COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

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, Suite 305, Boston, MA 02109-2605	**Business Mailing Address:** One Ashburton Place, 11th 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"): AD001. **(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

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ **Statewide Contract** (OSD or an OSD-designated Department)
- ☐ **Collective Purchase** (Attach OSD approval, scope, budget)
- ☐ **Department Procurement** (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
- ☐ **Emergency Contract** (Attach justification for emergency, scope, budget)
- ☐ **Contract Employee** (Attach Employment Status Form, scope, budget)
- ☐ **Other Procurement Exception** (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

☒ **CONTRACT AMENDMENT**

Enter **Current Contract End Date *Prior*** to Amendment: **December 31, 2027**

Enter **Amendment Amount:** $ no change (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

- ☒ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
- ☐ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
- ☐ **Contract Employee** (Attach any updates to scope or budget)
- ☐ **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): ☒ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions For Human and Social Services ☐ 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.

☒ **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.)

☐ **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: ☒ agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); ☐ 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 3 to MassHealth's Managed Behavioral Health Contract updates/adds financial and other provisions and replaces certain appendices in the Contract effective January 1, 2024.

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

- ☐ 1. may be incurred as of the Effective Date (latest signature date below) and **no** obligations have been incurred **prior** to the Effective Date.
- ☒ 2. may be incurred as of **January 1, 2024**, a date **LATER** than the Effective Date below and **no** obligations have been incurred **prior** to the Effective Date.
- ☐ 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: 12/28/2023

(Signature and Date Must Be Captured At Time of Signature)

Print Name: Sharon Hanson

Print Title: Vice President of Client Partnerships and CEO

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: Zhao Zhang. Date: 12/28/2023

(Signature and Date Must Be Captured At Time of Signature)

Print Name: Zhao Zhang

Print Title: Deputy Medicaid Director

AMENDMENT 3

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

200 STATE STREET, SUITE 305

BOSTON, MA 02109-2605

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 06/29/2023 (Amendment #1); 10/04/2023 (Amendment #2); and

WHEREAS, in accordance with **Section 5.8** of the Contract, EOHHS and the Contractor desire to further amend their agreement effective January 1, 2024, 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 DEFINITION AND ACRONYMS

Section 1.1 is hereby amended by inserting the following definitions in the correct alphabetical order:

Behavioral Health Treatment and Referral Platform – a web-based searchable database that contains up-to-date information on the number of available beds for admission to psychiatric hospitals.

Covered Individual Days – the sum of the number of days each Covered Individual is enrolled with the Contractor.

EOHHS-Certified ENS Vendor – An ENS vendor that is certified by EOHHS under 101 CMR 20.11.

Expedited Psychiatric Inpatient Admission (EPIA) – an escalation protocol for securing placement for individuals in emergency departments awaiting disposition to inpatient psychiatric hospital level of care.

Fast Healthcare Interoperability Resources (FHIR) – FIHR is a next-generation interoperability standard created by the standards development organization Health Level 7 (HL7®). FHIR is designed to enable health data, including clinical and administrative data, to be quickly and efficiently exchanged.

FHIR-based APIs – HL7® FHIR® includes specifications for an API, based on established web standards and modern information exchange that has been extended to create a full interoperability solution for health care.

Health-Related Social Need (HRSN) -The immediate daily necessities that arise from the inequities caused by the social determinants of health. These needs are often defined by a lack of access to basic resources like stable housing, an environment free of life-threatening toxins, healthy food, utilities including heating and internet access, transportation, physical and mental health care, safety from violence, education and employment, and social connection. When they go unmet, Health Related Social Needs not only reduce an individual's ability to take care of their health, but also increase health care costs and lead to avoidable health care utilization.

Query and Retrieve – Or, query-based exchange, refers to the ability for providers to find and/or request information on a patient from other providers, often used for unplanned care.

Specialty Inpatient Psychiatric Service for Children/Adolescents with Neurodevelopmental Disorders – services provided on an inpatient psychiatric unit, licensed by DMH, with specially-trained staff and which primarily provides specialized treatment interventions for supporting the unique needs of children and adolescents with severe behavioral manifestations of Autism Spectrum Disorders (ASD)/Intellectual Disabilities (ID) and co-occurring mental health conditions.

Specialty Inpatient Psychiatric Service for Eating Disorders – services provided on an inpatient psychiatric unit, licensed by DMH, with specially-trained staff and which primarily

provides specialized treatment interventions for supporting the unique needs of youth, adolescents, and adults with an eating disorder diagnosis and severe associated psychiatric and medical needs.

Statewide ENS Framework – An event notification service framework created as a Mass HIway-facilitated service by EOHHS under 101 CMR 20.11.

Section 1.2 is hereby amended by inserting the following acronyms in correct alphabetical order:

API – Application Programming Interface

ENS – Event Notification Service

EPIA – Expedited Psychiatric Inpatient Admission

HRSN – Health-Related Social Needs

Section 2 CONTRACTOR RESPONSIBILITIES

Section 2.6.C.5.a.5 is hereby amended by striking "90" and inserting in lieu thereof "180".

Section 2.6.D.2.e is amended by striking "seven (7) days a week" and inserting in lieu thereof "Mondays through Saturdays".

Section 2.6.D is hereby amended by inserting the following new **Section 2.6.D.12**:

> **"12. Health Related Social Needs (HRSN) Services**
>
> As further directed by EOHHS, the Contractor shall complete tasks associated with implementing HRSN Services into the Contract as Covered Services for Primary Care ACO Enrollees effective Contract Year 2025, including but not limited to:
>
> a. Partnering with PCACOs to support the delivery of HRSN Services for 2025.
> b. In conjunction with the PCACOs, working on the overall design of the HRSN Services including, but not limited to, the services and goods offered, the method of delivery, and the providers utilized to deliver the services, as further specified by EOHHS.

Section 2.6.E is hereby amended by deleting it in its entirety and replacing it with the following two sections:

> "E. In Lieu of Services or Settings (for dates of service through March 31, 2023)
>
> 1. The Contractor may cover the Inpatient Services set forth in **Appendix A-1** delivered in Institutions for Mental Disease (IMD), as defined in Section 1905(i) of the Act, as an in lieu of service or setting for Covered Individuals between the ages of 21 through 64, provided that:

a. The Contractor does not require Covered Individuals to receive services in an IMD;

b. Use of an IMD is a medically appropriate and cost-effective substitute for delivery of the service; and

c. The length of stay for any Covered Individual is no more than 15 days in a calendar month.

2. For any Covered Individual between the ages of 21-64 who received the Inpatient Services set forth in **Appendix A-1** in an IMD for more than 15 days in any calendar month, the Contractor shall:

a. Report to EOHHS, in a form and format and at a frequency to be determined by EOHHS:

1) The Covered Individual's rating category;
2) The length of stay in the IMD in that calendar month; and
3) Any other information requested by EOHHS.

b. As further specified and directed by EOHHS, accept EOHHS' reconciliation of the capitation payment received by the Contractor pursuant to Section 4 and Appendix H-1 for the calendar month in which the Covered Individual received the Inpatient Services set forth in Appendix A-1 in an IMD for more than 15 days.

F. Mental Health Services in IMDs (for dates of service on and after April 1, 2023)

1. The Contractor shall cover the Inpatient Mental Health Services (including Observation/Holding Beds and Administratively Necessary Day Services) for Covered Individuals ages 21-64, Youth and Adult Community Crisis Stabilization, and Community Based Acute Treatment for Children and Adolescents (CBAT) set forth in **Appendix A-1** delivered in Institutions for Mental Disease (IMD), as defined in Section 1905(i) of the Act, for stays of no more than 60 consecutive days.

2. For any Covered Individual who received Inpatient Mental Health Services (including Observation/Holding Beds and Administratively Necessary Day Services) for Covered Individuals ages 21-64, Youth and Adult Community Crisis Stabilization, and Community Based Acute Treatment for Children and Adolescents (CBAT) set forth in **Appendix A-1** in an IMD for more than 60 consecutive days, the Contractor shall:

a. Report to EOHHS, in a form and format and at a frequency to be determined by EOHHS:

1) The Covered Individual's rating category;

2) The length of stay in the IMD; and

3) Any other information requested by EOHHS.

b. As further specified and directed by EOHHS, accept EOHHS' reconciliation of the capitation payments received by the Contractor pursuant to **Section 4** and **Appendix H-1** for period in which the Covered Individual received the Inpatient Mental Health Services (including Observation/Holding Beds and Administratively Necessary Day Services) for Covered Individuals ages 21-64, Youth and Adult Community Crisis Stabilization, and Community Based Acute Treatment for Children and Adolescents (CBAT) set forth in **Appendix A-1** in an IMD for more than 60 consecutive days.

Section 2.7.B.1.c. is hereby amended by striking "90" and inserting in lieu thereof "180".

Section 2.7.B.2.b. is hereby amended by striking "90" and inserting in lieu thereof "180".

Section 2.7.B.5.c. is hereby amended by striking "90" and inserting in lieu thereof "180".

Section 2.7.J.2.c. is hereby amended by striking "90" and inserting in lieu thereof "180".

Section 2.8 is hereby amended by deleting **Section 2.8.C.7** it in its entirety and inserting in place thereof the following: "7. Reserved.":

Section 2.8 is hereby amended by inserting the following new **Sections 2.8.C.12-15**.

"12. The Contractor shall establish and implement policies and procedures to:

a. Enhance interoperability of its health information technology to support the continued evolution of patient clinical data and operational data;
b. Increase utilization of health information exchange services operated or promoted by the Mass HIway (e.g., Direct Messaging, Statewide Event Notification Service Framework).
c. Upon notification by EOHHS that additional Mass HIway services are developed, operated, or promoted (e.g., FHIR-based APIs) establish and implement policies and procedures to increase connectivity to such services and work with its providers to increase their connectivity;
d. Increase its ability to make electronic Health Related Social Needs (HRSN) referrals (e.g., secure email, SFTP, platform integrated into EHRs) and to be able to receive updates from providers providing HRSN supports to Covered Individuals;
e. Increase its ability to participate with the Behavioral Health Treatment and Referral Platform (BHTRP) and to be able to both create and receive updates from providers using the BHTRP to supports to Covered Individuals;
f. The Contractor shall provide documentation of the policies and procedures set forth in this **Section** within 30 calendar days of an EOHHS request;

13. The Contractor shall ensure that its Providers enable and utilize Query and Retrieve functionality that is natively available in the Providers' EHRs (e.g., via the Carequality or Commonwell networks);

14. The Contractor shall ensure it is able to access or receive event notifications from an EOHHS-Certified ENS Vendor participating in the Statewide ENS Framework. The Contractor shall establish and implement policies and procedures for its Providers to integrate such event notifications into appropriate care management or population health management workflows;

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

Section 2.8.F.5 is hereby amended by deleting the last sentence.

Section 2.8.F is hereby amended by inserting a new **Section 2.8.F.9** as follows:

"9. The Contractor shall require its Network Providers of Community-Based Acute Treatment Services and Community Crisis Stabilization that are Institutions of Mental Disease as defined in Section 1905(i) of the Act serving Covered Individuals under the age of 21 to obtain accreditation from a nationally-recognized accreditation agency. The Contractor shall reasonably assist Network Providers in obtaining such accreditation, as further specified by EOHHS."

Section 2.8.F is hereby amended by inserting a new **Section 2.8.F.10** as follows:

"10. Community Behavioral Health Center Clinical Quality and Equity Incentive Program

The Contractor shall:

1. Collaborate with EOHHS and Community Behavioral Health Centers (CBHCs) to implement the Community Behavioral Health Center (CBHC) Clinical Quality and Equity Incentive Program.

2. In return for such CBHCs collaborating with the Contractor, make value-based payments, pursuant to 42 CFR 438.6(c) and as specified by EOHHS, to CBHCs listed in Appendix G, Exhibit 1. The Contractor shall make such payments to such Providers within 14 calendar days of receiving payment from EOHHS."

Section 2.9.B.3 is hereby amended by deleting "For Emergency Department-based Crisis Intervention Mental Health Services-" and inserting in place thereof the following: "Behavioral Health Crisis Services in Acute Medical Settings:"

SECTION 4. PAYMENT AND FINANCIAL PROVISION

Section 4.2.A.9 is hereby amended by deleting it in its entirety and replacing it with the following language:

"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. Such payment is made pursuant to a separate agreement between EOHHS and the Contractor."

Section 4.2.O.1.a is hereby amended by inserting after "treatment" the following: "or crisis stabilization".

Section 4.3.A is hereby amended by deleting **Section 4.3.A.1** in its entirety and inserting in place thereof the following:

"1. EOHHS shall perform the following monthly reconciliations with a lookback period determined by EOHHS and adjust the Estimated Capitation Payment as below:

a. Covered Individuals Who Change Rating Categories During the Payment Months included in the lookback period.

EOHHS shall, in the month following the Payment Months in the lookback period, recover from the Contractor the total Estimated Capitation Payment issued to the Contractor for Covered Individuals who change Rating Categories during any of the Payment Months in the lookback period, and issue pro-rated monthly Estimated Capitation Payments that reflect the actual number of Covered Individual Days in any of the months in the lookback period for each of the affected Rating Categories.

b. Covered Individuals Who Disenroll During the Payment Month

EOHHS shall, in the month following the Payment Months in the lookback period, recover from the Contractor the total Estimated Capitation Payments issued to the Contractor for Covered Individuals who disenroll from the Contractor's Plan during any of the Payment Months in the lookback period, and issue pro-rated monthly capitation payments to reflect the actual number of Covered Individual days in any of the months in the lookback period.

c. Covered Individuals Who Enroll During a Payment Month

For Covered Individuals who enroll in the Contractor's Plan during the Payment Months in the lookback period but after the Estimated Capitation Payment has been issued to the Contractor for any of such Payment Months in the lookback period, EOHHS shall, in the month following the Payment Month, issue pro-rated monthly Estimated Capitation Payments to reflect the actual number of Covered Individual Days with respect to such Covered Individuals for any of the payment months in the lookback period."

Section 4.3 is hereby amended by inserting the following new **Sections 4.3.C and D**:

C. EOHHS shall perform an annual reconciliation of the Estimated Capitation Payment to adjust for any enrollment discrepancies not included in the monthly reconciliations with the lookback period determined by EOHHS. Such annual reconciliations shall account for enrollment discrepancies related to Covered Individuals who have not resided in Massachusetts according to an EOHHS-specified federal report and Covered Individuals who have become deceased. The Contractor shall work with EOHHS to resolve any discrepancies in any calculations;

D. EOHHS shall remit to the Contractor the full amount of any underpayments it identifies pursuant to the reconciliations in this **Section**. The Contractor shall remit to EOHHS the full amount of any overpayments identified by EOHHS. The Contractor shall report any such overpayments to EOHHS within 60 calendar days of when the Contractor identifies the overpayment. Such payments shall be made either through a check or, at the discretion of EOHHS, through recoupment from future capitation and/or reconciliation payments as described in **Section 4**.

1. Overpayments - Overpayments shall constitute the amount actually paid to the Contractor for all Rating Categories in excess of the amount that should have been paid in accordance with EOHHS's reconciliation.

2. Underpayments – Underpayments shall constitute the amount not paid to the Contractor for all Rating Categories that should have been paid in accordance with EOHHS's reconciliation."

Section 4 is hereby amended by inserting the following new **Section 4.12:**

"Section 4.12 Community Behavioral Health Center Clinical Quality and Equity Incentive Program

1. At a frequency to be specified by EOHHS, EOHHS shall pay the Contractor an amount equal to the sum of provider payments described in **Section 2.8.F.10** for the applicable time period.

2. For each Contract Year, EOHHS shall perform an annual reconciliation to correct the amount of payments described in **Section 2.8.F.10**. EOHHS shall remit to the Contractor the full amount of any underpayments it identifies.

APPENDICES

Appendix A-1 is hereby amended by deleting it in its entirety and replacing it with the following **Appendix A-1.**

Appendix E-1 is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix E-1.**

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

Appendix H-1 is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix H-1.**

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

APPENDIX A-1
BEHAVIORAL HEALTH COVERED SERVICES

✓ Denotes a covered service

Service	Coverage Types: 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. Such services include (1) specialized inpatient psychiatric services provided to children or adolescents with neurodevelopmental disorders who have severe behavioral manifestations of Autism Spectrum Disorders (ASD)/Intellectual Disabilities (ID) and co-occurring mental health conditions, and shall be provided in accordance with the MassHealth Acute Hospital Request for Applications (Acute Hospital RFA) and the MassHealth Psychiatric Hospital Request for Applications (Psychiatric Hospital RFA); and (2) for dates of service on or after October 1, 2023, specialized inpatient psychiatric services provided to Enrollees with an eating disorder diagnosis and severe associated psychiatric and medical needs in specialized eating disorder psychiatric settings, and shall be provided in accordance with the Acute Hospital RFA and the MassHealth Psychiatric Hospital Request for Applications (Psychiatric Hospital RFA).	✓	✓	✓		

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**
Diversionary 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 Diversionary 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 Diversionary 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	✓	✓			

	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
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: bio-psychosocial assessment; induction to FDA approved medications for addictions when appropriate, individual and group counseling; psychoeducational groups; and discharge planning. Pregnant women receive specialized services to ensure substance use disorder treatment and obstetrical care. 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.	✓	✓	✓		
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.	✓	✓	✓		
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	✓	✓	✓		

Service	Coverage Types				
	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
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 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	✓	✓	✓		

Service	Coverage Types				
	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
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 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-	✓	✓	✓		

Service	Coverage Types				
	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
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 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					
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. **Specialized CSP Programs:** 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.	✓	✓	✓		

Service	Coverage Types				
	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
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. 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.					
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, 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.	✓	✓	✓		
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	✓	✓	✓		

	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
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.	✓	✓	✓		
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.	✓	✓	✓		

Service	Coverage Types				
	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
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; 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.	✓	✓	✓		
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	✓	✓	✓		

Service	Coverage Types				
	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
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.	✓	✓	✓		
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.	✓	✓	✓		

Service	Coverage Types				
	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
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 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 detoxification treatment and maintenance treatment.	✓	✓	✓		
16. **Ambulatory Withdrawal Management (Level 2WM)** - outpatient services for Members who are experiencing a	✓	✓	✓		

Service	Coverage Types				
	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
serious episode of excessive substance use or withdrawal complications. Ambulatory Withdrawal Management is provided under the direction of a physician and is designed to stabilize the Member's medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of the individual's symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment.					
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.	✓	✓			

Service	Coverage Types				
	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
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.	✓	✓			
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.	✓	✓			
22. **Certified Peer Specialist (CPS) – A service utilizing peers with lived experience in sustained recovery** and wellness while living with mental health conditions and trauma to promote member's empowerment, self-determination, self advocacy and resiliency. CPSs, employed by CBHCs and CMHCs, are specially trained and certified to support members in their goals and empower their decision making regarding their recovery.					
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	✓				

Service	Coverage Types				
	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
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.					
2. **Intensive Care Coordination:** a service that provides targeted case management services to individuals under 21 with a Serious Emotional Disturbance including individuals with co-occurring conditions. This service includes assessment, development of an individualized care plan, referral and related activities to implement the care plan and monitoring of the care plan.	✓				
3. **In-Home Behavioral Services** – this service usually includes a combination of behavior management therapy and behavior management monitoring, as follows: 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. 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	✓				

Service	Coverage Types				
	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
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.					
4. **In-Home Therapy Services** - This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows: 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 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. 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.	✓	✓			
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	✓				

Service	Coverage Types				
	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
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.					
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)					
1. AMCI Encounter - each AMCI Encounter shall include at a minimum: crisis assessment, intervention and stabilization. AMCI also includes up to 72 hours of follow up for coordination of care, continued stabilization activities and interventions to stabilize members in the community. **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. Behavioral Health Crisis Evaluation Services in Acute Medical Setting - 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	✓	✓	✓	✓	

Service	Coverage Types				
	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
presenting to the ED in a behavioral health crisis. Elements of crisis evaluations include: 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. b. Crisis Interventions: Observation, treatment, and support to individuals experiencing a behavioral health crisis. 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. d. Reporting and Community Collaboration: Required reporting of individuals awaiting inpatient psychiatric hospitalization and the establishment of referral relationships with community providers. These services shall be provided in accordance with the Acute Hospital RFA. 4. **Behavioral Health Crisis Management Services in Acute Medical Settings - crisis** management services provided in medical and surgical inpatient and emergency department settings include ongoing crisis interventions, ongoing determination and coordination of appropriate disposition, and ongoing required reporting and community collaboration activities. Elements of crisis management include: 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.					

Service	Coverage Types				
	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. Ongoing required reporting and community collaboration These services shall be provided in accordance with the Acute Hospital RFA.					
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. **Specialing -** 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 E-1

PROGRAM REPORTING REQUIREMENTS

This Appendix summarizes the programmatic reporting requirements described in the Contract. In accordance with **Section 2.14** of the Contract, the Contractor shall submit the report and corresponding Certification Checklist of all reports/submissions listed in **Appendix E** within the timelines specified herein.

For reports that have a performance target, the Contractor shall complete a narrative that includes the results, an explanation as to how the Contractor met the target or why it did not meet the target, and the steps the Contractor is taking to improve performance going forward.

The Contractor shall provide all reports in the form and format specified by EOHHS and shall participate with EOHHS in the development of detailed specifications for these reports. These specifications shall include benchmarks and targets for all reports, as appropriate. Targets shall be changed to reflect improvement in standards over time.

All exhibits referenced herein pertain to **Appendix E**, unless otherwise noted. Such exhibits set forth the form and format the Contractor shall use for each report. These exhibits shall be provided to the Contractor and may be updated by EOHHS from time to time, without a Contract amendment. EOHHS shall notify the Contractor of any updates to the exhibits.

The Contractor shall prepare and submit to EOHHS the reports described in this Appendix, as well as ad hoc reports that may be requested by EOHHS. General requirements for report submissions, including instructions on formatting and data handling, are set forth in **Section 2.14** of the Contract. In the event of any inconsistency between the descriptions in this Appendix and the provisions in the Contract, the Contract controls.

Reporting Timetables

The Contractor shall provide reports to EOHHS according to the following timetable, unless otherwise specified or approved by EOHHS. All references to "annual" or "year-to-date" reports or data refer to the Contract Year, unless otherwise specified.

Reportable Adverse Incidents – Use secure e-mail system to send Reportable Adverse Incident reports to EOHHS by 5:00 p.m. (Eastern Time) on the same day that the Contractor receives Reportable Adverse Incident notification by 3:00 p.m. on a business day, in accordance with the established protocol. Submit Reportable Adverse Incident reports to EOHHS by the next business day if the Contractor receives Reportable Adverse Incident notification after 3:00 p.m. or on a non-business day, in accordance with the established protocol, unless otherwise approved by EOHHS.

Daily Reports – no later than 5:00 p.m. on the next business day following the day reported.

Weekly Reports – no later than 5:00 p.m. the next business day following the week reported.

Monthly Reports – no later than 5:00 p.m. on the 20th day of the month immediately following the month reported for non-Claims-based reports; Claims-based reports will allow for a 90-day Claims lag. If the 20th of the month falls on a non-business day, the reports will be due on the next business day. Monthly reports due October 20, January 20, April 20, and July 20 may be submitted with quarterly reports.

Quarterly Reports – no later than 5:00 p.m. on the 30th day of the month following the end of the quarter reported, for non-Claims-based reports, i.e., October 30, January 30, April 30, and July 30; or, if the 30th of the month falls on a non-business day, the next business day. Quarterly reports due January 30th will be submitted on February 15th and July 30th will be submitted August 15th. Claims-based reports shall allow for a 90-day Claims lag and report time, so that, for example, reports due on October 30th will present data for service dates for the quarter from April-June.

Semiannual Reports – no later than 5:00 p.m. on the 30th day following the end of the semiannual period reported, for non-Claims-based reports, i.e., January 30 and July 30; or, if the 30th of the month falls on a non-business day, the next business day. Semiannual reports are due August 30th for January – June. Reports due February 15th are for July – December. Claims-based reports shall allow for a 90-day Claims lag, so that, for example, the report due on January 30th will present data through September 30th.

Annual Reports – no later than 5:00 p.m. on February 15th or, if February 15th falls on a non-business day, the next business day. Claims-based annual reports will allow for a 90-day Claims lag, so data due on February 15th will be for Claims no later than September.

One-time, Periodic, and Ad Hoc Reports – no later than the time stated, or as directed by EOHHS.

Reportable Adverse Incidents

1. **BEHAVIORAL HEALTH REPORTABLE ADVERSE INCIDENTS AND ROSTER OF REPORTABLE ADVERSE INCIDENTS – DAILY INCIDENT DELIVERY REPORT – BH-01**

   Report of Reportable Adverse Incidents that comes to the attention of the Contractor.

One-time, Periodic and Ad Hoc Reports

2. **AUTHORIZATION REPORTS FOR CBHI SERVICES – BH-N/A**

   Summary report of authorizations units of services requested, approved and denied for CBHI Services.

3. **NETWORK PROVIDER PROTOCOLS**

   The Contractor shall notify EOHHS when it terminates a Provider within three (3) business days of such termination.

4. **ADDITIONAL REPORTS AND REPORTING ACTIVITIES (FOR PCC PLAN)**

The Contractor shall produce additional PMSS reports, including but not limited to analysis of trends identified from PMSS data, data and analytics on population health management, and other supplemental and management reports that support quality and integration activities as negotiated by the parties.

5. **PROVIDER AND PCC QUALITY FORUMS**

   The Contractor shall provide a summary report on each series of quality forums described in **Section 2.13**. The report shall include, at a minimum, information on the number and type of attendees (profession and practice name), the location, the presentation topic and responses from attendees regarding the quality of the program presented. The report shall be submitted within 30 days after the last session of a forum series.

6. **PCC CLINICAL ADVISORY COMMITTEE**

   The PCC Clinical Advisory Committee shall report on minutes to the meeting and provide follow-up on action items established.

7. **BEHAVIORAL HEALTH URGENT CARE – AD HOC REPORTS**

   Provide any Behavioral Health Urgent Care ad hoc reports further specified by EOHHS.

8. **FRAUD AND ABUSE NOTIFICATION (WITHIN 5 BUSINESS DAYS) AND ACTIVITIES**

   Fraud and Abuse ad-hoc notification for overpayments related to suspected fraud.

9. **NOTIFICATION OF FOR-CAUSE PROVIDER SUSPENSIONS AND TERMINATIONS (WITHIN 3 BUSINESS DAYS)**

   Ad-hoc notification of for-cause provider suspensions and/or terminations of the Provider's contract with the Contractor.

10. **NOTIFICATION OF PROVIDER OVERPAYMENTS (WITHIN 5 BUSINESS DAYS)**

    Overpayment ad-hoc notification of provider overpayments unrelated to suspected fraud.

11. **SELF-REPORTED DISCLOSURES**

    Ad-hoc notification of provider self-reported disclosures of overpayments.

12. **RESPONSE TO OVERPAYMENTS IDENTIFIED BY EOHHS REPORT**

    Response to overpayments identified by EOHHS in response to EOHHS ad-hoc notifications of overpayments identified by EOHHS.

13. **AGREED UPON OVERPAYMENTS COLLECTION REPORT**

    Agreed upon overpayments collection report in response to EOHHS ad-hoc notification of overpayments identified by EOHHS.

Daily Reports

14. **DEPARTMENT OF MENTAL HEALTH (DMH) DAILY ADMISSIONS – BH-17**

    Report of DMH Clients who were admitted to Behavioral Health 24-hour Level-of-Care services. (Report provided to DMH.)

15. Covered Individuals Boarding in Emergency Departments or on Administratively Necessary Days (AND) Status – BH-26

Report on any Covered Individuals awaiting placement in a 24-hour level of behavioral health care that remains in an emergency department for 24 hours or longer, as further specified by EOHHS. For AND Report, report on any Covered Individuals in AND status as described in **Appendix A-1,** in a format agreed to by EOHHS.

Weekly Reports

16. CBHI Access Reporting

Ensure that the Behavioral Health Service Access System is updated at least once a week for CBHI Services (ICC, IHBS, TM, and IHT) to show access and availability. CBHI Service reporting must be available to the public on the system.

Monthly Reports

17. CBHI Services Provider Monitoring Reports – BH-N/A

a. Provider access reports: Aggregated by Region and by service – including In-Home Therapy, Therapeutic Mentoring and In-Home Behavioral Services.

"MABH Access (Availability and Waitlist Report)- IHT": Self-reported provider-level data

"MABH Access (Availability and Waitlist Report)- TM": Self-reported provider-level data

"MABH Access (Availability and Waitlist Report)- IHBS": Self-reported provider-level data

"Provider Detail Report": Summary of IHT/IHBS/FST/TM providers by region

b. Provider access reports: Provider-specific data on capacity, access and wait times for In-Home Therapy, Therapeutic Mentoring and In-Home Behavioral Services.

"IHT/TM/IHBS Monthly Provider Report and Addendum: Self-reported by providers. Provider-level data on availability of services inclusive of data on total capacity, slots, available and total youth waiting.

"Waitlist F/U Report": Provider detail on the follow-up providers have with clients on the waiting list. Contractor gathers this detail through phone calls to providers and manually produces the report.

c. CSA Monthly Provider-level report and CSA waitlist follow-up report, Provider-specific. (due on the 30th of each month)

"CSA Monthly Provider Report": Self-reported by CSAs. Includes data on members being served, total # members waiting, waiting by # days, average length of time from request to start of service

"CSA Waitlist Follow-up Report": Self-reported by CSAs. Includes provider-level data on youth waiting for service for CSAs with waitlists inclusive of total # of youth waiting and youth who started the service at the time of the follow-up call from Contractor.

d. MCI Provider-level report on timeliness of encounter and location of Encounter.

"MCI Monthly Provider Report": Includes the # of encounters, average response time in minutes, and percentage of encounters with responses less than 30 minutes

18. CSA Reported and Aggregated Data – BH-N/A (Monthly)

CSA-reported data on referrals, discharges, enrollment and staffing, as described in CSA Operations Manual.

"MCI Referral to ED" : Provides source of referral to ED for MCI services as reported in the encounter data.

"IHT Response Time": Average time to first IHT appointment.

"CARD Report": A graph which represents the number of youth awaiting discharge from a BH acute hospital or diversionary level of care. Includes the number of youth awaiting discharge on the last day of each month of the fiscal year.

"Monthly Bed and Boarding Report": A chart which outlines the number of youth involved with Contractor awaiting inpatient hospital placement and the number of available inpatient beds.

"TCU Report": Count of the number of youth covered by Contractor who are in a Transitional Care Unit as of the last day of the month.

19. CBHC Reports – BH-N/A

CBHC Monitoring reports to be developed with the Contractor based on CBHC performance specifications, including on all services provided by CBHCs. Reports to be developed with the Contractor shall include services provided by CBHCs to Uninsured Individuals, persons covered by Medicare only, and Individuals without Mobile Crisis Coverage.

20. Provider Concerns Report – BH-27

Report of all concerns reported by Network Providers stratified by PCC Network Providers and BH Network Providers.

"Provider Concern Report Month YYYY": Includes a summary about: whether the concern regards Contractor, the provider, or MassHealth; reason category and subcategory (quality of service, quality of care, access to care, billing/finance, or other issues); concern resolution type; an analysis of concerns; and management actions/next steps

21. PCC and BH Networks Site Visit Report – BH-29

Report of BH Network and PCC site visits, which includes but is not limited by the requirements of **Sections 2.8.H and 2.19.C**, respectively.

"Appendix E Report "PQM Site Visit Report

22. PCC Plan Support Services Report – BH-30

Report of PCC Plan Support deliverables.

"Month YYYY Plan Support Services Report": Comprehensive summary of the activities related to the PCC Plan Support Services Program including site visits, internal and external meetings, related data

23. CARE MANAGEMENT REPORT – BH-N/A

Report of all Care Management, Integrated Care Management and Practice-Based Care Management, which includes but is not limited to the requirements found **in Section 2.5.A-H** in a form and format to be determined by EOHHS and the Contractor.

"ICMP PBCM": Excel sheet detailing count and percentage

"ICMP PBCM Narrative": Details engagement, disenrollment, high-risk identification, noticeable changes, opportunities for improvement, interventions/next steps for ICMP and PBCM

24. CARE MANAGEMENT – PBCM REPORT

The Contractor shall calculate and report on the number of Participants in Practice Based Care Management on a monthly basis.

25. DATA GATHERING AND REPORTING CAPACITY IN THE MASSACHUSETTS BEHAVIORAL HEALTH ACCESS (MABHA) WEBSITE

Deliver to EOHHS and DMH: (1) a monthly progress report on the Contractor's progress toward implementing the efforts described in **Section 2.10.E.**

26. CLAIMS PROCESSING REPORT

Behavioral Health Claims processed, paid, denied, and pending per month.

"Denied Claims": Summarizes the number of claims and claim dollars by denial reasons

"Pended Claims": Summarizes the number of claims and claim dollars by pend reasons

"Claims Activity": Summarizes claims received and paid/denied/pended, an analysis, and action items/next steps

"253A": Pie chart describing percentage of claims denied, paid, and pended every month

"253B": Pie chart describing percentage of claims denied, paid, and pended for the year

"253C": Pie chart describing percentage of claims denied, paid, and pended from 2023

Quarterly Reports

27. TELEPHONE STATISTICS – BH-19

Report including a separate section for clinical calls and Provider and Covered Individual services calls that includes the number of calls, received, answered and abandoned, as well as the measures of Contract performance standards on calls answered within 30 seconds, and average speed of answer.

28. CANS COMPLIANCE: – BH-14

CANS Compliance. This report is required when CANS data is made available through the Virtual Gateway

"BH-14 CANSCompliance_by_LOC": Summary of members receiving outpatient/ICC/IHT in time frame, with CANS assessment marked with appropriate LOC, and compliance rate and summary of members receiving discharges for CBAT and inpatient, number of discharges with CANS assessment with appropriate LOC, and compliance

29. Behavioral Health Clinical Operations/Inpatient and Acute Service Authorization, Diversions, Modification and Denial Report – BH-13

Summary report on authorizations, diversions, modifications, and service denials of mental health inpatient services and substance use disorder acute services. In addition, summary report of number of:

- Covered Individuals enrolled in PACT;
- Covered Individuals enrolled in PACT who assessed psychiatric inpatient level of care;
- Covered Individuals enrolled in PACT who assessed Crisis Stabilization Services; and
- Covered Individual's enrolled in PACT who assessed Community Crisis Stabilization.

30. Behavioral Health Clinical Operations and Acute Service Authorization, Diversions, Modification and Denial Report (ABA) – BH-08

Summary report on ABA authorizations, diversions, modifications, and service denials.

"ABA Clinical Ops Data and Graphs"

"ABA Clinical Ops"

31. Substance Use Disorder Clinical Ops/Inpatient Authorization Report – BH-23

Substance Use Disorder Clinical Operations/Inpatient & Acute Service Authorization Modification and Denial Report

"BH SUD Clinical Ops Quarterly Q#_CYYYYY": Includes the number of notifications and continued stayed requests as well as the number of continued stay requests approved, modified, or denied. Timeliness is also reported

32. Massachusetts Consultation Service for the Treatment of Addiction and Pain (MCSTAP)

Quarterly summary (stratified by months and year to date) including Total Consultation, % of Substance Use Disorder (SUD), % of Chronic Pain, % of SUD and Chronic Pain, % of Chronic Pain and Mental Health, and SUD and Mental Health.

33. Behavioral Health Utilization and Cost Report – BH-15

A summary of Behavioral Health costs and utilization.

34. BH Provider Network Access and Availability Reports: – BH-18

a. Summary of significant changes in the Provider Network (including, but not limited to: changes in MassHealth Covered Services; enrollment of a new population in the Contractor's plan; changes in benefits; changes in Network Provider payment methodology).

b. BH Network geographic access.

c. Use of Out-of-Network Providers.

d. Appointment time availability standards.

e. Secret shopper report

Through these five reports, the Contractor must demonstrate that it 1) maintains a Provider Network that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of Covered Individuals in each of the State's regions; and 2) offers an appropriate range of specialty services that is adequate for the anticipated number of Covered Individuals in each of the State's regions.

"7175 BH Practitioners": Includes 7 provider maps, access summaries by city, and access details by city. Psychiatrists, psychologists, LCSW, LMFT, licensed mental health counselors, and registered nurse clinical nurse specialists.

"Geo Access Report": Summarizes geo-access standards for inpatient and outpatient services and whether or not they are incompliance with those standards

"7174 BH Facilities": Includes 3 provider maps, access summaries by city, and access details by city. Inpatient, outpatient, and group

"3556_BH_ORA": Provider and service changes for the PCC plan, ACO, and Managed Behavioral Health Plan

"Provider Changes": Additions, deletions, and changes to the Provider Network within the previous quarters with a focus on practitioners and facilities

"Use of Out of Network Providers Report": OON providers who provided services to Covered Individuals for BH Services and are located out-of-state and those who provided services to Covered Individuals due to linguistic/cultural needs, geographic issues, and specialty needs

35. EC - MASSACHUSETTS CHILD PSYCHIATRY ACCESS PROJECT REPORT – BH-N/A

Report of early childhood BH Encounters by MCPAP Providers statewide stratified by months and year to date **(Section 2.6.D.2.f-j).**

36. QUARTERLY MCPAP PROGRAM UTILIZATION, STRATIFIED BY MONTH

Other program utilization data elements that may be identified by EOHHS and DPH.

"MCPAP Activity 3Yr Trending": Includes aggregate counts, activity by team (BH advocacy, face-to-face, phone, practice education, and resource-referral), and activity for ASDID for MCPAP team.

"MCPAP Utilization Report with ASD": Includes utilization summaries by region, by region and practice, and by practice and provider type for ASD.

37. MCPAP Average Encounter

Average number of encounters per unduplicated Covered Individuals by month, by ASD-ID for MCPAP Behavioral Team and Statewide Physician Consult Team.

38. MCPAP Quarterly Encounter

For each ASD-ID for MCPAP Behavioral Team and Statewide Physician Consult Team: number of encounters by type of encounter by month, diagnosis, reason for contact, and insurance status of the child. For ASD-ID for MCPAP Behavioral Team and Statewide Physician Consult Team, must include location of individual (e.g., home, school, emergency department, community-based behavioral health provider), the email address of the individual/ family, name of the AMCI/YMCI Team or ED seeking consult, and patient demographic data including race, ethnicity, and primary language. Quarterly and annual reports should show quarterly trends in number of encounters by type of encounter for three years.

39. MCPAP Quarterly Unduplicated Count

For each ASD-ID for MCPAP Team (i.e., Boston North, Boston South, and Central/West), Site/Institution, and statewide ASD-ID for MCPAP Behavioral Team and Statewide Physician Consult Team: unduplicated monthly count of Covered Individuals served, by type of encounter and insurance status of the Covered Individual. Quarterly and annual reports should show quarterly trends in number of Covered Individuals served for three years.

40. MCPAP Quarterly Response Time

For each ASD-ID Behavioral Team and ASD-ID Statewide Physician Consult Team, percentage of providers that receive advice within 30 minutes of their contact (for those providers that do not request call back later than 30 minutes) stratified by month.

41. MCPAP and ASD-ID Appointment Availability

For each ASD-ID team, the wait time for the first and next available appointments for face-to-face assessment with a MCPAP psychiatrist or with a MCPAP Behavioral Health clinician, stratified by month. If an ASD-ID team fails to meet one or both of the wait time standards described in **Section 2.6.D.2.e.** for three consecutive months, the Contractor shall submit a report detailing the reasons why they are unable to meet the standards. The report must describe the number of face to face visits completed by each institution, reason for assessments, and the age, gender, diagnoses, and insurance coverage of children receiving the assessments.

43. EC-MCPAP and ASD-ID Outreach and Training

The number of outreach and training activities for MCPAP providers including:

1. Number and type of outreach and training activities conducted by ASD-ID for AMCI/YMCI teams and EDs as in **Section 2.6.D.2.f.6**. Number, if known, of individuals reached. Number of public awareness activities conducted by ASD-ID for families of individuals with ASD/IDD, pediatric providers, staff at Autism Support Centers, and parent resource groups, or other stakeholders on topics described in **Section 2.6.D.2.f.7.** Number, if known, of individuals reached.

2. Number and type of outreach and training activities conducted for EC-MCPAP

44. PHARMACY QUARTERLY ACTIVITIES REPORT

The pharmacy director's quarterly activities report to EOHHS on pharmacy-related activities as described in **Section 2.6.D.1.a.6.**

45. CSA REPORTED AND AGGREGATED DATA (QUARTERLY)

"**IHT Key Indicator**": Includes the percentage of enrollees who use TT&S, percentage of enrollees who receive services from a MA clinician, percentage of enrollees using other LOC, and average units billed per month

"**IHBS Key Indicator**": Includes the total youths enrolled by age group, enrollment by Hub type, number of enrollees receiving services by either a MA or BA-level clinician. Point-in-time data.

"**TM Key Indicator**": Includes the total youth enrolled by age group and enrollment by Hub type. There are three different versions of the report based on provider enrollment size.

"**MCI Key Indicator**"**- Statewide**: Displays data on the number of distinct MCI encounters, the number of encounters occurring in the community, average response times, and the percent of MCI encounters resulting in an inpatient admission.

"**MCI Key Indicator**"**- Provider Level**: Displays data by provider-level on the number of distinct MCI encounters, the number of encounters occurring in the community, average response times, and the percent of MCI encounters resulting in an inpatient admission.

46. PAYMENT SUSPENSION

Notification of payment suspensions for a provider.

Semi-Annual Reports

47. BOH APPEALS REPORT – BH-N/A

A report that includes but is not limited to, for each category of Adverse Action, the number, nature, resolution and time frame for resolution of BOH Appeals, stratified by level of Appeal, Region, and Level of Care.

48. GRIEVANCE AND INTERNAL APPEALS REPORT – BH-22

A report on the number of Grievances and Internal Appeals, including the type of Grievance or Internal Appeal, type of resolution, and the timeframe for resolution. Includes analysis and next steps.

49. COORDINATION OF BENEFITS/THIRD-PARTY LIABILITY REPORT – BH-N/A

a. Third-party health insurance cost avoidance Claims amount, by carrier

b. Third-party health insurance total recovery savings, by carrier.

"Coordination of Benefits": Contractor's actual savings via Third Party Insurance Benefit Coordination and the actual cost of avoidance via the denial of claims

"TPLSAV": Savings amounts per month

"353_ORA": Historical list of savings

"4669_ORA": Quarterly report of total claim lines and total claimed

"5630_ORA": Monthly payment timeliness report including total claims, average days for payment, SD days for payment, and #/% claims paid within 30 days

50. CSA REPORTED AND AGGREGATED DATA

"Wraparound Fidelity Index": Set of four interviews that measure the nature of the wraparound process that an individual family receives to measure fidelity to principles.

"Team Observation Measure": Observation of care planning team meetings by supervisors to assess adherence to standards of high-quality wraparound.

51. SUMMARY OF PROVIDER OVERPAYMENT – PI-05 (SEMI-ANNUAL)

Detailed summary of provider overpayments (cover letter with instructions and template to be provided by EOHHS).

Annual Reports

52. NETWORK MANAGEMENT STRATEGIES REPORT – BH-N/A

A summary description of the Contractor's network management strategies and activities related to access, appropriateness of care, continuity of care, cost efficiency, and treatment outcomes; including an analysis of the effectiveness of the Contractor's strategies and activities; and the Contractor's plans for implementing new strategies or activities.

53. BEHAVIORAL HEALTH ADVERSE INCIDENT SUMMARY REPORT – BH-02

Summary report of Reportable Adverse Incidents. Incidents are categorized by sentinel, major, moderate, and minimal. Report includes graphs and an analysis of the incidents along with action items/next steps.

54. BEHAVIORAL HEALTH AMBULATORY CONTINUING CARE RATE – BH-04

Report of Outpatient Services or non-24-hour Diversionary Services a Covered Individual receives after being discharged from a 24-hour Level of Care service.

55. BEHAVIORAL HEALTH READMISSION RATES REPORT – BH-03

Report of the number and rate of readmissions to 24-hour Level of Care within 7, 30, 60 and 90 days of discharge from a 24-hour Level of Care setting, stratified by type of service, DMH involvement, PCC Plan enrollment, and age.

56. BEHAVIORAL HEALTH URGENT CARE PROGRAM – ANNUAL REPORT

Annual analysis and summary of the Behavioral Health Urgent Care Member Experience Survey.

57. PAY FOR PERFORMANCE INCENTIVE REPORTING – BH-N/A

Report on selected Pay-for-Performance measures, as defined in **Appendix G**.

58. SATISFACTION SURVEY SUMMARY – BH-32

Periodic reports as described in **Section 2.13.F.5.d-f** due within 60 calendar days following the end of the survey period, the results and analysis of the findings report of satisfaction survey conducted with Network Providers, PCCs, and Covered Individuals.

59. MEDICAL RECORDS REVIEW REPORT – BH-11

Report that includes requirements found in **Section 2.13.B.3** as will be developed by EOHHS and Contractor.

60. PCC PLAN MANAGEMENT SUPPORT SERVICES REPORT – BH-33

Summary report of PMSS activities and integration efforts for the previous Contract Year that includes efforts to enhance integration and PCC health delivery, goals, and results as required by but not limited to **Section 2.19A.**

61. PCC COMPLIANCE WITH PCC PROVIDER AGREEMENT – BH-34

Report of PCCs' compliance with the PCC Provider Agreement as required by but not limited to **Section 2.19.B.**

62. PROVIDER PREVENTABLE CONDITIONS – BH-N/A

Report on Provider Preventable Conditions as required in **Section 2.15.E.**

63. QUALITY MANAGEMENT PLAN FOR BH MANAGEMENT

The Contractor must submit a single plan, on an annual basis, that defines the quality management program, details the Contractor's quality activities, and provides for self-assessment of the Contractor's responsibilities under the Contract, as required by **Section 2.13.F**.

64. QUALITY MANAGEMENT PLAN FOR PCC PLAN MANAGEMENT SUPPORT SERVICES

The Contractor must submit a single plan, on an annual basis, that reflects the Contractor's organizational QM philosophy and structure and includes PCC Plan Management Support Services-related activities, as required in **Section 2.13.G.1**.

65. NETWORK PROVIDER SATISFACTION SURVEY

Assessment and analysis of Network Provider satisfaction with the Contractor's administration and management of the BHP and Care Management Program stratified by Provider type and specialty, at least biennially as required in **Section 2.13.F.5**.

66. PCC PROVIDER SATISFACTION SURVEY

Assessment and analysis of PCC satisfaction with the Contractor's administration and management of the BHP, PCC Plan Management Support Services, and the Care Management Program stratified by Provider type and specialty, at least biennially as required in **Section 2.13.F.5**.

67. COVERED INDIVIDUAL SATISFACTION SURVEY

Assessment and analysis of Covered Individual's satisfaction with the Contractor, at least biennially as required in **Section 2.13.F.5**.

68. MOBILE CRISIS INTERVENTION/RUNAWAY ASSISTANCE PROGRAM (MCI/RAP) OUTCOME AND OUTPUT MEASURES REPORT- BH-N/A

An annual summary report on outcomes and outputs related to the MCI/RAP which includes but is not limited to the requirements found in **Section 2.7.I.5.71.**

69. PCC PLAN MANAGEMENT SUPPORT SERVICES TRAINING – BH-35

Summary of activities related to the approved plan for training and enhancing staff performance on all functions associated with the PCC Plan Management Support Services; and the results of training on staff performance.

70. MCPAP TEAMS

Composition of MCPAP Teams for ASD-ID for MCPAP including staffing and their FTEs (Full Time Equivalents).

"FTE YYYY"

71. MCPAP ANNUAL ENCOUNTERS

For ASD-ID for MCPAP Behavioral Team and Statewide Team: number of encounters by type of encounter, diagnosis, reason for contact, and insurance status of the child. For ASD-ID for MCPAP Behavioral Team and Statewide Physician Consult Team, must include location of individual (e.g., home, school, emergency department, community-based behavioral health provider), the email address of the individual/ family, name of the AMCI/YMCI Team or ED seeking consult, and patient demographic data including race, ethnicity, and primary language. Quarterly and annual reports should show quarterly trends in number of encounters by type of encounter for three years.

"MCPAP Encounter Report"

72. MCPAP ANNUAL UNDUPLICATED COUNT

For ASD-ID for MCPAP Behavioral Team and Statewide Team: unduplicated count of Covered Individuals served, by type of encounter and insurance status of the Covered Individual. Quarterly and annual reports should show quarterly trends in number of Covered Individuals served for three years.

"MCPAP FYXXQX Insurance Report"

"MCPAP Unduplicated Mbrs 3Yr Trending": Chart showing unduplicated members served overall and by team

73. ASD-ID FOR MCPAP CHILDREN CONSULTATION

For each ASD-ID for MCPAP Behavioral Team and Statewide Physician Consult Team, the number of children and young adults whom AMCI/YMCI teams or EDs request consultation for at least two or more times during the contract year (i.e., episodes of care). This episode report must describe the demographics of the patient (e.g., age, gender, diagnoses, insurance, race, ethnicity, primary language, etc.), type and average number of encounters provided to AMCI/YMCI or ED and family (if relevant), reasons for consultation, type of intervention advised/ provided, and outcome of consultation.

74. MCPAP ANNUAL PROVIDER EXPERIENCE SURVEY

Results of annual Provider Experience Surveys for ASD-ID for MCPAP.

75. COMMUNITY SUPPORT PROGRAM – CHRONICALLY HOMELESS INDIVIDUALS (CSP-CHI)

Provide annually the Community Support Program – Chronically Homeless Individuals (CSP-CHI) report as specified by EOHHS.

76. COMMUNITY SUPPORT PROGRAM – CHRONICALLY HOMELESS INDIVIDUALS (CSP-TPP)

Provide annually the Community Support Program – Tenancy Preservation Program (CSP-TPP) report as specified by EOHHS.

77. MATERIAL SUBCONTRACTORS

Submit annually to EOHHS a list of all Material Subcontractors. Such annual report shall include notification if any of its Material Subcontractors are certified Minority Business Enterprises. The Contractor shall submit an updated list at least 30 days in advance of any changes to the list or as otherwise directed by EOHHS.

78. CBHC ADMINISTRATIVE OVERSIGHT

The Contractor shall develop an annual report that tracks utilization of Massachusetts Behavioral Health Access System and other data as agreed to by other parties.

79. CSA REPORTED AND AGGREGATED DATA

"Wraparound Fidelity Index": Set of four interviews that measure the nature of the wraparound process that an individual family receives to measure fidelity to principles.

"Team Observation Measure": Observation of care planning team meetings by supervisors to assess adherence to standards of high-quality wraparound.

80. QUALITY MANAGEMENT FOR PCC PLAN MANAGEMENT SUPPORT SERVICES

The Contractor shall create and implement a single, comprehensive Quality Management plan, and this plan should include an annual retrospective QM activities report based on the previous year's QM plan, which the Contractor shall prepare and submit to EOHHS for approval within the first month of each Calendar Year.

81. SUMMARY REPORT OF FOR-CAUSE PROVIDER SUSPENSIONS AND TERMINATIONS

Annual summary report of for-cause provider suspensions and/or terminations of the Provider's contract with the Contractor

82. PROGRAM INTEGRITY COMPLIANCE PLAN, AND ANTI-FRAUD, WASTE AND ABUSE PLAN

Program Integrity compliance plan and anti-fraud, waste and abuse plan.

APPENDIX G
MANAGED BEHAVIORAL HEALTH VENDOR QUALITY & EQUITY INCENTIVE PROGRAM (MBHV-QEIP)

Effective Calendar Year 2024

Introduction

The performance-based quality and equity incentive program (QEIP) for the managed behavioral health vendor (MBHV) Contractor for Calendar Year 2024 (henceforth referred to as CY24) is summarized below. The summary includes strategic goals, methodology, 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 goals. The measure of the Contractor's success for each performance-based incentive is described in detail below. The Contractor shall only be paid the single amount calculated for each measure based on the measurement methodologies, and not to exceed the maximum annual incentive for each performance incentive.

I. Incentive 1, Quality Incentive Program

The maximum incentive payment for CY24 for Incentive 1 is $1,500,000.

Measure 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 CY24, the Contractor shall refer to the technical measure specifications for HEDIS 2024. For all non-HEDIS measures, the Contractor shall follow the 2024 technical specifications for each measure steward identified by EOHHS. For CY24, EOHHS has 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 (CY23-27). 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.

Methodology

The Contractor shall assess their performance for CY24 on the measures outlined below. Goals for each measure have been set for a five-year period (CY23-CY27) and a modified gap-to-goal analysis will determine the improvement targets for each of the five performance 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 CMS Adult Core Set Measure, EOHHS has used 2022 data for the benchmarks outlined below. For the HEDIS and IPFQR measure, the Contractor shall calculate its performance for CY23, which shall serve as the base year performance for the purpose of improvement goal calculation for CY24. The Contractor shall receive two thirds of the maximum eligible incentive ($1,000,000) at the end of CY24, with the last one third ($500,00) reserved for reconciliation of the final CY24 performance calculation, to be conducted by the end of Q2 2025 when all claims from calendar year 2024 can be reviewed. Data should be stratified by PCC members, Primary Care ACO, and other.

Performance Assessment Methodology

In CY24, 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 (5 x 10= 50). 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.

Measures

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%	$1,500,000
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]	74%	81%	1%	

1= HEDIS Measure (or subset); Contractor to use HEDIS Technical Specifications
2= CMS IPFQR Measure; Contractor to use CMS IPFQR Technical Specifications
3= CMS Adult Core Set Measure; Contractor to use CMS Technical Specifications

II. Incentive 2, Equity Incentive Program

The maximum incentive payment for CY24 for Incentive 2 is $1,500,000.

Background and Overview of the Managed Behavioral Health Vendor Quality Incentive Program

1. Overview of Statewide Approach to Advance Healthcare Equity

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 including but not limited to MassHealth's Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (together "ACOs"), Managed Behavioral Health Vendor (MBHV), and acute hospitals.

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.

2. Scope of this PY2-5 Implementation Plan for the MBHV Equity Incentive Program

This MBHV Equity Incentive Program (MBHV-EIP) Implementation Plan provides additional detail related to implementation of MassHealth's MBHV-EIP for MBHV Performance Years (PYs) 2-5 from January 1, 2024 – December 31, 2027, of the MBHV contract.2024 Additional detail may be forthcoming for future program years.

MBHV Equity Incentive Program (MBHV-EIP) Domains and Goals

1. Overview of Targeted Domains for Improvement in the MBHV-EIP

For the MBHV-EIP, 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-EIP

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, 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 a preferred language other than English; 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.

2. Goals for each Domain of the MBHV-EIP

Goals for each MBHV-QEIP domain are summarized below:

i. Demographic and Health-Related Social Needs Data Collection Domain Goals
   a. The MBHV will submit to MassHealth an assessment of beneficiary-reported demographic and HRSN data adequacy and completeness for purposes of the MBHV-EIP as part of Performance Year 1 (CY23).
   b. 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 (CY25).
   c. The MBHV is incentivized to achieve certain milestones to achieve at least 80 percent data completeness for beneficiary-reported other demographic data (including at least language, disability status, sexual orientation, and gender identity) for attributed MassHealth members by the end of Performance Year 5 (CY27).
   d. The MBHV is incentivized to meaningfully improve rates of HRSN screenings from the baseline period by the end of Performance Year 5 (CY27). 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.

ii. Equitable Quality and Access Domain Goals
   a. The MBHV is incentivized for performance on metrics such as those related to access to care (including for individuals with a preferred language other than English and/or disability); care for behavioral health; care coordination; and patient experience.
   b. Metric performance expectations shall include, at a minimum:
      i. Reporting on access and quality metric performance, including 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;
      ii. Developing and implementing interventions aimed at improving quality and reducing observed disparities on metrics that account for clinical and social risk factors found through analysis to be associated

with lower performance on such metrics and/or other appropriate individual/community-level markers or indices of social vulnerability;

iii. Improving quality and/or closing disparities as measured through performance on a subset of access and quality metrics.

c. For up to the first three PYs, performance will be based on expectations described in 2(b)(i) and 2(b)(ii), above. For at least the last two PYs, performance will also be based on expectations described in 2(b)(iii), above.

iii. Capacity and Collaboration Domain Goals

a. 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 patient experience of communication, courtesy, and respect, and achievement of externally validated equity standards.

MBHV-EIP Performance Year 2-5 Metrics

Performance years 2-5 of the MBHV-EIP will hold the MBHV accountable to metrics evaluating performance in each MBHV-EIP domain. These metrics were developed with input from health systems and providers through requests for information and comment, public meetings, and ongoing stakeholder engagement. Technical specifications for the MBHV-EIP PY2-5 metrics may be updated annually or more frequently as necessary. A summary of the MBHV-EIP metrics and anticipated payment status in PY2-5 are provided in Table 2.

Table 2. MBHV-EIP PY 2-5 Metrics

Subdomain	**Metric (*Steward*)**	**Anticipated payment status***			
		2024	**2025**	**2026**	**2027**
Domain 1. Demographic and Health-Related Social Needs Data					
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (*EOHHS*)	P4R	P4P	P4P	P4P
Health-Related Social Needs Screening	Health-Related Social Needs Screening (EOHHS)	P4R	P4P	P4P	P4P
Domain 2. Equitable Access and Quality					
Equity Reporting	Quality Performance Disparities Reduction (*EOHHS*)	P4R	P4R	P4P	P4P
Access	Meaningful Access to Healthcare Services for Persons with a	P4R	P4P	P4P	P4P

	Preferred Language other than English (*EOHHS*)				
	Disability Competencies (*EOHHS*)	P4P	P4P	P4P	P4P
	Accommodation Needs Screening and Intervention *(EOHHS)*	P4R	P4P	P4P	P4P
Domain 3. Capacity and Collaboration					
Capacity	Achievement of External Standards for Health Equity (EOHHS/*NCQA*)	P4R	P4P	P4R	P4R
	Patient Experience: Communication, Courtesy, and Respect (EOHHS/*AHRQ)*	P4P	P4P	P4P	P4P

*P4R= Pay for Reporting, P4P= Pay for Performance. Specific performance trajectories are subject to change. Reporting/performance requirements for each measure described in forthcoming metric technical specifications.

The anticipated reporting expectations for PY2 are summarized in Table 3; detailed reporting and performance expectations for PY2 are included in metric technical specifications. Each report outlined in Table 3 shall be submitted by the MBHV in a form, format, and frequency to be further specified by EOHHS. Additional and/or revised reporting expectations for PY3-5 will be provided prior to the start of each performance year.

Table 3. Anticipated Reporting Expectations for PY2

Measure Name	**Anticipated Reporting Expectations for PY2 (to be further specified by EOHHS)**
Domain 1: Demographic & HRSN Data	
RELDSOGI Data Completeness	1. Submission of "Member Data and Member Enrollment" file 2. Submission of RELDSOGI Mapping Report inclusive of a plan to develop capacity to capture date stamps by PY5
Health-Related Social Needs Screening	1. Submission of administrative and/or supplemental HRSN data
Domain 2: Equitable Access & Quality	
Quality Performance Disparities Reduction	1. Submission of quality data stratified by race and ethnicity
Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English	1. Submission of Language Access Self-Assessment Survey 2. Submission of Provision of Interpreter Services Data
Disability Competencies	1. Submission of Disability Competency Training Plan 2. Submission of Disability Competency Training Report

Accommodation Needs Screening and Intervention	1. Submission of an Accommodation Needs report
Domain 3: Capacity & Collaboration	
Achievement of External Standards for Health Equity	1. Submission of Accreditation Status Report
Patient Experience: Communication, Courtesy, and Respect	*Reporting expectations are satisfied through the annual MBHV member experience survey, administered by the MBHV.*

MBHV-EIP Payment for Performance Years 2-5

MassHealth will pay the MBHV based on the MBHV's health equity score, as described below. Such payment shall equal no more than $1,500,000 for PY2 (2024). EOHHS will make a one-time payment to the MBHV after the health equity score has been finalized.
Section 5. MBHV-EIP Accountability Framework for Performance Year 2-5

A. MBHV Accountability to MassHealth for the MBHV-EIP

MassHealth will hold the MBHV accountable for its performance on the MBHV-EIP performance measures. MassHealth's anticipated framework for the MBHV-EIP Performance Assessment Methodology, which may be adjusted annually as needed (for example to transition measures from pay-for-reporting to pay-for-performance, accommodate new contextual inputs, address extenuating circumstances impacting performance, etc.), is described below. Measure-specific PAM, including benchmarks, improvement targets and measure score calculation approach, will be described in each forthcoming measure specification.

i. **Benchmarking:** MassHealth will establish performance targets or benchmarks no later than the start of the first pay-for-performance period for the metric.
    a. Benchmarks for quantitative measures will include an attainment threshold and goal benchmark and will be set to apply to the full applicable performance period.
    b. Establishment of benchmarks will be informed by inputs such as initial MBHV-EIP performance data, historical MBHV data/performance, external data/trends, and/or predetermined performance targets determined by MassHealth.

ii. **Improvement Targets:** MassHealth will establish performance improvement targets for performance metrics, as applicable, no later than the start of the first pay-for-performance period for the metric.
    a. Specific improvement targets and the approach for each measure will be set to apply to the full applicable performance period.
    b. The approach and actual improvement target may differ by measure based on factors such as performance trends or type of measure; approaches may include year-over-year self-improvement, gap-to-goal percentage point increase, absolute percentage point increases, set milestones and/or goals for improvement.

iii. **Performance Measure Score Calculation**: The performance measure scoring approach will be consistent, as applicable, with other MassHealth incentive programs or other incentive program practices. MassHealth will establish a methodology for performance measure scoring for each measure, to be specified in technical specifications, no later than the first day of the performance period to which the methodology applies.
    a. **Pay-for reporting (P4R) measures.** P4R measures will be assessed on a pass/fail basis for which the MBHV, who reports according to each measure's technical specifications, will receive full points or credit for the metric.

b. **Pay-for-performance (P4P) measures.** The performance measure scoring and approach will be consistent, as applicable, with other MassHealth incentive programs or other incentive program practices, described below.

i. Measure scoring will include the following components for each measure:

1. Attainment points ranging from 0-10 points
2. Improvement points ranging from 0-10 points
3. Potential bonus points (with a cap) to ensure the MBHV has incentive to improve

ii. Performance measure scores for each measure will be defined as a ratio between 0-1. Scores will be calculated by the sum of the points earned for each measure divided by the maximum number of points allowable for the measure. The maximum number of points allowable for the measure is the sum of the attainment, improvement and potential bonus points with a determined cap. The score will be calculated as follows:

Performance Measure Score = Points earned for each measure / Maximum number of points allowable for the measure.

iii. Some performance measures may have identified sub-measures for which sub-measure performance scores will be calculated in the same manner, but then typically equally weighted to calculate a composite performance measure score. For sub-measures the score is calculated as follows:

Performance Measure Score = Sum of each (Sub-measure Score X Sub-measure Weighting).

iv. **Domain Score Calculation**: The domain scoring and approach will, as applicable, be consistent with other MassHealth incentive programs or other incentive program practices. Domain scoring includes the following components:

a. Using the predetermined weights specified in Table 3, a domain score will be calculated by taking each performance measure score in the domain and calculating the sum of each performance measure score multiplied by its respective performance measure weight:

Domain Score = Sum of each (Performance Measure Score Performance Measure Weight).*

b. If the MBHV is not eligible for a measure (e.g., does not meet the denominator criteria or minimum volume), the weighting will be redistributed equally to the eligible performance measures in the domain.

v. **Health Equity Score Calculation**: The overall Health Equity Scoring approach will, as applicable, be consistent with other MassHealth incentive programs or other incentive program practices. The overall Health Equity Score includes the following components. Using the predetermined weights specified in Table 3, a health equity score will be calculated by taking each domain score and calculating the sum of each domain score multiplied by its respective domain weight:

*Health Equity Score = Sum of each (Domain Score * Domain Weight).*

The final Health Equity Score will be used to calculate the MBHV's earned incentive payment.

Table 4. PY 2-5 MBHV-EIP Metric Weights

Domain*	Measure Name	Anticipated Measure Weight (%) by Performance Year				Domain Weight (%)
		2024	2025	2026	2027	
DHRSN	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness	10	10	15	15	25
	Health-Related Social Needs (HRSN) Screening	15	15	10	10	
EAQ	Quality Performance Disparities Reduction	15	15	20	20	50
	Meaningful Access to Healthcare Services for Persons with a Preferred Language other than English	15	15	15	15	
	Disability Competencies	10	10	5	5	
	Accommodation Needs Screening & Intervention	10	10	10	10	
CC	Achievement of External Standards for Health Equity	15	15	10	10	25
	Patient Experience: Communication, Courtesy, and Respect	10	10	15	15	
TOTAL						**100**

*DHRSN=Demographic and Health-Related Social Needs Data; EAQ=Equitable Access and Quality; CC=Capacity and Collaboration

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 2024 (CY24)

1. PCC and TPL: PMPM ($) Rates January 1, 2024 - December 31, 2024

Rating Category	Medical services PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	$141.15	$14.85	$0.41	$5.90	$162.31
Rating Category I Adult	$68.92	$-	$6.20	$5.23	$80.35
Rating Category I TPL	$22.47	$5.54	$0.28	$4.85	$33.14
Rating Category II Child	$420.68	$199.60	$0.49	$13.33	$634.10
Rating Category II Adult	$254.23	$-	$11.33	$11.92	$277.48
Rating Category II TPL	$64.86	$46.46	$0.05	$9.43	$120.80
Rating Category IX	$94.21	$-	$9.63	$6.26	$110.10
Rating Category X :	$479.62	$-	$141.23	$15.50	$636.35

2. Primary Care ACO: PMPM ($) Rates January 1, 2024 - December 31, 2024

Rating Category	Medical services PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child :	$66.80	$8.91	$0.21	$4.25	$80.17
Rating Category I Adult :	$64.36	$ -	$7.13	$4.23	$75.72
Rating Category II Child :	$356.83	$208.31	$0.42	$11.20	$576.76
Rating Category II Adult :	$302.80	$-	$24.95	$11.81	$339.56
Rating Category IX :	$107.48	$-	$15.89	$5.36	$128.73
Rating Category X :	$568.12	$-	$230.01	$15.18	$813.31

B. Risk Sharing Corridors for Contract Period CY24, 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 2024. 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 2024. 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 CY24 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 CY24. 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 CY24. 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 2024 effective January 1, 2024, through December 31, 2024, 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 2024, 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 2024, by multiplying the following:
      i. The ABA and SUD Add-On rates determined by EOHHS and provided to the Contactor 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 2024, 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 2024. 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 2024. 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 2024, 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 PPPM 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 CY2024 Payments for performance incentives detailed in Appendix G to the Contract shall be $3,000,000.00.

C. PCC Plan Support

For CY24, 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.N**.

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 2024 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 $459,523 in Calendar Year 2024 in support of the Early Childhood (EC) MCPAP activities.

1. The Contractor's EC MCPAP program spending in CY2024 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 2024. This amount will be paid out in monthly installments determined by EOHHS.

E. [Reserved]

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 2024 and paid out in monthly installments to be determined by EOHHS.

G. Community Crisis Administration Payment

The CY24 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.O 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. 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 an adult mobile non-emergency department encounter, $1075.87 for a youth 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**.

J. 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**.

.

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
MH and SA OP Services	90791	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	$ 208.27	
MH and SA OP Services	90791	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	$ 167.15	
MH and SA OP Services	90791	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	$ 143.48	
MH and SA OP Services	90791	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	$ 144.66	
MH and SA OP Services	90791	HO-Master's Level	Psychiatric Diagnostic Evaluation	$ 130.48	
MH and SA OP Services	90791	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	$ 81.83	
MH and SA OP Services	90791	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	$ 72.20	
MH and SA OP Services	90791	HA-CANS; UG-Doctoral Level (Child Psychiatrist)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	$ 223.27	
MH and SA OP Services	90791	HA-CANS; U6-Doctoral Level (MD / DO)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	$ 182.15	
MH and SA OP Services	90791	HA-CANS; AH-Doctoral Level (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	$ 158.48	
MH and SA OP Services	90791	HA-CANS; SA, UF -Nurse Practitioner/Board Certified RNCS and APRN-BC	CANS - Psychiatric Diagnostic Evaluation, Members under 21	$ 159.66	
MH and SA OP Services	90791	HA-CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	$ 145.48	
MH and SA OP Services	90791	HA-CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	$ 96.83	
MH and SA OP Services	90791	HA-CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	$ 87.20	
MH and SA OP Services	90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	$ 131.80	
MH and SA OP Services	90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	$ 114.31	
MH and SA OP Services	90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	$ 104.57	
MH and SA OP Services	90832	UG-Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	$ 69.60	
MH and SA OP Services	90832	U6-Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	$ 69.60	
MH and SA OP Services	90832	AH-Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	$ 59.16	
MH and SA OP Services	90832	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	$ 59.16	
MH and SA OP Services	90832	HO - Master's Level	Individual Psychotherapy, approximately 20-30 minutes	$ 52.20	
MH and SA OP Services	90832	U7-Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	$ 52.20	
MH and SA OP Services	90832	U3 - Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	$ 35.49	
MH and SA OP Services	90832	U4-Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	$ 31.32	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
MH and SA OP Services	90833	U6-Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	$ 63.83	
MH and SA OP Services	90833	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	$ 54.25	
MH and SA OP Services	90834	UG-Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	$ 115.70	
MH and SA OP Services	90834	U6-Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	$ 101.66	
MH and SA OP Services	90834	AH-Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	$ 95.89	
MH and SA OP Services	90834	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	$ 95.46	
MH and SA OP Services	90834	HO - Master's Level	Individual Psychotherapy, approximately 45 minutes	$ 95.46	
MH and SA OP Services	90834	U3 - Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	$ 47.98	
MH and SA OP Services	90834	U4-Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	$ 47.26	
MH and SA OP Services	90836	U6-Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	$ 82.90	
MH and SA OP Services	90836	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	$ 82.90	
MH and SA OP Services	90837	UG-Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	$ 135.04	
MH and SA OP Services	90837	U6-Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	$ 135.04	
MH and SA OP Services	90837	AH-Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	$ 127.53	
MH and SA OP Services	90837	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	$ 125.69	
MH and SA OP Services	90837	HO - Master's Level	Psychotherapy, 60 minutes	$ 125.69	
MH and SA OP Services	90837	U3 - Intern (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	$ 68.87	
MH and SA OP Services	90837	U4-Intern (Master's)	Psychotherapy, 60 minutes	$ 60.77	
MH and SA OP Services	90838	U6-Doctoral Level (MD / DO)	Add-On Code; Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	$ 106.08	
MH and SA OP Services	90838	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	$ 91.42	
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	Family Psychotherapy (without patient present)	$ 101.43	
MH and SA OP Services	90846	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	$ 50.23	
MH and SA OP Services	90846	U4-Intern (Master's)	Family Psychotherapy (without patient present)	$ 48.77	
MH and SA OP Services	90847	UG-Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 141.42	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
MH and SA OP Services	90847	U6-Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 107.62	
MH and SA OP Services	90847	AH-Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 101.43	
MH and SA OP Services	90847	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 101.43	
MH and SA OP Services	90847	HO - Master's Level	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 101.43	
MH and SA OP Services	90847	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 50.23	
MH and SA OP Services	90847	U4-Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 48.77	
MH and SA OP Services	90849	UG-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	Multi-family group psychotherapy	$ 27.69	
MH and SA OP Services	90849	U3 - Intern (PhD, PsyD, EdD)	Multi-family group psychotherapy	$ 17.96	
MH and SA OP Services	90849	U4-Intern (Master's)	Multi-family group psychotherapy	$ 16.50	
MH and SA OP Services	90853	UG-Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	$ 46.29	
MH and SA OP Services	90853	U6-Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	$ 38.84	
MH and SA OP Services	90853	AH-Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	$ 35.86	
MH and SA OP Services	90853	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	$ 33.12	
MH and SA OP Services	90853	HO - Master's Level	Group psychotherapy (other than of a multiple-family group)	$ 33.12	
MH and SA OP Services	90853	U3 - Intern (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	$ 17.96	
MH and SA OP Services	90853	U4-Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	$ 16.50	
MH and SA OP Services	90882	UG-Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 51.11	
MH and SA OP Services	90882	U6-Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 44.33	
MH and SA OP Services	90882	AH-Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 23.97	
MH and SA OP Services	90882	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 38.36	
MH and SA OP Services	90882	HO - Master's Level	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 23.63	
MH and SA OP Services	90882	U3 - Intern (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 12.00	
MH and SA OP Services	90882	U4-Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 11.81	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024**					
Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
MH and SA OP Services	90887	UG-Doctoral Level (Child Psychiatrist)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	$ 79.19	
MH and SA OP Services	90887	U6-Doctoral Level (MD / DO)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	$ 79.19	
MH and SA OP Services	90887	AH-Doctoral Level (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	$ 67.32	
MH and SA OP Services	90887	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	$ 67.32	
MH and SA OP Services	90887	HO - Master's Level	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	$ 59.40	
MH and SA OP Services	90887	U3 - Intern (PhD, PsyD, EdD)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	$ 40.39	
MH and SA OP Services	90887	U4-Intern (Master's)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	$ 35.64	
MH and SA OP Services	96372	U6 - Doctoral Level (MD / DO)	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	$ 31.25	
MH and SA OP Services	96372	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	$ 23.22	
MH and SA OP Services	97810	*N/A*	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-to-one contact	$ 19.84	
MH and SA OP Services	97811	*N/A*	Add-On Code; Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-to-one contact with re-insertion of needle(s).	$ 19.84	
MH and SA OP Services	99202	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 15-29 minutes	$ 75.25	
MH and SA OP Services	99202	U6-Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 15-29 minutes	$ 67.91	
MH and SA OP Services	99202	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 15-29 minutes	$ 60.78	
MH and SA OP Services	99203	UG- Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30-44 minutes	$ 108.55	
MH and SA OP Services	99203	U6-Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	$ 103.65	
MH and SA OP Services	99203	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	$ 88.11	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
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	
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	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
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	
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	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
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	
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	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
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	
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	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
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	
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	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
MH and SA OP Services	99285	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	$ 136.30	
MH and SA OP Services	99402	AH-Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling , 30 minutes (Psychological Testing)	$ 40.98	
MH and SA OP Services	99402	U3 - Intern (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	$ 20.50	
MH and SA OP Services	99404	U6-Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	$ 194.82	
MH and SA OP Services	99404	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	$ 168.60	
MH and SA OP Services	99417	U6-Doctoral Level (MD / DO)	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	$ 26.08	
MH and SA OP Services	99417	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Add-On Code; Prolonged office or other outpatient evaluation and management service, requiring total time with or without direct patient contact beyond usual service, on the date of the primary service (e.g., 99205 or 99215), each 15 minutes	$ 26.08	
Diversionary Services	H0015	TF	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Enhanced Structured Outpatient Addiction Program - SOAP with Motivational Interviewing Counseling)	101 CMR 306	
Diversionary Services	H0015	N/A	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Structured Outpatient Addiction Program - SOAP with Motivational Interviewing)	$ 78.75	
Diversionary Services	H0037	N/A	Community Psychiatric Supportive Treatment Program, per diem (Community Based Acute Treatment - CBAT)	$847.46	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
Diversionary Services	H0037	U2-Autism Diagnosis	Community Psychiatric Supportive Treatment Program, per diem (CBAT Autism Speciality)	$ 1,291.59	
Diversionary Services	H2012	+	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	Effective 10/1/23 until further directed by EOHHS: $28.77 When directed by EOHHS: 101 CMR 307	
Diversionary 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	
Diversionary Services	H2015	HF-Substance Abuse Program	Recovery Support Navigator , per 15-minute units	101 CMR 444.00	
Diversionary Services	H2015	*N/A*	Comprehensive community support services, per 15 minutes (Community Support Program)	101 CMR 362.00	
Diversionary Services	H2016	HH-Integrated Mental Health/Substance Abuse Program	Comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator trained to support members with justice involvement) (CSP-JI)	101 CMR 362.00	
Diversionary 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	
Diversionary 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	
Diversionary 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 346.00	
Diversionary Services	H2020	*N/A*	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	$ 26.50	
Diversionary Services	H2022	HE-Mental Health Program	Intensive Hospital Diversion Services for Children, per diem	$ 175.19	
Diversionary 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	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
Crisis Intervention Services	S9485	*ET-Emergency Services; HA-Child/Adolescent Program*	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization Per day rate)	101 CMR 305	
Crisis Intervention Services	S9485	*HB-Adult Program, non-geriatric*	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at hospital emergency department. Inclusive of initial evaluation and all follow-up intervention. Use Place of Service code 23.)	$ 695.29	
Crisis Intervention Services	S9485	*HE-Mental Health Program*	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305	
Crisis Intervention Services	S9485	*HA-Child/Adolescent Program; HE-Mental Health Program*	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)	101 CMR 305	
Crisis Intervention Services	S9485	*U1-MCI - Mobile Non-Emergency Department*	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service 15.)	101 CMR 305	
Crisis Intervention Services	S9485	*HA-Child/Adolescent Program; U1-MCI - Mobile Non-Emergency Department*	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions Use Place of Service code 15.)	101 CMR 305	
Crisis Intervention Services	S9485		Crisis intervention mental health services, per diem. (BH Crisis evaluation provided at hospital emergency department by hospital. Inclusive of initial evaluation and all follow-up interventions over 24-hour period.)	$ 695.29	
Crisis Intervention Services	S9485	U1-ESP - Mobile Non-Emergency Department	Crisis intervention mental health service, per diem (Emergency Service Program Adult Mobile Non-Emergency Department - Uninsured)	$ 1,024.64	
Crisis Intervention Services	S9485	*HA-Child/Adolescent Program; U1-MCI - Mobile Non-Emergency Department*	Crisis intervention mental health service, per diem (Emergency Service Program Youth Mobile Non-Emergency Department - Uninsured)	$ 1,075.87	
Crisis Intervention Services	S9485	HE-Mental Health Program	Crisis intervention mental health services, per diem (Emergency Service Program Community Based - Uninsured)	$ 695.29	
Other Outpatient	90870	*N/A*	Electroconvulsive therapy (includes necessary monitoring)	$ 630.95	
Other Outpatient	96112	AH-Doctoral Level (PhD, PsyD, EdD)	Developmental Testing administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour (Learning Disorders)	$ 180.72	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
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 o rother 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	
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	

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

Appendix L: Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule

APPENDIX L - Commonwealth of Massachusetts Behavioral Health Outpatient and Certain Other Services Minimum Fee Schedule **Effective 1/1/2024** Unique Code/Modifier Combinations					
Category of Service	**Procedure Code**	**Modifier Group**	**Procedure Description**	**Unit Cost**	**Column1**
Other Outpatient	H0032	HO-Master's Level	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	$ 166.67	
Other Outpatient	H0046	UG-Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	$ 46.46	
Other Outpatient	H0046	U6-Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	$ 40.30	
Other Outpatient	H0046	AH-Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	$ 21.79	
Other Outpatient	H0046	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	$ 34.87	
Other Outpatient	H0046	HO-Master's Level	Mental health services, not otherwise specified (Collateral Contact)	$ 21.48	
Other Outpatient	H0046	U7-Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services, not otherwise specified (Collateral Contact)	$ 21.48	
Other Outpatient	H0046	U3-Intern (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	$ 10.91	
Other Outpatient	H0046	U4-Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	$ 10.74	
Other Outpatient	H0046	HE-Mental Health Program	Mental health services, not otherwise specified, 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-MAT	MAT - Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner)	$ 146.93	
MH and SA OP Services	H0004		Behavioral health counseling and therapy, per 15 minutes (individual counseling)	101 CMR 346	
MH and SA OP Services	H0005		Alcohol and/or drug services; group counseling by a clinician (per 45 minutes, group counseling, one unit maximum per day)	101 CMR 346	
MH and SA OP Services	H0005	HG	Alcohol and/or drug services group counseling by a clinician (per 90-minute unit) (one unit maximum per day)	101 CMR 346	
MH and SA OP Services	T1006		Alcohol and/or substance abuse services; family/couple counseling (per 30 minutes, one unit maximum per day)	101 CMR 346	
MH and SA OP Services	T1006	HF	Alcohol and/or substance abuse services; family/couple counseling (per 60 minutes, one unit maximum per day)	101 CMR 346	

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

List of Modifier Groups relating to Licensure Level
UG-Doctoral Level (Child Psychiatrist)
U6-Doctoral Level (MD / DO)
AH-Doctoral Level (PhD, PsyD, EdD)
SA-Nurse Practitioner/Board Certified RNCS and APRN-BC
HO-Master's Level
U3-Intern (PhD, PsyD, EdD)
U4-Intern (Master's)
U7-CAC/CADAC