# Administrative Bulletin 24-26

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

Effective November 7, 2024

Supplemental Payments for Eligible Mental Health Centers – Re-issued

## Summary

The Executive Office of Health and Human Services (EOHHS) issued administrative bulletins 24-15 and 24-22 to establish time-limited supplemental payments to eligible providers enrolled with MassHealth as mental health centers (provider type 26). EOHHS is re-issuing this administrative bulletin to

* Clarify the eligibility criteria;
* Extend the application deadline for eligible Group A providers; and
* Establish another category of providers eligible to receive supplemental payments (“Group C Providers”).

No changes are being made to the existing Group B supplemental payments. The deadline for applications for eligible Group A and Group C providers will be 5 p.m., November 17, 2024.

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 agency.

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, which requires that the MHC have an active clinic license for mental health services issued by the Massachusetts Department of Public Health;
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]](#footnote-2)
3. The MHC organization is not also enrolled with MassHealth as a Community Health Center under 130 CMR 405.000: *Community Health Center Services*;
4. 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; and
5. 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
   1. An established regular meeting cadence between MHC staff leadership and the community organization;
   2. A signed memorandum of understanding or similar cooperation agreement; and
   3. 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. EHR systems are encouraged to have the following capabilities:
      1. 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);
      2. Captures patient-reported outcomes;
      3. Collects, processes, and stores clinical outcomes;
      4. Stratifies and tracks clinic subpopulations for quality and performance improvement initiatives;
      5. Facilitates flexible appointment scheduling;
      6. Connects with other EHRs (e.g., primary care offices; hospital systems); and/or
      7. Creates or enhances patient portal functionality to allow for bidirectional communication and health records visibility between patients and providers.
   2. Billing software is encouraged to have the following capabilities:
      1. Automates tasks, reduces processing time, and improves timely claims submissions;
      2. Ensures coding and billing compliance, minimizing errors and claim denials;
      3. Identifies revenue gaps, tracks outstanding payments, and enhance revenue cycle management;
      4. Enables more complex billing schemes beyond single-unit rates, such as daily rates and bundled payments; and/or
      5. 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 $16.9 million. Supplemental payment amounts for eligible MHCs will be determined in three groups: Group A, Group B, and Group C. Only one MHC per organization may qualify for funding under either Group A, Group B, or Group C. If an MHC receives a supplemental payment, no other MHC affiliated with that organization may receive funding.

1. **Group A**
   1. *Eligibility –*Group A MHCs must
      1. have complied with the submission instructions in this bulletin; and
      2. be affiliated with one of the 30 organizations with the highest unduplicated member count served in calendar year 2023, as determined by EOHHS (see updated listed in Appendix B of this bulletin).
   2. *Payments* - Payments to Group A MHCs will equal a total aggregate amount of $7.8 million, distributed as follows:
      1. Each qualifying Group A MHC will receive, at a minimum, $120,000; and
      2. 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:

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| --- | --- | --- |
| (the organization’s member count / total member count across the top 30 organizations) | X | (7,800,000-(120,000 X number of eligible Group A MHCs)). |

1. **Group B**
   1. *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 or Group C MHC is ineligible for Group B.
   2. *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.
      1. 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;
      2. 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;
      3. 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);
      4. 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); and
      5. One (1) point if the organization is registered in the [Supplier Diversity Program Directory of Certified Businesses](https://www.diversitycertification.mass.gov/BusinessDirectory/BusinessDirectorySearch.aspx.) ([www.diversitycertification.mass.gov/BusinessDirectory/BusinessDirectorySearch.aspx](http://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 1, 2024.
   3. *Payment* - Payments to Group B MHCs will equal a total aggregate amount of $7.8 million, distributed to providers as follows.
      1. Each qualifying Group B MHC will receive, at a minimum, $120,000; and
      2. 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:

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| --- | --- | --- |
| (the organization’s member count / total member count across eligible organizations of Group B mental health centers) | X | (7,800,000-(120,000 X number of organizations of Group B MHCs)). |

1. **Group C**
   1. *Eligibility* – Group C MHCs must
      1. be affiliated with an organization that receives a score of one (1), out of a total eight (8) possible points as calculated according to **Section 2.b.**
      2. be affiliated with an organization that provided BH outpatient services to at least 950 unique MassHealth members during calendar year 2023, determined by the unduplicated member count across claims and managed care encounters submitted by the organization;
      3. not be affiliated with an organization that meets the eligibility requirements under Group A or Group B, regardless of submission of a Proposal Form (Appendix A);
   2. *Payment* - Payments to Group C MHCs will equal a total aggregate amount of $1.3 million, distributed to providers as follows.
      1. Each qualifying Group C MHC will receive, at a minimum, $120,000; and
      2. 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:

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| --- | --- | --- |
| (the organization’s member count / total member count across eligible organizations of Group C mental health centers | X | (1,300,000-(120,000 X number of organizations of Group B MHCs)). |

## Additional Requirements for Eligible Mental Health Centers

1. MHCs interested in receiving supplemental payments under updated Group A or new Group C eligibility criteria described in this bulletin, and who have not previously submitted a completed Submission Form, must submit a completed form by 5:00 p.m. (EST) on November 17, 2024, by emailing the form to [Kathleen.Stedman@mass.gov](mailto:Kathleen.Stedman@mass.gov).
2. MHCs who previously submitted a completed Submission Form do not need to resubmit as EOHHS will evaluate their eligibility using the prior submission form.
3. Supplemental payments will be made to eligible MHCs before December 31, 2024.
4. 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.
5. EOHHS may, in its discretion, permit an additional submission period. Any such period will be announced through a bulletin.
6. 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.
7. 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.
   * 1. *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
     2. *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](mailto:Kathleen.Stedman@mass.gov) by November 17, 2024.

1. **Responding MHC Information**
   1. Name and address:
   2. MassHealth Provider ID number and Service Location (PID/SL):
2. **MHC’s Organization Information**
   1. Organization name:
   2. Organization Tax ID:
   3. Other MHC locations within the organization
      1. Names and addresses of other MHC locations within the organization:
      2. MassHealth Provider ID number and Service Locations (PID/SL):
3. **Point of Contact**
   1. Name:
   2. Email address:
   3. Phone number:
4. **Authorized Representative Who Will Sign the Supplemental Payment Agreement**
   1. Name:
   2. Email address:
5. **Provider Attestation**
   1. The MHC attests that the following are true:
      1. The MHC currently operates at least one MHC location enrolled with MassHealth as provider type 26;
      2. 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 organization[[2]](#footnote-3);
      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 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.**
   1. Partnerships with community-based partners
      1. MHC site(s) name, ZIP code, and PID/SL:
      2. Proposal description:
   2. Increasing Language Capacity
      1. MHC site(s) name, ZIP code, and PID/SL:
      2. Proposal description:
   3. Technology Infrastructure Updates
      1. MHC site(s) name, ZIP code, and PID/SL:
      2. Proposal description:
   4. Other
      1. MHC site(s) name, ZIP code, and PID/SL:
      2. 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

Arbour Counseling Services

Behavioral Health Network

Bridgewell

The Brien Center

Center For Human Development

Child and Family Counsel Ctr (The Home for Little Wanderers)

Child And Family Services

Clinical and Support Options

Column Health

Community Counseling of Bristol County

Community HealthLink

Community Services Institute

Eliot Community Human Services

Gandara Mental Health Center

Gosnold Behavioral Health

High Point Treatment Center

IPS Behavioral Health Clinic

Justice Resource Institute

Mentor South Bay

North Suffolk Mental Health Association

Northeast Behavioral Health Corporation

Northeast Health Services

River Valley Counseling Center

Riverside Community Care

ServiceNet

South Shore Mental Health

Square Medical Group

Stanley Street Treatment & Resources Health Clinic

Y.O.U. Inc. Family Center

### Group B

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

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

**The top 100 ZIP codes with the highest BH-related inpatient visits**

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

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. [↑](#footnote-ref-2)
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. [↑](#footnote-ref-3)