

State Plan under Title XIX of the Social Security Act  
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**Item 2.a: Outpatient Hospital Services**

See Supplement to Attachment 3.1-A, page 1, Item 1, #1 and #4.

**Item 4.a: Nursing Facilities Services**

If a utilization review team recommends that a recipient in a multi-level long-term-care facility be changed to a lower level of care, the facility is responsible for relocating a recipient to the recommended level of care within the facility. The recipient has the right to appeal the recommendation.

**Item 4b: Early and Periodic Screening, Diagnostic and Treatment services for individuals under 21 years of age, and treatment of conditions found.**

In addition to all other services covered for individuals under age 21, the following services are covered as Rehabilitation services as defined in 42 USC 1396d(a)(13):

**Definitions:**

**Associate-level counselors/paraprofessional**

Associate-level counselors/paraprofessionals must have an associate's degree in a human services field from an accredited academic institution and one (1) year of relevant experience working with families or youth. If the associate's degree is not in a human services field, additional life or work experience may be considered in place of the human services degree. Associate-level Counselors/paraprofessionals must be supervised by a licensed clinician.

**Bachelor-level counselors/paraprofessional**

Bachelor-level counselors/paraprofessionals must have a bachelor's degree in a human services field from an accredited academic institution and one year of relevant experience working with families or youth. If the bachelor's degree is not in a human services field, additional life or work experience may be considered in place of the human services degree. Bachelor-level Counselors/paraprofessionals must be supervised by a licensed clinician.

**Behavior Management Monitor**

Behavioral management monitors must have a bachelor's degree in a human services field from an accredited university and one (1) year of relevant experience working with families, children or adolescents who require behavior management, or an associate's degree and a minimum of two (2) years of relevant experience working with families, children or adolescents who require behavior management. Behavior management monitors must be supervised by a behavior management therapist.

**Certified Alcoholism/Drug Abuse Counselor (CADAC)**

Certified by the private Massachusetts Board of Substance Abuse Counselor Certification (MBSACC). CADAC certification requires a combination of either a Master's degree in a "behavioral science area" and 2,000 hours of supervised experience or a Bachelor's degree in a behavioral science area and 4,000 hours of supervised experience or an Associates' degree in a behavioral science area and 6,000 hours of supervised experience. Certification also requires documentation of having received a minimum of 270 clock hours of continuing education related to the five domains for alcohol and other drug abuse. Certified

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alcoholism/drug abuse counselors must be supervised by a licensed clinician.

**Certified Alcoholism/Drug Abuse Counselor II (CADAC II)**

Certified by the private Massachusetts Board of Substance Abuse Counselor Certification (MBSACC). CADAC II certification requires a master's degree (or higher) from a regionally accredited academic institution in a human services behavioral sciences field with a clinical application (i.e., practicum); 2,000 hours of supervised experience and documentation of completion of 300-hour practicum. Certified alcoholism/drug abuse counselor IIs must be supervised by a licensed clinician.

**Developmental-Behavioral Pediatrician**

A person with a current, valid, unrestricted license to practice medicine issued by the Massachusetts Board of Registration in Medicine, who is board-certified in Pediatrics and either board-eligible or board-certified in Developmental-Behavioral Pediatrics.

**Developmental-Behavioral Pediatric Fellow**

A person with a current, valid, unrestricted license to practice medicine issued by the Massachusetts Board of Registration in Medicine, who is board-certified in Pediatrics and enrolled in a training program in Developmental-Behavioral Pediatrics accredited by the Accreditation Council for Graduate Medical Education (ACGME). Services provided by the Developmental-Behavioral Pediatric Fellow must be provided in a setting approved for training by the sponsoring training institution, under supervision of faculty from the sponsoring institution.

**Family Partner**

Family Partners must have experience as a caregiver of a youth with special needs, preferably youth with behavioral health needs, experience in navigating any of the youth and family-serving systems and teaching family members who are involved with the youth and family serving systems, and either: a bachelor's degree in a human services field from an accredited academic institution, or an associate's degree in a human services field from an accredited academic institution and one (1) year of experience working with children/adolescents/transition-age youth and families, or a high school diploma or General Education Development (GED) and a minimum of two (2) years of experience working with children/adolescents/transition age youth and families. If the bachelor's or associate's degree is not in a human services field, additional life or work experience may be considered in place of the human services degree. Family partners must be supervised by a licensed clinician.

**Licensed Alcohol and Drug Counselor I – LADC I**

A person licensed by the Department of Public Health to conduct an independent practice of alcohol and drug counseling, and to provide supervision to other alcohol and drug counselors, as defined in 105 CMR 168.000. These requirements include: a master's or doctoral degree in behavioral sciences, a minimum of 270 hours of training in substance abuse counseling, 300 hours of supervised practical training and 6,000 hours of supervised alcohol and drug counseling work experience. LADC Is must be supervised by a licensed clinician.

**Licensed Alcohol and Drug Counselor II – LADC II**

A person licensed by the Department of Public Health to practice alcohol and drug counseling under clinical supervision, as defined in 105 CMR 168.000. These requirements include: a high school diploma or equivalent, a minimum of 270 hours of training in substance abuse counseling, 300 hours of supervised

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practical training and 6,000 hours of supervised alcohol and drug counseling work experience (4,000 if applicant holds a bachelor's degree). LADC IIs must be supervised by a licensed clinician.

**Licensed Alcohol and Drug Counselor Assistant – LADC III**

A person licensed by the Department of Public Health to provide recovery based services under direct clinical and administrative supervision, as defined in 105 CMR 168.000. These requirements include a high school diploma or equivalent, 2,000 hours of work experience in the alcohol or drug abuse field and a minimum of 50 hours of training in substance abuse counseling. LADC IIIs must be supervised by a licensed clinician.

**Licensed Independent Clinical Social Worker (LICSW)**

A person with a current, valid, unrestricted license to practice as an LICSW, issued by the Massachusetts Board of Registration of Social Workers. These requirements include: master's or doctoral degree in Social Work from a program accredited by the Council on Social Work Education and two years supervised experience.

**Licensed Clinical Social Worker (LCSW)**

A person with a current, valid, unrestricted license to practice as an LCSW, issued by the Massachusetts Board of Registration of Social Workers. These requirements include: master's or doctoral degree in Social Work from a program accredited by the Council on Social Work Education. LCSW must be supervised by a licensed clinician.

**Licensed Social Worker (LSW)**

A person with a current, valid, unrestricted license to practice as an LSW, issued by the Massachusetts Board of Registration of Social Workers. These requirements include: a bachelor's degree in Social Work from a program accredited by the Council on Social Work Education or a bachelor's degree in any subject and 3500 hours of supervised experience providing social work services. LSWs must be supervised by a licensed clinician.

**Licensed Social Work Associate (LSWA)**

A person with a current, valid, unrestricted license to practice as an LSWA, issued by the Massachusetts Board of Registration of Social Workers. These requirements include: an associate degree, or at least sixty credit hours of college education, in the fields of social work, psychology, counseling or other similar human services field, from an accredited college or university; or a baccalaureate degree in any field from an accredited college or university; or a minimum of one thousand (1000) hours of education in social work theory and methods in courses or programs approved by the Board of Registration of Social Workers. Licensed social work associates must be supervised by a licensed clinician.

**Licensed Marriage and Family Therapist (LMFT)**

A person with a current, valid, unrestricted license to practice as a LMFT, issued by the Massachusetts Board of Registration of Allied Mental Health Professionals. These requirements include: a master's degree in the mental health field (including, but not restricted to, counseling, family therapy, psychology, etc.) from an accredited college or university and two years supervised experience.

**Licensed Mental Health Counselor (LMHC)**

A person with a current, valid, unrestricted license to practice as a LMHC, issued by the Massachusetts

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Board of Registration of Allied Mental Health Professionals. These requirements include: a master's degree in the mental health field (including, but not restricted to, counseling, family therapy, psychology, etc.) from an accredited college or university and two years supervised experience.

**Licensed Psychologist**

A person with current, valid, unrestricted license to practice psychology issued by the Massachusetts Board of Registration in Psychology. These requirements include a doctoral degree from a program accredited by the American Psychological Association and two years supervised experience.

**Marriage and Family Therapy Intern**

The marriage and family therapy intern must be a second-year, clinical-track student in a structured field placement that is a component of a master's in marriage and family therapy or a master's in a counseling program that is fully accepted by the Board of Allied Mental Health and Human Services Profession. The marriage and family therapy intern must provide services in a licensed clinic or hospital, under the direct supervision of a LMFT, LMHC, LICSW, a licensed Psychologist, a Psychiatric Nurse Mental Health Clinical Specialist, or licensed Psychiatrist.

**Master's Level Counselor**

A person with a master's or doctoral degree in a mental health field (including, but not restricted to, counseling, family therapy, social work, psychology, etc.) from an accredited college or university who is supervised in the provision of services by a LMHC, LMFT, LICSW, a licensed Psychologist, a Psychiatric Nurse Mental Health Clinical Specialist, or a licensed Psychiatrist.

**Mental Health Counselor Intern**

The Mental Health Counselor Intern must be a second-year, clinical-track student in a structured field placement that is a component of a master's in mental health counseling or a master's in a counseling psychology program that is fully accepted by the Board of Allied Mental Health and Human Services Profession. The Mental Health Counselor Intern must provide services in a licensed clinic or hospital, under the direct supervision of a LMHC, LICSW, a licensed Psychologist, a Psychiatric Nurse Mental Health Clinical Specialist, or licensed Psychiatrist.

**Psychiatric Nurse**

A person with a current, valid, unrestricted license to practice as a registered nurse issued by the Board of Registration in Nursing, a master's degree in the mental health fields and one (1) year of experience delivering mental health services to families and youth.

**Psychiatric Nurse Mental Health Clinical Specialist**

A person with a current, valid, unrestricted license to practice as a registered nurse issued by the Massachusetts Board of Registration in Nursing and current, valid, unrestricted authorization by the Massachusetts Board of Registration in Nursing to practice as a Psychiatric Nurse Mental Health Clinical Specialist.

**Psychiatric Nurse Mental Health Clinical Specialist Trainee**

A person with a current, valid, unrestricted license to practice as a registered nurse issued by the Massachusetts Board of Registration in Nursing who is enrolled in a Psychiatric Nurse Mental Health Clinical Specialist training program recognized by the Massachusetts Board of Registration in Nursing.

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Services provided by the Psychiatric Nurse Mental Health Clinical Specialist trainee must be provided in a setting approved for training by the sponsoring training institution, under supervision of faculty from the sponsoring institution.

**Psychiatric Resident**

A person with a current, valid, full or limited license to practice medicine issued by the Massachusetts Board of Registration in Medicine, who is enrolled in an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency training program in either adult psychiatry or child and adolescent psychiatry. Services provided by the Psychiatric intern must be provided in a setting approved for residency training by the sponsoring training institution, under supervision of faculty from the sponsoring institution.

**Psychiatrist**

A person with a current, valid, unrestricted license to practice medicine issued by the Massachusetts Board of Registration in Medicine. Psychiatrists treating youth ages 0 to 19 shall board-certified or board-eligible in child and adolescent psychiatry. Psychiatrists treating youth ages 19 to 21 shall be trained in adult psychiatry.

**Psychology Intern**

The psychology intern must be admitted to doctoral candidacy in a structured clinical, or counseling, American Psychological Association (APA)-approved doctoral program. Services provided by a psychology intern must be provided in a licensed clinic or hospital, under the direct supervision of a licensed psychologist.

**Social Work Intern**

The Social Work Intern must be a second-year, clinical-track student in a structured field practicum that is a component of an MSW program that is fully accredited by the Council on Social Work Education. Services must be provided in a licensed clinic or hospital, under the direct supervision of an LICSW.

**Therapeutic Mentors**

Therapeutic mentors must be 21 years of age or older and have either: a bachelor's degree in a human service field from an accredited academic institution and one (1) year of relevant experience working with children/adolescents/transition age youth; or, an associate's degree in a human services field from an accredited academic institution and one (1) year of relevant experience working with children/adolescents/transition age youth; or, a high school diploma or General Educational Development (GED) and a minimum of two (2) years of experience working with children/adolescents/transition age youth. If the bachelor's or associate's degree is not in a human services field, additional life or work experience may be considered in place of the human services degree. Therapeutic mentors must be supervised by a licensed clinician.

**a. Mobile Crisis Intervention:**

Mobile crisis services may be provided by a single crisis worker or by a team of professionals trained in crisis intervention. This service provides a short term service that is mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying,

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assessing, treating, and stabilizing the situation and reducing the immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. Services are available 24 hours a day, 7 days a week. Phone contact and consultation may be provided as part of the intervention.

Mobile Crisis Intervention includes, but is not be limited to, the following:

- Conducting a mental status exam;
- Assessing crisis precipitants, including psychiatric, educational, social, familial, legal/court related, and environmental factors that may have contributed to the current crisis (e.g., new school, home, or caregiver; exposure to domestic or community violence; death of friend or relative; or recent change in medication);
- Assessing the youth's behavior and the responses of parent(s)/guardian(s)/caregiver(s) and others to the youth's behavior;
- Assessing parent(s)/guardian(s)/caregiver(s) strengths and resources to identify how such strengths and resources impact their ability to care for the youth's behavioral health needs;
- Taking a behavioral health history, including past inpatient admissions or admissions to other 24-hour levels of behavioral health care;
- Assessing medication compliance and/or past medication trials;
- Assessing safety/risk issues for the youth and parent(s)/guardian(s)/caregiver(s).
- Taking a medical history/screening for medical issues;
- Assessing current functioning at home, school, and in the community;
- Identifying current providers, including state agency involvement;
- Identifying natural supports and community resources that can assist in stabilizing the situation and offer ongoing support to the youth and parent(s)/guardian(s)/caregiver(s);
- Solution focused crisis counseling;
- Crisis counseling and consultation to the family;
- Coordination with Crisis Stabilization provider;
- Identification and inclusion of professional and natural supports (e.g., therapist, neighbors, relatives) who can assist in stabilizing the situation and offer ongoing support;
- Psychiatric consultation and urgent psychopharmacology intervention (if current prescribing provider cannot be reached immediately or if no current provider exists), as needed, face-to-face or by phone from an on-call child psychiatrist or Psychiatric Nurse Mental Health Clinical Specialist,
- Development of a risk management/safety plan. If the youth does not already have one, Mobile Crisis Intervention creates a risk management/safety plan in concert with the parent(s)/guardian(s)/caregiver(s) and any existing service providers (e.g., ICC, In-Home Therapy Services, outpatient therapist); and
- Other services as needed to maintain the youth in the home/community and prevent out-of-home/community placements such as an inpatient hospital admission resulting from the youth's behavioral health condition.

Settings: Mobile crises intervention is provided in community settings (including the youth's home).

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Provider qualifications: Providers of Mobile Crisis Intervention services are outpatient hospitals, community health centers, mental health centers and other clinics. These providers use one or more of the following practitioners in the provision of mobile crisis intervention services: LICSWs, LCSWs, LMFTs, LMHCs, licensed psychologists, master's level counselors, Marriage and family therapy interns, mental health counselor interns, psychiatric nurse mental health clinical specialists, psychiatric nurse mental health clinical specialist trainee, psychiatric nurses, psychiatrists, psychiatry residents, psychology interns, social work interns, associate-level counselors/paraprofessionals, bachelor-level counselors/paraprofessionals, CADCs, CADC IIs, LADC Is, LADC IIs, LADC IIIs, LSWs, and LSWAs.

**b. Crisis Stabilization:**

This service is provided for youth who do not require hospital level of care. It is designed to prevent or ameliorate a behavioral health crisis that may otherwise result in a youth being removed from their home/community environment, such as being admitted to an inpatient hospital or a psychiatric residential treatment facility. Crisis stabilization staff continuously evaluate and treat the youth as well as teach, support, and assist the parent(s)/guardian(s)/caregiver(s) to better understand and manage behavior that has resulted in current or previous crisis situations. Crisis stabilization services also link the youth to other appropriate services. Crisis Stabilization services are available to a youth based on medical necessity.

Crisis Stabilization services include, but are not be limited to, the following:

- Rapid engagement with the youth and parent(s)/guardian(s)/caregiver(s) to ensure timely return to home/community environment.
- A solution focused crisis assessment performed within 4 hours of admission that identifies strengths and needs of the youth and caregiver(s); addresses antecedents to, and potential strategies to ameliorate or resolve the current crisis and prevent future need for removal from the home environment.
- Face to face meetings with youth, parent(s)/guardian(s)/caregiver(s), and Mobile Crisis Intervention within 24 hours of admission.
- Face to face meetings with youth and parent(s)/guardian(s)/caregiver(s), state agency personnel and current providers.
- Motivational Interviewing
- Solution-focused, crisis counseling for the individual and parent(s)/guardian(s)/caregiver(s).
- Consultation to families, providers, and others, as appropriate.
- Developing and implementing risk management/safety plans
- Providing skill building to youth and parent(s)/guardian(s)/caregiver(s)

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- Psychopharmacological management, including availability of on-site prescriber

Settings: Crisis stabilization is delivered in group care facilities (for youth under 18) and adult crisis stabilization units (for youth 18 to 21). These are short-term therapeutic staff-secure settings that provide 24-hour behavioral health care for youth in crisis.

Provider qualifications: Providers of Crisis Stabilization are group care facilities for youth under 18 and adult crisis stabilization units for youth 18 to 21. These providers use one or more of the following practitioners in the provision of crises stabilization services: LICSWs, LCSWs, LMFTs, LMHCs, licensed psychologists, master's level counselors, Marriage and family therapy interns, mental health counselor interns, psychiatric nurse mental health clinical specialists, psychiatric nurse mental health clinical specialist trainee, psychiatric nurses, psychiatrists, psychiatry residents, psychology interns, social work interns associate-level counselors/ paraprofessionals, bachelor-level counselors/paraprofessionals, CADCs, CADC IIs, LADC Is, LADC IIs, LADC IIIs, LSWs, and LSWAs.



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**c. In-Home Behavioral Services:**

This service is delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary Behavior Management Therapy and Behavior Management Monitoring.

1. Behavior Management Therapy: This service includes a behavioral assessment (including observing the youth's behavior, antecedents of behaviors, and identification of motivators), development of a highly specific behavior treatment plan; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals. This service is designed to treat challenging behaviors that interfere with the child's successful functioning. The behavior management therapist develops specific behavioral objectives and interventions that are designed to diminish, extinguish, or improve specific behaviors related to the child's behavioral health condition(s) and which are incorporated into the behavior management treatment plan and the risk management/safety plan.

Behavior Management Therapy includes, but is not be limited to, the following:

- Behavioral health assessment
  - Documented observations of the youth in the home and community
  - Structured interviews with the youth, family, and any identified collaterals about his/her behavior(s)
  - Completion of a written functional behavioral assessment
  - Development of a focused behavior management treatment plan that identifies specific behavioral and measurable objectives or performance goals and interventions (e.g. skills training, reinforcement systems, removal of triggering stimuli, graduated exposure to triggering stimuli, etc.), that are designed to diminish, extinguish, or improve specific behaviors related to a youth's mental health condition(s)
  - Development of specific behavioral objectives and interventions that are incorporated into the youth's new or existing risk management/safety plan.
  - Modeling for the parent(s)/guardian(s)/caregiver(s) on how to implement strategies identified in the behavior management plan
  - Working closely with the behavior management monitor to ensure the behavior management plans and risk management/safety plan are implemented as developed, and to make any necessary adjustments to the plan.
2. Behavior management monitoring. This service includes implementation of the behavior treatment plan, monitoring the youth's behavior, reinforcing implementation of the treatment plan by the parent(s)/guardian(s)/caregiver(s), and reporting to the behavior management therapist on

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3. implementation of the treatment plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.

Behavior Management Monitoring includes, but is not be limited to, the following:

- Monitoring the youth's progress on implementation of the goals of the treatment plan developed by the behavior management therapist
- Providing coaching, support and guidance to the parent(s)/guardian(s)/caregiver(s) in implementing the plan
- Working closely with the behavior management therapist to ensure the behavior management plans and risk management/safety plan are implemented as developed, and reporting to the behavior management therapist if the youth is not achieving the goals and objectives set forth in the behavior management plan so that the behavior management therapist can modify the plan as necessary.

Settings: In-Home Behavioral Services may be provided in any setting where the child is naturally located including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, child care centers, and other community settings.

Provider Qualifications: Providers of in-home behavioral services are outpatient hospitals, community health centers, mental health centers, other clinics, and private agencies certified by the Commonwealth. These providers use one or more of the following practitioners in the provision of behavior management therapy services: developmental-behavioral pediatricians, developmental-behavioral pediatric fellows, LICSWs, LCSWs, LMFTs, LMHCs, licensed psychologists, master's level counselors, Marriage and family therapy interns, mental health counselor interns, psychiatric nurse mental health clinical specialists, psychiatric nurse mental health clinical specialist trainee, psychiatric nurses, psychiatrists, psychiatry residents, psychology interns and social work interns. Practitioners who furnish in-home behavioral services use behavior management monitors in the provision of behavior management monitoring services. Practitioners potentially eligible to provide behavior management therapy must also meet specific education and experience requirements articulated in behavior management therapy program specifications. These additional qualifications include, but are not limited to: coursework in conducting behavioral assessments, and selecting, implementing and evaluating intervention strategies; supervised experience conducting behavioral assessments and designing, implementing, and monitoring behavior analysis programs for clients.

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**d. In-Home Therapy Services:**

This service is delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary In-Home Therapy and Therapeutic Training and Support.

1. In-home therapy is a structured, consistent, Therapeutic relationship between a licensed clinician and the youth and family for the purpose of treating the youth's behavioral health needs including improving the family's ability to provide effective support for the youth to promote healthy functioning of the youth within the family. The intervention is designed to enhance and improve the family's capacity to improve the youth's functioning in the home and community and may prevent the need for the youth's admission to an inpatient hospital, psychiatric residential treatment facility or other treatment setting. The qualified practitioner, in collaboration with the family and youth, develops a treatment plan and, using established psychotherapeutic techniques, works with the entire family or a subset of the family to implement focused interventions and behavioral techniques to: enhance problem-solving, limit-setting, risk management/safety planning, communication; build skills to strengthen the family, advance therapeutic goals or improve ineffective patterns of interaction; identify and utilize community resources, develop and maintain natural supports for the youth and parent(s)/guardian(s)/caregiver(s) in order to promote sustainability of treatment gains. Phone contact and consultation are provided as part of the intervention.

In-Home Therapy includes, but is not be limited to, the following:

- Assessments (including in-home assessments) that include a comprehensive needs and strengths assessment. Assessments will be conducted in the youth's home, or at the request of the parent(s)/guardian(s)/caregiver(s), another safe community setting.
- Development of a treatment plan by the qualified practitioner in partnership with the youth and parent(s)/guardian(s)/caregiver(s) and, with required consent, in consultation with other providers.
- Ongoing monitoring and modification of the treatment plan as indicated
- Review/development of a risk management/safety plan
- Phone and face-to-face consultation with other providers, individuals and entities who may impact the youth's treatment plan
- Intensive Family Therapy that may include evidence-based interventions, works with the entire family, or a subset of the family, to implement behavioral techniques and advance therapeutic goals,

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- enhance problem-solving, limit-setting, risk management/safety planning, communication, emotional support or other family or individual functions
  - Coaching in support of decision-making in both crisis and non-crisis situations
2. Therapeutic Training and Support is a service provided by a paraprofessional working under the supervision of a clinician to support implementation of the licensed clinician's treatment plan to achieve the goals of the that plan. The paraprofessional assists a licensed clinician in implementing the therapeutic objectives of the treatment plan designed to address the youth's mental health, behavioral and emotional needs. This service includes teaching the youth to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family to address the youth's emotional, behavioral and mental health needs. Phone contact and consultation may be provided as part of the intervention.

Therapeutic Training and Support includes, but is not be limited to, the following:

- Providing coaching, support and guidance to the youth and parent(s)/guardian(s)/caregiver(s) in implementing the treatment plan
- Providing skills training for youth and parent(s)/guardian(s)/caregiver(s) in support of the treatment plan goals
- Monitoring the youth's and parent(s)/guardian(s)/caregiver(s) progress on achieving treatment plan goals and communicating regularly with the clinician so that the treatment plan can be modified and necessary

Settings: In Home Therapy Services may be provided in any setting where the child is naturally located including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, child care centers, , and other community settings.

Provider Qualifications: Providers of In-Home Therapy are outpatient hospitals, community health centers, mental health centers other clinics and private agencies certified by the Commonwealth. These providers use one or more of the following practitioners in the provision of in-home therapy: LICSW, LCSW, LMFT, LMHC, Licensed psychologist, Master's level counselors, marriage and family therapy interns, mental health counselor interns, psychiatric nurse mental health clinical specialists, psychiatric nurse mental health clinic specialists trainee, psychiatric nurses, psychiatrists, psychiatry residents, psychology interns. Providers of In-Home Therapy use one or more of the following practitioners in the provision of therapeutic training and support: associate-level counselors/praraprofessionals, bachelor-level counselors/paraprofessions, CADAC Is, CADAC IIs, LADC Is, LADC IIs, LADC IIIs, LSW, and LSWAs.

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**e. Therapeutic Mentoring Services:**

Therapeutic Mentoring Services are designed to support age-appropriate social functioning or ameliorate deficits in the youth's age-appropriate social functioning. Therapeutic Mentoring offers structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs. Therapeutic Mentoring Services include supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to other youth and adults.

These services help to ensure the youth's success in navigating various social contexts, learning new skills and making functional progress, while the therapeutic mentor offers supervision of these interactions and engages the youth in discussions about strategies for effective handling of interpersonal interactions. The therapeutic mentor does not provide social, educational, artistic, athletic, recreational or vocational services.

Therapeutic Mentoring Services must be delivered according to a behavioral health treatment plan developed by either an outpatient clinician, an In-home Therapy clinician or, for youth enrolled in Intensive Care Coordination, a Care Planning Team. Progress toward meeting the identified goal(s) must be documented and reported regularly to the provider responsible for the youth's treatment plan.

Settings: Therapeutic Mentoring Services are provided to youth in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), school, child care centers and other community settings.

Provider Qualifications: Providers of therapeutic mentoring services are outpatient hospitals, community health centers, mental health centers, other clinics, and private agencies certified by the Commonwealth. Providers of therapeutic mentoring utilize Therapeutic Mentors to provide these services.

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**f. Caregiver Peer to Peer Support:**

Caregiver Peer to Peer Support is a service provided to the parent(s)/guardian(s)/caregiver(s) of a youth (under the age of 21), and is delivered by Family Partner and provides a structured, one-to-one, strength-based relationship between the Family Partner and the parent(s)/guardian(s)/caregiver(s). The purpose of this service is to improve the capacity of the parent(s)/guardian(s)/caregiver(s) to parent, in order to support the youth's improved functioning by resolving or ameliorating the youth's mental health, behavioral and emotional needs. Caregiver Peer to Peer Support addresses goals established in a behavioral health treatment plan developed by either an outpatient clinician, an In-home therapy clinician or, for youth enrolled in Intensive Care Coordination, a Care Planning Team.

Family Partners do not provide respite care or child care services.

Caregiver Peer to Peer Support includes, but is not be limited to, the following:

- coaching the parent(s)/guardian(s)/caregiver(s) on performing skills related to parenting a youth with SED such as working effectively with state agency case managers, school system officials, provider agency staff and clinicians
- modeling these skills for parent(s)/guardian(s)/caregiver(s)
- fostering empowerment of parent(s)/guardian(s)/caregiver(s) by offering supportive guidance for parents of youth with mental health needs and encouraging participation in peer/parent support and self-help groups
- teaching the parent(s)/guardian(s)/caregiver(s) how to find, access and use formal and informal community-based resources (e.g., after-school programs, food assistance, housing resources, youth-serving systems, etc.).

Settings: Caregiver Peer to Peer Support is a service provided to the parent(s)/guardian(s)/caregiver(s) of a youth (under the age of 21), in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and other community settings.

Provider Qualifications: Providers Caregiver Peer-to-Peer Support services are outpatient hospitals, community health centers, mental health centers, other clinics and private agencies certified by the Commonwealth. Providers of Caregiver Peer-to-Peer Support services utilize Family Partners to provide these services.

**State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Limitations to Services Provided to the Medically Needy**

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**Item 5: Physician's Services**

See Supplement to Attachment 3.1-A, P.1, Item 1, #1.