## Appendix AA

# Directed Payments Related to Certain HCBS Services and Certain Behavioral Health Services

### Exhibit 1: HBCS Temporary Rate Increases by Service

#### Exhibit 1A Summary of HCBS Rate Increases

Covered Service	Increase	Rate Increase Effective Date	Rate Increase End Date
Nursing	30%	7/1/2021	12/31/2021
Children's Behavioral Health Initiative (CBHI)	EOHHS has increased its state plan rates for CBHI services. The Contractor shall pay CBHI providers at or above the MassHealth state plan rate. See Exhibit 1b below.	7/1/2021	12/31/2021
Home Health Services	10%	7/1/2021	12/31/2021
Durable Medical Equipment	10%	7/1/2021	12/31/2021

The Contractor shall refer to the following MassHealth Provider Manual sections for additional detail on applicable codes for each service:

- https://www.mass.gov/doc/independent-nurse-in-subchapter-6-0/download
- https://www.mass.gov/doc/home-health-agency-hha-subchapter-6/download
- https://www.mass.gov/doc/durable-medical-equipment-dme-subchapter-6/download

# Exhibit 1B Children's Behavioral Health Initiative (CBHI) Rate Increase by Services

The table below details the revised state plan rates for CBHI services (see also 101 CMR 447).

Service Description	Code	Unit	Rate	Add-on	Total
Self-help/peer services, per 15 minutes (parent-caregiver peer-to- peer support service provided by a family partner)	Ноо38	15 minutes	\$15.96	\$5.11	\$21.07
Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional)	H2011-HN	15 minutes	\$21.07	\$6.74	\$27.81
Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician)	H2011-HO	15 minutes	\$31.43	\$10.06	\$41.49

Service Description	Code	Unit	Rate	Add-on	Total
Skills training and development, per 15 minutes (behavior management monitoring provided by a bachelor-level clinician)	H2014-HN	15 minutes	\$13.83	\$4.43	\$18.26
Skills training and development, per 15 minutes (behavior management therapy provided by a master-level clinician)	H2014-HO	15 minutes	\$27.21	\$8.71	\$35.92
Therapeutic behavioral services, per 15 minutes (therapeutic training and support services provided by a bachelor-level clinician)	H2019-HN	15 minutes	\$16.53	\$5.29	\$21.82
Therapeutic behavioral services, each 15 minutes (in-home therapy provided by a master-level clinician)	H2019-HO	15 minutes	\$23.58	\$7.55	\$31.13
Family training and counseling for child development, per 15 minutes (therapeutic mentoring service)	T1027-EP	15 minutes	\$14.23	\$4.55	\$18.78
Behavioral Health Outreach Service (Targeted Case Management) (multi-disciplinary team) that includes family support and training and intensive care coordination per day	Hoo23-HT	Per Day	\$46.63	\$14.92	\$61.55

# Exhibit 2: Summary of Behavioral Health Services Rate Increases by Service

Covered Service*	Increase	Rate Increase Effective Date	Rate Increase End Date	
Emergency Service Program (ESP) and Community Crisis Stabilization (CCS)	10%	7/1/2021	12/31/2021	
Outpatient mental health services:• Couples/Family Treatment• Diagnostic Evaluation• Dialectical Behavioral Therapy (DBT)• Family Consultation• Group Treatment• Individual Treatment• Medication visit• Psychological Testing• Special Education Psychological Testing• Electro-Convulsive Therapy (ECT)• Collateral Contact	10%	7/1/2021	12/31/2021	

Fourth Amended and Restated Accountable Care Partnership Plan Contract -- Appendix AA Directed Payments Related to Certain HCBS Services and Certain Behavioral Health Services

Covered Service*	Increase	Rate Increase Effective Date	Rate Increase End Date	
Community Support Program (CSP) and Intensive Outpatient Program (IOP)	10%	7/1/2021	12/31/2021	
Psych Day Treatment	10%	7/1/2021	12/31/2021	
Partial Hospitalization (PHP)	10%	7/1/2021	12/31/2021	
<ul> <li>SUD Clinic Services:</li> <li>Ambulatory Withdrawal Management</li> <li>Medication Visit</li> <li>Opioid Treatment Services including counseling services</li> </ul>	10%	7/1/2021	12/31/2021	
Acute Treatment Services (ATS) for Substance Use Disorders and Clinical Support Services for Substance Use Disorders (including Individualized Treatment Services)	10%	7/1/2021	12/31/2021	
Residential Rehabilitation Services for Substance Use Disorders	10%	7/1/2021	12/31/2021	
Structured Outpatient Addiction Program (SOAP)	10%	7/1/2021	12/31/2021	
Recovery Support Navigators (RSN)	10%	7/1/2021	12/31/2021	
Recovery Coaching	10%	7/1/2021	12/31/2021	
Acupuncture Treatment	10%	7/1/2021	12/31/2021	
Community-Based Acute Treatment for Children and Adolescents (CBAT) (including Intensive Community- Based Acute Treatment for Children and Adolescents (ICBAT))	10%	7/1/2021	12/31/2021	
Transitional Care Unit (TCU)	10%	7/1/2021	12/31/2021	
Applied Behavioral Analysis for members under 21 years of age (ABA Services)	10%	7/1/2021	12/31/2021	
Program of Assertive Community Treatment (PACT)	10%	7/1/2021	12/31/2021	
Early intervention	10%	7/1/2021	12/31/2021	
Intensive Early Behavioral Intervention	10%	10/1/2021	12/31/2021	

\*Such covered services include the services set forth in Appendix T except as set forth below as well as the following services:

CBAT – Community Based Acute Treatment (Rev Code 1001), ICBAT – Intensive Community Based Acute Treatment (Rev Code 1001), TCU – Transitional Care Unit (Rev codes 0100, 0114, 0124, 0134, 0144, 0154), ABA – Applied Behavior Analysis (H2012, H0032, H0031, H2019, 97156, ITS H2036), IOP – Intensive Outpatient Psychiatric (Rev Code 0905, 0906 CPT 90834), Early Intervention (96153, 96164, 96165, H2015, T1015, T1027, T1023, T1024), PACT – Program of Assertive Community Treatment (H0040, ATS H0011 or rev code 1002 for MBHP), RSS and COE RRS (H0019 or H0019-HH), CSS (H0010 or rev code 907 for MBHP), CSP-SIF – Community Support Program - Social Innovation Financing for Chronic Homelessness Program (H2016 SE), CSP-CHI – Community Support Program for Chronically Homeless Individuals (H2016 HK)

Such covered services do not include the following services set forth in Appendix T:

Certain Consult codes and E&M codes (99231, 99232, 99233, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285), Specialing (T1004), ASAP (H2028), SUD medication (J0571, J0572, J0573, J2315, J3490)