



OUTPATIENT SERVICES - HOME-BASED AND NON-FACILITY BASED

PURPOSE

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

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

OVERVIEW

Outpatient Services - Home-Based and Non-Facility-Based are outpatient behavioral health services rendered in a setting other than a clinic, facility, or provider setting*, such as those provided in the Enrollee's home, residential program, or other non-facility-based setting. The goals, frequency, intensity, and length of treatment vary according to the needs of the Enrollee and the response to treatment.

* Note: Relative to outpatient services provided in a school setting, please see the Plan's Outpatient Services - School-Based performance specifications.

The following Outpatient Services - Home-Based and Non-Facility-Based performance specifications are a subset of the Outpatient Services performance specifications. As such, Outpatient Services - Home-Based and Non-Facility-Based providers agree to adhere to both the Outpatient Services performance specifications and to the Outpatient Services - Home-Based and Non-Facility-Based performance specifications contained within. Where there are differences between the Outpatient Services and Outpatient Services - Home-Based and Non-Facility-Based performance specifications, these Outpatient Services - Home-Based and Non-Facility-Based specifications take precedence.

SERVICE COMPONENTS

1. The scope of required service components provided in this level of care includes all the components outlined within Outpatient Services. That is, all the required Outpatient Services components, such as individual/group/family therapy, etc., may be provided in a home or non-facility-based setting, as clinically appropriate.
2. The Outpatient Services - Home-Based and Non-Facility-Based provider ensures that home-based or other non-facility-based outpatient treatment is available, when appropriate, to those Enrollees who are unable to keep an appointment at the facility/clinic/office due to access-related barriers, and to those for whom this setting is otherwise clinically appropriate, such as for individuals residing in residential programs.
3. The Outpatient Services - Home-Based and Non-Facility-Based provider has documented policies and procedures specific to delivering home-based and other non-facility-based services.
4. The Outpatient Services - Home-Based and Non-Facility-Based provider ensures that assessment and treatment services are provided in a location appropriate to the provision of professional clinical services, ensuring privacy, safety, and respecting the Enrollee's and the Enrollee's family's dignity and right to choose.

STAFFING REQUIREMENTS

1. The Outpatient Services - Home-Based and Non-Facility-Based provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Plan service-specific performance specifications, and the credentialing criteria outlined in the Plan Provider Manual, Volume I, as referenced at providerexpress.com.
2. All staff providing home-based or other non-facility-based services are trained according to the provider's home-based and non-facility-based service policies and procedures, as well as the best clinical approaches to providing these services in the home, residential, or other non-clinic setting.

SERVICE, COMMUNITY AND OTHER LINKAGES

None

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. The Outpatient Services - Home-Based and Non-Facility-Based provider documents in the Enrollee's health record the criteria met by the Enrollee that warrants home-based or other non-facility-based services.
2. The clinician and the multi-disciplinary team, in facilities during scheduled reviews, continually re-evaluates the appropriateness of home-based or other non-facility-based services and documents any changes in the treatment plan in the Enrollee's health record.
3. If more than one service is provided to one or more family members during the same home-based or non-facility-based visit, the Outpatient Services - Home-Based and Non-Facility-Based provider ensures that all services are medically necessary.

4. Outpatient Services - Home-Based and Non-Facility-Based providers meet all health records standards required of outpatient clinics and facilities and store such records at the parent or satellite clinic facility.
5. Outpatient Services - Home-Based and Non-Facility-Based providers ensure that the Enrollee's health record includes documentation that all information required to be posted in clinics is given to Enrollees within the first two home-based or non-facility-based appointments (e.g., after-hours emergency procedures, human rights policy, complaint, grievance, and appeals procedures, etc.).
6. The emergency protocol of the clinic is followed by home-based and other non-facility-based clinicians during and after business hours.

Discharge Planning and Documentation

1. When a Enrollee decides that he/she no longer wants or requires services in his/her home or other non-facility-based setting, or the multi-disciplinary team determines that the Enrollee no longer meets the criteria for home-based or other non-facility-based services, or that it is no longer clinically appropriate to deliver services to the Enrollee in the home or other non-facility-based setting, the clinician works with the Enrollee and parent/guardian/caregiver to arrange medically necessary services in the facility/clinic/office or another appropriate setting.

QUALITY MANAGEMENT

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