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Administrative Bulletin 24-15

101 CMR 306.00: Rates for Mental Health Services Provided in Community Health Centers and Mental Health Centers

Effective June 19, 2024

Supplemental Payments for Eligible Mental Health Centers

Summary

The Executive Office of Health and Human Services (EOHHS) is issuing this administrative bulletin to establish time-limited supplemental payments to eligible providers enrolled with MassHealth as mental health centers (provider type 26).

All supplemental payments to eligible providers are subject to the provisions of a supplemental payment agreement, as well as all other rules and regulations governing conditions of participation established by the MassHealth Program.

These supplemental payment methodologies will be in effect until all funds have been issued.

Eligibility

Mental health centers (MHCs) are eligible for the supplemental payment only if:

1. The MHC currently operates at least one location enrolled with MassHealth as provider type 26;
2. Providers associated with the MHC's tax identification number (TIN) (collectively, an "organization"), have provided behavioral health (BH) outpatient services to at least 150 MassHealth members during calendar year 2023, determined by the unduplicated

member count across claims and managed care encounters submitted by the organization;¹

3. The providers associated with the MHC's organization have had no sanctions or corrective actions imposed by MassHealth under 130 CMR 429.00: *Mental Health Center Services* and 130 CMR 450.000: *Administrative and Billing Regulations* within the past three full calendar years and have no open corrective actions or plans of correction with any other state or federal agency and are not currently subject to any sanctions by such agencies.
4. The MHC submits a complete and accurate Proposal Form (Appendix A) by the deadline described in this bulletin. Only one form may be submitted per organization.

Intended Uses of Supplemental Payments

A recipient MHC is encouraged to use its supplemental payment for one or more of the following purposes. All activities must be complete, and funding expended within one year of the execution of the supplemental payment agreement:

1. **Community Collaborations.** Funds may be used to form meaningful relationships between an MHC location and a community organization to foster referral pathways. Community collaborations may include partnerships with school districts, homeless shelters, primary care offices, and nursing facilities. A meaningful relationship may include:
 - a. an established regular meeting cadence between MHC staff leadership and the community organization;
 - b. a signed memorandum of understanding or similar cooperation agreement; and
 - c. a formalized referral process from the community organization to the MHC location.
2. **Increasing Language Capacity.** Funds may be used to enhance language capacity at the MHC location. Enhancing language capacity may include purchasing video translator services; purchasing technology to support video translator services; and incentives to hire and/or retain multilingual staff. An audio-only translator line is not considered a permissible use.
3. **Support for Technology Infrastructure Updates.** Funds may be used to purchase or implement a new or more advanced Electronic Health Record (EHR) system and/or a new, or more advanced, billing software that meet the following requirements:

¹ Behavioral health outpatient services include diagnostic evaluation services, treatment planning services, case and family consultation and therapy services, pharmacotherapy services, applied behavioral analysis services, children's behavioral health initiative services, diversionary services (intensive outpatient program, partial hospitalization program, psychiatric day treatment, structured outpatient addiction program services, and enhanced structured outpatient addiction program services), early intensive behavioral intervention, recovery coach and recovery support navigator services, and other specialty and diversionary BH services.

- a. EHR systems are encouraged to have the following capabilities:
 - i. Captures and tracks patient social risks factors (i.e. health-related social needs) and patient demographics (race, ethnicity, preferred language, disability status, sexual orientation, and gender identity- RELDSOGI);
 - ii. Captures patient-reported outcomes;
 - iii. Collects, processes, and stores clinical outcomes;
 - iv. Stratifies and tracks clinic subpopulations for quality and performance improvement initiatives;
 - v. Facilitates flexible appointment scheduling;
 - vi. Connects with other EHRs (e.g., primary care offices; hospital systems); and/or
 - vii. Creates or enhances patient portal functionality to allow for bidirectional communication and health records visibility between patients and providers.
- b. Billing software is encouraged to have the following capabilities:
 - i. Automates tasks, reduces processing time, and improves timely claims submissions;
 - ii. Ensures coding and billing compliance, minimizing errors and claim denials;
 - iii. Identifies revenue gaps, tracks outstanding payments, and enhances revenue cycle management;
 - iv. Enables more complex billing schemes beyond single unit rates, such as daily rates and bundled payments; and/or
 - v. Integrates with other provider systems, such as EHR.

Determination of Supplemental Payment Amounts for Eligible Mental Health Centers

The aggregate amount of funding available for these supplemental payments is \$15.6 million. Supplemental payment amounts for eligible MHCs will be determined in two groups: Group A and Group B. Only one MHC per organization may qualify for funding under either Group A or Group B. If an MHC receives a supplemental payment, no other MHC affiliated with that organization may receive funding.

1. Group A

- a. *Eligibility* –Group A MHCs must:
 - i. Have complied with the submission instructions in this bulletin; and
 - ii. Be affiliated with one of the 30 organizations with the highest unduplicated member count served in calendar year 2023, as determined by EOHHS (listed in Appendix B).
- b. *Payments* - Payments to Group A MHCs will equal a total aggregate amount of \$7.8 million, distributed as follows:
 - i. Each qualifying Group A MHC will receive, at a minimum, \$120,000; and

- ii. The remainder of the funding will be distributed proportionally based on the number of unduplicated members who received BH outpatient services during calendar year 2023, as follows:

$$\begin{array}{ccc} \text{(the organization's member} & & \text{(7,800,000-(120,000 *} \\ \text{count / total member count} & \text{X} & \text{number of eligible Group A} \\ \text{across the top 30} & & \text{MHCs)).} \\ \text{organizations)} & & \end{array}$$

2. Group B

- a. *Eligibility* – Group B MHCs must be affiliated with an organization that receives a score of two (2) or above pursuant to the scoring described below in **Section 2.b.** Any MHC that is part of an organization that includes a Group A MHC is ineligible for Group B.
- b. *Scoring* - Each organization will be issued a composite score, out of a total of eight (8) possible points. The composite score is calculated as follows:
 - i. Three (3) points awarded if the organization operates at least one MassHealth-enrolled MHC location that is the only MassHealth-enrolled MHC location within that zip code;
 - ii. Two (2) points awarded if the organization operates at least one MassHealth-enrolled MHC location designated as a Behavioral Health Urgent Care Center, in accordance with 130 CMR 429.404;
 - iii. One (1) point awarded if the organization operates at least one MassHealth-enrolled MHC location in one of the 50 zip codes in the Commonwealth with the highest BH related emergency department (ED) visits, as determined by EOHHS (zip codes listed in Appendix B);
 - iv. One (1) point awarded if the organization operates at least one MassHealth-enrolled MHC location in one of the 100 zip codes with the highest BH related inpatient visit, as determined by EOHHS (zip codes listed in Appendix B);
 - v. One (1) point if the organization is registered in the [Supplier Diversity Program Directory of Certified Businesses](http://www.diversitycertification.mass.gov/BusinessDirectory/BusinessDirectorySearch.aspx) (www.diversitycertification.mass.gov/BusinessDirectory/BusinessDirectorySearch.aspx) as any of the following: Minority Business Enterprise; Woman Business Enterprise; Veteran Business Enterprise; Service-Disabled Veteran-Owned Business Enterprise; Disability-Owned Business Enterprise; and/or Lesbian, Gay, Bisexual, and Transgender Business Enterprise. The organization must have obtained certification prior to June 1st, 2024.
- c. *Payment* - Payments to Group B MHCs will equal a total aggregate amount of \$7.8 million, distributed to providers as follows:
 - i. Each qualifying Group B MHC will receive, at a minimum, \$120,000; and

- ii. The remainder of the funding will be distributed proportionally based on the number of unduplicated members who received BH outpatient services during calendar year 2023, as follows:

$$\begin{array}{r} \text{(the organization's member} \\ \text{count / total member count} \\ \text{across eligible organizations of} \\ \text{Group B mental health} \\ \text{centers)} \end{array} \quad \times \quad \begin{array}{r} \text{(7,800,000-(120,000 *} \\ \text{number of organizations of} \\ \text{Group B MHCs)).} \end{array}$$

Additional Requirements for Eligible Mental Health Centers

1. MHCs interested in receiving supplemental payments must submit a completed submission form by 5:00 PM (EST) on July 19, 2024, by emailing the form to Kathleen.Stedman@mass.gov.
2. Supplemental payments will be made to eligible MHCs in two installments prior to December 31st, 2024.
3. Supplemental payments will be issued to eligible MHCs based on TIN. Only one MHC per organization/TIN may receive a supplemental payment. No organization may receive more than one supplemental payment per TIN.
4. EOHHS may, in its discretion, permit an additional submission period. Any such period will be announced through a bulletin.
5. All eligible MHCs must execute a supplemental payment agreement with EOHHS before the receipt of funds. EOHHS will contact eligible MHCs with the payment agreement following receipt of submission forms.
6. All funds received through a supplemental payment must be expended at the organization's MHC location(s) within one year of the execution of the payment agreement.

Reporting Requirements for Eligible Mental Health Centers that Receive Supplemental Payments

1. MHCs that receive a supplemental payment from EOHHS must submit the following reports to EOHHS:
 - a. *Initial Implementation Report*. Must be submitted to EOHHS within three months of executing the payment agreement. This implementation report must describe with specificity the MHC's organization's anticipated use of supplemental payment funds, including a budget with dollar estimates for implementing their planned use of the funds; and
 - b. *Final Progress Report*. Must be submitted by September 30, 2025. The final progress report must describe with specificity the MHC's organization's use of supplemental payment funds and the outcomes of those initiatives.

2. Failure to complete the required supplemental payments reporting on the timeline described above may result in partial or full recoupment of received supplemental payments.
3. All information included in the reports regarding supplemental payments is subject to verification and audit by EOHHS. Failure to comply with audits or document requests with respect to the requirements under this bulletin may result in partial or full recoupment of the supplemental payments.

Appendix A – Submission Form

For supplemental payments, fill out this form and email it to Kathleen.Stedman@mass.gov by July 19, 2024.

1) Responding MHC Information

- a) Name and Address:
- b) MassHealth Provider ID number and Service Location (PID/SL):

2) MHC's Organization Information

- a) Organization Name:
- b) Organization Tax ID:
- c) Other MHC Locations within the Organization
 - i) Names and addresses of other MHC locations within the Organization:
 - ii) MassHealth Provider ID number and Service Locations (PID/SL):

3) Point of Contact

- a) Name:
- b) Email address:
- c) Phone number:

4) Authorized Representative Who Will Sign the Supplemental Payment Agreement

- a) Name:
- b) Email address:

5) Provider Attestation

- a) The MHC attests that the following are true:
 - i) The MHC currently operates at least one MHC location enrolled with MassHealth as provider type 26;
 - ii) Providers associated with the MHC's tax identification number (TIN) (an "Organization") have provided behavioral health (BH) outpatient services to at least 150 MassHealth members during calendar year 2023, determined by the unduplicated member count across claims and managed care encounters submitted by the Organization²;

² Behavioral health outpatient services include diagnostic evaluation services, treatment planning services, case and family consultation and therapy services, pharmacotherapy services, applied behavioral analysis services, children's behavioral health initiative services, diversionary services (intensive outpatient program, partial hospitalization program, psychiatric day treatment, structured outpatient addiction program services, and enhanced structured outpatient addiction program services), early intensive behavioral intervention, recovery coach and recovery support navigator services, and other specialty and diversionary BH services.

- iii) The providers associated with the MHC's Organization have had no sanctions or corrective actions imposed by MassHealth under 130 CMR 429.00: *Mental Health Center Services* and 130 CMR 450.000: *Administrative and Billing Regulations* within the past three full calendar years and has no open corrective actions or plans of correction with any other state or federal agency and are not currently subject to any sanctions by such agencies.

6) Describe in detail how the MHC's Organization intends to use the Supplemental Payment funding. Please respond separately for each MHC location where the organization intends to expend supplemental payment funds.

- a) Partnerships with Community-Based Partners
 - i) MHC site(s) name, zip code, and PID/SL:
 - ii) Proposal description:

- b) Increasing Language Capacity
 - i) MHC site(s) name, zip code, and PID/SL:
 - ii) Proposal description:

- c) Technology Infrastructure Updates
 - i) MHC site(s) name, zip code, and PID/SL:
 - ii) Proposal description:

- d) Other
 - i) MHC site(s) name, zip code, and PID/SL:
 - ii) Proposal description:

Appendix B – Determination of Supplemental Payment Amounts for Eligible MHCs

Group A

The 30 Organizations with the highest unduplicated member count served in calendar year 2023

Advocates Community Counseling	Justice Resource Institute
Arbour Counseling Services	Mental Health Association
Behavioral Health Network	North Suffolk Mental Health Association
Bridgewell	Northeast Behavioral Health Corporation
The Brien Center	Northeast Health Services
Center For Human Development	River Valley Counseling Center
Child And Family Services	Riverside Community Care
Clinical and Support Options	Servicenet
Column Health	South Middlesex Opportunity Council Cape Cod Human Services
Community Counseling of Bristol County	South Shore Mental Health
Community Healthlink	Square Medical Group
Community Services Institute	Stanley Street Treatment & Resources Health Clinic
Eliot Community Human Services	
Family Continuity Program	
Gandara Mental Health Center	
Gosnold Behavioral Health	
High Point Treatment Center	

Group B

The top 50 zip codes in the Commonwealth with the highest BH related emergency department (ED) visits

01077	01033	01103	02111	02124	02169
01007	01040	01105	02114	02125	02269
01013	01041	01115	02115	02126	02303
01020	01060	01199	02116	02127	02474
01021	01075	01354	02118	02130	02763
01022	01086	01434	02119	02136	02766
01027	01089	01773	02120	02139	
01030	01090	01876	02121	02142	
	01101	02108	02122	02143	

The top 100 zip codes with the highest BH related inpatient visit

01013	01085	01301	01606	02113	02559
01014	01086	01337	01608	02116	02561
01020	01089	01339	01610	02118	02562
01021	01101	01349	01611	02119	02576
01026	01103	01354	01613	02127	02630
01031	01104	01367	01805	02187	02631
01035	01105	01440	01865	02190	02639
01040	01107	01523	01876	02222	02642
01056	01108	01529	01888	02269	02649
01060	01109	01531	01901	02331	02651
01061	01115	01534	01950	02345	02653
01062	01118	01541	02020	02361	02659
01068	01128	01542	02025	02454	02671
01075	01129	01561	02060	02532	02722
01077	01138	01581	02061	02536	02766
01079	01151	01603	02108	02556	
01082	01259	01605	02110	02558	