help? If you have questions or need help completing the ACA-3 form, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648). You can also find help located near you by visiting <https://betterhealthconnector.com/enrollment-assisters>.

CAN : A F G



I CAN ?

MassHealth requires behavioral health providers to do a comprehensive assessment when they first start working with children and youth aged 20 years and younger.* The provider will spend time getting to know you and your child, the problems your child is facing, and your hopes for treatment. The first time you meet with your child's behavioral health provider (for example, a clinical social worker, family therapist, mental health counselor, or psychologist), he or she will probably begin a "CANS" for your child.

The CANS is a form that providers use to gather information during the assessment process. It may be filled out by hand on paper, or electronically with a computer.

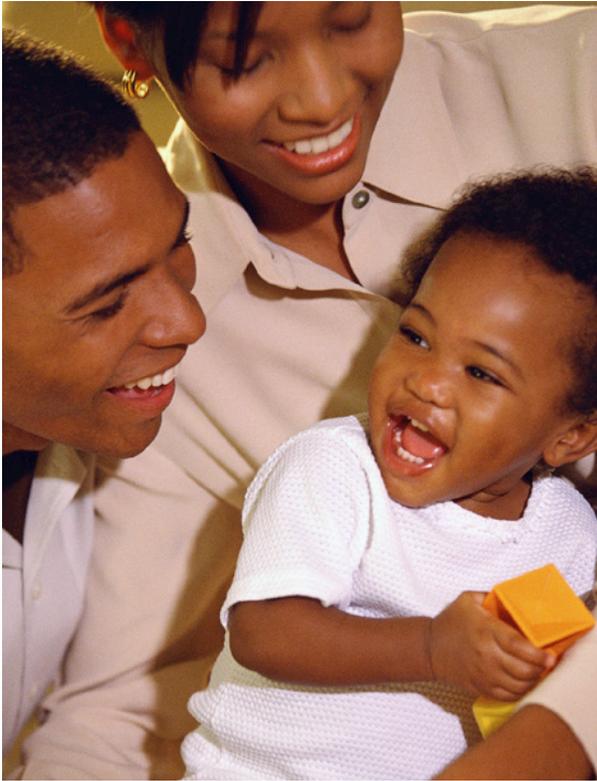
CANS stands for **C**hild and **A**dolescent **N**eeds and **S**trengths. Strengths are areas of your child's life where he or she is doing well or has an interest or ability. Perhaps your son loves art or your daughter has volunteered in an animal shelter. Or your family has many caring friends and relatives. Needs are areas where your child requires help or serious intervention. Perhaps your child seems depressed or is having behavior problems.

Providers use the assessment process to get to know the children and families they work with and to understand their strengths and needs. The CANS can help you decide which of your child's needs are the most important to address in a treatment plan. The CANS also helps you and your child pick out strengths, which can be the basis of a treatment plan. By working with the provider during the assessment process and talking together about the CANS, you can develop a treatment plan that works with your child's strengths and needs.

* MassHealth offers several types of behavioral health services for children and youth aged 20 years and younger. Certain services involve complete assessment and coordination of care when the child is involved in other services. Known as "Hub Services," these include Intensive Care Coordination, In-Home Therapy, and Outpatient Therapy. Some children may be involved in more than one Hub Service. As a MassHealth provider, each Hub Service provider is required to use the CANS form and must complete and update it every 90 days.

Another set of services includes Family Support and Training (Family Partners), In-Home Behavioral Health Services, and Therapeutic Mentors. They are "Hub-Dependent Services," that is, they need a referral from a Hub Service. Providers of these services do not need to complete the CANS but should review the CANS done in the Hub Service.

You should get copies of your child's CANS from his or her provider to share with other providers who work with your family.



How Are CANS Ratings Given?

The CANS is made up of seven sections that focus on different areas in the child's life. Each section consists of a group of items that include how your child functions in everyday life, specific emotional or behavioral concerns, risk behaviors, strengths, and for older children, skills needed to move into adult life. One section asks about your family's beliefs and preferences, while another asks about general family concerns. The provider gives a number rating to each of these items. These ratings help the provider understand where intensive or immediate action is most needed, and where your child has strengths that could be a major part of the treatment plan.

Of course, ratings do not tell the whole story of a child's strengths and needs. Each CANS section also has a comment space where a provider can give more information about that area of life. The provider can note questions that need to be explored further, or areas where people involved with the child have different ideas about him or her.

Updating the CANS

Providers can update the CANS to track progress and revise plans. Each provider normally updates the CANS every 90 days. This is a good time for you to talk with your provider about what has been accomplished through treatment, how the plan is working, and any changes that should be made.

I CAN CANS?

Your child's provider will ask for your consent or permission to enter the CANS ratings and comments into MassHealth's secure online database known as the Virtual Gateway. When you give permission, you are allowing MassHealth, your child's managed-care plan, and other providers at the same organization who work with your child to see his or her CANS records. Your child may work with other providers from different organizations. They will also ask for your permission to enter your child's CANS information into the Virtual Gateway and to see CANS records entered by other providers. Only providers who have your permission can do this. Providers who do not have your permission must complete the CANS on paper and keep it in your child's medical record.

Your consent **does not** allow other state agencies, such as the Department of Youth Services or Department of Children and Families, to see your child's CANS record. To protect your child's privacy MassHealth keeps tight control over who has access to the database. Access to your CANS record is restricted and protected under state and federal privacy laws.

What Are the Benefits of Giving Consent?

With your permission, all providers caring for your child will be able to share the CANS online. Sharing the CANS helps everyone to be "on the same page" for your child, and may save you from having to answer the same questions for different providers.

Giving permission for the provider to enter your child's CANS information into the database allows him or her to print a CANS report for you at any point in your child's treatment. If you wish to share a CANS assessment that was completed on paper with other providers, you will need to ask for a copy.

Updating the CANS in the database is easy for your provider. He or she can simply edit the CANS that was done the last time, leaving more time to focus on your child's treatment plan.

Finally, MassHealth uses the CANS to understand how its services are helping families. Having this information allows MassHealth to improve services in ways that can help your child and others in the future.



CBHI-CANS-FG (05/15)

Produced by MassHealth Publications



CSAs provide Intensive Care Coordination for children and youth who require or are already using multiple services, or are involved with multiple child-serving systems, such as child welfare, special education, juvenile justice, or mental health. There are 32 CSAs throughout the state.

One of the things that CSAs do is to convene local System-of-Care (SOC) Committee meetings. Contact your local CSA to find out the schedule for these meetings.

M B 

Bay State Community Services (Coastal)	617-471-8400, Ext. 163
Children’s Services of Roxbury (Boston)	617-989-9499
Justice Resource Institute (Jamaica Plain)	617-522-0650
The Guidance Center (Cambridge)	617-354-1519, Ext. 114
Home for Little Wanderers (Boston)	1-855-240-4663
The Learning Center for the Deaf, Walden School (Statewide) Videophone	1-508-875-9529 1-774-999-0949/1-774-406-3723
North Suffolk Mental Health Association (Harbor)	617-912-7792
Riverside Community Care (Arlington)	1-877-869-3016
Behavioral Health Network (Chicopee, Springfield, Ware)	1-413-737-0960/1-866-577-8860
Brien Center for Mental Health and Substance Abuse Services (Pittsfield)	1-413-499-0412
Carson Center for Human Services (Holyoke)	1-888 877-6346/1-413-572-4111
Clinical & Support Options	
Athol, Orange	1-978-249-9490
Greenfield	1-413-774-1000
Northampton	1-413-582-0471
Gandara Center	1-413-846-0445 or
Springfield, Holyoke	1-413-846-0446
The Learning Center for the Deaf, Walden School (statewide) Videophone	1-508-875-9529 1-774-999-0949/1-774-406-3723



Community Healthlink	
North Central	1-877-240-2755
Worcester	1-877-778-5030
The Learning Center for the Deaf, Walden School (statewide)	1-508-875-9529
Videophone	1-774-999-0949/1-774-406-3723
Wayside Youth & Family Support Network (Framingham)	1-508-309-0369
Y.O.U., Inc.	1-855-4YOUINC (1-855-496-8462)

N

Children's Friend and Family Services	
Lawrence	1-978-682-7289
Lynn	1-781-593-7676
Eliot Community Human Services (Malden)	1-781-395-0457
The Learning Center for the Deaf, Walden School (statewide)	1-508-875-9529
Videophone	1-774-999-0949/1-774-406-3723
Lahey/Northeast Behavioral Health Corporation (formerly HES)	
Cape Ann	1-978-922-0025
Haverhill	1-978-374-0414
Wayside Youth & Family Support Network (Lowell)	1-978 460-8712
BAMSI (Brockton)	1-508-587-2579, Ext. 30
Bay State Community Services (Plymouth)	1-508-830-3444, Ext. 321
Child & Family Services (New Bedford)	1-508-990-0894
Community Counseling of Bristol County, Inc. (Attleboro)	1-508-977-8185
Family Service Association (Fall River)	1-508-730-1138
Justice Resource Institute (Cape Cod)	1-508-771-3156
The Learning Center for the Deaf, Walden School (statewide)	1-508-875-9529
Videophone	1-774-999-0949/1-774-406-3723

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MassHealth Customer Service Center

1-800-841-2900
TTY: 1-800-497-4648

MassHealth Website

www.mass.gov/masshealth

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Boston Medical Center (BMC) HealthNet Plan

1-888-566-0010
TTY: 1-781-994-7660

Fallon Community Health Plan

1-800-341-4848
1-888-421-8861
TTY: 1-877-608-7677

Health New England (HNE)

1-800-786-9999
TTY: 1-800-439-2370

Neighborhood Health Plan

1-800-462-5449
TTY: 1-800-655-1761

Tufts Health Plan-Network Health

1-888-257-1985
TTY: 1-888-391-5535

Primary Care Clinician (PCC) Plan

1-800-841-2900
TTY: 1-800-497-4648

Massachusetts Behavioral Health Partnership

1-800-495-0086
TTY: 1-877-509-6981

Massachusetts Behavioral Health Access

You can find available mental health service providers and their contact information by using the www.mabhaccess.com website, which allows anyone to search for available providers by zip code and service type. It also allows anyone to determine a provider's current capacity to accept new referrals, although *this does not guarantee* that a family will get an appointment or placement.

AMERICAN: (MCI)

EMERGENCY (E)

CE ?

ALL AGE

- All MassHealth (Medicaid) plans
- Medicare

H

Every ESP has its own toll-free number.
ESPs are open and ready to provide services 24 hours a day, 365 days a year.

- E ,

You can also call the free statewide number (1-877-382-1609).
Just enter your zip code to get the phone number.

are !

Please go to www.masspartnership.com/member/esp
for more details and an electronic version of this flyer.

