

# **Fallon Community Health Plan, Inc.**

## **COMMUNITY CARE AMENDMENTS**

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# Fallon Community Health Plan, Inc.

## **AMENDMENT 3**

This is part of your Community Care  
*Member Handbook/Evidence of Coverage*  
Form #18-670-028

This amendment changes certain sections of your Community Care Member Handbook/Evidence of Coverage. Please read it carefully and keep it with your handbook. The information in this amendment replaces any information in your handbook, Schedule of Benefits or prior amendments that conflicts with it. If you have questions about this amendment, please contact the Customer Service Department at 1-800-868-5200 (TRS 711). Representatives are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Questions? Just ask.
2. Disenrollment rates
3. Obtaining specialty care and services
4. Mental Health and substance abuse services

The following changes apply to your *Member Handbook/Evidence of Coverage*:

### **Questions? Just ask.**

Under **Questions? Just ask** section add the following after **To change your primary care provider**:

### **For assistance in finding a provider**

- If you need assistance finding a network provider, please call Customer Service at 1-800-868-5200; select menu option 6. For assistance finding a behavioral health provider, call 1-888-421-8861.

**Obtaining specialty care and services**

For policies issued or renewed coincident with or following July 1, 2019, the following change applies:

Under **Prior authorization** in the **Obtaining specialty care and services** section (Amendment 2), remove the following:

- Outpatient mental health services (including intermediate care), beyond eight sessions

Add the following under **Prior authorization**:

- Outpatient counseling for mental health and substance use conditions beyond eight sessions
- Intermediate and outpatient community-based mental health services for children and adolescents under the age of 19

**2018 Disenrollment rates**

Under **Involuntary cancellation rate** in the **Leaving Fallon** section, replace entire paragraph with the following:

For the calendar year 2018, Fallon's involuntary cancellation or disenrollment rate was 0.00%. The involuntary disenrollment rate includes any members disenrolled by the plan due to misrepresentation or fraud on the part of the member or commission of acts of verbal or physical abuse. For calendar year 2018, Fallon's voluntary disenrollment rate was 0.16%.

**Mental Health and substance abuse services**

For policies issued or renewed coincident with or following July 1, 2019, the following change applies:

Under **Mental Health and substance abuse services** in the **Description of benefits** section, under **Covered services**, in the **Intermediate services** section add the following:

Intermediate services for children and adolescents under the age of 19. Benefits are only available to members who are residents of Massachusetts or whose principal place of employment is in Massachusetts.

1. Community-based acute treatment (CBAT) provided in a staff-secure setting on a 24-hour basis to provide intensive therapeutic services including, but not limited to daily medication monitoring; psychiatric assessment; nursing availability; specialing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed.
2. Intensive community-based treatment (ICBAT) providing the same services as CBAT but for higher intensity-including more frequent psychiatric and psychopharmacological evaluation and treatment and more intensive staffing and service delivery.

Under **Covered services**, in the **Outpatient services** section add the following:

Outpatient community-based services for children and adolescents under the age of 19. Benefits are only available to members who are residents of Massachusetts or whose principal place of employment is in Massachusetts.

1. Intensive Care Coordination (ICC): a collaborative service that provides targeted case management services to children and adolescents with a serious emotional disturbance, including individuals with co-occurring conditions, in order to meet the comprehensive medical, behavioral health, and psychosocial needs of an individual and the individual's family, while promoting quality, cost- effective

outcomes. This service includes an assessment, the development of an individualized care plan, referrals to appropriate levels of care, monitoring of goals, and coordinating with other services and social supports and with state agencies, as indicated. The service shall be based upon a system of care philosophy and the individualized care plan shall be tailored to meet the needs of the individual. The service shall include both face-to-face and telephonic meetings, as indicated and as clinically appropriate. ICC is delivered in office, home or other settings, as clinically appropriate.

2. Family Stabilization Team (FST): FST (also referred to as In-Home Therapy), is an intensive family therapy model focused on youth who are most at risk for out-of-home placement due to behaviors in the home. Youth and family engage in intensive family therapy, as well as some individual skill building to improve functioning. This service is implemented by a two-person team; a master's-level clinician creates the treatment plan and provides the clinical interventions while a paraprofessional conducts skill building activities with individuals, dyads, or groups within the family system.
3. In-home Behavioral Services (IHBS): a combination of medically necessary behavior management therapy and behavior management monitoring; provided, however, that such services shall be available, when indicated, where the child resides, including in the child's home, a foster home, a therapeutic foster home, or another community setting. In-home behavioral services include:
  - Behavior management monitoring - monitoring of a child's behavior, the implementation of a behavior plan and reinforcing implementation of a behavior plan by the child's parent or other caregiver.

- Behavior management therapy - therapy that addresses challenging behaviors that interfere with a child's successful functioning; provided, however, that "behavior management therapy" shall include a functional behavioral assessment and observation of the youth in the home and/or community setting, development of a behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance, including the development of a crisis-response strategy; and provided further, that "behavior management therapy" may include short-term counseling and assistance.
4. Mobile Crisis Intervention (MCI): a short-term, mobile, on-site, face-to-face therapeutic response service that is available 24 hours a day, 7 days a week to a child experiencing a behavioral health crisis. Mobile crisis intervention is used to identify, assess, treat and stabilize a situation, to reduce the immediate risk of danger to the child or others, and to make referrals and linkages to all medically necessary behavioral health services and supports and the appropriate level of care. The intervention shall be consistent with the child's risk management or safety plan, if any. Mobile crisis intervention includes a crisis assessment and crisis planning, which may result in the development or update of a crisis safety plan. Prior authorization not required for MCI.

Under **Related exclusions** add the following:

10. Family support and training for children and adolescents under the age of 19
11. Therapeutic mentoring services for children and adolescents under the age of 19

# Fallon Community Health Plan, Inc.

## **AMENDMENT 2**

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*Member Handbook/Evidence of Coverage*  
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Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Obtaining specialty care and services
2. Rehabilitation and Habilitation services

The following changes apply to your *Member Handbook/Evidence of Coverage*:

### **Obtaining specialty care and services**

The following change is effective immediately.

Under **Prior authorization** in the **Obtaining specialty care and services** section, remove the following:

- Pulmonary rehabilitation services for chronic obstructive pulmonary disease (COPD)



**Rehabilitation and Habilitation services**

The following change is effective immediately.

Under **Rehabilitation and Habilitation services** in the **Description of benefits** section, under **Covered services**, replace number 5 with the following:

5. Pulmonary rehabilitation services for chronic obstructive pulmonary disease (COPD) are covered for up to two one-hour sessions per day, for up to 36 lifetime sessions.

# Fallon Community Health Plan, Inc.

## **AMENDMENT 1**

This is part of your Community Care  
*Member Handbook/Evidence of Coverage*  
Form #18-670-028  
Effective March 1, 2019

This amendment changes certain sections of your Community Care Member Handbook/Evidence of Coverage. Please read it carefully and keep it with your handbook. The information in this amendment replaces any information in your handbook, Schedule of Benefits or prior amendments that conflicts with it. If you have questions about this amendment, please contact the Customer Service Department at 1-800-868-5200 (TRS 711). Representatives are available Monday, Tuesday, Thursday and Friday from 8 a.m. to 6 p.m. and Wednesday from 10 a.m. to 6 p.m.

Your *Member Handbook/Evidence of Coverage* has been amended to include information on the following:

1. Office visits and outpatient services
2. Prescription medication

The following changes apply to your *Member Handbook/Evidence of Coverage*:

### **Office visits and outpatient services**

Under **Office visits and outpatient services** in the **Description of Benefits** section, under **Covered services** replace number one with the following:

1. Office visits, to diagnose or treat an illness or an injury
  - Telehealth visits done via a secure, real time Telemedicine platform which is inclusive of both an audio and visual component.

**Prescription medication**

Under **Prescription medication** in the **Description of benefits** section, under **Related exclusions** add the following:

37. Ybuphen (ibuprofen 600mg & acetaminophen 500mg)