

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



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CONTRACTOR LEGAL NAME: Massachusetts Behavioral Health Partnership (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Health and Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 200 State Street, 3rd Floor, Suite 305, Boston, MA 02109		Business Mailing Address: One Ashburton Place, 11 th Fl., Boston, MA 02108	
Contract Manager: Sharon Hanson	Phone: 617-790-4000	Billing Address (if different): 600 Washington Street, Boston, MA 02111	
E-Mail: sharon.hanson@carelon.com	Fax:	Contract Manager: Emily Bailey	Phone: 857-260-7574
Contractor Vendor Code: VC6000182737		E-Mail: emily.r.bailey@mass.gov	Fax:
Vendor Code Address ID (e.g., "AD001"): AD002. (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): N/A	
RFR/Procurement or Other ID Number: BD-22-1039-EHS01-EHS01-70615			
<input type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: December 31, 2027 Enter Amendment Amount: \$ <u>no change</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input checked="" type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (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"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions			
COMPENSATION: (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 815 CMR 9.00 . <input checked="" type="checkbox"/> Rate Contract. (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"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ _____.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated 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 (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (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.) Amendment 2 to MassHealth's Managed Behavioral Health Contract updates/adds financial and other provisions and replaces certain appendices in the Contract effective January 1, 2023.			
ANTICIPATED START DATE: (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 no obligations have been incurred prior to the Effective Date. <input checked="" type="checkbox"/> 2. may be incurred as of January 1, 2023 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, a date PRIOR 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.			
CONTRACT END DATE: Contract performance shall terminate as of December 31, 2027 , 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.			
CERTIFICATIONS: 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 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: 10/4/2023 (Signature and Date Must Be Captured At Time of Signature) Print Name: Sharon Hanson Print Title: CEO Massachusetts Behavioral Health Partnership		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: 10/04/2023 (Signature and Date Must Be Captured At Time of Signature) Print Name: Mike Levine Print Title: Assistant Secretary for MassHealth	

AMENDMENT 2
to the
MANAGED BEHAVIORAL HEALTH VENDOR CONTRACT

Between
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

OFFICE OF MEDICAID

1 ASHBURTON PLACE

BOSTON, MA 02108

And

THE MASSACHUSETTS BEHAVIORAL HEALTH PARTNERSHIP

100 WASHINGTON STREET

BOSTON, MA 02118

WHEREAS, the Massachusetts Executive Office of Health and Human Services (referred throughout the Contract as either “EOHHS” or “MassHealth”) and the Massachusetts Behavioral Health Partnership (“Contractor”) entered into the Managed Behavioral Health Vendor Contract (“Contract”), effective January 1, 2023, to provide innovative, cost-effective, high quality care management services, network management services, quality management activities and comprehensive Behavioral Health services for certain MassHealth Covered Individuals, including but not limited to Care Management Program for individual Enrollees with complex medical and/or behavioral health conditions, through a program known as the MassHealth PCC Plan’s Comprehensive Behavioral Health Program or Management Support Services, and Behavioral Health Specialty Programs; and

WHEREAS, EOHHS and the Contractor amended the Managed Behavioral Health Vendor Contract on June 29, 2023 (Amendment #1); and

WHEREAS, in accordance with **Section 5.8** of the Contract, EOHHS and the Contractor desire to further amend their agreement effective January 1, 2023, except as otherwise noted below, in accordance with the rates, terms and conditions set forth herein; and

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

NOW, THEREFORE, in consideration of the mutual undertakings, EOHHS and the Contractor agree to amend the Contract as follows:

SECTION 1 DEFINITIONS AND ACRONYMS

1. **Section 1.1, Definitions**, is hereby amended by inserting in alphabetical order the following new definitions:

“Behavioral Health Crisis Evaluation in Acute Medical Setting – An evaluation provided in medical or surgical inpatient or emergency department settings by qualified clinical professionals to members experiencing a behavioral health crisis during the first calendar day of their readiness to receive such an evaluation. The evaluation includes the initial comprehensive assessment of risk, diagnosis, and treatment needs, the initial crisis interventions, the initial determination and coordination of appropriate disposition, and required reporting and community collaboration activities and shall be provided in accordance with the Acute Hospital RFA as further specified by EOHHS.

Behavioral Health Crisis Management Services in Acute Medical Settings – A set of services provided in medical or surgical inpatient or emergency department settings by qualified clinical professionals to members experiencing a behavioral health crisis in need of ongoing supports on days subsequent to receiving the initial Behavioral Health Crisis Evaluation. The crisis management services include ongoing crisis interventions, ongoing determination and coordination of appropriate disposition, and ongoing required reporting and community collaboration activities and shall be provided in accordance with the Acute Hospital RFA as further specified by EOHHS.”

2. **Section 1.1** is hereby amended by deleting the title “Estimated PCC Plan Management Support Services Payment” from its definition and inserting in place thereof the following title: “Estimated PCC Support Services Payment”.
3. **Section 1.1** is hereby amended by deleting “PCC Plan Management Support Services” in the definitions of “Material Subcontractor” and “PCC Performance Dashboard” and inserting in place thereof the following: “PCC Plan Support Services”.
4. **Section 1.1** is hereby amended by deleting the title “PCC Plan Management Support Services (PMSS)” from its definition, inserting in place thereof the following title: “PCC Plan Support Services (PSS),” and inserting the newly titled definition in the correct alphabetical order.
5. **Section 1.1** is hereby amended by deleting the title “PCC Plan Management Support Materials” from its definition, inserting in place thereof the following title: “PCC Plan Support Materials,” and inserting the newly titled definition in the correct alphabetical order.
6. **Section 1.2, Acronyms**, is hereby amended by deleting the acronym “PMSS” and description “PCC Plan Management Support Services” and inserting in correct alphabetical order the following new acronym and description: “PSS” and “PCC Plan Support Services”.

SECTION 2 CONTRACTOR RESPONSIBILITIES

7. **Section 2** is hereby amended by:

- (a) deleting each instance of “PCC Plan Management Support Services” and inserting in place thereof “PCC Plan Support Services”; and
 - (b) deleting each instance of “(PMSS)” and inserting in place thereof: “(PSS)”.
8. **Section 2.6.C.2.c.8.d** is hereby amended by inserting “including Individual Treatment Services and Youth and Transitional Age Youth Detoxification and Stabilization Services (for dates of service on or after July 1, 2023)” immediately following “(Level 3.7)”.
9. **Section 2.6.C.2.c.8.e** is hereby amended by inserting “including Individual Treatment Services and Youth and Transitional Age Youth Detoxification and Stabilization Services (for dates of service on or after July 1, 2023)” immediately following “(Level 3.5)”.
10. **Section 2.6.D.11** is hereby amended by deleting **Section 2.6.D.11** in its entirety and inserting in place thereof the following:
- “11. Behavioral Health Crisis Evaluation and Management Services
 - a. Behavioral Health Crisis Evaluation (through September 30, 2023)

The Contractor shall pay hospitals directly for ED-based behavioral health crisis evaluations at no less than the rate specified by EOHHS. The Contractor shall not make payments to AMCI and YMCI teams for BH crisis evaluations provided in the Emergency Department unless otherwise directed by EOHHS. Hospitals may sub-contract these services out to behavioral health providers, including crisis teams, but hospitals shall be solely responsible for billing the Contractor unless otherwise directed by EOHHS.
 - b. Behavioral Health Crisis Management (effective October 1, 2023)
 - 1) The Contractor shall pay hospitals for behavioral health crisis management in medical or surgical inpatient and emergency department settings set forth in **Appendix A-1** as set forth in **Section 2.7.F.3.s**. Hospitals may sub-contract these services out to behavioral health providers, including crisis teams, but hospitals shall be solely responsible for billing the Contractor unless otherwise directed by EOHHS.
 - 2) Once all hospitals have established procedures for behavioral health crisis evaluations in acute medical settings, as determined by EOHHS, the Contractor shall not make payments to Emergency Service Programs and Mobile Crisis Intervention teams for ED-based behavioral health crisis evaluations provided in the Emergency Department.
 - c. Effective October 1, 2023, the Contractor shall pay community-based AMCI and YMCI teams for a day of Adult or Youth Mobile Crisis

Intervention services performed on the same day as a behavioral health crisis evaluation provided in a medical or surgical inpatient or emergency department setting as set forth in **Appendix A-1**, in accordance with **Section 2.7.F.3.a** and **Appendix L**.”

11. **Section 2.7.F.3** is hereby amended by inserting “and Youth and Transitional Youth Stabilization and Management (effective July 1, 2023)” following “Individualized Treatment Services” in **Sections 2.7.F.3.c** and **d**.
12. Effective July 1, 2023, **Section 2.7.F.3** is hereby amended by deleting **Section 2.7.F.3.j** in its entirety and inserting in place thereof “j. [Reserved]”.
13. **Section 2.7.F.3** is hereby amended by adding the following new **Sections 2.7.F.3.r-u**:
 - “r. Effective October 1, 2023, the Contractor shall provide specialized inpatient psychiatric services to Covered Individuals with an eating disorder diagnosis in specialized eating disorder inpatient psychiatric treatment settings, as directed by EOHHS:
 - 1) The Contractor shall report claims paid for psychiatric inpatient services delivered to Enrollees with an eating disorder diagnosis and severe associated psychiatric and medical needs in specialized eating disorder inpatient psychiatric treatment settings to EOHHS in a form and format and at a frequency to be determined by EOHHS;
 - 2) The Contractor shall pay Providers no less than the rate specified by EOHHS in the MassHealth Psychiatric Hospital RFA as further specified by EOHHS, for inpatient psychiatric services delivered to Enrollees with an eating disorder diagnosis and severe associated psychiatric and medical needs in specialized eating disorder inpatient psychiatric treatment settings;
 - s. Effective October 1, 2023, for behavioral health crisis evaluation services in medical or surgical inpatient and emergency department settings, the Contractor shall establish Provider rates at or above the rate specified in the MassHealth Acute Hospital Request for Application (RFA) unless otherwise directed by EOHHS and shall use procedure codes as directed by EOHHS to provide payment for such services.
 - t. Effective October 1, 2023, for behavioral health crisis management services in medical or surgical inpatient and emergency department settings, the Contractor shall establish Provider rates at or above the rate specified in in the MassHealth Acute Hospital Request for Application (RFA) unless otherwise directed by EOHHS and shall use procedure codes as directed by EOHHS to provide payment for such services.

- u. Effective October 1, 2023, for evaluation of Enrollees for opioid use disorder and initiation of Medications for Opioid Use Disorder (MOUD) in the Emergency Department, the Contractor shall establish Provider rates at or above the rate set by EOHHS in 101 CMR 317, unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.”

14. **Section 2.7.M** is hereby amended by deleting **Section 2.7.M.1.d** in its entirety and inserting in place thereof the following:

- “d. The Contractor shall ensure CBHCs are informed of permissible use of project funds listed above and provide attestation to that effect. The Contractor shall ensure that CBHC providers that receive funding return any funds not spent before December 31, 2024. The Contractor shall subsequently return any unspent, or not yet allocated, funds to EOHHS. The Contractor shall further ensure that CBHC providers who receive funding submit a final spending report on funding usage by January 31, 2025.”

15. **Section 2.7** is hereby amended by inserting the following new **Section 2.7.O**:

- “O. Middlesex County Restoration Center Planning Grants

The Contractor shall administer a planning grant program for Community Behavioral Health Centers (CBHCs) in Middlesex County to fund such CBHCs’ preparation for and development of community support for the future launch of the Middlesex County Restoration Center pilot program at the direction of the Executive Office of Health and Human Services, ensuring that providers receiving these grants:

1. Serve cities or towns in Middlesex County;
2. Initiate at least one activity that supports each objective included in the SAMHSA Congressional Directive Spending Award by July 28, 2023;
3. Provide a progress report by August 15, 2023, and a final report by October 13, 2023, to the Contractor;
4. Commit to coordinate with and support the Restoration Center once it is launched, regardless of whether the CBHC receiving the grant is selected to operate the Restoration Center; and
5. Affirm that they will not use the planning grant funds to develop a response to the Executive Office of Health and Human Services’ RFR for a Middlesex County Restoration Center pilot program or to supplant any other current funding source.”

16. **Section 2.19** is hereby amended by deleting each instance of “PCC Plan Management Support Materials” and inserting in place thereof “PCC Plan Support Materials”.

SECTION 4 PAYMENT AND FINANCIAL PROVISIONS

17. **Section 4** is hereby amended by deleting each instance of “PCC Plan Management Support Services” and inserting in place thereof “PCC Plan Support Services”.
18. **Section 4.2.A.6** is hereby amended by deleting “PCC Plan Management Support” in the first sentence of the second paragraph and inserting in place thereof “PCC Plan Support”
19. **Section 4.2** is hereby amended by deleting **Section 4.2.A.9** in its entirety and inserting in place thereof the following:

“9. Payment for MOUD Access and Pain Management Support

EOHHS shall pay the Contractor to provide MOUD Access and Pain Management (MCSTAP) Support services as set forth in **Appendix H-1**. Subject to the issuance of a directive by the General Court of the Commonwealth of Massachusetts, EOHHS shall pay the Contractor to provide MOUD Access and Pain Management Support (MCSTAP) services as set forth in **Appendix H-1**.”

20. **Section 4.2** is hereby amended by inserting the following new **Sections 4.2.T and U**:

“T. Payments Related to the Middlesex Restoration Center Planning Grants

EOHHS shall issue payments to the Contractor for work pursuant to **Section 2.7.M** as set forth in **Appendix H-1**. The Contractor shall:

1. Expend the amount described in **Appendix H-1**, to provide grants to Community Behavioral Health Centers who fulfill the expectations described in **Section 2.7.O**.
2. Recoup any payments made to an awarded Community Behavioral Health Center that fails to fulfill the requirements of the grant, as further specified by EOHHS.

U. Payment Provisions for Adult Community Crisis Stabilization and Crisis Follow-Up services Provided to Individuals with Third Party Payor Coverage (Effective January 3, 2023)

1. For Adult Community Crisis Stabilization services and Mobile Crisis Intervention, require CBHCs to bill other insurances (TPL), where available and consistent with **Section 2.18**.
2. For the period of June 23, 2023, to September 30, 2023, the Contractor shall perform Third-Party Liability (TPL) benefit coordination and recovery for the services provided to Individuals with coverage by Third Party Payors for Adult Community Crisis Stabilization services and Mobile Crisis Intervention follow-up services.”

APPENDICES

Appendix A-1 is hereby amended by deleting it in its entirety and replacing it with a new **Appendix A-1**, attached hereto.

Appendix G is hereby amended by deleting it in its entirety and replacing it with a new **Appendix G**, attached hereto. The new **Appendix G** includes **Attachment 1: MassHealth MBHV Quality and Equity Initiative PY1 Implementation Plan**.

Appendix H-1 is hereby amended by deleting it in its entirety and replacing it with a new **Appendix H-1**, attached hereto.

Appendix L is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix L**.

Appendix M is hereby amended by, in **Exhibit 1**, deleting the Rate Increase End Date for Psychiatric Day Treatment (Behavioral Health Day Treatment) in its entirety and inserting in place thereof “9/30/2023”.

APPENDIX A-1 BEHAVIORAL HEALTH COVERED SERVICES

✓ Denotes a covered service

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals, and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
Inpatient Services - 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. (See details below)					
1. Inpatient Mental Health Services - 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.	✓	✓	✓		
2. Inpatient Substance Use Disorder Services (Level 4) – Intensive inpatient services provided in a hospital setting, able to treat Covered Individuals 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.	✓	✓	✓		
3. Observation/Holding Beds – hospital services, for a period of up to 24 hours, in order to assess, stabilize, and identify appropriate resources for Covered Individuals.	✓	✓	✓		
4. Administratively Necessary Day (AND) Services – a day(s) of inpatient hospitalization provided to Covered Individuals when said Covered Individuals are clinically ready for discharge, but an appropriate setting is not available. Services shall include appropriate continuing clinical services.	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
Diversiónary Services - those mental health and substance use disorder services that are provided as clinically appropriate alternatives to Behavioral Health Inpatient Services, or to support a Covered Individual 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 Diversiónary Services, those provided in a 24-hour facility, and those which are provided in a non-24-hour setting or facility. (See detailed services below)					
24-Hour Diversiónary Services					
1. Youth and Adult Community Crisis Stabilization – 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 Covered Individuals who do not require Inpatient Services.	✓	✓	✓		
2. Community-Based Acute Treatment for Children and Adolescents (CBAT) – 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.	✓	✓			
3. Medically Monitored Intensive Services --Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7) – 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 and physician-monitored procedures and include: biopsychosocial 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. Covered Individuals 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. These services include Individualized Treatment Services and Youth Stabilization and Withdrawal Management services.	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
4. Clinical Stabilization Services for Substance Use Disorders (Level 3.5) – 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. Covered Individuals 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. These services include Individualized Treatment Services and Youth Stabilization and Withdrawal Management services.	✓	✓	✓		
5. Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓	✓		
a. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour residential environment that provides a structured and comprehensive rehabilitative 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. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour residential	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
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.					
c. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 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 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.	✓	✓	✓		
d. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 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	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
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.					
e. Pregnancy Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 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 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.	✓	✓	✓		
f. Co-Occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour, safe, structured environment, located in the community, which supports Covered Individual'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.	✓	✓	✓		
6. Transitional Care Unit (TCU) – 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	✓	✓			

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
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.					
Non-24-Hour Diversionary Services					
<p>1. Community Support Program (CSP) and Specialized CSP - 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.</p> <p>Specialized CSP Programs:</p> <p>a. CSP for Justice Involved – a Specialized CSP service to address the health-related social needs of Enrollees with Justice Involvement who have a barrier to accessing or consistently utilizing medical and behavioral health services, as defined by EOHHS. CSP-JI includes behavioral health and community tenure sustainment supports.</p> <p>b. CSP for Homeless Individuals – 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>c. CSP – Tenancy Preservation Program - 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>	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
2. Recovery Coaching – a non-clinical service provided by individuals currently in recovery from a substance use disorder who have been certified as Recovery Coaches and who have been trained to help people with addiction gain hope, explore recovery and achieve life goals. 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; facilitating initiation and engagement to treatment and serving as a guide and motivating factor for the Enrollee to maintain recovery and community tenure.	✓	✓	✓		
3. Recovery Support Navigators (RSN) – 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, including in medical and 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.	✓	✓	✓		
4. Partial Hospitalization (PHP) – 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.	✓	✓	✓		
5. Psychiatric Day Treatment – 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.	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
6. Structured Outpatient Addiction Program (SOAP) – 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 a Covered Individual being discharged from Acute Substance 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 monitoring.	✓	✓	✓		
7. Program of Assertive Community Treatment (PACT) – 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 Covered Individuals 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.	✓	✓	✓		
8. Intensive Outpatient Program (IOP) - 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.	✓	✓	✓		
Outpatient Services - mental health and substance use disorder services provided in person in an ambulatory care setting such as a Community Behavioral Health Center (CBHC), mental health center or substance use disorder clinic, hospital outpatient department, community health center, or practitioner's office. The services may be provided at a Covered Individual's home or school.					
Standard outpatient Services – those Outpatient Services most often provided in an ambulatory setting					
1. Family Consultation - a meeting of at least 15 minutes' duration, either in person or by telephone, with family members or others who are significant to the Covered Individual and clinically relevant to a Covered Individual's treatment to: identify and plan for additional services;	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
coordinate a treatment plan; review the individual's progress; or revise the treatment plan, as required.					
2. Case Consultation - an in-person or by telephone meeting of at least 15 minutes' duration, between the treating Provider and other behavioral health clinicians or the Covered Individual's primary care physician, concerning a Covered Individual 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.	ü	✓	✓		
3. Diagnostic Evaluation - 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	✓	✓	✓		
4. Dialectical Behavioral Therapy (DBT) - a manual-directed outpatient treatment developed by Marsha Linehan, PhD, and her colleagues that combines strategies from behavioral, cognitive, and supportive psychotherapies for Covered Individuals 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.	✓	✓	✓		
5. Psychiatric Consultation on an Inpatient Medical Unit - an in- person meeting of at least 15 minutes' duration between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and a Covered Individual at the request of the medical unit to assess the Covered Individual's mental status and consult on a behavioral health or psychopharmacological plan with the medical staff on the unit.	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
6. Medication Visit - 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.	✓	✓	✓		
7. Medication Administration – shall mean the injection of intramuscular psychotherapeutic medication by qualified personnel.	✓	✓	✓		
8. Couples/Family Treatment - the use of psychotherapeutic and counseling techniques in the treatment of a Covered Individual and his/her partner and/or family simultaneously in the same session.	✓	✓	✓		
9. Group Treatment – 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.	✓	✓	✓		
10. Individual Treatment - the use of psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis.	✓	✓	✓		
11. Inpatient-Outpatient Bridge Visit - a single-session consultation conducted by an outpatient provider while a Covered Individual 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.	✓	✓	✓		
12. Assessment for Safe and Appropriate Placement (ASAP) - 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	ü	✓			

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
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.					
13. Collateral Contact – a communication of at least 15 minutes' duration between a Provider and individuals who are involved in the care or treatment of a Covered Individual under 21 years of age, including, but not limited to, school and day care personnel, state agency staff, and human services agency staff.	✓	✓			
14. Acupuncture Treatment - 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.	✓	✓	✓		
15. Opioid Treatment Services — 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 RFA as further specified by EOHHS.	✓	✓	✓		
16. Ambulatory Withdrawal Management (Level 2WM) - 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	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
setting, as well as the amount of nursing and physician supervision necessary during the course of treatment.					
17. Psychological Testing - the use of standardized test instruments to assess a Covered Individual'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.	✓	✓	✓		
18. Special Education Psychological Testing - 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.	✓	✓			
19. Applied Behavioral Analysis for members under 21 years of age (ABA Services) – 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.	✓	✓			
20. Early Intensive Behavioral Intervention (EIBI): a service provided to children under three years of age who have a diagnosis of autism spectrum disorder (ASD) and meet clinical eligibility criteria as defined by DPH. Such services shall be provided only by DPH-approved, Early Intensive Behavioral Intervention Service Providers.	ü	✓			

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
21. Preventive Behavioral Health Services - 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.	✓	✓			
Intensive Home or Community-Based Services for Youth – 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. (See detailed services below)					
1. Family Support and Training: 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 staff 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 youth 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.	ü				
2. Intensive Care Coordination: a service that provides targeted case management services to individuals under	✓				

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
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>3. In-Home Behavioral Services – this service usually includes a combination of behavior management therapy and behavior management monitoring, as follows:</p> <p>a. Behavior Management Therapy: 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 youth’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 youth’s treatment plan. The therapist may also provide short-term counseling and assistance, depending on the youth’s performance and level of intervention required. Phone contact and consultation may be provided as part of the intervention.</p> <p>b. Behavior Management Monitoring. This service includes implementation of the behavior plan, monitoring the youth’s behavior, reinforcing implementation of the 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>	ü				
<p>4. In-Home Therapy Services - This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows:</p> <p>a. The Therapeutic Clinical Intervention is a structured, consistent, therapeutic relationship between a licensed clinician and the youth and family for the purpose of treating the youth’s mental health needs including improving the family’s ability to provide effective support for the youth to promote healthy functioning of</p>	ü	✓			

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
<p>the youth 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. 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 youth's mental health and emotional challenges. This service includes teaching the youth to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family in supporting the youth in addressing his or her emotional and mental health needs. Phone contact and consultation may be provided as part of the intervention.</p>					
<p>5. Therapeutic Mentoring Services - this service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a youth for the purpose of addressing daily living, social and communication needs. Each youth will have goals and objectives that are designed to support age-appropriate social functioning or ameliorate deficits in the youth's age-appropriate social functioning. These goals and objectives are developed by the youth, as appropriate, and his/her treatment team and are incorporated into the treatment plan. The service includes supporting, coaching and training the youth in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution and relating appropriately to other youths, as well as adults, in recreational and social activities. The therapeutic mentor works with the youth in such settings as their home, school or social or recreational activities.</p>	ü				
<p>Crisis Services - 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. (See detailed services below)</p>					

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
1. AMCI Encounter - each AMCI Encounter shall include at a minimum: crisis assessment, intervention and stabilization. a. Assessment - 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; b. Intervention –the provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and c. Stabilization – short-term behavioral health treatment in a structured environment with continuous observation and supervision of individuals who do not require hospital level of care. d. In addition, medication evaluation and specialing services shall be provided if Medically Necessary.	✓	✓	✓	✓	✓ (initial crisis encounter only)
2. YMCI - a short term mobile, on-site, and 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, 7 days a week.	✓	✓		✓	✓ (initial crisis encounter only)
3. Emergency Department-based Crisis intervention Mental Health Services (through September 30, 2023) - Crisis interventions include the crisis evaluation, stabilization interventions , and disposition coordination activities for members presenting to the ED in a behavioral health crisis. Elements of crisis evaluations include: a. Crisis Evaluation: 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. Qualified behavioral health professionals include: qualified behavioral health professional, a psychiatrist, 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. b. Crisis Stabilization Interventions: Observation, treatment, and support to individuals experiencing a behavioral health crisis	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
c. Discharge Planning and Care Coordination: A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care.					
<p>4. Behavioral Health Crisis Evaluation Services in Acute Medical Setting (effective October 1, 2023) - 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:</p> <p>a. Comprehensive Behavioral Health Crisis Assessment: 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.</p> <p>b. Crisis Interventions: Observation, treatment, and support to individuals experiencing a behavioral health crisis .</p> <p>c. Discharge Planning and Care Coordination: A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care.</p> <p>d. Reporting and Community Collaboration: Required reporting of individuals awaiting inpatient psychiatric hospitalization and the establishment of referral relationships with community providers.</p> <p>These services shall be provided in accordance with the MassHealth Acute Hospital Request for Applications (Acute Hospital RFA).</p>	✓	✓	✓		
<p>5. Behavioral Health Crisis Management Services in Acute Medical Settings (effective October 1, 2023) – crisis management services provided in medical and surgical inpatient and emergency department settings include ongoing crisis interventions, ongoing determination and</p>	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
<p>coordination of appropriate disposition, and ongoing required reporting and community collaboration activities. Elements of crisis management include:</p> <ul style="list-style-type: none"> a. Crisis Interventions: Observation, treatment, and support to individuals experiencing a behavioral health crisis b. Discharge Planning and Care Coordination: A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care. c. Ongoing required reporting and community collaboration <p>These services shall be provided in accordance with the Acute Hospital RFA.</p>					
Other Behavioral Health Services - Behavioral Health Services that may be provided as part of treatment in more than one setting type					
1. Electro-Convulsive Therapy (ECT) - 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.	✓	✓	✓		
2. Repetitive Transcranial Magnetic Stimulation (rTMS) - 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.	✓	✓	✓		
3. Specializing - 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 G BEHAVIORAL HEALTH PERFORMANCE INCENTIVES

Effective Calendar Year 2023

Introduction

The performance-based incentives for Calendar Year 2023 (henceforth referred to as CY23) are summarized below. The summary includes baseline criteria, population descriptions, strategic goals, specific performance targets, and associated available earnings.

The earnings associated with each performance-based incentive correspond with the degree of the Contractor's success in meeting the established incremental goals. The measure of the Contractor's success for each performance-based incentive is described in detail below. For each performance-based incentive, levels of success are associated with levels of payment, referred throughout this document as "Performance and Payment Levels." The Contractor shall only be paid the single amount listed within each level which corresponds to the actual results achieved based on the measurement methodologies, and not to exceed the maximum annual incentive for each performance incentive.

Methodology

The Contractor shall design a project methodology, for review and approval by EOHHS, for each of the performance-based incentives in **Appendix G**. Each methodology shall further define and clarify the purposes, goals and deliverables associated with each incentive, and shall provide the technical specification for each measurement. Methodology to be defined include, at minimum: baseline period and analytics, denominator, numerator, continuous eligibility requirements, measurement period, population exclusions, timeline and associated deliverables, and final reporting schedules. EOHHS will use **Appendix G**, the Contractor's performance to identified benchmarks and milestones, and the project methodology when reviewing the results of each project to determine the amount of incentive payments, if any, the Contractor has earned. For all measures, unless otherwise specified, the measurement period for the calculation of results shall conform with the Contract Year period.

Measures, Developing the Benchmarks and Goals

The Contractor shall produce all required baseline measurements, and shall use the same methodology when assessing performance for the measurement period. For HEDIS measures, HEDIS Technical Specifications will be used for the performance-based incentives corresponding to each measurement year. For CY23, the Contractor shall refer to the technical measure specifications for HEDIS 2023. For all non-HEDIS measures, the Contractor shall follow the 2023 technical specifications for each measure steward identified by EOHHS. For CY23, EOHHS shall set the benchmark (threshold, goal, and improvement targets) for each

measure in performance incentive 1 based on national, regional, and state benchmarks, historical performance of Contractor, baseline Contractor performance, and spread, distribution, or variation in historical performance. Benchmarks (threshold, goal and improvement targets) will be established for a five-year period. EOHHS does not anticipate changing benchmark values from year to year (or based on Contractor performance or ranking from year-to-year). However, benchmarks will be monitored and reviewed annually, with flexibility to address extenuating circumstances, including, but not limited to: benchmarks that are excessively high or low relative to overall Contractor performance, significant changes to practice standards, significant changes to measure specifications impacting results, and other unforeseen events impacting performance, e.g., the COVID-19 public health emergency.

Performance Assessment Methodology

In CY23, incentive payments for performance-based incentive 1 will be calculated using the Performance Assessment Methodology (PAM). According to the PAM, the Contractor will have the opportunity to achieve its full eligible quality incentive amount for excellent quality performance. This may be achieved by establishing a clear threshold and goal benchmark for measures, in effect over the duration of the performance year periods set (e.g., five years); providing opportunity to earn incentive for year-over-year self-improvement (e.g., using gap to goal targets); and providing opportunity to earn incentive payments for each measure based on attainment (e.g., meeting threshold, in-between threshold and goal, and goal performance), and for meeting targets for improvement.

As part of the PAM, the Contractor earns points for performance on each measure. The Contractor earns 10 points for meeting the goal for the assigned time period and can earn 1-9 points proportional for performance between the threshold performance and the goal performance. The Contractor earns zero points for performance below the assigned threshold performance for each measure. The Contractor can earn 5 bonus points for meeting the improvement target over the base year, whether or not the Contractor has met threshold or goal performance targets. Bonus points are designed to reward improvements in performance regardless of their starting rate of performance. No partial credit is awarded for bonus points for improvement that does not meet improvement target.

The Contractor can earn a maximum of 15 points per eligible measure through goal attainment and improvement (bonus points). The maximum allowable total points is 10 multiplied by the number of measures. Strong performance on one measure can offset weaker performance of other measures. The proportional score for the Contractor is equal to the sum of the Contractor's earned points divided by the maximum allowable points. Proportional scores are between 0-1. The highest proportional performance score for the Contractor is 1. The payment amount is equal to the proportional score multiplied by the eligible payment amount.

The Contractor shall develop the following strategic priorities for network performance improvement in CY23: (1) Promotion of High Quality Care; (2) Promotion of Equitable Care; (3) Value-Based Payment Development and (4) Development of Community Behavioral Health Center (CBHC) Quality and Outcomes Measures.

I. Incentive 1, Promotion of High Quality Care

The Contractor shall assess their performance for calendar year 2023 on the measures outlined below. Goals for each measure will be set for a five-year period and a modified gap-to-goal analysis will determine the improvement targets for each of the next five years. For all HEDIS measures, EOHHS has used 2021 data for the benchmarks outlined below. For the CMS IPFQR Measure, EOHHS has used the most recently available data (2019) to set the benchmarks, though prior to final performance calculation, EOHHS will compare 2019 CMS IPFQR data with 2020 CMS IPFQR data, to determine if the impact of the COVID pandemic necessitates flexibility, as described above, in revising the benchmarks. For the HEDIS and IPFQR measure, the Contractor shall calculate its performance for CY2022, which shall serve as the base year performance for the purpose of improvement goal calculation. For RY2023, the Contractor shall report on its performance for calendar year 2023 for the OUD measure (M5), and performance on this measure will not be subject to incentive payment for 2023. The Contractor shall receive two thirds of the maximum eligible incentive (\$666,666) at the end of CY2023, with the last one third (\$333,334) reserved for reconciliation of the final CY2023 performance calculation, to be conducted by the end of Q2 2024 when all claims from calendar year 2023 can be reviewed. Data should be stratified by PCC members, Primary Care ACO, and other.

Measure	Goal	Threshold Benchmark	Goal Benchmark	Improvement Goal per Year	Maximum Eligible Incentive
M1-a	FUM-7 day: Youth (<18 years old) ¹	69%	88%	1.5%	\$1,000,000
M1-b	FUM-7 day: Adult (18+ years old) ¹	61%	75%	1.5%	
M2-a	FUH- 7 day: Youth (<18 years old) ¹	60%	71%	2%	
M2-b	FUH- 7 day: Adult (18+ years old) ¹	41%	55%	2%	
M3	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility ²	23%	19%	0.5%	
M4	Pharmacotherapy for Opioid Use Disorder (POD) ¹	28%	33%	0.5%	
M5	Use of Pharmacotherapy for Opioid Use Disorder (OUD) ³	Reporting Only for CY2023 ³			

¹= HEDIS Measure (or subset); Contractor to use HEDIS Technical Specifications

²= CMS IPFQR Measure; Contractor to use CMS IPFQR Technical Specifications

³= CMS Measure; Contractor to use CMS Technical Specifications. For 2023, this measure will be Reporting-Only to help establish benchmarks for future years; for 2023, performance on this measure will not be subject to incentive payment.

The maximum incentive payment for CY23 for Incentive 1 is \$1,000,000.

II. Incentive 2, Promotion of Equitable Care

In line with EOHHS's commitment to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs and health disparities demonstrated by variation in quality performance, Incentive 2 establishes a set of performance metrics for CY23, which will be the first performance year (PY) of an intended five-year quality and equity incentive program (QEIP). The performance metrics for CY23 are set forth in Attachment 1 to this Appendix: MassHealth MBHV Quality and Equity Initiative PY1 Implementation Plan.

The maximum incentive payment for CY23 for Incentive 2 is \$1,000,000.

III. Incentive 3, Value-Based Payment Development

In partnership with EOHHS and building upon the Contractor's existing value-based payment (VBP) strategy, the Contractor shall develop a VBP strategy which includes the expansion of existing, successful VBP arrangements to additional membership and with additional provider partnerships for high-risk populations, including those identified below. The Contractor's VBP strategy shall include meaningful targets to continually increase the amount of the Contractor's membership in an HCP-LAN Level 3 or 4 VBP arrangement by 2027.

The Contractor's VBP strategy shall include the below populations (P1-P4) with a focus on quality and outcomes measures. The Contractor will earn full incentive payments for each measure outlined below (M1-M4) if the specified requirements are met. If one of the following requirements is not met, or if any of the following requirements are not met by the outlined deadline, the Contractor may be ineligible to earn full incentive payment for that specific measure, as determined by EOHHS.

	Goal	Incentive
M1	By May 5, 2023, the Contractor shall submit a review that includes: 1. A baseline analysis of each of the below populations to understand current population cost, care utilization patterns, and outcomes.	\$50,000

	Goal	Incentive
	2. A market scan to identify the current landscape and evidence for value-based arrangements for each of the below populations.	
M2	<p>By the end of 2023 Q2, the Contractor shall submit a proposal that identifies:</p> <ol style="list-style-type: none"> 1. Detailed recommendations for opportunities to expand membership in current VBP arrangements for each of the below populations, including high-priority outcome measures, reimbursement structure, provider partnerships and multi-year implementation strategy. 2. Detailed recommendations for novel VBP arrangements for each of the below populations, including high-priority outcome measures, reimbursement structure, provider partnerships and multi-year implementation strategy 3. Collaborate with EOHHS to determine which of the below populations to prioritize for M3 and M4 	\$50,000
M3	By the end of 2023 Q4, the Contractor will have concrete plans to implement a contract for a new VBP arrangement between the Contractor and a provider organization for one of the below populations for 2024.	\$250,000
M4	By the end of 2023 Q4, the Contractor will have concrete plans to advance at least one existing HCP-LAN level 1 or 2 VBP arrangement to an HCP-LAN level 3 or 4 for 2024, or expand at least one existing HCP-LAN level 3 or 4 VBP arrangement to a new provider organization for one of the below populations for 2024.	\$150,000

	Population	High Priority Outcomes
P1	Youth (<21 years old) with ASD	Pivotal skill development/mastery, caregiver engagement and satisfaction,

	Population	High Priority Outcomes
		improved access to care, co-morbidity management, and school retention
P2	Teens and young adults (15 to 35 years old) with a new-onset psychotic disorder (within first 3 years of onset)	Quality of life, family functioning, symptom severity (including duration of untreated psychosis), participation and progress in work or school, and community tenure/reduction in acute bed days
P3	Adults with SMI (3 years beyond first onset)	Quality of life, symptoms severity, vocational functioning, social connectedness, medication side-effect management, and community tenure/reduction in acute bed days
P4	Care for Opioid Use Disorder- Diversionary Levels of Care and Outpatient MAT induction and maintenance	For Diversionary Levels of Care include increased community tenure/reduction of acute care utilization. For Outpatient MAT induction and maintenance include retention in MAT treatment, and increased community tenure/reduction of acute care utilization.

The maximum incentive payment for CY23 for Incentive 3 is \$500,000.

IV. Incentive 4, CBHC Quality and Outcomes Measures

In partnership with EOHHS during Q1 of 2023, the Contractor shall develop and oversee CBHC quality and outcomes measure reporting (inclusive of outpatient, A/YMCI, A/YCCS services delivered by CBHCs). This development shall include methodology and collection processes, a pay-for-reporting (P4R) approach to support CBHC provider reporting of identified measures, and a proposed timeline with proposed goals for execution. The Contractor shall also provide technical assistance to the CBHC network in executing P4R for identified measures and build report templates for sharing data with MassHealth, CBHCs, and other key stakeholders.

In Q2 of 2023, after review and approval from EOHHS, the Contractor shall execute the reporting process identified in Q1 of 2023 at the agreed upon cadence, and with the agreed upon

goals for execution for the remainder of CY23. The incentive payment amount will be based upon performance towards the agreed upon goals for execution set forth by the Contractor at the end of Q1 2023, and agreed upon by EOHHS.

The maximum incentive payment for Incentive 4 for CY23 is \$500,000.

Appendix G, Attachment 1: MassHealth MBHV Quality and Equity Incentive Program PY1 Implementation Plan

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3. MBHV-QEIP Performance Year 1 (CY 2023) Metrics
4. MBHV-QEIP Accountability Framework for Performance Year 1 (CY 2023)
5. MBHV-QEIP Payment

Section 1. Background and Overview of the Managed Behavioral Health Vendor (MBHV) Quality and Equity Incentive Program

A. Overview

Massachusetts shifted the delivery system at scale to value-based care under the previous MassHealth section 1115 demonstration approval period, transitioning over 80 percent of eligible Medicaid members into accountable care organizations (ACOs) that are at risk to deliver better health outcomes, lower cost, and improved member experience through integrated, coordinated care.

A key goal of the Commonwealth's in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal, Massachusetts is centering equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

To that end, MassHealth will implement aligned quality and equity initiatives across delivery system settings:

1. MassHealth's Accountable Care Organizations (ACOs), Managed Care Organizations (MCOs), Managed Behavioral Health Vendor (MBHV), and acute hospitals will be accountable to annual performance on a comprehensive set of quality performance metrics.
 - a. ACO and MCO quality performance will be incentivized through a Quality Incentive described in the respective Accountable Care Partnership Plan (ACPP), Primary Care ACO (PCACO), and MCO Contracts.
 - b. Acute hospital quality performance will be incentivized through the "Clinical Quality Incentive Program" proposed for implementation under State Plan authority.
 - c. MBHV quality performance will be incentivized through Appendix G, Incentive 1, Promotion of High Quality Care

2. MassHealth’s ACOs, MCOs, Managed Behavioral Health Vendor, and acute hospitals will also be accountable to annual performance on a comprehensive set of quality performance metrics that advance health equity.
 - a. ACO and MCO quality and equity performance will be incentivized through a Quality and Equity Incentive Program described in the respective Accountable Care Partnership Plan (ACPP), Primary Care ACO (PCACO), and MCO Contracts.
 - b. Acute hospital quality and equity performance will be incentivized through the Hospital Quality and Equity Initiative (HQEI), authorized under MassHealth Medicaid and CHIP Section 1115 Demonstration authority as described in the Demonstration’s Special Terms and Conditions (STCs).
 - c. MBHV quality and equity performance will be incentivized through Appendix G, Incentive 2, Promotion of Equitable Care. This incentive is the subject of this implementation plan.

Together, this constellation of coordinated quality and equity initiatives will support Massachusetts in achieving its demonstration goal to improve quality of care and advance health equity.

B. Scope of this Implementation Plan

This Performance Year 1 Implementation Plan provides additional detail related to implementation of MassHealth’s MBHV-QEIP for the first Performance Year (PY) from January 1, 2023-December 31, 2023. Information pertaining to subsequent performance years (PY) 2-5, representing Calendar Years 2024-2027, will be forthcoming.

Section 2: MBHV Quality and Equity Incentive Program (MBHV-QEIP)

Domains and Goals

A. Overview of Targeted Domains for Improvement in the MBHV-QEIP

For the MBHV-QEIP, the MBHV is incentivized to pursue performance improvements in the domains specified in Table 1.

Table 1. Overview of Targeted Domains for Improvement for the MBHV-QEIP

Domain 1: Demographic and Health-Related Social Needs Data	The MBHV will be assessed on the completeness of beneficiary-reported demographic and health-related social needs data submitted in accordance with the Commonwealth’s data requirements. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, primary language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be assessed separately for each data element.
Domain 2: Equitable Quality and Access	The MBHV will be assessed on performance and demonstrated improvements on access and quality metrics, including associated reductions in disparities. Metrics will focus on overall access; access for

	individuals with disabilities and/or limited English proficiency; care for behavioral health; and care coordination.
Domain 3: Capacity and Collaboration	The MBHV will be assessed on improvements in metrics such as provider and workforce capacity and collaboration with health system partners to improve quality and reduce health care disparities.

B. Goals for each Domain of the MBHV-QEIP

Anticipated goals for the period from 2023-2027 for each MBHV-QEIP domain are summarized below:

1. Demographic and Health-Related Social Needs Data Collection Domain Goals

- The MBHV is incentivized to achieve certain milestones to meet an interim goal of 80 percent data completeness for self-reported race and ethnicity data for attributed MassHealth members by the end of Performance Year 3 (CY 2025).
- The MBHV is incentivized to achieve certain milestones to achieve at least 80 percent data completeness for beneficiary-reported other demographic data (including but not limited to primary language, disability status, sexual orientation, and gender identity) for attributed MassHealth members by the end of Performance Year 5 (CY 2027).
- The MBHV is incentivized to meaningfully improve rates of HRSN screenings from the baseline period (CY 2024) by the end of Performance Year 5 (CY 2027). To meet this goal, the MBHV must not only conduct screenings of beneficiaries, but also establish the capacity to track and report on screenings and referrals.

2. Equitable Quality and Access Domain Goals

- The MBHV is incentivized for performance on metrics such as those related to access to care (including for individuals with limited English proficiency and/or disability); care for behavioral health conditions; care coordination; and patient experience.
- For up to the first three Performance Years (PY 2023 through PY 2025), MBHV performance will be based on:
 - Reporting on access and quality metric performance, including reports stratified by demographic factors (such as race, ethnicity, language, disability, sexual orientation, and gender identity); health related social needs; and/or defined by other individual- or community-level markers or indices of social risk;
 - Developing and implementing interventions aimed at improving quality and reducing observed disparities on metrics that account for clinical and social risk factors.
- For at least the last two Performance Years (PY2026 and PY2027), MBHV performance will be based on improving quality and/or closing disparities as measured through performance on a subset of access and quality metrics.

3. Capacity and Collaboration Domain Goals

The MBHV is incentivized to improve service capacity, workforce development, and health system collaboration to improve quality and reduce disparities. The metrics that assess

improvement in this domain may relate to provider cultural competence, support for language needs, disability accommodations, and achievement of externally validated equity standards.

Section 3: MBHV-QEIP Performance Year 1 Metrics

To establish a robust foundation for quality and equity improvement and to begin making progress towards five-year health equity goals, the first performance year of the MBHV-QEIP holds the MBHV accountable to metrics listed in Table 2 evaluating contributory health system level interventions in each performance domain.

Table 2. MBHV-QEIP Performance Year 1 Metrics

Subdomain	Metric (<i>Steward</i>)	Performance Year 1 status*
Domain 1. Demographic and Health-Related Social Needs Data		
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	Pay for Reporting (P4R)
Health-Related Social Needs Screening	Screening for Social Drivers of Health (<i>CMS</i>): <i>Preparing for Reporting Beginning in PY2</i>	P4R
Domain 2. Equitable Quality and Access		
Equity Reporting	Stratified Reporting of Quality Data (<i>EOHHS</i>)	P4R
Access	Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (<i>Oregon Health Authority</i>)	P4R
	Disability Competencies (<i>EOHHS</i>)	P4R
	Accommodation Needs Met (<i>EOHHS</i>)	P4R
Domain 3. Capacity and Collaboration		
Capacity	Achievement of External Standards for Health Equity (<i>EOHHS</i>)	P4R
	Member Experience Survey: Cultural Competency, Language Services, and Disability Accommodations	P4R

*Reporting/performance requirements for each measure described in relevant metric technical specifications

Recognizing that taking on accountability for equity is new for the MBHV, interim and annual goals for Performance Year 1 are designed to promote essential foundational capacity and readiness to assume progressive risk for health quality and equity performance in Performance Year 2-5. Summarized performance expectations are described in Table 3; detailed performance expectations are described in metric technical specifications.

Table 3. Summary of MBHV-QEIP Metric Performance Requirements Performance Year 1

Metric	Performance Expectations for Performance Year 1	Deadline
Domain 1. Demographic and Health-Related Social Needs Data		
Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (EOHHS)	Race, Ethnicity, Language, Disability status (RELD) Sexual Orientation, Gender Identity (SOGI) Assessment – Timely and complete submission to EOHHS of an initial assessment of: 1) beneficiary-reported demographic data adequacy and completeness, and 2) a plan for collecting demographic data including data sources and collection questions.	August 31, 2023
	Complete and timely submission to the MassHealth Data Warehouse (DW) of monthly Member Files as specified (beginning no later than August 31, 2023). The DW will reject monthly Member File submissions that are non-compliant with the specified format (e.g. previously compliant formats) anticipated no later than Q4 2023.	Anticipated beginning no later than Q4 2023
	Data collected by the MBHV will be submitted via the existing encounter submission process, using the enhanced Member File Specification.	
Screening for Social Drivers of Health (CMS): Preparing for Reporting Beginning in PY2	Complete and timely submission of a report to EOHHS describing: <ul style="list-style-type: none"> 1) Health-Related Social Needs (HRSN) Assessment – Timely and complete submission to EOHHS of an initial assessment of 1) beneficiary-reported HRSN data adequacy and completeness, and 2) strategies employed to provide information about referrals including to community resources and support services 2) One or more health-related social needs screening tool(s) selected by MBHV for intended use in screening members beginning in PY2; the selected tool(s) must meet requirements for screening tools for 	Anticipated October 27, 2023

Metric	Performance Expectations for Performance Year 1	Deadline
	<p>the “Screening for Social Drivers of Health” metric; and</p> <p>3) An implementation plan to begin screening for health-related social needs in Q1 2024 in order to have capacity to report on the “Screening for Social Drivers of Health” metric beginning in Performance Year 2.</p>	
Domain 2. Equitable Access and Quality		
Stratified Reporting of Quality Data (EOHHS)	Complete and timely submission to EOHHS of performance data, including member-level race and ethnicity for clinical measures selected by EOHHS for stratification from the Appendix G-Incentive 1, Promotion of High Quality Care measure slate.	No earlier than April 1, 2024
Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (Oregon Health Authority)	Complete and timely reporting of an organizational self-assessment of capacity related to providing access to high quality language services to members.	December 31, 2023.
Disability Competencies (EOHHS)	Complete and timely submission to EOHHS of MBHV’s DCC Team’s completed RIC Disability-Competent Care Self-Assessment Tool (DCCAT) report.	Anticipated December 1, 2023
Accommodation Needs Met (EOHHS)	<p>Complete and timely submission to EOHHS of a report describing MBHV’s current practice and future plans for the following:</p> <ul style="list-style-type: none"> • Screening members for accommodation needs at least annually, including at time of enrollment or Health Needs Assessment, and how the results of this screening are documented. • Other methods, if any, for documenting accommodation needs, at least annually. • Asking members to report if their accommodation needs were met 	Anticipated December 1, 2023

Metric	Performance Expectations for Performance Year 1	Deadline
	<p>during behavioral health care encounters.</p> <ul style="list-style-type: none"> Analyses that are performed at the organizational level to understand whether accommodation needs have been met. 	
Domain 3. Capacity and Collaboration		
Achievement of External Standards for Health Equity (EOHHS)	Complete and timely submission to EOHHS a report outlining the ways in which MBHV has started the process of attaining NCQA Health Equity Accreditation status by the end of PY3 (2025)	December 31, 2023
Member Experience Survey: Cultural Competency, Language Services, and Disability Accommodations	Complete and timely submission to EOHHS of draft version of MBHV Member Experience Survey for PY2 (Measurement Year 2024), and comprehensive plan for survey administration	October 1, 2023
	Complete and timely submission to EOHHS of final version of MBHV Member Experience Survey for PY2 with newly incorporated questions submitted by EOHHS.	December 31, 2023

Section 4: MBHV-QEIP Payment for Performance Year 1

EOHHS will pay MBHV the full maximum eligible incentive amount for each metric described in Table 5 if the specified requirements are met. If any of the specified requirements are not met, or if any of the requirements are not met by the outlined deadline, the MBHV may be ineligible to earn full incentive payment for that specific measure, as determined by EOHHS.

Section 5: MBHV-QEIP Accountability Framework for Performance Year 1

EOHHS will hold MBHV individually accountable for its performance on the MBHV-QEIP performance measures. Total incentive amounts for MBHV for Performance Year 1 will be distributed according to the weighting described in Table 5. Performance expectations for each metric are summarized in Table 3 above and detailed further in technical specifications.

Table 5. Performance Year 1 MBHV-QEIP Metric Weights

Subdomain	MBHV Quality and Equity Incentive Program Metric (<i>Steward</i>)	Performance Year 1 Weight (%)	Maximum Eligible Incentive
Domain 1. Demographic and Health-Related Social Needs Data		27.8	\$278,000
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	16.7	\$167,000
Health-Related Social Needs Screening	Screening for Social Drivers of Health (<i>CMS</i>)	11.1	\$111,000
Domain 2. Equitable Access and Quality		44.4	\$444,000
Equity Reporting	Stratified Reporting of Quality Data (<i>EOHHS</i>)	11.1	\$111,000
Access	Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (<i>Oregon Health Authority</i>)	16.7	\$167,000
	Disability Competencies (<i>EOHHS</i>)	8.3	\$83,000
	Accommodation Needs Met (<i>EOHHS</i>)	8.3	\$83,000
Domain 3. Capacity and Collaboration		27.8	\$278,000
Capacity	Pending Further Guidance From NCQA	13.9	\$139,000
	Member Experience Survey: Cultural Competency, Language Services, and Disability Accommodations	13.9	\$139,000

APPENDIX H-1

PAYMENT AND RISK SHARING PROVISIONS

Section 1. MassHealth Capitation Payment and Related Payment Provisions

A. Per-Member Per-Month (PMPM) Capitation Rates for Contract Year 2023 (CY23)

1. PCC and TPL: PMPM (\$) Rates January 1, 2023 - June 30, 2023

Rating Category	Medical Services PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	\$157.35	\$16.47	\$0.61	\$5.53	\$179.96
Rating Category I Adult	\$65.80	\$-	\$6.74	\$5.11	\$77.65
Rating Category I TPL	\$23.65	\$6.11	\$0.29	\$4.76	\$34.81
Rating Category II Child	\$428.78	\$232.81	\$0.31	\$13.81	\$675.71
Rating Category II Adult	\$225.34	\$-	\$12.76	\$11.51	\$249.61
Rating Category II TPL	\$60.15	\$59.94	\$1.19	\$9.62	\$130.90
Rating Category IX	\$85.85	\$-	\$11.13	\$5.94	\$102.92
Rating Category X	\$369.56	\$-	\$77.00	\$13.91	\$460.47

2. Primary Care ACO: PMPM (\$) Rates January 1, 2023 - June 30, 2023

Rating Category	Medical Services PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	\$66.42	\$7.70	\$0.23	\$4.00	\$78.35
Rating Category I Adult	\$58.80	\$-	\$8.07	\$4.08	\$70.95
Rating Category II Child	\$351.55	\$218.48	\$1.07	\$11.56	\$582.66
Rating Category II Adult	\$272.84	\$-	\$24.62	\$11.41	\$308.87
Rating Category IX	\$100.06	\$-	\$20.06	\$4.91	\$125.03
Rating Category X	\$497.54	\$-	\$236.39	\$13.40	\$747.33

3. PCC and TPL: PMPM (\$) Rates, July 1, 2023- December 31, 2023

Rating Category	Medical Services PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	\$169.65	\$16.47	\$0.77	\$5.53	\$192.42
Rating Category I Adult	\$74.62	\$-	\$7.98	\$5.11	\$87.71
Rating Category I TPL	\$27.72	\$6.11	\$0.36	\$4.76	\$38.95
Rating Category II Child	\$457.95	\$232.81	\$0.35	\$13.81	\$704.92
Rating Category II Adult	\$268.09	\$-	\$14.12	\$11.51	\$293.72
Rating Category II TPL	\$71.32	\$59.94	\$1.50	\$9.62	\$142.38
Rating Category IX	\$100.45	\$-	\$12.91	\$5.94	\$119.30
Rating Category X	\$420.68	\$-	\$90.55	\$13.91	\$525.14

4. Primary Care ACO: PMPM (\$) Rates, July 1, 2023-December 31, 2023

Rating Category	Medical Services PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	\$73.29	\$7.70	\$0.31	\$4.00	\$85.30
Rating Category I Adult	\$66.07	\$-	\$10.05	\$4.08	\$80.20
Rating Category II Child	\$394.11	\$218.48	\$1.29	\$11.56	\$625.44
Rating Category II Adult	\$332.80	\$-	\$27.62	\$11.41	\$371.83
Rating Category IX	\$121.00	\$-	\$23.47	\$4.91	\$149.38
Rating Category X	\$588.25	\$-	\$275.69	\$13.40	\$877.34

B. Risk Sharing Corridors for Contract Period CY23, for the Medical Services rates Component of Rating Categories Child I, Adult I, Child II, Adult II, I-TPL, II-TPL, IX, and X (pursuant to Section 4 of the Contract) for PCC and TPL programs

1. Gain on the Medical Services Capitation Rates excluding ABA and SUD services

The amount of the Gain on the aggregate Medical Services Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if

such actual expenditures are less than the Total Medical Services Capitation Payment for Contract Year 2023. EOHHS and the Contractor shall share such gain in accordance with the table below.

Gain	MassHealth Share	Contractor Share
Less than or equal to 1.5%	0%	100%
Above 1.5% and less than or equal to 3%	50%	50%
Above 3%	100%	0%

2. Loss on the Medical Services Capitation Rates excluding ABA and SUD services

The amount of the Loss on the aggregate Medical Services Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are greater than the Total Medical Services Capitation Payment for Contract Year 2023. EOHHS and the Contractor shall share such loss in accordance with the table below.

Loss	MassHealth Share	Contractor Share
Less than or equal to 1.5%	0%	100%
Above 1.5% and less than or equal to 3%	50%	50%
Above 3%	100%	0%

C. Risk Sharing Corridors for CY23 for the Medical Services rates Component of Rating Categories Child I, Adult I, Child II, Adult II, IX, and X (pursuant to Section 4 of the Contract) for the Primary Care ACO Program

1. Gain on the Medical Services Capitation Rates excluding ABA and SUD services

The amount of the Gain on the aggregate Medical Services Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are less than the Total Medical Services Capitation Payment for the CY23. EOHHS and the Contractor shall share such gain in accordance with the table below.

Gain	MassHealth Share	Contractor Share
Between 0 and \$100,000	99%	1%
>\$100,000	100%	0%

2. Loss on Medical Services Capitation Rates excluding ABA and SUD services

The amount of the Loss on the Capitation Rates for the Contract shall be defined as the difference between the Total Medical Services Capitation Payment and the Contractor's Total Expenditures for Covered Services, if such actual expenditures are greater than the Total Medical Services Capitation Payment for the CY23. EOHHS and the Contractor shall share such loss in accordance with the table below.

Loss	MassHealth Share	Contractor Share
Between 0 and \$100,000	99%	1%
>\$100,000	100%	0%

D. Risk Sharing Corridors for Contract Year 2023 effective January 1, 2023, through December 31, 2023, for ABA and SUD Services for PCC, TPL and Primary Care ACO Programs

The Contractor and EOHHS shall share risk for ABA and SUD Services in accordance with the following provisions:

1. For Contract Year 2023, EOHHS shall conduct separate reconciliations with respect to ABA and SUD Services, as follows:
 - a. EOHHS will first determine the amount paid to the Contractor by EOHHS for ABA and SUD Services for Contract Year 2023, by multiplying the following:
 - i. The ABA and SUD Add-On rates determined by EOHHS and provided to the Contractor in **Section 1.A** above; by
 - ii. The number of applicable member months for the period.
 - b. EOHHS will then determine the Contractor's expenditures for ABA and SUD Services for Contract Year 2023, using claims data submitted in the report described in **Section D.2** below and Encounter Data submitted by the Contractor.

If the amount paid to the Contractor, as determined by the calculation described in **Section D.1.a** above, is greater than the Contractor's expenditures, as determined by the calculation described in **Section D.1.b** above, then the Contractor shall be considered to have experienced a gain with respect to ABA and SUD Services for Contract Year 2023. EOHHS and the Contractor shall share such gain in accordance with the table below for ABA and SUD services:

Gain	MassHealth Share	Contractor Share
Between \$0 and \$100,000	99%	1%
> \$100,000	100%	0%

If the amount paid to the Contractor, as determined by the calculation described in **Section D.1.a** above, is less than the Contractor's expenditures, as determined by

the calculation described in **Section D.1.b.** above, then the Contractor shall be considered to have experienced a loss with respect to ABA and SUD Services for Contract Year 2023. EOHHS and the Contractor shall share such loss in accordance with the table below:

Loss	MassHealth Share	Contractor Share
Between \$0 and \$100,000	99%	1%
> \$100,000	100%	0%

2. To assist with the reconciliation process for ABA and SUD Services described above, the Contractor shall, within 180 days after the end of Contract Year 2023, submit claims data with respect to ABA and SUD services in the form and formats specified in **Appendix E.**

Section 2. MassHealth Other Payments

A. Care Management Program

The Contractor shall calculate the number of engaged enrollees in the Practice Based Care Management program (PBCM) by month and report to EOHHS on a quarterly basis. EOHHS shall issue the Engagement PPM amount, upon review and approval.

Base Per-Participant Per-Month (PPPM) engagement rate for Practice Based Care Management:

Per Participant Per Month.....\$150.00

B. Performance Incentives Arrangements

Total Performance Incentive Payments may not exceed 105 percent of approved Capitation Payments attributable to the Covered Individuals or services covered by the Contract.

The CY2023 Payments for performance incentives detailed in Appendix G to the Contract shall be \$3,000,000.00.

C. PCC Plan Support

For CY23, EOHHS shall pay the Contractor a fixed amount of \$850,000 for PCC Plan Support for PCC Plan enrollment up to 85,000 members, to be paid out in monthly installments.

EOHHS reserves the right to reduce the fixed annual amount for PCC Plan Support if the PCC Plan enrollment goes below 70,000 Enrollees and is projected to stay at or below that level, as determined by EOHHS.

If PCC Plan enrollment exceeds 85,000 Enrollees and is projected to stay above 85,000 members, as determined by EOHHS, EOHHS shall pay the Contractor an additional Per Enrollee Per Month rate of \$1 for each additional member in excess of 85,000. The

payments shall be based on the monthly PCC member estimates used for prospective monthly capitation payment calculations and shall not be reconciled to actual PCC Plan enrollment.

Section 3. Other Non-MassHealth Payments

A. DCF -Mobile Crisis Intervention/Runaway Assistance Program (MCI/RAP) Payment Provisions

Contingent upon receipt of funding from DCF, EOHHS shall pay the Contractor \$52,000.00 in support of the Mobile Crisis Intervention/Runaway Assistance Program. The Contractor shall allocate these funds to each of the Contractor's Community Behavioral Health Centers that contract with the Contractor to operate the MCI/RAP in accordance with **Section 4.2.I.**

B. Autism Spectrum Disorder-Intellectual Disability (ASD-ID) for MCPAP (pursuant to Section 4.2.A.7 of the Contract)

EOHHS shall pay the Contractor \$650,000 in Calendar Year 2023 in support of the ASD-ID for MCPAP activities.

1. The Contractor's ASD-ID for MCPAP spending shall not exceed the funding amount set forth in this sub-section.
2. Any unspent funds at the end of the Contract period shall carry-over and be applied towards the ASD-ID for MCPAP activities in subsequent contract periods, if any.
3. EOHHS reserves the right to require reporting on expenditures related to this program.

C. Early Childhood MCPAP (pursuant to Section 4.2.A.7 of the Contract)

Subject to availability of funding from DPH, EOHHS shall pay the Contractor \$422,382 in Calendar Year 2023 in support of the Early Childhood (EC) MCPAP activities.

1. The Contractor's EC MCPAP program spending in CY2023 shall not exceed the funding amount set forth in this sub-section.
2. Any unspent funds at the end of the Contract period shall carry-over and be applied towards the EC MCPAP activities in subsequent contract periods, if any.
3. EOHHS reserves the right to require reporting on expenditures related to this program.

D. Crisis Service Safety Initiative – “Living Room Model” (pursuant to Section 4.2.A.8 of the Contract)

The Crisis Services Safety Initiative payment shall be \$1,403,388 in Contract Year 2023. This amount will be paid out in monthly installments determined by EOHHS.

E. Medication for Opioid Use Disorder (MOUD) Access and Pain Management Support (pursuant to Section 4.2.A.9 of the Contract) (also known as MCSTAP)

The MOUD Access and Pain Management Support payment shall be made pursuant to a separate payment agreement between EOHHS and the Contractor. .

F. Community Crisis Program for Uninsured Individuals Service Compensation Rate Payment (pursuant to Section 4.2.K of the Contract)

The Community Crisis Program for Uninsured Individuals Service Compensation Rate Payment shall be \$6,880,000.00 in Contract Year 2023 and paid out in monthly installments to be determined by EOHHS.

G. Community Crisis Administration Payment

The CY23 funding for the administration of Community Crisis Program for Uninsured Individuals shall be \$185,000. The payments will be issued in monthly installments to be determined by EOHHS.

H. DPH Emergency Department (ED) Boarding Grant Initiatives Payment (pursuant to Section 4.2.M of the Contract)

Contingent upon receipt of funding from DPH, EOHHS shall pay the Contractor \$2,500,000 in support of ED boarding initiatives. EOHHS shall determine the disbursement frequency of the funds. The ED boarding initiatives spending shall not exceed the funding amount set forth in this sub-section. Any unspent funds at the end of the contract period shall be returned to EOHHS unless otherwise directed. EOHHS reserves the right to require reporting on expenditures related to the ED boarding initiatives in a form and frequency determined by EOHHS.

I. CBHC Activities Payment (pursuant to Section 4.2.A.11 of the Contract)

In Contract Year 2023, EOHHS shall issue payments to the Contractor in the amount of \$10,900,000, in support of CBHC activities. The Contractor's spending on CBHC activities described in **Section 2.7.M** shall not exceed the funding provided in Contract Year 2023. Any unspent funds shall be returned to EOHHS, unless otherwise directed by EOHHS.

J. Behavioral Health Public Awareness Campaign (pursuant to Section 4.2.Q of the Contract)

In Contract Year 2023, EOHHS shall issue payments to the Contractor in the amount of \$5,000,000, in support of the Behavioral Health Public Awareness Campaign described in **Section 2.7.H.4.i** of the Contract. The payment shall be paid out in one or more monthly installments to be determined by EOHHS. The Contractor's spending on the Behavioral Health Public Awareness campaign shall not exceed the funding provided in Contract Year 2023.

K. DCF payment for the Massachusetts Child and Adolescent Assessment Protocol (M-CAAP) Training (pursuant to Section 4.2.P of the Contract)

Contingent upon receipt of funds from DCF, EOHHS shall issue payment to the Contractor in the amount of \$2,500 in support of M-CAAP training in Contract Year 2023. The Contractor's expenditures on M-CAAP training shall not exceed the funding amount in this sub-section.

L. Mobile Crisis Intervention Uncompensated Care Payment (pursuant to Section 2.6.B.1 of the Contract)

1. For each individual for which the Contractor pays for the mobile crisis intervention initial evaluation and first day crisis interventions pursuant to **Section 2.6.B.1** of the Contract, EOHHS shall pay the Contractor a rate of \$1,024.64 for a mobile non-emergency department encounter or \$695.29 for a community-based encounter for such individual.
2. To facilitate payment of the aforementioned claims, the Contractor shall submit invoices to EOHHS at a frequency and format specified by EOHHS in **Appendix E-4**.

M. Emergency Department Crisis Evaluation Payment (pursuant to Section 2.6.B.3 of the Contract)

1. For each individual for which the Contractor pays for the initial crisis evaluation service in the emergency department pursuant to **Section 2.6.B.3** of the Contract, EOHHS shall pay the Contractor a rate of \$695.29 for such individual.
2. To facilitate payment of the aforementioned claims, the Contractor shall submit invoices to EOHHS at a frequency and format specified by EOHHS in **Appendix E-4**.

N. Payments for the Middlesex Restoration Center Planning Grants pursuant to SAMHSA funding (pursuant to Section 4.2.T of the Contract)

Contingent upon receipt of funds from SAMHSA, EOHHS shall issue payment to the Contractor in the amount of \$100,000 in support of Middlesex Restoration Center Planning Grants in Contract Year 2023. The Contractor's expenditures on Middlesex Restoration Center Planning Grants shall not exceed the funding amount in this sub-section. The Contractor shall return to EOHHS any unspent Planning Grant funds.

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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 (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychiatric Diagnostic Evaluation	\$ 130.48
MH and SA OP Services	90791	U3 - Intern (PhD, PsyD, EdD) / or MAT	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

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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 (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.20
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) / or MAT	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 (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	\$ 95.46
MH and SA OP Services	90834	U3-Intern (PhD, PsyD, EdD) / or MAT	Individual Psychotherapy, approximately 45 minutes	\$ 47.98
MH and SA OP Services	90834	U4-Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	\$ 47.26

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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 (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Psychotherapy, 60 minutes	\$ 125.69
MH and SA OP Services	90837	U3-Intern (PhD, PsyD, EdD) / or MAT	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
MH and SA OP Services	90846	UG-Doctor Level (Child Psychiatrist)	Family Psychotherapy (without patient present)	\$ 141.42
MH and SA OP Services	90846	U6-Doctor 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 (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (without patient present)	\$ 101.43

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90846	U3-Intern (PhD, PsyD, EdD) / or MAT	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 (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43
MH and SA OP Services	90847	U3-Intern (PhD, PsyD, EdD) / or MAT	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-Doctor Level (Child Psychiatrist)	Multi-family group psychotherapy	\$ 46.29
MH and SA OP Services	90849	U6-Doctor 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 (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Multi-family group psychotherapy	\$ 27.69
MH and SA OP Services	90849	U3-Intern (PhD, PsyD, EdD) / or MAT	Multi-family group psychotherapy	\$ 17.96
MH and SA OP Services	90849	U4-Intern (Master's)	Multi-family group psychotherapy	\$ 16.50

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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 (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)	\$ 33.12
MH and SA OP Services	90853	U3-Intern (PhD, PsyD, EdD) / or MAT	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 (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.	\$ 23.63
MH and SA OP Services	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.	\$ 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

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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 (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	\$ 59.40
MH and SA OP Services	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	\$ 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
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

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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

Behavioral Health Vendor Contract with MBHP

* See Section 2.7.C.2.e.1 for adjustment to unit cost if using CANS Tool.

Updated by Amendment 2

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
UG-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
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

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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

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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

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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) / or MAT	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

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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
Diversiory 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
Diversiory 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
Diversiory Services	H0037	N/A	Community Psychiatric Supportive Treatment Program, per diem (Community Based Acute Treatment - CBAT)	\$ 719.54
Diversiory Services	H0037	U2-Autism Diagnosis	Community Psychiatric Supportive Treatment Program, per diem (CBAT Autism Speciality)	\$ 1,093.70
Diversiory Services	H2012	+	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	Effective 10/1/23 until further directed by EOHHS: \$28.77 When directed by EOHHS: 101 CMR 307

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Diversiory Services	H2012	U1	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment, preadmission evaluation visit)	Effective 10/1/23 until further directed by EOHHS: \$80.13 When directed by EOHHS: 101 CMR 307
Diversiory Services	H2015	HF-Substance Abuse Program	Recovery Support Navigator – Self-help/peer service by a recovery advocate trained in Recovery Coaching. Rate is in 15-minutes increments.	101 CMR 444
Diversiory Services	H2015	N/A	Comprehensive community support services, per 15 minutes (Community Support Program)	101 CMR 362
Diversiory Services	H2016	HH-Integrated Mental Health/Substance Abuse Program	Effective on the later of October 1, 2021 or the date on which CMS approves these services, comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator trained to support members with justice involvement) (CSP-II)	101 CMR 362
Diversiory 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
Diversiory 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
Diversiory 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
Diversiory Services	H2020	N/A	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$ 26.50
Diversiory Services	H2022	HE-Mental Health Program	Intensive Hospital Diversion Services for Children, per diem	\$ 175.19
Diversiory 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

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Crisis Intervention Services	S9485	<i>ET-Emergency Services; HA-Child/Adolescent Program</i>	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization Per day rate)	101 CMR 305
Crisis Intervention Services	S9485	<i>HB-Adult Program, non-geriatric</i>	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	<i>HE-Mental Health Program</i>	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	<i>HA-Child/Adolescent Program; HE-Mental Health Program</i>	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	<i>U1-MCI - Mobile Non-Emergency Department / or MAT</i>	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
Crisis Intervention Services	S9485	<i>HA-Child/Adolescent Program; U1-MCI - Mobile Non-Emergency Department / or MAT</i>	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
Crisis Intervention Services	S9485	<i>U1-ESP - Mobile Non-Emergency Department / or MAT</i>	Crisis intervention mental health service, per diem (Emergency Service Program Mobile Non-Emergency Department - Uninsured)	\$ 1,024.64
Crisis Intervention Services	S9485	<i>HE-Mental Health Program</i>	Crisis intervention mental health services, per diem (Emergency Service Program Community Based - Uninsured)	\$ 695.29
Other Outpatient	90870	<i>N/A</i>	Electroconvulsive therapy (includes necessary monitoring)	\$ 630.95
Other Outpatient	96112	<i>AH-Doctoral Level (PhD, PsyD, EdD)</i>	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

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
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	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

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Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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-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)	\$ 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 (Independently Licensed Clinicians, Licensed Alcohol and Drug Counselor 1, and Supervised Master's Level Clinicians)	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) / or MAT	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, per diem (Enrolled Client Day) (Certified Peer Specialist)	101 CMR 305
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-ESP - Mobile Non-Emergency Department / 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

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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

MBHP Contract Amendment #2

Final Audit Report

2023-10-04

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