



## **INTENSIVE COMMUNITY-BASED ACUTE TREATMENT (ICBAT) FOR CHILDREN AND ADOLESCENTS**

### **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 documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at [providerexpress.com](https://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**

#### **Intensive Community-Based Acute Treatment (ICBAT) for Children and Adolescents**

provides the same services as Community-Based Acute Treatment (CBAT) for Children and Adolescents but of higher intensity, including more frequent psychiatric and psychopharmacological evaluation and treatment, and more intensive staffing and service delivery. ICBAT programs have the capability to admit children and adolescents with more acute symptoms than those admitted to CBAT. ICBAT programs can treat Enrollees with clinical presentations like those referred to inpatient mental health services but who are able to be cared for safely in an unlocked setting. Children and adolescents may be admitted to an ICBAT directly from the community as an alternative to inpatient hospitalization; ICBAT is not used as a step-down placement following discharge from a locked, 24- hour setting.

The following Intensive Community-Based Acute Treatment (ICBAT) for Children and Adolescents performance specifications are a subset of the Community-Based Acute Treatment (CBAT) for Children and Adolescents performance specifications. As such, ICBAT providers agree to adhere to both the CBAT performance specifications and to the ICBAT performance specifications contained within. Where there are differences between the CBAT and ICBAT performance specifications, these ICBAT specifications take precedence.

## **SERVICE COMPONENTS**

1. The ICBAT provider ensures that all service components required in the CBAT level of care are provided to Enrollees enrolled in ICBAT in sufficient combination and more frequently than for CBAT, to meet the higher level of acuity presented by Enrollees in ICBAT. This includes more frequent and more intensive staff supervision, clinical intervention, and behavior management.
2. The ICBAT provider provides daily psychiatry/psychopharmacological evaluation and treatment to Enrollees at this level of care, 7 days per week, 365 days per year.

## **STAFFING REQUIREMENTS**

1. The ICBAT 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's Provider Manual, found at [providerexpress.com](http://providerexpress.com).
2. The ICBAT provider continually maintains appropriate staffing patterns within the ICBAT level of care to safely care for all Enrollees presenting with higher levels of acuity.

## **SERVICE, COMMUNITY AND OTHER LINKAGES**

See CBAT performance specification

## **PROCESS SPECIFICATIONS**

### **Assessment, Treatment Planning and Documentation**

1. Within 24 hours of admission for all Enrollees admitted to ICBAT, an initial face-to-face psychiatric evaluation is provided by one of the following: the medical director; other child fellowship-trained psychiatrists who are board-certified and/or who meet the Plan's credentialing criteria for a child/adolescent psychiatrist; an attending child psychiatrist; a child psychiatry fellow/trainee; or a psychiatric nurse mental health clinical specialist (PNMHCS).
2. The ICBAT provider ensures that the medical director, other child fellowship-trained psychiatrists, the attending child psychiatrist, a child psychiatry fellow/trainee, or a PNMHCS meets with the Enrollee daily, provides daily psychiatric and pharmacological evaluation and treatment, and writes a daily psychiatry note in the Enrollee's health record.

## **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.