

COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM



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CONTRACTOR INFORMATION		COMMONWEALTH INFORMATION	
Contractor Legal Name Massachusetts Behavioral Health Partnership d/b/a		Department Executive Office of Health and Human Services	MMARS Code EHS
Legal Address As entered on Form W-9 or Form W-4 1000 Washington St., Ste. 310, Boston, MA 02118-5002		Contract Manager Name Alejandro Garcia Davalos	
Contract Manager Name Sharon Hanson		Business Mailing Address One Ashburton Place, 11th Fl., Boston, MA 02108	
Phone 617-790-4000	Fax	Phone 781-227-1913	Fax
Email sharon.hanson@carelon.com		Email Alejandro.E.GarciaDavalos@mass.gov	
Vendor Code VC 6000182737		MMARS Doc ID(s) N/A	
Vendor Code Address ID e.g. "AD001". AD 001		RFR/Procurement or Other ID Number BD-22-1039-EHS01-EHS01-70615	
Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			
<input type="radio"/> NEW CONTRACT		<input checked="" type="radio"/> CONTRACT AMENDMENT	
Procurement or Exception Type (Check one option only)		Current Contract End Date PRIOR to Amendment December 31, 2027	Amendment Amount Or Enter "No Change" No Change
<input type="checkbox"/> Statewide Contract (OSD or an OSD-designated department.)		Amendment Type Check one option only. Attach details of amendment changes.	
<input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, and budget.)			
<input type="checkbox"/> Department Procurement - Includes all Grants 815 CMR 2.00 . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)			
<input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, and budget.)			
<input type="checkbox"/> Contract Employee (Attach Employee Status Form, scope, and budget.)			
<input type="checkbox"/> Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.)			
<input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)			
<input checked="" type="checkbox"/> Amendment to Date, Scope, or Budget (Attach updated scope and budget.)		<input type="checkbox"/> Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.)	
		<input type="checkbox"/> Contract Employee (Attach any updates to scope or budget.)	
		<input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)	
TERMS AND CONDITIONS			
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding. Check ONE option:			
<input checked="" type="radio"/> Commonwealth Terms and Conditions		<input type="radio"/> Commonwealth Terms and Conditions for Human and Social Services	
<input type="radio"/> Commonwealth IT Terms and Conditions			
COMPENSATION			
Check ONE option.			
The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 .			
<input checked="" type="radio"/> Rate Contract (No Maximum Obligation). (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)			
<input type="radio"/> Maximum Obligation Contract. 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 Electronic Funds Transfer (EFT) 45 days from invoice receipt. See [Prompt Pay Discounts Policy](#).

Contractors requesting accelerated payments must identify a PPD as follows:

- Payment issued within: **10 days** % PPD.
- 15 days** % PPD.
- 20 days** % PPD.
- 30 days** % PPD.

If PPD percentages are left blank, identify reason:

Statutory/legal
 Ready Payments ([M.G.L. c. 29, § 23A](#))
 Agree to standard 45-day cycle
 Only initial payment

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 7 to the MBHP Contract includes updated rates for Rate Year 2025 (RY25) and various updates to programmatic policy: RY25 rates update. New Directed Payments (effective 9/1/2025): For Recovery Coach Services for Pregnant and Postpartum Members, pay at or above the rate set in Appendix L (BH Outpatient and Certain Other Services Minimum Fee Schedule). For Recovery Support Navigator Services for Pregnant and Postpartum Members, pay at or above the rate set in Appendix L. For services delivered at Behavioral Health Urgent Care (BHUC) sites that are designated as Mental Health Centers, pay at or above and using the new bundled rate methodology set forth in 101 CMR 306. For Family-Based Intensive Treatment, pay at or above rate floor set in 101 CMR 352.

New Covered Services: Family-based Intensive Treatment (FIT), effective 10/1/25; Recovery Coach for Pregnant and Postpartum Members, effective 9/1/25; Recovery Support Navigator for Pregnant or Postpartum Members, effective 9/1/25. New requirements/policies relating to: Implementation of a RELD SOGI data governance function; Maintenance and availability of Provider payment rate fee schedules; Payment Suspension disbursements; BH Wellness Exams, effective 9/23/25; Reentry Demonstration Initiative; Requires MBHP to contract with all providers of ITS and Youth and Transitional age Youth Detoxifications and Stabilization Services, effective 7/1/2025. Updates to the following requirements/ policies: 1) CBHI Network Management; 2) Community Service Agency (CSA) Management; 3) Member Survey – annual deliverables requirements; 4) Authorizations: Timeframe for Inpatient and 24-hr Diversionary (extended to 72hrs from 24hrs); Timeframe for Intensive Care Coordination and Family Support and Training (extended to 45 days from 28 days); Clarifies no prior authorization required for Peer Recovery Coaching, Peer Recovery for Pregnant and Postpartum, RSN/RSN for Pregnant and Postpartum services; Relocates access and availability requirements to new Appendix P. Clarifications to Covered Services descriptions (Appendix A-1): Specialized SOAP programs for postpartum Enrollees and Enrollees who are experiencing/at risk of homelessness. Coverage for PACT 50, PACT 80, and Forensic PACT.

SUPPLIER DIVERSITY PROGRAM (SDP) PLAN

Does the Supplier Diversity Program apply?

YES If YES, the Contractor’s annual SDP commitment for this Contract is

NO If NO, and the department is an Executive Department, enter the appropriate exemption: **Insurance.**

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 _____, 20____, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.
- 3. were incurred as of _____, 20____, 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, 20 27, 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.

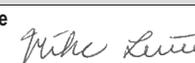
AUTHORIZING SIGNATURE FOR THE CONTRACTOR

Signature and date must be captured at time of signature.

Signature 	Date 10/16/2025
Print Name Sharon Hanson	Print Title Vice President of Client Partnerships and CEO

AUTHORIZING SIGNATURE FOR THE DEPARTMENT

Signature and date must be captured at time of signature.

Signature 	Date 10/16/2025
Print Name Mike Levine	Print Title Undersecretary

AMENDMENT 7

to the

MANAGED BEHAVIORAL HEALTH VENDOR CONTRACT

Between the

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

1 ASHBURTON PLACE

BOSTON, MA 02108

and

THE MASSACHUSETTS BEHAVIORAL HEALTH PARTNERSHIP

100 WASHINGTON STREET

BOSTON, MA 02118

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

WHEREAS, EOHHS and the Contractor amended the Managed Behavioral Health Vendor Contract on 06/29/2023 (Amendment #1); 10/04/2023 (Amendment #2); 12/28/2023 (Amendment #3); 05/15/2024 (Amendment #4); 08/28/2024 (Amendment #5); 12/24/2024 (Amendment #6); and

WHEREAS, in accordance with **Section 5.8** of the Contract, EOHHS and the Contractor desire to further amend their agreement effective January 1, 2025, 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:

TABLE OF CONTENTS

Table of Contents is hereby amended by:

1. In **Section 4.5** strike **Section 2.7.F.3.J** and insert **Section 2.7.F.3.m**.
2. In **Appendix A: Clinical Services**, adding at the end the following: “A-5 Providers of Individualized Treatment Services and Youth and Transitional Age Youth Detoxification”.
3. Inserting a new **Appendix O** and **Appendix P** as follows:

“Appendix O: Health Related Social Needs (HRSN) Supplemental Services

Appendix P: Behavioral Health Network Availability Standards”

Section 1. Definitions and Acronyms

1. **Section 1.1, Definitions, Adverse Action** is hereby amended by striking the following language:
“(7) provided, however, that the suspension of HRSN Supplemental Services in accordance with **Section 2.6.D.12** shall not be considered an Adverse Action.”.
2. **Section 1.1, Definitions, Children’s Behavioral Health Initiative Services (or CBHI Services)** is hereby amended by adding “, Family-Based Intensive Treatment” after “Ongoing Therapeutic Training and Support”.
3. **Section 1.1, Definitions, Internal Appeal** is hereby amended by adding “The Contractor may only have one level of Internal Appeal for Covered Individuals consistent with 42 CFR 438.402(b).” after the first sentence.
4. **Section 1.1, Definitions**, is hereby amended by alphabetically inserting the following definitions:
 1. **“Correctional Facility** – Any state prison, county jail or house of correction, or youth correctional facility in the Commonwealth of Massachusetts.
 2. **Pre-release Covered Individuals** - Members, as designated by EOHHS, who are incarcerated and pre-enrolled in the Contractor's Plan under the Reentry Demonstration Initiative or related initiatives. Upon release from incarceration into the community, a Pre-release Covered Individual becomes a Covered Individual under the Contract.
 3. **Reentry Demonstration Initiative** – the initiative authorized under the Massachusetts

1115 Waiver demonstration that allows MassHealth to provide certain services for qualifying Members up to 90 days prior to release from a Correctional Facility.”

5. **Section 1.2, Acronyms**, is hereby amended by inserting alphabetically the following acronyms:

“ATS – Acute Treatment Services
ACBAT – Autism Community Based Acute Treatment
CCS – Community Crisis Stabilization
CSP – Community Support Program
CSS – Clinical Stabilization Services
FIT – Family-based Intensive Treatment
IHBS – In-Home Behavioral Services
IHT – In-Home Therapy
ITS – Individualized Treatment Services
PDT – Psychiatric Day Treatment
PHP – Partial Hospitalization
PRC – Peer Recovery Coach
PRC-PP – Peer Recovery Coach for Pregnant and Postpartum Members
RSN – Recovery Support Navigator
RSN-PP – Recovery Support Navigator for Pregnant and Postpartum Members
SOAP – Structured Outpatient Addiction Program
TM – Therapeutic Mentor”.

Section 2. CONTRACTOR RESPONSIBILITIES

1. **Section 2.3.D.3.e.1.e.i** is hereby amended by inserting “For any payment suspensions initiated prior to April 1, 2023, the Contractor shall disburse 40% of such money to EOHHS.” at the end of the section.
2. **Section 2.6.A** is hereby amended by inserting at the end therein a new **Section 2.6.A.13** as follows:

“13. Effective September 23, 2025, develop policies and procedures to pay for annual Behavioral Health Wellness (BH wellness) exams provided to any Covered Individual in any care setting by a licensed mental health professional or PCP, as specified in Managed Care Entity Bulletin 136. The annual BH wellness exam shall identify undiagnosed behavioral or mental health needs and appropriate resources for treatment, in accordance with M.G.L. Ch. 118E, s. 10Q, as added by Chapter 177 of the Acts of 2022. The Contractor shall allow, if appropriate, for additional diagnosis codes on the claim, should a condition be discovered during the exam, as specified in Managed Care Entity Bulletin 136 and any superseding bulletins. Such policies and procedures shall not impose prior authorization on the annual BH wellness exam, shall not require a member to have pre-existing clinical conditions, and shall not require a provider to conduct a CANS

assessment prior to providing the annual BH wellness exam.”

3. **Section 2.6.C.2.c.5.a.2** is hereby amended by striking all instances of “within 24 hours” and inserting “within 72 hours” in lieu thereof.

4. **Section 2.6.C.2.c.8** is hereby amended by:

1. In **Section 2.6.C.2.c.8.f**, striking the section in its entirety and inserting in lieu thereof “[Reserved]”.

2. In **Section 2.6.C.2.c.8**, adding at the end therein the following services:

“n) Peer Recovery Coach Services;

o) Peer Recovery Coach for Pregnant and Postpartum Members (PRC-PP);

p) Recovery Support Navigator Services; and

q) Recovery Support Navigator for Pregnant and Postpartum Members (RSN-PP)”.

5. **Sections 2.6.C.2.c.9** is hereby amended by striking “Clinical Stabilization Services for Substance Use Disorder (Level 3.5)” and inserting “CSS” in lieu thereof.

6. **Sections 2.6.C.2.c.11** is hereby amended by striking all references to “Clinical Support Services for Substance Use Disorders (Level 3.5)” and inserting “CSS” in lieu thereof.

7. **Section 2.6.D** is hereby amended by adding at the end therein the following:

“13. Reentry Demonstration Initiative

As further directed by EOHHS, the Contractor shall support Pre-release Covered Individuals as part of the Reentry Demonstration Initiative and related initiatives.”

8. **Section 2.6.D.5** is hereby amended by deleting it in its entirety and replacing it with the following language:

“5. Community Support Program (CSP) Benefits

The Contractor shall provide Community Support Program services (CSP) and Specialized CSP services, including CSP for Homeless Individuals (CSP-HI), CSP Tenancy Preservation Program (CSP-TPP), and CSP for Individuals with Justice Involvement (CSP-JI) in accordance with 130 CMR 461 and as follows:

a. Arrange, coordinate, and provide to Covered Individuals Medically Necessary CSP and Specialized CSP services as set forth in Appendix A-1 and consistent

with MassHealth Medical Necessity guidelines for CSP and Specialized CSP services;

- b. Execute and maintain written contracts with a sufficient number of Providers of CSP and Specialized CSP services to ensure Covered Individuals have timely access to such services and as follows:
 - 1) The Contractor shall ensure Providers of CSP and Specialized CSP meet the respective Provider qualifications and staffing requirements set forth in 130 CMR 461.
 - 2) The Contractor shall execute and maintain contracts with all Providers of CSP-JI services, as further specified by EOHHS, and shall report to EOHHS about its Network Providers of Specialized CSP in accordance with **Appendix E-1**.
- c. Actively communicate with Providers of CSP-HI, CSP-TPP, and CSP-JI regarding the provision of the respective CSP services to Covered Individuals, including coordinating care to ensure that Covered Individuals' needs are met;
- d. Develop performance specifications for the delivery of CSP-HI, CSP-TPP, and CSP-JI as specified by EOHHS and submit such performance specifications to EOHHS as well as any updates to the specifications as they occur;
- e. Designate a single point of contact to provide information to Providers of specialized CSP and to EOHHS, as further specified by EOHHS. The Contractor shall designate one point of contact for both CSP-HI and CSP-TPP and a separate point of contact for CSP-JI; and
- f. Establish Provider rates at or above the rates in accordance with **Appendix L** to the Contract.”

9. **Section 2.6.D.6** is hereby amended by deleting it in its entirety and replaced it with the following: “[Reserved]”.

10. **Section 2.6.D.7** is hereby amended by deleting it in its entirety and replacing it with the following: “[Reserved]”.

11. **Section 2.6.D.9** is hereby amended by inserting after the words “level of care” the following language: “through August 31, 2025, or as directed by EOHHS.”.

12. **Section 2.6.D.10.a** is hereby amended by striking after “manage” the following “a quarterly” and replacing it with the following: “an”.

13. **Section 2.6.D.10.a.6** is hereby amended by adding after “months” the following language: “, or other reporting as required by EOHHS:”.

14. **Section 2.6.D.10.a** is hereby amended by adding at the end therein the following language:

“7) Other attestation requirements as directed by EOHHS.”

15. **Section 2.6.D.10.c** is hereby amended by deleting it in its entirety and replacing it with the following language:

“c. The Contractor shall pay Behavioral Health Urgent Care providers designated by EOHHS in accordance with **Section 2.7.F.3**.”

16. **Section 2.7.A** is hereby amended by adding at the end therein the following language:

“10. Maintain, for all Providers with whom it has a Provider Contract, a payment rate schedule for all BH Covered Services each Provider is contracted to provide. The Contractor shall establish policies and procedures to ensure:

- a. Compliance with the Provider payment requirements set forth in **Section 2.7**, as updated by EOHHS from time to time;
- b. Any modifications to the Contractor’s payment rates to Providers are communicated to Providers and reflected in the payment rate schedule in a timely manner;
- c. The payment rate schedule is made available, upon request, to Providers; and
- d. The Contractor’s Material Subcontractors, as applicable, adhere to the requirements of this **Section 2.7.A.10**.”

17. **Section 2.7.B.5.a** is hereby amended by deleting it in its entirety and replacing it with the following language:

“a. Pay no less than EOHHS approved rates for CPT code 90791 with modifier HA for initial Behavioral Health Clinical Assessments using the CANS Tool for Covered Individuals under the age of 21. Further:

- 1) The Contractor shall ensure that any failure to include an “HA” modifier using CPT Service Code 90791 will result in a denial of the claim for members under 21 if billed without the HA modifier.
- 2) For members under 21, the Contractor shall allow Network Providers up to two 90791 “HA” claims per member per site in a 90-day period. The Contractor shall also allow a new set of 90791 “HA” claims when the member experiences a lapse in service of six month or more with the original provider;”

18. **Section 2.7.E** is hereby amended by:

1. In **Section 2.7.E.2**, deleting “and” before “Family Support and Training Services” and inserting in place thereof “,” and inserting “, and Family-based Intensive Treatment” after “Family Support and Training Services”.
2. Adding a new **Section 2.7.E.4** as follows:
 - “4. Effective July 1, 2025, the Contractor shall execute and maintain contracts with providers of Individualized Treatment Services and Youth and Transitional Age Youth Detoxification and Stabilization Services approved by the DPH Bureau of Substance Addiction Services, identified in Appendix A-5, as updated by EOHHS from time to time, and shall pay such providers in accordance with **Section 2.7.F.3.c-d.**”

19. **Section 2.7.F.1.c** is hereby amended by striking the word “annual”.

20. **Section 2.7.F.3** is hereby amended by:

1. Striking **Section 2.7.F.3.c** in its entirety and replacing it with the following language:
 - “c. For Acute Treatment Services for Substance Use Disorders (Level 3.7), including Individual Treatment Services and Youth and Transitional Age Youth Detoxification and Stabilization Services, also known as Youth and Transitional Youth Stabilization and Management (effective July 1, 2023), the Contractor shall establish provider rates at or above the rate floor as specified by EOHHS in 101 CMR 418, 101 CMR 346, and 101 CMR 444 unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.”
2. Striking **Section 2.7.F.3.d** in its entirety and replacing it with the following language:
 - “d. For Clinical Stabilization Services for Substance Use Disorders (Level

3.5), including Individualized Treatment Services and Youth and Transitional Age Youth Detoxification and Stabilization Services, also known as Youth and Youth Stabilization and Management (effective July 1, 2023), the Contractor shall establish provider rates or above the rate floor as specified by EOHHS in 101 CMR 418, 101 CMR 346, and 101 CMR 444 unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.”

3. In **Section 2.7.F.3.f**, striking it in its entirety and replacing it with the following language:

“f. For all types of and enhancements to Residential Rehabilitation Services for Substance Use Disorders (ASAM Level 3.1) (RRS) set forth in Appendix A-1, the Contractor shall establish Provider rates at or above the rate floor set by EOHHS in 101 CMR 346, unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services.”

4. In **Section 2.7.F.3.g**, by deleting “The” at the beginning of the section and inserting in place thereof, “Through August 31, 2025, the”.

5. Inserting new **Section 2.7.F.3.v-x** as follows:

“v. Effective September 1, 2025, notwithstanding **Section 2.7.F.3.g** above, for services rendered by mental health centers that have not been designated as a Behavioral Health Urgent Care Provider site, the Contractor shall pay no less than the rate set forth in **Appendix L, Exhibit 2** and shall use procedure codes as directed by EOHHS to provide payment for such services.”

w. Through August 31, 2025, the Contractor shall pay Behavioral Health Urgent Care providers designated by EOHHS a uniform 15% increase over the Contractor’s negotiated rates for all applicable codes, as detailed in **Appendix L, Exhibit 3.A**. If the Contractor’s negotiated rates starting on the effective date of the Contractor’s Behavioral Health Urgent Care contract are lower than the rates in **Appendix L, Exhibit 2**, the Contractor shall pay a fifteen percent increase over the rates in **Appendix L, Exhibit 2**, as detailed in **Appendix L, Exhibit 3.A**.

x. Effective September 1, 2025, notwithstanding **Section 2.7.F.3.w** above, for mental health centers designated as Behavioral Health Urgent Care Provider sites, the Contractor shall pay no less than the rate set forth in

Appendix L, Exhibit 3.B for these services and shall require providers to utilize the code and modifier combination set forth in **Appendix L, Exhibit 3.B** when billing for such services rendered by Behavioral Health Urgent Care Provider sites.”

21. **Section 2.7.H.6.d.2** is hereby amended by adding after “In-Home Therapy” the following language: “, Family-based Intensive Treatment”.

22. **Section 2.7.J.1.a** is hereby amended by deleting it in its entirety and replacing it with the following language:

“a. The Contractor shall:

- 1) As directed by EOHHS, take all steps and perform all activities necessary to improve the CBHI services, which shall include, without limitation, participation in meetings and workgroups, including joint workgroups with all MassHealth Managed Care payers to develop coordinated network management and quality improvement strategies for all payers on these services and other tasks as directed; and
- 2) Review records for Intensive Care Coordination, Family Support and Training, In-Home Therapy, In-Home Behavioral Services, and Therapeutic Mentoring when a significant quality concern has been identified by the Contractor or EOHHS, in addition to reviewing the training and supervision logs of staff.”

23. **Section 2.7.J.4.b** is hereby amended by striking “(FS and T)” and replace it with “(FS&T)”.

24. **Section 2.7.J.4.b** is further amended by striking all instances of “28” and replacing them with “45”.

25. **Section 2.7.J.4.** is hereby amended by adding at the end therein the following language:

“d. Effective September 1, 2025, the Contractor shall complete length of stay record reviews as directed by EOHHS for Members receiving Intensive Care Coordination, In-Home Therapy, Family Support & Training, In-Home Behavioral Service or Therapeutic Mentoring.”

26. **Section 2.7.J.5.c** is hereby amended by deleting it in its entirety and replacing it with the following language:

“c. Maintain operational manuals for selected CBHI services.”

27. **Section 2.7.J.5.e** is hereby amended by adding after “ICC” the phrase “, Family-based Intensive Treatment,”.

28. **Section 2.7.J.5.f** is hereby amended by deleting it in its entirety and replacing it with the following language:

“f. Manage the current, transitioning, and newly contracted Community Service Agencies that are contracted to deliver Intensive Care Coordination, Family Support and Training, and Family-based Intensive Treatment services. Any changes to the CSA network must be approved in advance by EOHHS.”

29. **Section 2.7.J.5.j** is hereby amended by inserting after “referrals to ICC” the following language: “and FIT”.

30. **Section 2.7.J.5.1.2** is hereby amended by striking the following phrase: “on a monthly basis”.

31. **Section 2.7.J.5.m** is hereby amended by deleting it in its entirety and replaced with the following language:

“m. In collaboration with, and as further directed by EOHHS, develop a plan to ensure that the quality of ICC and Family Support and Training services is measured using tools that are consistent with national Wraparound standards, such as the Wraparound Fidelity Index tool, and provide CSAs with such fidelity tools at no cost to the CSAs. In addition, use tools approved by EOHHS to review medical files in both Intensive Care Coordination and In Home Therapy.

32. **Section 2.7.J.6** is hereby amended by inserting after “(ICC,” the following: “FIT,”.

33. **Section 2.8.B.2.a** is hereby amended by inserting “screened and” before “enrolled”.

34. **Section 2.8.F.10** is hereby amended by deleting it in its entirety and inserting in lieu thereof the following language:

“10. Community Behavioral Health Center Incentive Program

The Contractor shall:

- a. Collaborate with EOHHS and Community Behavioral Health Centers (CBHCs) to implement the Community Behavioral Health Center (CBHC) Incentive Program, with a quality component, the CBHC Clinical Quality Incentive (CCQI), and a health equity component, the CBHC Quality and

Equity Incentive Program (CQEIP).

- b. Make value-based payments, pursuant to 42 CFR 438.6(c) and as specified by EOHHS, to CBHCs listed in Appendix A-3. The Contractor shall make such payments to such Providers within 14 calendar days of receiving payment from EOHHS.”

35. **Section 2.9.C.4** is hereby amended by the following: deleting them in their entirety and replacing them with the following language:

1. In **Section 2.9.C.4**, deleting “, at a minimum 90 percent of Covered Individuals have access to all Medically Necessary Behavioral Health Covered Services according to the following standards” and inserting in lieu thereof “the following standards are met”.
2. In **Section 2.9.C.4.a**, deleting the section in its entirety and inserting in lieu thereof the following:

“a. it includes in its Network a sufficient number of Behavioral Health Providers to meet the time and distance requirements set forth in Appendix P to the extent qualified, willing providers are available.”

3. In **Section 2.9.C.4.b**, deleting the section in its entirety and inserting in lieu thereof the following:

“b. in addition to the Availability requirements set forth in **Appendix P**, the Contractor shall include in its Network:

- 1) At least one Network Provider of each Behavioral Health Covered Service set forth in **Appendix A-1** in every Service Area of the state served by the Contractor or, as determined by EOHHS, to the extent that qualified, interested Providers are available;
- 2) Providers set forth in **Appendix A-3** in accordance with the geographic distribution set forth in such appendix, as updated by EOHHS from time to time.”

4. In **Section 2.9.C.4.c**, deleting the section in its entirety and replacing it with the following language: “[Reserved]”.

36. **Section 2.10.A.3.c.1** is hereby amended by adding after “shall” the following language: “, upon request,”.

37. **Section 2.10.A.3.c.2** is hereby amended by adding “, upon request,” after “distribute”.

38. **Section 2.12.B.1.b.1** is hereby amended by inserting “at any time” after “Grievances”.

39. **Section 2.13.A.5** is hereby amended by deleting it in entirety and replacing it with the following language:

- “5. Include the conducting of annual Member satisfaction surveys and providing EOHHS with results of such surveys. The Contractor shall work with EOHHS to define deliverables for each annual survey. Deliverables may be modified, added, or deleted to meet project needs, at EOHHS’ discretion. For each annual survey, the Contractor shall create, develop, compile, and otherwise provide to EOHHS the following deliverables:
- a. Written report, to include survey background, detail on sampling, fielding and data processing protocols, and response rate;
 - b. Data file(s) of aggregate adult and child responses to all questions, and additional question-level details, as further specified by EOHHS;
 - c. Data dictionaries to accompany the above file(s).”

40. **Section 2.13.B** is hereby amended by the following:

1. In **Section 2.13.B.3.f**, deleting the section in its entirety and inserting in lieu thereof “[Reserved]”.
2. Inserting a new **Section 2.13.B.4** as follows and renumbering subsequent sections accordingly:

“In collaboration with and as further directed by EOHHS, develop a process to monitor the quality of services using tools such as the MA DRM (Document Review Measure), or another tool approved by EOHHS, to evaluate the adequacy of medical record keeping for both Intensive Care Coordination and In-Home Therapy Services. The Contractor shall apply the approved quality-assessing tool at least annually on a mix of Intensive Care Coordination and In-Home Therapy Services provided across all of the Contractor’s Service Areas. Unless otherwise directed by EOHHS, the Contractor shall:

 - a. Use the approved quality assessing tool(s) to evaluate at least 10% of the Contractor’s Covered Individuals who have received ICC or IHT during the applicable Contract Year, except that the Contractor shall not be required to review more than 10 Covered Individual’s medical files per Service Area per Contract Year.
 - b. Effective September 1, 2025, apply the approved quality-assessing tool for three Covered Individuals receiving Intensive Care Coordination within every contracted Community Service Agency (CSA) and annually apply the approved quality-assessing tool for one Covered Individual at every contracted provider of In-Home Therapy. The Contractor shall submit to

EOHHS an annual report on the record reviews in accordance with **Appendix E-1.**”

41. **Section 2.13.F.5.d** is hereby amended by deleting it in its entirety and inserting in lieu thereof the following language:

“d. Administration of satisfaction surveys to Covered Individuals on an annual basis.”

42. **Section 2.17** is hereby amended by deleting it in its entirety and replacing it with the following language:

“A. Consistent with **Section 3.6**, EOHHS may require the Contractor to accept additional Covered Individuals into the Contractor’s Plan including, but not limited to, Covered Individuals with Medicare or other third party health insurance or new expansion population.

B. The Contractor shall cooperate with EOHHS to develop an implementation strategy for providing services to any new Covered Individual group.”

43. **Section 2.20** is hereby amended by adding at the end therein the following language:

“H. Demographic Data Governance Function

The Contractor shall establish and maintain a demographic data governance function responsible for overseeing the collection, use, analysis, and communication of demographic data. This function must ensure that all member demographic data is handled with the highest level of respect, privacy, and integrity. The governance function shall:

1. Support the appropriate and ethical use of demographic data including through providing guidance on allowable and disallowable uses of the data
2. Provide guidance for the appropriate analysis and stratification of demographic data to identify, understand, and address disparities.
3. Identify and implement standards for communicating demographic data and associated findings in a respectful, accurate, and contextually appropriate manner.
4. Work with appropriate internal staff to restrict demographic data access to the appropriate personnel and implement data minimization principles for demographic data users.”

Section 4. PAYMENT AND FINANCIAL PROVISION

1. **Section 4.2** is hereby amended by adding at the end therein the following language:

- “Y. Community Behavioral Health Center Incentive Program pursuant to **Section 2.8.K**
1. At a frequency specified by EOHHS, EOHHS shall pay the Contractor an amount equal to the sum of provider payments described in **Section 2.8.K** for the applicable time period.
 2. For each Contract Year, EOHHS shall perform an annual reconciliation after the end of the Contract Year to correct the amount of any payments described in **Section 2.8.K**. EOHHS shall remit to the Contractor the full amount of any underpayments it identifies.”
2. **Section 4.3.C** is hereby amended by deleting it in its entirety and replacing it with the following language:
- “C. EOHHS shall perform an annual reconciliation of the Estimated Capitation Payment to adjust for any enrollment discrepancies not included in the monthly reconciliation 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, Covered Individuals who have become deceased, and Covered Individuals who are Incarcerated, including but not limited to Pre-release Covered Individuals. The Contractor shall work with EOHHS to resolve any discrepancies in any calculation;”
3. **Section 4.12** is retitled “**Community Behavioral Health Center Incentive Program**”

LIST OF APPENDICES

1. **Appendix A-1** is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix A-1**.
2. **Appendix E-1** is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix E-1**.
3. **Appendix H-1** is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix H-1**.
4. **Appendix L** is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix L**.

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

6. **LIST OF APPENDICES** is hereby amended by adding at the end of **Appendix A: Clinical Services** the following appendix:
“Appendix A-5: Providers of Individualized Treatment Services and Youth and Transitional Age Youth Detoxification ”.

7. **LIST OF APPENDICES** is hereby amended by adding at the end therein the following:
“**APPENDIX P: Behavioral Health Network Availability Standards**”

**APPENDIX A-1
BEHAVIORAL HEALTH COVERED SERVICES**

✓ Denotes a covered service

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals, and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
Inpatient Services - 24-hour services, delivered in a licensed or state-operated hospital setting, that provide clinical intervention for mental health or substance use diagnoses, or both. This service does not include continuing inpatient psychiatric care delivered at a facility that provides such services, as further specified by EOHHS. (See details below)					
1. Inpatient Mental Health Services - hospital services to evaluate and treat an acute psychiatric condition which 1) has a relatively sudden onset; 2) has a short, severe course; 3) poses a significant danger to self or others; or 4) has resulted in marked psychosocial dysfunction or grave mental disability. 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 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).	✓	✓	✓		

<p>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.</p>	✓	✓	✓		
<p>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.</p>	✓	✓	✓		
<p>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.</p>	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
<p>Diversions 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 Diversions 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)</p>					
<p>24-Hour Diversions Services</p>					
<p>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 or are transitioning from Inpatient Services.</p>	✓	✓	✓		
<p>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</p>	✓	✓			

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
clinical staffing to insure safety for the child or adolescent, while providing intensive therapeutic services including, but not limited to, medication monitoring; psychiatric assessment; nursing availability; Specializing (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. Individualized Treatment Stabilization Services (ITS) Tier 1. A program that provides integrated ASAM Level 3.7 (ATS) and ASAM Level 3.5 (CSS) services in a single unit or location for stabilization and continuity of care. ITS Tier 1 programs must meet all expectations for both service models, including licensure requirements. ITS	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
<p>Tier 1 serves members who are involuntarily committed to treatment due to the severity and level of impairment caused by their SUD. ITS Tier 1 includes all requirements of ASAM Level 3.7 (ATS) and ASAM Level 3.5 (CSS) and psychopharmacology services, a minimum of six hours of clinical services 7 days a week, treatment for mental health and co-occurring disorders, clinical programming must include evidence-based practices such as cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT), as well as other targeted behavioral interventions that promote skill-building and the facilitation of access to recovery support navigator services and peer recovery coach services.</p>					
<p>6. Individualized Treatment Stabilization Services (ITS) Tier 2. An integrated program that provides enhanced ASAM Level 3.7 (ATS) and ASAM Level 3.5 (CSS) services in a single unit or location for stabilization and continuity of care. ITS Tier 2 must meet all expectations for both service models. ITS Tier 2 serves members who have co-occurring disorders and multiple unsuccessful treatment episodes at lower levels of care who would benefit from fewer transitions between levels of care and enhanced engagement interventions. ITS Tier 2 includes all requirements of ASAM Level 3.7 (ATS) and ASAM Level 3.5 (CSS) and psychopharmacology services, a minimum of six hours of clinical services 7 days a week, treatment for mental health and co-occurring disorders, clinical programming must include evidence-based practices such as cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT), as well as other targeted behavioral interventions that promote skill-building and the facilitation of access to recovery support navigator services and peer recovery coach services.</p>	✓	✓			
<p>7. Youth Withdrawal Management and Stabilization Services- Integrated ASAM 3.7 (ATS) and ASAM 3.5 (CSS) providing developmentally appropriate services to adolescents ages 13-17 years of age. Youth withdrawal management and stabilization services shall be located separately from any adult services. Youth withdrawal management services must individually assess youth according to ASAM criteria and implement treatment plans to meet the youths needs. For ASAM level 3.7 service must include 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</p>	✓	✓			

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
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. ASAM 3.5 (CSS) 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.					
8. Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	✓	✓			
a. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour residential environment that provides a structured and comprehensive rehabilitative environment that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to achieve recovery. 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	✓	✓	✓		

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
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 achieve recovery 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 achieve recovery. Enrollees receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions.	✓	✓	✓		
d. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour developmentally appropriate residential environment with enhanced staffing and support designed specifically for youth ages 13-17 that provides a structured and comprehensive rehabilitative environment for that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to achieve recovery. Members receive at least five hours	✓	✓			

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
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 achieve recovery. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Residential programs must provide assessment and management of gynecological and/or obstetric and other prenatal needs, as well as treatment plans addressing parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups.	✓	✓	✓		
f. Co-Occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) - 24-hour, safe, structured environment, located in the community, which supports Covered Individual's recovery from addiction and moderate to severe mental health conditions while reintegrating into the community and returning to social, vocation/employment, and/or educational roles. Scheduled, goal-oriented clinical services are provided in conjunction with psychiatry and medication management to support stabilization and development of skills necessary to achieve recovery. Clinical services are provided a minimum of five hours a week and additional outpatient levels of care may be accessed concurrently as appropriate. Programs will ensure that Members have access to prescribers of psychiatric and addiction medications.	✓	✓	✓		
9. 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 have been determined to need group care or foster care and no longer meet the clinical	✓	✓			

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
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					
<p>1. Community Support Program (CSP) and Specialized CSP - an array of services delivered by a community-based, mobile, multi-disciplinary team of professionals and paraprofessionals. These programs provide essential services to Enrollees with a long standing history of a psychiatric or substance use disorder and to their families, or to Enrollees who are at varying degrees of increased medical risk, or to children/adolescents who have behavioral health issues challenging their optimal level of functioning in the home/community setting for whom CBHI services are not appropriate. Services include outreach and supportive services, delivered in a community setting, which will vary with respect to hours, type and intensity of services depending on the changing needs of the Enrollee. Specialized CSP programs serve populations with particular needs.</p> <p>Specialized CSP Programs:</p> <p>a. CSP for Justice Involved – a Specialized CSP service to address the health-related social needs of Enrollees with Justice Involvement who have a barrier to accessing or consistently utilizing medical and behavioral health services, as defined by EOHHS. CSP-JI includes behavioral health and community tenure sustainment supports.</p> <p>b. CSP for Homeless Individuals – a Specialized CSP service to address the health-related social needs of Enrollees who (1) are experiencing Homelessness and are frequent users of acute health MassHealth services, as defined by EOHHS, or (2) are experiencing chronic homelessness, as defined by the US Department of Housing and Urban Development.</p> <p>c. CSP – Tenancy Preservation Program - a Specialized CSP service to address the health-related social needs of Enrollees who are At Risk of Homelessness and facing Eviction as a result of behavior related to a disability. CSP-TPP works with the member, the Housing Court, and the member’s landlord to preserve tenancies by connecting the member to community-based services in order to address the underlying issues causing the lease violation. The primary goal of the CSP-TPP is to preserve the tenancy and the secondary goals are to put in place services that address those issues that put the Enrollee’s housing in jeopardy to ensure that the Enrollee’s housing remains stable.</p>	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
<p>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.</p> <p>Specialized Recovery Coach Services</p> <p>a. Effective September 1, 2025, Recovery Coach for Pregnant and Postpartum Members- A specialized peer recovery coach who provides non-clinical peer recovery supports to individual in or seeking recovery who are pregnant or have been pregnant in the last 12 months.</p>	✓	✓	✓		
<p>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.</p> <p>4. Specialized Recovery Support Navigators Effective September 1, 2025, Recovery Support Navigator for Pregnant or Postpartum Members- A specialized Recovery Support Navigator that provides services to individuals who are pregnant or have been pregnant in the last 12 months.</p>	✓	✓	✓		
<p>5. Partial Hospitalization (PHP) – an alternative to Inpatient Mental Health Services, PHP services offer short-term day mental health programming available seven days per week. These services consist of therapeutically intensive acute treatment within a stable therapeutic milieu and include daily psychiatric management.</p>	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
6. 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.	✓	✓	✓		
7. 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 without 24-hour monitoring. These programs 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 and postpartum Covered Individuals, adolescents and Covered Individuals who are experiencing homelessness or at risk of homelessness.	✓	✓	✓		
8. 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. PACT includes PACT 50; PACT 80; and Forensic PACT.	✓	✓	✓		
9. 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.	✓	✓	✓		

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
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.	✓	✓	✓		
5. Psychiatric Consultation on an Inpatient Medical Unit - an in- person meeting of at least 15 minutes' duration between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and a Covered Individual at the request of the medical unit to assess the Covered Individual's mental status and consult on a behavioral health or psychopharmacological plan with the medical staff on the unit.	✓	✓	✓		

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
6. Medication Visit - an individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist for efficacy and side effects.	✓	✓	✓		
7. Medication Administration – shall mean the injection of intramuscular psychotherapeutic medication by qualified personnel.	✓	✓	✓		
8. Couples/Family Treatment - the use of psychotherapeutic and counseling techniques in the treatment of a Covered Individual and his/her partner and/or family simultaneously in the same session.	✓	✓	✓		
9. Group Treatment – the use of psychotherapeutic or counseling techniques in the treatment of a group, most of whom are not related by blood, marriage, or legal guardianship.	✓	✓	✓		
10. Individual Treatment - the use of psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis.	✓	✓	✓		
11. Inpatient-Outpatient Bridge Visit - a single-session consultation conducted by an outpatient provider while a Covered Individual remains on an Inpatient psychiatric unit. The Inpatient-Outpatient Bridge Visit involves the outpatient Provider meeting with the Enrollee and the inpatient team or designated inpatient treatment team clinician.	✓	✓	✓		
12. Assessment for Safe and Appropriate Placement (ASAP) - an assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists, to evaluate individuals who are in the care and custody of DCF and who have been adjudicated delinquent for a sexual offense or the commission of arson, or have admitted to such behavior, or are the subject of a documented or substantiated report of such behavior, and who are being discharged from Inpatient Psychiatric Unit or Hospital or Community-Based Acute Treatment for	✓	✓			

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
Children/Adolescents or Intensive Community Based Acute Treatment for Children/Adolescents to a family home care setting. Services are provided through a contracted 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 - outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications. Ambulatory Withdrawal Management is provided under the direction of a physician and is designed to stabilize the Member's medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of the individual's symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment.	✓	✓	✓		
17. Psychological Testing - the use of standardized test instruments to assess a Covered Individual's cognitive,	✓	✓	✓		

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
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.	✓	✓			
19. Applied Behavior Analysis for members under 21 years of age (ABA Services) – a MassHealth service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. This service provides for the performance of behavioral assessments; interpretation of behavior analytic data; development of a highly specific treatment plan; supervision and coordination of interventions; and training other interveners to address specific objectives or performance goals in order to treat challenging behaviors that interfere with a youth’s successful functioning. See 101 CMR 358.00.	✓	✓			
20. Early Intensive Behavioral Intervention (EIBI): a service provided to children under three years of age who have a diagnosis of autism spectrum disorder (ASD) and meet clinical eligibility criteria as defined by DPH. Such services shall be provided only by DPH-approved, Early Intensive Behavioral Intervention Service Providers.	✓	✓			
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,	✓	✓			

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
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 reside, such as the home and other community settings. Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a Family Support and Training staff and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth’s emotional and behavioral needs by improving the capacity of the parent /caregiver to parent the youth so as to improve the youth’s functioning. Services may include education, assistance in navigating the youth serving systems; fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources, support, coaching, and training for the parent/caregiver.	✓				
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.	✓				

Coverage Types					
Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
<p>3. In-Home Behavioral Services – this service usually includes a combination of behavior management therapy and behavior management monitoring, as follows:</p> <p>a. Behavior Management Therapy: This service includes assessment, development of the behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance. This service addresses challenging behaviors which interfere with the youth’s successful functioning. The Behavior management therapist develops and monitors specific behavioral objectives and interventions, including a crisis-response strategy, that are incorporated into the youth’s treatment plan. The therapist may also provide short-term counseling and assistance, depending on the youth’s performance and level of intervention required. Phone contact and consultation may be provided as part of the intervention.</p> <p>b. Behavior Management Monitoring. This service includes implementation of the behavior plan, monitoring the youth’s behavior, reinforcing implementation of the plan by parents or other caregivers and reporting to the behavior management therapist on implementation of the plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.</p>	✓				
<p>4. In-Home Therapy Services - This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows:</p> <p>a. The Therapeutic Clinical Intervention is a structured, consistent, therapeutic relationship between a licensed clinician and the youth and family for the purpose of treating the youth’s mental health needs including improving the family’s ability to provide effective support for the youth to promote healthy functioning of the youth within the family. The clinician develops a treatment plan and, using established psychotherapeutic techniques, works with the entire family or a subset of the family, to enhance problem-solving, limit-setting, communication, emotional support or other family or individual functions. The Therapeutic Clinical Intervention is provided by a qualified licensed clinician who will often work in a team that includes one or more qualified paraprofessionals.</p>	✓	✓			

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
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 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.	✓				
6. Family-based Intensive Treatment. Effective October 1 , 2025 , This service is for individuals younger than 21 years of age with serious emotional disturbance to maintain the youth at home safely and support outpatient and community-based levels of care. The services include assessment of the members, development and review of an individualized treatment plan, development and review of safety or crisis planning tools, intensive therapeutic interventions for the youth and family, referral and coordination of other services and supports, skills training, and coaching. Family-based intensive treatment is provided by eligible providers using a team-based approach.					

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
Crisis Services - Crisis Services are available seven days per week, 24 hours per day to provide treatment of any individual who is experiencing a mental health crisis. (See detailed services below)					
<p>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.</p> <p>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;</p> <p>b. Intervention –the provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and</p> <p>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.</p> <p>d. In addition, medication evaluation and specialing services shall be provided if Medically Necessary.</p>	✓	✓	✓	✓	✓ (initial crisis encounter only)
<p>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.</p>	✓	✓		✓	✓ (initial crisis encounter only)
<p>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 presenting to the ED in a behavioral health crisis. Elements of crisis evaluations include:</p> <p>a. Comprehensive Behavioral Health Crisis Assessment: Behavioral Health crisis assessment by a qualified behavioral health professional to individuals within 60 minutes of time of the member’s readiness to receive such an assessment. Behavioral Health Crisis Evaluation team must include: qualified behavioral health professional, a complex behavioral health care clinician, and other</p>	✓	✓	✓	✓	

Coverage Types

Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
<p>master’s and bachelor’s-level clinicians and staff sufficient to meet the needs of members served which may include certified peer specialists and recovery coaches.</p> <p>b. Crisis Interventions: Observation, treatment, and support to individuals experiencing a behavioral health crisis.</p> <p>c. Discharge Planning and Care Coordination: A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care.</p> <p>d. Reporting and Community Collaboration: Required reporting of individuals awaiting inpatient psychiatric hospitalization and the establishment of referral relationships with community providers.</p> <p>These services shall be provided in accordance with the Acute Hospital RFA.</p> <p>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:</p> <p>a. Crisis Interventions: Observation, treatment, and support to individuals experiencing a behavioral health crisis.</p> <p>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.</p> <p>c. Ongoing required reporting and community collaboration</p> <p>These services shall be provided in accordance with the Acute Hospital RFA.</p>					
Other Behavioral Health Services - Behavioral Health Services that may be provided as part of treatment in more than one setting type					
<p>1. Electro-Convulsive Therapy (ECT) - a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is</p>	✓	✓	✓		

Coverage Types

Service	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only	Individuals without Mobile Crisis Coverage
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 A-5
**Providers of Individualized Treatment Services and Youth and Transitional Age Youth
 Detoxification List**

INVOLUNTARY CIVIL COMMITMENT PROVIDER	ADDRESS
Providers of Individualized Treatment Services	
Recovery Centers of America at Danvers	75 Lindall St Danvers, MA 01923 (844) 242-7956
New View (Behavioral Health Network)	21 Kenwood St Greenfield, MA 01301 Crisis (413) 733-6661 Referral (413) 301-9355 Corporate (413) 747-0705
Recovery From Addictions Program (DMH)	60 Hodges St Taunton, MA 02780 (833) 787-9718
High Point Treatment Inc	108 North Front Street New Bedford, MA 02740 508-994-0885 10 Meadowbrook Rd Brockton, MA 02301 508-584-9210 1223 State Rd Plymouth, MA 02360 508-224-7701
Providers of Youth and Transitional Age Youth Detoxification and Stabilization	
Southcoast Behavioral Health	581 Faunce Corner Road Dartmouth, MA 02747 (844) 708-2731

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. Claims-based reports shall allow for a 90-day (three month) Claims lag and report time. If a due date falls on a non-business day, submission shall take place by the next business day. All references to “annual” or “year-to-date” reports or data refer to the Contract Year, unless otherwise specified.

Report Cadence	Reports Due (<i>by close of business</i>)
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.
<u>Daily Deliverables</u>	Deliverables due by close of business/COB on the next business day following the day reported.
<u>Weekly Deliverables</u>	Deliverables due by close of business/COB on Fridays.
<u>Monthly Deliverables</u>	Deliverables due on a monthly basis, by the last business day of the month, following the month included in the data, unless otherwise specified by EOHHS. Claims-based reports due on the last day of the third month following the month included in the data (<i>e.g.</i> , January reporting period due last day of April).
<u>Quarterly Deliverables</u>	Deliverables due on a contract year (CY) quarterly basis, by the last business day of the month following the end of each quarter, unless otherwise specified. <ul style="list-style-type: none"> ○ CY Quarter 1: January 1 – March 31 ○ CY Quarter 2: April 1 - June 30 ○ CY Quarter 3: July 1 – September 30 ○ CY Quarter 4: October 1 – December 31
<u>Semi-Annual Deliverables</u>	Deliverables due by the last business day of the month following the end of the reporting period, unless otherwise specified. The semi-annual reporting periods are as follows: <ul style="list-style-type: none"> ○ January 1 – June 30 ○ July 1 – December 31

<u>Annual Deliverables</u>	Deliverables due by the last business day of the month following the end of the reporting period (Contract Year: January 1 -- December 31), unless otherwise specified by EOHHS.
<u>Biennial Deliverables</u>	Deliverables due in designated biennial years, by the last business day of the month following the end of the reporting period, unless otherwise specified. Specific years are noted in the report descriptions.
<u>Ad-Hoc Deliverables</u>	Deliverables are due whenever the Contractor has relevant changes or information to report, or upon EOHHS request related to Behavioral Health, Contract Management, Financial, Quality, Pharmacy, and Operations deliverables as applicable.

Filenaming Convention

All reports submitted to EOHHS shall adhere to the following filenaming convention:

1. **File Upload Folders** shall include the reporting year, reporting cadence, and reporting period. For example:
 - o Quarterly: CY24_Quarterly-1, CY24_Quarterly-2, etc.
 - o Monthly: CY24_Monthly_01-Jan, CY24_Monthly_02-Feb, etc.
 - o CY24_Annual, CY24_Semi-Annual
2. **Filenames** shall be identical to the report titles in this appendix, inclusive of the Contract Exhibit numbers. For example:
 - o BH-27_Provider-Concerns-Report
 - o PI-05_Summary-of-Provider-Overpayments
3. **Sub-Deliverables** assigned a letter/number designation shall follow the filename to indicate the specific sub-deliverable. If sub-deliverables include a title, the title should be included following an underscore. For example:
 - o BH-18_BH-Provider-Network-Access-and-Availability_A
 - o Quarterly-MCPAP-Program-Utilization-stratified-by-Month_A_MCPAP-Activity-3Yr-Trending
4. **Character Usage:** For the purpose of data storage, spaces shall not be used in filenames. Underscores shall be instead of spaces to separate data elements, while dashes shall be used in place of spaces within report filenames and sub-deliverables.

By adhering to this filenaming convention, the Contractor will ensure consistent and efficient organization of report submissions.

Reportable Adverse Incidents

1. BH-01 - Behavioral Health Reportable Adverse Incidents and Roster of Reportable Adverse Incidents – Daily Incident Delivery Report

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

One-time, Periodic and Ad Hoc Reports

2. BH-N/A - Authorization Reports for CBHI Services

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

3. 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.

4. 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.

5. PCC Clinical Advisory Committee

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

6. Behavioral health urgent care – ad hoc reports

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

7. Fraud and Abuse Notification (within 5 business days) and Activities

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

8. 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.

9. Notification of Provider Overpayments (within 5 business days)

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

10. Self-Reported Disclosures

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

11. Response to Overpayments Identified by EOHHS Report

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

12. Agreed Upon Overpayments Collection Report

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

Daily Reports

13. BH-26 - 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

14. CBHI access reporting

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

15. CSA Enrollment data

Admits and Discharges to Intensive Care Coordination for the purposes of creating a flag in EVS to avoid duplicate TCM services enrollments (e.g., CARES, CP, etc.)

Monthly Reports

16. BH-N/A - CBHI Services Provider Monitoring Reports

- a. Provider access reports: Aggregated by Region and by service – including In-Home Therapy, Therapeutic Mentoring and In-Home Behavioral Services.
 1. “MABH Access (Availability and Waitlist Reports) - FST”: Self-reported provider-level data
 2. “MABH Access (Availability and Waitlist Report) - IHBS”: Self-reported provider-level data
 3. “MABH Access (Availability and Waitlist Report) - IHT”: Self-reported provider-level data
 4. “MABH Access (Availability and Waitlist Report) - TM”: Self-reported provider-level data
 5. “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.

1. IHT/TM/IHBS Monthly Provider Report:
Self-reported by providers. Provider-level data on availability of services inclusive of data on total capacity, slots, available and total youth waiting.
 2. IHT/TM/IHBS Monthly Provider Report Addendum
 3. 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.)
1. 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.
 2. 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.

17. BH-N/A - CSA Reported and Aggregated Data

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

- a. “IHT Response Time”: Average time to first IHT appointment.
- b. “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.

18. BH-27 Provider Concerns Report

Report of all concerns reported by Network Providers to the vendor or directly to EOHHS; 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

19. BH-29 - PCC and BH Networks Site Visit Report

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

20. BH-30 - PCC Plan Support Services Report

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Appendix E-1 Replaced by Amendment 7

Effective 7/1/2025

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

21. BH-N/A - Care Management Report

Report of all Care Management, Integrated Care Management and Practice-Based Care Management, stratified by month, 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.

- a. “ICMP PBCM”: Excel sheet detailing count and percentage
- b. “ICMP PBCM Narrative”: Details engagement, disenrollment, high-risk identification, noticeable changes, opportunities for improvement, interventions/next steps for ICMP and PBCM

22. Care Management – PBCM Report

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

23. Claims Processing Report

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

- a. “Denied Claims”: Summarizes the number of claims and claim dollars by denial reasons
- b. “Pended Claims”: Summarizes the number of claims and claim dollars by pend reasons
- c. “Claims Activity”: Summarizes claims received and paid/denied/pended, an analysis, and action items/next steps
- d. “253A”: Pie chart describing percentage of claims denied, paid, and pended every month
- e. “253B”: Pie chart describing percentage of claims denied, paid, and pended for the year
- f. “253C”: Pie chart describing percentage of claims denied, paid, and pended from 2023

24. Network Management Activities Report

Number and types of meetings for CBHI (ICC, IHT, IHBS, TM, and FS&T) services.

25. MBHP IHD Discharge reports

Youth discharged from IHD with disposition.

26. CBHC E-Reporting

** Due on the 15th of the month following the month being reported on (i.e., Apr 15th for March data)*

Site-Reported E-Reporting provides an overview of CBHCs ability to meet access standard thresholds for Core Clinic Services (MOUD Initiation Appointment, Urgent Appointment,

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Urgent Psychopharm, and Non-Urgent Appointment) and Mobile Crisis Intervention Services for adult and youth (Overall, Overnight, & In-Person Access Standards).

27. Police Drop-off and Direct Admits

The total count of weekly police drop-offs at CBHCs, by site and region, as well as total count of direct admissions from CBHCs to an inpatient psychiatric unit.

28. CCS Utilization

** Due on the 15th of the month following the month being reported on (i.e., Apr 15th for March data)*

Report detailing the number of available beds, by week, and the daily census (occupancy rates) for CBHC Adult Community Crisis Stabilization (ACCS) and Youth Community Crisis Stabilization (YCCS) programs.

Quarterly Reports

29. BH-19 - Telephone Statistics

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.

30. BH-14 - CANS Compliance:

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

“BH-14 CANS Compliance_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

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

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:

- a. Covered Individuals enrolled in PACT;
- b. Covered Individuals enrolled in PACT who assessed psychiatric inpatient level of care;
- c. Covered Individuals enrolled in PACT who assessed Crisis Stabilization Services; and
- d. Covered Individual’s enrolled in PACT who assessed Community Crisis Stabilization.

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

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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.

33. 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.

34. BH-15 - Behavioral Health Utilization and Cost Report

A summary of Behavioral Health costs and utilization.

35. BH-N/A - EC - Massachusetts Child Psychiatry Access Project Report

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.

- a. “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.
- b. “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

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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.

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

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

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

43. 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.**

44. CSA reported and aggregated data (quarterly)

- a. "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.
- b. "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.
- c. "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.

45. Payment Suspension

Notification of payment suspensions for a provider.

46. CBHC Staffing Report

** Due on the 15th of the month following the month being reported on (I.E. Apr 15th for March data)*

Assessment of vacant positions which CBHCs are hiring for, including the role (i.e. nursing, prescribers, clinicians, supervisors, peer support specialists, etc), the service type (Core, MCI, CCS), the shift, and the number of FTE's needed.

47. Secret Shopper Summary

** Due on the 15th of the month following the month being reported on (I.E. Apr 15th for March data)*

Overview of Secret Shopper calls completed within the quarter for CBHC Core Clinic and Mobile Crisis Intervention services. The report includes quantitative and qualitative experience ratings, as well as narratives and descriptions of the calls completed.

48. Behavioral Health Urgent Care – Quarterly

A summary, stratified by month, of BHUC provider-reported information as described in contract Section 2.6.D.8.a.7.

Semi-Annual Reports

49. BH-N/A - BOH Appeals Report

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.

50. BH-22 - Grievance and Internal Appeals Report

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.

51. BH-N/A - Coordination of Benefits/Third-Party Liability Report

- a. Third-party health insurance cost avoidance Claims amount, by carrier
- b. Third-party health insurance total recovery savings, by carrier.
 1. “Coordination of Benefits”: Contractor’s actual savings via Third Party Insurance Benefit Coordination and the actual cost of avoidance via the denial of claims.
 2. “TPLSAV”: Savings amounts per month.
 3. “353_ORA”: Historical list of savings.
 4. “4669_ORA”: Quarterly report of total claim lines and total claimed.

5. "5630_ORA": Monthly payment timeliness report including total claims, average days for payment, SD days for payment, and #/% claims paid within 30 days.

52. CSA reported and aggregated data

- a. "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.

53. PI-05 - Summary of Provider Overpayments (semi-annual)

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

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

Summary report, including Clinical Ops Data and Graphs, on ABA authorizations, diversions, modifications, and service denials.

55. Health Quality and Equity Strategic Report

Report on items related to the Contractor's Health Quality and Equity Strategic Plan, including but not limited to requirements found in **Section 2.2.C.1.a.1.h**.

Annual Reports

56. BH-N/A - Network Management Strategies Report

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.

57. BH-02 - Behavioral Health Adverse Incident Summary Report

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.

58. BH-03 - Behavioral Health Readmission Rates Report

** This annual report is due at the end of the Fiscal Year (Due in July)*

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.

59. BH-04 - Behavioral Health Ambulatory Continuing Care Rate

** This annual report is due at the end of the Fiscal Year (Due in July)*

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.

60. Behavioral Health Urgent Care Program – annual report

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

61. BH-N/A - Pay for Performance Incentive Reporting

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

62. BH-11 - Medical Records Review Report

Report that includes requirements found in **Section 2.14.K** as will be developed by EOHHS and Contractor.

63. BH-33 - PCC Plan Management Support Services Report

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**.

64. BH-34 - PCC Compliance with PCC Provider Agreement

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

65. BH-N/A - Provider Preventable Conditions

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

66. 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**.

67. 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**.

68. BH-N/A - Mobile Crisis Intervention/Runaway Assistance Program (MCI/RAP)

Outcome and Output Measures Report

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. BH-35 - PCC Plan Management Support Services Training

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

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Appendix E-1 Replaced by Amendment 7

Effective 7/1/2025

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.

- a. “MCPAP FYXXQX Insurance Report”
- b. “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 Reports

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

76. Material Subcontractors

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Appendix E-1 Replaced by Amendment 7

Effective 7/1/2025

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

77. CSA Reported and Aggregated Data

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

78. PI-02 - 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.

79. Program Integrity Compliance Plan and Anti-Fraud, Waste, and Abuse Plan

Compliance plan and anti-fraud, waste, and abuse plan.

80. BH-18 - BH Provider Network Access and Availability Reports:

Reports on the list of behavioral health providers in the Contractors network across the state and on the ability of MBHP to comply with the time and distance standards set forth in Section 2.9.C. The BH-18 reports shall include the below information in a form and format specified by EOHHS.

- a. An analysis of the Contractors BH Network Geographic Access;
- b. Lists of contracted providers and a summary of significant changes to the provider network;
- c. A summary of appointment availability;
- d. A summary of the use of out-of-network providers; and
- e. For each of the contracted service areas (as specified by EOHHS):
 - 1. A summary of the methods used to collect and examine network adequacy data.
 - 2. An analysis and summary of the reports.
 - 3. A summary of the management actions or next steps that will be taken based on the findings of the analysis.

Biennial Reports

81. BH-32 - Satisfaction Survey Summary

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.

- a. Network Provider Satisfaction Survey
Due in odd-numbered years (e.g., 2023, 2025, etc.)

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**.

b. PCC Provider Satisfaction Survey

Due in even-numbered years (e.g., 2024, 2026, etc.)

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**.

c. Covered Individual Satisfaction Survey

Due in even-numbered years (e.g., 2024, 2026, etc.)

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

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 2025 (CY25)

1. PCC and TPL: PMPM (\$) Rates January 1, 2025 - December 31, 2025

Rating Category	Medical services PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child :	\$ 128.65	\$ 19.44	\$ 0.40	\$ 6.09	\$ 154.58
Rating Category I Adult :	\$ 72.88	\$ -	\$ 5.99	\$ 6.37	\$ 85.24
Rating Category I TPL:	\$ 21.46	\$ 5.56	\$ 0.07	\$ 6.27	\$ 33.36
Rating Category II Child :	\$ 371.55	\$ 213.21	\$ 0.74	\$ 13.54	\$ 599.04
Rating Category II Adult :	\$ 260.45	\$ -	\$ 12.35	\$ 13.25	\$ 286.05
Rating Category II TPL:	\$ 53.02	\$ 46.42	\$ 0.33	\$ 10.79	\$ 110.56
Rating Category IX :	\$ 95.93	\$ -	\$ 9.48	\$ 6.43	\$ 111.84
Rating Category X :	\$ 476.58	\$ -	\$162.96	\$ 18.17	\$ 657.71

2. Primary Care ACO: PMPM (\$) Rates January 1, 2025 - December 31, 2025

Rating Category	Medical services PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child :	\$ 64.46	\$ 11.50	\$ 0.22	\$ 4.85	\$ 81.03
Rating Category I Adult :	\$ 69.17	\$ -	\$ 8.12	\$ 5.15	\$ 82.44
Rating Category II Child :	\$ 337.11	\$244.01	\$ -	\$ 11.11	\$ 592.23
Rating Category II Adult :	\$ 320.45	\$ -	\$ 29.69	\$ 12.38	\$ 362.52
Rating Category IX :	\$ 114.20	\$ -	\$ 17.76	\$ 5.30	\$ 137.26
Rating Category X :	\$ 608.71	\$ -	\$274.30	\$ 14.97	\$ 897.98

B. Risk Sharing Corridors for Contract Period CY25, 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 2025. 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 2025. 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 CY25 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 CY25. 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 CY25. 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 2025 effective January 1, 2025, through December 31, 2025, 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 2025, 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 2025, by multiplying the following:
 - i. The ABA and SUD Add-On rates determined by EOHHS and provided to the Contractor in **Section 1.A** above; by
 - ii. The number of applicable member months for the period.
 - b. EOHHS will then determine the Contractor’s expenditures for ABA and SUD Services for Contract Year 2025, using claims data submitted in the report described in **Section 1.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 1.D.1.a** above, is greater than the Contractor’s expenditures, as determined by the calculation described in **Section 1.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 2025. 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 1.D.1.a** above, is less than the Contractor’s expenditures, as determined by the calculation described in **Section 1.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 2025. 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 2025, 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. Quality Incentive Program and Quality and Equity Incentive Program Arrangements

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

The CY2025 Payments for performance incentives detailed in Appendix G to the Contract shall be \$6,000,000.00, subject to attainment of reporting and performance measures.

C. PCC Plan Support

For CY25, 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.

D. HRSN Supplemental Services and HRSN administration Payment (pursuant to Section 4.2.W. of the Contract)

In CY25, EOHHS shall issue lumpsum payments to the Contractor for the provision of HRSN supplemental services to primary Care ACO enrollees in the amount of \$8,859,349.19. Additionally, EOHHS shall issue lumpsum payments to the Contractor for administrative costs associated with the delivery of HRSN services in the amount of \$2,000,000.

The payments shall be issued on a quarterly basis or other frequency to be determined by EOHHS, as described in **Section 4.2W.**

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 2025 in support of the ASD-ID for MCPAP activities. These funds may be used to support MCPAP's role in expansion of MCPAP for ASD-ID to support pediatric primary care providers, as long as the use of the funds for this purpose has no impact on MCPAP for ASD-ID's ability to fully meet all program requirements

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 shall be returned to EOHHS, unless otherwise directed by EOHHS.
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 \$529,823 in Calendar Year 2025 in support of the Early Childhood (EC) MCPAP activities.

1. The Contractor's EC MCPAP program spending in CY2025 shall not exceed the funding amount set forth in this sub-section.
2. Any unspent funds shall be returned to EOHHS, unless otherwise directed by EOHHS.
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 2025. 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.L of the Contract)

The Community Crisis Program for Uninsured Individuals Service Compensation Rate Payment shall be \$6,880,000.00 in Contract Year 2025 and paid out in monthly installments to be determined by EOHHS.

G. Community Crisis Administration Payment

The Contract Year 2025 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 \$1,250,000 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 either a rate of \$1,024.64 for an adult

- mobile non-emergency department encounter, \$1,075.87 for a youth non-emergency department encounter or \$695.29 for a community-based encounter for such individual or the difference between the aforementioned rates and the amount covered by Third Party Liability, whichever is lower.
2. For each individual for which the Contractor pays for the mobile crisis intervention follow-up pursuant to **Section 2.6.B.1** of the Contract, EOHHS shall pay the Contractor either the following rates or the difference between the below rates and the amount covered by Third Party Liability, whichever is lower:
 - i. \$30.57 per 15 minutes for AMCI provided at CBHC site by a Paraprofessional or Bachelor's level staff. Follow up interventions provided up to the third day following initial evaluation.
 - ii. \$33.94 per 15 minutes for YMCI provided at CBHC site by a Paraprofessional or Bachelor's level staff. Follow up interventions provided up to the seventh day following initial evaluation.
 - iii. \$39.70 per 15 minutes for AMCI provided at CBHC site by a Master's level Clinician. Follow-up interventions provided up to the third day following initial evaluation.
 - iv. \$44.33 per 15 minutes for YMCI provided at CBHC site by a Master's level clinician. Follow-up interventions provided up to the seventh day following initial evaluation.
 - v. \$33.94 per 15 minutes for AMCI provided at a community-based site of service outside of the CBHC site by a Paraprofessional or Bachelor's level staff. Follow-up interventions provided up to the third day following initial evaluation.
 - vi. \$33.94 per 15 minutes for YMCI provided at a community-based site of service outside of the CBHC site by a Paraprofessional or Bachelor's level staff. Follow-up interventions provided up to the seventh day following initial evaluation.
 - vii. \$44.33 per 15 minutes for AMCI provided at a community-based site of service outside of the CBHC site by a Master's level clinician. Follow-up interventions provided up to the third day following initial evaluation.
 - viii. \$44.33 per 15 minutes for YMCI provided at a community-based site of service outside of the CBHC site by a Master's level clinician. Follow-up interventions provided up to the seventh day following initial evaluation.
 3. For each individual for which the Contractor pays for Community Crisis Stabilization (CCS) pursuant to **Section 2.6.B.1** of the Contract, EOHHS shall pay the Contractor either a rate of \$632.05 per unit of Adult CCS or \$930.73 per unit of Youth CCS or the difference between the aforementioned rates and the amount covered by Third Party Liability, whichever is lower.
 4. For each unit of outpatient CBHC bundle for which the Contractor pays pursuant to **Section 2.6.B.1** of the Contract, up to three units per individual, EOHHS shall pay the Contractor either a rate of \$233.90 for a CBHC Adult Services encounter bundle

or \$241.86 for a CBHC Child/Adolescent Services encounter bundle or the difference between the aforementioned rates and the amount covered by Third Party Liability, whichever is lower.

5. 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**.

K. CBHI Provider Payments (pursuant to Section 4.2.X of the Contract)

In CY2025, EOHHS shall issue payments to the Contractor in the amount of \$15,000,000, in support of the Children’s Behavioral Health Initiative (CBHI) and Community Service Agency (CSA) provider networks. The Contractor’s spending on CBHI and CSA activities described in **Section 4.2.X** shall not exceed the funding provided in Contract Year 2025. Any unspent funds shall be returned to EOHHS, unless otherwise directed by EOHHS.

L. [Reserve]

M. Outpatient Crisis Payment (pursuant to Section 2.6.B.2 of the Contract)

1. For each unit of outpatient CBHC bundle for which the Contractor pays pursuant to **Section 2.6.B.2** of the Contract, up to three units per individual, EOHHS shall pay the Contractor either a rate of \$233.90 for a CBHC Adult Services encounter bundle or \$241.86 for a CBHC Child/Adolescent Services encounter bundle or the difference between the aforementioned rates and the amount covered by Third Party Liability, whichever is lower.
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

		Unique Code/Modifier Combinations			
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost	
MH and SA OP Services	90791*	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	\$	208.27
MH and SA OP Services	90791*	U6 - Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$	167.15
MH and SA OP Services	90791*	AH - Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 4/24/25: \$143.48	
MH and SA OP Services	90791*	SA - Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	Effective 4/25/25: 101 CMR 329	
MH and SA OP Services	90791*	HO-Master's Level	Psychiatric Diagnostic Evaluation	\$	144.66
MH and SA OP Services	90791*	U3 - Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	Effective 1/1/25 through 4/24/25: \$130.48	
MH and SA OP Services	90791*	U4 - Intern (Master's)	Psychiatric Diagnostic Evaluation	Effective 4/25/25: 101 CMR 329	
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	Effective 1/1/25 through 4/24/25: \$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	Effective 4/25/25: 101 CMR 329	

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

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Category of Service		Unique Code/Modifier Combinations			Unit Cost
		Procedure Code	Modifier Group	Procedure Description	
MH and SA OP Services	90791	HA-CANS; HO-Master's Level	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 1/1/25 through 4/24/25: \$145.48	
	90791	HA-CANS; U3-Intern (PhD, PsyD, EdD)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	Effective 4/25/25: 101 CMR 329	
MH and SA OP Services	90791	HA-CANS; U4-Intern (Master's)	CANS - Psychiatric Diagnostic Evaluation, Members under 21	\$ 96.83	
MH and SA OP Services	90792	UG - Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 87.20	
MH and SA OP Services	90792	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	\$ 131.80	
MH and SA OP Services	90792	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	\$ 114.31	
MH and SA OP Services	90832	UG-Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	\$ 104.57	
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	Effective 1/1/25 through 4/24/25: \$59.16	
	90832	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	Effective 4/25/25: 101 CMR 329	
MH and SA OP Services	90832	HO - Master's Level	Individual Psychotherapy, approximately 20-30 minutes	\$ 59.16	
MH and SA OP Services	90832	U7-Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Individual Psychotherapy, approximately 20-30 minutes	Effective 1/1/25 through 4/24/25: \$52.20	
	90832	U3 - Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	Effective 4/25/25: 101 CMR 329	
MH and SA OP Services	90832	U4-Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	\$ 52.20	
MH and SA OP Services	90832		Individual Psychotherapy, approximately 20-30 minutes	\$ 35.49	
MH and SA OP Services	90832		Individual Psychotherapy, approximately 20-30 minutes	\$ 31.32	

Appendix L, Exhibit 1

* See Section 2.7.B.5.a for

adjustment to unit cost if using CANS Tool.

Managed BH Vendor Contract with MBHP, Amendment 7

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

		Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost		
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		Effective 1/1/25 through 4/24/25: \$95.89 Effective 4/25/25: 101 CMR 329	
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		Effective 1/1/25 through 4/24/25: \$95.46 Effective 4/25/25: 101 CMR 329	
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		Effective 1/1/25 through 4/24/25: \$127.53 Effective 4/25/25: 101 CMR 329	

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

		Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost		
MH and SA OP Services	90837	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	\$ 125.69	Effective 1/1/25 through 4/24/25: \$125.69	
MH and SA OP Services	90837	HO - Master's Level	Psychotherapy, 60 minutes		Effective 4/25/25: 101 CMR 329	
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)		Effective 1/1/25 through 4/24/25: \$100.47	
MH and SA OP Services	90846	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (without patient present)	\$ 97.55	Effective 4/25/25: 101 CMR 329	
MH and SA OP Services	90846	HO - Master's Level	Family Psychotherapy (without patient present)		Effective 1/1/25 through 4/24/25: \$101.43	
MH and SA OP Services	90846	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (without patient present)	\$ 50.23		
MH and SA OP Services	90846	U4-Intern (Master's)	Family Psychotherapy (without patient present)	\$ 48.77		
MH and SA OP Services	90847	UG-Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 141.42		
MH and SA OP Services	90847	U6-Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 107.62		

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

Category of Service		Unique Code/Modifier Combinations				Unit Cost
		Procedure Code	Modifier Group	Procedure Description	Unit Cost	
MH and SA OP Services	90847	AH-Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 4/24/25: \$101.43 Effective 4/25/25: 101 CMR 329		
	90847	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 101.43		
	90847	HO - Master's Level	Family Psychotherapy (conjoint psychotherapy) (with patient present)	Effective 1/1/25 through 4/24/25: \$101.43 Effective 4/25/25: 101 CMR 329		
MH and SA OP Services	90847	U3 - Intern (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	\$ 50.23		
	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		
	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	Effective 1/1/25 through 4/24/25: \$35.86 Effective 4/25/25: 101 CMR 329		
	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	Effective 1/1/25 through 4/24/25: \$27.69 Effective 4/25/25: 101 CMR 329		
	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		
	90853	UG-Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	\$ 46.29		

Appendix L, Exhibit 1

* See Section 2.7.B.5.a 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

		Unique Code/Modifier Combinations			Unit Cost
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost	
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)	Effective 1/1/25 through 4/24/25: \$35.86 Effective 4/25/25: 101 CMR 329	
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)	Effective 1/1/25 through 4/24/25: \$33.12 Effective 4/25/25: 101 CMR 329	
MH and SA OP Services	90853	U3 - Intern (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	\$ 17.96	
MH and SA OP Services	90853	U4-Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	\$ 16.50	
MH and SA OP Services	90882	UG-Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 51.11	
MH and SA OP Services	90882	U6-Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 44.33	
MH and SA OP Services	90882	AH-Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 23.97	
MH and SA OP Services	90882	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 38.36	
MH and SA OP Services	90882	HO - Master's Level	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 23.63	
MH and SA OP Services	90882	U3 - Intern (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 12.00	
MH and SA OP Services	90882	U4-Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	\$ 11.81	
MH and SA OP Services	90887	UG-Doctoral Level (Child Psychiatrist)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 79.19	
MH and SA OP Services	90887	U6-Doctoral Level (MD / DO)	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 79.19	

Appendix L, Exhibit 1

* See Section 2.7.B.5.a 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

Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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	Effective 1/1/25 through 4/24/25: \$67.32 Effective 4/25/25: 101 CMR 329
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	Effective 1/1/25 through 4/24/25: \$59.40 Effective 4/25/25: 101 CMR 329
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

Appendix L, Exhibit 1

* See Section 2.7.B.5.a 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

		Unique Code/Modifier Combinations			
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost	
MH and SA OP Services	99203	U6-Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30-44 minutes	\$	103.65
MH and SA OP Services	99203	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30-44 minutes	\$	88.11
MH and SA OP Services	99204	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45-59 minutes	\$	164.00
MH and SA OP Services	99204	U6-Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45-59 minutes	\$	153.89
MH and SA OP Services	99204	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45-59 minutes	\$	133.25
MH and SA OP Services	99205	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60-74 minutes	\$	203.69
MH and SA OP Services	99205	U6-Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60-74 minutes	\$	203.31
MH and SA OP Services	99205	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60-74 minutes	\$	172.81
MH and SA OP Services	99211	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	\$	22.06
MH and SA OP Services	99211	U6-Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	\$	22.06
MH and SA OP Services	99211	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	\$	18.75
MH and SA OP Services	99212	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10-19 minutes	\$	52.73
MH and SA OP Services	99212	U6-Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10-19 minutes	\$	52.73
MH and SA OP Services	99212	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 10-19 minutes	\$	44.82
MH and SA OP Services	99213	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 20-29 minutes	\$	84.11
MH and SA OP Services	99213	U6-Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 20-29 minutes	\$	84.11
MH and SA OP Services	99213	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 20-29 minutes	\$	71.49
MH and SA OP Services	99214	UG-Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 30-39 minutes	\$	143.98
MH and SA OP Services	99214	U6-Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 30-39 minutes	\$	118.51
MH and SA OP Services	99214	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 30-39 minutes	\$	100.73
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

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

Category of Service		Unique Code/Modifier Combinations			Unit Cost
		Procedure Code	Modifier Group	Procedure Description	
MH and SA OP Services	99215	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC		Evaluation and Management for an Established Patient, 40-54 minutes	\$ 141.58
MH and SA OP Services	99231	UG-Doctoral Level (Child Psychiatrist)		Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 78.07
MH and SA OP Services	99231	U6-Doctoral Level (MD / DO)		Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 59.27
MH and SA OP Services	99231	AH-Doctoral Level (PhD, PsyD, EdD)		Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 56.89
MH and SA OP Services	99231	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC		Subsequent Hospital Care for Eval and Management, 15 minutes	\$ 47.47
MH and SA OP Services	99232	UG-Doctoral Level (Child Psychiatrist)		Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 117.11
MH and SA OP Services	99232	U6-Doctoral Level (MD / DO)		Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 88.19
MH and SA OP Services	99232	AH-Doctoral Level (PhD, PsyD, EdD)		Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 84.66
MH and SA OP Services	99232	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC		Subsequent Hospital Care for Eval and Management, 25 minutes	\$ 70.63
MH and SA OP Services	99233	UG-Doctoral Level (Child Psychiatrist)		Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 156.16
MH and SA OP Services	99233	U6-Doctoral Level (MD / DO)		Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 117.59
MH and SA OP Services	99233	AH-Doctoral Level (PhD, PsyD, EdD)		Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 112.88
MH and SA OP Services	99233	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC		Subsequent Hospital Care for Eval and Management, 35 minutes	\$ 94.18
MH and SA OP Services	99251	UG-Doctoral Level (Child Psychiatrist)		Initial Inpatient Consultation, 20 minutes	\$ 104.74
MH and SA OP Services	99251	U6-Doctoral Level (MD / DO)		Initial Inpatient Consultation, 20 minutes	\$ 79.50
MH and SA OP Services	99251	AH-Doctoral Level (PhD, PsyD, EdD)		Initial Inpatient Consultation, 20 minutes	\$ 76.32
MH and SA OP Services	99251	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC		Initial Inpatient Consultation, 40 minutes	\$ 63.67
MH and SA OP Services	99252	UG-Doctoral Level (Child Psychiatrist)		Initial Inpatient Consultation, 40 minutes	\$ 157.11
MH and SA OP Services	99252	U6-Doctoral Level (MD / DO)		Initial Inpatient Consultation, 40 minutes	\$ 118.32
MH and SA OP Services	99252	AH-Doctoral Level (PhD, PsyD, EdD)		Initial Inpatient Consultation, 40 minutes	\$ 113.58
MH and SA OP Services	99252	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC		Initial Inpatient Consultation, 40 minutes	\$ 94.77
MH and SA OP Services	99253	UG-Doctoral Level (Child Psychiatrist)		Initial Inpatient Consultation, 55 minutes	\$ 209.47
MH and SA OP Services	99253	U6-Doctoral Level (MD / DO)		Initial Inpatient Consultation, 55 minutes	\$ 157.74
MH and SA OP Services	99253	AH-Doctoral Level (PhD, PsyD, EdD)		Initial Inpatient Consultation, 55 minutes	\$ 151.44

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

		Unique Code/Modifier Combinations			
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost	
MH and SA OP Services	99253	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 55 minutes	\$	126.35
MH and SA OP Services	99254	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 80 minutes	\$	280.95
MH and SA OP Services	99254	U6-Doctoral Level (MD / DO)	Initial Inpatient Consultation, 80 minutes	\$	210.98
MH and SA OP Services	99254	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 80 minutes	\$	169.00
MH and SA OP Services	99255	UG-Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$	370.12
MH and SA OP Services	99255	U6-Doctoral Level (MD / DO)	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$	277.57
MH and SA OP Services	99255	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation - Comprehensive, 110 minutes	\$	222.33
MH and SA OP Services	99281	U6-Doctoral Level (MD/DO)	Emergency Department visit for the evaluation and management of a patient, which requires 3 key components: A problem-focused history; A problem-focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	\$	20.14
MH and SA OP Services	99282	UG-Doctoral Level (Child Psychiatrist)	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem-focused history; An expanded problem-focused examination; and Medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$	35.37
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

Appendix L, Exhibit 1
 * See Section 2.7.B.5.a 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

Category of Service		Unique Code/Modifier Combinations			Unit Cost
		Procedure Code	Modifier Group	Procedure Description	
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	
	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	
	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	

Appendix L, Exhibit 1
 * See Section 2.7.B.5.a 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

Category of Service		Unique Code/Modifier Combinations			Unit Cost
		Procedure Code	Modifier Group	Procedure Description	
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	
	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	
	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	

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

Category of Service		Unique Code/Modifier Combinations			Unit Cost
		Procedure Code	Modifier Group	Procedure Description	
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	
			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.		
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	
			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.		
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	
Diversionsary Services	H0010		Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services)	101 CMR 346	

Appendix L, Exhibit 1
 * See Section 2.7.B.5.a 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

Category of Service	Unique Code/Modifier Combinations			Procedure Description	Unit Cost
	Procedure Code	Modifier Group	Modifier Description		
Diversions Services	H0011			Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (medically monitored inpatient detoxification services)	101 CMR 346
Diversions 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 - (E-SOAP))	Effective 1/1/25 through 3/27/25: 101 CMR 306 Effective 3/28/25: 101 CMR 444
Diversions 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)	Effective 1/1/25 through 3/27/25: \$78.75 Effective 3/28/25: 101 CMR 444
Diversions Services	H0037	N/A		Community Psychiatric Supportive Treatment Program, per diem (Community Based Acute Treatment - CBAT)	\$847.46
Diversions Services	H0037	U2-Autism Diagnosis		Community Psychiatric Supportive Treatment Program, per diem (CBAT Autism Speciality)	\$ 1,291.59
Diversions Services	H2012	+		Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	101 CMR 307
Diversions Services	H2012	U1		Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment, preadmission evaluation visit)	101 CMR 307
Diversions Services	H2015	HF-Substance Abuse Program		Recovery Support Navigator , per 15-minute units including when provided in an Emergency Department or in a medical or surgical inpatient setting.	101 CMR 444
Diversions Services	H2015	HF-Substance Abuse Program HD-Pregnant/Postpartum		Recovery Support Navigator , per 15-minute units, serving pregnant members or members who have been pregnant in the previous 12 months	Effective 9/1/25: \$25.35
Diversions Services	H2015	N/A		Comprehensive community support services, per 15 minutes (Community Support Program)	101 CMR 362
Diversions Services	H2016	HH-Integrated Mental Health/Substance Abuse Program		Comprehensive community support program, per diem (Enrolled Client Day) (behavioral health service by a navigator or trained to support members with justice involvement) (CSP-JJ)	101 CMR 362
Diversions 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

Appendix L, Exhibit 1

* See Section 2.7.B.5.a 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

Category of Service	Unique Code/Modifier Combinations			Unit Cost
	Procedure Code	Modifier Group	Procedure Description	
Diversionsary 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
Diversionsary 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
Diversionsary Services	H2016	HM-Less than bachelor degree level; HD- Pregnant/Postpartum	Comprehensive Community Support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching for pregnant member or members who have been pregnant in the previous 12 months)	Effective 9/1/25: \$33.16
Diversionsary Services	H2020	N/A	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	\$ 26.50
Diversionsary Services	H2022	HE-Mental Health Program	Intensive Hospital Diversion Services for Children, per diem	Effective 1/1/25 through 8/31/25 (or as otherwise directed by EOHS): \$175.19
Diversionsary Services	S9484	N/A	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	\$ 147.57
MH and SA OP Services	H0014	N/A	Alcohol and/or drug services; ambulatory detoxification (Adult or Adolescent)	\$ 227.65
Crisis Intervention Services	S9485	ET-Emergency Services	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per day rate)	101 CMR 305
Crisis Intervention Services	S9485	ET-Emergency Services; HA-Child/Adolescent Program	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization Per day rate)	101 CMR 305
Crisis Intervention Services	S9485	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

Appendix L, Exhibit 1

* See Section 2.7.B.5.a 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				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
Crisis Intervention Services	S9485	U1-ESP - Mobile Non-Emergency Department	Crisis intervention mental health service, per diem (Emergency Service Program Adult Mobile Crisis Intervention, Community based location 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 Crisis Intervention, Community-based location 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 Mobile Crisis Intervention SiteCommunity 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)	Effective 1/1/25 through 4/24/25: \$180.72 Effective 4/25/25: 101 CMR 329
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)	Effective 1/1/25 through 4/24/25: \$90.36 Effective 4/25/25: 101 CMR 329
Other Outpatient	96116	AH-Doctoral Level (PhD, PsyD, EdD)	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Effective 1/1/25 through 4/24/25: \$120.46 Effective 4/25/25: 101 CMR 329
Other Outpatient	96121	AH-Doctoral Level (PhD, PsyD, EdD)	Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 4/24/25: \$120.46 Effective 4/25/25: 101 CMR 329

Appendix L, Exhibit 1
 * See Section 2.7.B.5.a 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

Category of Service		Unique Code/Modifier Combinations			Unit Cost
		Procedure Code	Modifier Group	Procedure Description	
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	Effective 1/1/25 through 4/24/25: \$107.49 Effective 4/25/25: 101 CMR 329	
			Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 4/24/25: \$91.39 Effective 4/25/25: 101 CMR 329	
Other Outpatient	96131	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	Effective 1/1/25 through 4/24/25: \$121.84 Effective 4/25/25: 101 CMR 329	
			Add-On Code; Each additional hour (List separately in addition to code for primary procedure)	Effective 1/1/25 through 4/24/25: \$100.53 Effective 4/25/25: 101 CMR 329	
Other Outpatient	96132	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)	Effective 1/1/25 through 4/24/25: \$50.27 Effective 4/25/25: 101 CMR 329	
			Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure)	Effective 1/1/25 through 4/24/25: \$45.70 Effective 4/25/25: 101 CMR 329	
Other Outpatient	96133	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)	Effective 1/1/25 through 4/24/25: \$50.27 Effective 4/25/25: 101 CMR 329	
			Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure)	Effective 1/1/25 through 4/24/25: \$45.70 Effective 4/25/25: 101 CMR 329	
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)	Effective 1/1/25 through 4/24/25: \$50.27 Effective 4/25/25: 101 CMR 329	
			Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure)	Effective 1/1/25 through 4/24/25: \$45.70 Effective 4/25/25: 101 CMR 329	
Other Outpatient	96137	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)	Effective 1/1/25 through 4/24/25: \$45.70 Effective 4/25/25: 101 CMR 329	
			Add-On Code; Each additional 30 minutes (List separately in addition to code for primary procedure)	Effective 1/1/25 through 4/24/25: \$45.70 Effective 4/25/25: 101 CMR 329	

Appendix L, Exhibit 1
 * See Section 2.7.B.5.a 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

Category of Service		Unique Code/Modifier Combinations			Unit Cost
		Procedure Code	Modifier Group	Procedure Description	
Other Outpatient	96138	N/A	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Effective 1/1/25 through 4/24/25: \$37.75 Effective 4/25/25: 101 CMR 329	
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)	Effective 1/1/25 through 4/24/25: \$37.75 Effective 4/25/25: 101 CMR 329	
Other Outpatient	H0032	HO-Master's Level	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	\$ 166.67	
Other Outpatient	H0046	UG-Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	\$ 46.46	
Other Outpatient	H0046	U6-Doctoral Level (MD/DO)	Mental health services; not otherwise specified (Collateral Contact)	\$ 40.30	
Other Outpatient	H0046	AH-Doctoral Level (PhD, PsyD, EdD)	Mental health services; not otherwise specified (Collateral Contact)	\$ 21.79	
Other Outpatient	H0046	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services; not otherwise specified (Collateral Contact)	\$ 34.87	
Other Outpatient	H0046	HO-Master's Level	Mental health services; not otherwise specified (Collateral Contact)	\$ 21.48	
Other Outpatient	H0046	U7-Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor	Mental health services; not otherwise specified (Collateral Contact)	\$ 21.48	
Other Outpatient	H0046	U3-Intern (PhD, PsyD, EdD)	Mental health services; not otherwise specified (Collateral Contact)	\$ 10.91	
Other Outpatient	H0046	U4-Intern (Master's)	Mental health services; not otherwise specified (Collateral Contact)	\$ 10.74	
Other Outpatient	H0046	HE-Mental Health Program	Mental health services; not otherwise specified (Certified Peer Specialist) (Enrolled Client Day)	101 CMR 306	
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	

Appendix L, Exhibit 1
 * See Section 2.7.B.5.a 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				
Unique Code/Modifier Combinations				
Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
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
Diversionsary Services	S9480	N/A	Intensive outpatient psychiatric services, per diem	101 CMR 306

Appendix O

Exhibit 1: HRSN Supplemental Services

Exhibit 1.1: HRSN Category 1 Supplemental Nutrition Services

Service	Coverage Types		
	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus
Medically Tailored Food Boxes – Selection of minimally prepared grocery items that meet appropriate nutritional standards.	✓	✓	✓
Nutritionally Appropriate Food Boxes – Minimally prepared grocery items or a Community Supported Agricultural (CSA) share.	✓	✓	✓
Medically Tailored Food Prescriptions and Vouchers – Nutrition vouchers and grocery store gift cards to procure healthy food from an approved purchase list.	✓	✓	✓
Nutritionally Appropriate Food Prescriptions and Vouchers – Nutrition vouchers and grocery store gift cards to procure healthy food.	✓	✓	✓
Medically Tailored Home Delivered Meals – Prepared medically tailored meals that reflect appropriate nutritional needs based on defined medical diagnosis and standards reflecting evidence-based practice guidelines, deliver to the Covered Individual.	✓	✓	✓
Nutritionally Appropriate Home Delivered Meals – Healthy, well-balanced meals delivered to the Covered Individual.	✓	✓	✓

Exhibit 1.2: HRSN Category 2 Supplemental Nutrition Services

Service	Coverage Types		
	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus
Kitchen Supplies – Provision of and assistance with obtaining cooking supplies (e.g., pots and pans, utensils, refrigerator) to meet the Covered Individual’s nutritional and dietary needs.	✓	✓	✓
Nutrition Counseling – Provision of nutrition counseling for the purposes of meeting the Covered Individual’s nutritional and dietary needs.	✓	✓	✓
Nutrition Education Classes and Skills Development – Provision of nutrition education classes and skills development (e.g., cooking classes as education) for the purposes of meeting the Covered Individual’s nutritional and dietary needs.	✓	✓	✓

Exhibit 1.3: HRSN Supplemental Housing Services

Service	Coverage Types		
	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus
Healthy Homes – Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord.	✓	✓	✓
Housing Navigation – Assistance to help a Covered Individual experiencing housing instability to access benefits, negotiate with landlords, seek out legal assistance, apply for new housing (if needed), or take other actions in order to help stabilize a Covered Individual’s housing situation.	✓	✓	✓
Housing Search - Assistance to help a Covered Individual, ages 55 and over, experiencing homelessness locate, move into, and maintain housing.	✓	✓	✓
Transitional Goods – Move-in costs (e.g., security deposits, first month’s rent, movers), furnishings, and other items necessary to make new housing habitable and comfortable.	✓	✓	✓

Exhibit 1.4 – Items and Services Excluded from HRSN Supplemental Services

In the course of providing HRSN Supplemental Services, the Contractor shall not provide:

- Construction costs (bricks and mortar) or capital investments;
- Room and board outside of specifically enumerated care or housing transitions;
- Research grants and expenditures not related to monitoring and evaluation;
- Costs for services in prisons, correctional facilities or services for people who are civilly committed and unable to leave an institutional setting, except those HRSN-related case management services provided as part of an approved reentry demonstration initiative;
- Services provided to individuals who are not lawfully present in the United States or are undocumented;
- Expenditures that supplant services and activities funded by other state and federal governmental entities;
- School-based programs for children that supplant Medicaid state plan programs, or that are funded under the Department of Education and/or state or the local education agency; or
- Any other projects or activities not specifically approved by CMS as qualifying for coverage as a HRSN item or service under this demonstration.

Appendix O, Exhibit 2

The Contractor shall work with each PCACO, as listed below, to provide the following HRSN Supplemental Services in accordance with **Section 2.6.D.12** and all other applicable sections of the Contract:

A. Community Care Cooperative’s (CCC) HRSN Supplemental Services

HRSN Supplemental Service	CCC’s Selected HRSN Supplemental Service (as indicated by “X”)
HRSN Category 1 Supplemental Nutrition Services	
Medically Tailored Food Boxes	X
Nutritionally Appropriate Food Boxes	
Medically Tailored Food Prescriptions and Vouchers	X
Nutritionally Appropriate Food Prescriptions and Vouchers	
Medically Tailored Home Delivered Meals	X
Nutritionally Appropriate Home-Delivered Meals	
HRSN Category 2 Supplemental Nutrition Services	
Kitchen Supplies	X
Nutrition Counseling	X
Nutrition Education Classes and Skills Development	X
HRSN Supplemental Housing Services	
Healthy Homes	
Housing Navigation	
Housing Search	X
Transitional Goods	X

B. Revere Health Choice’s HRSN Supplemental Services

HRSN Supplemental Service	Revere Health Choice’s Selected HRSN Supplemental Service (as indicated by “X”)
HRSN Category 1 Supplemental Nutrition Services	
Medically Tailored Food Boxes	
Nutritionally Appropriate Food Boxes	X
Medically Tailored Food Prescriptions and Vouchers	
Nutritionally Appropriate Food Prescriptions and Vouchers	X
Medically Tailored Home Delivered Meals	X
Nutritionally Appropriate Home-Delivered Meals	
HRSN Category 2 Supplemental Nutrition Services	
Kitchen Supplies	X
Nutrition Counseling	X
Nutrition Education Classes and Skills Development	
HRSN Supplemental Housing Services	
Healthy Homes	X
Housing Navigation	X
Housing Search	X
Transitional Goods	X

APPENDIX P
Network Availability Standards

In accordance with **Section 2.9** of the Contract, the Contractor shall ensure its Provider Network meets the following availability standards in addition to all other requirements set forth in the Contract. Specifically, at least 90% of Covered Individuals in each of the Contractor’s Service Areas must have access to Providers in accordance with the time and distance standards below. As set forth in **Section 2.9** in determining compliance with the time and distance standards below, the Contractor shall take into account shall consider both walking and public transportation.

A. Behavioral Health Services (as set forth in Appendix A-1)

For each Provider type, for each Service Area, the Contractor shall have at least the specified number of Providers within at least the specified time or the specified distance of Covered Individual’ residences. If no time or distance is indicated, the Contractor shall have at least one Provider located anywhere in the Commonwealth.

Behavioral Health Providers

Provider Type	Minimum Number of Providers	Time (min)	Distance (miles)
Psychiatric inpatient adult ¹	2	60	60
Monitored inpatient Acute Treatment Services (ATS) level 3.7	2	30	30
Clinical Stabilization Services (CSS) level 3.5 ²	2	30	30
Youth Community Crisis Stabilization (YCCS)	2	30	30
Partial Hospitalization (PHP)	1	60	60
Intensive Care Coordination (ICC)	2	30	30
Applied Behavioral Analysis (ABA)	2	30	30
In-Home Behavioral Services	2	30	30
In-Home Therapy	2	30	30
Therapeutic Mentoring Services	2	30	30
Structured Outpatient Addiction Program (SOAP)	2	30	30
BH outpatient (including psychology and psych APN)	2	30	30
Opioid Treatment Program (OTP)	2	30	30
Psychiatry	1	40	20

¹ For the Nantucket and Oak Bluffs Service Areas only, the Contractor may meet this requirement by including in its Provider Network the two closest Providers that provide Psychiatric Inpatient Adult services.

² For the Nantucket Service Area only, the Contractor may meet this requirement by including in its Provider Network the four closest Providers that provide CSS level 3.5 services.