COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

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

CONTRACTOR LEGAL NAME: Massachusetts Behavioral Health Partnership (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office of Health & Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4): 1000 Washington St., Ste. 310, Boston, MA 02118-5002		Business Mailing Address: One Ashburton Place, 11th Floor, Boston, MA 02108	
Contract Manager: Carol Kress	Phone: 617-790-4144	Billing Address (if different): 600 Washington Street, Boston, MA 02111	
E-Mail: Carol.Kress@valueoptions.com	Fax:	Contract Manager: Kevin Wicker	Phone: 617-573-1654
Contractor Vendor Code: VC6000182737		E-Mail: Kevin.Wicker@state.ma.us	Fax:
Vendor Code Address ID (e.g. "AD001"): AD001. (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): N/A RFR/Procurement or Other ID Number: 11LCEHSPCCPLANBHPMSSRFR	

☐ **NEW CONTRACT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

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

☒ **CONTRACT AMENDMENT**

Enter **Current Contract End Date *Prior*** to Amendment: December 31, 2019.

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

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

- ☒ **Amendment to Date, Scope or Budget** (Attach updated scope and budget)
- ☐ **Interim Contract** (Attach justification for Interim Contract and updated scope/budget)
- ☐ **Contract Employee** (Attach any updates to scope or budget)
- ☐ **Other Procurement Exception** (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): ☒ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions For Human and Social Services

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.

☒ **Rate Contract.** (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

☐ **Maximum Obligation Contract.** Enter total maximum obligation for total duration of this contract (or *new* total if Contract is being amended). $_____

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within 10 days _____% PPD; Payment issued within 15 days _____ % PPD; Payment issued within 20 days _____ % PPD; Payment issued within 30 days _____% PPD. If PPD percentages are left blank, identify reason: ☐ agree to standard 45-day cycle ☐ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); ☐ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.)

Amendment #8 to the Contract adds provisions to comply with various federal regulations as directed by CMS, such as, but not limited to updates to Network Management requirements for Residential Rehabilitation Services (RRS) and (RC) for SUD services to align across MCE contracts, updates to ESP Service language to align with the goal of community-based provision of ESP, updates to the pharmacy initiatives language, and adds Medication Assisted Treatment Support network development requirements. This Amendment also updates and adds various appendices to correspond with the amended contract language and includes corresponding contract rates for CY20.

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, 2020, 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, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:

X: Carol Kress, Date: 12/23/19

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

Print Name: Carol Kress

Print Title: Vice President, Client Partnerships, MBHP

AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:

X: _____, Date: 12/31/19

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

Print Name: Daniel Tsai

Print Title: Assistant Secretary for MassHealth

AMENDMENT 8

to the

FIRST AMENDED AND RESTATED CONTRACT FOR

THE MASSHEALTH PCC PLAN'S COMPREHENSIVE BEHAVIORAL HEALTH PROGRAM AND MANAGEMENT SUPPORT SERVICES, AND BEHAVIORAL HEALTH SPECIALTY PROGRAMS CONTRACT

between

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID
1 ASHBURTON PLACE
BOSTON, MA 02108
and

THE MASSACHUSETTS BEHAVIORAL HEALTH PARTNERSHIP
1000 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 a First Amended and Restated Contract, effective September 1, 2017, 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 ("BHP MSS Contract" or "Contract"); and

WHEREAS, in accordance with **Section 13.3** of the Contract, EOHHS and the Contractor desire to further amend their agreement effective January 1, 2020, in accordance with the rates, terms and conditions set forth herein; and

WHEREAS, EOHHS and the Contractor amended the First Amended and Restated Contract on December 29, 2017 (Amendment #1); January 31, 2018 (Amendment #2); October 3, 2018 (Amendment #3); December 21, 2018 (Amendment #4); January 10, 2019 (Amendment 5), June 5, 2019 (Amendment #6); October 7, 2019 (Amendment #7); 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 BHP MSS Contract as follows:

SECTION 1. DEFINITIONS AND ACRONYMS

1. **Section 1.1** is amended by striking the definition of Dual Diagnosis in its entirety and replace it with the following: -

   "**Dual Diagnosis –** co-occurring mental health and substance use conditions."

2. **Section 1.1** is further amended by striking the definition of Screening, Brief Intervention, and Referral to Treatment (SBIRT) and replace it with the following:

   "**Screening, Brief Intervention and Referral to Treatment (SBIRT) –** an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs."

SECTION 2. GENERAL ADMINISTRATIVE REQUIREMENTS

1. **Section 2.3.A** is hereby amended by adding at the end therein the following: -

   "12. In accordance with 42 CFR 457.1201(p), the Contractor shall not refer Covered Individuals to publicly supported health care resources in order to avoid costs for services covered under the Contract."

2. **Section 2.3.H.2** is hereby amended by deleting it in its entirety and is replaced by the following: -

   "2. The Contractor shall provide Enhanced Residential Rehabilitative Services for Dual Diagnosed (Level 3.1), Clinically Managed Population-Specific High Intensity Residential Services (Level 3.3), and Transitional Support Services for Substance Use Disorder (Level 3.1) to all Covered Individuals when directed by EOHHS."

SECTION 3. BEHAVIORAL HEALTH NETWORK RESPONISBILITES

1. **Section 3.1** is hereby amended by adding at the end therein the following: -

"J. State Agency Providers

As specified by EOHHS, the Contractor shall:

1. Include in its Provider Network the following state agency providers:

   a. The providers set forth in **Appendix A-7** identified as providing inpatient behavioral health services as described in **Appendix A-1,** including Inpatient Mental Health; and

   b. The providers set forth in **Appendix A-7,** identified as providing Acute Treatment Services (ATS) as described in **Appendix A-1.**

2. The Contractor shall not require the state agency providers described **Appendix A-7** to indemnify the Contractor, to hold a license, or to maintain liability insurance; and

3. If required by EOHHS, include in its Provider Network or pay as out-of-network providers other state agency providers as set forth in **Appendix A-7."**

2. **Section 3.1.B.7.j** is hereby amended by deleting it in its entirety and replacing it with the following: -

"j. Pregnant women with substance use conditions;"

3. **Section 3.1.B.22** is hereby amended by deleting it in its entirety and replacing it with the following: -

"22. Network Management for SUD Services

a. The Contractor shall, unless otherwise directed by EOHHS, work collaboratively with EOHHS and with MassHealth-contracted plans to implement a unified Network Management strategy for managing the Residential Rehabilitation Services for Substance Use Disorders (RRS) network. The Contractor shall:

1) As further directed by EOHHS and in accordance with all other applicable Contract requirements, contract with all qualified, licensed RRS providers willing to accept the rate specified by EOHHS;

2) The Contractor shall support each RRS provider's efforts to establish and sustain collaborative partnerships among service providers and community stakeholders in its geographic area;

3) Ensure that RRS is provided in accordance with EOHHS-approved RRS performance specifications and RRS Medical Necessity Criteria which shall align with the American Society For Addiction Medicine (ASAM) criteria;

4) Submit for EOHHS's approval authorization and concurrent review procedures for RRS, and any changes to such authorization and concurrent review procedures prior to their implementation. The Contractor shall:

a) Utilize the American Society for Addiction Medicine (ASAM) criteria as the basis for establishing authorization and concurrent review procedures;

b) Assist RRS Providers in learning how to utilize the Contractor's authorization and concurrent review procedures with respect to RRS;

c) Ensure that the authorization procedures established for RRS allow for at least the first 90 days to occur without prior approval, provided however that the Contractor may establish notification or registration procedures during the first 90 days of RRS;

5) Assign a single point of contact for management of the RRS network. The Contractor's single point of contact's responsibilities shall include, but not be limited to, providing in-person technical assistance to RRS Providers to answer questions regarding billing and authorization of services and assisting RRS Providers in facilitating and ensuring that Enrollees are connected to other services as indicated by the Enrollees treatment plan; and

6) For RRS, establish Provider rates at or above the rate floor set by EOHHS, unless directed by EOHHS and use procedure codes as directed by EOHHS to provide payment for such services, and as updated, by EOHHS.

b. The Contractor shall, unless otherwise directed by EOHHS, work collaboratively with EOHHS and with MassHealth-contracted plans to implement a unified Network Management strategy for managing Recovery Coach services. The Contractor shall:

1) As directed by EOHHS and in accordance with all other applicable Contract requirements, contract with all licensed behavioral health outpatient and licensed opioid treatment programs that offer Recovery Coach services;

2) Ensure that Recovery Coach services are provided in accordance with all EOHHS approved Recovery Coach performance specifications and Recovery Coach Medical Necessity Criteria;

3) Submit for EOHHS' approval authorization and concurrent review procedures for Recovery Coach services, and any changes to such authorization and concurrent review procedures prior to their implementation. The Contractor shall:

a) Assist Providers in learning how to utilize the Contractor's authorization and concurrent review procedures with respect to Recovery Coach services;

b) Ensure that the authorization procedures established for Recovery Coach services allow for at least the first 60 days to occur without prior approval, provided however that the Contractor may establish notification or registration procedures during the first 60 days of Recovery Coach services;

4) For Recovery Coach services, establish Provider rates at or above minimum rates set by EOHHS and use procedure codes as directed by EOHHS to provide payment for such services, and as updated, by EOHHS.

c. The Contractor shall, unless otherwise directed by EOHHS, work collaboratively with EOHHS and with MassHealth-contracted plans to implement a unified Network Management strategy for managing the Recovery Support Navigator network. The Contractor shall:

1) As directed by EOHHS and in accordance with all other applicable Contract requirements, contract with all licensed behavioral health outpatient and licensed opioid treatment programs that offer Recovery Support Navigator services;

2) Ensure that Recovery Support Navigator services are provided in accordance with all EOHHS approved Recovery Support Navigator performance specifications and Recovery Support Navigator Medical Necessity Criteria;

3) Submit for EOHHS's approval authorization and concurrent review procedures for Recovery Support Navigator services, and any changes to such authorization and concurrent review procedures prior to their implementation. The Contractor shall:

a) Assist Providers in learning how to utilize the Contractor's authorization and concurrent review procedures with respect to Recovery Support Navigator services;

b) Ensure that the authorization procedures established for Recovery Support Navigator allow for at least the first 90 days to occur without prior approval, provided however that the Contractor may establish notification or registration procedures during the first 90 days of Recovery Support Navigator services;

4) For Recovery Support Navigator services, establish Provider rates at or above minimum rates set by EOHHS and use procedure codes as directed by EOHHS to provide payment for such services, and as updated, by EOHHS."

4. **Section 3.4** is hereby amended by deleting it in its entirety and replacing it with the following: -

"Section 3.4 ESP Services

A. ESP Policies and Procedures

For ESP Providers under contract with the Contractor, the Contractor shall:

1. Ensure that Covered Individuals and Uninsured Individuals and persons covered by Medicare only are provided with unrestricted state-wide access to ESP Services, including Adult and Youth Mobile Crisis Intervention immediately in response to a Behavioral Health crisis, on a 24-hour basis, seven days a week;

2. Ensure that all ESP Providers set forth in Appendix A-3 provide all ESP Services as set forth in **Appendix A-1**, in a manner that is consistent with the Contractor's performance specifications and maximizes utilization of community-based diversion strategies. The Contractor shall promote improvements to community-based location scope and capacity by requiring ESP providers to ensure:

    a. Police drop-off capacity;

    b. Nursing coverage 24 hours per day, 7 days per week;

    c. 7 days a week prescriber services in person or via telehealth;

    d. Ambulatory withdrawal management capacity; and

    e. Peer specialist availability 24 hours per day, 7 days per week.

3. Ensure that ESP services are available on site at all ESP community-based locations for minimum of 12 hours per day on weekdays and 8 hours per day on weekends;

4. Ensure that the response time for face-to-face evaluations by ESPs does not exceed one hour from notification of the need, or, in the case of referrals from hospital emergency departments, does not exceed the time set forth in the applicable agreement between the ESP and the hospital, as approved by EOHHS;

5. Ensure the 24-hour-a-day access or availability of ESP clinicians who have special training or experience in providing Behavioral Health services for:

    a. the full array of Behavioral Health conditions;

    b. children and adolescents (clinicians providing ESP Services to children and adolescents must be child-trained clinicians who meet Youth Mobile Crisis Intervention competency standards as defined in the Contractor's performance specifications);

    c. individuals with substance use conditions or a Dual Diagnosis;

    d. individuals with intellectual disabilities, developmental disabilities, or autism spectrum disorders; and

e. older adults;

6. At the direction of EOHHS, identify and implement strategies to maximize utilization of community-based diversion services and reduce unnecessary psychiatric hospitalization, in a manner that is consistent with medical necessity criteria. Such strategies shall support providers in shifting the volume of ESP services from hospital EDs to community-based settings.

7. Establish policies and procedures to ensure that ESPs provide Crisis Assessment and Intervention Services to all Covered Individuals prior to hospital admissions for Inpatient Mental Health Services to ensure that the Covered Individuals have been evaluated for diversion or referral to the least restrictive appropriate treatment setting. The Contractor's policies and procedures shall:

   a. Require that the ESP located in the geographic area where the individual is physically located perform the Crisis Assessment and Intervention;

   b. Not require ESPs or hospital emergency departments to obtain prior authorization to provide a Crisis Intervention and Assessment;

   c. Develop contract standards, reviewed and approved by EOHHS annually, and monitor the ESP Provider network's performance on diversion and inpatient admission rates, timeliness of assessment, and rate of community-based Emergency Encounters by establishing minimum standards and target/goals for diversionary rates; and

   d. Authorize Medically Necessary BH Covered Services within 24 hours following a Crisis Assessment and Intervention.

8. Require and ensure that ESPs have arrangements, agreements or procedures to coordinate care with Network Providers, MassHealth managed care plans, DMH area and site offices, DCF regional offices, and DYS regional offices in the geographic area they serve;

9. For children and adolescents, have in place the following the ESP policies and procedures:

   a. Ensure that each ESP has policies and procedures that include Youth Mobile Crisis Intervention Service;

   b. Ensure that ESP providers adhere to all MCI performance specification requirements, including staff and training requirements. MCI staffing requirements include:

1) Retaining masters-level clinicians trained in working with youth and families;

2) Retaining at least one board-certified or board-eligible child psychiatrist or child trained Psychiatric Nurse Mental Health Clinical Specialist;

3) Retaining at least one family partner; and

4) Ensuring all MCI staff complete youth-specific training prior to serving families independently.

c. Ensure that each ESP has policies and procedures that allow access to youth-trained staff via telehealth in addition to in-person interventions.

d. Ensure that each ESP has arrangements with the major providers of children's residential services in the DMH, DCF, and DYS systems, as identified by the relevant agency's director for the applicable ESP service area; and

e. Require ESPs to arrange for Specialing Services, when children or adolescents are awaiting admission to a 24-hour Level of Care in a hospital Emergency Department setting, if such services are Medically Necessary to ensure safety when a youth is at risk of harming self or others. Specialing Services are a professional service provided by appropriately credentialed staff. For payment purposes, the Contractor shall not treat such Specialing Services as an ESP Encounter. If an overnight stay is required while the provider is searching for an inpatient bed, the Contractor shall consider requests from the ESP or MCI Provider, in consultation with the ED, for authorization to board the Covered Individual on a pediatric medical unit.

10. Require and ensure that ESPs make all reasonable attempts to work with local police and EMS to develop models of mutual response to Behavioral Health Emergencies when needed. These models may include the delivery of ESP services via telehealth when clinically appropriate.

11. Collaborate with EOHHS regarding ESP network management and ESP Service policy developing including, participation in meetings and workgroups, the development and implementation of new policies, and any other tasks as directed by EOHHS.

12. Develop targeted performance measures as approved by EOHHS. Using these performance measures, the Contractor shall develop a baseline performance level for each ESP provider, and regularly track performance.

B. ESP Administrative Oversight

The Contractor shall coordinate the administration and management of the ESP services for the Contractor's contracted ESP Providers under guidance from DMH and EOHHS. In this role, the Contractor shall:

1. Ensure that all ESP Provider Agreements require ESPs to provide the ESP services described in **Appendix A-1** to any individual who presents for such services in the following payer categories:

    a. MassHealth (PCC Plan; ACOs, MCOs; SCOs; One Care; and FFS);

    b. Uninsured Individuals; and

    c. Medicare.

2. Facilitate annually, at minimum, six (6) in a 12-month Contract Year, or monthly if the Contract Year is less than 12 months, statewide meetings with Contractor-contracted ESP or MCI providers, and invite the participation of MassHealth managed care plans, to support consistency in service delivery;

3. Require ESPs to refer adult Uninsured Individuals and persons with Medicare-only to available beds in psychiatric units of general hospitals first, if beds in such hospitals are available and clinically appropriate, before referring them to psychiatric hospitals;

4. After a court clinician has conducted a psychiatric evaluation pursuant to M.G.L. c. 123 § 12(e), ensure that upon request of such court clinician:

    a. ESPs provide Crisis Assessment and Intervention Services to all Covered Individuals (including onsite mobile evaluations at the court);

    b. Identify to the court clinician appropriate diversions from inpatient hospitalization, and assist court clinicians to develop any plan to utilize such diversions. Nothing in this provision shall be construed as establishing a court clinician evaluation as a prerequisite to an onsite mobile evaluation at the court; and

    c. If the court orders the admission of an individual under M.G.L. c. 123 § 12(e), ESPs conduct a search for an available bed, making best efforts to locate such a bed for the individual by 4:00 p.m. on the day of the issuance of such commitment order. If a bed is not found by 4:00, the ESP will work with the court clinician to ensure appropriate disposition and transfer of the individual to a safe place outside of the court setting.

5. Adopt the existing Massachusetts Behavioral Health Access System, or develop and implement its own process that helps ESPs and hospital Emergency departments to search on-line for available Inpatient Mental Health Services Inpatient Substance Abuse Services, 24-hour Diversionary Services and CBHI Services.

    a. The system shall provide on-line web access on a 24-hour basis seven days a week.

    b. The Contractor shall ensure that the web-based system is updated at least once every eight hours for 24-hour services, and at least weekly for CBHI Services (Intensive Care Coordination, In-Home Behavioral Services, Therapeutic Mentoring, In-Home Therapy).

    c. The Contractor shall develop an annual report (with specifications subject to EOHHS review and prior approval) that tracks utilization of the Massachusetts Behavioral Health Access System and other data as agreed to by the parties.

6. Encounter Forms

    The Contractor shall:

    a. Create and implement an EOHHS-approved electronic ESP Encounter form to report on ESP Services described in **Appendix A-1**;

    b. Require ESPs to complete and submit the electronic EOHHS-approved ESP Encounter form for each individual they serve;

    d. Work with EOHHS to develop ESP reporting metrics consistent with the ESP Encounter data; and

    e. Develop reporting procedures, approved by EOHHS, to include but not limited to the following:-

        1) Monthly ESP Dashboard;

        2) Monthly network management meeting list; and

        3) Standard process for reporting quality issues to EOHHS, including notification of any ESP provider on a corrective action.

7. As further specified by EOHHS, the Contractor shall continue the ESP Opioid Overdose Response Pilot Program to respond to substance use crises, specifically opioid overdoses. Payment shall be made pursuant to the terms set forth in

Appendix H-1 and subject to available funding. As part of the ESP Opioid Overdose Response Pilot Program:

a. Three ESP teams shall hire Recovery Coaches;

b. Eligible ESPs shall have relationships with at least 2 emergency departments in their catchment area in order to be capable of responding following an opioid overdose in the ED when appropriate;

c. The ESP's Recovery Coach shall be available to respond to members following an opioid overdose within the ESP's catchment area for a minimum of one 8 hour shift per day, 7 days per week. This may involve having a Recovery Coach onsite at an ED or staffing a Recovery Coach at community-based locations and mobile response teams as deemed appropriate by the ESP provider;

d. The ESPs shall select the shift for the Recovery Coach taking into account data indicating which time periods experience the highest number of overdoses in their catchment area;

e. The ESP's Recovery Coach shall mobile to other locations, including EDs and community-based locations and community providers within the ESP's catchment area as needed;

f. The ESP's participating in the Opioid Overdose Response Pilot Program shall:

1) Orient EDs and other providers partners to the ESP Opioid Overdose Response Pilot Program and develop mutually agreed upon protocols to support the activities of the pilot project;

2) Keep agreed upon data and submit reports determined by the Contractor, EOHHS and BSAS;

3) Meet regularly with the Contractor, EOHHS and BSAS to evaluate services, refine the pilot program, and make changes as necessary to best meet the needs of participants; and

4) Participate in a learning collaborative sponsored by EOHHS and BSAS to share information and evaluate the project.

8. Recovery Coaches shall provide non-judgmental, non-clinical recovery support and shall:

a. Be a member of the ESP team and provide only non-clinical support. Recovery Coaches shall not be used in a clinical capacity;

b. Be peers with lived addiction experience;

c. Complete all requirements for Recovery Coaches as specified in the Contractor's performance specification and as further specified by EOHHS, including but not limited to, the Bureau of Substance Abuse Services (BSAS) Recovery Coach Academy or the Connecticut Community Addiction Recovery (CCAR) training, prior to working with individuals in the ED and within one month of hire;

d. Meet with the individuals who present in an ED or community location, and have received treatment for an overdose if the individual agrees;

e. Obtain necessary releases of information signed by the individual in order to provide short term follow-up support;

f. Provide education on overdose prevention and the use of naloxone to the individual and offer the individual an overdose prevention kit;

g. Provide short-term telephonic (or text) follow-up support and coaching and assist the individual into treatment or recovery support services if the individual agrees;

h. Know the Substance Use Disorder (SUD) service system and be able to link the individual to treatment and recovery resources including but not limited to 24 hour diversionary services (e.g. Acute Treatment Services, Clinical Stabilization Services, Residential Rehabilitation Services), non-24 hour diversionary services (e.g. Recovery Support Navigators, Community Support Program, Structured Outpatient Addiction Treatment, other Recovery Coach services), outpatient services, MAT services, housing, benefits, and Narcan education;

i. Do a warm handoff of the individual to appropriate treatment or recovery services including a Community Support Program (CSP) to encourage continued treatment and recovery support in the community;

j. Provide education to the individual and, with the individual's consent, family members on the recovery process; and

k. Develop a follow up plan after meeting with the individual and communicate effectively and respectfully with hospital ED and

community provider staff to obtain information regarding the individual for purposes of developing a follow up plan.

9. Recovery Coaches working with ESP providers as part of this pilot must meet the performance specifications for Recovery Coaches as defined by the Contractor and approved by EOHHS.

10. The Contractor shall require ESP Providers to adopt technology to support community-based diversion including:

    a. Technology that supports decentralized staffing models and remote dispatch;

    b. HIPAA compliant two-way interactive audio-video for services provided via telehealth (e.g. phone, tablet, video conferencing); and

    c. Call center technology that includes real-time data dashboard to track staff availability, staff dispatch, stage of crisis, CCS bed census, detail about referral sources, and other metrics as determined by EOHHS."

5. Section 3.6 is hereby amended by adding at the end therein the following:-

"C**.** For Contract Year 2020, as directed by EOHHS, submit to EOHHS for review and feedback a strategic plan to identify and address challenges, including challenges identified by EOHHS, with CBAT and ICBAT programs and related population needs. Such strategic plan shall be in a form and format specified by EOHHS and include, at a minimum, components specified by EOHHS, including but not limited to how the Contractor will extend additional financial resources to providers of CBAT and ICBAT programs totaling a 20% increase in financial resources to these programs. The Contractor shall report to EOHHS at the end of the Contract Year in accordance with **Appendix E-1** on its progress in implementing its strategic plan, including reporting on the incremental year over year expenditures on ICBAT and CBAT services."

SECTION 4. CLINICAL SERVICE AND UTILIZATION MANAGEMENT

1. Section 4.1.A.2 is hereby amended by striking the word "abuse", and inserting the word "use".

2. Section 4.1.B.4.c is hereby amended by striking the word "abuse", and inserting the word "use".

3. Section 4.1.B.4.d is hereby amended by striking the word "abuse", and inserting the word "use".

4. Section 4.2.A.1.c is hereby amended by striking where found, the word "abuse", and inserting the word "use".

5. **Section 4.2.A.1.d** is hereby amended by striking where found, the word “abuse”, and inserting the word “use”.

6. **Section 4.2.A.2.h** is hereby amended by deleting it in its entirety and replacing it with the following: -

> “h. Specify that prior authorization shall not be required for:
>
> 1) Inpatient Substance Use Disorder Services (Level 4), as defined in **Appendix A-1**;
>
> 2) Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7), as defined in **Appendix A-1**. Medical necessity shall be determined by the treating clinician in consultation with the Covered Individual;
>
> 3) Clinical Support Services for Substance Use Disorders (Level 3.5), as defined in **Appendix A-1**. Medical necessity shall be determined by the treating clinician in consultation with the Covered Individual;
>
> 4) Outpatient Couples/Family Treatment, Group Treatment, Individual Treatment, and Ambulatory Detoxification (Level 2.D), as defined in **Appendix A-1**;
>
> 5) Structured Outpatient Addiction Program (SOAP), as defined in **Appendix A-1**;
>
> 6) Intensive Outpatient Program (IOP), as defined in **Appendix A-1**;
>
> 7) Partial Hospitalization (PHP) with short-term day mental health programming available seven days per week, as defined in **Appendix A-1**;
>
> 8) Residential Rehabilitation Services (Level 3.1) as defined in **Appendix A-1;** and
>
> 9) Population Specific High Intensity Residential Services (Level 3.1) as defined in **Appendix A-1**.

7. **Section 4.2.A.2.i** is here by amended by deleting it in its entirety and replacing it with the following: -

> “i. Require that Providers providing Clinical Support Services for Substance Use Disorders (Level 3.5) and ATS shall provide the Contractor, within 48 hours of a Covered Individual’s admission, with notification of admission of a Covered Individual and an initial treatment plan for such Covered

Individual. The Contractor may establish the manner and method of such notification but may not require the provider to submit any information other than the name of the Covered Individual, information regarding the Covered Individual's coverage with the Contractor, and the provider's initial treatment plan. The Contractor may not use failure to provide such notice as the basis for denying claims for services provided."

8. **Section 4.2.A.2.k** is hereby amended by is hereby deleted in its entirety and replaced with the following: -

"k. If utilization management review activities are performed for Clinical Support Services for Substance Use Disorders (Level 3.5), such activities may be performed no earlier than day 7 of the provision of such services, including but not limited to discussions about coordination of care and discussions of treatment plans. The Contractor may not make any utilization management review decisions that impose any restriction or deny any future Medically Necessary Clinical Support Services for Substance Use Disorders (Level 3.5) unless a Covered Individual has received at least 14 consecutive days of Clinical Support Services for Substance Use Disorders (Level 3.5). Any such decisions must follow the requirements regarding Adverse Action notifications to Covered Individuals and clinicians, as specified in **Section 4.2.A.2.e**, and processes for Internal and BOH Appeals of the Adverse Action, as specified in **Section 7.6**."

9. **Section 4.2.A.2** is hereby amended by adding at the end therein the following:-

"l. Submit for EOHHS's approval the Contractor's authorization and concurrent review procedures for Residential Rehabilitation Services, which shall allow for at least the first 90 days to occur without prior approval, provided however that the Contractor may establish notification or registration procedures during the first 90 days of Residential Rehabilitation Services."

10. **Section 4.4** is hereby amended by deleting it in its entirety and replaced with the following: -

"Section 4.4 Pharmacy Support Services

A. Overview

The MassHealth Pharmacy Program is the Pharmacy Benefit Manager (PBM) for the PCC Plan Enrollees and other Covered Individuals served under this Contract.

The Contractor shall:

1. Support the initiatives of the MassHealth Pharmacy Program, as directed by EOHHS;

2. Establish and maintain the capability to receive and analyze Claims data received from the EOHHS Data Warehouse for all Covered Services, including pharmacy utilization data for all Covered Individuals;

3. Establish a process to ensure that the Contractor determines the need for care management or care coordination for those individuals who are referred to the Contractor by the MassHealth Drug Utilization Review (DUR) and Pharmacy Program. If the Contractor is unable to reach a Covered Individual, or the Covered Individual declines to participate, the Contractor shall follow up with the Covered Individual's PCC or prescriber to ensure coordinated care;

4. Ensure that sufficient clinical staff with an understanding of medications(s) are available to fulfill the pharmacy requirements of the Contract. The Contractor shall have access to a pharmacist on an episodic basis if needed to assist with pharmacy-related projects;

5. Coordinate pharmacy support activities, as directed by EOHHS with DMH, and EOHHS's DUR; and

6. For the purposes of this section, provide Covered Individual-level information described herein only to Providers who have a record of treating the Covered Individual, or otherwise as directed by EOHHS and consistent with all applicable laws and regulations.

B. Pharmacy Initiatives

The Contractor shall support and collaborate with EOHHS on pharmacy activities and efforts, including but not limited to:

1. Using Covered Individuals' drug utilization data obtained from EOHHS to inform and guide prescribing activity, and to improve collaboration by prescribers.

2. Using criteria developed in collaboration with and agreed to by EOHHS, identifying Covered Individuals under the age of 18 on antipsychotic medication who need metabolic monitoring (diabetes and lipid screening test) and notifying both the Covered Individual's prescribing clinician and the PCC, and as further directed by EOHHS, the Covered Individual's Primary Care ACO, in a form and format and at a frequency specified by EOHHS. Notifications shall be reviewed by the Contractor's clinical staff prior to sending.

3. At the direction of EOHHS, supporting EOHHS pharmacy initiatives by:

    a. Promoting the adoption of MassHealth clinical policy recommendations to PCC Plan Providers, Network Providers and Primary Care ACOs as applicable.

    b. Educating PCC Plan Providers and Network Providers regarding the need to coordinate and manage prescribed medication use for BH and medical conditions through an alert, brochure or newsletter.

C. Work Group Participation

1. The Contractor shall assign a pharmacist or other clinician to participate in all appropriate pharmacy work groups as determined necessary by EOHHS, including but not limited to:

    a. The DUR Board as well as open DUR workgroups and committees. In the interest of having a multi-disciplinary board, EOHHS prefers that MBHP send a Care Manager to these meetings;

    b. The MCO Pharmacy Director Meeting Workgroup; and

    c. The Pharmacy Advisory Committee Workgroup.

2. The Contractor shall include a member of the OCA/MassHealth Pharmacy Program or a designee in the MCSTAP Workgroup.

3. The Contractor shall participate in any EOHHS pharmacy strategic planning processes as directed by EOHHS.

D. Obligations of the Contractor to Support Rebate Collection

The Contractor shall take all steps necessary to participate in, and support EOHHS' participation in, federal and supplemental drug rebate programs as directed by EOHHS and as follows:

1. The Contractor shall ensure EOHHS obtains all drug utilization data in accordance with the requirements set forth by EOHHS. The Contractor shall participate and cooperate with EOHHS in activities meant to assist EOHHS with identifying and appropriately including eligible drug claims in the federal drug rebate program.

2. The Contractor shall perform all system and program activities determined necessary to:

    a. Collect all of the following information on claims for physician-administered drugs billed separately using a Healthcare Common Procedure Coding System (HCPCS) by Opioid Treatment Programs, and deny any claim for such drugs that does not include all such information:

        1) All information set forth in 42 CFR 447.511 that EOHHS specifies the Contractor needs to provide, including but not limited to National Drug Code (NDC);

        2) Metric Quantity; and

        3) NDC Unit of Measure.

b. Validate that all National Drug Codes (NDCs) submitted on physician-administered drugs for rebate match the HCPCS being billed for, and include accurate NDC information (unit of measure and quantity);

c. Properly identify drugs purchased through the Federal 340B Drug Pricing Program by adding the identifier of "UD" to the HCPCS and include this information in the Encounter data;

d. The Contractor shall take all steps necessary, as determined by EOHHS, to enable EOHHS to maximize rebate collection. Such steps shall include:

1) Requiring Opioid Treatment Programs to use the preferred products listed on the MassHealth Supplemental Rebate/Preferred Drug List or as otherwise specified by EOHHS, and changing such designation as directed by EOHHS;

2) Signing up to receive notifications from EOHHS of changes to the MassHealth drug list;

3) Collecting, managing, and reporting this information in Encounter Data as described in this Section and as further specified by EOHHS in **Section 9.5,** Encounter Data; and

4) Taking any other steps that are necessary for EOHHS to maximize rebate collection.

The Contractor shall provide outpatient drugs pursuant to this Section in accordance with Section 1927 of the Social Security Act and 42 CFR 438.3(s), including but not limited to complying with all applicable requirements related to coverage, drug utilization data, drug utilization review program activities and prior authorization policies."

11. Section 4.7 is hereby amended by deleting it in its entirety and replacing it with the following:-

"Section 4.7 Medication for Addiction Treatment (MAT) Access and Pain Management Support

Beginning January 1, 2019, the Contractor shall develop a network of MAT expert prescribers and pain management specialists to support primary care providers as follow.

A. The Contractor shall develop a virtual consult (phone or video) system to link primary care providers requesting consult with MAT experts and pain management specialists for support or consultation.

B. The Contractor shall maintain a central help desk to connect primary care providers to such experts and specialists.

C. The MAT experts identified by the Contractor shall provide consultation on MAT including, but not limited to:

1. MAT initiation;
2. MAT management (e.g., titration for existing patients);
3. Dosing;
4. Appropriate prescribing for patients on more than one medication;
5. Prescribing guidance for vulnerable populations with increased risk of diversion; and
6. Support for clinical presentation of complex cases for MAT medication.

D. The pain management specialists identified by the Contractor shall provide consultations on pain management, including but not limited to:

1. Pain management prescribing (e.g., initial prescription, weaning patient off of or changing prescription);
2. Dosing;
3. Appropriate prescribing for patients on more than one medication;
4. Prescribing guidance for vulnerable populations with increased risk of diversion; and
5. Support clinical presentation of complex cases for pain management.

E. As directed by EOHHS, the Contractor shall develop strategies for increasing provider utilization of the consultations on MAT and pain management set forth in this **Section 4.7**, which shall include, but not be limited to:

1. MAT and Pain Management Specialists to place follow-up calls to training programs to enhance training support resources;
2. MAT and Pain Management Specialists to place follow-up calls to practices that have requested consultations in the past;
3. MAT and Pain Management Specialists to present at hospital grand rounds or other hospital presentations;
4. MAT and Pain Management Specialists to staff and manage monthly "office hours" where clinicians can call in for a group discussion; and
5. Enhancing promotional materials, including but not limited to developing a clinical manual for dissemination.

F. As directed by EOHHS, the Contractor shall to provide case management and care navigation support to assist healthcare facilities, individual practitioners and other healthcare providers including, but not limited to, nurse case managers, social workers and recovery coaches in identifying community-based providers to refer patients for treatment of substance use disorder.

G. By December 31, 2020, as directed by EOHHS, the Contractor shall submit to EOHHS a comprehensive evaluation of the MAT and Pain Management Consultation programs, including but not limited to a provider satisfaction survey and member follow-ups to document outcomes."

12. Section 4.13.B is hereby amended by deleting it in its entirety and replacing it with the following:-

"**B.** Effective January 1, 2019, the Contractor shall pay providers of Applied Behavioral Analysis (ABA Services) no less than the rate specified by EOHHS, unless otherwise directed by EOHHS, and shall use procedure codes as directed by EOHHS to provide payment for such services."

13. Section 4.14 is hereby amended by deleting the first sentence and inserting in place thereof:- "Beginning July 1, 2019, the Contractor shall:"

SECTION 6. INTEGRATION OF CARE

1. Section 6.2.H is hereby amended by deleting it in its entirety and replacing it with the following:

"**H. ICMP and Transition to Practice-Based Care Management Programs**

The Contractor shall continue to provide either a transition or discharge summary when a Participant transitions to a PBCM from ICMP to encourage a seamless transition and continuity of care. Such transition or discharge summary shall include but not be limited, to a summary of the Participant's care plan, care goals and barriers to completing care goals. This transition plan can be facilitated, either face-to-face, telephonically, or through the ICMP clinical meeting."

2. Section 6.2.I is hereby amended by deleting it in its entirety and replacing it with the following:

"**I. ACO and Community Partner (CP) Transition Preparations**

1. During Contract Year 2020, the Contractor shall partner with EOHHS to develop and execute a transition plan for MBHP members including but not limited to ICMP and PBCM Enrollees who are identified by EOHHS for future enrollment in an ACO or Community Partners. This plan shall include but not be limited to, Enrollee-specific transitional handoff meetings between MBHP (including ICMP/PBCM members) and ACOs or CPs. Transitional handoff includes, but is

not limited to, a summary of the Enrollees' care plan, care goals and barriers to completing care goals.

2. The Contractor shall:

   a. Not provide PBCM or ICMP services to Enrollees who are enrolled in a Community Partner program; and

   b. Establish processes and procedures to meet the requirements of **Section 6.2.I.2.a."**

SECTION 7. MEMBER AND PROVIDER SERVICES

1. Section 7.4.A. is hereby amended by deleting it in its entirety and replacing it with the following:

"**A. General Requirements**

The Contractor shall:

1. Ensure that the Contractor's toll-free telephone number (see **Section 2.1.A.2**) has a menu option for PCC provider support services so that the Contractor's toll-free number can be used by PCCs and other PCC Plan providers who need general assistance regard PCC Plan operations and PCC QM issues as outlined in **Section 5** and **Section 8**; and

2. Refer callers to other resources, such as EOHHS or EOHHS' other contractors, as appropriate and in accordance with Appendix C-9."

SECTION 10. PAYMENT AND FINANCIAL PROVISIONS

1. Section 10.5.B.1 is hereby amended by deleting it in its entirety and replacing it with the following:-

"1. Each month EOHHS shall issue monthly payments to the Contractor for PCC Plan Management Support Services, in accordance with the following methodology. EOHHS shall:

   a. Determine the number of PCC Enrollees for the month using the monthly enrollment file used to generate prospective capitation.

   b. Multiply the number of Enrollees for the month, as determined by EOHHS, by the PMPM Plan management support rate; this payment will be the final Monthly PCC Plan Management Support Services Payment Amount."

2. Section 10.5.C is hereby amended by deleting it in its entirety and replacing it with the following:-

"C. Payment Methodology for Specialized Psychiatric Inpatient Services Claims

EOHHS shall make payments to the Contractor for specialized psychiatric inpatient services claims specified in **Section 4.12** on an annual basis using a per diem rate specified in **Appendix H-1**. The Contractor shall provide claims data in a format and at a frequency specified by EOHHS to assist with calculation of the quarterly payment amount."

3. **Section 10.10.A.2** is hereby amended by striking "Massachusetts Division of Healthcare Finance and Policy" and inserting "EOHHS".

4. **Section 10.14.D.1.d** is hereby amended by deleting it in its entirety and replacing it with the following:

"d. Submit to EOHHS for approval, documentation that the Contractor has satisfied the insolvency Reserve Requirement through any of the following, or combination of the following:

1) Restricted cash reserves;

2) Net worth of the Contractor;

3) Performance bond or guarantee;

4) Insolvency insurance;

5) An irrevocable letter of credit; or

6) A written guarantee from the Contractor's parent or organization."

SECTION 13. ADDITIONAL TERMS AND CONDITIONS

1 **Section 13.15** is hereby amended by striking "December 31, 2019" and replacing it with "December 31, 2020".

2. **Section 13.47** is hereby amended by striking "Stephanie J. Brown, Director of the Office of Behavioral Health" and replacing it with "Kevin Wicker, Director of Contracting and Continuum Management".

LIST OF APPENDICES

APPENDIX A

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

Appendix A-4, In Home Behavioral Services Medical Necessity Criteria is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix A-4, In-Home Behavioral Services Medical Necessity Criteria.**

Appendix A-5, In Home Behavioral Services is hereby amended by deleting it in its entirety and replacing it with the attached **Appendix A-5, In-Home Behavioral Services Performance Specifications.**

Appendix A is hereby amended by adding at the end therein **Appendix A-7**.

APPENDIX E

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

APPENDIX G

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

APPENDIX H

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

APPENDIX L

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

Effective 1/1/2020

Appendix A-1
MBHP Covered Behavioral Health Services

✓ Denotes a covered service

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
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.				
1. Inpatient Mental Health Services - hospital services to evaluate and treat an acute psychiatric condition which 1) has a relatively sudden onset; 2) has a short, severe course; 3) poses a significant danger to self or others; or 4) has resulted in marked psychosocial dysfunction or grave mental disability.	✓	✓	✓	
2. Inpatient Substance Use Disorder Services (Level IV) – 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 credential physician and other appropriate credential treatment professionals with the full resources of a general acute care or psychiatric hospital available.	✓	✓	✓	
3. Observation/Holding Beds - hospital services, for a period of up to 24 hours, in order to assess, stabilize, and identify appropriate resources for Covered Individuals.	✓	✓	✓	
4. Administratively Necessary Day (AND) Services - a day(s) of inpatient hospitalization provided to Covered Individuals when said Covered Individuals are clinically ready for discharge, but an appropriate setting is not available. Services shall include appropriate continuing clinical services.	✓	✓	✓	
Diversionary Services - those mental health and substance use disorder services that are provided as clinically appropriate alternatives to Behavioral Health Inpatient Services, or to support a Covered Individual returning to the community following a 24-hour acute placement; or to provide intensive support to maintain functioning in the community. There are two categories of Diversionary Services, those provided in a 24-hour facility, and those which are provided in a non-24-hour setting or facility. **(See detailed services below)**				
1. 24-Hour Diversionary Services:				
a. Community Crisis Stabilization – services provided as an alternative to hospitalization, including short-term psychiatric treatment in structured, community-based therapeutic environments. Community Crisis Stabilization provides continuous 24-hour observation and supervision for Covered Individuals who do not require Inpatient Services.	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
b. **Community-Based Acute Treatment for Children and Adolescents (CBAT)** – mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to insure safety for the child or adolescent, while providing intensive therapeutic services including, but not limited to, daily medication monitoring; psychiatric assessment; nursing availability; Specialing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed. This service may be used as an alternative to or transition from Inpatient services.	✓	✓		
c. 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 services delivered by nursing and counseling staff under a physician-approved protocol and physician-monitored procedures. Services 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.	✓	✓	✓	
d. Clinical Support Services for Substance Use Disorders (Level 3.5) – 24-hour treatment services 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.	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
e. **Population-Specific High Intensity Residential Services (Level 3.3**.) Enhanced 24 hour structured addiction treatment to serve Enrollees who require specialized, tailored programming due to cognitive and other functional impairments caused by co-morbid conditions (e.g. brain injury, fetal alcohol spectrum disorder, dementia, IV antibiotic treatment). This service may entails staffing, environment, and clinical programming modifications for Covered individuals with cognitive or functional impairments fully participate in treatment activities.	✓	✓	✓	
f. **Transitional Support Services (TSS) for Substance Use Disorders (Level 3.1)** – 24 hour, short term intensive case management and psycho-educational residential programming with nursing available for Covered Individuals requiring short term placements. 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.	✓	✓	✓	
g. **Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)** – 24 hour structured and comprehensive rehabilitative environment that supports Covered Individual's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented clinical services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Specialized RRS services tailored for the needs of Youth, Transitional Age Youth, Young Adults, Families and Pregnant and Post-Partum Women are also available to eligible Covered Individuals.	✓	✓	✓	
h. **Co-Occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) -** 24-hour, safe, structured environment, located in the community, which supports Enrollee's recovery from addiction and moderate to severe mental health conditions while reintegrating into the community and returning to social, vocation/employment,	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
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.				
i. **Transitional Care Unit (TCU)** – A community based therapeutic program offering high levels of supervision, structure and intensity of service within an unlocked setting. The program serves children and adolescents, under age 19, who are in the custody of the Department of Children and Families (DCF), who have been determined to need group care or foster care and no longer meet the clinical criteria for continued stay at an acute level of care. The TCU offers comprehensive services, including but not limited to, a therapeutic milieu, psychiatry, aggressive case management, and multidisciplinary, multi-modal therapies.	✓	✓		
2. Non-24-Hour Diversionary Services				
a. **Community Support Program (CSP)** - an array of services delivered by a community-based, mobile, multi-disciplinary team of professionals and paraprofessionals. These programs provide essential services to Covered Individuals with a long standing history of a psychiatric or substance use disorder and to their families, or to Covered Individuals who are at varying degrees of increased medical risk, or to children/adolescents who have behavioral health issues challenging their optimal level of functioning in the home/community setting. Services include outreach and supportive services, delivered in a community setting, which will vary with respect to hours, type and intensity of services depending on the changing needs of the Covered Individual.	✓	✓	✓	
b. **Recovery Coaching** – Recovery Coaching is a non-clinical service provided by individuals currently in recovery from a substance use disorders and who have been trained to help people struggling with a similar experience (their peers) to 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	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
removing obstacles to recovery; linking Members to recovery community and serving as a personal guide and mentor.				
c. **Recovery Support Navigators (RSN)** – RSN services are specialized care coordination services intended to engage Covered Individuals in accessing substance use disorder treatment, facilitating smooth transitions between levels of care, support Covered Individuals in obtaining service that facilitate recovery. Recovery Support Navigators coordinate with other substance use disorder treatment providers, as well as primary care and prescribers of medications for addiction treatment (MAT) in support of Covered Individuals.	✓	✓	✓	
d. **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.	✓	✓	✓	
e. **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	✓	✓	✓	
f. **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 an Covered Individual being discharged from Acute Substance Abuse Treatment, or can be utilized by individuals, who need Outpatient Services, but who also need more structured treatment for a substance use disorder. These programs may incorporate the evidence-based practice of Motivational Interviewing into clinical programming to promote individualized treatment planning. These programs may include specialized services and staffing for targeted populations including pregnant women, adolescents and adults requiring 24 monitoring.	✓	✓	✓	
g. **Program of Assertive Community Treatment (PACT)** – shall mean a multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
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.				
h. **Intensive Outpatient Program (IOP)** - a clinically intensive service designed to improve functional status, provide stabilization in the community, divert an admission to an Inpatient Service, or facilitate a rapid and stable reintegration into the community following a discharge from an inpatient service. The IOP provides time-limited, comprehensive, and coordinated multidisciplinary treatment.	✓	✓	✓	
Outpatient Services - mental health and substance use disorder services provided in person in an ambulatory care setting such as a 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.				
a. **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 an 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.	✓	✓	✓	
b. **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 an 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.	✓	✓	✓	
c. **Diagnostic Evaluation** - an assessment of an Covered Individual's level of functioning, including physical, psychological, social, educational and environmental strengths and	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
challenges for the purpose of diagnosis and designing a treatment plan.				
d. **Dialectical Behavioral Therapy (DBT)** - a manual-directed outpatient treatment developed by Marsha Linehan, PhD, and her colleagues that combines strategies from behavioral, cognitive, and supportive psychotherapies for Covered Individuals with borderline personality disorder who also exhibit chronic, parasuicidal behaviors and adolescents who exhibit these symptoms. DBT may be used for other disorders if the Contractor determines that, based on available research, DBT is effective and meets the Contractor's criteria for determining medical necessity.	✓	✓	✓	
e. **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 an 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.	✓	✓	✓	
f. **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.	✓	✓	✓	
g. **Medication Administration –** shall mean the injection of intramuscular psychotherapeutic medication by qualified personnel.	✓	✓	✓	
h. **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.	✓	✓	✓	
i. **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.	✓	✓	✓	
j. **Individual Treatment** - the use of psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis.	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
k. **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.	✓	✓	✓	
l. **Assessment for Safe and Appropriate Placement (ASAP)** - an assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists, to evaluate individuals who are in the care and custody of DCF and who have been adjudicated delinquent for a sexual offense or the commission of arson, or have admitted to such behavior, or are the subject of a documented or substantiated report of such behavior, and who are being discharged from Inpatient Psychiatric Unit or Hospital or Community-Based Acute Treatment for Children/Adolescents or Intensive Community Based Acute Treatment for Children/Adolescents to a family home care setting. Services are provided through a DCF designated ASAP provider.	✓	✓		
m. **Collateral Contact** – a communication of at least 15 minutes' duration between a Provider and individuals who are involved in the care or treatment of an 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.	✓	✓		
n. **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.	✓	✓	✓	
o. **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.	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
p. Ambulatory Withdrawal Management (Level 2WM) - outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications. Ambulatory Withdrawal Management is provided under the direction of a physician and is designed to stabilize the Member's medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of the individual's symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment.	✓	✓	✓	
q. Psychological Testing - the use of standardized test instruments to assess a Covered Individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing.	✓	✓	✓	
r. Special Education Psychological Testing - psychological, emotional or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special education programs pursuant to Mass Gen. Law 71B, and which shall be utilized toward the development of an Individualized Educational Plan (IEP). Special Education Psychological Testing shall not be administered more than once a year unless new events have significantly affected the student's academic functioning.	✓	✓		
s. Applied Behavioral Analysis for members under 21 years of age (ABA Services) – A MassHealth service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. This service provides for the performance of behavioral assessments; interpretation of behavior analytic data; development of a highly specific treatment plan; supervision and coordination of interventions; and training other interveners to address specific objectives or performance goals in order to treat challenging behaviors that interfere with a youth's successful functioning. See 101 CMR 358.00.	✓	✓		
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)**				

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
a. Family Support and Training: a service provided to the parent /caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home and other community settings. Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a Family Support and Training Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth's emotional and behavioral needs by improving the capacity of the parent /caregiver to parent the youth so as to improve the youth's functioning. Services may include education, assistance in navigating the child serving systems; fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources, support, coaching, and training for the parent/caregiver.	✓			
b. 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.	✓			
c. In-Home Behavioral Services – this service usually includes a combination of behavior management therapy and behavior management monitoring, as follows: **C1. 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 child's successful functioning. The Behavior management therapist develops and monitors specific behavioral objectives and interventions, including a crisis-response strategy, that are incorporated into the child's treatment plan. The therapist may also provide short-term counseling and assistance, depending on the child's performance and level of intervention required. Phone contact and consultation may be provided as part of the intervention. **C2. Behavior Management Monitoring**. This service includes implementation of the behavior	✓			

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
plan, monitoring the child'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.				
d. In-Home Therapy Services. This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows: **D1**. The Therapeutic Clinical Intervention is a structured, consistent, therapeutic relationship between a licensed clinician and the child and family for the purpose of treating the child's mental health needs including improving the family's ability to provide effective support for the child to promote healthy functioning of the child within the family. The clinician develops a treatment plan and, using established psychotherapeutic techniques, works with the entire family or a subset of the family, to enhance problem-solving, limit-setting, communication, emotional support or other family or individual functions. The Therapeutic Clinical Intervention is provided by a qualified licensed clinician who will often work in a team that includes one or more qualified paraprofessionals. **D2**. Ongoing Therapeutic Training and Support is a service provided by a paraprofessional to support implementation of the licensed clinician's treatment plan to achieve the goals of the treatment plan. The paraprofessional assists a licensed clinician in implementing the therapeutic objectives of the treatment plan designed to address the child's mental health and emotional challenges. This service includes teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family in supporting the child in addressing his or her emotional and mental health needs. Phone contact and consultation may be provided as part of the intervention.	✓	✓		
e. Therapeutic Mentoring Services: This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs. Each child or adolescent will have goals and objectives that are designed to support age-	✓			

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
appropriate social functioning or ameliorate deficits in the child or adolescent's age-appropriate social functioning. These goals and objectives are developed by the child or adolescent, as appropriate, and his/her treatment team and are incorporated into the treatment plan. The service includes supporting, coaching and training the child or adolescent in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities. The therapeutic mentor works with the child or adolescent in such settings as their home, school or social or recreational activities.				
Emergency Services Program (ESP) - services provided through designated contracted ESPs, and which are available seven days per week, 24 hours per day to provide treatment of any individual who is experiencing a mental health crisis. **(See detailed services below)**				
1. ESP Encounter - each 24-hour period an individual is receiving ESP Services. Each ESP Encounter shall include at a minimum: crisis assessment, intervention and stabilization. **a. Assessment -** a face-to-face evaluation of an individual presenting with a behavioral health emergency, including assessment of the need for hospitalization, conducted by appropriate clinical personnel; **b. Intervention –the** provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and **c. Stabilization –** short-term behavioral health treatment in a structured environment with continuous observation and supervision of individuals who do not require hospital level of care. In addition, medication evaluation and specialing services shall be provided if Medically Necessary.	✓	✓	✓	✓
2. Youth Mobile Crisis Intervention: 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.	✓	✓		✓
Other Behavioral Health Services - Behavioral Health Services that may be provided as part of treatment in more than one setting type.				

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Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	**MassHealth Family Assistance Covered Individuals**	**CarePlus Covered Individuals**	**Uninsured Individuals and Persons Covered by Medicare Only**
1. Electro-Convulsive Therapy (ECT) - a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH.	✓	✓	✓	
2. Repetitive Transcranial Magnetic Stimulation (rTMS) - a noninvasive form of neurostimulation in which rapidly changing magnetic fields are applied to the surface of the scalp through a copper wire coil connected to a magnetic stimulator. The therapeutic service is used to treat depression that has not responded to standard treatment such as medications and psychotherapy**.**	✓	✓	✓	
3. Specialing - therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety.	✓	✓	✓	

IN-HOME BEHAVIORAL SERVICES (IHBS)

In-Home Behavioral Services (IHBS) are delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary Behavior Management Therapy and Behavior Management Monitoring.

Behavior Management Therapy: This service includes a behavioral assessment (including observing the youth's behavior, antecedents of behaviors, and identification of motivators); development of a highly specific behavior plan; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals. This service is designed to treat challenging behaviors that interfere with the youth's successful functioning. The behavior management therapist develops specific behavioral objectives and interventions that are designed to diminish, extinguish, or improve specific behaviors related to the youth's behavioral health condition(s) and which are incorporated into the behavior plan and the risk management/safety plan.

Behavior Management Monitoring: This service includes implementation of the behavior plan, monitoring the youth's behavior, reinforcing implementation of the behavior plan by the parent(s)/guardian(s)/caregiver(s), and reporting to the behavior management therapist on implementation of the behavior plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.

For youth engaged in Intensive Care Coordination (ICC), the behavior plan is designed to achieve a goal(s) identified in the youth's Individual Care Plan (ICP). The Care Planning Team (CPT) works closely with the youth, parent/guardian/caregiver and/or other individual(s) identified by the family to support adherence to the behavior plan and to sustain the gains made.

Criteria

Admission Criteria	***All** of the following criteria are necessary for participation in this level of care*: 1. A comprehensive behavioral health assessment inclusive of a Functional Behavioral Assessment indicates that the youth's clinical condition warrants this service in order to diminish, extinguish, or improve specific behaviors related to the youth's behavioral health condition(s). If the Member has MassHealth as a secondary insurance and is being referred to services by a provider who is paid through the Member's primary insurance, the provider must conduct a comprehensive behavioral health assessment. 2. Less-intensive behavioral interventions have not been successful in reducing or eliminating the problem behavior(s) or increasing or maintaining desirable behavior(s). 3. Clinical evaluation suggests that the youth's clinical condition, level of functioning, and intensity of need require the establishment of a specific structure and the establishment of positive behavioral supports to be applied consistently across

	home and school settings; and warrants this level of care to successfully support him/her in the home and community. 4. Required consent is obtained.
Psychosocial, Occupational, and Cultural and Linguistic Factors	*These factors may change the risk assessment and should be considered when making level-of-care decisions*
Exclusion Criteria	***Any one** of the following criteria is sufficient for exclusion from this level of care*: 1. The environment in which the service takes place presents a serious safety risk to the behavior management therapist or monitor, alternative community settings are not likely to ameliorate the risk, and no other safe venue is available or appropriate for this service. 2. The youth is at imminent risk to harm self or others, or sufficient impairment exists that requires a more-intensive level of care beyond a community-based intervention. 3. The youth has medical conditions or impairments that would prevent beneficial utilization of services. 4. Introduction of this service would be duplicative of services that are already in place. 5. The youth is in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential setting at the time of referral and is not ready for discharge to a family home environment or community setting with community-based supports.
Continued Stay Criteria	***All** of the following criteria are required for continuing treatment at this level of care*: 1. The youth's clinical condition(s) continues to warrant In-Home Behavioral Services in order to maintain him/her in the community and continue progress toward goals established in the behavior plan. 2. The youth is actively participating in the plan of care and treatment to the extent possible consistent with his/her condition. 3. With consent, the parent/guardian/caregiver, and/or natural supports are actively involved in the treatment as required by the behavior plan, or there are active efforts being made and documented to involve them.
Discharge Criteria	***Any one** of the following criteria is sufficient for discharge from this level of care*: 1. The youth no longer meets admission criteria for this level of care, or meets criteria for a less- or more-intensive level of care. 2. The youth's behavior plan goals and objectives have been substantially met, and continued services are not necessary to prevent the worsening of the youth's behavior.

	3. The youth and/or parent/guardian/caregiver are not engaged in treatment. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues. 4. The youth is not making progress toward goals and objectives in the behavior plan, and there is no reasonable expectation of progress at this level of care, nor is it required to maintain the current level of functioning. 5. Consent for treatment is withdrawn.

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Executive Office of Health and Human Services
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In-Home Behavioral Services
Performance Specifications

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications. Additionally, providers of this service and all contracted services will be held accountable to all "general" performance specifications.

In-Home Behavioral Services (IHBS) are delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary Behavior Management Therapy and Behavior Management Monitoring.

Behavior Management Therapy: This service includes a behavioral assessment (including observing the youth's behavior, antecedents of behaviors, and identification of motivators), development of a highly specific behavior treatment plan; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals. This service is designed to treat challenging behaviors that interfere with the youth's successful functioning. The behavior management therapist develops specific behavioral objectives and interventions that are designed to diminish, extinguish, or improve specific behaviors related to the youth's behavioral health condition(s) and which are incorporated into the behavior management treatment plan and the risk management/safety plan.

Behavior Management Monitoring: This service includes implementation of the behavior treatment plan, monitoring the youth's behavior, reinforcing implementation of the treatment plan by the parent(s)/guardian(s)/caregiver(s), and reporting to the behavior management therapist on implementation of the treatment plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.

This service is not hub dependent, however for youth engaged in Intensive Care Coordination (ICC) and/or In-Home Therapy (IHT), the behavior management treatment plan is designed to achieve goals identified in the youth's Individual Care Plan (ICP). The Care Planning Team (CPT) works closely with the youth, parent/guardian/ caregiver and/or other individual(s) identified by the family to support adherence to the behavior treatment plan and to sustain the gains made.

Components of Service

1. Providers of In-Home Behavioral Services are outpatient hospitals, community health centers, mental health centers, other clinics, and private agencies certified by the Commonwealth of Massachusetts. In-Home Behavioral Services must be delivered by a provider with demonstrated infrastructure to support and ensure
    a. Quality Management/Assurance
    b. Utilization Management
    c. Electronic Data Collection/IT
    d. Clinical and Psychiatric Expertise
    e. Cultural and Linguistic Competence
2. The activities of In-Home Behavioral Services include:
    a. For Behavior Management Therapy:
        i. Functional Behavioral Assessment

	ii. Documented observations of the youth in the home and community iii. Structured interviews with the youth, family, and any identified collaterals about his/her behavior(s)Completion of a written functional behavioral assessment iv. Development of a focused behavior management treatment plan that identifies specific behavioral and measurable objectives or performance goals and interventions (e.g. skills training, reinforcement systems, removal of triggering stimuli, graduated exposure to triggering stimuli, etc.), that are designed to diminish, extinguish, or improve specific behaviors related to a youth's mental health condition(s) v. Development of specific behavioral objectives and interventions that are incorporated into the youth's new or existing risk management/safety plan vi. Modeling for the parent/guardian/caregiver on how to implement strategies identified in the behavior management plan vii. Working closely with the behavior management monitor to ensure the behavior management plans and risk management/safety plan are implemented as developed by the behavior management therapist, and to make any necessary adjustments to the plan b. For Behavior Management Monitoring: i. Monitoring the youth's progress on implementation of the goals of the treatment plan developed by the behavior management therapist ii. Providing coaching, support, and guidance to the parent/guardian/caregiver in implementing the plan iii. Working closely with the behavior management therapist to ensure the behavior management plans and risk management/safety plan are implemented as developed, and reporting to the behavior management therapist if the youth is not achieving the goals and objectives set forth in the behavior management plan so that the behavior management therapist can modify the plan as necessary 3. The In-Home Behavioral Services provider develops and maintains policies and procedures relating to all components of In-Home Behavioral Services. The agency will ensure that all new and existing staff will be trained on these policies and procedures. 4. The In-Home Behavioral Services provider provides these services in the youth's home and community. 5. The In-Home Behavioral Services provider works collaboratively with other existing provider(s) and delivers services in accordance with the youth's plan of care.
Staffing Requirements	
	This service is usually provided by a staff team including a Behavior Management Therapist and a Behavior Management Monitor. The **minimum** staff qualifications for each are as follows. 1. Behavior Management Therapist

a. Master's-level practitioner (A master's-level practitioner with a degree that is on the Managed Care-approved list) for these purposes includes persons with the following credentials:

   i. Developmental-behavioral pediatricians, developmental-behavioral pediatric fellows, LICSWs, LCSWs, LMFTs, LMHCs, licensed psychologists, master's-level counselors, marriage and family therapy interns, mental health counselor interns, psychiatric nurse mental health clinical specialists, psychiatric nurse mental health clinical specialist trainee, psychiatric nurses, psychiatrists, psychiatry residents, psychology interns, and social work interns. Note that all unlicensed master's-level counselors and/or interns must provide services under the direct supervision of an LICSW, LMFT, LMHC, LCSW, LADC I, Psychologist, Psychiatric Nurse, or Nurse Clinical Specialist consistent with applicable state licensure requirements. Please see Massachusetts State Plan 08-004 for further definition of the credentials described above.); AND

   ii. Board-Certified Behavior Analyst (BCBA); OR

   iii. Enrolled in a behavior analyst training program and eligible for certification within nine months; OR

   iv. A psychologist licensed by the Massachusetts Board of Registration in Psychology with experience performing functional behavioral assessments and implementing and evaluating intervention strategies; OR

   v. A master's level mental health practitioner working under the supervision of a BCBA; OR

b. A master's-level mental health practitioner with relevant training and two years' experience inclusive of but not limited to:

   i. conducting functional behavioral assessments (FBA) of youth with serious emotional and behavioral disturbances that include observing and analyzing behavior in settings where the behavior is naturally occurring; evaluating specific antecedent stimuli and consequences; and understanding the values, skills, and resources of those who are responsible for implementing the behavior plan; AND

   ii. selecting interventions and strategies based on the results of the FBA and designing behavior plans that include intensive behaviorally oriented interventions; AND

   iii. evaluating progress based on both qualitative and quantitative data and making adjustments to the behavior plan as needed; AND

   iv. working with parents/caregivers and paraprofessional staff in homes and other community-based settings to implement behavior plans using techniques grounded in principles of positive behavior support (PBS) and/or applied behavioral analysis (ABA) with an aim toward extinguishing a wide range of challenging behaviors and increasing more socially acceptable behaviors that are age or developmentally appropriate.

2. Behavior Management Monitor

   a. Supervision by a clinician meeting one of the above criteria and:

      i. A bachelor's degree in a human services field (that is on the Managed Care-approved list) from an accredited university and one year of direct relevant

	experience working with youth and families who require behavior management to address mental health needs; OR ii. An associate's degree (that is on the Managed Care-approved list) and a minimum of two years of relevant direct service experience working with youth and families who require behavior management to address mental health needs. b. The provider ensures that In-Home Behavioral Services staff is trained in principles of behavior management. The provider also ensures that all behavioral management therapy and monitoring staff completes training, upon employment and annually thereafter, inclusive of the following topics: i. Overview of the clinical and psychosocial needs of the target population ii. Systems of Care principles and philosophy iii. Role within a CPT iv. Ethnic, cultural, and linguistic considerations of the community v. Community resources and services vi. Family-centered practice vii. Behavior management coaching viii. Social skills training ix. Psychotropic medications and possible side effects x. Risk management/safety plans xi. Crisis Management xii. Introduction to child-serving systems and processes (DCF, DYS, DMH, DESE, etc.) xiii. Basic IEP and special education information xiv. Managed Care Entities' performance specifications and medical necessity criteria xv. Child/adolescent development including sexuality xvi. Conflict resolution c. The In-Home Behavioral Services provider ensures that a licensed, senior clinician with the following credentials – LICSW, LMFT, LMHC, LCSW, LADC I, Psychologist, Psychiatric Nurse, or Nurse Clinical Specialist – provides adequate supervision to all unlicensed, master's-level behavior management therapists and/or interns as well.
Service, Community, and Collateral Linkages	
	1. For youth who are receiving ICC, the In-Home Behavioral Services provider participates as a member of the care planning team (CPT) and works closely with CPT to implement the goal(s) and objective(s) identified by the CPT. 2. For youth who are not receiving ICC, the In-Home Behavioral Services provider works closely with the family and any behavioral health existing/referring provider(s) to implement the goals and objectives identified by the referral source. 3. For youth who are receiving ICC, the In-Home Behavioral Services provider participates

	in all care planning meetings and processes. When state agencies (DMH, DCF, DYS, DPH, DESE/LEA, DDS, probation office, the courts) are involved with the family and with appropriate consent, the provider participates, as appropriate, with these agencies with regard to service/care planning and coordination, on behalf of, and with, the family.
Quality Management (QM)	
	The In-Home Behavioral Services provider participates in quality management activities that include fidelity monitoring and attends meetings as required.
Process Specifications	
Treatment Planning and Documentation	1. Telephone the parent/caregiver within five calendar days of referral, including self-referral, to offer a face-to-face interview with the family. 2. Fourteen days is the Medicaid standard for the timely provision for services established in accordance with 42 CFR 441.56(e). The 14-day standard begins from the time at which the family has been contacted. 3. Providers shall maintain a waitlist if unable to offer a face-to-face interview and initiate services within five calendar days of contact with the parent/caregiver. 4. In-Home Behavioral Services are provided in a clinically appropriate manner and focused on the youth's behavioral and functional outcomes as described in the treatment and discharge plans. 5. Treatment planning is individualized and appropriate to the youth's age and changing condition, with realistic, specific, attainable, and measurable goals and objectives stated. 6. There is documented active coordination of care with ICC, other current behavioral health providers, the PCP/PCC (primary care physician/clinician), and other services and state agencies. If coordination is not successful, the reasons are documented and efforts to coordinate care continue. 7. For youth who are receiving ICC, the In-Home Behavioral Services staff must coordinate with and attend all CPT meetings that occur while they are providing In-Home Behavioral Services to the youth. At these meetings, they give input to the CPT in order to clearly outline the goals of the service in the ICP and provide updates on the youth's progress. In concert with the family and the CPT, the behavior management therapist will determine if the youth needs Behavior Management Monitoring in addition to the Behavior Management Therapy. The In-Home Behavioral Services provider will identify to the CPT the number of hours per week/month of the In-Home Behavioral Services that are medically necessary for the youth. 8. For youth who are not receiving ICC, the In-Home Behavioral Services staff must coordinate and attend all treatment team meetings in order to clearly outline the goals of the service and provide updates on the youth's progress. In concert with the family, the behavior management therapist will determine if the youth needs Behavior Management Monitoring in addition to the Behavior Management Therapy. 9. The In-Home Behavioral Services provider will identify the number of hours per week/month for the In-Home Behavioral Services that are medically necessary for the youth. 10. The behavior management therapist completes a comprehensive assessment , inclusive of a functional behavioral assessment and develops a highly specific behavior

	management plan with clearly defined interventions and measurable goals and outcomes within 14 to 28 calendar days of the first meeting with the family, that are consistent with the concerns/goals identified by the family and or other provider agencies. 11. In order for a behavior management therapist to diagnose a behavioral health disorder as part of a comprehensive assessment, they must hold a Master's degree that qualifies them to do so. For behavior management therapists with a non-mental health degree included on the MCE approved degree list, a qualified clinician would be expected to perform this function. The assessment and plan must be signed off by an independently licensed clinician. 12. Evidence-based or best-practice models that match the main need/focused problem are recommended to guide treatment/care planning and interventions. 13. The behavior management treatment plan must be updated every 90 days, including updates following any sentinel events such as presentation to an ESP or hospitalization. 14. For youth who receive ICC, In-Home Behavioral Services staff has contact as needed but at least one per week with the youth's ICC care coordinator to provide updates on progress on the identified ICP goal(s). For youth not receiving ICC, the In-Home Behavioral Services staff has regular, frequent contact with the youth's referring provider to report updates on progress on the identified behavioral goal(s). 15. The In-Home Behavioral Services provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respecting the family's dignity and right to choice. 16. The behavior management therapist and monitor document each contact in a progress report in the provider's file for the youth. 17. The behavior management therapist gives his/her agency's after-hours emergency contact information and procedures to the parent/guardian/caregiver.
Discharge Planning and Documentation	A discharge planning meeting is scheduled whenever the provider and family determines that the youth has met his/her goals and no longer needs the service, the family no longer wants the service, or the youth no longer meets the medical necessity criteria for In-Home Behavioral Services. 1. There is documented active discharge planning from the beginning of treatment. 2. The reasons for discharge and all behavior management treatment and discharge plans are clearly documented in the record. 3. For youth engaged in ICC, In-Home Behavioral Services staff develops an up-to-date copy of the behavior management plan, which is given to the parent/guardian/caregiver on the last date of service, and to the ICC care coordinator and CPT within seven calendar days of the last date of service. 4. For youth not involved in ICC, the In-Home Behavioral Services staff develops an up-to-date copy of the behavior management plan, which is given to the parent/guardian/caregiver on the last date of service and to all current /referring provider(s) within seven days of the last date of service. 5. If an unplanned termination of services occurs, the provider makes every effort to contact the parent/guardian/caregiver to obtain their participation in In-Home Behavioral Services and to provide assistance for appropriate follow-up plans (i.e., schedule another appointment, facilitate a clinically appropriate service termination, or provide

	appropriate referrals). For youth receiving ICC, the provider will make every effort to contact the ICC care coordinator. Such activity is documented in the record.

Effective 1/1/2020

Appendix A-7

DMH State Operated Facilities Providing Mental Health Services

Type of Service/Appendix A-1/Category	Provider Name	Location	NPI	Claim Form	Service
Hospital Based Services	Cape Cod and Islands Mental Health Center	Pocasset	1851477491	UB04	Inpatient Services
Hospital Based Services	Corrigan Mental Health Center	Fall River	1700964947	UB04	Inpatient Services
Diversionary Services	Substance Abuse Program “WRAP”	Taunton	1508212416	1500	Acute Treatment Services
Diversionary Services	Substance Abuse Program “WRAP”	Taunton	1508212416	1500	Clinical Support Services

APPENDIX E-1

PROGRAM REPORTING REQUIREMENTS

This Appendix summarizes the programmatic reporting requirements described in the Contract. In accordance with **Section 11.1.B** and **Section 11.2.B** 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 11** of the Contract. In the event of any inconsistency between the descriptions in this Appendix and the provisions in the Contract, the Contract controls.

Reporting Timetables

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

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

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

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

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

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

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

Annual Reports – no later than 5:00 p.m. on February15th or, if February 15th falls on a non-business day, the next business day. Claims-based annual reports will allow for a 90-day Claims lag, so data due on February15th will be for Claims no later than September.

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

Reportable Adverse Incidents

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

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

One-time, Periodic and Ad Hoc Reports

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

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

3. **MCPAP PROGRAM UTILIZATION**

   Other program utilization data elements that may be identified by EOHHS, MCPAP and DMH in response to quality improvement initiatives or policy questions.

4. **ADDITIONAL MCPAP REPORTS**

   Additional MCPAP reporting requirements as directed by EOHHS and DMH.

Daily Reports

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

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

6. 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

7. INPATIENT CASES AWAITING RESOLUTION AND DISCHARGE (CARD) CENSUS REPORT – BH-05 (THIS REPORT IS RESERVED)

Monthly Reports

8. USE OF CANS DURING DIAGNOSTIC EVALUATIONS – BH-07

Report on paid Claims with CPT code 90791, with and without modifier HA, for Covered Individuals under age 21.

9. CBHI SERVICES PROVIDER MONITORING REPORTS – BH-N/A

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

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

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

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

10. CBHI COST AND UTILIZATION REPORTS – BH-10

Summary report of service utilization and costs for CBHI Services.

11. INTENSIVE CARE COORDINATION CLAIMS-BASED INDICATORS – BH-9

Summary report of all Behavioral Health Services received by those enrolled in Intensive Care Coordination Service.

12. CSA REPORTED AND AGGREGATED DATA – BH-N/A

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

13. ESP UTILIZATION REPORT – BH-N/A

Report, utilizing the ESP Encounter form database.

14. INPATIENT CARD REPORT – BH-5 (THIS REPORT IS RESERVED)

15. PROVIDER CONCERNS REPORT – BH-27

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

16. PCC PLAN MATERIALS INVENTORY REPORT – BH-28 (THIS REPORT IS RESERVED)

17. PCC AND BH NETWORKS SITE VISIT REPORT – BH-29

Report of PCC and BH Network site visits, which includes but is not limited by the requirements of **Section 5.2.C.2-3.**

18. PCC PLAN MANAGEMENT SUPPORT SERVICES REPORT – BH-30

Report of PCC Plan Management Support deliverables.

19. CARE MANAGEMENT REPORT – BH-N/A

Report of all Care Management, Integrated Care Management and Practice-Based Care Management, which includes but is not limited to the requirements found **in Section 5.3** and **Section 6** in a form and format to be determined by EOHHS and the Contractor.

20. PCPR PLAN ENROLLEES PER PARTICIPATING SITE – BH-N/A

This report is deleted and reserved.

21. MCPAP PCP

Number of PCPs and PCP practices enrolled in MCPAP and number of obstetric practices and providers enrolled in MCPAP for Moms.

22. MCPAP MONTHLY ENCOUNTER

For each MCPAP Team (i.e., Boston North, Boston South, and Central/West) Site/Institution, and statewide and for MCPAP for Moms: number of encounters by type of encounter, diagnosis, reason for contact, and insurance status of the child.

23. MCPAP MONTHLY UNDUPLICATED COUNT

For each MCPAP Team, (i.e., Boston North, Boston South, and Central/West), Site/Institution, and statewide and for MCPAP for Moms: unduplicated count of Covered Individuals served, by type of encounter and insurance status of the Covered Individual.

24. MCPAP MONTHLY RESPONSE TIME

For each MCPAP team and for MCPAP for Moms, 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) and the percentage of resource and referral requests that are completed within 3 business days.

25. MCPAP AVERAGE ENCOUNTER

Average number of encounters per unduplicated Covered Individuals, by MCPAP Team (i.e., Boston North, Boston South, and Central/West), Site/Institution, and statewide and for MCPAP for Moms.

26. MCPAP ENROLLED PCPS

Number of enrolled PCPs, by MCPAP Team (i.e., Boston North, Boston South, and Central/West) and by Site/Institution and number of enrolled obstetric providers in MCPAP for Moms.

Quarterly Reports

27. TELEPHONE STATISTICS – BH-19

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

28. CANS COMPLIANCE: – BH-14

Summary report using CANS data from Virtual Gateway, match to Claims, and compliance rates in Outpatient, ICC, IHT, CBAT and Inpatient Services.

29. YOUTH MOBILE CRISIS REPORT FOR COVERED INDIVIDUALS USING ESP SYSTEM DATABASE – BH-25

a. System-level mobile crisis report on quality indicators.

b. Provider-level mobile crisis report by de-identified Providers.

c. MCI length of episode report.

30. BEHAVIORAL HEALTH CLINICAL OPERATIONS/INPATIENT AND ACUTE SERVICE AUTHORIZATION, DIVERSIONS, MODIFICATION AND DENIAL REPORT – BH-13

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

31. BEHAVIORAL HEALTH CLINICAL OPERATIONS/INPATIENT AND ACUTE SERVICE AUTHORIZATION, DIVERSIONS, MODIFICATION AND DENIAL REPORT (ABA) – BH-13

Summary report on ABA authorizations, diversions, modifications, and service denials of mental health inpatient services and substance use disorder acute services.

32. PHARMACY RELATED ACTIVITIES REPORT BH-N/A

A report on pharmacy-related activities the Contractor has performed in support of the Contract, which includes but is not limited to the requirements found in **Section 4.4.A.3.b.**

33. BEHAVIORAL HEALTH UTILIZATION AND COST REPORT– BH-15

A summary of Behavioral Health costs and utilization.

34. CARE MANAGEMENT OUTCOME MEASURE REPORT – (THIS REPORT IS RESERVED**). BH-N/A**

35. CLAIMS PROCESSING REPORT – BH-N/A

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

36. BH PROVIDER NETWORK ACCESS AND AVAILABILITY REPORTS: – BH-18

a. Summary of significant changes in the Provider Network.

b. BH Network geographic access.

c. Use of out-of-Network Providers.

d. Appointment time availability standards.

37. FORENSIC EVALUATIONS – BH-N/A

Report of forensic evaluations including but not limited to: calls for Designated Forensic Professionals, source of calls, geographic locations of the calls, and number of transfers under M.G.L. c. 123, § 18(a)

38. QUARTERLY FRAUD REFERRAL AND RESPONSE REPORT – BH-N/A

Report that includes a description of any new Provider fraud referrals the Contractor made during the period reported, as well as a summary of any trends in fraud and abuse, as well the amount of monies recovered, if any, during the previous quarter, from any Provider(s).

39. MASSACHUSETTS CHILD PSYCHIATRY ACCESS PROJECT REPORT- BH-N/A

a. Report of MCPAP Providers, PCC enrollment in MCPAP, Encounters, outcomes, revenue and budget (**Section 4.5.H.)**;

b. Report on aggregate de-identified adolescent substance use Encounters by MCPAP Providers statewide **(Section 4.5.N.4);**

c. Report of early childhood BH Encounters by MCPAP Providers statewide stratified by months and year to date **(Section 4.5.O.1).**

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

A report on outcomes and outputs related to the MCI/RAP, which includes but is not limited to the requirements found in **Section 4.9.F.**

41. MCPAP QUARTERLY TYPE OF PRACTICE

Number, location, type of practice visits (e.g. in person, web-ex/teleconference, etc.) including a brief description of topics covered made to MCPAP practices by MCPAP teams. Number, location, and type of practice visits made to MCPAP for Moms practices.

42. MCPAP QUARTERLY ENCOUNTER

For each MCPAP Team (i.e., Boston North, Boston South, and Central/West) Site/Institution, and statewide and for MCPAP for Moms: number of encounters by type of encounter, diagnosis, reason for contact, and insurance status of the child. Quarterly and annual reports should show quarterly trends in number of encounters by type of encounter for three years.

43. MCPAP QUARTERLY UNDUPLICATED COUNT

For each MCPAP Team, (i.e., Boston North, Boston South, and Central/West), Site/Institution, and statewide and for MCPAP for Moms: 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.

44. MCPAP QUARTERLY RESPONSE TIME

For each MCPAP team and for MCPAP for Moms, 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) and the percentage of resource and referral requests that are completed within 3 business days.

45. MCPAP APPOINTMENT AVAILABILITY

For each MCPAP 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. If a MCPAP team fails to meet one or both of the wait time standards described in **Section 4.5.G.3.** 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.

46. MCPAP OUTREACH AND TRAINING

Number of outreach and training activities conducted by MCPAP for Moms to providers on screening and treatment of pregnant and postpartum women with substance use disorders.

47. MCPAP QUARTERLY SATISFACTION SURVEYS

Results of satisfaction surveys for the MCPAP and MCPAP for Moms Clinical Conversation webinars.

48. PHARMACY QUARTERLY ACTIVITIES REPORT.

The pharmacy director's quarterly activities report to EOHHS on pharmacy-related activities as described in **Section 4.4.A.5.**

Semi-Annual Reports

49. PERFORMANCE DASHBOARD MANAGEMENT REPORT – BH-N/A (THIS REPORT IS RESERVED)

50. PCC PLAN MANAGEMENT ACTION PLAN DATABASE REPORT – BH-31

Report that includes requirements found in **Section 5.2.A.6.** The specification of the report will be developed by the Contractor and EOHHS.

51. FRAUD AND ABUSE ACTIVITY REPORT

Submit semiannual written reports on the Contractor's fraud and abuse activities to include provider identification information as specified by EOHHS, summary of total recoupment and referrals of fraud and abuse by provider entity.

52. BOH APPEALS REPORT – BH-N/A

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

53. GRIEVANCE AND INTERNAL APPEALS REPORT – BH-22

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

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

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

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

Annual Reports

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

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

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

Summary report of Reportable Adverse Incidents.

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

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

58. BEHAVIORAL HEALTH READMISSION RATES REPORT – BH-03

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

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

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

60. SATISFACTION SURVEY SUMMARY – BH-32

Periodic reports as described in **Section 8.4** 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, Covered Individuals.

61. MEDICAL RECORDS REVIEW REPORT –BH-11

Report that includes requirements found in **Section 8.9.A.2**, as will be developed by EOHHS and Contractor.

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

Summary report of PMSS activities and integration efforts for the previous Contract Year that includes efforts to enhance integration and PCC health delivery, goals, and results as required by but not limited to **Section 5.2.A.10**.

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

Report of PCCs' compliance with the PCC Provider Agreement as required by but not limited to **Section 5.2.B**.

64. PROVIDER PREVENTABLE CONDITIONS – (RESERVED) BH-N/A

Report on Provider Preventable Conditions as required in **Section 10.14.F** and **Section 2.3.F.**

65. MASSACHUSETTS CHILD PSYCHIATRY ACCESS PROJECT REPORT (RESERVED) BH-N/A

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

An annual summary report on outcomes and outputs related to the MCI/RAP which includes but is not limited to the requirements found in **Section 4.9.F**

67. PCC PLAN MANAGEMENT SUPPORT SERVICES TRAINING- BH-35

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

68. PCC PLAN INTEGRATED CARE MANAGEMENT REPORT- BH-36

Summary annual report on all Care Management, Integrated Care Management Report, and Practice-Based Care Management which includes but is not limited to the requirements of **Section 5.3** and **Section 6**.

69. MCPAP TEAMS

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

70. MCPAP PEDIATRIC LIST

List of pediatric PCCs, noting which PCCs have enrolled in MCPAP and which PCCs have not yet enrolled and noting efforts to enroll each unenrolled PCC.

71. MCPAP ANNUAL TYPE OF PRACTICE

Number, location, type of practice visits (e.g. in person, web-ex/teleconference, etc.) including a brief description of topics covered made to MCPAP practices by MCPAP teams. Number, location and type of practice visits made to MCPAP for Moms practices.

72. MCPAP ANNUAL ENCOUNTERS

For each MCPAP Team (i.e., Boston North, Boston South, and Central/West) Site/Institution, and statewide and for MCPAP for Moms: number of encounters by type of encounter, diagnosis, reason for contact, and insurance status of the child. Quarterly and annual reports should show quarterly trends in number of encounters by type of encounter for three years.

73. MCPAP ANNUAL UNDUPLICATED COUNT

For each MCPAP Team, (i.e., Boston North, Boston South, and Central/West), Site/Institution, and statewide and for MCPAP for Moms: 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.

74. MCPAP CHILDREN CONSULTATION

For each MCPAP team, the number of children whom PCPs request consultation for at least two or more times during the contract year (i.e. episodes of care). This episode report must describe the characteristics of the patients (e.g. age, gender, diagnoses, insurance, etc.), type and average number of encounters provided to PCP and family (if relevant), reasons for consultation, and outcome of consultation. In addition, the report shall identify the number and percentage of PCPs that receive consultation from the same MCPAP psychiatrist for their calls regarding the same patient. This report should include a frequency distribution of the ratio of number of those calls responded to by the same MCPAP psychiatrist. Report these metrics by MCPAP team and statewide.

75. MCPAP ANNUAL PROVIDER EXPERIENCE SURVEY

Results of annual Provider Experience Surveys for MCPAP and MCPAP for Moms.

76. Medical Loss Ratio Report (MLR)

Provide annually the Medical Loss Ratio report as specified in **Section 10.14.E.**

77. CBAT and ICBAT Annual Strategic Plan

For Contract Year 2020, as directed by EOHHS, submit to EOHHS for review and feedback a strategic plan to identify and address challenges, including challenges identified by EOHHS, with CBAT and ICBAT programs and related population needs. Such strategic plan shall be in a form and format specified by EOHHS and include, at a minimum, components specified by EOHHS, including but not limited to how the Contractor will extend additional financial resources to providers of CBAT and ICBAT programs totaling a 20% increase in financial resources to these programs. The Contractor shall report to EOHHS at the end of the Contract Year on its progress in implementing its strategic plan, including reporting on the incremental year over year expenditures on ICBAT and CBAT services.

APPENDIX G

BEHAVIORAL HEALTH PERFORMANCE INCENTIVES (SECTION 8.6.C)

Effective Contract Year 2020

Introduction

The performance-based incentives for Contract Year 2020 (henceforth referred to as CY20) are summarized below. The summary includes baseline criteria, population descriptions, strategic goals, specific performance targets, and associated available earnings.

The earnings associated with each performance-based incentive correspond with the degree of the Contractor's success in meeting the established incremental goals. The measure of the Contractor's success for each performance-based incentive is described in detail below. For each performance-based incentive, levels of success are associated with levels of payment, referred throughout this document as "Performance and Payment Levels." The Contractor shall only be paid the single amount listed in the single level which corresponds to the actual results achieved based on the measurement methodologies.

Methodology

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

Measures and Developing the Baseline

The Contractor shall produce all required baseline measurements, and shall use the same methodology when producing the repeat measurements for non-HEDIS indicators. The Contractor shall follow this methodological pattern in each Contract Year. For HEDIS measures, HEDIS Technical Specifications will be used for the performance-based incentives corresponding to each measurement year. For CY20, the Contractor shall refer to the technical measure specifications for HEDIS 2020.The performance level benchmarks must correspond to the national NCQA Medicaid HEDIS percentiles.

The Contractor shall develop the following strategic priorities for network performance improvement in CY20: (1) Strengthening Transition of Care Management; (2) Improve Access and Quality in the Ambulatory System; (3) Improve ESP and 24-hour Diversionary Provider Capacity for Community-Based Diversion; and (4) EOHHS Strategic Partnership Incentive.

I, Incentive 1, Appendix G, Crisis Care Optimization.

In M1, if the Contractor meets or exceeds the percentage increase in community-based ESP encounters the Contractor will receive the incentive payment of only that tier.

If the Contractor earns the incentive payment for M1/level 2 or M1/tier3, the Contractor will be eligible to earn the difference of the maximum Incentive 1 payment possible and M1/tier 2 or M1/tier 3 by earning a combination of incentives M2 through M5.

Measure /Tier	**Goal**		**Incentive**
M1	Increase community-based ESP encounters over 2019 ESP community based encounters		
M1/tier-1	45%		$1,000,000
M1/tier-2	30%		$850,000
M1/tier-3	15%		$750,000
M2	Reduce Boarding of Youth		
M2-A	For youth under the age of 21 boarding in the ED for 48 hours or more reduce average length of stay.	15% or more	$250,000
M2/-B	For youth under the age of 21 boarding in the ED for less than 48 hours reduce average length of stay.	15% or more	$250,000

M3	FUA 7-day rate	Increase by 2% over the CY2019 HEDIS rate	$125,000
M4	FUA 30- day	Increase by 4% over the CY2019 rate	$125,000
M5	In CY20 engage NAMI, PPAL and MOAR to develop an In Our Own Voices[1] campaign targeting EDs to promote safe, equitable care individuals with BH needs		$250,000

The maximum incentive payment for Incentive 1 is $1,000,000

II Incentive 2, Appendix G, Care Transition and Continuity

For each measure of M1 and M2 if the Contractor reduces the readmission rate by 10% (ten percent) from the CY19 readmission rate, the Contractor will earn 50% (fifty percent) of the incentive payment. If the Contractor reduces the readmission rate by 15% (fifteen percent) from the CY19 readmission rate the Contractor will earn 100%. The maximum payment for each measure of M1 and M2 is $31,250.

M3 and M4 measure the increase in Medication Management as a subset for FUH as the numerator.

	Measure	**Incentive**	
	Reduction in Rates of Readmission		
M1	Mental Health	10%	15%
M1-a	7-day	$15,625	$31,250
M1-b	30-day	$15,625	$31,250
M1-c	60-day	$15,625	$31,250
M1-d	90-day	$15,625	$31,250

[1] NAMI – National Alliance on Mental Illness
MOAR – Massachusetts Organization for Addiction Recovery
PPAL – Parent Professional Advocacy League
IOOV – In Our Own Voice

M2	ATS	10%	15%
M2-a	7-day	$15,625	$31,250
M2-b	30-day	$15,625	$31,250
M2-c	60-day	$15,625	$31,250
M2-d	90-day	$15,625	$31,250

	Increase in Medication Management as a Subset of FUH Numerator	CY19	CY20	
M3	7-day	14.20%	17.75%	$75,000
M4	30-day	18.34%	22.93%	$75,000

The maximum incentive payment for Incentive II is $400,000

III Incentive 3, Appendix G, Outpatient Access, Quality and Integration

Within M1, Open Access (OA) is defined as same day scheduling, whereby members access intakes, psychiatry services (i.e. medication evaluation and management), group meetings, or individual therapy in a more timely manner. To qualify as an OA facility, providers need to offer a set period of time each week during which a current or new patient can be seen without a scheduled appointment.

For M4 and M5, EOHHS will share the specification for identifying MAT Utilization and Adherence. For M4, MAT Utilization is defined as a member with an opioid use disorder diagnoses who has any medical or pharmacy claim for MAT in CY20. For M5 MAT Adherence is defined as a member with an opioid use disorder diagnoses who has achieved an 80% medication possession ratio for the 12 period.

The maximum incentive payment for Incentive III is $750,000.

	Measure		**Goal**	**Incentive**
M1	Open Access	219 locations	Net increase of open access locations to 250	$250,000

	Initiation and Engagement	CY20	
M2	Initiation	Increase or exceed the Initiation by 4% over CY19	$75,000
M3	Engagement	Meet or exceed the Engagement by 4% over CY19	$75,000
M4	MAT Utilization*	75%	$150,000
M5	MAT Adherence**	55%	$200,000

IV Incentive IV, EOHHS Strategic Partnership Incentive

In partnership with EOHHS, the Contractor shall develop and oversee initiatives that support EOHHS strategic priorities, including the SUD Waiver and the Behavioral Health Initiative.

Areas of interest for strategic initiatives include, but are not limited to:

1. clinical competencies, guidelines, and other workforce supports related to patient-centered treatment and recovery planning, including assessment, placement, and discharge planning
2. member education about multiple pathways to treatment and recovery, inclusive of medications for addiction treatment
3. development and implementation of innovative programmatic and payment models for behavioral health treatment that support open access, evidence-based practices, mobile services, integration of mental health and addiction, and specialized services to address regional and population-specific needs
4. Regional forums to support cross-disciplinary collaboration amongst mental health, substance use, and physical health providers

To receive the incentive payment, the Contractor shall engage with EOHHS on a series of planning meetings around these deliverables, identify a specific project plan pertaining to the above initiatives that is approved by EOHHS no later than March 31, 2020, and by the end of the CY20 shall have completed a set of deliverables as defined in the project plan.

If the Contractor provides the deliverables as agreed upon by the Contractor and EOHHS, it will be eligible to receive an incentive payment of **$850,000**.

APPENDIX H-1

PAYMENT AND RISK SHARING PROVISIONS

Capitation Rates for Contract Year 2020: January 1, 2020, through December 31, 2020.

Section 1. MassHealth Capitation Payment

A. Per-Member Per-Month (PMPM) Capitation Rates for Contract Year 2020 (CY20) (pursuant to Section 10.2 of the Contract)

a. PCC and TPL: PMPM ($) Rates (CY20)

Rating Category	Medical Services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	$48.50	$49.10	$14.73	$0.37	$5.26	$117.96
Rating Category I Adult	$43.88			$6.75	$4.88	$55.51
Rating Category I TPL	$5.11	$33.46	$5.07	$0.40	$4.53	$48.57
Rating Category II Child	$152.13	$148.82	$223.88	$0.55	$12.25	$537.63
Rating Category II Adult	$181.97			$10.05	$11.25	$203.27
Rating Category II TPL	$12.66	$99.56	$52.79	$1.08	$9.16	$175.25
Rating Category IX	$73.80			$18.59	$5.66	$98.05
Rating Category X	$307.82			$140.56	$13.24	$461.62

b. Primary Care ACO: PMPM ($) Rates (CY20)

Rating Category	Medical Services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	$22.60	$25.52	$7.57	$0.37	$3.81	$59.87
Rating Category I Adult	$40.15			$6.75	$3.89	$50.79
Rating Category II Child	$99.97	$159.68	$196.21	$0.55	$10.13	$466.54
Rating Category II Adult	$191.29			$10.05	$10.86	$212.20
Rating Category IX	$79.94			$18.59	$4.68	$103.21
Rating Category X	$341.95			$140.56	$12.76	$495.27

B. Risk Sharing Corridors for Contract Period CY20, 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 10.6 of the Contract) for PCC and TPL programs

1. Gain on the Medical Services Capitation Rates excluding CBHI, 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 2020. EOHHS and the Contractor shall share such gain in accordance with the table below.

Gain	MassHealth Share	MBHP Share
Between 0 and 2%	0%	100%
>2%	100%	0%

2. Loss on the Medical Services Capitation Rates excluding CBHI, 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 2020. EOHHS and the Contractor shall share such loss in accordance with the table below.

Loss	MassHealth Share	Contractor Share
Between 0 and 2%	0%	100%
>2%	100%	0%

C. Risk Sharing Corridors for CY20 for the Medical Services rates Component of Rating Categories Child I, Adult I, Child II, Adult II, IX, and X (pursuant to Section 10.6 of the Contract) for the Primary Care ACO program,

1. Gain on the Medical Services Capitation Rates excluding CBHI, 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 CY20. EOHHS and the Contractor shall share such gain in accordance with the table below.

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

2. Loss on Medical Services Capitation Rates excluding CBHI, 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 CY20. 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 2020 effective January 1, 2020, through December 31, 2020, for CBHI, ABA and SUD Services for PCC, TPL and Primary Care ACO programs:

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

1. For Contract Year 2020, EOHHS shall conduct separate reconciliations with respect to CBHI, ABA and SUD Services, as follows:

   a. EOHHS will first determine the amount paid to the Contractor by EOHHS for CBHI, ABA and SUD Services for Contract Year 2020, by multiplying the following:

      i. The CBHI, ABA and SUD Add-On rates determined by EOHHS and provided to the Contactor in **Section 1.A** above; by

      ii. The number of applicable member months for the period.

   b. EOHHS will then determine the Contractor's expenditures for CBHI, ABA and SUD Services for Contract Year 2020, using claims data submitted in the report described in **Section D.2** below and Encounter Data submitted by the Contractor.

      If the amount paid to the Contractor, as determined by the calculation described in Section D.1.a above, is greater than the Contractor's expenditures, as determined by the calculation described in Section D.1.b above, then the Contractor shall be considered to have experienced a gain with respect to CBHI, ABA and SUD Services for Contract Year 2020. EOHHS and the Contractor shall share such gain in accordance with the table below for CBHI, ABA, and SUD services:

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

If the amount paid to the Contractor, as determined by the calculation described in **Section D.1.a** above, is less than the Contractor's expenditures, as determined by the calculation described in **Section D.1.b.** above, then the Contractor shall be considered to have experienced a loss with respect to CBHI, ABA and SUD Services for Contract Year 2020. 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 CBHI, ABA and SUD Services described above, the Contractor shall, within 180 days after the end of Contract Year 2020, submit claims data with respect to CBHI, 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 and report on the number of engaged enrollees in the Practice Based Care Management program (PBCM) on a monthly basis and shall be paid an Engagement PPPM, upon EOHHS review and approval, on a quarterly basis.

Base Per-Participant Per-Month (PPPM) Rate for Practice Based Care Management Contract.

Engagement:

Per Participant Per Month.....$175.00

B. Performance Incentives Arrangements

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

The Performance Incentive Payments for Contract Year 2020 will be a total of $3,000,000.

C. PCC Plan Management Support

Base Per-Member (PCC Enrollees Only) Rate for PCC Plan Management Support.

Per Participant Per Month.....$1.25

D. Add-on specialized inpatient psychiatric services per diem rate

EOHHS shall make an add-on per diem rate payment of $600 for specialized psychiatric inpatient claims as specified in **Section 4.12** and **Section 10** of the Contract. To assist with this payment processing, the Contractor shall provide claims data in a format and at a frequency to be specified by EOHHS in **Appendix E**.
The add-on payment shall be excluded from the risk sharing calculations in sub-sections 1.B.1 and 1.C above and EOHHS may reprice submitted claims for risk sharing calculations.

Section 3. DMH Compensation Payments (Non-MassHealth Payments)

A. DMH Payments for the Contract (pursuant to Section 10.9 of the Contract)

The total Contract Year 2020 DMH Compensation Payment for the Specialty Programs through December 31, 2020, shall be $10,498,388.00, as described in Sections 3.B-3.E below.

B. DMH ESP Program for Uninsured Individuals Service Compensation Rate Payment (pursuant to Sections 3.4, 10.9 and 10.10 of the Contract)

The DMH ESP Program for Uninsured Individuals Service Compensation Rate Payment shall consist of the following amounts:

1. The Contract Year 2020 amount shall be $8,680,000.
2. The monthly payment shall be $723,333.33.

C. DMH ESP expansion -- Safety initiatives:

1. The DMH ESP safety initiative payment shall be $1,403,388 for Contract Year 2020.
2. The monthly payment amount shall be $116,949.00.

D. DMH Specialty Program Administrative Compensation Rate Payment (pursuant to Section 10.9.A of the Contract)

The DMH Specialty Program Administrative Compensation Rate Payment shall be $185,000 for Contract Year 2020.

1. Indirect Costs shall not exceed 3.5% of Direct Costs.
2. The total of Direct Costs plus Indirect Costs shall not exceed $173,545
3. Earnings shall be 6.6% of the total direct and indirect costs.

4. Earnings shall be $11,455 for Contract Year 2020.

5. The amount of the monthly DMH Specialty Program Administrative Compensation Rate Payment shall be $15,416.66.

E. DMH Payments for Forensic Services and other Forensic Evaluations (pursuant to Sections 4.6 and 10.9.B of the Contract)

1. The Forensic Evaluations (known as "18(a)") amount for the Contract Year 2020 shall be $230,000. EOHHS will issue this amount as one-time payment during the contract period.

2. The Contractor shall return to EOHHS any portion of the DMH Payments for Forensics Services amount that it does not spend on Forensic Evaluations as identified in the annual reconciliation of the Contract Year 2020 within 60 days of the identification of such under spending unless otherwise agreed to by the parties.

F. Massachusetts Child Psychiatric Access Project (pursuant to Section 10.9.A of the Contract)

1. The DMH Payment for MCPAP services for Contract Year 2020 shall be $3,775,000.

2. The monthly payment for the DMH Payment for MCPAP shall be $314,583.33.

3. The DMH payment for MCPAP administrative compensation for Contract Year 2020 shall be $424,000.

    a. The amount of the monthly DMH MCPAP Program Administrative Compensation Rate Payment shall be $35,333.33.

    b. Indirect Costs shall not exceed 3.5% of Direct Costs.

    c. The total of Direct Costs plus Indirect Costs shall not exceed $397,749.

    d. Earnings shall be 6.6% of the total direct and indirect costs.

    e. Earnings shall be $26,251 for the Contract Year 2020.

4. The Contractor shall return to EOHHS any portion of the DMH Payment for MCPAP that it does not spend on the MCPAP identified in the annual reconciliation for Contract Year 2020, within 60 days of the identification of such unspent portion unless otherwise agreed to by the parties.

Section 4. Other Non-MassHealth Payments

A. ESP Opioid Overdose Response Pilot Program

Contingent upon EOHHS' receipt of funds from The Department of Public Health (DPH) for the ESP Opioid Overdose Response Pilot Program for Calendar Year, EOHHS will make a payment to the Contractor in the amount of $358,000. The Contractor shall return

to EOHHS any portion of the DPH payment for ESP Opioid Overdose Response Pilot Program that is not spent as identified in the annual reconciliation for Calendar Year 2020, within 60 days of the identification of such unspent portion unless otherwise agreed to by the parties."

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

Contingent upon receipt of funding from DCF, EOHHS shall pay the Contractor $5,000 for each of the Contractor's Emergency Services Programs that contract with the Contractor to operate the MCI/RAP in accordance with **Section 4.9** for Contract Year 2020.

C. Massachusetts consultation services for the treatment of addiction and pain (MCSTAP) payment:

Pursuant to Section 2 of Chapter 41 of the Acts of 2019, that provides, in relevant part, that "… not less than $250,000 shall be expended to expand the Massachusetts consultation service for treatment of addiction and pain to provide case management and care navigation support to assist healthcare facilities, individual practitioners and other healthcare providers including, but not limited to, nurse case managers, social workers and recovery coaches in identifying community-based providers to refer patients for treatment of substance use disorder," the payment for MCSTAP program in Contract Year 2020 shall be $250,000.

Appendix L

Commonwealth of Massachusetts Behavioral Health Minimum Fee Schedule

Unique Code/Modifier Combinations

Category of Service	Procedure Code	Modifier Group	Procedure Description	Unit Cost
MH and SA OP Services	90791	Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	$ 189.34
MH and SA OP Services	90791	Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	$ 151.95
MH and SA OP Services	90791	Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	$ 130.44
MH and SA OP Services	90791	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	$ 131.51
MH and SA OP Services	90791	Master's Level	Psychiatric Diagnostic Evaluation	$ 117.41
MH and SA OP Services	90791	Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	$ 65.22
MH and SA OP Services	90791	Intern (Master's)	Psychiatric Diagnostic Evaluation	$ 58.71
MH and SA OP Services	90792	Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation with Medical Services	$ 119.82
MH and SA OP Services	90792	Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation with Medical Services	$ 103.92
MH and SA OP Services	90792	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation with Medical Services	$ 95.06
MH and SA OP Services	90832	Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 20-30 minutes	$ 52.60
MH and SA OP Services	90832	Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 20-30 minutes	$ 45.54
MH and SA OP Services	90832	Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	$ 44.22
MH and SA OP Services	90832	Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 20-30 minutes	$ 42.96
MH and SA OP	90832	Master's Level	Individual Psychotherapy, approximately 20-30	$ 42.96

Services			minutes	
MH and SA OP Services	90832	Addiction Counselor	Individual Psychotherapy, approximately 20-30 minutes	$ 29.94
MH and SA OP Services	90832	Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 20-30 minutes	$ 22.11
MH and SA OP Services	90832	Intern (Master's)	Individual Psychotherapy, approximately 20-30 minutes	$ 21.44
MH and SA OP Services	90833	Doctoral Level (MD / DO)	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	$ 31.77
MH and SA OP Services	90833	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 30 minutes, when Performed with an Evaluation and Management Service	$ 31.77
MH and SA OP Services	90834	Doctoral Level (Child Psychiatrist)	Individual Psychotherapy, approximately 45 minutes	$ 105.18
MH and SA OP Services	90834	Doctoral Level (MD / DO)	Individual Psychotherapy, approximately 45 minutes	$ 92.42
MH and SA OP Services	90834	Doctoral Level (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	$ 87.17
MH and SA OP Services	90834	Nurse Practitioner/Board Certified RNCS and APRN-BC	Individual Psychotherapy, approximately 45 minutes	$ 85.91
MH and SA OP Services	90834	Master's Level	Individual Psychotherapy, approximately 45 minutes	$ 85.91
MH and SA OP Services	90834	Master’s Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master’s Level Clinicians)	Individual Psychotherapy, approximately 45 minutes	$ 84.91
MH and SA OP Services	90834	Intern (PhD, PsyD, EdD)	Individual Psychotherapy, approximately 45 minutes	$ 43.62
MH and SA OP Services	90834	Intern (Master's)	Individual Psychotherapy, approximately 45 minutes	$ 42.96
MH and SA OP Services	90836	Doctoral Level (MD / DO)	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	$ 51.58
MH and SA OP Services	90836	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 45 minutes, when Performed with an Evaluation and Management Service	$ 51.58
MH and SA OP Services	90837	Doctoral Level (Child Psychiatrist)	Psychotherapy, 60 minutes	$ 105.18

MH and SA OP Services	90837	Doctoral Level (MD / DO)	Psychotherapy, 60 minutes	$ 92.42
MH and SA OP Services	90837	Doctoral Level (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	$ 87.17
MH and SA OP Services	90837	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes	$ 85.91
MH and SA OP Services	90837	Master's Level	Psychotherapy, 60 minutes	$ 85.91
MH and SA OP Services	90837	Intern (PhD, PsyD, EdD)	Psychotherapy, 60 minutes	$ 43.62
MH and SA OP Services	90837	Intern (Master's)	Psychotherapy, 60 minutes	$ 42.96
MH and SA OP Services	90838	Doctoral Level (MD / DO)	Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	$ 83.11
MH and SA OP Services	90838	Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychotherapy, 60 minutes, when Performed with an Evaluation and Management Service	$ 83.11
MH and SA OP Services	90847	Doctoral Level (Child Psychiatrist)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 128.56
MH and SA OP Services	90847	Doctoral Level (MD / DO)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 97.84
MH and SA OP Services	90847	Doctoral Level (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 91.34
MH and SA OP Services	90847	Nurse Practitioner/Board Certified RNCS and APRN-BC	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 88.68
MH and SA OP Services	90847	Master's Level	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 88.68
MH and SA OP Services	90847	Master’s Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master’s Level Clinicians)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 88.68
MH and SA OP Services	90847	Intern (PhD, PsyD, EdD)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 45.66
MH and SA OP Services	90847	Intern (Master's)	Family Psychotherapy (conjoint psychotherapy) (with patient present)	$ 44.34
MH and SA OP Services	90853	Doctoral Level (Child Psychiatrist)	Group psychotherapy (other than of a multiple-family group)	$ 42.08

MH and SA OP Services	90853	Doctoral Level (MD / DO)	Group psychotherapy (other than of a multiple-family group)	$ 35.31
MH and SA OP Services	90853	Doctoral Level (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	$ 32.60
MH and SA OP Services	90853	Nurse Practitioner/Board Certified RNCS and APRN-BC	Group psychotherapy (other than of a multiple-family group)	$ 30.00
MH and SA OP Services	90853	Master's Level	Group psychotherapy (other than of a multiple-family group)	$ 30.00
MH and SA OP Services	90853	Master's Level (Licensed Alcohol and Drug Counselor 1 and Supervised Master's Level Clinicians)	Group psychotherapy (other than of a multiple-family group)	$ 30.00
MH and SA OP Services	90853	Intern (PhD, PsyD, EdD)	Group psychotherapy (other than of a multiple-family group)	$ 16.33
MH and SA OP Services	90853	Intern (Master's)	Group psychotherapy (other than of a multiple-family group)	$ 15.00
MH and SA OP Services	90882	Doctoral Level (Child Psychiatrist)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 46.46
MH and SA OP Services	90882	Doctoral Level (MD / DO)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 40.30
MH and SA OP Services	90882	Doctoral Level (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 21.79
MH and SA OP Services	90882	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.	$ 34.87
MH and SA OP Services	90882	Master's Level	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 21.48
MH and SA OP Services	90882	Intern (PhD, PsyD, EdD)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 10.91
MH and SA OP Services	90882	Intern (Master's)	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions.	$ 10.74
MH and SA OP Services	90887	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	$ 46.46

			persons, or advising them how to assist patient	
MH and SA OP Services	90887	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	$ 40.30
MH and SA OP Services	90887	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	$ 21.79
MH and SA OP Services	90887	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	$ 34.87
MH and SA OP Services	90887	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	$ 21.48
MH and SA OP Services	90887	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	$ 10.91
MH and SA OP Services	90887	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	$ 10.74
MH and SA OP Services	96372	Doctoral Level (MD / DO)	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	$ 28.41
MH and SA OP Services	96372	Nurse Practitioner/Board Certified RNCS and APRN-BC	Therapeutic, Prophylactic or Diagnostic Injection; subcutaneous or intramuscular	$ 21.11
MH and SA OP Services	99201	Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 10 minutes	$ 39.49
MH and SA OP Services	99201	Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 10 minutes	$ 34.25
MH and SA OP Services	99201	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 10 minutes	$ 32.21
MH and SA OP Services	99202	Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 20 minutes	$ 68.41

MH and SA OP Services	99202	Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 20 minutes	$ 59.33
MH and SA OP Services	99202	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 20 minutes	$ 55.25
MH and SA OP Services	99203	Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 30 minutes	$ 98.68
MH and SA OP Services	99203	Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 30 minutes	$ 85.58
MH and SA OP Services	99203	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 30 minutes	$ 79.46
MH and SA OP Services	99204	Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 45 minutes	$ 149.09
MH and SA OP Services	99204	Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 45 minutes	$ 129.30
MH and SA OP Services	99204	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 45 minutes	$ 121.14
MH and SA OP Services	99205	Doctoral Level (Child Psychiatrist)	Evaluation and Management for New Patient, 60 minutes	$ 185.17
MH and SA OP Services	99205	Doctoral Level (MD / DO)	Evaluation and Management for New Patient, 60 minutes	$ 160.59
MH and SA OP Services	99205	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for New Patient, 60 minutes	$ 150.39
MH and SA OP Services	99211	Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 5 minutes	$ 19.88
MH and SA OP Services	99211	Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 5 minutes	$ 17.24
MH and SA OP Services	99211	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 5 minutes	$ 15.71
MH and SA OP Services	99212	Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 10 minutes	$ 40.99
MH and SA OP Services	99212	Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 10 minutes	$ 35.55
MH and SA OP Services	99212	Nurse Practitioner/Board Certified RNCS and APRN-	Evaluation and Management for an Established Patient, 10 minutes	$ 32.49

		BC		
MH and SA OP Services	99213	Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 15 minutes	$ 73.98
MH and SA OP Services	99213	Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 15 minutes	$ 63.15
MH and SA OP Services	99213	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 15 minutes	$ 54.84
MH and SA OP Services	99214	Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 25 minutes	$ 130.89
MH and SA OP Services	99214	Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 25 minutes	$ 86.37
MH and SA OP Services	99214	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 25 minutes	$ 77.46
MH and SA OP Services	99215	Doctoral Level (Child Psychiatrist)	Evaluation and Management for an Established Patient, 40 minutes	$ 130.89
MH and SA OP Services	99215	Doctoral Level (MD / DO)	Evaluation and Management for an Established Patient, 40 minutes	$ 113.52
MH and SA OP Services	99215	Nurse Practitioner/Board Certified RNCS and APRN-BC	Evaluation and Management for an Established Patient, 40 minutes	$ 103.84
MH and SA OP Services	99231	Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 15 minutes	$ 70.97
MH and SA OP Services	99231	Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 15 minutes	$ 53.88
MH and SA OP Services	99231	Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 15 minutes	$ 51.72
MH and SA OP Services	99231	Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 15 minutes	$ 43.15
MH and SA OP Services	99232	Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 25 minutes	$ 106.46
MH and SA OP Services	99232	Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 25 minutes	$ 80.17
MH and SA OP Services	99232	Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 25 minutes	$ 76.96

MH and SA OP Services	99232	Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 25 minutes	$ 64.21
MH and SA OP Services	99233	Doctoral Level (Child Psychiatrist)	Subsequent Hospital Care for Eval and Management, 35 minutes	$ 141.96
MH and SA OP Services	99233	Doctoral Level (MD / DO)	Subsequent Hospital Care for Eval and Management, 35 minutes	$ 106.90
MH and SA OP Services	99233	Doctoral Level (PhD, PsyD, EdD)	Subsequent Hospital Care for Eval and Management, 35 minutes	$ 102.62
MH and SA OP Services	99233	Nurse Practitioner/Board Certified RNCS and APRN-BC	Subsequent Hospital Care for Eval and Management, 35 minutes	$ 85.62
MH and SA OP Services	99251	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 20 minutes	$ 95.22
MH and SA OP Services	99251	Doctoral Level (MD / DO)	Initial Inpatient Consultation, 20 minutes	$ 72.27
MH and SA OP Services	99251	Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 20 minutes	$ 69.38
MH and SA OP Services		Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	$ 57.88
MH and SA OP Services	99252	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 40 minutes	$ 142.83
MH and SA OP Services	99252	Doctoral Level (MD / DO)	Initial Inpatient Consultation, 40 minutes	$ 107.56
MH and SA OP Services	99252	Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 40 minutes	$ 103.25
MH and SA OP Services	99252	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 40 minutes	$ 86.15
MH and SA OP Services	99253	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 55 minutes	$ 190.43
MH and SA OP Services	99253	Doctoral Level (MD / DO)	Initial Inpatient Consultation, 55 minutes	$ 143.40
MH and SA OP Services	99253	Doctoral Level (PhD, PsyD, EdD)	Initial Inpatient Consultation, 55 minutes	$ 137.67
MH and SA OP Services	99253	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 55 minutes	$ 114.86

MH and SA OP Services	99254	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation, 80 minutes	$ 255.41
MH and SA OP Services	99254	Doctoral Level (MD / DO)	Initial Inpatient Consultation, 80 minutes	$ 191.80
MH and SA OP Services	99254	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation, 80 minutes	$ 153.64
MH and SA OP Services	99255	Doctoral Level (Child Psychiatrist)	Initial Inpatient Consultation - Comprehensive, 110 minutes	$ 336.47
MH and SA OP Services	99255	Doctoral Level (MD / DO)	Initial Inpatient Consultation - Comprehensive, 110 minutes	$ 252.34
MH and SA OP Services	99255	Nurse Practitioner/Board Certified RNCS and APRN-BC	Initial Inpatient Consultation - Comprehensive, 110 minutes	$ 202.12
MH and SA OP Services	99402	Doctoral Level (PhD, PsyD, EdD)	Preventative Medicine Counseling , 30 minutes (Psychological Testing)	$ 40.98
MH and SA OP Services	99402	Intern (PhD, PsyD, EdD)	Preventative Medicine Counseling, 30 minutes (Psychological Testing)	$ 20.50
MH and SA OP Services	99404	Doctor (Child / Adolescent MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	$ 153.27
MH and SA OP Services	99404	Doctoral Level (MD / DO)	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	$ 177.11
MH and SA OP Services	99404	Nurse Practitioner/Board Certified RNCS and APRN-BC	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)	$ 153.27
Diversionary Services	H0015		Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is ased on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Enhanced Structured Outpatient Addiction Program - SOAP with Motivational Interviewing Counseling)	$ 80.30
Diversionary Services	H0015		Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is ased on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Structured Outpatient Addiction Program (SOAP) with Motivational Interviewing)	$ 71.59

Diversionary Services	H2012	+	Behavioral Health Day Treatment, per hour (Psychiatric Day Treatment)	$ 12.83
Diversionary Services	H2012		Behavioral Health Day Treatment, per hour (Enhanced Psychiatric Day Treatment)	$ 13.22
Diversionary Services	H2015	+	Comprehensive community support services, per 15 minutes (Community Support Program)	$ 13.97
Diversionary Services	H2015		Comprehensive community support services, per 15 minutes (Community Support Program - Cultural Broker)	$ 13.97
Diversionary Services	H2020	+	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)	$ 26.50
Diversionary Services	S9484	+	Crisis intervention mental health services, per hour (Urgent Outpatient Services)	$ 147.57
MH and SA OP Services	97810		Acupuncture, 1 or more needles; without electrical simulation, initial 15 minutes of personal one-to-one contact. (Adult or Adolescent)	$ 19.84
MH and SA OP Services	97811		Acupuncture, 1 or more needles; without electrical simulation, each additional 15 minutes of personal one-to-one contact with re-insertion of needle(s). (Adult or Adolescent)	$ 19.84
MH and SA OP Services	H0014	+	Alcohol and/or drug services; ambulatory detoxification (Adult or Adolescent)	$ 227.65
MH and SA OP Services	H0020	+	Alcohol and/or drug services; methadone administration and/or service (Dosing)	$ 11.43
MH and SA OP Services	H0020/T1006		Alcohol and/or drug services; methadone administration and/or service (Family/couple counseling); 1 unit = 60 minutes	$ 84.79
MH and SA OP Services	H0020/H0005		Alcohol and/or drug services; methadone administration and/or service (Group counseling); 1 unit = 60 to 90 minutes	$ 28.68
MH and SA OP Services	H0020		Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 30 minutes	$ 41.16
MH and SA OP Services	H0004		Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 15 minutes	$ 20.58
Adult ESP Services	S9485	U1	Crisis intervention mental health services, per diem (Emergency Service Program Mobile Non-emergency Department)	$ 819.64

Adult ESP Services	S9485	U1	Crisis intervention mental health service, per diem (Emergency Service Program Mobile Non-Emergency Department - Uninsured)	$ 505.85
Adult ESP Services	S9485	HE	Crisis intervention mental health services, per diem (Emergency Service Program Community Based)	$ 744.23 Add-on $60.00 until 6/30/2020
Adult ESP Services	S9485	HE	Crisis intervention mental health services, per diem (Emergency Service Program Community Based - Uninsured)	$ 505.85
Adult ESP Services	S9485	HB	Crisis intervention mental health services, per diem (Emergency Service Program Hospital Emergency Room)	$ 505.85 Add-on $60.00 until 6/30/2020
Adult ESP Services	S9485	ET	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 1)	$ 505.53 Add-on $60.00 until 6/30/2020
Adult ESP Services	S9485	TF	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 2-5)	$ 505.53 Add-on $60.00 until 6/30/2020
Adult ESP Services	S9485	TG	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 6 and After)	$ 505.53 Add-on $60.00 until 6/30/2020
Other Outpatient	90870	+	Electroconvulsive therapy (includes necessary monitoring)	$ 630.95
Other Outpatient	96112	Doctoral Level (PhD, PsyD, EdD)	Developmental Testing administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour (Learning Disorders)	$ 180.72
Other Outpatient	96113	Doctoral Level (PhD, PsyD, EdD)	Each additional 30 minutes (List separately in addition to code for primary procedure) (Developmental/Behavioral Sreening and Testing)	$ 90.36
Other Outpatient	96130	Doctoral Level (PhD, PsyD, EdD)	Psychological testing evaluation services by physician or other qualified health care professional, including integratin of patient data, interpretation of standardized test results and cinical data, clinicial decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	$ 91.39

Other Outpatient	96131	Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	$ 91.39
Other Outpatient	96132	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	$ 91.39
Other Outpatient	96133	Doctoral Level (PhD, PsyD, EdD)	Each additional hour (List separately in addition to code for primary procedure)	$ 91.39
Other Outpatient	96136	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)	$ 45.70
Other Outpatient	96137	Doctoral Level (PhD, PsyD, EdD)	Eash additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional)	$ 45.70
Other Outpatient	96138	Technician/Intern (Master's)	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	$ 22.85
Other Outpatient	96139	Technician/Intern (Master's)	Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician)	$ 22.85
Other Outpatient	H0032	Master's Level	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)	$ 166.67
Other Outpatient	H0046	Doctoral Level (Child Psychiatrist)	Mental health services, not otherwise specified (Collateral Contact)	$ 46.46
Other Outpatient	H0046	Doctoral Level (MD/DO)	Mental health services, not otherwise specified (Collateral Contact)	$ 40.30
Other Outpatient	H0046	Doctoral Level (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	$ 21.79
Other Outpatient	H0046	Nurse Practitioner/Board Certified RNCS and APRN-BC	Mental health services, not otherwise specified (Collateral Contact)	$ 34.87
Other Outpatient	H0046	Master's Level	Mental health services, not otherwise specified (Collateral Contact)	$ 21.48
Other Outpatient	H0046	Addiction Counselor	Mental health services, not otherwise specified (Collateral Contact)	$ 21.48

Other Outpatient	H0046	Intern (PhD, PsyD, EdD)	Mental health services, not otherwise specified (Collateral Contact)	$ 10.91
Other Outpatient	H0046	Intern (Master's)	Mental health services, not otherwise specified (Collateral Contact)	$ 10.74
Other Outpatient	H2028		Sexual offender treatment service, per 15 minutes (ASAP - Assessment for Safe and Appropriate Placement)	$ 22.79

MH and SA OP Services	H0001-U1		alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner	$146.93
MH and SA OP Services	H0033		Oral medication administration, with extended direct observation up to 2.5 hours (buprenorphine and associated drug screens, to be billed once during induction); may not be combined with H0033-U2	$38.54
MH and SA OP Services	H0033 -U2		Oral medication administration, direct observation (buprenorphine and associated drug screens, dosing only visit); may not be combined with H0033	$10.36
MH and SA OP Services	H0033 – U3		Oral medication administration, direct observation (oral naltrexone dosing	$9.45
MH and SA OP Services	J0571		Buprenorphine, oral, 1 mg (maximum 32 mg per day) (prior authorization required)	$0.80
MH and SA OP Services	J0572		Buprenorphine/naloxone, oral, less than or equal to 3 mg (maximum of one unit (film or pill) per day; may be combined with J0573, J0574, and J0575, as medically necessary	$4.34
MH and SA OP Services	J0573		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal 3.1 to 6 mg (maximum of one unit (film or pill) per day; may be combined with J0572, J0574, and J0575, as medically necessary)	$7.76
MH and SA OP Services	J0574		Buprenophine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg. (maximum of 4 units (film or pill) per day; may be combined with J0572, J0573, and J0575, as medically necessary)	$7.76
MH and SA OP Services	J0575		Buprenorphine/naloxone, oral, greater than 10 mg (maximum of 2 units (film or pill) per day; may be combined with J0572, J0573, and J0574, as medically necessary)	$15.52
MH and SA OP Services	J2315		Injection, naltrexone, depot form, 1 mg (maximum of 380 mg. per month)	$2.83
MH and SA OP Services	J3490		Unclassified drugs (Naltrexone, oral)	$1.20