

**ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Behavioral Health Services**

I. GENERAL POLICIES AND PROCEDURES

- A. Describe the time span between referral and comprehensive evaluation ¹:

- B. Describe your policy for contacting ASAP staff when service is altered from that which was authorized ²:

- C. Describe your policy for notifying the ASAP agency when there is a change in consumer status and/or needs:

- D. Describe your policy for notifying the ASAP agency of problems encountered that affect completion of the service authorized:

- A. Describe your policy for documenting and notifying the ASAP agency regarding the outcome of your intervention:

- F. Describe your capacity/procedure to respond to emergencies:

- G. If the consumer has other insurance and the preference is to third party bill, describe your billing arrangement with the ASAP agency to obtain co-payments:

II. PERSONNEL PROCEDURES

- A. Describe your policy for performing CORI checks on all employees who have access to client information?:

- B. Describe your process to ensure that services, including development of mental health plans of care, are provided by qualified individuals in accordance with MassHealth regulations or MassHealth behavioral health contractor rules:

- C. Describe your process to ensure that individuals/clinicians employed receive required supervision:

III. BEHAVIORAL HEALTH SERVICE DESCRIPTION / PROTOCOL

- A. Identify which of the three qualification categories applies to your provision of services:
 - Community Mental Health Center (CMHC) that contracts with MassHealth
 - Hospital outpatient behavioral health center under contract to MassHealth
 - Provider under contract to one of the MassHealth agency's behavioral health MCOs

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B. Identify your capacity to provide the following services:

- Diagnostic Services
- Individual Therapy
- Couple/Family Therapy
- Group Therapy
- Case Consultation
- Emergency Services
- Reevaluation

C. Describe your capacity to provide services in accordance with the following Protocols included in EA- PI-08-08:

1. The provider prepares a comprehensive written treatment plan that is based on the initial evaluation, incorporates short and long term treatment goals, and establishes criteria for determining when termination of behavioral health services is appropriate.

2. The provider submits the treatment plan to the ASAP for review and approval. The treatment plan must be specific with respect to the amount, frequency, type of therapy, and duration of therapy. Other information may be released to the ASAP only with the consumer's written consent.

3. In cases in which a consumer receives services from a CMHC, one professional staff member of the CMHC must assume primary responsibility for the consumer.

4. At least once every 90 days, the provider must review the consumer's treatment plan and enter into the consumer's record an updated statement of the problems, goals, and treatment activities and, if indicated, a reformulation of the treatment plan.

5. The provider must review each case at termination of treatment and prepare a termination summary that describes the course of treatment and the aftercare program or resources in which the consumer is expected to participate. At the request of the ASAP, the provider will make specific recommendations regarding the continuing provision of home care services to ensure successful community living of the elder.

Provider employee who completed this form

Name:

Date:
