

*Helping Families Access MassHealth
Home- and Community-Based
Behavioral Health Services
for Children and Youths under Age 21*

A Guide for School Personnel

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1. Introduction

MassHealth behavioral health services create opportunities to support students with social, emotional, and behavioral needs, using Medicaid-funded home and community-based services. These services support youth and families and promote their success across all the environments where they live and learn. Common goals and a shared mission make schools and home-based service providers natural allies in providing services for students with behavioral health needs. Both seek to serve children in the least restrictive environment. Both hope to cultivate a child's ability to succeed and function independently in all aspects of life, including full participation in school life. Collaboration between families, schools, and home-based service providers can improve the coordination of care, support the use of consistent and effective interventions, and promote students' ability to develop and generalize important social, emotional, behavioral, and independent living skills. With these needs met, students can focus on learning and thrive in school.

2. Who Should Read This Guide?

This guide is written for school staff. For those who interact directly with students, including school nurses, health educators, psychologists, social workers, adjustment counselors and teachers, it provides information that will be useful in connecting MassHealth-eligible students and their families with needed behavioral health services (see sections 3 and 4).

This guide also describes how schools can collaborate in Intensive Care Coordination using the Wraparound process, a new approach to individualized care planning that is very effective for some youths with complex needs (see section 7). This section will be useful to school personnel who may be invited to participate on a youth's Wraparound team, and to school administrators who need to understand the framework for participation in Wraparound.

For school administrators and others interested in building systematic behavioral health supports for their students, this guide describes how school collaboration in a local System of Care Committee can help to build linkages that benefit youth, families, and schools (see sections 7 and 8). For school administrators, we provide information on how your district may be able to bill certain referral activities to Medicaid (see section 9).

3. How Can I Help Families Apply for MassHealth?

In order to access any of these services, a student must first be enrolled in MassHealth. 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. MassHealth offers a range of behavioral health services, including services specifically for children and youths under the age of 21. In 2009, MassHealth expanded and improved these services, which may benefit eligible students in your school. (For detailed descriptions of the new services, please see section 5, Finding the Right Service.)

Who is eligible for the home- and community- based behavioral health services?

- There are various “coverage types” within MassHealth. Approximately 85% of MassHealth-enrolled children and youths have either the Standard or CommonHealth coverage type. Children and youths under age 21 who have either MassHealth Standard or MassHealth CommonHealth may access any medically necessary MassHealth behavioral health service. (Each service has medical necessity criteria, which are used by the provider of the service to determine whether it is medically necessary for the youth. [Medical Necessity Criteria](#) can be found on the CBHI Web site. At www.mass.gov/masshealth/cbhi, go to Home- and Community-Based Behavioral Services for Families and Children.
- Decisions about medical necessity are subject to review by the youth’s MassHealth health plan.
- Children and youths enrolled in MassHealth Family Assistance, Basic, or Essential¹ coverage types may be able to access Mobile Crisis Intervention and In-Home Therapy. For more information, parents and caregivers should call their health plan or MassHealth Customer Service (see below for phone number).
- You can refer a parent or caregiver to MassHealth by giving them the contact information to find out about their eligibility. If a parent or caregiver is unsure of their child’s MassHealth coverage type, they can do one of the following
 - Call their health plan (the name is on the MassHealth card he or she uses when going to the doctor).
 - Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648).

You can find MassHealth plan customer service lines and links to behavioral health provider contact information [here](#) (or go to www.mass.gov/masshealth/cbhi and then click on CBHI Contact Information on the right side under the Related Links heading). Because of privacy laws, school staff cannot make this call, but they can support a parent in making the call, for instance coming up with a list of questions the parent may want to ask when he or she calls Customer Service.

- If a student is **not** already a MassHealth member, you can help by encouraging the family to apply. Families will need to fill out and mail in a Medical Benefit Request ([MBR](#)) form, which they can download from the [Web site](#) (or go to www.mass.gov/masshealth and scroll down to the lower right hand corner to the “Publications” heading—click on Applications and Member Forms). They can also request a copy by mail when they call MassHealth Customer Service. Along with the MBR, families will need to submit proof of family income and citizenship for the family member(s) applying for MassHealth. To qualify for MassHealth Standard, a family’s income must be less than 150% of the federal poverty level.²

If a family’s income is too high to qualify for MassHealth Standard or the family has private insurance, you can inform them of CommonHealth, MassHealth’s coverage for children and adults with disabilities. There is no income limit for CommonHealth, though there is a sliding scale premium based on family income. Some families may have to pay a one-time deductible. If a child’s condition meets the MassHealth disability standard, then he or she

¹ MassHealth has different coverage types that vary in eligibility requirements and covered services. You can visit the mass.gov Web site for more information on coverage types.

² Currently, \$33,525 for a family of four, based on the level set for 2011-2012. This amount is subject to change each year. Applicants should call MassHealth Customer Service if they are unsure if their family income level meets this requirement.

may be eligible for CommonHealth. Sometimes a student receiving special educational services meets the disability standard. Let parents/caregivers know that they can either request a MassHealth Child Disability Supplement to the Medical Benefit Request form when they call Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648) or they can download both forms from the Web site. (Go to www.mass.gov/masshealth and click on Applications and Member Forms in the lower right side under the Publications heading. The MassHealth Child Disability Supplement is at the bottom of the page. Students aged 18 and older will have to fill out a MassHealth Adult Disability Supplement, located just beneath the Child Disability Supplement.)

For more detailed information on applying to MassHealth that you can share with families, see Appendix A: How to Apply for MassHealth for Your Child.

There are several community organizations, including community health centers and hospitals, that can help families apply to MassHealth—you can find a list [here](#). You can also find this list at www.mahealthconnector.org. Click on About Us. Scroll down and click on Background on Commonwealth Care. Then click on Learn more about the application process under the How to Apply heading. You can find the link to the 2009/2010 EOHHS Health Care Reform Enrollment, Outreach and Access to Care organizations halfway down the page.

4. How Can I Help Families Access Services?

Support Referrals

There are many ways in which school staff can support youth and families in navigating the service system and connecting with providers who can meet their needs.

- To help guide a conversation about available supports and services, school staff can share *Worried About the Way Your Child Is Acting or Feeling?*, a family-friendly brochure from MassHealth that contains descriptions of the new MassHealth behavioral health services. It is available in English, Spanish, and Portuguese. You can [order](#) free copies of the brochure online or by calling MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648). The brochure can be a helpful starting place to discuss what services are available and how families can access those services.
- School staff can help families identify available service providers and their contact information using the Web site, www.mabhaccess.com. This site allows anyone to 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.
- School staff can call provider agencies directly on behalf of students **with a parent's or guardian's permission. Providers will then contact the parent/guardian directly to complete the intake process and schedule an appointment.**
- Parents and caregivers can call providers directly. They do not need a referral from a primary care clinician or anyone else for behavioral health services. Parents and caregivers who do want additional guidance can ask their child's primary care doctor or nurse for help finding a therapist, or they can consult current behavioral health providers about their concerns and services needs. They can also call their MassHealth Plan's [customer service](#) center for help finding the right service for their children.

5. Finding the Right Service

Clinical Hub Services

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).

A Clinical Hub acts as the central point of coordination and communication for children and youths involved in more than one service.

- A Clinical 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 or youth's life such as parents, providers, teachers, therapists, and coaches; holding meetings with the family and other treatment providers; or convening care planning teams for ICC).
- Clinical Hub services in order of increasing level of care coordination are: **Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination (ICC)**.
- When the child or youth is involved in more than one Clinical Hub service, care coordination is provided by the highest level hub service.

Clinical Hub Service #1: Outpatient Therapy

Outpatient therapy provides therapeutic intervention to children and youths in need of mental health resources, and may include individual, family, and group therapies. Outpatient therapy is usually delivered in a clinician's office, although it may occur in other settings. This service can be used to treat a variety of behavioral health and substance abuse issues that significantly interfere with functioning in at least one area of the child's life (e.g., family, social, school, or job).

Who is likely to need outpatient therapy?

If the child or youth has not previously received counseling or behavioral health services, or has benefited from outpatient therapy before, outpatient therapy is a good place to start. Outpatient therapy can provide an initial assessment for other needed services that the clinician and family identify, or follow-up support for children and youths graduating 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 new MassHealth service that offers face-to-face, onsite crisis intervention wherever the child or youth is located. See "Other MassHealth Behavioral Health Services" for more information on Mobile Crisis Intervention.
- ***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 clinical 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.

For information on making appointments, see section 4, *How Can I Help Families Access Services?*

Clinical Hub Service #2: In-Home Therapy

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 not available in a clinical setting for rehearsing new strategies.

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 intensive help with a child’s emotional and behavioral challenges than could 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 not found it effective.

For information on making appointments, see section 4, “*How Can I Help Families Access Services?*”

Clinical Hub Service #3: Intensive Care Coordination (ICC)

Unlike the other Clinical Hubs, ICC is not therapy. It is intensive, individualized care planning and management process for children and youth with **serious emotional disturbance** that uses the **Wraparound** process.

- ICC provides intensive, individualized care planning and management. A facilitator, called the Care Coordinator, 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 and school support staff (e.g., nurses, adjustment counselors, behavioral health staff, and psychologists), the child’s primary care provider, 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 its own 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 providers and state agencies to integrate services.

The Care Planning Team may meet monthly and 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 necessary services that the child needs and receives from providers, state agencies, special education, or a combination thereof;
- create a structured process that facilitates a collaborative relationship among team members—the youth, family members, natural supports, service providers, state agency, and school staff—to help the child reach the goals in the individual care plan;
- chart progress, solve problems, and make adjustments to the individual care plan; and
- find creative and sustainable solutions for the child and family beyond their involvement in ICC.

For more information about the role of the school in ICC, see section 7, *How Does the School Collaborate in Intensive Care Coordination (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 and/or youth 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 Web site](http://www.nwi.pdx.edu) (www.nwi.pdx.edu)

For more information on making appointments, see section 4, *How Can I Help Families Access Services?*

Hub Dependent MassHealth Behavioral Health Services

Tell families interested in the following services to first contact a Clinical Hub provider, i.e., a provider of Outpatient Therapy, In-Home Therapy, or ICC. The family and provider can discuss including these hub-dependent services in the child's treatment plan. You can direct the family to MassHealth [customer service](#) for assistance in locating an Outpatient, In-Home Therapy, or ICC provider.

MassHealth also pays for additional home and community-based behavioral health services: Family Support and Training, In-Home Behavioral Services, and Therapeutic Mentoring. These services are hub dependent, meaning they address goals set in a treatment plan developed through a Clinical Hub provider (Outpatient Therapy, In-Home Therapy, or ICC). If the student is enrolled in ICC, the Care Planning Team determines what additional services should be included in the treatment plan. In order to access these services, **a MassHealth-enrolled student must first be enrolled in a hub service.**

Family Support and Training (Family Partners)

Family Partners help families and their children reach their treatment goals.

- Family Partners are parents or caregivers of children with special needs. They've *been there*, understand what families go through, and can share their experiences.

- Family Partners are not clinicians but they work closely with parents to make sure that children and youth receive the services and supports they need.
- A family enrolled in ICC can request a Family Partner to work with them on their Care Planning Team.
- Family Partners are also available for families of children in other hub services. (As with all services, the Family Partner service must be medically necessary.)

In-Home Behavioral Services

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 is known as a monitor and he or she works with the child and family to implement the child's behavior plan.
- This service may be most appropriate for children and youth who have not responded to talk therapies such as Outpatient or In-home Therapy.
- In-Home Behavioral Services are generally available to members who live in the community, and can be provided in locations in addition to home, such as school, child care, and other community settings.

Therapeutic Mentoring Services

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 social and recreational settings.

Other MassHealth Behavioral Health Services

A child or youth does **not** need to be enrolled in one of the clinical hub services in order to access these services.

Structured Outpatient Addictions Program (SOAP) for Adolescents

SOAP is a short-term, clinically intensive, structured day and/or evening substance abuse service.

- It provides multidisciplinary treatment to address the sub-acute needs of teens with addiction and co-occurring addiction and mental health conditions, while allowing them to continue to work or attend school and be part of family life.

Mobile Crisis Intervention (MCI)

MCI is a short-term treatment service that is available 24-hours a day, seven days a week to children under the age of 21 and their families. Unlike older models of crisis intervention, MCI does not simply assess needs and refer for hospitalization or medication. Instead, MCI is a treatment service.

- MCI staff 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, urgent psychopharmacology intervention, as needed, and referrals and linkages to all medically necessary behavioral health services and supports.
- MCI may stay involved for up to 72 hours offering additional support, ensuring that a plan is working or helping to coordinate care.
- MCI may also refer a youth to an emergency department or inpatient hospital unit when necessary.

MCI service can be provided nearly anywhere in the community based on the preferences of the child and family and in consideration of any co-existing medical conditions or safety needs of the child in crisis.

- Settings that are natural to the child, such as their home, school, or community, can be the most conducive to crisis resolution. Each ESP operates a walk-in, community-based crisis facility, for families who prefer that their child is seen in an office setting.
- All of the walk-in facilities are open seven days a week and several of them are open around the clock. (To download a list of ESP/MCI providers, go to www.mass.gov/masshealth/cbhi, and then click on CBHI Contact Information on the right side under the Related Links heading—the list is at the top of the page.)

There are very good reasons to choose MCI rather than the closest hospital emergency department (ED) when a child has a behavioral health crisis. Most children and families will do better with MCI, which is tailored to behavioral health needs. The ED is designed to treat medical emergencies, and tends to be a high-energy, stressful environment. In an ED a child may experience a long wait for evaluation, may experience medical tests, and may be evaluated by staff who do not specialize in pediatric mental health. Transportation to the ED by ambulance may be especially stressful for children. And families often find the ED experience long, stressful, and exhausting. Furthermore, MCI can always use the hospital ED when needed, such as when medical evaluation of the child is required.

Short-term plans created by MCI help the child or youth remain in the home and reduce the need for out-of-home placement or hospitalization. Many times the MCI service is successful in reducing harm and relieving stressors that led to the crisis. Sometimes the resolution lies in providing support and information to parents, coordinating care with other service providers, brainstorming with family members, and school personnel, and/or addressing resource issues. If the MCI service and any associated strategies are not sufficient in reducing harm or relieving the stressors, the team will then talk to the child and parents about options for further treatment. This might include a referral for outpatient treatment or less often, brief out-of-home treatment, such as inpatient psychiatric treatment.

For more information about MCI and the school, see the next section.

6. Mobile Crisis Intervention and School

There are 21 statewide behavioral health Emergency Services Programs (ESP) and each one has an MCI team. It is important to note that calling your local MCI is not comparable to calling the fire department, which may arrive within minutes of a call. **An MCI team will arrive within one hour of being called. If a student is threatening to harm himself or herself or others, call 911 immediately.**

- MCI teams frequently receive requests from schools to provide crisis intervention, and always appreciate the opportunity to come to the school to do so. Building strong partnerships with local schools is an important part of their success.
- Please do not hesitate to contact the manager of your local MCI team if you would like more information about their services, to learn how to enhance your partnership or to better coordinate the response.
- Schools can build on their existing crisis plans by working with their local MCI team to create protocols for working together. Because of the unique nature of the school setting there are some important considerations in any request for MCI services.

ELIGIBILITY MCI services are available to persons who are enrolled in any type of MassHealth (Medicaid) plan, those who are uninsured, and many who contract with commercial insurance companies. However, some ESP's provide 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 ESP. Either by phone or in person, you can receive more detail about service eligibility for the children in your school.

CONSENT Anyone can contact MCI for a child in crisis. It is recommended that schools contact a parent or legal guardian before requesting the MCI service or at least before the team arrives at the school. Discussion can include the best setting for the intervention, availability of the parent to join the intervention, whether the child already has a treatment provider that could do the crisis intervention, etc. If the parent or guardian is unreachable, based on the urgency of the situation, an MCI team may initiate treatment services while continuing attempts to reach the parent/guardian.

SAFETY MCI is a rapid treatment service, but it should not be confused with the public safety response provided by law enforcement and fire departments. MassHealth specifications require that MCI respond within 60 minutes of a request. MCI team members will assist the family to help the child or youth gain control over their behavior, but neither MCI clinicians nor Family Partners will physically intervene with (i.e., restrain) children. School personnel must assess the nature of the crisis and determine whether immediate medical treatment or law enforcement intervention to ensure safety is necessary. Even while the MCI team is on route, the school may reevaluate the need to call 911 for emergency response.

Often, children in crisis can be calmed, moved to a safe place, and assisted to gain self-control while waiting for MCI to arrive. Schools are often well-attuned to what will work in the interim for a particular child: what would be a calming setting, what staff person they might respond to, what activity might help, until outside help arrives. It may be that in conversation with the parent or guardian, it would work best for the parent to take the child home for the MCI evaluation, with a plan for follow-up communication to the school.

TIME OF DAY One of the most challenging aspects of providing MCI in schools is the clock! Schools are on a preestablished schedule and crisis intervention is not. Initial interventions generally take from one to two hours, but sometimes get very complex and may not be resolved by the time lunch is served or when the dismissal bell rings. For interventions that occur later in the day, a member of the school leadership team must be willing to remain at the school until the intervention is complete. If this will be a hardship, the MCI team will work with the parent and school to develop a different plan for the initial intervention. Perhaps the team will meet the family at home or in the community-based walk-in clinic instead of in the school.

SPACE Space is at a premium in most schools and the MCI teams know that. Nonetheless, team members will ask for a private, quiet space to meet with the child and parent. Some may ask for access to an outlet to plug in a laptop computer. There may be times that a school staff member will be asked to be involved in part of the intervention.

COORDINATION Each crisis situation is unique and coordinating logistics and decision-making can be complex. However, schools and crisis teams can increase the predictability and the efficacy of their joint interventions through outreach, advanced planning, and a clear understanding of one another's needs. It is highly recommended that schools identify key personnel who can work with MCI any time they are invited to the school. In many cases, these could be the same personnel identified by your school's crisis plan, which can help schools stay consistent in practice. School staff and MCI teams can work together to determine the following.

- Who in the school can authorize the request for MCI to come to the school? (It is recommended that this be the principal or the principal's designee.)
- Who will contact the parent or guardian to discuss the situation and options for interventions?
- Among staff who have access to information about the child and the nature of the crisis, who will contact the MCI team?
- Who will be the point person for the MCI team while they are on school grounds?
- Who can assist the MCI team in supporting the child and parent following the crisis and incorporate strategies to prevent or manage a future crisis?
- What space can be made available to the MCI team to meet with students and their families to conduct their work?
- If necessary, who has the authority to remain in the school after dismissal, and if a parent was unavailable to come to the school, to see that the child gets home safely?

7. How Does the School Collaborate in Intensive Care Coordination (ICC)?

In ICC, the family selects a team of people who will create their child's individual care plan. Schools can provide valuable insight into a child's needs, learning styles, and behaviors. As a result, ICC coordinators encourage the family to invite or otherwise involve a school representative.

School staff participating in ICC should note that care planning is separate from the Individualized Education Program (IEP) process, although good communication between each process can inform and improve the other. Sometimes parents will ask the Care Coordinator or (more often) the Family Partner or other providers to attend IEP meetings with them. While not educational advocates, these individuals can play a valuable role in helping the family understand and engage in the IEP process. Similarly, these individuals, along with other members of the child's Care Planning Team, can be natural allies in the pre-referral process to address needs prior to the IEP process. With the family's permission, these providers can also share relevant clinical expertise, strategies, and experiences serving the student in other settings.

The length of enrollment in ICC varies depending on the needs of the child, but in many cases the range is 9-16 months. Meetings are typically held monthly at locations and times convenient for the family and team members. Sometimes meetings are held at school, either early in the morning or after school in order to enable school personnel to participate.

Meetings typically last an hour. Members may also conference call into meetings. If a member is unable to attend a meeting, the Care Coordinator is responsible for communicating with that individual before and after the meeting to keep the member informed. Participating on a Care Planning Team is a significant commitment. While it is the decision of the school administration to permit a staff member to participate, it is ultimately up to the family to decide whether a school representative should be invited to attend, and if so which school representative they will invite.

For more information about the Wraparound Process, visit the National Wraparound Initiative [Web site](http://www.nwi.pdx.edu/) (www.nwi.pdx.edu/).

Why should a school collaborate with ICC?

There are many compelling reasons to participate on a Care Planning Team and to collaborate with other home-based service providers. The school is an important player in the care planning process and participation from the school on a team can improve a student's success at school.

- A representative from the school can ensure that treatment goals are supported during the school day while the care coordinator team can support educational objectives outside of the school day.
- Together, the school representative and the care coordinator team can integrate behavioral health interventions into the school day and IEP as appropriate.
- The care coordinator team can share recommendations and strategies with the school for supporting the student during the school day and provide guidance for how to address challenging behaviors.
- The students enrolled in ICC are more likely to be children with complex needs that affect their school success.
- By participating on a Care Planning Team, school staff are able to draw on additional, outside resources to promote the student's success in school.

There are several benefits to schools that result from participating on a Care Planning Team

- If the student is absent for an extended period (e.g., for hospitalization, foster or residential care, residential placement, etc.) you will be informed and updated about discharge planning.
- In the event of a student experiencing a crisis, you are not alone because your student has a crisis and safety plan that the family, therapist, and involved state agencies support.
- As the academic year ends, you are not alone in thinking about the structure your student needs for the summer. You have a team that will stay with the student while school is out.
- Your student has more than a therapist: she or he has a team that will persist over the long term to support the student's plan for success.
- You are less isolated in working with your high-risk student; you work with a team.
- If the parent did not see you as an ally in the past, now there is a team framework to help them work with you in a positive way.

8. Improving Systemic Linkages Through your Local System of Care

Every Community Service Agency (CSA)—there are 32 across the state and they each provide Intensive Care Coordination (ICC)—convenes an ongoing System of Care (SOC) meeting with community stakeholders, where the CSA can explain its work and get community feedback. This forum allows interested parties and organizations to work together, map community resources, identify service gaps and address access barriers. The SOC does not discuss individual families.

The SOC is an open meeting with diverse membership and family voice. State agencies and courts also are invited to attend. As a result, the SOC offers a unique opportunity to:

- become better acquainted with community resources available to students and their families;
- inform community stakeholders about your district's and school's special programs and initiatives;
- plan collaborative responses to community issues and needs affecting your school; and
- share feedback about how services are working, and collaborate with the CSA and other providers to solve problems and improve processes.

System of Care committee meetings vary by CSA provider and generally occur on a monthly basis. You need not be represented at every meeting in order to participate. You can contact the CSAs in your area to obtain a meeting schedule. To download a list of CSAs, go to www.mass.gov/masshealth/cbhi and then click on CBHI Contact Information on the right side under the Related Links heading. The list is at the top of the page.

9. Claiming under School-Based Medicaid

Can any of this work be included in School-Based Medicaid (SBM) Claims?

Yes! When school staff inform families about MassHealth or participate in ICC Care Planning teams they are also performing administrative activities that can be claimed under SBM. To ensure this work is included in SBM administrative claiming, make sure to include staff who are likely to perform these activities in the Random Moment Time Study (RMTS) quarterly participant list. Be sure to include cost data for these staff in the SBM Quarterly Administrative Activity Claim.

Here are examples of administrative activities related to MassHealth's new and improved services that can be included in SBM claims:

- **Performing activities that inform eligible or potentially eligible individuals about MassHealth and how to access it**—this includes telling families about the improved home and community-based services and telling them how they may apply to MassHealth.
- **Assisting individuals in becoming eligible for MassHealth**—this includes helping a family member fill out a Medical Benefit Request (MBR) form.
- **Performing activities associated with the development of strategies to improve the coordination and delivery of MassHealth-covered services to school-age children**—this includes attending your local Systems of Care meeting.
- **Making referrals for, coordinating, and monitoring the delivery of MassHealth-covered services**—this includes participating in an ICC meeting.

10. How can Behavioral Health Services Assist Schools in Implementing Recommendations under the DESE Framework?

The Department of Elementary and Secondary Education has issued a report explaining the new Behavioral Health and Public Schools Framework. The Framework, which was developed by a Task Force pursuant to the Children’s Mental Health Law passed in 2008, is designed to promote supportive whole school environments for all students. The Framework, therefore, provides a tool that schools can use to organize the many initiatives (drop-out, anti-bullying, trauma sensitive, inclusion, positive discipline, etc.) that go into creating a safe and supportive school. The Framework also serves as a tool for integrating students with behavioral health challenges into this safe, supportive environment by improving collaboration between schools and behavioral health services to address particular needs, including the needs of students who are eligible for MassHealth behavioral health services.

The Framework sets forth the role of leadership, professional development, access to clinically, linguistically and culturally appropriate services, helpful policies and procedures, and ways to partner with parents in this process.

The Report, which makes recommendations for statewide implementation, and the Framework are available at www.doe.mass.edu/research/reports/0811behavioralhealth.pdf. The Framework has also been developed into an assessment tool (available at www.bhps321.org/) schools can use to guide a systemic approach to create supportive school environments for all children, while working closely with local and regional behavioral health providers. This will help schools and districts facilitate students’ access to home-based behavioral health services, and create structures that better support the coordination of educational and clinical interventions in the classroom and throughout the school.

Afterward

This guide was produced by the Children’s Behavioral Health Initiative (CBHI), an interagency initiative of the Executive Office of Health and Human Services. Our mission is to strengthen, expand, and integrate Massachusetts services into a comprehensive, community-based system of care so that families and their children with significant behavioral, emotional, or mental health needs can obtain the services necessary for success in home, school, and community.

For more information please visit our Web site, at www.mass.gov/masshealth/cbhi

Appendix A: How to Apply for **MassHealth** for Your Child

If you have any questions, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

MassHealth is the state Medicaid program. More than 1,000,000 people in Massachusetts get help from MassHealth.

- To get MassHealth Standard, a family's income must be less than 150% of the federal poverty level¹.
- For families whose income is too high to qualify for MassHealth Standard there is CommonHealth.
- CommonHealth is part of MassHealth. It provides help for children and for adults with disabilities.
- There is no income limit for CommonHealth. There is a sliding scale premium based on family income and some families may have to pay a one-time deductible.

Some parents or caregivers may want to get MassHealth or CommonHealth so that their children may use behavioral health services. This guide is for them. This guide may also be useful for anyone else who would like to apply for this benefit.

A. How do I apply for MassHealth for my child?

You must first fill out a Medical Benefit Request (**MBR**) form. You can get the form in two ways

- Go to www.mass.gov/masshealth. and in the lower corner under “Publications” click on [Applications and Member Forms](#). You can print the MBR and fill it out by hand, or type in the form and then print the completed MBR.
- You can also call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-496-4648 for people with partial or total hearing loss) and they can send you an MBR by mail.

There are places that can help you fill out and send in the application.

- You can find a list of organizations [here](#).
- You can also find this list on www.mahealthconnector.org.
 - Click on “About Us.” Scroll down and click on “Background on Commonwealth Care.” Then click on “Learn more about the application process” under the “How to Apply” heading. You can find the link to the 2009/2010 EOHHS Health Care Reform Enrollment, Outreach and Access to Care organizations halfway down the page.

If you have questions or need help filling out the MBR, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-496-4648 for people with partial or total hearing loss).

¹ At this time, the federal poverty level for a family of four is \$33,084. This amount is based on the federal poverty level set for 2011. This amount may change each year. Call MassHealth Customer Service if you are unsure if your family income level meets this requirement.

Send your completed MBR, along with proof of family income², citizenship and identity³ to: MassHealth Enrollment Center – CPU. P.O. Box 290794, Charlestown, MA 02129-0214.

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 know MassHealth got your application. The delivery date may be important to you in the future.
- Do not send more than one copy of your application. The extra paperwork will delay review. It can take up to 45 days to review an application.

B. My child already has MassHealth Basic, Family Assistance, or Essential. How do I apply for CommonHealth?

If your child has a disability, you should call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-496-4648 for people with partial or total hearing loss).

- Ask for a [MassHealth Child Disability Supplement](#) form.
- Also request copies of the [MassHealth Medical Records Release](#) Form (five of these forms are included in the disability supplement).
- In Section C below, see instructions on how to find these forms on the MassHealth Web site. Fill them out and send them to: Disability Evaluation Services, P.O. Box 2796, Worcester, MA 01613-2796.

Keep a copy of everything for your records. If you mail your application at the post office make sure to ask for a return receipt. This way you know MassHealth got your forms.

C. My child does not have MassHealth. How do I apply for CommonHealth for my child?

- Follow the steps from Section A to get and fill out a Medical Benefit Request ([MBR](#)).
 - Be sure to answer “yes” to the question: “Does the person have a disability?”
 - Be sure to fill out the blue Supplement A: Injury, Illness, or Disability Questions form, for the child with a disability.
- If you have questions or need help completing the MBR or the Supplement A form:
 - Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).
- When you have filled out the forms, send them with proof of family income, citizenship, and identity to: MassHealth Enrollment Center – CPU P.O. Box 290794 Charlestown, MA 02129-0214

Keep a copy of everything for your records. If you mail your application at the post office make sure to ask for a return receipt. This way you know MassHealth got your application.

² Provide a copy of two recent pay stubs. You do not have to send proof of social security or SSI income. If you have questions, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

³ Click [here](#) for more information. See “U.S. citizenship/national status and identity requirements for MassHealth/Commonwealth,” in the MassHealth Member Booklet on page 28. You need to send proof of citizenship only for the family member applying to MassHealth. If you still have questions, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

MassHealth sends this information to the UMass/Disability Evaluation Service (DES).

- DES works with MassHealth to look at disability requests.
- DES will follow up with you and may send you more paperwork to complete.
- The paperwork DES sends you is to help them look at your child's disability request for MassHealth. This process can take up to 90 days.

Can I do anything to help speed up the disability review process?

Yes. These steps will help. (To download the forms described below, go to www.mass.gov/masshealth and in the lower right corner under "Publications" click on [Applications and Member Forms](#). Scroll halfway down and you will find the Medical Release Form and Child and Adult Disability Supplement forms.)

1. When you get the MBR, download or ask for this form:

- [MassHealth Medical Records Release Form](#)
 - Sometimes, MassHealth may need more information about your child's medical conditions. The Disability Evaluation Services (DES) Unit needs your OK to contact your child's providers for this.
 - This form gives DES permission to ask for this information. This information helps them 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 Early Intervention or has an IEP or 504 plan at school, you will need to fill out a release form for these providers/teachers.

2. When you get the MBR, also download or ask for one of these two forms:

- [MassHealth Child Disability Supplement Form](#)

Fill out this form if your child is aged 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 older⁴, you need to fill out this form.

If you need help filling out these forms, you can call the UMass/Disability Evaluation Services Help Line at 1-888-497-9890 (TTY: 1-866-963-1390 for people with partial or total hearing loss).

3. Send the completed Disability Supplement and 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 these documents can help speed up the review process:

- your child's medical records;
- individualized family services plan (IFSP);
- individualized educational plan (IEP), testing, or other records that describe your child's condition(s).

⁴ For youths between ages 18 and 21 years old some work requirements may apply. Click [here](#) for more information or go to "MassHealth CommonHealth" found in the MassHealth Member Booklet on page 10. If you still have questions, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

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 know DES got your forms.

After you have sent in this information, a staff member from the UMass/Disability Evaluation Service may contact you if they need more information.

4. Follow-up with your child's medical or mental health providers.

Check with your child's provider(s) to make sure they sent the requested information to the UMass/Disability Evaluation Service.

Required Documents for applying to MassHealth

Send the following documents to: MassHealth Enrollment Center – CPU, P.O. Box 290794, Charlestown, MA 02129-0214.

- Filled out MBR
- Proof of citizenship
- Proof of identity
- Proof of family income†

Additional documents required for CommonHealth. Send these documents to Disability Evaluation Services, P.O. Box 2796, Worcester, MA 01613-2796

- Completed Supplement A
- Completed MassHealth Child Disability Supplement (or Adult Disability Supplement for your children over 18 years old)
- 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), or psychological testing results.

* *Keep a copy of everything you send for your records. If you mail it at the post office make sure to request a **return receipt**. This way you know MassHealth and/or DES got your documents.*

Appendix B: Glossary of Key Terms

Clinical Hub: Acts as the central point of coordination and communication for children and youths involved in more than one service. MassHealth behavioral health services are organized around three clinical hub services: Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination (ICC). (See section 5, “Finding the Right Service.”)

CommonHealth: MassHealth’s coverage for children and adults with disabilities. (See section 3, “How Can I Help Families Apply for MassHealth?”)

Community Service Agency (CSA): The regional provider of Intensive Care Coordination. There are 32 CSAs throughout Massachusetts. (See section 5, “Finding the Right Service: Clinical Hub Service #2” and section 8, “Improving Systemic Linkages through your Local System of Care.”)

Family Partner: Family Partners deliver the service called, Family Support, and Training. They are parents or caregivers who have experience caring for children with special needs. Family Partners help families and their children reach their treatment goals. They’ve been there, understand what families go through, and can share their experiences. (See section 5, “Finding the Right Service: Hub Dependent Services.”)

Hub-Dependent Service: Services that address goals set in a treatment plan developed through a Clinical Hub provider (Outpatient Therapy, In-Home Therapy, or ICC). In order to access these services, a MassHealth-enrolled student must first be enrolled in a hub service (ICC, In-Home Therapy, Outpatient Therapy). (See section 5, “Finding the Right Service: Hub Dependent MassHealth Behavioral Health Services.”)

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. (See section 5, “Finding the Right Service: Hub Dependent Behavioral Health Services.”)

In-Home Therapy: A flexible service that allows providers to deliver intensive family therapy to the child or youth in the home, school, or other community settings. (See section 5, “Finding the Right Service: Clinical Hub Service #2.”)

Intensive Care Coordination: Intensive, individualized care planning and management process for children and youth with serious emotional disturbances that uses the Wraparound process. (See section 5, “Finding the Right Service: Clinical Hub Service #3.”)

Managed Care Entity (MCE): Most children and youth enrolled in MassHealth receive coverage through one of MassHealth’s contracted health plans, or Managed Care Entities (MCE). If families have questions about which health plan covers them, you can direct them to call MassHealth customer service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss). (See section 3, “How Can I Help Families Apply for MassHealth?”)

MassHealth: The Massachusetts Medicaid program that provides health-care coverage to more than 1 million people. (See section 3, “How Can I Help Families Apply for MassHealth?”)

Mobile Crisis Intervention (MCI): A short-term treatment service that is available 24-hours a day, seven days a week to children under the age of 21 experiencing a behavioral health crisis and their families. It is provided through MassHealth’s Emergency Service Program (ESP). (See section 5, “Finding the Right Service: Other MassHealth Behavioral Health Services.”)

Outpatient Therapy: Provides therapeutic intervention to children and youths in need of mental health resources, and may include individual, family, and group therapies. Outpatient therapy is usually delivered in a clinician’s office although it may occur in other settings. (See section 5, “Finding the Right Service: Clinical Hub Service # 1.”)

Therapeutic Mentor: Provides Therapeutic Mentoring Services, 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. (See section 5, “Finding the Right Service: Hub Dependent Behavioral Health Services.”)

System of Care (SOC) Committee: Convened by a Community Service Agency (CSA), the SOC Committee is a meeting with community stakeholders, where the CSA can explain its work and get community feedback. This forum allows interested parties and organizations to work together, map community resources, identify service gaps, and address access barriers. The SOC does not discuss individual families. (See section 8, “Improving Systemic Linkages Through your Local System of Care.”)

Wraparound: An intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams. (See section 5, “Finding the Right Service: Clinical Hub Service #3” and the National Wraparound Initiative at www.nwi.pdx.edu.)