

# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions for Human and Social Services](#) or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <https://www.mass.gov/lists/osd-forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

<b>CONTRACTOR LEGAL NAME:</b> Boston Medical Center Health Plan, Inc. <b>(and d/b/a):</b> WellSense Health Plan		<b>COMMONWEALTH DEPARTMENT NAME:</b> Executive Office of Health and Human Services <b>MMARS Department Code:</b> EHS	
<b>Legal Address: (W-9, W-4):</b> 529 Main St., Ste. 500, Charlestown, MA, 02129		<b>Business Mailing Address:</b> One Ashburton Place, 11 <sup>th</sup> Fl., Boston, MA 02108	
<b>Contract Manager:</b> Nelie Lawless	<b>Phone:</b> 617-791-9346	<b>Billing Address (if different):</b>	
<b>E-Mail:</b> Nelie.Lawless@BMCHP-wellsense.org	<b>Fax:</b>	<b>Contract Manager:</b> Alejandro Garcia Davalos	<b>Phone:</b> 617-838-3344
<b>Contractor Vendor Code:</b> VC7000072388		<b>E-Mail:</b> Alejandro.E.GarciaDavalos@mass.gov	
<b>Vendor Code Address ID (e.g., "AD001"):</b> AD001. <b>(Note: The Address ID must be set up for EFT payments.)</b>		<b>MMARS Doc ID(s):</b> N/A	
<b>RFR/Procurement or Other ID Number:</b> BD-22-1039-EHS01-ASHWA-71410			
<input type="checkbox"/> <b>NEW CONTRACT</b> <b>PROCUREMENT OR EXCEPTION TYPE: (Check one option only)</b> <input type="checkbox"/> <b>Statewide Contract</b> (OSD or an OSD-designated Department) <input type="checkbox"/> <b>Collective Purchase</b> (Attach OSD approval, scope, budget) <input type="checkbox"/> <b>Department Procurement</b> (includes all Grants - <a href="#">815 CMR 2.00</a> ) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> <b>Emergency Contract</b> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach Employment Status Form, scope, budget) <input type="checkbox"/> <b>Other Procurement Exception</b> (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> <b>CONTRACT AMENDMENT</b> Enter <b>Current Contract End Date</b> <u>Prior</u> to Amendment: <b>December 31, 2027.</b> Enter <b>Amendment Amount:</b> \$ <u>no change.</u> (or "no change") <b>AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)</b> <input type="checkbox"/> <b>Amendment to Date, Scope or Budget</b> (Attach updated scope and budget) <input type="checkbox"/> <b>Interim Contract</b> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach any updates to scope or budget) <input type="checkbox"/> <b>Other Procurement Exception</b> (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> <a href="#">Commonwealth Terms and Conditions</a> <input type="checkbox"/> <a href="#">Commonwealth Terms and Conditions For Human and Social Services</a> <input type="checkbox"/> <a href="#">Commonwealth IT Terms and Conditions</a>			
<b>COMPENSATION:</b> (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under <a href="#">815 CMR 9.00</a> . <input checked="" type="checkbox"/> <b>Rate Contract.</b> (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> <b>Maximum Obligation Contract.</b> Enter total maximum obligation for total duration of this contract (or <b>new</b> total if Contract is being amended). \$ _____.			
<b>PROMPT PAYMENT DISCOUNTS (PPD):</b> Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting <b>accelerated</b> payments must identify a PPD as follows: Payment issued within 10 days _____% PPD; Payment issued within 15 days _____% PPD; Payment issued within 20 days _____% PPD; Payment issued within 30 days _____% PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments ( <a href="#">M.G.L. c. 29, § 23A</a> ); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
<b>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:</b> (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) This Amendment 2 to the First Amended and Restated Contract with Boston Medical Center Health Plan, Inc., for its Accountable Care Partnership Plan with Boston Accountable Care Organization, Inc., updates financial and other provisions and replaces certain appendices in the Contract effective January 1, 2024.			
<b>ANTICIPATED START DATE:</b> (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date. <input checked="" type="checkbox"/> 2. may be incurred as of <b>January 1, 2024</b> , a date <b>LATER</b> than the Effective Date below and <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, <b>20</b> ____, a date <b>PRIOR</b> to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
<b>CONTRACT END DATE:</b> Contract performance shall terminate as of <b>December 31, 2027</b> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
<b>CERTIFICATIONS:</b> Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <a href="#">801 CMR 21.07</a> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</b> X: <u>Heather Thiltgen</u> Date: <u>4/30/2024</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Heather Thiltgen</u> Print Title: <u>WellSense Health Plan President</u>		<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b> X: <u>Mike Levine</u> Date: <u>05/07/2024</u> (Signature and Date Must Be Captured At Time of Signature) Print Name: <u>Mike Levine</u> Print Title: <u>Assistant Secretary for MassHealth</u>	

**AMENDMENT #2**  
**TO THE**  
**FIRST AMENDED AND RESTATED**  
**ACCOUNTABLE CARE PARTNERSHIP PLAN CONTRACT**  
**FOR THE**  
**MASSHEALTH ACCOUNTABLE CARE ORGANIZATION PROGRAM**

**WHEREAS**, the Executive Office of Health and Human Services (“EOHHS”) and the Contractor identified in **Appendix R** (“Contractor”) entered into the Contract effective January 1, 2023, and with an Operational Start Date of April 1, 2023, to serve as an Accountable Care Organization, improve the MassHealth Member experience of care, health of the population, and efficiency of the MassHealth program, and provide comprehensive health care coverage to MassHealth Members; and

**WHEREAS**, EOHHS and the Contractor last amended and restated the Contract effective January 1, 2024, (the First Amended and Restated Accountable Care Partnership Plan Contract);

**WHEREAS**, EOHHS and the Contractor amended the Contract through Amendment #1 (January 1, 2024);

**WHEREAS**, in accordance with **Section 5.9** of the Contract, EOHHS and the Contractor desire to amend the Contract effective January 1, 2024; and

**WHEREAS**, EOHHS and the Contractor agree that the terms stated herein are subject to all required approvals of the federal Centers for Medicare and Medicaid Services (CMS);

**NOW, THEREFORE**, in consideration of the mutual covenants and agreements contained herein, the Contractor and EOHHS agree as follows:

1. **Section 2.5.A** is hereby amended by deleting and replacing “.” at the end of **Section 2.5.A.9**, with “; and”, and by adding a new **Section 2.5.A.10** as follows:

“10. Develop policies and procedures to pay for CPT code 90791 when billed with a primary diagnosis code of Z13.30 for annual mental health wellness exams provided to any Enrollee in any care setting by a licensed mental health professional or PCP. The annual mental health wellness exam shall identify undiagnosed behavioral or mental health needs and appropriate resources for treatment, in accordance with M.G.L. Ch. 118E, s. 10Q, as added by Chapter 177 of the Acts of 2022. The Contractor shall allow, if appropriate, for additional diagnosis codes on the claim, should a condition be discovered during the exam. Such policies and procedures shall not impose prior authorization on the annual mental health wellness exam, shall not require a member to have pre-existing clinical conditions, and shall not require a provider to conduct a CANS assessment prior to providing the annual mental health wellness exam.”

2. **Section 2.7.B.9.c.4** is hereby amended by deleting “set forth in the MassHealth Drug List” and replacing it with “as described in **Appendix C** and”.
3. **Section 2.7.E.3** is hereby amended by deleting “and” at the end of **Section 2.7.E.3.m**, deleting and replacing “.” at the end of **Section 2.7.E.3.n** with “; and”, and inserting a new **Section 2.7.E.3.o** as follows:
  - “o. Not require prior authorization for Youth Community Crisis Stabilization (YCCS) as set forth in **Appendix C**. The Contractor shall require Providers providing YCCS to provide the Contractor, within 72 hours of an Enrollee’s admission, with notification of admission of an Enrollee and an initial treatment plan for such Enrollee.”
4. **Section 2.8.A.3** is hereby amended by inserting a new **Section 2.8.A.3.n** as follows:
  - “n. Include, in its Provider Network, Providers of Youth Community Crisis Stabilization (YCCS) as described in **Appendix C** and as directed by EOHHS. The Contractor shall:
    - 1) Implement performance specifications specified by EOHHS, and ensure compliance with such specifications;
    - 2) As directed by EOHHS, take all steps and perform all activities necessary to support the provision of YCCS, including but not limited to executing contracts with Providers of YCCS, as further specified by EOHHS, participating in meetings and workgroups, developing and implementing new policies, and any performing other tasks as directed by EOHHS; and
    - 3) Pay such Providers in accordance with **Section 2.8.D.7.**”
5. **Section 2.8.D.7** is hereby amended by:
  1. Inserting in **Section 2.8.D.7.a**, “**Exhibits 1 and 2**” after “**Appendix O**” in each case it appears;
  2. In **Section 2.8.D.7.m**, inserting “and **Appendix O, Exhibit 3**” after “Managed Care Entity Bulletin 83”; and inserting at the end the following sentence:
 

“If the Contractor’s negotiated rates starting on the effective date of the Contractor’s Behavioral Health Urgent Care contract are less than the rates in **Appendix O, Exhibit 2**, the Contractor shall pay a fifteen percent increase over the rates in **Appendix O, Exhibit 2.**”; and
  3. Inserting a new **Section 2.8.D.7.t and u** as follows:
    - “t. The Contractor shall pay Mental Health Centers that have not been designated as Behavioral Health Urgent Care Provider sites a fifteen percent (15%) uniform percentage rate increase over the Contractor’s negotiated rates as of March 1, 2024 (which are subject to the minimum rates in **Appendix O, Exhibit 2** in accordance with **Section 2.8.D.7.a**) for

the codes set forth in **Appendix O, Exhibit 4** when billed with the modifier, GJ, provided the Provider satisfies all other requirements set forth in MCE Bulletin 108 to receive the increased rate for those services.

- u. For Youth Community Crisis Stabilization services, the Contractor shall establish Provider rates at or above the rate floor set by EOHHS in 101 CMR 305.000, unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.”
6. **Section 2.8.D.10** is hereby amended by deleting the title “Other Directed Payments” and inserting in place thereof a new title “Other Directed Payments and Provider Payment Requirements”.
7. **Section 2.8.D.10** is hereby amended by inserting a new **Section 2.8.D.10.f and g** as follows:
- “f. As further specified by EOHHS, the Contractor shall pay for long-acting injectable antipsychotic medications administered to Enrollees during their admission in psychiatric units in acute hospitals, free-standing psychiatric hospitals, and psychiatric units in pediatric chronic disease and rehabilitation hospitals consistent with the methodology EOHHS uses in its fee-for-service program and separately from applicable inpatient per admission and inpatient per diem rates.
  - g. For MassHealth CARES for Kids, the Contractor shall pay for services consistent with the methodology EOHHS uses in its fee-for-service program as set forth in 130 CMR 405.477(H)(3), 130 CMR 410.482(H)(3), and 130 CMR 433.485(H)(3), unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.”
8. **Section 2.9.D.4.o** is hereby amended by deleting the section in its entirety and inserting in place thereof the following:
- “o. Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations and strengths; and”
9. **Section 2.9.D.11** is hereby amended by replacing “; and” at the end with “;”.
10. **Section 2.9.D** is hereby amended by replacing “.” at the end of **Section 2.9.D.12**, with “; and”, and by adding a new **Section 2.9.D.13** as follows:
- “13. The Contractor shall ensure that, to the extent permitted by law, prior to admissions for inpatient Behavioral Health services, the admitting Provider:
    - a. Conducts a behavioral health clinical assessment for the Enrollee, including a full biopsychosocial, medical necessity assessment and diversionary considerations. This assessment must be completed by a qualified behavioral health provider. For youth under the age of 18 years

old, the qualified behavioral health provider must have child-specific expertise or certification;

- b. Documents the above assessment in the Enrollee’s medical record; and
- c. Uses the above assessment to determine that the admission of the Enrollee is Medically Necessary.”

11. **Section 2.13.A.6** is hereby amended by deleting and replacing “**Section 2.4.B.2.f.21**” with “**Section 2.4.B.2.g.21**”.

12. **Section 2.13.B.3.h.4** is hereby amended by inserting “sufficiently in advance of the resolution timeframe for appeals” after “reasonable opportunity”.

13. **Section 2.15.E.1** is hereby amended by adding “and” at the end of **Section 2.15.E.1.d** and inserting a new **Section 2.15.E.1.e** as follows:

- “e. Increase its ability to participate with the Behavioral Health Treatment and Referral Platform (BHTRP) and to be able to both create and receive updates from providers using BHTRP to support its members.”

14. **Section 2.15.E** is hereby amended by inserting a new **Section 2.15.E.8** and renumbering subsequent sections accordingly:

- “8. The Contractor shall comply with the Expedited Psychiatric Inpatient Admission (EPIA) protocol, including but not limited to utilization of the Behavioral Health Treatment and Referral Platform, as directed by EOHHS upon implementation.”

15. **Section 5.1.O.2.d.1** is hereby amended by deleting and replacing “41 USC § 1396b(m)(4)(A)” with “42 USC § 1396b(m)(4)(A)”.

16. **Appendix C, ACO Covered Services**, is hereby deleted and replaced with the attached **Appendix C**.

17. **Appendix D, Payment**, is hereby deleted and replaced with the attached **Appendix D**.

18. **Appendix G, Behavioral Health, Exhibit 1: Community Behavioral Health Center (CBHC) List**, is hereby amended by adding the following new CBHC:

Cambridge Health Alliance	Malden/Medford/Revere
---------------------------	-----------------------

19. **Appendix O, Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule**, is hereby deleted and replaced with the attached **Appendix O**.

20. **Appendix P, Requirements for the Material Subcontracts Between Accountable Care Organizations (ACOs) and Community Partners (CPs)**, is hereby deleted and replaced with the attached **Appendix P**.

**APPENDIX C**  
**Exhibit 1: ACO Covered Services**

✓ Denotes a covered service

The Contractor shall provide to each Enrollee each of the ACO Covered Services listed below in an amount, duration, and scope that is Medically Necessary (as defined in **Section 1** of this Contract), provided that the Contractor is not obligated to provide any ACO Covered Service in excess of any service limitation expressly set forth below. Except to the extent that such service limitations are set forth below, the general descriptions below of ACO Covered Services do not limit the Contractor's obligation to provide all Medically Necessary services.

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
<b>Acupuncture Treatment</b> - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, for pain relief or anesthesia.	✓	✓	✓
<b>Acute Inpatient Hospital</b> –all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory, and other diagnostic and treatment procedures. Coverage of acute inpatient hospital services shall include Administratively Necessary Days. Administratively Necessary Day shall be defined as a day of Acute Inpatient Hospitalization on which an Enrollee's care needs can be provided in a setting other than an Acute Inpatient Hospital and on which an Enrollee is clinically ready for discharge.	✓	✓	✓
<b>Ambulatory Surgery/Outpatient Hospital Care</b> - outpatient surgical, related diagnostic, medical and dental services.	✓	✓	✓
<b>Audiologist</b> – audiologist exams and evaluations. See related hearing aid services.	✓	✓	✓
<b>Behavioral Health Services</b> – see <b>Appendix C, Exhibit 3</b> .	✓	✓	✓
<b>Breast Pumps and Breast Milk Storage Bags</b> – to expectant and new birthing parents as specifically prescribed by their attending physician, consistent with the provisions of the Affordable Care Act of 2010 and Section 274 of Chapter 165 of the Acts of 2014, including but not limited to double electric breast pumps one per birth or as medically necessary.	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
<b>Certain COVID-19 Specimen Collection and Testing</b> – until May 11, 2023, Specimen collection codes G2023 and G2024 billed with modifier CG, used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient’s ordering clinician.	✓	✓	✓
<b>Chiropractic Services</b> – The Contractor is responsible for providing chiropractic manipulative treatment, office visits, and radiology services for all Enrollees. The Contractor may establish a per Enrollee per Contract Year service limit of 20 office visits or chiropractic manipulative treatments, or any combination of office visits and chiropractic manipulative treatments.	✓	✓	✓
<b>Chronic, Rehabilitation Hospital or Nursing Facility Services</b> – services, for all levels of care, including for eligible Enrollees under the age of 22 in accordance with applicable state requirements, provided at either a nursing facility, chronic or rehabilitation hospital, or any combination thereof, 100 days per Contract Year per Enrollee. The 100-day limitation shall not apply to Enrollees receiving Hospice services and the Contractor may not request disenrollment of Enrollees receiving Hospice services based on the length of time in a nursing facility. The Contractor shall use the following MassHealth admission/coverage criteria for admission into a chronic hospital, rehabilitation hospital and nursing facility, and may not request disenrollment of any Enrollee who meets such coverage criteria until the Enrollee exhausts such 100-day limitation described above. For the applicable criteria, see 130 CMR 456.408, 456.409, 456.410 and 435.408, 435.409 and 435.410 (rehabilitation hospitals). In addition, for Enrollees under the age of 22, the Contractor shall ensure that its contracted nursing facilities comply with the relevant provisions of 105 CMR 150.000, et seq. The Contractor must ensure that its contracted nursing facilities establish and follow a written policy regarding its bed-hold period, consistent with the MassHealth bed-hold policy. For applicable criteria, see 130 CMR 456.425. For clarification purposes, an Enrollee’s stay while recovering from COVID-19 in a nursing facility or chronic or rehabilitation hospital, or any combination thereof, shall count towards the 100-day per Contract Year per Enrollee coverage	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
described in this section; provided, however for an Enrollee's stays in a Commonwealth-designated COVID-19 nursing facility, see non-ACO Covered Services in Exhibit 2 below.			
<b>Dental</b> - Emergency related dental services as described under Emergency Services in <b>Appendix C, Exhibit 1</b> and oral surgery which is Medically Necessary to treat a medical condition performed in any place of service, including but not limited to an outpatient setting, as described in Ambulatory Surgery/Outpatient Hospital Care in <b>Appendix C, Exhibit 1</b> as well as a clinic or office settings.	✓	✓	✓
<b>Diabetes Self-Management Training</b> – diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited mid-level providers (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dietitians).	✓	✓	✓
<b>Dialysis</b> – laboratory; prescribed drugs; tubing change; adapter change; and training related to hemodialysis; intermittent peritoneal dialysis; continuous cycling peritoneal dialysis; continuous ambulatory peritoneal dialysis.	✓	✓	✓
<b>Durable Medical Equipment and Medical/Surgical Supplies –</b> <b>1) Durable Medical Equipment</b> - products that: (a) are fabricated primarily and customarily to fulfill a medical purpose; (b) are generally not useful in the absence of illness or injury; (c) can withstand repeated use over an extended period of time; and (d) are appropriate for home use. Includes but not limited to the purchase of medical equipment, replacement parts, and repairs for such items as: canes, crutches, wheelchairs (manual, motorized, custom fitted, & rentals), walkers, commodes, special beds, monitoring equipment, and the rental of Personal Emergency Response Systems (PERS). <b>2) Medical/Surgical Supplies</b> - medical/treatment products that: (a) are fabricated primarily and customarily to fulfill a medical or surgical purpose; (b) are used in the treatment of a specific medical condition; and (c) are non-reusable and disposable including, but not limited to, items such as urinary catheters, wound dressings, and diapers.	✓	✓	✓



Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
<b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services</b> – Children, adolescents and young adults who are under 21 years old and are enrolled in MassHealth Standard and CommonHealth are entitled to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, including Medically Necessary services that are listed in 42 U.S.C. 1396d(a) and (r) and discovered as a result of a medical screening.	✓		
<b>Early Intervention</b> –child visits, center-based individual visits, community child group, early intervention-only child group, and parent-focused group sessions; evaluation/assessments; and intake/screenings. The Contractor may establish a service limit restricting Early Intervention Services to Enrollees aged 3 or under.	✓	✓	
<b>Emergency Services</b> – covered inpatient and outpatient services, including Behavioral Health Services, which are furnished to an Enrollee by a provider that is qualified to furnish such services under Title XIX of the Social Security Act, and needed to evaluate or stabilize an Enrollee’s Emergency Medical Condition.	✓	✓	✓
<b>Family Planning</b> – family planning medical services, family planning counseling services, follow-up health care, outreach, and community education. Under Federal law, an Enrollee may obtain family planning services from any MassHealth provider of family planning services without the Contractor’s authorization.	✓	✓	✓
<b>Fluoride Varnish</b> – Pediatricians and other qualified health care professionals (Physician Assistants, Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses) may apply Fluoride Varnish to eligible MassHealth Enrollees under age 21, during a pediatric preventive care visit. This service is primarily intended for children 0-6 but may be covered up to age 21.	✓	✓	
<b>Hearing Aids</b> – The Contractor is responsible for providing and dispensing hearing aids; ear molds; ear impressions; batteries; accessories; aid and instruction in the use, care, and maintenance of the hearing aid; and loan of a hearing aid to the Enrollee, when necessary.	✓	✓	✓
<b>Home Health Services</b> – skilled and supportive care services provided in the member’s home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration,	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
home health aide, and occupational, physical, and speech/language therapy. See CMR 403.000 and MassHealth Home Health Agency Bulletin 54 (June 2019).			
<b>Hospice</b> – a package of services designed to meet the needs of terminally ill patients such as nursing; medical social services; physician; counseling; physical, occupational and speech language therapy; homemaker/home health aide services; medical supplies, drugs and durable medical equipment and supplies, short term general inpatient care, short term respite care, and room and board in a nursing facility provided, however, that the 100 day limitation on institutional care services shall not apply to an Enrollee receiving Hospice services. Hospice services covered by the Contractor shall include room and board in a nursing facility pursuant to 130 CMR 437.424(B). Hospice is an all-inclusive benefit. The Enrollee has to elect the Hospice benefit and, by electing the Hospice benefit, the Enrollee waives their right to the otherwise independent services that are for the Enrollee included as a part of the Hospice benefit. If an Enrollee elects Hospice, then the Enrollee waives their rights for the duration of the election of hospice care for any services related to the treatment of the terminal condition for which hospice care was elected or that are equivalent to hospice care. However, Enrollees under age 21 who have elected the Hospice benefit shall have coverage for curative treatment and all Medically Necessary ACO and Non-ACO Covered Services for MassHealth Standard and CommonHealth Enrollees.	✓	✓	✓
<b>Infertility</b> – Diagnosis of infertility and treatment of an underlying medical condition.	✓	✓	✓
<b>Laboratory</b> – all services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of Enrollees. All laboratories performing services under this Contract shall meet the credentialing requirements set forth in <b>Section 2.9.H</b> , including all medically necessary vaccines not covered by the Commonwealth of Massachusetts Department of Public Health.	✓	✓	✓
<b>MassHealth Coordinating Aligned, Relationship-centered, Enhanced Support (CARES) for Kids</b> – a service that provides targeted case management services for high risk individuals under age 21 with medical complexity. MassHealth CARES for Kids provides comprehensive, high-touch care coordination for children and their families. This service is provided in certain	✓		

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
primary care or specialized settings where medically complex individuals under age 21 receive medical care. MassHealth CARES for Kids providers will serve as lead entities to coordinate prompt and individualized care across the health, educational, state agency, and social service systems.			
<b>Medical Nutritional Therapy</b> – nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited mid-level providers (e.g., registered nurses, physician assistants, and nurse practitioners).	✓	✓	✓
<b>Orthotics</b> – braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. See Subchapter 6 of the Orthotics Manual.	✓	✓	✓
<b>Oxygen and Respiratory Therapy Equipment</b> – ambulatory liquid oxygen systems and refills; aspirators; compressor-driven nebulizers; intermittent positive pressure breather (IPPB); oxygen; oxygen gas; oxygen-generating devices; and oxygen therapy equipment rental.	✓	✓	✓
<b>Pharmacy</b> – The Contractor is responsible for providing prescription, over-the-counter drugs, Non-Drug Pharmacy Products, and pharmaceutical compounded drugs as set forth in the MassHealth Drug List. The Contractor is also responsible for providing delivery of medications from pharmacy providers to a personal residence, including homeless shelters, consistent with 101 CMR 446.03(5).	✓	✓	✓
<b>Physician (primary and specialty)</b> – all medical, developmental pediatrician, psychiatry, radiological, laboratory, anesthesia and surgical services, including those services provided by nurse practitioners serving as primary care providers and services provided by nurse midwives.	✓	✓	✓
<b>Podiatry</b> – The Contractor is responsible for providing services as certified by a physician, including medical, radiological, surgical, and laboratory care. For restrictions regarding coverage of orthotics, see the “Orthotics” service description above.	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
<b>Preventive Pediatric Health Screening and Diagnostic Services</b> - children, adolescents and young adults who are under 21 years old and are enrolled in the MassHealth Basic, Essential or Family Assistance Plan are entitled to Preventive Pediatric Healthcare Screening and Diagnosis Services as outlined in 130 CMR 450.150.		✓	
<b>Prosthetic Services and Devices</b> – evaluation, fabrication, fitting, and the provision of a prosthesis. For individuals over age 21, certain limitations apply. See Subchapter 6 of the Prosthetics Manual	✓	✓	✓
<b>Radiology and Diagnostic Tests</b> – X-rays, portable X-rays, magnetic resonance imagery (MRI) and other radiological and diagnostic services, including those radiation or oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service.	✓	✓	✓
<b>Remote Patient Monitoring (RPM)</b> – home monitoring of Enrollees for chronic disease management and e-consult services.  <b>1) RPM</b> – As of July 1, 2024, as further specified by EOHHS, certain services, provided by a physician, community health center, or hospital, to facilitate close, in-home monitoring of Enrollees who are pregnant, postpartum, have congestive heart failure, chronic obstructive pulmonary disease, or other conditions specified by EOHHS. <b>2) COVID-19 RPM</b> - bundled services to facilitate home monitoring of Enrollees with confirmed or suspected COVID-19 who do not require emergency department or hospital level of care but require continued close monitoring. The COVID-19 RPM bundle includes all medically necessary clinical services required to facilitate seven days of close, in-home, monitoring of members with confirmed or suspected COVID-19. Details around MassHealth’s coverage of the RPM bundle can be found in All Provider Bulletin 294, as may be updated from time to time. The Contractor must cover the RPM bundle of services in the method and manner specified in All Provider Bulletin 294, as may be updated from time to time, when such services are delivered as Medicaid services. The Contractor may determine their own rate of payment for the RPM bundle of services.	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
<b>School Based Health Center Services</b> – all ACO Covered Services set forth in this Appendix C delivered in School Based Health Centers (SBHCs).	✓	✓	
<b>Therapy</b> – individual treatment, (including the design, fabrication, and fitting of an orthotic, prosthetic, or other assistive technology device); comprehensive evaluation; and group therapy. <b>1) Physical:</b> evaluation, treatment, and restoration to normal or best possible functioning of neuromuscular, musculoskeletal, cardiovascular, and respiratory systems. <b>2) Occupational:</b> evaluation and treatment designed to improve, develop, correct, rehabilitate, or prevent the worsening of functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. <b>3) Speech and Hearing:</b> evaluation and treatment of speech language, voice, hearing, and fluency disorders.	✓	✓	✓
<b>Tobacco Cessation Services</b> – face-to-face individual and group tobacco cessation counseling as defined at 130 CMR 433.435(B), 130 CMR 405.472 and 130 CMR 410.447 and pharmacotherapy treatment, including nicotine replacement therapy (NRT).	✓	✓	✓
<b>Transportation (emergent)</b> – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care that is beyond the scope of a paramedic.	✓	✓	✓
<b>Transportation (non-emergent, to out-of-state location)</b> – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border.	✓		✓
<b>Urgent Care Clinic Services</b> – ACO Covered Services set forth in this Appendix C provided by an urgent care clinic consistent with 130 CMR 455.000 and Section 39 of Ch. 260 of the Acts of 2020.	✓	✓	✓
<b>Vaccine Counseling Services</b>	✓	✓	✓

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
<b>Vision Care (medical component)</b> – eye examinations (a) once per 12-month period for Enrollees under the age of 21 and (b) once per 24-month period for Enrollees 21 and over, and, for all Enrollees, whenever Medically Necessary; vision training; ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus; and bandage lenses.	✓	✓	✓
<b>Wigs</b> – as prescribed by a physician related to a medical condition.	✓	✓	✓

## Appendix C

### Exhibit 2: Non-ACO Covered Services

✓ Denotes a Non-ACO Covered Service (wrap service)

The Contractor need not provide, but shall coordinate, for each Enrollee the delivery of all MassHealth services (see 130 CMR 400.000 through 499.000) for which such Enrollee is eligible (see 130 CMR 450.105) but which are not currently ACO Covered Services. Coordination of such services shall include, but not be limited to, informing the Enrollee of the availability of such services and the processes for accessing those services. The general list and descriptions, below, of MassHealth services that are not ACO Covered Services do not constitute a limitation on the Contractor's obligation to coordinate all such services for each Enrollee eligible to receive those services.

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
<b>Abortion</b> - includes, in addition to the procedure itself, pre-operative evaluation and examination; pre-operative counseling; laboratory services, including pregnancy testing, blood type, and Rh factor; Rh, (D) immune globulin (human); anesthesia (general or local); echography; and post-operative (follow-up) care. Abortion does not constitute a family planning service. The procedure itself is federally funded only in the following situations: (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Such services may be provided in a physician's office, clinic, or hospital, subject to limitations imposed by applicable law and administrative and billing regulations.	✓	✓	✓
<b>Adult Dentures</b> – full and partial dentures, and repairs to said dentures, for adults ages 21 and over.	✓	✓	✓
<b>Adult Day Health</b> – services ordered by a physician and delivered to an Enrollee in a community-based program setting that is open at least Monday through Friday for eight hours per day and include: nursing and healthcare oversight, therapy, assistance with Activities of Daily Living (ADL), nutritional and dietary, counseling activities and case management. Services provided are based upon an individual plan of care.	✓		

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Transportation to and from the Adult Day Health program is arranged and reimbursed by the Adult Day Health program. In order to be eligible for Adult Day Health Services, the Enrollee must be at least 18 years of age or older and require assistance with at least one (1) ADL or one (1) skilled service and meet the eligibility criteria outlined in 130 CMR 404.407.			
<b>Adult Foster Care</b> - services ordered by a physician and delivered to an Enrollee in a home environment that meets the qualified setting as described in 130 CMR 408.435 Services are based upon an individual plan of care and include assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and other personal care as needed, nursing services and oversight, and care management. Assistance with ADLs, IADLs and other personal care is provided by a qualified caregiver that lives with the Enrollee in the home environment. Nursing services and oversight and care management are provided by a multidisciplinary team. In order to be eligible for Adult Foster Care services, the Enrollee must be at least 16 years of age or older and require assistance with at least one (1) ADL and meet the eligibility criteria outlined in 130 CMR 408.417.	✓		
<b>Chronic, Rehabilitation Hospital, or Nursing Facility Services – Both</b> 1. Services provided at either a nursing facility, chronic or rehabilitation hospital, or any combination thereof, over 100 days per Contract Year per Enrollee; provided, however, that (A) for Enrollees receiving Hospice services, the Contractor shall cover skilled nursing facility services without limitation, and (B) for Enrollees in Family Assistance such coverage is limited to six months consistent with MassHealth policy; and 2. Any stay of any duration in a Commonwealth-designated COVID-19 nursing facility.	✓	✓	
<b>Day Habilitation</b> – services provided in a community based day program setting that is open at least Monday through Friday for six hours per day and includes daily programming based on activities and therapies necessary to meet individual goals and objectives. Goals and objectives are outlined on a day habilitation service plan and are	✓		



Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
designed to help an Enrollee reach his/her optimal level of physical, cognitive, psychosocial and occupational capabilities. In order to be eligible for Day Habilitation services, the Enrollee must be at least 18 years of age or older; have a diagnosis of mental retardation and/or developmental disability; and meet the eligibility criteria outlined in 130 CMR 419.434.			
<b>Dental</b> - preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults as described in 130 CMR 420.000.	✓	✓	✓
<b>Doula Services</b> – Doula services for pregnant, birthing, and postpartum members in accordance with 130 CMR 463.000.	✓	✓	✓
<b>Group Adult Foster Care</b> - services ordered by a physician delivered to an Enrollee in a group housing residential setting such as assisted living, elderly, subsidized or supportive housing. Group Adult Foster Care services are based upon an individual plan of care and include: assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and other personal care as needed, nursing services and oversight and care management. Assistance with ADLs, IADLs and other personal care is provided by a direct care worker that is employed or contracted by the Group Adult Foster Care Provider, Nursing services and oversight and care management are provided by a multidisciplinary team. In order to be eligible for Group Adult Foster Care services, the Enrollee must be at least 22 years of age or older and require assistance with at least one (1) ADL.	✓		
<b>Isolation and Recovery Site Services</b> – services received by an Enrollee in an Isolation and Recovery site that are paid for by EOHHS using the payment methodologies described in Administrative Bulletin AB 20-30 or as set forth in the Acute Hospital RFA.	✓	✓	✓
<b>Personal Care Attendant</b> – physical assistance with Activities of Daily Living (ADLs) such as: bathing, dressing/grooming, eating, mobility, toileting, medication administration, and passive range of motion exercise for Enrollees who have a chronic or permanent disability requiring physical assistance with two (2) or more ADLs. If an Enrollee is clinically eligible for PCA, an Enrollee may also receive assistance with Instrumental	✓		

Service	Coverage Types		
	MassHealth Standard & CommonHealth Enrollees	MassHealth Family Assistance Enrollees	CarePlus
Activities of Daily Living (IADLs), including household management tasks, meal preparation, and transportation to medical providers.			
<b>Private Duty Nursing/Continuous Skilled Nursing</b> – a nursing visit of more than two continuous hours of nursing services. This service can be provided by a home health agency, continuous skilled nursing agency, or Independent Nurse.	✓		
<b>Tablets (for use as augmentative and alternative communication (AAC) devices)</b> – Tablets for use as non-dedicated AAC devices, that do not meet the definition of durable medical equipment and are not eligible for federal financial participation. These devices will be configured and provided by MassHealth or its agent for members for whom AAC is medically necessary and for whom a tablet is the most appropriate device.	✓	✓	
<b>Transitional Support Services (TSS) for Substance Use Disorders (Level 3.1)</b> – 24- hour short term intensive case management and psycho-educational residential programming with nursing available for members with substance use disorders who have recently been detoxified or stabilized and require additional transitional stabilization prior to placement in a residential or community based program. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. Pregnant women receive coordination of their obstetrical care.	✓	✓	✓
<b>Transportation (non-emergent, to in-state location or location within 50 miles of the Massachusetts border)</b> - ambulance (land), chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to a covered service that is located in-state or within a 50-mile radius of the Massachusetts border.	✓		✓
<b>Vision Care (non-medical component)</b> - prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts.	✓	✓	✓

**Appendix C**  
**Exhibit 3: ACO Covered Behavioral Health Services**

✓ Denotes a covered service

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>Inpatient Services</b> - 24-hour services, delivered in a licensed or state-operated hospital setting, that provide clinical intervention for mental health or substance use diagnoses, or both. This service does not include continuing inpatient psychiatric care delivered at a facility that provides such services, as further specified by EOHHS. <b>(See details below)</b>			
<b>1. Inpatient Mental Health Services</b> - hospital services to evaluate and treat an acute psychiatric condition which 1) has a relatively sudden onset; 2) has a short, severe course; 3) poses a significant danger to self or others; or 4) has resulted in marked psychosocial dysfunction or grave mental disability. Such services include (1) specialized inpatient psychiatric services provided to children or adolescents with neurodevelopmental disorders who have severe behavioral manifestations of Autism Spectrum Disorders (ASD)/Intellectual Disabilities (ID) and co-occurring mental health conditions, and shall be provided in accordance with the MassHealth Acute Hospital Request for Applications (Acute Hospital RFA) and the MassHealth Psychiatric Hospital Request for Applications (Psychiatric Hospital RFA); and (2) for dates of service on or after October 1, 2023, specialized inpatient psychiatric services provided to Enrollees with an eating disorder diagnosis and severe associated psychiatric and medical needs in specialized eating disorder psychiatric settings, and shall be provided in accordance with the Acute Hospital RFA and the MassHealth Psychiatric Hospital Request for Applications (Psychiatric Hospital RFA).	✓	✓	✓
<b>2. Inpatient Substance Use Disorder Services (Level 4)</b> - Intensive inpatient services provided in a hospital setting, able to treat Enrollees with acute medically complex withdrawal management needs, as well as co-occurring biomedical and/or psychiatric conditions. Services are delivered by an interdisciplinary staff of addiction credentialed physician and other appropriate credentialed treatment professionals with the full resources of a general acute care or psychiatric hospital available.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>3. Observation/Holding Beds</b> - hospital services, for a period of up to 24 hours, in order to assess, stabilize, and identify appropriate resources for Enrollees.	✓	✓	✓
<b>4. Administratively Necessary Day (AND) Services</b> - a day(s) of inpatient hospitalization provided to Enrollees when said Enrollees are clinically ready for discharge, but an appropriate setting is not available. Services shall include appropriate continuing clinical services.	✓	✓	✓
<b>Diversionary Services</b> - those mental health and substance use disorder services that are provided as clinically appropriate alternatives to Behavioral Health Inpatient Services, or to support an Enrollee returning to the community following a 24-hour acute placement; or to provide intensive support to maintain functioning in the community. There are two categories of Diversionary Services, those provided in a 24-hour facility, and those which are provided in a non-24-hour setting or facility. <b>(See detailed services below)</b>			
<b>24-Hour Diversionary Services:</b>			
<b>a. Youth and Adult Community Crisis Stabilization</b> – services provided as an alternative to hospitalization, including short-term psychiatric treatment in structured, community-based therapeutic environments. Community Crisis Stabilization provides continuous 24-hour observation and supervision for Enrollees who do not require or are transitioning from Inpatient Services.	✓	✓	✓
<b>b. Community-Based Acute Treatment for Children and Adolescents (CBAT)</b> – mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to insure safety for the child or adolescent, while providing 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. This service may be used as an alternative to or transition from Inpatient services.	✓	✓	
<b>c. Medically Monitored Intensive Services - Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)</b> – 24-hour, seven days week, medically monitored addiction treatment services that provide evaluation and withdrawal management. Withdrawal management services are delivered by nursing and counseling staff under a physician-approved protocol	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
and physician-monitored procedures and include: bio-psychosocial assessment; induction to FDA approved medications for addictions when appropriate, individual and group counseling; psychoeducational groups; and discharge planning. Pregnant women receive specialized services to ensure substance use disorder treatment and obstetrical care. Enrollees with Co-Occurring Disorders receive specialized services to ensure treatment for their co-occurring psychiatric conditions. These services may be provided in licensed freestanding or hospital-based programs.			
<b>d. Clinical Support Services for Substance Use Disorders (Level 3.5)</b> – 24-hour treatment services, which can be used independently or following Acute Treatment Services for substance use disorders, including comprehensive bio-psychosocial assessments and treatment planning, therapeutic milieu, intensive psycho education and counseling, outreach to families and significant others, linkage to medications for addiction therapy, connection to primary care and community supports and aftercare planning for individuals beginning to engage in recovery from addiction. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. Pregnant women receive coordination of their obstetrical care.	✓	✓	✓
<b>e. Transitional Care Unit (TCU)</b> – A community based therapeutic program offering high levels of supervision, structure and intensity of service within an unlocked setting. The program serves children and adolescents, under age 19, who are in the custody of the Department of Children and Families (DCF), who have been determined to need group care or foster care and no longer meet the clinical criteria for continued stay at an acute level of care. The TCU offers comprehensive services, including but not limited to, a therapeutic milieu, psychiatry, aggressive case management, and multidisciplinary, multi-modal therapies.	✓	✓	
<b>Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b>			
<b>a. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> - 24-hour residential environment that provides a structured and comprehensive rehabilitative	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
environment that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Residential programs licensed and approved to serve pregnant and post-partum women provide assessment and management of gynecological and/or obstetric and other prenatal needs, as well as treatment plans addressing parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions.			
<b>b. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> - 24-hour residential environment for families in which a parent has a substance use disorder and either is pregnant, has custody of at least one child or has a physical reunification plan with at least one child within 30 days of admission. Scheduled, goal-oriented rehabilitative services intended to support parents and children are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal and parenting skills necessary to lead an alcohol and/or drug-free lifestyle and support family reunification and stability. Enrollees receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities.	✓	✓	✓
<b>c. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> - 24-hour developmentally appropriate residential environment designed specifically for either Transitional Age Youth ages 16-21 or Young Adults ages 18-25 that provides a structured and comprehensive rehabilitative environment for that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Enrollees receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions.			
<b>d. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> - 24-hour developmentally appropriate residential environment with enhanced staffing and support designed specifically for youth ages 13-17 that provides a structured and comprehensive rehabilitative environment for that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions.	✓	✓	✓
<b>e. Pregnancy Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> 24-hour developmentally appropriate residential environment designed specifically for people who are pregnant that provides a structured and comprehensive rehabilitative environment for that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Residential programs must provide assessment and management of gynecological and/or obstetric and	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
other prenatal needs, as well as treatment plans addressing parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups.			
<b>f. Co-Occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b> - 24-hour, safe, structured environment, located in the community, which supports Enrollee's recovery from addiction and moderate to severe mental health conditions while reintegrating into the community and returning to social, vocation/employment, and/or educational roles. Scheduled, goal-oriented clinical services are provided in conjunction with psychiatry and medication management to support stabilization and development of skills necessary to achieve recovery. Clinical services are provided a minimum of five hours a week and additional outpatient levels of care may be accessed concurrently as appropriate. Programs will ensure that Members have access to prescribers of psychiatric and addiction medications.	✓	✓	✓
<b>Non-24-Hour Diversionary Services</b>			
<b>a. Community Support Program (CSP) and Specialized CSP</b> - an array of services delivered by a community-based, mobile, multi-disciplinary team of professionals and paraprofessionals. These programs provide essential services to Enrollees with a long standing history of a psychiatric or substance use disorder and to their families, or to Enrollees who are at varying degrees of increased medical risk, or to children/adolescents who have behavioral health issues challenging their optimal level of functioning in the home/community setting. Services include outreach and supportive services, delivered in a community setting, which will vary with respect to hours, type and intensity of services depending on the changing needs of the Enrollee. Specialized CSP programs serve populations with particular needs. <b>Specialized CSP Programs:</b> <b>1. CSP for Justice Involved</b> – a Specialized CSP service to address the health-related social needs of Enrollees with Justice Involvement who have a barrier to accessing or	✓	✓	✓



Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<p>consistently utilizing medical and behavioral health services, as defined by EOHHS. CSP-JI includes behavioral health and community tenure sustainment supports.</p> <p>2. <b>CSP for Homeless Individuals</b> – a Specialized CSP service to address the health-related social needs of Enrollees who (1) are experiencing Homelessness and are frequent users of acute health MassHealth services, as defined by EOHHS, or (2) are experiencing chronic homelessness, as defined by the US Department of Housing and Urban Development.</p> <p>3. <b>CSP – Tenancy Preservation Program</b> - a Specialized CSP service to address the health-related social needs of Enrollees who are At Risk of Homelessness and facing Eviction as a result of behavior related to a disability. CSP-TPP works with the member, the Housing Court, and the member’s landlord to preserve tenancies by connecting the member to community-based services in order to address the underlying issues causing the lease violation. The primary goal of the CSP-TPP is to preserve the tenancy and the secondary goals are to put in place services that address those issues that put the Enrollee’s housing in jeopardy to ensure that the Enrollee’s housing remains stable.</p>			
<p><b>b. Partial Hospitalization (PHP)</b> – an alternative to Inpatient Mental Health Services, PHP services offer short-term day mental health programming available seven days per week. These services consist of therapeutically intensive acute treatment within a stable therapeutic milieu and include daily psychiatric management.</p>	✓	✓	✓
<p><b>c. Psychiatric Day Treatment</b> - services which constitute a program of a planned combination of diagnostic, treatment and rehabilitative services provided to a person with mental illness who needs more active or inclusive treatment than is typically available through a weekly visit to a mental health center, individual Provider’s office or hospital outpatient department, but who does not need 24-hour hospitalization.</p>	✓	✓	✓
<p><b>d. Structured Outpatient Addiction Program (SOAP)</b> - clinically intensive, structured day and/or evening substance use disorder services. These programs can be utilized as a transition service in the continuum of care for an Enrollee being discharged from Acute Substance</p>	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
Abuse Treatment, or can be utilized by individuals, who need Outpatient Services, but who also need more structured treatment for a substance use disorder. These programs may incorporate the evidence-based practice of Motivational Interviewing into clinical programming to promote individualized treatment planning. These programs may include specialized services and staffing for targeted populations including pregnant women, adolescents and adults requiring 24-hour monitoring.			
<b>e. Intensive Outpatient Program (IOP)</b> - a clinically intensive service designed to improve functional status, provide stabilization in the community, divert an admission to an Inpatient Service, or facilitate a rapid and stable reintegration into the community following a discharge from an inpatient service. The IOP provides time-limited, comprehensive, and coordinated multidisciplinary treatment.	✓	✓	✓
<b>f. Recovery Coaching</b> - a non-clinical service provided by individuals currently in recovery from a substance use disorder who have been certified as Recovery Coaches. Eligible Enrollees will be connected with Recovery Coaches at critical junctures in the Enrollees' treatment and recovery. The focus of the Recovery Coach role is to create a relationship between equals that is non-clinical and focused on removing obstacles to recovery, facilitate initiation and engagement to treatment and serve as a guide and motivating factor for the Enrollee to maintain recovery and community tenure.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>g. Recovery Support Navigators</b> - a specialized care coordination service intended to engage Enrollees with Substance Use Disorder in accessing and continuing Substance Use Disorder treatment. RSNs may be located in a variety of Substance Use Disorder treatment environments, as well as hospital medical or surgical inpatient and emergency department settings, doing outreach and building relationships with individuals in programs, including withdrawal management and step-down services. If an Enrollee accepts RSN services upon leaving a Substance Use Disorder treatment program, the RSN will work with the individual on accessing appropriate treatment and staying motivated for treatment and recovery. These services shall be provided in accordance with the MassHealth Acute Hospital Request for Applications (Acute Hospital RFA) when provided in hospital settings.	✓	✓	✓
<b>h. Program of Assertive Community Treatment (PACT)</b> – a multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation and support. The program team provides assistance to Enrollees to maximize their recovery, ensure consumer-directed goal setting, assist individuals in gaining a sense of hope and empowerment, and provide assistance in helping the individuals served become better integrated into the community. Services are provided in the community and are available, as needed by the individual, 24 hours a day, seven days a week, 365 days a year.	✓	✓	✓
<b>Outpatient Services</b> - mental health and substance use disorder services provided in person in an ambulatory care setting such as a mental health center or substance use disorder clinic, hospital outpatient department, community health center, or practitioner's office. The services may be provided at an Enrollee's home or school. <b>(See detailed services below)</b>			
<b>Standard Outpatient Services</b> – those Outpatient Services most often provided in an ambulatory setting.			
<b>a. Family Consultation</b> - a meeting of at least 15 minutes' duration, either in person or by telephone, with family members or others who are significant to the Enrollee and clinically relevant to an Enrollee's treatment to: identify and plan for additional services; coordinate a treatment plan; review the individual's progress; or revise the treatment plan, as required.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>b. Case Consultation</b> - an in-person or by telephone meeting of at least 15 minutes' duration, between the treating Provider and other behavioral health clinicians or the Enrollee's primary care physician, concerning an Enrollee who is a client of the Provider, to: identify and plan for additional services; coordinate a treatment plan; review the individual's progress; and revise the treatment plan, as required. Case Consultation shall not include clinical supervision or consultation with other clinicians within the same provider organization.	✓	✓	✓
<b>c. Diagnostic Evaluation</b> - an assessment of an Enrollee's level of functioning, including physical, psychological, social, educational and environmental strengths and challenges for the purpose of diagnosis and designing a treatment plan.	✓	✓	✓
<b>d. Dialectical Behavioral Therapy (DBT)</b> - a manual-directed outpatient treatment developed by Marsha Linehan, PhD, and her colleagues that combines strategies from behavioral, cognitive, and supportive psychotherapies for Enrollees with borderline personality disorder who also exhibit chronic, parasuicidal behaviors and adolescents who exhibit these symptoms. DBT may be used for other disorders if the Contractor determines that, based on available research, DBT is effective and meets the Contractor's criteria for determining medical necessity.	✓	✓	✓
<b>e. Psychiatric Consultation on an Inpatient Medical Unit</b> - an in- person meeting of at least 15 minutes' duration between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and an Enrollee at the request of the medical unit to assess the Enrollee's mental status and consult on a behavioral health or psychopharmacological plan with the medical staff on the unit.	✓	✓	✓
<b>f. Medication Visit</b> - an individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist for efficacy and side effects.	✓	✓	✓
<b>g. Couples/Family Treatment</b> - the use of psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>h. Group Treatment</b> – the use of psychotherapeutic or counseling techniques in the treatment of a group, most of whom are not related by blood, marriage, or legal guardianship.	✓	✓	✓
<b>i. Individual Treatment</b> - the use of psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis.	✓	✓	✓
<b>j. Inpatient-Outpatient Bridge Visit</b> - a single-session consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit. The Inpatient-Outpatient Bridge Visit involves the outpatient Provider meeting with the Enrollee and the inpatient team or designated inpatient treatment team clinician.	✓	✓	✓
<b>k. Assessment for Safe and Appropriate Placement (ASAP)</b> - an assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists, to evaluate individuals who are in the care and custody of DCF and who have been adjudicated delinquent for a sexual offense or the commission of arson, or have admitted to such behavior, or are the subject of a documented or substantiated report of such behavior, and who are being discharged from Inpatient Psychiatric Unit or Hospital or Community-Based Acute Treatment for Children/Adolescents or Intensive Community Based Acute Treatment for Children/Adolescents to a family home care setting. Services are provided through a DCF designated ASAP provider.	✓	✓	
<b>l. Collateral Contact</b> – a communication of at least 15 minutes' duration between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age, including, but not limited to, school and day care personnel, state agency staff, and human services agency staff.	✓	✓	
<b>m. Acupuncture Treatment</b> - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>n. Opioid Treatment Services</b> — supervised assessment and treatment of an individual, using FDA approved medications (including methadone, buprenorphine/naloxone, and naltrexone) along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to alleviate the adverse medical, psychological or physical effects incident to opiate addiction. This term encompasses induction of Medication for Opioid Use Disorder (MOUD), withdrawal management, and maintenance treatment. MOUD services may also be provided by outpatient hospital emergency departments in accordance with the MassHealth Acute Hospital Request for Applications (Acute Hospital RFA) as further specified by EOHHS.	✓	✓	✓
<b>o. Ambulatory Withdrawal Management (Level 2WM)</b> - outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications. Ambulatory Withdrawal Management is provided under the direction of a physician and is designed to stabilize the Member's medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of the individual's symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment.	✓	✓	✓
<b>p. Psychological Testing</b> - the use of standardized test instruments to assess an Enrollee's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing.	✓	✓	✓
<b>q. Special Education Psychological Testing</b> - psychological, emotional or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special education programs pursuant to Mass Gen. Law 71B, and which shall be utilized toward the development of an Individualized Educational Plan (IEP). Special Education Psychological Testing shall not be administered more than once a year unless new events have significantly affected the student's academic functioning.	✓	✓	

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>r. Applied Behavioral Analysis for members under 21 years of age (ABA Services)</b> – A MassHealth service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. This service provides for the performance of behavioral assessments; interpretation of behavior analytic data; development of a highly specific treatment plan; supervision and coordination of interventions; and training other interveners to address specific objectives or performance goals in order to treat challenging behaviors that interfere with a youth’s successful functioning. See 101 CMR 358.00.	✓	✓	
<b>s. Early Intensive Behavioral Intervention (EIBI)</b> - provided to children under three years of age who have a diagnosis of autism spectrum disorder (ASD) and meet clinical eligibility criteria. Such services shall be provided only by DPH-approved, Early Intensive Behavioral Intervention Service Providers.	✓	✓	
<b>t. Preventative Behavioral Health Services</b> - short-term interventions in supportive group, individual, or family settings, recommended by a physician or other licensed practitioner, practicing within their scope of licensure, that cultivate coping skills and strategies for symptoms of depression, anxiety, and other social/emotional concerns, which may prevent the development of behavioral health conditions for members who are under 21 years old who have a positive behavioral health screen (or, in the case of an infant, a caregiver with a positive post-partum depression screening), even if the member does not meet criteria for behavioral health diagnosis. Preventive behavioral health services are available in group sessions when delivered in community-based outpatient settings, and in individual, family, and group sessions when provided by a behavioral health clinician practicing in an integrated pediatric primary care setting.	✓	✓	
<b>Intensive Home or Community-Based Services for Youth</b> – mental health and substance use disorder services provided to Enrollees in a community-based setting such as home, school, or community service agency. The services provided are more intensive than services that may be provided through a standard outpatient service. <b>(See detailed services below)</b>			

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<p><b>a. Family Support and Training:</b> a service provided to the parent /caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home and other community settings. Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a Family Support and Training Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth's emotional and behavioral needs by improving the capacity of the parent /caregiver to parent the youth so as to improve the youth's functioning. Services may include education, assistance in navigating the child serving systems; fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources, support, coaching, and training for the parent/caregiver.</p>	✓		
<p><b>b. Intensive Care Coordination:</b> a service that provides targeted case management services to individuals under 21 with a Serious Emotional Disturbance including individuals with co-occurring conditions. This service includes assessment, development of an individualized care plan, referral and related activities to implement the care plan and monitoring of the care plan.</p>	✓		
<p><b>c. In-Home Behavioral Services</b> – this service usually includes a combination of behavior management therapy and behavior management monitoring, as follows:</p> <p><b>C1. Behavior Management Therapy:</b> This service includes assessment, development of the behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance. This service addresses challenging behaviors which interfere with the child's successful functioning. The Behavior management therapist develops and monitors specific behavioral objectives and interventions, including a crisis-response strategy, that are incorporated into the child's treatment plan. The therapist may also provide short-term counseling and assistance, depending on the child's performance and level of intervention required. Phone contact and consultation may be provided as part of the intervention.</p> <p><b>C2. Behavior Management Monitoring.</b> This service includes implementation of the behavior plan, monitoring the child's behavior, reinforcing implementation of the</p>	✓		



Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
plan by parents or other caregivers and reporting to the behavior management therapist on implementation of the plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.			
<p><b>d. In-Home Therapy Services.</b> This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows:</p> <p><b>D1.</b> The Therapeutic Clinical Intervention is a structured, consistent, therapeutic relationship between a licensed clinician and the child and family for the purpose of treating the child's mental health needs including improving the family's ability to provide effective support for the child to promote healthy functioning of the child within the family. The clinician develops a treatment plan and, using established psychotherapeutic techniques, works with the entire family or a subset of the family, to enhance problem-solving, limit-setting, communication, emotional support or other family or individual functions. The Therapeutic Clinical Intervention is provided by a qualified licensed clinician who will often work in a team that includes one or more qualified paraprofessionals.</p> <p><b>D2.</b> Ongoing Therapeutic Training and Support is a service provided by a paraprofessional to support implementation of the licensed clinician's treatment plan to achieve the goals of the treatment plan. The paraprofessional assists a licensed clinician in implementing the therapeutic objectives of the treatment plan designed to address the child's mental health and emotional challenges. This service includes teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family in supporting the child in addressing his or her emotional and mental health needs. Phone contact and consultation may be provided as part of the intervention.</p>	✓	✓	

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>e. Therapeutic Mentoring Services:</b> This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs. Each child or adolescent will have goals and objectives that are designed to support age-appropriate social functioning or ameliorate deficits in the child or adolescent's age-appropriate social functioning. These goals and objectives are developed by the child or adolescent, as appropriate, and his/her treatment team and are incorporated into the treatment plan. The service includes supporting, coaching and training the child or adolescent in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities. The therapeutic mentor works with the child or adolescent in such settings as their home, school or social or recreational activities.	✓		
<b>Crisis Services</b> – Crisis services are available seven days per week, 24 hours per day to provide treatment of any individual who is experiencing a mental health crisis. <b>(See detailed services below)</b>			
<b>1. Adult Mobile Crisis Intervention (AMCI) Encounter</b> – each 24-hour period an individual is receiving AMCI Services. Each AMCI Encounter shall include at a minimum: crisis assessment, intervention and stabilization. <ul style="list-style-type: none"> <li><b>a. Assessment</b> – a face-to-face evaluation of an individual presenting with a behavioral health emergency, including assessment of the need for hospitalization, conducted by appropriate clinical personnel;</li> <li><b>b. Intervention</b> – the provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and</li> <li><b>c. Stabilization</b> – short-term behavioral health treatment in a structured environment with continuous observation and supervision of individuals who do not require hospital level of care.</li> </ul> In addition, medication evaluation and specializing services shall be provided if Medically necessary.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>2. Youth Mobile Crisis Intervention (YMCI)</b> –a short-term mobile, on-site, face-to-face therapeutic service provided for youth experiencing a behavioral health crisis and for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing the immediate risk of danger to the youth or others consistent with the youth’s risk management/safety plan, if any. Services are available 24 hours a day, seven days a week.	✓	✓	
<b>3. Behavioral Health Crisis Evaluation Services in Acute Medical Setting</b> - Crisis evaluations provided in medical and surgical inpatient and emergency department settings include the crisis assessment, crisis interventions, and disposition coordination and reporting and community collaboration activities for members presenting to the ED in a behavioral health crisis. Elements of crisis evaluations include: <ul style="list-style-type: none"> <li><b>a. Comprehensive Behavioral Health Crisis Assessment:</b> Behavioral Health crisis assessment by a qualified behavioral health professional to individuals within 60 minutes of time of the member’s readiness to receive such an assessment. Behavioral Health Crisis Evaluation team must include: qualified behavioral health professional, a complex behavioral health care clinician, and other master’s and bachelor’s-level clinicians and staff sufficient to meet the needs of members served which may include certified peer specialists and recovery coaches.</li> <li><b>b. Crisis Interventions:</b> Observation, treatment, and support to individuals experiencing a behavioral health crisis</li> <li><b>c. Discharge Planning and Care Coordination:</b> A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care.</li> <li><b>d. Reporting and Community Collaboration:</b> Required reporting of individuals awaiting inpatient psychiatric hospitalization and the establishment of referral relationships with community providers.</li> </ul> <p>These services shall be provided in accordance with the Acute Hospital RFA.</p>	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<p><b>4. Behavioral Health Crisis Management Services in Acute Medical Settings</b>– crisis management services provided in medical and surgical inpatient and emergency department settings include ongoing crisis interventions, ongoing determination and coordination of appropriate disposition, and ongoing required reporting and community collaboration activities. Elements of crisis management include:</p> <ul style="list-style-type: none"> <li><b>a. Crisis Interventions:</b> Observation, treatment, and support to individuals experiencing a behavioral health crisis</li> <li><b>b. Discharge Planning and Care Coordination:</b> A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care.</li> <li><b>c. Ongoing required reporting and community collaboration</b></li> </ul> <p>These services shall be provided in accordance with the Acute Hospital RFA.</p>	✓	✓	✓
<b>Other Behavioral Health Services</b> - Behavioral Health Services that may be provided as part of treatment in more than one setting type.			
<b>1. Electro-Convulsive Therapy (ECT)</b> - a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH.	✓	✓	✓
<b>2. Repetitive Transcranial Magnetic Stimulation (rTMS)</b> - a noninvasive form of neurostimulation in which rapidly changing magnetic fields are applied to the surface of the scalp through a copper wire coil connected to a magnetic stimulator. The therapeutic service is used to treat depression that has not responded to standard treatment such as medications and psychotherapy.	✓	✓	✓

Service	Coverage Types		
	ACO MassHealth Standard & CommonHealth Enrollees	ACO MassHealth Family Assistance Enrollees	CarePlus
<b>3. Specialing</b> - therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety.	✓	✓	✓

**APPENDIX C**  
**Exhibit 4: MassHealth Excluded Services – All Coverage Types**

Except as otherwise noted or determined Medically Necessary by EOHHS, the following services are not covered under MassHealth and as such are not covered by the Contractor.

1. Cosmetic surgery, except as determined by the Contractor to be necessary for:
  - a. correction or repair of damage following an injury or illness;
  - b. mammoplasty following a mastectomy; or
  - c. any other medical necessity as determined by the Contractor.

All such services determined by the Contractor to be Medically Necessary shall constitute an ACO Covered Service under the Contract.

2. Treatment for infertility, including in-vitro fertilization and gamete intra-fallopian tube (GIFT) procedures.
3. Experimental treatment.
4. Personal comfort items including air conditioners, radios, telephones, and televisions (effective upon promulgation by EOHHS of regulations at 130 CMR regarding non-coverage of air conditioners).
5. Services not otherwise covered by MassHealth, except as determined by the Contractor to be Medically Necessary for MassHealth Standard or MassHealth CommonHealth Enrollees under age 21. In accordance with EPSDT requirements, such services constitute an ACO Covered Service under the Contract.
6. A service or supply which is not provided by or at the direction of a Network Provider, except for:
  - a. Emergency Services as defined in **Section 1** of this Contract;
  - b. Family Planning Services; and
7. Non-covered laboratory services as specified in 130 CMR 401.411.

**APPENDIX D  
PAYMENT**

**EXHIBIT 1  
BASE CAPITATION RATES AND ADD-ONS  
Rate Year 2024**

Listed below are the Per Member Per Month (PMPM) Base Capitation Rates for Rate Year 2024 (January 1, 2024, through December 31, 2024) (also referred to as RY24), subject to state appropriation and all necessary federal approvals.

Base Capitation Rates do not include EOHHS adjustments described in **Section 4.3** of the Contract.

In addition to the Base Capitation Rates tables below, additional tables include the add-on for the Contract Year, for ABA Services as described in **Section 4.5.E**, for High Cost Drugs as described in **Section 4.5.F** and for SUD Risk Sharing Services as described in **Section 4.5.G**. The add-on for High Cost Drugs, ABA Services and SUD Risk Sharing Services are the same for all Regions and will be added to the Risk Adjusted Capitation Rates as defined in **Section 4.2.E**.

<b>ACPP Base Capitation Rates / RC I Adult</b>			
<b>Effective January 1, 2024 – December 31, 2024 (RY24)</b>			
<b><u>REGION</u></b>	<b><u>CORE MEDICAL COMPONENT</u></b>	<b><u>ADMINISTRATIVE COMPONENT</u></b>	<b><u>TOTAL BASE CAPITATION RATE</u></b>
	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>
<b>Northern</b>	<b>\$609.30</b>	<b>\$49.88</b>	<b>\$659.18</b>
<b>Greater Boston</b>	<b>\$658.95</b>	<b>\$52.62</b>	<b>\$711.57</b>
<b>Southern</b>	<b>\$652.43</b>	<b>\$51.87</b>	<b>\$704.30</b>
<b>Central</b>	<b>\$631.29</b>	<b>\$50.71</b>	<b>\$682.00</b>
<b>Western</b>	<b>\$573.19</b>	<b>\$49.10</b>	<b>\$622.29</b>

<b><u>ACPP Base Capitation Rates / RC I Child</u></b>			
<b><u>Effective January 1, 2024 – December 31, 2024 (RY24)</u></b>			
<b><u>REGION</u></b>	<b><u>CORE MEDICAL COMPONENT</u></b>	<b><u>ADMINISTRATIVE COMPONENT</u></b>	<b><u>TOTAL BASE CAPITATION RATE</u></b>
	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>
Northern	\$266.92	\$40.82	\$307.74
Greater Boston	\$273.90	\$42.20	\$316.10
Southern	\$262.86	\$40.96	\$303.82
Central	\$268.92	\$40.64	\$309.56
Western	\$270.34	\$41.32	\$311.66

<b><u>ACPP Base Capitation Rates / RC II Adult</u></b>			
<b><u>Effective January 1, 2024 – December 31, 2024 (RY24)</u></b>			
<b><u>REGION</u></b>	<b><u>CORE MEDICAL COMPONENT</u></b>	<b><u>ADMINISTRATIVE COMPONENT</u></b>	<b><u>TOTAL BASE CAPITATION RATE</u></b>
	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>
Northern	\$1,976.04	\$103.77	\$2,079.81
Greater Boston	\$2,148.39	\$115.74	\$2,264.13
Southern	\$2,077.54	\$109.38	\$2,186.92
Central	\$1,954.66	\$104.43	\$2,059.09
Western	\$1,689.84	\$93.14	\$1,782.98



<u>ACPP Base Capitation Rates / RC II Child</u>			
<u>Effective January 1, 2024 – December 31, 2024 (RY24)</u>			
<u>REGION</u>	<u>CORE MEDICAL COMPONENT</u>	<u>ADMINISTRATIVE COMPONENT</u>	<u>TOTAL BASE CAPITATION RATE</u>
	<u>(per member per month)</u>	<u>(per member per month)</u>	<u>(per member per month)</u>
Northern	\$1,132.40	\$93.78	\$1,226.18
Greater Boston	\$1,186.88	\$109.63	\$1,296.51
Southern	\$998.43	\$88.31	\$1,086.74
Central	\$1,076.29	\$93.89	\$1,170.18
Western	\$874.13	\$78.85	\$952.98

<u>ACPP Base Capitation Rates / RC IX</u>			
<u>Effective January 1, 2024 – December 31, 2024 (RY24)</u>			
<u>REGION</u>	<u>CORE MEDICAL COMPONENT</u>	<u>ADMINISTRATIVE COMPONENT</u>	<u>TOTAL BASE CAPITATION RATE</u>
	<u>(per member per month)</u>	<u>(per member per month)</u>	<u>(per member per month)</u>
Northern	\$635.78	\$50.86	\$686.64
Greater Boston	\$620.14	\$51.29	\$671.43
Southern	\$705.75	\$54.42	\$760.17
Central	\$673.97	\$52.58	\$726.55
Western	\$609.44	\$50.69	\$660.13

<b>ACPP Base Capitation Rates / RC X</b>			
<b><u>Effective January 1, 2024 – December 31, 2024 (RY24)</u></b>			
<b><u>REGION</u></b>	<b><u>CORE MEDICAL COMPONENT</u></b>	<b><u>ADMINISTRATIVE COMPONENT</u></b>	<b><u>TOTAL BASE CAPITATION RATE</u></b>
	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>	<b><u>(per member per month)</u></b>
<b>Northern</b>	<b>\$2,080.26</b>	<b>\$109.35</b>	<b>\$2,189.61</b>
<b>Greater Boston</b>	<b>\$2,264.11</b>	<b>\$123.10</b>	<b>\$2,387.21</b>
<b>Southern</b>	<b>\$2,094.27</b>	<b>\$111.62</b>	<b>\$2,205.89</b>
<b>Central</b>	<b>\$1,942.10</b>	<b>\$105.73</b>	<b>\$2,047.83</b>
<b>Western</b>	<b>\$1,559.70</b>	<b>\$88.17</b>	<b>\$1,647.87</b>

**High Cost Drug Add-On to Risk Adjusted Capitation Rates**  
**Effective January 1, 2024 – December 31, 2024 (RY24)**

High Cost Drug Add-On to Risk Adjusted Capitation Rates PMPM					
REGION	Northern	Greater Boston	Southern	Central	Western
RC I Adult	\$6.04	\$3.57	\$3.79	\$3.40	\$1.32
RC I Child	\$5.98	\$6.97	\$5.80	\$3.71	\$2.87
RC II Adult	\$23.71	\$15.90	\$16.39	\$55.03	\$21.41
RC II Child	\$56.59	\$171.47	\$42.27	\$82.37	\$33.87
RC IX	\$4.90	\$8.70	\$5.08	\$12.77	\$5.20
RC X	\$0.33	\$1.80	\$1.11	\$0.05	\$25.86

**ABA Add-On to Risk Adjusted Capitation Rates**  
**Effective January 1, 2024 – December 31, 2024 (RY24)**

ABA Add-On to Risk Adjusted Capitation Rates PMPM	
RC-I Child	\$11.91
RC-II Child	\$240.35

**SUD Risk Sharing Services Add-On to Risk Adjusted Capitation Rates**  
**Effective January 1, 2024 – December 31, 2024 (RY24)**

SUD Risk Sharing Services Add-On to Risk Adjusted Capitation Rates PMPM	
RC-I Adult	\$7.46
RC-I Child	\$0.20
RC-II Adult	\$20.63
RC-II Child	\$0.57
RC-IX	\$14.05
RC-X	\$227.67

**EXHIBIT 2**  
**ADJUSTMENTS OR ADDITIONS TO PAYMENTS**  
**Rate Year 2024**

The table shows the admission-level stop-loss attachment point for the Contract Year as described in **Section 4.3.B.**

<b><u>Admission Level Stop-Loss Attachment Point</u></b>
\$150,000

**EXHIBIT 3**  
**RISK SHARING ARRANGEMENTS**  
**Rate Year 2024**

**Market-Wide Risk Sharing Arrangement (Market Corridor) (Section 4.5.C)**

If the Market Corridor expenditures, as determined by EOHHS in accordance with **Section 4.5.C.3**, are greater than or less than the Market Corridor revenue, as determined by EOHHS in accordance with **Section 4.5.C.2**, the Contractor and EOHHS shall share the resulting loss or gain as follows:

**1. Gain on the Market Corridor**

<b>Gain</b>	<b>MassHealth Share</b>	<b>Market Share</b>
Absolute value of the Gain less than or equal to 0.75% of the Market Corridor Revenue	0%	100%
Absolute value of the Gain greater than 0.75% of the Market Corridor Revenue	95%	5%

**2. Loss on the Market Corridor**

<b>Loss</b>	<b>MassHealth Share</b>	<b>Market Share</b>
Absolute value of the Loss less than or equal to 0.75% of the Market Revenue	0%	100%
Absolute value of the Loss greater than 0.75% of the Market Revenue	95%	5%

**Contract-Wide Risk Sharing Arrangement ("Plan Corridor") (Section 4.5.D)**

If the Contractor's Plan Corridor expenditures, as determined by EOHHS in accordance with **Section 4.5.D.3**, is greater than or less than the Contractor's Plan Corridor revenue as determined by EOHHS in accordance with **Section 4.5.D.2**, the Contractor and EOHHS shall share the resulting loss or gain as follows:

**1. Gain on the Plan Corridor**

<b>Gain</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Absolute value of the Gain less than or equal to 5% of Plan Corridor Revenue	0%	100%
Absolute value of the Gain greater than 5% of the Plan Corridor Revenue	95%	5%

**2. Loss on the Plan Corridor**

<b>Loss</b>	<b>MassHealth Share</b>	<b>Contractor Share</b>
Absolute value of the Loss less than or equal to 5% of Plan Corridor Revenue	0%	100%
Absolute value of the Loss greater than 5% of the Plan Corridor Revenue	95%	5%

**ABA Services Risk Sharing Arrangement (Section 4.5.E)**

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.E.2**, is greater than or less than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.E.3**, then the Contractor shall be considered to have experienced a gain or a loss with respect to ABA Services for the Contract Year. EOHHS and the Contractor shall share such gain or loss as follows:

**1. Gain on the ABA Add-On to the Risk Adjusted Capitation Rate**

Gain	MassHealth Share	Contractor Share
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

**2. Loss on the ABA Add-On to the Risk Adjusted Capitation Rate**

Loss	MassHealth Share	Contractor Share
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

**High Cost Drug Add-On Risk Sharing Arrangement (Section 4.5.F)**

**1. Gain on the High Cost Drug Add-On to the Risk Adjusted Capitation Rate Payment**

If the actual High Cost Drug expenditures, as determined by EOHHS in accordance with **Section 4.5.F.3**, is greater than or less than the High Cost Drug Add-On to the Risk Adjusted Capitation Rate Payment for the Contract Year, as determined by EOHHS in accordance with **Section 4.5.F.2**, the Contractor and EOHHS shall share the resulting loss or gain as follows:

Gain	MassHealth Share	Contractor Share
Gain up to \$100,000 for the High Cost Drug Add-On to the Risk Adjusted Capitation Rate payment	99%	1%
Gain of more than \$100,000 for the High Cost Drug Add-On to the Risk Adjusted Capitation Rate payment	100%	0%

**2. Loss on the High Cost Drug Add-On to the Risk Adjusted Capitation Rate Payment**

Loss	MassHealth Share	Contractor Share
Loss up to \$100,000 for the High Cost Drug Add-On to the Risk Adjusted Capitation Rate payment	99%	1%

Loss	MassHealth Share	Contractor Share
Loss of more than \$100,000 for the High Cost Drug Add-On to the Risk Adjusted Capitation Rate payment	100%	0%

**SUD Services Risk Sharing Arrangement (Section 4.5.G)**

If the amount paid to the Contractor, as determined by the calculation described in **Section 4.5.G.2**, is greater than or less than the Contractor's adjusted expenditures, as determined by the calculation described in **Section 4.5.G.3**, then the Contractor shall be considered to have experienced a gain or a loss with respect to SUD Risk Sharing Services for the Contract Year. EOHHS and the Contractor shall share such gain or loss as follows:

**1. Gain on the SUD Risk Sharing Services Add-On to the Risk Adjusted Capitation Rate**

Gain	MassHealth Share	Contractor Share
Gain up to \$100,000	99%	1%
Gain of more than \$100,000	100%	0%

**2. Loss on the SUD Risk Sharing Services Add-On to the Risk Adjusted Capitation Rate**

Loss	MassHealth Share	Contractor Share
Loss up to \$100,000	99%	1%
Loss of more than \$100,000	100%	0%

# Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90791*	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	\$ 208.27
MH and SA OP Services	90791*	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$ 167.15
MH and SA OP Services	90791*	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 143.48
MH and SA OP Services	90791*	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$ 144.66
MH and SA OP Services	90791*	HO - Master's Level	Psychiatric Diagnostic Evaluation	\$ 130.48
MH and SA OP Services	90791*	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 81.83
MH and SA OP Services	90791*	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	\$ 72.20
MH and SA OP Services	90791	HA - CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 223.27
MH and SA OP Services	90791	HA - CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 182.15
MH and SA OP Services	90791	HA - CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 158.48
MH and SA OP Services	90791	HA - CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 159.66
MH and SA OP Services	90791	HA - CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 145.48
MH and SA OP Services	90791	HA - CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 96.83
MH and SA OP Services	90791	HA - CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 87.20
MH and SA OP Services	90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 131.80
MH and SA OP Services	90792	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 114.31
MH and SA OP Services	90792	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	\$ 104.57
MH and SA OP Services	90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	\$ 69.60
MH and SA OP Services	90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	\$ 69.60
MH and SA OP Services	90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 59.16
MH and SA OP Services	90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	\$ 59.16
MH and SA OP Services	90832	HO - Master's Level	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.20

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.



# Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.20
MH and SA OP Services	90832	U3 - Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$ 35.49
MH and SA OP Services	90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	\$ 31.32
MH and SA OP Services	90833	U6 - Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 63.83
MH and SA OP Services	90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$ 54.25
MH and SA OP Services	90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	\$ 115.70
MH and SA OP Services	90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	\$ 101.66
MH and SA OP Services	90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 95.89
MH and SA OP Services	90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	\$ 95.46
MH and SA OP Services	90834	HO - Master's Level	Individual Psychotherapy, approximately 45 minutes	\$ 95.46
MH and SA OP Services	90834	U3 - Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$ 47.98
MH and SA OP Services	90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$ 47.26
MH and SA OP Services	90836	U6 - Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 82.90
MH and SA OP Services	90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$ 82.90
MH and SA OP Services	90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	\$ 135.04
MH and SA OP Services	90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	\$ 135.04
MH and SA OP Services	90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$ 127.53
MH and SA OP Services	90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$ 125.69
MH and SA OP Services	90837	HO - Master's Level	Psychotherapy, 60 minutes	\$ 125.69
MH and SA OP Services	90837	U3 - Intern (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$ 68.87
MH and SA OP Services	90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes	\$ 60.77
MH and SA OP Services	90838	U6 - Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 106.08
MH and SA OP Services	90838	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	\$ 91.42

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

# Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90846	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	\$ 141.42
MH and SA OP Services	90846	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (without patient present)	\$ 107.62
MH and SA OP Services	90846	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 100.47
MH and SA OP Services	90846	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$ 97.55
MH and SA OP Services	90846	HO - Master's Level	Family Psychotherapy (without patient present)	\$ 101.43
MH and SA OP Services	90846	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 50.23
MH and SA OP Services	90846	U4 - Intern (Master's)	Family Psychotherapy (without patient present)	\$ 48.77
MH and SA OP Services	90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 141.42
MH and SA OP Services	90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 107.62
MH and SA OP Services	90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43
MH and SA OP Services	90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43
MH and SA OP Services	90847	HO - Master's Level	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43
MH and SA OP Services	90847	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 50.23
MH and SA OP Services	90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 48.77
MH and SA OP Services	90849	UG - Doctoral Level (Child Psychiatrist)	Multi-family group psychotherapy	\$ 46.29
MH and SA OP Services	90849	U6 - Doctoral Level (MD / DO)	Multi-family group psychotherapy	\$ 38.84
MH and SA OP Services	90849	AH - Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy	\$ 35.86
MH and SA OP Services	90849	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy	\$ 33.00
MH and SA OP Services	90849	HO - Master's Level	Multi-family group psychotherapy	\$ 27.69
MH and SA OP Services	90849	U3 - Intern (PhD, PsyD, EdD)	Multi-family group psychotherapy	\$ 17.96
MH and SA OP Services	90849	U4 - Intern (Master's)	Multi-family group psychotherapy	\$ 16.50
MH and SA OP Services	90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	\$ 46.29
MH and SA OP Services	90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	\$ 38.84
MH and SA OP Services	90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 35.86
MH and SA OP Services	90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	\$ 33.12
MH and SA OP Services	90853	HO - Master's Level	Group psychotherapy (other than of a multiple-family group)	\$ 33.12

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

# Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90853	U3 - Intern (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 17.96
MH and SA OP Services	90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	\$ 16.50
MH and SA OP Services	90882	UG - Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 51.11
MH and SA OP Services	90882	U6 - Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 44.33
MH and SA OP Services	90882	AH - Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 23.97
MH and SA OP Services	90882	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 38.36
MH and SA OP Services	90882	HO - Master's Level	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 23.63
MH and SA OP Services	90882	U3 - Intern (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 12.00
MH and SA OP Services	90882	U4 - Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 11.81
MH and SA OP Services	90887	UG - Doctoral Level (Child Psychiatrist)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 79.19
MH and SA OP Services	90887	U6 - Doctoral Level (MD / DO)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 79.19
MH and SA OP Services	90887	AH - Doctoral Level (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 67.32
MH and SA OP Services	90887	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 67.32
MH and SA OP Services	90887	HO - Master's Level	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 59.40
MH and SA OP Services	90887	U3 - Intern (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 40.39
MH and SA OP Services	90887	U4 - Intern (Master's)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 35.64

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

## Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	96372	U6 - Doctoral Level (MD / DO)	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 31.25
MH and SA OP Services	96372	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	\$ 23.22
MH and SA OP Services	97810	N/A	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-to-one contact	\$ 19.84
MH and SA OP Services	97811	N/A	Add-On Code; Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-to-one contact with re-insertion of needle(s).	\$ 19.84
MH and SA OP Services	99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes	\$ 75.25
MH and SA OP Services	99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes	\$ 67.91
MH and SA OP Services	99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes	\$ 60.78
MH and SA OP Services	99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes	\$ 108.55
MH and SA OP Services	99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	\$ 103.65
MH and SA OP Services	99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	\$ 88.11
MH and SA OP Services	99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes	\$ 164.00
MH and SA OP Services	99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes	\$ 153.89
MH and SA OP Services	99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes	\$ 133.25
MH and SA OP Services	99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes	\$ 203.69
MH and SA OP Services	99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes	\$ 203.31
MH and SA OP Services	99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes	\$ 172.81
MH and SA OP Services	99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	\$ 22.06
MH and SA OP Services	99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	\$ 22.06
MH and SA OP Services	99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	\$ 18.75
MH and SA OP Services	99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 52.73
MH and SA OP Services	99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 52.73

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

## Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes	\$ 44.82
MH and SA OP Services	99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 84.11
MH and SA OP Services	99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 84.11
MH and SA OP Services	99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes	\$ 71.49
MH and SA OP Services	99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 143.98
MH and SA OP Services	99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 118.51
MH and SA OP Services	99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes	\$ 100.73
MH and SA OP Services	99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 166.57
MH and SA OP Services	99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 166.57
MH and SA OP Services	99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes	\$ 141.58
MH and SA OP Services	99231	UG - Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 78.07
MH and SA OP Services	99231	U6 - Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 59.27
MH and SA OP Services	99231	AH - Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 56.89
MH and SA OP Services	99231	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 47.47
MH and SA OP Services	99232	UG - Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 117.11
MH and SA OP Services	99232	U6 - Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 88.19
MH and SA OP Services	99232	AH - Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 84.66
MH and SA OP Services	99232	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 70.63
MH and SA OP Services	99233	UG - Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 156.16
MH and SA OP Services	99233	U6 - Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 117.59
MH and SA OP Services	99233	AH - Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 112.88
MH and SA OP Services	99233	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 94.18

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

# Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99251	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 20 minutes	\$ 104.74
MH and SA OP Services	99251	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 20 minutes	\$ 79.50
MH and SA OP Services	99251	AH - Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 20 minutes	\$ 76.32
MH and SA OP Services	99251	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 63.67
MH and SA OP Services	99252	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 40 minutes	\$ 157.11
MH and SA OP Services	99252	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 40 minutes	\$ 118.32
MH and SA OP Services	99252	AH - Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 40 minutes	\$ 113.58
MH and SA OP Services	99252	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	\$ 94.77
MH and SA OP Services	99253	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 55 minutes	\$ 209.47
MH and SA OP Services	99253	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 55 minutes	\$ 157.74
MH and SA OP Services	99253	AH - Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 55 minutes	\$ 151.44
MH and SA OP Services	99253	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 55 minutes	\$ 126.35
MH and SA OP Services	99254	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 80 minutes	\$ 280.95
MH and SA OP Services	99254	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation, 80 minutes	\$ 210.98
MH and SA OP Services	99254	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 80 minutes	\$ 169.00
MH and SA OP Services	99255	UG - Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 370.12
MH and SA OP Services	99255	U6 - Doctoral Level (MD / DO)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 277.57
MH and SA OP Services	99255	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$ 222.33
MH and SA OP Services	99281	U6 - Doctoral Level (MD / DO)	Emergency Department visit for the evaluation and management of a patient, which requires 3 key components: A problem-focused history; A problem-focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	\$ 20.14

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

# Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99282	UG - Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem-focused history; An expanded problem-focused examination; and Medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 35.37
MH and SA OP Services	99282	U6 - Doctoral Level (MD / DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 33.68
MH and SA OP Services	99282	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 32.70
MH and SA OP Services	99283	UG - Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 53.52
MH and SA OP Services	99283	U6 - Doctoral Level (MD / DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 50.97

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

## Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99283	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 49.49
MH and SA OP Services	99284	UG - Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 100.58
MH and SA OP Services	99284	U6 - Doctoral Level (MD / DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 95.80
MH and SA OP Services	99284	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 93.01

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.



## Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99285	UG - Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 148.78
MH and SA OP Services	99285	U6 - Doctoral Level (MD / DO)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 141.69
MH and SA OP Services	99285	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 136.30
MH and SA OP Services	99402	AH - Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling , 30 minutes (Psychological Testing)	\$ 40.98
MH and SA OP Services	99402	U3 - Intern (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$ 20.50
MH and SA OP Services	99404	U6 - Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 194.82
MH and SA OP Services	99404	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$ 168.60
MH and SA OP Services	99417	U6 - Doctoral Level (MD / DO)	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$ 26.08

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

## Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	99417	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$ 26.08
Diversionary Services	H0015	TF	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Enhanced Structured Outpatient Addiction Program - SOAP with Motivational Interviewing Counseling)	101 CMR 306
Diversionary Services	H0015	N/A	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Structured Outpatient Addiction Program - SOAP with Motivational Interviewing)	\$ 78.75
Diversionary Services	H0037	N/A	Community Psychiatric Supportive Treatment Program, per diem (Community Based Acute Treatment - CBAT)	\$ 847.46
Diversionary Services	H0037	U2-Autism Diagnosis	Community Psychiatric Supportive Treatment Program, per diem (CBAT Autism Speciality)	\$ 1,291.59
Diversionary Services	H2012	+	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	Effective 10/1/23 through 2/29/24: \$28.77 Effective 3/1/24: 101 CMR 307
Diversionary Services	H2012	U1	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment, preadmission evaluation visit)	Effective 10/1/23 through 2/29/24: \$80.13 Effective 3/1/24: 101 CMR 307
Diversionary Services	H2015	HF - Substance Abuse Program	Recovery Support Navigator, per 15-minute units, including when provided in an Emergency Department or on a medical or surgical inpatient setting	101 CMR 444
Diversionary Services	H2015	N/A	Comprehensive community support services, per 15 minutes (Community Support Program)	101 CMR 362

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

# Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Diversiónary Services	H2016	HH - Integrated Mental Health/Substance Abuse Program	Comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator trained to support members with justice involvement) (CSP-JI)	101 CMR 362
Diversiónary Services	H2016	HK - Specialized mental health programs for high-risk populations	Comprehensive community support program, per diem, for members who are 1) experiencing Homelessness and are frequent users of acute health MassHealth services, or 2) are experiencing chronic homelessness	101 CMR 362
Diversiónary Services	H2016	HE - Mental Health Program	Comprehensive community support program, per diem, for members who are At Risk of Homelessness and facing Eviction as a result of behavior related to a disability	101 CMR 362
Diversiónary Services	H2016	HM - Less than bachelor degree level	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)	101 CMR 346
Diversiónary Services	H2020	N/A	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy )	\$ 26.50
Diversiónary Services	H2022	HE-Mental Health Program	Intensive Hospital Diversion Services for Children, per diem	\$ 175.19
Diversiónary Services	S9484	N/A	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$ 147.57
MH and SA OP Services	H0014	N/A	Alcohol and/or drug services; ambulatory detoxification (Adult or Adolescent)	\$ 227.65
Crisis Intervention Services	S9485	ET - Emergency Services	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per day rate)	101 CMR 305
Crisis Intervention Services	S9485	ET - Emergency Services; HA - Child/Adolescent Program	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization Per day rate)	101 CMR 305
Crisis Intervention Services	S9485	HB - Adult Program, non-geriatric	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at hospital emergency department. Inclusive of initial evaluation and all follow-up intervention. Use Place of Service code 23.)	\$ 695.29
Crisis Intervention Services	S9485	HE - Mental Health Program	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305
Crisis Intervention Services	S9485	HA-Child/Adolescent Program; HE-Mental Health Program	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305
Crisis Intervention Services	S9485	U1-MCI - Mobile Non-Emergency Department	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service 15.)	101 CMR 305

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

# Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Crisis Intervention Services	S9485	HA - Child/Adolescent Program; U1 - MCI - Mobile Non-Emergency Department	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions Use Place of Service code 15.)	101 CMR 305
Crisis Intervention Services	S9485		Crisis intervention mental health services, per diem. (BH Crisis evaluation provided at hospital emergency department by hospital. Inclusive of initial evaluation and all follow-up interventions over 24-hour period.)	\$ 695.29
Other Outpatient	90870	N/A	Electroconvulsive therapy (includes necessary monitoring)	\$ 630.95
Other Outpatient	96112	AH - Doctoral Level (PhD, PsyD, EdD)	Developmental Testing administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour (Learning Disorders)	\$ 180.72
Other Outpatient	96113	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Developmental/Behavioral Screening and Testing)	\$ 90.36
Other Outpatient	96116	AH - Doctoral Level (PhD, PsyD, EdD)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	\$ 120.46
Other Outpatient	96121	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 120.46
Other Outpatient	96130	AH - Doctoral Level (PhD, PsyD, EdD)	Psychological testing evaluation services by physician or other qualified health care professional, including integrating of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	\$ 107.49
Other Outpatient	96131	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 91.39

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

# Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Other Outpatient	96132	AH - Doctoral Level (PhD, PsyD, EdD)	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	\$ 121.84
Other Outpatient	96133	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	\$ 100.53
Other Outpatient	96136	AH - Doctoral Level (PhD, PsyD, EdD)	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (Test administration and scoring by professional)	\$ 50.27
Other Outpatient	96137	AH - Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)	\$ 45.70
Other Outpatient	96138	N/A	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$ 37.75
Other Outpatient	96139	N/A	Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	\$ 37.75
Other Outpatient	H0032	HO - Master's Level	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	\$ 166.67
Other Outpatient	H0046	UG - Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$ 46.46
Other Outpatient	H0046	U6 - Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	\$ 40.30
Other Outpatient	H0046	AH - Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.79
Other Outpatient	H0046	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	\$ 34.87
Other Outpatient	H0046	HO - Master's Level	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)	\$ 21.48
Other Outpatient	H0046	U3 - Intern (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.91
Other Outpatient	H0046	U4 - Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	\$ 10.74
Other Outpatient	H0046	HE-Mental Health Program	Mental health services, not otherwise specified (Certified Peer Specialist) (Enrolled client day)	101 CMR 305

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

## Appendix O: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule (effective January 1, 2024)

Exhibit 1: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule				
Effective March 1, 2024, the following rates no longer apply to services provided at Mental Health Centers. For services provided by MHCs, please refer to Appendix O, Exhibit 2.				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Other Outpatient	H2028	N/A	Sexual offender treatment service, per 15 minutes (ASAP - Assessment for Safe and Appropriate Placement)	\$ 22.79
MH and SA OP Services	H0001	U1 - or MAT	MAT - Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner)	\$ 146.93
MH and SA OP Services	H0004		Behavioral health counseling and therapy, per 15 minutes (individual counseling)	101 CMR 346
MH and SA OP Services	H0005		Alcohol and/or drug services; group counseling by a clinician (per 45 minutes, group counseling, one unit maximum per day)	101 CMR 346
MH and SA OP Services	H0005	HG	Alcohol and/or drug services group counseling by a clinician (per 90-minute unit) (one unit maximum per day)	101 CMR 346
MH and SA OP Services	T1006		Alcohol and/or substance abuse services; family/couple counseling (per 30 minutes, one unit maximum per day)	101 CMR 346
MH and SA OP Services	T1006	HF	Alcohol and/or substance abuse services; family/couple counseling (per 60 minutes, one unit maximum per day)	101 CMR 346

Amendment #2 to the First Amended and Restated ACPP Contract

Appendix O, Exhibit 1 -- Behavioral Health and Certain Other Services Minimum Fee Schedule

\* See Section 2.8.C.3.e.1 for adjustment to unit cost if using CANS Tool.

**Exhibit 2: Behavioral Health Outpatient Services Provided by a Mental Health Center Minimum Fee Schedule (effective 3/1/2024)**

Procedure Code	Modifier Group	Procedure Description	Unit Cost
90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	\$229.10
90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$183.87
90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$157.83
90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$159.13
90791	HO - Master's Level	Psychiatric Diagnostic Evaluation	\$143.53
90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$90.01
90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	\$79.42
90791	HA - CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$245.60
90791	HA - CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$200.37
90791	HA - CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$174.33
90791	HA - CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$175.63
90791	HA - CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$160.03
90791	HA - CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$106.51
90791	HA - CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$95.92
90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	\$144.98
90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	\$125.74
90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	\$115.03
90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	\$76.56
90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	\$76.56
90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	\$65.08
90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	\$65.08
90832	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes	\$57.42
90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	\$57.42
90832	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes	\$39.04
90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	\$34.45

90833	U6 - Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$70.21
90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	\$59.68
90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	\$127.27
90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	\$111.83
90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	\$105.48
90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	\$105.01
90834	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	\$105.01
90834	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes	\$52.78
90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$51.99
90836	U6 - Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$91.19
90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	\$91.19
90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	\$148.54
90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	\$148.54
90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	\$140.28
90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$138.26
90837	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	\$138.26
90837	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes	\$75.76
90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes	\$66.85
90846	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	\$155.56
90846	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (without patient present)	\$118.38
90846	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$110.52
90846	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$107.31
90846	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (without patient present)	\$111.57
90846	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (without patient present)	\$55.25



90846	U4 - Intern (Master's)	Family Psychotherapy (without patient present)	\$53.65
90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$155.56
90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$118.38
90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$111.57
90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$111.57
90847	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$111.57
90847	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$55.25
90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$53.65
90849	UG - Doctoral Level (Child Psychiatrist)	Multi-family group psychotherapy	\$50.92
90849	U6 - Doctoral Level (MD / DO)	Multi-family group psychotherapy	\$42.72
90849	AH - Doctoral Level (PhD, PsyD, EdD)	Multi-family group psychotherapy	\$39.45
90849	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Multi-family group psychotherapy	\$36.30
90849	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Multi-family group psychotherapy	\$30.46
90849	U3 - Intern (PhD, PsyD, EdD) / or MAT	Multi-family group psychotherapy	\$19.76
90849	U4 - Intern (Master's)	Multi-family group psychotherapy	\$18.15
90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	\$50.92
90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	\$42.72
90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$39.45
90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	\$36.43
90853	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)	\$36.43

90853	U3 - Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)	\$19.76
90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	\$18.15
90882	UG - Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$56.22
90882	U6 - Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$48.76
90882	AH - Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$26.37
90882	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$42.20
90882	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$25.99
90882	U3 - Intern (PhD, PsyD, EdD) / or MAT	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$13.20
90882	U4 - Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.	\$12.99
90887	UG - Doctoral Level (Child Psychiatrist)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$87.11
90887	U6 - Doctoral Level (MD / DO)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$87.11
90887	AH - Doctoral Level (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$74.05

90887	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$74.05
90887	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$65.34
90887	U3 - Intern (PhD, PsyD, EdD) / or MAT	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$44.43
90887	U4 - Intern (Master's)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$39.20
99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes	\$82.78
99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes	\$74.70
99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes	\$66.86
99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes	\$119.41
99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	\$114.02
99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	\$96.92
99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes	\$180.40
99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes	\$169.28
99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes	\$146.58
99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes	\$224.06
99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes	\$223.64
99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes	\$190.09
99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	\$24.27
99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	\$24.27
99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	\$20.63
99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes	\$58.00

99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes	\$58.00
99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes	\$49.30
99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes	\$92.52
99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes	\$92.52
99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes	\$78.64
99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes	\$158.38
99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes	\$130.36
99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes	\$110.80
99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes	\$183.23
99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes	\$183.23
99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes	\$155.74
99417	U6 - Doctoral Level (MD / DO)	Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$28.69
99417	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	\$28.69
96116	AH - Doctoral Level (PhD, PsyD, EdD)	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	\$132.51
96121	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	\$132.51

96130	AH - Doctoral Level (PhD, PsyD, EdD)	Psychological testing evaluation services by physician or other qualified health care professional, including integrating of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	\$118.24
96131	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	\$100.53
96132	AH - Doctoral Level (PhD, PsyD, EdD)	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	\$134.02
96133	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	\$110.58
96136	AH - Doctoral Level (PhD, PsyD, EdD)	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (Test administration and scoring by professional)	\$55.30
96137	AH - Doctoral Level (PhD, PsyD, EdD)	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)	\$50.27
96138	Technician	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	\$41.53
96139	Technician	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	\$41.53
99402	AH - Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$45.08
99402	U3 - Intern (PhD, PsyD, EdD) / or MAT	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	\$22.55
99404	U6 - Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$214.30
99404	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	\$185.46

H2020	+	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$29.15
S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$162.33
90870	+	Electroconvulsive therapy (includes necessary monitoring)	\$694.05
H0032	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	\$183.34
H0046	UG - Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$51.11
H0046	U6 - Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	\$44.33
H0046	AH - Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	\$23.97
H0046	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	\$38.36
H0046	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health services, not otherwise specified (Collateral Contact)	\$23.63
H0046	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)	\$23.63
H0046	U3 - Intern (PhD, PsyD, EdD) / or MAT	Mental health services, not otherwise specified (Collateral Contact)	\$12.00
H0046	U4 - Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	\$11.81
H0015	N/A	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Structured Outpatient Addiction Program - SOAP with Motivational Interviewing)	\$78.75

H0015	TF	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Enhanced Structured Outpatient Addiction Program - SOAP with Motivational Interviewing Counseling)	101 CMR 306
H2015	HF - Substance Abuse Program	Recovery Support Navigator, per 15-minute units	101 CMR 444
H2016	HM - Less than bachelor's degree level	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)	101 CMR 346
H0046	HE-Mental Health Program	Mental health services, not otherwise specified (Certified Peer Specialist) (Enrolled client day)	101 CMR 305
S9480	N/A	Intensive outpatient psychiatric services, per diem	\$65.11

**Exhibit 3: Behavioral Health Outpatient Services Subject to 15% Uniform Dollar Increase**

For services provided by Mental Health Centers designated as Behavioral Health Urgent Care Provider sites, in accordance with **Section 2.8.D.7.m**, when billed with modifier GJ.

Procedure Code	Modifier Group	Procedure Description
90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation
90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation
90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation
90791	HO - Master's Level	Psychiatric Diagnostic Evaluation
90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation
90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services
90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services
90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services
90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes
90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes
90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes
90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes
90832	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes
90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes
90832	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes
90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes
90833	U6 - Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service



90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service
90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes
90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes
90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes
90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes
90834	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes
90834	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes
90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes
90836	U6 - Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes
90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes
90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes
90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes
90837	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes
90837	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes
90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes
90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)

90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)
90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)
90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)
90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)
90853	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)
90853	U3 - Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)
90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)
90882	UG - Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.

90882	U6 - Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	AH - Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	U3 - Intern (PhD, PsyD, EdD) / or MAT	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90882	U4 - Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
90887	UG - Doctoral Level (Child Psychiatrist)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	U6 - Doctoral Level (MD / DO)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	AH - Doctoral Level (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient

90887	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	U3 - Intern (PhD, PsyD, EdD) / or MAT	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	U4 - Intern (Master's)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes
99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes
99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes
99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes
99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes
99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes
99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes
99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes
99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes
99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes
99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes
99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes

99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes
99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes
99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes
99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes
99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes
99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes
99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes
99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes
99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes
S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)

H0046	UG - Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)
H0046	U6 - Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)
H0046	AH - Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)
H0046	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)
H0046	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Mental health services, not otherwise specified (Collateral Contact)
H0046	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)
H0046	U3 - Intern (PhD, PsyD, EdD) / or MAT	Mental health services, not otherwise specified (Collateral Contact)
H0046	U4 - Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)

**Exhibit 4: Behavioral Health Outpatient Services Subject to 15% Uniform Dollar Increase**

For services provided by Mental Health Centers that have not been designated as a Behavioral Health Urgent Care Provider site, in accordance with **Section 2.8.D.7.t**, when billed with modifier GJ.

Procedure Code	Modifier Group	Procedure Description
90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation
90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation
90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation
90791	HO - Master's Level	Psychiatric Diagnostic Evaluation
90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation
90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation
90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services
90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services
90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services
90832	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes
90832	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes
90832	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes
90832	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes
90832	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes
90832	U7 - Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes
90832	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 20-30 minutes
90832	U4 - Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes
90833	U6 - Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service

90833	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service
90834	UG - Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes
90834	U6 - Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes
90834	AH - Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes
90834	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes
90834	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes
90834	U3 - Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes
90834	U4 - Intern (Master's)	Individual Psychotherapy, approximately 45 minutes
90836	U6 - Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90836	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service
90837	UG - Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes
90837	U6 - Doctoral Level (MD / DO)	Psychotherapy, 60 minutes
90837	AH - Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes
90837	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes
90837	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes
90837	U3 - Intern (PhD, PsyD, EdD) / or MAT	Psychotherapy, 60 minutes
90837	U4 - Intern (Master's)	Psychotherapy, 60 minutes
90847	UG - Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U6 - Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)



90847	AH - Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U3 - Intern (PhD, PsyD, EdD) / or MAT	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90847	U4 - Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)
90853	UG - Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)
90853	U6 - Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)
90853	AH - Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)
90853	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)
90853	HO - Master's Level (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)
90853	U3 - Intern (PhD, PsyD, EdD) / or MAT	Group psychotherapy (other than of a multiple-family group)
90853	U4 - Intern (Master's)	Group psychotherapy (other than of a multiple-family group)
99202	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes
99202	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes
99202	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes
99203	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes

99203	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes
99203	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes
99204	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes
99204	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes
99204	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes
99205	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes
99205	U6 - Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes
99205	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes
99211	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes
99211	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes
99211	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes
99212	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes
99212	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes
99213	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes
99213	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes
99214	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes
99214	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes

99214	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes
99215	UG - Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	U6 - Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40-54 minutes
99215	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40-54 minutes

## APPENDIX P

### Requirements for the Material Subcontracts Between Accountable Care Organizations (ACOs) and Community Partners (CPs)

The Contractor shall maintain material subcontracts (also known as ACO-CP Agreements) with at least one (1) Behavioral Health Community Partner (BH CP) and at least one (1) Long Term Services and Supports Community Partner (LTSS CP) within each of the Contractor's Service Area(s), as specified in **Section 2.6.E** of the Contract and in this **Appendix P**. The Contractor's CP material subcontracts, referred to in this Appendix as "subcontracts," shall be provided to EOHHS upon request and may be reviewed by EOHHS. All requirements set forth herein are applicable to subcontracts with both BH CPs and LTSS CPs unless otherwise specified.

All terms or their abbreviations, when capitalized in this Appendix, are defined as set forth in the Contract or otherwise defined by EOHHS. The Contractor and the CP with which the Contractor enters into a subcontract are referred to collectively herein as the "Parties."

The Parties' subcontracts must comply with applicable laws and regulations, including but not limited to applicable privacy laws and regulations, and with the Contractor's Contract with EOHHS.

The Parties' subcontracts must, at a minimum, contain the information included in this document.

#### Section 1.1 PAYMENT

- A.** The Parties' subcontract shall obligate the Contractor to pay the CP as described in **Section 2.6.E.9**.
1. The Contractor shall pay CPs a monthly panel-based payment that includes the following components, and as further specified by EOHHS.
    - a. Base rate for CP Supports: \$190 PMPM or a rate as further specified by EOHHS
    - b. Add-on payment for CPs serving CP Enrollees who are experiencing homelessness, as determined by EOHHS. The Contractor shall make an add-on payment to applicable CPs as follows:
      - (i) Tier 1: 25-50% of the CP's Enrollees are experiencing homelessness – The Contractor shall pay an additional \$10 PMPM for all CP Enrollees enrolled in the CP.
      - (ii) Tier 2: Over 50% of the CP's Enrollees are experiencing homelessness - The Contractor shall pay an additional \$75 PMPM for all CP Enrollees enrolled in the CP).
      - (iii) The percentage of a CP's Enrollees that are experiencing homelessness will be determined by EOHHS identified sources.
    - c. Add-on payment for CP Enrollees in the Oak Bluffs and Nantucket Service Areas as follows:

- (i) For Contract Year 1, BH CP Enrollees only: \$100 PMPM;
  - (ii) For Contract Year 2, for all CP Enrollees: \$100 PMPM; or
  - (iii) As further specified by EOHHS.
- 2. The Contractor shall pay CPs an annual quality performance-based payment based on calculations provided by EOHHS up to \$40 PMPM based on the CP's performance on CP Quality Measures, as determined by EOHHS.
- 3. The Contractor shall reconcile monthly panel-based payments to CPs as further specified by EOHHS.

## Section 1.2 CP SUPPORTS

In addition to the enhanced care coordination requirements described in **Section 2.6.C** of the Contract delegated to the CP by the Contractor, the Parties' subcontract shall require the following:

### A. Outreach and Engagement

The Parties' subcontract shall require that the CP develop, implement, maintain, and adhere to a protocol for outreach and engagement of CP Enrollees. Such protocol shall include the requirements in **Section 2.6.C.3** of the Contract, as well as the following requirements:

- 1. Require the CP to attempt at least one face-to-face visit with each CP Enrollee within the first 3 calendar months of the CP Enrollee's enrollment in the CP.
- 2. For each CP Enrollee who agrees to participate in the CP program, require the CP to:
  - a. Attest that the CP has performed the outreach and activities described in **Section 2.6.C.3** of the Contract and **Section 1.2** of this **Appendix P** and obtained verbal or written agreement from the CP Enrollee to receive or continue receiving CP supports;
  - b. Maintain a copy of the attestation and the CP Enrollee's written agreement, or a record of the CP Enrollee's verbal agreement, if applicable, in the CP Enrollee's record; and
  - c. Explain the Protected Information (PI) the CP intends to obtain, use, and share for purposes of providing CP supports;
  - d. To the extent deemed necessary by the CP, obtain the CP Enrollee's written authorization to the uses and disclosures of their Protected Information (PI) as necessary for providing CP supports.
- 3. Require the CP to notify the Contractor if the CP Enrollee declines to participate in the CP program or requests enrollment in a different CP.
- 4. For BH CPs only, for BH CP Enrollees the BH CP believes are experiencing homelessness or are at risk of homelessness, require the CP use the Homeless Management Information System (HMIS) or other means to:

- a. Confirm whether the CP Enrollee is currently experiencing or has a history of experiencing homelessness or unstable housing;
- b. Identify which homeless provider agencies and agency staff have worked with the CP Enrollee, if any. If the CP Enrollee is not connected with a homeless provider agency, the CP shall immediately work to connect the CP Enrollee with a homeless provider agency; and
- c. Once the homeless provider agencies and agency staff are identified or connected to the CP Enrollee, conduct outreach to the homeless provider agencies to gather additional information and invite the homeless provider to participate in the Care Team and care planning for the CP Enrollee.

**B. Comprehensive Assessment**

The Parties' subcontract shall require that the CP shall complete a Comprehensive Assessment, as described in **Section 2.5.B.4** of the Contract. The CP shall utilize a Comprehensive Assessment tool of their choosing that meets the requirements as set forth in **Section 2.5.B.4**. In addition to the requirements in **Section 2.5.B.4** of the Contract, the Parties' subcontract shall require the following:

1. For the Medication domain, the CP shall conduct a medication review in accordance with **Section 2.6.C.6** of the Contract and **Section 1.2.H** of this **Appendix**.
2. The CP shall perform Comprehensive Assessments face-to-face unless otherwise specified by EOHHS, and shall take place in a location that meets the CP Enrollee's needs, including home-based assessments as appropriate.
3. A registered nurse (RN) employed by the CP must review and agree to the CP Enrollee's medical history, medical needs, medications, and functional status, including needs for assistance with any Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).
4. A Clinical Care Manager employed by the CP shall provide final review and approval of the entire Comprehensive Assessment. If the Clinical Care Manager is an RN, review and approval of the Comprehensive Assessment may be completed by one staff member provided all requirements of this Section are met.

**C. Health-Related Social Needs Screening and Connection to Community, Social and Flexible Services**

The Parties' subcontract shall require that the CP shall complete a health-related social needs (HRSN) Screening, as described in **Section 2.5.B.3** of the Contract, and shall utilize such tool in connecting CP Enrollees to community and social supports and Flexible Services. In addition to the requirements in **Section 2.5.B.3** of the Contract, the Parties' subcontract shall require the CP to do the following:

1. Conduct a health-related social needs (HRSN) screening upon enrollment to the CP for those CP Enrollees who have not had an HRSN screening within the last twelve (12) calendar months that includes all domains and considerations described in **Section 2.5.B.3** of the Contract, and annually thereafter. The HRSN screening may occur as a unique screening, or as part of the Comprehensive Assessment.

2. Utilize the results of any such HRSN screenings when creating a Care Plan and coordinating care.
3. Provide its Health-Related Social Needs Screening tool to the Contractor and to EOHHS upon request for review and shall make any changes to such tool as directed by EOHHS. EOHHS may require the Contractor to use a specific tool in place of the Contractor's proposed tool.
4. If the CP Enrollee would like supports, identify supports to address the CP Enrollee's identified HRSN(s), including using tools such as the Community Resource Database (CRD) which is provided to the CP by the Contractor, as appropriate;
5. Provide the CP Enrollee with information about available HRSN-related supports, how to contact such supports, and the accessibility of such supports;
6. Ensure such CP Enrollees are referred to HRSN-related supports provided by the Contractor, or a Social Services Organization, as applicable. For CP Enrollees who are referred to a Social Services Organization, the CP shall confirm the Social Services Organization has the capacity to provide services to the CP Enrollee and, if not, arrange a referral to another Social Services Organization;
7. Document relevant ICD-10 codes (such as "Z codes" included in categories Z55-65 and as further specified by EOHHS);
8. Submit to the Contractor aggregate reports of the identified HRSNs of its CP Enrollees, as well as how those CP Enrollees were referred to appropriate resources to address those identified HRSNs, in a form, format, and frequency specified by EOHHS;
9. Coordinate supports to address HRSNs, including:
  - a. Assisting the CP Enrollee in attending the referral appointment, including activities such as coordinating transportation assistance and following up after missed appointments;
  - b. Directly introducing the CP Enrollee to the service provider, if co-located, during a visit;
  - c. Utilizing electronic referral (e.g., electronic referral platform, secure e-mail) to connect the CP Enrollee with the appropriate provider or Social Service Organization, if the Social Service Organization has electronic referral capabilities, including sharing relevant patient information;
  - d. Following up electronically (e.g., electronic referral platform, secure e-mail) with the provider or Social Service Organization, if the Social Service Organization has electronic follow-up capabilities, as needed, to ensure the CP Enrollee's needs are met.
10. For CP Enrollees, the CP shall provide HRSN screening and, for CP Enrollees enrolled in an ACO, consider referral to Flexible Services, depending on program availability and CP Enrollee eligibility;

- a. For CP Enrollees identified as needing referrals to Flexible Services, Supplemental Nutrition Assistance Program (SNAP), or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the CP shall:
    - (i) Provide the CP Enrollee's contact information and information about the identified HRSN to the entity receiving the referral; and
    - (ii) Follow up with the CP Enrollee to ensure the CP Enrollee's identified needs are being met.
- 11. The CP shall document results of the HRSN screening and include a list of the community and social services resources the CP Enrollee needs in the CP Enrollee's Care Plan, as described in **Section 1.2.D** of this Appendix.

**D. Development of Care Plan**

The Parties' subcontract shall require that the CP develop a Care Plan as described in **Section 2.5.B.5** of the Contract. The CP shall utilize a Care Plan template approved by the Contractor that meets the requirements of **Section 2.5.B.5** of the Contract. In addition to the requirements in **Section 2.5.B.5**, the Parties' subcontract shall require the following:

- 1. Care Plans shall be reviewed by a registered nurse (RN) employed by the CP. Care Plans shall receive final review and approval by a Clinical Care Manager employed by the CP.
- 2. The CP shall document within the CP Enrollee record that the Care Plan was provided to, agreed to, and signed or otherwise approved by the CP Enrollee.
- 3. The CP shall complete Care Plans within five (5) calendar months of CP Enrollee's enrollment with the CP. A Care Plan shall be considered complete when:
  - a. The Care Plan has been approved by a Clinical Care Manager; and
  - b. The Care Plan has been signed or otherwise approved by the CP Enrollee (or authorized representative, if any).
- 4. The CP shall share the completed Care Plan with the Enrollee's PCP or PCP Designee, the Contractor, and other parties who need the Care Plan in connection with their treatment of the CP Enrollee, provision of coverage or benefits to the CP Enrollee, or related operational activities involving the CP Enrollee, including members of the CP Enrollee's Care Team, CBHC staff, if applicable, and other providers who serve the CP Enrollee, including state agency or other case managers, in accordance with all data privacy and data security provisions applicable.

**E. Care Team**

The Parties' subcontract shall require that the CP take the lead on forming and coordinating a Care Team for CP Enrollees who have agreed to participate in the program, as described in **Section 2.6.C.4** of the Contract. In addition, the CP shall ensure:

- 1. That the Care Team meets at least once within a 12-month period, and



2. That a representative from the Care Team attends any multidisciplinary team meetings hosted by the Contractor, clinical staff, hospitals and/or other stakeholders to review high-risk Members, if applicable;

**F. Care Coordination**

The Parties' subcontract shall require that the CP Enrollee's CP Care Coordinator provide ongoing care coordination support to the CP Enrollee in coordination with the CP Enrollee's PCP and other providers as set forth in **Section 2.6.A and Section 2.6.C** of the Contract. In addition, the Parties' subcontract shall:

1. Require CPs to assist CP Enrollees in the following activities:
  - a. For CP Enrollees with behavioral health needs, coordinating with the CP Enrollee's behavioral health providers to develop the CP Enrollee's Crisis Prevention Plan to prevent avoidable use of emergency departments, hospitalizations and criminal justice involvement and to provide follow-up if these events occur. The Crisis Prevention Plan shall be documented in the CP Enrollee's record and shared with the CP Enrollee's Care Team and other providers.
  - b. For CP Enrollees with LTSS needs, assisting with prior authorization for MassHealth State Plan LTSS as applicable. If a service request is significantly modified or denied by MassHealth, the CP shall work with the CP Enrollee to ensure the Care Plan is adequate to meet the CP Enrollee's needs by working with the CP Enrollee to identify other appropriate supports to meet an unmet need.
  - c. In addition to implementing the activities necessary to support the CP Enrollee's Care Plan, as described in **Section 2.5.B.5** of the Contract, ensure the CP Enrollee has timely and coordinated access to primary, medical specialty, LTSS, and behavioral health care. Such additional activities shall include, but are not limited to:
    - (i) Explaining PCP, specialist, and other provider directives to the CP Enrollee;
    - (ii) Providing well-visit, medical, prenatal, outpatient behavioral health, and preventative care reminders;
    - (iii) Assisting the CP Enrollee in scheduling health-related appointments, accessing transportation resources to such appointments, and confirming with the CP Enrollee that such appointments have been kept;
    - (iv) Confirming with the CP Enrollee that they are adhering to medication recommendations;

- (v) At a minimum, conducting a face-to-face visit at home or in a location agreed upon by the CP Enrollee, with each CP Enrollee on a quarterly basis; and
  - (vi) Making regular telephone, telehealth, or other appropriate contact with the CP Enrollee between face-to-face visits.
- d. Coordinating with a CP Enrollee's ACCS provider, if any, as follows:
  - (i) Inform the CP Enrollee's ACCS provider of all of the CP Enrollee's routine and specialty medical care including identifiable symptoms that may require routine monitoring;
  - (ii) Coordinate with the CP Enrollee's ACCS provider to develop the CP Enrollee's crisis plan to prevent use of emergency departments, hospitalizations and criminal justice involvement and to provide follow-up if these events occur; and
  - (iii) Coordinate with the CP Enrollee's ACCS provider regarding activities for improving the CP Enrollee's health and wellness and to allow ACCS providers to assist and reinforce the Engaged CP Enrollee's health and wellness goals.
- e. For LTSS CPs:
  - (i) Coordinating with other MassHealth programs that provide Case Management. For CP Enrollees who (1) participate in a 1915(c) Home and Community-Based Services (HCBS) Waiver, or (2) are receiving targeted case management through DYS case managers, Adult Community Clinical Services, Community Service Agencies (CSAs) who deliver Children's Behavioral Health Initiative services, or DDS service coordinators, or (3) are receiving Community Case Management (CCM), the CP Enrollee's CP Care Coordinator shall coordinate the provision of LTSS CP Supports with the CP Enrollee's HCBS Waiver case manager, DDS service coordinator, DYS case manager, CSA and CCM, as applicable, to ensure that LTSS CP supports supplement, but do not duplicate, functions performed by HCBS Waiver case managers, DDS service coordinators, DYS case managers, CSA or CCM.
  - (ii) Coordinating with the Home Care Program. For CP Enrollees who are not in a 1915 (c) Home and Community-Based Services (HCBS) Waiver and who participate in the Home Care Program operated by the Executive Office of Elder Affairs (EOEA), the CP Enrollee's CP Care Coordinator shall coordinate the provision of LTSS CP supports with the CP Enrollee's Home Care Program case manager to ensure that LTSS CP supports supplement, but do not duplicate, functions performed by the Home Care Program case manager.

2. Obligate the Contractor to provide the CP with information pertaining to ACO Covered Services and non-ACO Covered Services, as described in **Appendix C**, including any such services requiring prior authorization or referrals; and
3. Obligate the Parties to develop, maintain, and implement a mutually agreed upon process for how the Contractor will communicate to the CP any prior authorization decisions (e.g., approval, modification or denial) about, or PCP referrals for, ACO Covered Services and non-ACO covered services.

**G. Support for Transitions of Care**

In addition to the requirements of **Section 2.6.C.5** of the Contract, the Parties' subcontract shall obligate the CP to:

1. Assist CP Enrollees who are referred to other levels of care, care management programs, or other providers, in accessing these supports. Such assistance may include, but is not limited to:
  - a. Facilitating face-to-face contact between the CP Enrollee and the provider or program to which the CP Enrollee has been referred, and directly introducing the CP Enrollee to such provider or an individual associated with such program (i.e., "warm hand-off"), as appropriate; and
  - b. Making best efforts to ensure that the CP Enrollee attends the referred appointment, if any, including coordinating transportation assistance and following up after missed appointments.
2. Ensure that the Care Coordinator, at a minimum, offers a face-to-face follow-up visit within seven (7) days following a CP Enrollee's inpatient discharge, discharge from twenty-four (24) hour diversionary setting, or transition to a community setting. If the CP Enrollee declines a face-to-face visit, the CP must document the declination in the CP Enrollee's EHR and then may conduct the visit via telehealth (e.g., telephone or videoconference, or as further specified by EOHHS).

**H. Medication Review for CP Enrollees**

For CP Enrollees, the Parties' subcontract shall permit CPs to obtain a list of the Enrollee's medications and require the CP to:

1. Note in the CP Enrollee's EHR that they obtained the list; and
2. Identify the source of the list.

**I. Connections to options counseling for CP Enrollees with LTSS Needs**

The Parties' subcontract shall require the CP to provide information and support to each CP Enrollee with LTSS needs, their guardians/caregivers and other family members, as applicable, about assisting the CP Enrollee to live independently in their community. The Parties subcontract shall require that:

1. Such information includes, but not be limited to:
  - a. Long-term services and supports;

- b. Resources available to pay for the services;
  - c. The MassOptions program which can provide the CP Enrollee with options counseling.
- 2. The CP provide CP Enrollees support by:
  - a. Assisting with referrals and resources as needed;
  - b. Assisting in making decisions on supportive services, including but not limited to, finding assistance with personal care, household chores, or transportation;
  - c. Assisting, as appropriate, in connecting to a counselor at MassOptions; and
  - d. Informing the CP Enrollee about their options for specific LTSS services and programs for which they may be eligible, the differences among the specific types of LTSS services and programs and the available providers that may meet the CP Enrollee's identified LTSS needs.
- 3. In performing this function, the CP shall document that the CP Enrollee was informed of multiple service options available to meet their needs, as appropriate, and reviewed and provided with access to a list of all MassHealth LTSS providers in their geographic area for each service option, when applicable.

**J. Community Collaboration and Coordination**

In support of its provision of CP Supports, the CP shall:

- 1. For BH CPs only, develop and maintain collaborative relationships with all Community Behavioral Health Centers (CBHCs) within its Service Area(s) to facilitate integration among CP Enrollees' Care Coordination entities and clinical providers, including developing document processes that outline the responsibilities and requirements of the CBHC and the Contractor. If the CP does not have a CBHC within its organizational structure, the CP shall hold formalized agreements (e.g., Memorandum of Understanding, Affiliation Agreement, or other formalized agreements) with all CBHCs in its Service Area(s) that include such documented processes. Such documented processes shall describe workflows and standard protocol for CP Enrollee release of information; protocols for communication and data and exchange via EHR or other platforms (e.g., fax, telephone, secure email); and intended processes for Event Notification Services via EHR or other platforms. Such documented processes shall require the CP to:
  - a. Refer CP Enrollees to CBHCs for services, as appropriate and as needed, after first considering CP Enrollee choice and preexisting clinical relationships, and strive to make direct introductions ("warm hand-offs") whenever possible;
  - b. Accept and act upon referrals from CBHCs;
  - c. For CP Enrollees receiving services from CBHCs, include CBHC staff in the CP Enrollee's Care Team;

- d. Securely share CP Enrollee information with CBHCs and incorporate CP Enrollee information provided by CBHCs so as to reduce duplication of assessments. Such information shall include, but is not limited to, Comprehensive Assessments, Care Plans, CBHC comprehensive behavioral healthcare plans, outreach plans, transition plans, referrals that have been placed and the status of such referrals, and other CP Enrollee information, as needed and clinically appropriate; and
- e. Notify the CBHC within 3 business days when the CP becomes aware that a CP Enrollee who is receiving services from the CBHC has experienced any of the following events:
  - (i) A transition of care as defined in **Section 2.6.C.5**;
  - (ii) An Emergency Department discharge;
  - (iii) A major change in behavioral health status (e.g., overdose or mental health crisis) or physical health status; or
  - (iv) Any other major incidents that may impact the CP Enrollee's health and wellbeing, including changes in health-related social needs (e.g., eviction, job loss, food insecurity).
- 2. Coordinate with state agencies, including but not limited to, as applicable, the Executive Office of Elder Affairs (EOEA), the Department of Children and Families (DCF), the Department of Youth Services, the Department of Mental Health (DMH), the Department of Developmental Services (DDS), the Department of Public Health (DPH), the Massachusetts Rehabilitation Commission (MRC), the Massachusetts Commission for the Deaf and Hard of Hearing, and the Massachusetts Commission for the Blind;
- 3. Coordinate with community-based organizations in the CP's Service Area(s), and have knowledge of the services and specialties offered by the following specifically:
  - a. BH and LTSS providers in the CP's Service Area(s);
  - b. Social Service Organizations and Flexible Services providers in the CP's Service Area(s); and
  - c. Primary Care Providers and other specialists working with CP Enrollees.

### **Section 1.3 HEALTH EQUITY**

The Parties' subcontract shall require the CP to collaborate with the Contractor on certain metrics and initiatives related to Health Equity, as described in **Section 2.21** of the Contract. Specifically, the Parties' subcontract shall:

- A.** Require the CP to collect and submit to the Contractor CP Enrollee-level social risk factor data (including race, ethnicity, language, disability status, age, sexual orientation, gender identity, and health-related social needs) using a screening tool and/or questionnaire provided by the Contractor when requested by the Contractor; and

- B.** Require the CP to support the Contractor's Health Equity initiatives, including but not limited to development of the Contractor's Health Equity Strategic Plan and Report, when such initiatives would benefit from involvement of the CP.

#### **Section 1.4 REPORTING**

The Parties' subcontract shall:

- A.** Obligate the Contractor to:
1. Report to its CPs monthly on monthly panel-based payments made in a form and format specified by EOHHS;
  2. Report to its CPs on quality payments made, on an annual basis, and in a form and format specified by EOHHS;
  3. Provide its CPs monthly assignment files as further described by EOHHS in a form and format specified by EOHHS; and
  4. Provide its CPs EOHHS renewal and redetermination files.
- B.** Obligate the CP to:
1. Provide to the Contractor monthly Enrollment and Disenrollment files in a format specified by EOHHS;
  2. Provide the Contractor data related to Health Equity as set forth in **Section 1.3.A of this Appendix P**.
  3. Provide other reports to the Contractor as identified and agreed upon by both Parties.

#### **Section 1.5 INTEROPERABILITY, RECORD KEEPING, COMMUNICATION AND POINTS OF CONTACT**

- A.** Interoperability and Record Keeping

The Parties subcontract shall include requirements for information and data sharing, including but not limited to record keeping and changes to CP Enrollee's enrollment or engagement in the CP as set forth in **Section 2.6.E.10**, and shall at a minimum:

1. Obligate the Parties to enter into and maintain an agreement governing the CP's use, disclosure, maintenance, creation or receipt of protected health information (PHI) and other personal or confidential information in connection with the subcontract that satisfies the requirements for a contract or other arrangement with a Business Associate under the Privacy and Security Rules, includes any terms and conditions required under a data use agreement between the Contractor and EOHHS and otherwise complies with any other privacy and security laws, regulations and legal obligations to which the Contractor is subject;
2. Include such agreement as an appendix to the subcontract;
3. Specify that no Party to the subcontract may obligate the other Party to use a specific Information Technology, Electronic Health Record system, or Care Management system;
4. Obligate both Parties to develop, maintain, and implement a mutually agreed processes for the exchange of CP Enrollee data between the Parties;

- a. Specify the elements included in such data exchange, which shall include at a minimum: CP Enrollee name; date of birth; MassHealth ID number; MassHealth Assignment Plan; CP Enrollee address and phone number; CP Enrollee Primary Language (if available); and PCP name, address, and phone number;
  - b. Specify the frequency of such data exchange, which shall not be less than monthly;
  - c. Specify the file type of such data exchange (e.g., Excel file or other mutually agreed upon file type);
  - d. Specify the secure transmission method (e.g., secure email or the Mass Hlway).
- 5. Obligate both Parties to develop and implement requirements around record keeping, including that:
  - a. The CP shall maintain an information system for collecting, recording, storing and maintaining all data required under the Contract.
  - b. The CP shall maintain a secure Electronic Health Record for each CP Enrollee that includes, but is not limited to, a record of:
    - (i) All applicable Comprehensive Assessment and Care Plan elements, as described in **Sections 1.2.B** and **1.2.C** of this **Appendix P**;
    - (ii) A timely update of communications with the CP Enrollee and any individual who has direct supportive contact with the CP Enrollee (e.g., family members, friends, service providers, specialists, guardians, and housemates), including, at a minimum:
      - (a) Date of contact;
      - (b) Mode of communication or contact;
      - (c) Identification of the individual, if applicable;
      - (d) The results of the contact; and
      - (e) The initials or electronic signature of the Care Coordinator or other staff person making the entry.
    - (iii) CP Enrollee demographic information.
  - c. The CP shall ensure that all CP Enrollee Electronic Health Records are current and maintained in accordance with this Contract and any standards as may be established from time to time by EOHHS; and
  - d. The CP shall provide the Contractor with a copy of the CP Enrollees' Electronic Health Records within thirty (30) calendar days of a request.

6. Obligate both Parties to develop, maintain, and implement a mutually agreed upon process for changes to CP Enrollee enrollment or engagement with the CP, including:
  - a. Specify the Contractor's process for processing requests from CP Enrollees to enroll in a different CP or disengage from the CP;
  - b. Specify the process by which the Contractor, in consultation with the CP, will determine if CP supports are no longer necessary for a CP Enrollee; and
  - c. Specify the form, format and frequency for communications between the Parties regarding changes to CP Enrollee enrollment or engagement and the processes for transitioning such CP Enrollee's care coordination.
7. The Parties' subcontract shall require that the CP maintain a record of Qualifying Activities performed for each CP Enrollee as further specified by EOHHS.

**B. Communication and Points of Contact**

The Parties' subcontract shall include requirements for communication and identification of points of contact, and shall at a minimum:

1. Obligate both Parties to establish key contact(s) who will be responsible for regular communication between the Parties about matters such as, but not limited to, data exchange, and care coordination, as described in **Section 2.6.E.12** of the Contract.
2. Obligate both Parties to provide the other Party information about key contact(s), including at a minimum the key contact's name, title, organizational affiliation, and contact information;
3. Obligate both Parties to provide each other with timely notification if such key contact(s) change; and
4. Obligate both Parties to develop, implement, and maintain a mutually agreed upon process for reporting of gross misconduct or critical incident involving a CP Enrollee to each other, as described in this **Appendix P**. The Parties' subcontract shall require the CP to develop, implement, maintain, and adhere to procedures to track, review, and report critical incidents. The procedures shall:
  - a. Be jointly developed
  - b. Require the CP to document critical incidents including:
    - (i) Fatalities and near fatalities;
    - (ii) Serious injuries;
    - (iii) Medication-related events resulting in significant harm;
    - (iv) Serious employee misconduct;
    - (v) Serious threats of harm to CP Enrollees, CP employees or others;



- (vi) Require the CP to report critical incidents to the Contractor and the appropriate agencies and authorities;
- c. Require the CP to designate key personnel to track, report and monitor critical incidents;
- d. Require the CP to review critical incidents by committee which includes a Medical Director and Clinical Care Manager, at least quarterly; and
- e. Require the CP to take proactive steps to modify processes to avoid future incidents.

## **Section 1.6 PERFORMANCE MANAGEMENT AND CONFLICT RESOLUTION**

The Parties' subcontract shall include requirements for performance management and compliance as set forth in **Section 2.6.E.3** of the Contract, as well as for conflict resolution. The Parties' subcontract shall, at a minimum:

- A.** Include a mutually agreed upon process for continued management of the subcontract, including:
  - 1. Specifying the frequency and format of regular meetings between the Parties for the purposes of discussing the Parties' compliance under the Parties' subcontract; and
  - 2. Specifying the intended topics of discussion during such meetings, which may include topics such as, but not limited to, CP Enrollee outreach, engagement, cost, utilization, quality and performance measures, communication between the Parties, and CP Enrollee grievances.
  - 3. Include a mutually agreed upon process for conflict resolution to address and resolve concerns or disagreements between the Parties which may arise, including but not limited to clinical, operational and financial disputes.
  - 4. Outline a mutually agreed upon process for CP performance management that may include but is not limited to the following set of escalating steps: development and implementation of a performance improvement plan, development and implementation of a corrective action plan, non-compliance letter, and contract termination. Such process for performance management shall:
    - a. Specify the areas in which the Contractor shall monitor CP performance and relevant data sources for such monitoring
    - b. Specify the areas in which the Contractor shall engage in performance management of the CP, which must include: fidelity to CP Supports as outlined in the Parties' subcontract, critical incident reporting, grievances, record keeping, and other responsibilities or performance indicators outlined in the Parties' subcontract.
  - 5. Obligate both Parties to develop processes relating to the types, frequency, and timeliness of bidirectional reports on performance, outcomes, and other metrics;

6. Obligate both Parties to establish a cadence for the Parties' leadership to engage on the output of such reports, in order to identify and jointly agree upon areas to improve CP Enrollee care and performance on financial, quality, and utilization goals, including specifications on who will be responsible for engaging with such reports.

## **Section 1.7 CP ENROLLEE PROTECTIONS**

### **A. Grievances**

The Parties' subcontract shall require that the CP develop, implement, maintain, and adhere to written policies and procedures for the receipt and timely resolution of Grievances from CP Enrollees. Such policies and procedures shall require the CPs to:

1. At least annually, the CP shall notify the Contractor of any grievances the CP received and the resolution of the grievance.
2. At least annually, the Contractor shall notify EOHHS of any grievances the CP or Contractor has received regarding the CP program and the resolution of the grievance.

### **B. Information and Accessibility Requirements**

The Parties' subcontract shall require that:

1. With respect to any written information it provides to CP Enrollees, the CP make such information easily understood as follows:
  - a. Make such information available in prevalent non-English languages specified by EOHHS;
  - b. Make oral interpretation services available for all non-English languages, including American Sign Language, available free of charge to CP Enrollees and notify CP Enrollees of this service and how to access it; and
  - c. Make such information available in alternative formats and in an appropriate manner that takes into consideration the special needs of CP Enrollees, such as visual impairment and limited reading proficiency, and notify CP Enrollees of such alternative formats and how to access those formats.
2. The CP ensures that CP Enrollee visits with Care Coordinators are conducted in a manner to accommodate a CP Enrollee's disability and language needs, including the use of safe and accessible meeting locations, language assistance (e.g., access to qualified interpreters), and auxiliary aids and services (e.g., documents that are accessible to individuals who are blind or have low vision).

### **C. CP Enrollee Rights**

The Parties' subcontract shall require that the CP have written policies ensuring CP Enrollees are guaranteed the rights described in **Section 5.1.L** of the Contract, and ensure that its employees, Affiliated Partners, and subcontractors observe and protect these rights. The CP shall be required to inform CP Enrollees of these rights upon CP Enrollees' agreement to participate in the CP program.

## Section 1.8 OMBUDSMAN

The Parties' subcontract shall require that the CP supports CP Enrollee access to, and work with, the EOHHS Ombudsman to address CP Enrollee requests for information, issues, or concerns related to the CP or ACO program, as described in **Section 2.13.A.8** of the Contract.

## Section 1.9 TERMINATION

**A.** The Contractor's subcontract shall, at minimum:

1. Obligate both Parties, prior to termination of the subcontract by either Party, to:
  - a. Follow all conflict resolution processes, as appropriate, described in this **Appendix P**;
    - (i) Provided however that if both Parties agree to terminate the subcontract for reasons other than for-cause, the Parties may terminate the subcontract without following all conflict resolution processes described in this **Appendix P**;
  - b. If EOHHS terminates the relevant contract with the Contractor or CP, termination of the subcontract may be made without following all conflict resolution processes described in this **Appendix P**; and
  - c. If EOHHS notifies a Party to the subcontract, indicating that the other Party has materially breached its contract with EOHHS, in the sole determination of EOHHS, the first Party may terminate the subcontract without following all conflict resolution processes described in this **Appendix P**;
2. Specify that in the event of termination of the subcontract, the obligations of the Parties under the subcontract, with regard to each shared CP Enrollee at the time of such termination, will continue until the CP has provided a warm hand-off of the CP Enrollee to the Contractor, a new ACO or MCO, or a new CP, if applicable, and the transition of CP Enrollee data in accordance with the Parties' data policies, provided, however, that the Parties shall exercise best efforts to complete all transition activities within one month from the date of termination, expiration, or non-renewal of the subcontract.