



ASSOCIATION  
FOR BEHAVIORAL  
HEALTHCARE

**Fully-Insured Health Plan's Coverage of Behavioral Health for Children and Adolescents:  
*Plans Partnered with Beacon Health Options***

Information contained therein is applicable provided you are contracted to provide the services. Information in the following pages is current as of January 15, 2021. BHCA training for the Beacon plans: [https://link.zixcentral.com/u/d8029953/tDEfk5qW6RGh9WLK9e\\_1Kg?u=http%3A%2F%2Fmedia.valueoptions.com%2FVIDEO%2FTraining%2F2019%2FProvider-CAMH-training-2019.01.mp4](https://link.zixcentral.com/u/d8029953/tDEfk5qW6RGh9WLK9e_1Kg?u=http%3A%2F%2Fmedia.valueoptions.com%2FVIDEO%2FTraining%2F2019%2FProvider-CAMH-training-2019.01.mp4).

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In-home Behavioral Services						
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductibles	Other Information
Boston Medical Healthnet Plan (BMCHP) 877-957-5600  (Beacon is the MBHO)	H2014 HO – MA level HN – BA level	15 minute units 120 units per month	<p>MNC: No HUB required. Ages out at 19th birthday. Youth has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.</p> <p>In Home Behavioral Services (IHBS) are a combination of medically necessary behavior management therapy and behavior management monitoring. These services are provided in the home, foster home, or other community setting, with the exception of the classroom or other school setting. Services are provided by a team of one or more providers and contain the following components: Behavioral Management Therapy: The purpose of this component of services is to complete a functional behavioral assessment, inclusive of observations across settings, develop an individualized behavior intervention plan, implementation of that plan through training of caregivers to address specific behavioral objectives and improve overall functioning of the youth. Behavior Management Monitoring: This part of the team is responsible for monitoring of the youth's behaviors, the implementation of the plan and the reinforcement of the caregiver's ability and understanding of their role in implementing the plan in the home. In Home Behavioral services are expected to complement other services and participate in collaborative treatment planning with all other involved services. The IHBS worker does not replace the role of the member's outpatient therapist.</p> <p>Youth has history of significant risk for out-of-home placement due to target behavior.</p>	<p>Backdating will be five business days following the continuity of care period (90 days from July 1, 2019).</p> <p>Providers have 14 days from date of eligibility (July 1) to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p> <p>Authorizations will be done monthly</p>	Daily copays apply; co-insurance and deductibles apply.	<p>Effective July 1, 2019</p> <p>Initial FBA/treatment plan necessary at intake. Collaboration by IHBS with collaterals necessary. Services in home or community. FBA in 14 days, BIP 14 days after that. Safety plan at intake.</p> <p>All clinical reviews will be live. Initial assessment and diagnosis (not f99) required for authorization. All services will be backdated five days. Providers should have met the family prior to initial authorization to have all the needed information to include diagnosis and initial treatment goals. Monthly authorizations given.</p>
Fallon Health Plan 888-421-8861  (Beacon is the MBHO)	H2014 HO – MA level HN – BA level	15 minute units 120 units per month	<p>MNC: No HUB required. Ages out at 19th birthday. Youth has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.</p> <p>In Home Behavioral Services (IHBS) are a combination of medically necessary behavior management therapy and behavior management monitoring. These services are provided in the home, foster home, or other community setting, with the exception of the classroom or other school setting. Services are provided by a team of one or more providers and contain the following components: Behavioral Management Therapy: The purpose of this component of services is to complete a functional behavioral assessment, inclusive</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from enrollment date.</p> <p>Providers have 14 days from date of eligibility (enrollment date) to contact Beacon for authorization. After 14 days, standard</p>	No copays, co-insurance or deductibles.	<p>Effective following enrollment date after July 1, 2019</p> <p>Initial FBA/treatment plan necessary at intake. Collaboration by IHBS with collaterals necessary. Services in home or community. FBA in 14 days, BIP 14 days after that. Safety plan at intake.</p> <p>All clinical reviews will be live. Initial assessment and diagnosis (not f99) required for authorization. All services will</p>

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			<p>of observations across settings, develop an individualized behavior intervention plan, implementation of that plan through training of caregivers to address specific behavioral objectives and improve overall functioning of the youth.</p> <p>Behavior Management Monitoring: This part of the team is responsible for monitoring of the youth's behaviors, the implementation of the plan and the reinforcement of the caregiver's ability and understanding of their role in implementing the plan in the home.</p> <p>In Home Behavioral services are expected to complement other services and participate in collaborative treatment planning with all other involved services. The IHBS worker does not replace the role of the member's outpatient therapist.</p> <p>Youth has history of significant risk for out-of-home placement due to target behavior.</p>	<p>administrative denial processes will begin.</p> <p>Authorizations will be done monthly.</p>		<p>be backdated five days. Providers should have met the family prior to initial authorization to have all the needed information to include diagnosis and initial treatment goals. Monthly authorizations given.</p>
<p>Health New England 800-495-0086</p> <p>(Beacon is MBHO)</p>	<p>H2014 HO – MA level HN – BA level</p>	<p>15 minute units 120 units per month</p>	<p>MNC: No HUB required. Ages out at 19th birthday. Youth has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.</p> <p>In Home Behavioral Services (IHBS) are a combination of medically necessary behavior management therapy and behavior management monitoring. These services are provided in the home, foster home, or other community setting, with the exception of the classroom or other school setting. Services are provided by a team of one or more providers and contain the following components: Behavioral Management Therapy: The purpose of this component of services is to complete a functional behavioral assessment, inclusive of observations across settings, develop an individualized behavior intervention plan, implementation of that plan through training of caregivers to address specific behavioral objectives and improve overall functioning of the youth. Behavior Management Monitoring: This part of the team is responsible for monitoring of the youth's behaviors, the implementation of the plan and the reinforcement of the caregiver's ability and understanding of their role in implementing the plan in the home. In Home Behavioral services are expected to complement other services and participate in collaborative treatment planning with all other involved services. The IHBS worker does not replace the role of the member's outpatient therapist.</p> <p>Youth has history of significant risk for out-of-home placement due to target behavior.</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from July 1, 2019.</p> <p>Providers have 14 days from date of eligibility, July 1, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p> <p>Authorization will be done monthly.</p>	<p>No copays. Deductibles and co-insurance are in effect.</p>	<p>Effective July 1, 2019</p> <p>Initial FBA/treatment plan necessary at intake. Collaboration by IHBS with collaterals necessary. Services in home or community. FBA in 14 days, BIP 14 days after that. Safety plan at intake.</p> <p>All clinical reviews will be live. Initial assessment and diagnosis (not f99) required for authorization. All services will be backdated five days. Providers should have met the family prior to initial authorization to have all the needed information to include diagnosis and initial treatment goals. Monthly authorizations given.</p>

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In-home Therapy or FST						
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductibles	Other Information
Boston Medical Healthnet Plan (BMCHP) 877-957-5600  (Beacon is the MBHO)	H2019 HO – MA level HN – BA level  FST	15 min unit 120 units per month	MNC:Age out at 19th birthday. Youth has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.  Family Stabilization Teams (FSTs) provide an intensive, flexible stabilization service for children, adolescents, parents, guardians or foster parents following an acute psychiatric episode. This service is generally provided as an alternative to, or step-down from, inpatient or Community Based Acute Treatment (CBAT). The goal of an FST is to assist children and adolescents and their families to address multiple life stressors through the provision of intensive, goal-directed, transitional services. FST services are expected to complement other services already in place for the member. The FST worker does not replace the role of the member's outpatient therapist.  Youth has history or significant risk for out-of-home placement due to needs.	Backdating will be five business days following the continuity of care period, 90 days from July 1, 2019.  Providers have 14 days from date of eligibility, July 1, 2019, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.	Daily copays apply; co-insurance and deductibles apply.	No CANS requirement. Respond to referral within 20 minute (phone call is sufficient). Initial treatment plan within 24 hours of intake. Treatment plan updated at 90 days but reviewed with family every 30 days.  No billing for waiting for no shows. Family must be involved in the research, tool creation, etc.  All clinical reviews will be live. Initial assessment and diagnosis (not f99) required for authorization. All services will be backdated five days. Providers should have met the family prior to initial authorization to have all the needed information to include diagnosis and initial treatment goals. Monthly authorizations given.
Fallon Health Plan 888-421-8861  (Beacon is the MBHO)	H2019 HN H2019 HO  FST	15 min unit 120 units per month	MNC: Age out at 19th birthday. Youth has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.  Family Stabilization Teams (FSTs) provide an intensive, flexible stabilization service for children, adolescents, parents, guardians or foster parents following an acute psychiatric episode. This service is generally provided as an alternative to, or step-down from, inpatient or Community Based Acute Treatment (CBAT). The goal of an FST is to assist children and adolescents and their families to address multiple life stressors through the provision of intensive, goal-directed, transitional services. FST services are expected to complement other services already in place for the member. The FST worker does not replace the role of the member's outpatient therapist.  Youth has history or significant risk for out-of-home placement due to needs.	Backdating will be five business days following the continuity of care period, 90 days from enrollment date.  Providers have 14 days from date of eligibility, enrollment date, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.	No copays, co-insurance or deductibles.	No CANS requirement. Respond to referral within 20 minute (phone call is sufficient). Initial treatment plan within 24 hours of intake. Treatment plan updated at 90 days but reviewed with family every 30 days.  No billing for waiting for no shows. Family must be involved in the research, tool creation, etc.  All clinical reviews will be live. Initial assessment and diagnosis (not f99) required for authorization. All services will be backdated five days. Providers should have met the family prior to initial authorization to have all the needed information to include diagnosis and initial treatment goals. Monthly authorizations given.
Health New England	Beacon is not managing HNE IHT services. HNE will be	Beacon is not managing HNE FST services. HNE will be	Beacon is not managing HNE FST services. HNE will be using their historical processes for these services.	Beacon is not managing HNE FST services. HNE will be using their historical	No copays. Deductibles and co-insurance are in effect.	HNE will continue using their Family Stabilization Team benefit in accordance with their own, historical processes.

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<a href="http://healthnewengland.org/Portals/default/SharedDocuments/providers/FamilyStabilization-InitialReviewForm.pdf">http://healthnewengland.org/Portals/default/SharedDocuments/providers/FamilyStabilization-InitialReviewForm.pdf</a>	using their historical processes for these services.	using their historical processes for these services.		processes for these services.		
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Mobile Crisis Intervention						
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductibles	Other Information
Boston Medical Healthnet Plan (BMCHP) 877-957-5600  (Beacon is the MBHO)	H2011 HO – MA Level HN – BA Level	15 minute unit	Mobile Crisis provides onsite mobile assessment and crisis intervention to members in an active state of crisis. The purpose of Mobile Crisis is to provide rapid response, assessment, and early intervention for adults, children/adolescents and families in crisis. This service is provided 24 hours a day, 7 days a week, and should include a crisis assessment and the development of a risk management/safety plan. Referrals and coordination of services are provided to link members and their families to other service providers and community supports to assist with maintaining the member's functioning and treatment in the least restrictive, appropriate setting along the behavioral health continuum of care. Mobile Crisis will coordinate with the member's community providers, primary care physician, behavioral health providers, and any other care management program providing services to the youth or adult throughout the course of the service being provided.	No prior auth needed	Daily copays apply; co-insurance and deductibles apply.	Available to all on July 1, 2019
Fallon Health Plan 888-421-8861  (Beacon is the MBHO)	H2011 HO – MA Level HN – BA Level	15 minute unit	Mobile Crisis provides onsite mobile assessment and crisis intervention to members in an active state of crisis. The purpose of Mobile Crisis is to provide rapid response, assessment, and early intervention for adults, children/adolescents and families in crisis. This service is provided 24 hours a day, 7 days a week, and should include a crisis assessment and the development of a risk management/safety plan. Referrals and coordination of services are provided to link members and their families to other service providers and community supports to assist with maintaining the member's functioning and treatment in the least restrictive, appropriate setting along the behavioral health continuum of care. Mobile Crisis will coordinate with the member's community providers, primary care physician, behavioral health providers, and any other care management program providing services to the youth or adult throughout the course of the service being provided.	No prior auth needed	No copays, co-insurance or deductibles.	Available to all on July 1, 2019

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Health New England	Beacon is not managing HNE MCI services. HNE will be using their own processes for these services.	Beacon is not managing HNE MCI services. HNE will be using their own processes for these services.	Beacon is not managing HNE MCI services. HNE will be using their own processes for these services.	Beacon is not managing HNE MCI services. HNE will be using their own processes for these services.	No copays. Deductibles and co-insurance are in effect.	Beacon is not managing HNE MCI services. HNE will be using their own processes for these services.
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Intensive Care Coordination						
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductibles	Other Information
Boston Medical Healthnet Plan (BMCHP) 877-957-5600  (Beacon is the MBHO)	H0023 HT (BMCHP), Ray Rate	Day rate 1 unit = 1 day (monthly unit number depending on the month and discussion)	<p>Must have diagnosis at onset of services. Youth already has several service providers and needs supports aligning all collaterals. Age out at 19<sup>th</sup> birthday.</p> <p>Intensive Care Coordination (ICC) is a service that facilitates care planning and coordination of services and supports, driven by the needs of the youth and family. ICC is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, and quality of care developed through a "wraparound" planning process, consistent with the Systems of Care philosophy. Services include a comprehensive assessment, a risk/safety plan, family education, advocacy, support, referrals, and linkages to the continuum of care. An individual care plan (ICP) is developed in collaboration with the family and collaterals, such as a PCP or school personnel, through a care planning team (CPT).</p> <p>The individuals' impairment is not solely the result of autism, developmental delay, intellectual impairment, hearing impairment, vision impairment, deaf-blind impairment, specific learning disability, traumatic brain injury, speech or language impairment, health impairment or a combination thereof. Psychosocial, occupational, cultural and linguistic factors may change the risk assessment and should be considered when making level of care (LOC)/ medical necessity decisions. (See continuation of level of care/ medical necessity criteria, next page.)</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from July 1, 2019.</p> <p>Providers have 14 days from date of eligibility, July 1, 2019, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p>	Daily copays apply; co-insurance and deductibles apply.	<p>No billing for waiting for no-shows.</p> <p>No CANS requirement as part of comprehensive assessment. Safety plan must be completed at intake. Contact out-of-home placement within one day and attend all meetings on unit. Regular collaboration with all collateral contacts. Weekly face to face meetings with family required.</p> <p>All clinical reviews will be live. Initial assessment and diagnosis (not f99) required for authorization. All services will be backdated five days. Providers should have met the family prior to initial authorization to have all the needed information to include diagnosis and initial treatment goals. Monthly authorizations given.</p>
Fallon Health Plan 888-421-8861  (Beacon is the MBHO)	T1017 HO – MA level HN – BA level	15 minute unit. 80 units per month.	<p>Must have diagnosis at onset of services. Youth already has several service providers and needs supports aligning all collaterals. Age out at 19<sup>th</sup> birthday.</p> <p>Intensive Care Coordination (ICC) is a service that facilitates care planning and coordination of services and supports, driven by the</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from enrollment date.</p>	No copays, co-insurance or deductibles.	<p>No billing for waiting for no-shows.</p> <p>No CANS requirement as part of comprehensive assessment. Safety plan must be completed at intake. Contact out-of-home placement within one day and</p>

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			<p>needs of the youth and family. ICC is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, and quality of care developed through a "wraparound" planning process, consistent with the Systems of Care philosophy. Services include a comprehensive assessment, a risk/safety plan, family education, advocacy, support, referrals, and linkages to the continuum of care. An individual care plan (ICP) is developed in collaboration with the family and collaterals, such as a PCP or school personnel, through a care planning team (CPT).</p> <p>The individuals' impairment is not solely the result of autism, developmental delay, intellectual impairment, hearing impairment, vision impairment, deaf-blind impairment, specific learning disability, traumatic brain injury, speech or language impairment, health impairment or a combination thereof. Psychosocial, occupational, cultural and linguistic factors may change the risk assessment and should be considered when making level of care (LOC)/ medical necessity decisions. (See continuation of level of care/ medical necessity criteria, next page.)</p>	<p>Providers have 14 days from date of eligibility, enrollment date, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p>		<p>attend all meetings on unit. Regular collaboration with all collateral contacts. Weekly face to face meetings with family required.</p> <p>All clinical reviews will be live. Initial assessment and diagnosis (not f99) required for authorization. All services will be backdated five days. Providers should have met the family prior to initial authorization to have all the needed information to include diagnosis and initial treatment goals. Monthly authorizations given.</p>
<p>Health New England 800-495-0086  (Beacon is MBHO)</p>	H0023	<p>15 minute unit. 80 units per month.</p>	<p>Must have diagnosis at onset of services. Youth already has several service providers and needs supports aligning all collaterals. Age out at 19<sup>th</sup> birthday.</p> <p>Intensive Care Coordination (ICC) is a service that facilitates care planning and coordination of services and supports, driven by the needs of the youth and family. ICC is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, and quality of care developed through a "wraparound" planning process, consistent with the Systems of Care philosophy. Services include a comprehensive assessment, a risk/safety plan, family education, advocacy, support, referrals, and linkages to the continuum of care. An individual care plan (ICP) is developed in collaboration with the family and collaterals, such as a PCP or school personnel, through a care planning team (CPT).</p> <p>The individuals' impairment is not solely the result of autism, developmental delay, intellectual impairment, hearing impairment, vision impairment, deaf-blind impairment, specific learning disability, traumatic brain injury, speech or language impairment, health impairment or a combination thereof. Psychosocial, occupational, cultural and linguistic factors may change the risk assessment and</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from July 1, 2019.</p> <p>Providers have 14 days from date of eligibility, July 1, 2019, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p>	<p>No copays. Deductibles and co-insurance are in effect.</p>	<p>No billing for waiting for no-shows.</p> <p>No CANS requirement as part of comprehensive assessment. Safety plan must be completed at intake. Contact out-of-home placement within one day and attend all meetings on unit. Regular collaboration with all collateral contacts. Weekly face to face meetings with family required.</p> <p>All clinical reviews will be live. Initial assessment and diagnosis (not f99) required for authorization. All services will be backdated five days. Providers should have met the family prior to initial authorization to have all the needed information to include diagnosis and initial treatment goals. Monthly authorizations given.</p>

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			should be considered when making level of care (LOC)/ medical necessity decisions. (See continuation of level of care/ medical necessity criteria, next page.)			
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Community Based Acute Treatment for Children and Adolescents (CBAT)						
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductibles	Other Information
Boston Medical Healthnet Plan (BMCHP) 877-957-5600  (Beacon is the MBHO)	H0037	1 unit = 1 day	<p>CBATs are 24-hour therapeutically planned group living programs. In addition to the milieu, the program provides individualized therapeutic treatment. CBAT is not equivalent to acute, intermediate or long-term hospital care, rather its design is to maintain the member in the least restrictive environment to allow for stabilization and integration. Consultations and psychological testing, as well as routine medical care, are included in the per diem rate.</p> <p>CBATs serve members who have sufficient potential to respond to active treatment, need a protected and structured environment and for whom outpatient, partial hospitalization or acute hospital inpatient treatments are not appropriate. CBAT is planned according to each member's needs and is generally completed in 1–14 days. Realistic discharge goals should be set at admission, and full participation in treatment by the member and his or her family members, as well as community-based providers is expected when appropriate.</p>	No change to historical processes. This is not a new services available to this population.	Daily copays apply; co-insurance and deductibles apply.	Follow all historical auth procedures. MNC and specs are the same, as well.
Fallon Health Plan 888-421-8861  (Beacon is the MBHO)	H0037	1 unit = 1 day	<p>CBATs are 24-hour therapeutically planned group living programs. In addition to the milieu, the program provides individualized therapeutic treatment. CBAT is not equivalent to acute, intermediate or long-term hospital care, rather its design is to maintain the member in the least restrictive environment to allow for stabilization and integration. Consultations and psychological testing, as well as routine medical care, are included in the per diem rate.</p> <p>CBATs serve members who have sufficient potential to respond to active treatment, need a protected and structured environment and for whom outpatient, partial hospitalization or acute hospital inpatient treatments are not appropriate. CBAT is planned according to each member's needs and is generally completed in 1–14 days. Realistic discharge goals should be set at admission, and full participation in treatment by the member and his or her family members, as well as community-based providers is expected when appropriate.</p>	No change to historical processes. This is not a new services available to this population.	No copays, co-insurance or deductibles.	Follow all historical auth procedures. MNC and specs are the same, as well.
Health New England	Beacon is not managing HNE CBAT	Beacon is not managing HNE CBAT	Beacon is not managing HNE CBAT services. HNE will be using their historical processes for these services.	Beacon is not managing HNE CBAT services. HNE	No copays. Deductibles and co-insurance are in effect.	



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services. HNE will be using their historical processes for these services.	services. HNE will be using their historical processes for these services.		will be using their historical processes for these services.		
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<b>Intensive Community Based Acute Treatment for Children and Adolescents (ICBAT)</b>						
<b>Plan Name</b>	<b>Procedure Code &amp; Modifier</b>	<b>Unit</b>	<b>Definition</b>	<b>Authorization Procedures</b>	<b>Cost Sharing/Deductibles</b>	<b>Other Information</b>
Boston Medical Healthnet Plan (BMCHP) 877-957-5600  (Beacon is the MBHO)	H0037 - TG	1 unit = 1 day	ICBATs are 24-hour therapeutically planned group living programs with individual, specialized services to help decrease the risk of a need for a higher level of care. Youth in this level of care require more than a typical CBAT (see CBAT criteria) but do not meet the need for a higher level of care, i.e. inpatient. ICBAT serves members who have sufficient potential to respond to active treatment; who need a protected and structured environment; for whom outpatient and partial hospitalization are not appropriate; and for whom acute hospital inpatient treatment is not necessary. This level of care uses some enhanced activities for a shortened period of time to ensure the safety of the acute member or the milieu, ie 1:1 for one night, single room for volatile member, daily medication assessment and adjustments as needed etc.	No change to historical processes. This is not a new services available to this population.	Daily copays apply; co-insurance and deductibles apply.	Follow all historical auth procedures. MNC and specs are the same, as well.
Fallon Health Plan 888-421-8861  (Beacon is the MBHO)	H0037 - TG	1 unit = 1 day	ICBATs are 24-hour therapeutically planned group living programs with individual, specialized services to help decrease the risk of a need for a higher level of care. Youth in this level of care require more than a typical CBAT (see CBAT criteria) but do not meet the need for a higher level of care, i.e. inpatient. ICBAT serves members who have sufficient potential to respond to active treatment; who need a protected and structured environment; for whom outpatient and partial hospitalization are not appropriate; and for whom acute hospital inpatient treatment is not necessary. This level of care uses some enhanced activities for a shortened period of time to ensure the safety of the acute member or the milieu, ie 1:1 for one night, single room for volatile member, daily medication assessment and adjustments as needed etc.	No change to historical processes. This is not a new services available to this population.	No copays, co-insurance or deductibles.	Follow all historical auth procedures. MNC and specs are the same, as well.
Health New England 800-495-0086  (Beacon is MBHO)	Beacon is not managing HNE ICBAT services. HNE will be using their historical processes for these services.	Beacon is not managing HNE ICBAT services. HNE will be using their historical processes for these services	Beacon is not managing HNE ICBAT services. HNE will be using their historical processes for these services	Beacon is not managing HNE ICBAT services. HNE will be using their historical processes for these services	No copays. Deductibles and co-insurance are in effect.	

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Therapeutic Mentoring (TM)							
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductibles	Allowable Staff/Supervision	Other Information
Boston Medical Healthnet Plan (BMCHP) 877-957-5600  (Beacon is the MBHO)	T1027	1 unit = 15 minute	<p>MNC: Age out at 19<sup>th</sup> birthday. Youth has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.</p> <p>Therapeutic Mentoring Services are provided to youth (under the age of 19) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings, such as, child care centers, respite settings, and other culturally and linguistically appropriate community settings. 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, functional skill-building, problem-solving and conflict resolution, and relating appropriately to other youth, and adults in recreational and social activities. Therapeutic Mentoring services must be pursuant to a behavioral health treatment plan, indicating a behavioral health diagnosis, developed by an outpatient, or FST/In-Home Therapy provider, in concert with the family and youth whenever possible, or Individual Care Plan (ICP) for youth in ICC. These services help to ensure the youth's success in navigating various social contexts, learning new skills, and making functional progress. The Therapeutic Mentor offers supervision of these interactions, and engages the youth in discussions about strategies for effective handling of community interactions. Therapeutic Mentoring is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician.</p> <p>Therapeutic Mentoring services must be necessary to achieve a goal(s) established in an existing behavioral health treatment plan for outpatient or In-home Therapy or in an ICP for youth in ICC. Progress toward meeting the identified goal(s) must be documented and reported weekly to the</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from January 1, 2021.</p> <p>Providers have 14 days from date of eligibility, January 1, 2021, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p> <p>Authorizations are telephonic by the TM or their supervisor. The provider should have some information about the family prior to calling for authorization including diagnosis, hub goals, etc.</p>	Yes. BMCHP cost sharing is in line with OP co-pays.	<p>See Performance Specs for staff and supervision requirement.</p> <ul style="list-style-type: none"> <li>• CHW required after up to 2 years of oversight by independently licensed staff.</li> <li>• All staff supervised by independently licensed staff.</li> </ul>	Service is hub dependent.

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			<p>youth's current treater(s). If there is no significant progress, appropriate changes to the treatment plan must be documented. Services are designed to support age-appropriate social functioning or ameliorate deficits in the youth's age-appropriate social functioning.</p>				
<p>Fallon Health Plan 888-421-8861</p> <p>(Beacon is the MBHO)</p>	T1027	1 unit = 15 minutes	<p>MNC: Age out at 19th birthday. Youth has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.</p> <p>Therapeutic Mentoring Services are provided to youth (under the age of 19) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings, such as, child care centers, respite settings, and other culturally and linguistically appropriate community settings. 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, functional skill-building, problem-solving and conflict resolution, and relating appropriately to other youth, and adults in recreational and social activities. Therapeutic Mentoring services must be pursuant to a behavioral health treatment plan, indicating a behavioral health diagnosis, developed by an outpatient, or FST/In-Home Therapy provider, in concert with the family and youth whenever possible, or Individual Care Plan (ICP) for youth in ICC. These services help to ensure the youth's success in navigating various social contexts, learning new skills, and making functional progress. The Therapeutic Mentor offers supervision of these interactions, and engages the youth in discussions about strategies for effective handling of community interactions. Therapeutic Mentoring is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician.</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from January 1, 2021.</p> <p>Providers have 14 days from date of eligibility, January 1, 2021, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p> <p>Authorizations are telephonic by the TM or their supervisor. The provider should have some information about the family prior to calling for authorization including diagnosis, hub goals, etc.</p>	There are no co-pays. Deductibles may apply.	<p>See Performance Specs for staff and supervision requirement.</p> <ul style="list-style-type: none"> <li>• CHW required after up to 2 years of oversight by independently licensed staff.</li> <li>• All staff supervised by independently licensed staff.</li> </ul>	Service is Hub dependent.

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			Therapeutic Mentoring services must be necessary to achieve a goal(s) established in an existing behavioral health treatment plan for outpatient or In-home Therapy or in an ICP for youth in ICC. Progress toward meeting the identified goal(s) must be documented and reported weekly to the youth's current treater(s). If there is no significant progress, appropriate changes to the treatment plan must be documented. Services are designed to support age-appropriate social functioning or ameliorate deficits in the youth's age-appropriate social functioning.				
Health New England 800-495-0086  (Beacon is MBHO)			<p>MNC: Age out at 19th birthday. Youth has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.</p> <p>Therapeutic Mentoring Services are provided to youth (under the age of 19) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings, such as, child care centers, respite settings, and other culturally and linguistically appropriate community settings. 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, functional skill-building, problem-solving and conflict resolution, and relating appropriately to other youth, and adults in recreational and social activities. Therapeutic Mentoring services must be pursuant to a behavioral health treatment plan, indicating a behavioral health diagnosis, developed by an outpatient, or FST/In-Home Therapy provider, in concert with the family and youth whenever possible, or Individual Care Plan (ICP) for youth in ICC. These services help to ensure the youth's success in navigating various social contexts, learning new skills, and making functional progress. The Therapeutic Mentor offers supervision of these interactions, and engages the youth in discussions about strategies for effective handling of community interactions. Therapeutic Mentoring is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician.</p> <p>Therapeutic Mentoring services must be necessary to achieve a goal(s) established in an existing behavioral health treatment plan for outpatient or In-home Therapy or in an</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from January 1, 2021.</p> <p>Providers have 14 days from date of eligibility, January 1, 2021, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p> <p>Authorizations are telephonic by the TM or their supervisor. The provider should have some information about the family prior to calling for authorization including diagnosis, hub goals, etc.</p>	There are no co-pays. Deductibles may apply	<p>See Performance Specs for staff and supervision requirement.</p> <ul style="list-style-type: none"> <li>• CHW required after up to 2 years of oversight by independently licensed staff.</li> <li>• All staff supervised by independently licensed staff.</li> </ul>	<p>Service is hub dependent.</p> <p>Please follow prompts for HNE commercial when calling 800#.</p>

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			ICP for youth in ICC. Progress toward meeting the identified goal(s) must be documented and reported weekly to the youth's current treater(s). If there is no significant progress, appropriate changes to the treatment plan must be documented. Services are designed to support age-appropriate social functioning or ameliorate deficits in the youth's age-appropriate social functioning.				
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Family Support and Training (FS&T)							
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Cost Sharing/Deductibles	Allowable Staff/Supervision	Other Information
Boston Medical Healthnet Plan (BMCHP) 877-957-5600  (Beacon is the MBHO)	H0038	1 unit = 15 minutes	<p>MNC: Age out at 19th birthday. Caregiver has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.</p> <p>Family Partner (FP) is a service provided to the parent/caregiver of a youth (under the age of 19) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings. FP is a service that aims to create a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver. The purpose of this service is to resolve or ameliorate the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth. The intent of this service is to improve the youth's functioning, as identified in the outpatient or In-Home Therapy treatment plan, or Individual Care Plan (ICP) for youth enrolled in Intensive Care Coordination (ICC), and to support the youth in the community, or to assist the youth in returning to the community. Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from January 1, 2021.</p> <p>Providers have 14 days from date of eligibility, January 1, 2021, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p> <p>Authorizations are telephonic by the TM or their supervisor. The provider should have some information about the family prior to calling for authorization including diagnosis, hub goals, etc.</p>	Yes. BMCHP cost sharing is in line with OP co-pays.	<p>See Performance Specs for staff and supervision requirement.</p> <ul style="list-style-type: none"> <li>• CHW required after up to 2 years of oversight by independently licensed staff.</li> <li>• All staff supervised by independently licensed staff.</li> </ul>	Service is hub dependent.

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			<p>FP is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician. FP services must work towards a goal(s) established in an existing behavioral health treatment plan/care plan for outpatient or In-Home Therapy, or an Individual Care Plan, for youth enrolled in ICC. Services are designed to improve the parent/caregiver's capacity to ameliorate or resolve the youth's emotional or behavioral needs, and to strengthen their own capacity to parent.</p> <p>Delivery of appropriate ICC services may require care coordinators to collaborate with Family Partners. In ICC, the care coordinator and Family Partner work together with youth with SED, and their families while maintaining their discrete functions. The Family Partner works one-on-one and maintains regular frequent contact with the parent(s)/caregiver(s), in order to provide education and support throughout the care planning process. The Family Partner attends CPT meetings, and may assist the parent(s)/caregiver(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The Family Partner educates parents/caregivers about how to effectively navigate the child-serving systems for themselves, about the existence of informal/community resources available to them, and facilitates the parent's/caregiver's access to these resources.</p>				
<p>Fallon Health Plan 888-421-8861</p> <p>(Beacon is the MBHO)</p>	H0038	1 unit = 15 minutes	<p>MNC: Age out at 19th birthday. Caregiver has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.</p> <p>Family Partner (FP) is a service provided to the parent/caregiver of a youth (under the age of 19) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings. FP is a service that aims to create a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver. The purpose of this service is to resolve or ameliorate the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth. The intent of this service is to improve the youth's functioning, as identified in the outpatient or In-Home Therapy treatment plan, or Individual Care Plan (ICP) for youth enrolled in Intensive Care Coordination (ICC), and to support the youth in the community, or to assist the youth in returning to the community. Services may include education, assistance in navigating the child serving systems (DCF, education, mental</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from January 1, 2021.</p> <p>Providers have 14 days from date of eligibility, January 1, 2021, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p> <p>Authorizations are telephonic by the TM or their supervisor. The provider should have some information about the family prior</p>	No co-pays. Deductibles may apply.	<p>See Performance Specs for staff and supervision requirement.</p> <ul style="list-style-type: none"> <li>• CHW required after up to 2 years of oversight by independently licensed staff.</li> <li>• All staff supervised by independently licensed staff.</li> </ul>	<p>Service is hub dependent.</p> <p>Separate authorization is required even if in conjunction with ICC.</p>

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			<p>health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.</p> <p>FP is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician. FP services must work towards a goal(s) established in an existing behavioral health treatment plan/care plan for outpatient or In-Home Therapy, or an Individual Care Plan, for youth enrolled in ICC. Services are designed to improve the parent/caregiver's capacity to ameliorate or resolve the youth's emotional or behavioral needs, and to strengthen their own capacity to parent.</p> <p>Delivery of appropriate ICC services may require care coordinators to collaborate with Family Partners. In ICC, the care coordinator and Family Partner work together with youth with SED, and their families while maintaining their discrete functions. The Family Partner works one-on-one and maintains regular frequent contact with the parent(s)/caregiver(s), in order to provide education and support throughout the care planning process. The Family Partner attends CPT meetings, and may assist the parent(s)/caregiver(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The Family Partner educates parents/caregivers about how to effectively navigate the child-serving systems for themselves, about the existence of informal/community resources available to them, and facilitates the parent's/caregiver's access to these resources.</p>	<p>to calling for authorization including diagnosis, hub goals, etc.</p>			
<p>Health New England 800-495-0086</p> <p>(Beacon is MBHO)</p>	H0038	1 unit = 15 minutes	<p>MNC: Age out at 19th birthday. Caregiver has needs that traditional outpatient suite of services and other formal/natural supports cannot manage.</p> <p>Family Partner (FP) is a service provided to the parent/caregiver of a youth (under the age of 19) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings. FP is a service that aims to create a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver. The purpose of this service is to resolve or ameliorate the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth. The intent of this</p>	<p>Backdating will be five business days following the continuity of care period, 90 days from January 1, 2021.</p> <p>Providers have 14 days from date of eligibility, January 1, 2021, to contact Beacon for authorization. After 14 days, standard administrative denial processes will begin.</p>	No co-pays. Deductibles may apply.	<p>See Performance Specs for staff and supervision requirement.</p> <ul style="list-style-type: none"> <li>• CHW required after up to 2 years of oversight by independently licensed staff.</li> <li>• All staff supervised by independently licensed staff.</li> </ul>	<p>Service is hub dependent.</p> <p>Please follow prompts for HNE commercial when calling the 800#.</p>

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		<p>service is to improve the youth's functioning, as identified in the outpatient or In-Home Therapy treatment plan, or Individual Care Plan (ICP) for youth enrolled in Intensive Care Coordination (ICC), and to support the youth in the community, or to assist the youth in returning to the community. Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.</p> <p>FP is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician. FP services must work towards a goal(s) established in an existing behavioral health treatment plan/care plan for outpatient or In-Home Therapy, or an Individual Care Plan, for youth enrolled in ICC. Services are designed to improve the parent/caregiver's capacity to ameliorate or resolve the youth's emotional or behavioral needs, and to strengthen their own capacity to parent.</p> <p>Delivery of appropriate ICC services may require care coordinators to collaborate with Family Partners. In ICC, the care coordinator and Family Partner work together with youth with SED, and their families while maintaining their discrete functions. The Family Partner works one-on-one and maintains regular frequent contact with the parent(s)/caregiver(s), in order to provide education and support throughout the care planning process. The Family Partner attends CPT meetings, and may assist the parent(s)/caregiver(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The Family Partner educates parents/caregivers about how to effectively navigate the child-serving systems for themselves, about the existence of informal/community resources available to them, and facilitates the parent's/caregiver's access to these resources.</p>	<p>Authorizations are telephonic by the TM or their supervisor. The provider should have some information about the family prior to calling for authorization including diagnosis, hub goals, etc.</p>			
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