

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the [Executive Office for Administration and Finance \(ANF\)](#), the [Office of the Comptroller \(CTR\)](#) and the [Operational Services Division \(OSD\)](#) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under [Guidance For Vendors - Forms](#) or www.mass.gov/osc under [OSD Forms](#).

CONTRACTOR LEGAL NAME: Massachusetts Behavioral Health Partnership and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Exec. Off. of Health and Human Services MMARS Department Code: EHS	
Legal Address: (W-9, W-4,T&C): 1000 Washington St., Ste. 310, Boston, MA 02118-5002		Business Mailing Address: One Ashburton Place, 11 th Floor, Boston, MA, 02108	
Contract Manager: Carol Kress		Billing Address (if different): 600 Washington Street, Boston, MA 02111	
E-Mail: Carol.kress@beaconhealthoptions.com		Contract Manager: Stephanie J. Brown	
Phone: 617-790-4144	Fax:	E-Mail: Stephanie.J.Brown@state.ma.us	
Contractor Vendor Code: VC6000182737		Phone: 617-573-1759	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) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form , scope, budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification, scope and budget)		CONTRACT AMENDMENT Enter Current Contract End Date Prior to Amendment: 12/31/2020 Enter Amendment Amount: \$ No Change (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input checked="" type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Legislative/Legal or Other: (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or <i>new</i> 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 (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/NEW(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attached all supporting documentation and justifications.) Amendment # 9, Direct payments and other efforts to address COVID-19, new ASD/IDD consultation program, clarification regarding delivery of ESP by hospital EDs, update language regarding provider termination and continuity of care, update rates to reflect COVID response and update covered services, reporting, and directed payment appendices.			
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 ___, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date . <input checked="" type="checkbox"/> 3. were incurred as of 11/1/2020 , 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 12/31/2020 , 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 makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions , this Standard Contract Form including the Instructions and Contractor Certifications , 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: <u>Carol Kress</u> Date: <u>6/5/20</u> (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: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: Daniel Tsai Print Title: Deputy Secretary	

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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 makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions , this Standard Contract Form including the Instructions and Contractor Certifications , 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: _____ Date: _____ (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: <i>Amanda Cassel Kraft</i> Date: <u>6/18/20</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <i>Daniel Tsai</i> <i>Amanda Cassel Kraft</i> Print Title: <i>Deputy Secretary</i> <i>Acting Medicaid Director</i>	

AMENDMENT 9
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); December 31, 2019 (Amendment #8); 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 DEFINITION AND ACRONYMS

1. **Section 1.1** is hereby amended by deleting the definition of “Emergency Service Programs (ESPs)” and replacing it with the following:

“Emergency Service Program (ESP) Providers – the Network Providers, identified in **Appendix A-3**, that provide ESP Services as described in **Appendix A-1** in accordance with the requirements of the Contract.”

2. **Section 1.1** is hereby amended by alphabetically inserting the following definitions:

“Autism and Intellectual Disability Crisis Consultation Access Program (AIDCCAP)– a statewide program in the Commonwealth to assist behavioral health providers and medical professionals in supporting the mental and behavioral health of individuals up to age 26 with Autism Spectrum Disorder (ASD) or Intellectual or Developmental Disability (IDD). Through AIDCCAP providers can consult with a Licensed Applied Behavior Analyst and ASD/IDD-specialized prescribers. AIDCCAP improves ESP and emergency department providers’ competencies in behavioral assessment and intervention, parent coaching, and in making effective referrals for patients who need community-based services and provides access to pharmacological consultation on an emergency basis.”

“AIDCCAP Regional Behavioral Team – a unit of contracted and credentialed providers responsible for specific geographic centers across the state, which are affiliated with MCPAP Teams. Each unit shall include at least one Licensed Applied Behavior Analyst.”

“AIDCCAP Statewide Physician Consultation Team – a single centralized team of contracted and credentialed providers consisting of at least one full time equivalent physician specialized in treating ASD/IDD (e.g., psychiatrist, neurologist).”

“Autism Support Center - a center that provides an array of information and referral services, resources, and supports to children and young adults with autism spectrum disorder.”

“Emergency Services Program (ESP) Services – Medically necessary services provided through designated, contracted providers, and which are available seven (7) days per week, twenty-four (24) hours per day to provide treatment of any individual who is experiencing a mental health or substance use disorder crisis, or both. An ESP Encounter includes, at a minimum, crisis assessment, intervention and stabilization, as described in Appendix A-1. In addition to contracted ESPs, ESP Encounter services (not Youth Mobile Crisis Intervention services) may also be provided by outpatient hospital emergency departments as further directed by EOHHS.”

3. **Section 1.2.** is hereby amended by alphabetically inserting the following acronyms:

“AIDCCAP – Autism Intellectual Disabled Crisis Consultation Access Program”

“ASC – Autism Support Center”

“ASD - Autism Spectrum Disorder”

“IDD - Intellectual or Developmental Disability”

“LABA - Licensed Applied Behavior Analyst”

“MHC- Mental Health Center”

SECTION 2. GENERAL ADMINISTRATIVE REQUIREMENTS

Section 2.3 is hereby amended by adding at the end therein the following:

“I. Continuity of Care for New Covered Individuals

The Contractor shall develop and implement policies and procedures to ensure continuity of care for new Covered Individuals. Such policies and procedures:

1. Shall be for the purpose of minimizing the disruption of care and ensuring uninterrupted access to Medically Necessary services;
2. Shall address continuity of care for all such Covered Individuals and include specific policies and procedures for the following individuals at a minimum Covered Individuals who, at the time of their Enrollment:
 - a. Have significant health care needs or complex medical conditions;
 - b. Have autism spectrum disorder (ASD) and are currently receiving ABA Services, either through MassHealth, an Accountable Care Partnership Plan, a MassHealth-contracted MCO, or a commercial carrier and have a current prior authorization for ABA Services in place;
 - c. Are hospitalized; or
 - d. Are receiving treatment for behavioral health or substance use; and
3. Shall include, at a minimum, provisions for:
 - a. Identifying and communicating with Covered Individuals who would benefit from continuity of care in accordance with this section, and those Covered Individuals’ providers (including but not limited to Network Providers);
 - b. Facilitating continuity of care so that new Covered Individuals may continue to see their current providers (including but not limited to Network Providers) for Medically Necessary services for at least 30 days after the Effective Date of Enrollment, including but not limited to:
 - 1) Ensuring that Covered Individuals currently receiving inpatient Behavioral Health care from a hospital, including non-Network hospitals, at the time of their Enrollment may continue to receive such care from such hospital as long as such care is Medically Necessary. The Contractor shall make best efforts to contact such hospital to ensure such continuity of care;
 - 2) Ensuring that, for at least 90 days after the Effective Date of Enrollment, new Covered Individuals receiving outpatient Behavioral Health, or substance use disorder care, including but

not limited to Covered Individuals with upcoming appointments, ongoing treatments or services, or prior authorizations, may continue to seek and receive such care from providers (including non-Network) with whom they have an existing relationship for such care;

- 3) Otherwise making accommodations for:
 - a) Upcoming appointments;
 - b) Ongoing treatments or services;
 - c) Scheduled and unscheduled inpatient care (medical and Behavioral Health); and
 - d) Other medically necessary services.
- c. Ensuring that all such providers are able to confirm or obtain any authorization, if needed, for any such services from the Contractor;
- d. Honoring all prior authorizations and prior approvals for services for the duration of such prior authorizations and prior approvals or, if the Contractor chooses to modify or terminate a prior authorization and prior approval, then the Contractor must treat such modification or termination as an Adverse Action and follow the appeal rights policy and procedures, including notification to the Covered Individual and the Covered Individual's provider in question;
- e. Ensuring appropriate medical record documentation or any continuity of care or transition plan activities as described in this section;
- f. Ensuring that all Covered Individuals, including new Covered Individuals, may access Emergency Services at any emergency room, including from out-of-Network Providers, and that such Services are provided at no cost to the Covered Individual, as described in **Section 3.1.G**;
- g. For Covered Individuals affiliated with other state agencies, coordination and consultation with such agencies as described in **Sections 3.1.H.3 and 3.1.I.2.a.(5)**;
- h. For any Covered Individual who is identified by EOHHS or by the Contractor as a Covered Individual with Special Health Care Needs, completing a transition plan no later than 10 business days from the date the Contractor becomes aware of the Covered Individual's health status or condition, but in no case later than 45 days from the Effective Date of Enrollment. Such transition plan shall be specific to each such Covered Individual's needs, and shall include processes that address, at a minimum:
 - 1) Medical record documentation;

- 2) Completion of a Health Needs Assessment;
 - 3) Evaluation for Care Management;
 - 4) Coordination and consultation with the Covered Individual's existing Providers;
 - 5) Review of all existing prior authorizations and prescriptions; and
 - 6) Historical utilization data.
- i. Accepting and utilizing medical records, claims histories, and prior authorizations from MassHealth or a Covered Individual's previous Accountable Care Partnership Plan or MassHealth-contracted MCO. The process shall require the Contractor to, at a minimum:
- 1) Ensure that there is no interruption of Covered Services for Covered Individuals;
 - 2) Accept the transfer of all medical records and care management data, as directed by EOHHS;
 - 3) Accept the transfer of all administrative documentation, as directed by EOHHS, including but not limited to:
 - a) Provider Fraud investigations;
 - b) Complaints from Covered Individuals;
 - c) Grievances from Providers and Covered Individuals;
 - d) Quality Management Plan; and
 - e) Quality Improvement project records;
- j. Maintaining adequate staffing to fulfill all Contractual obligations throughout the duration of the Contract;
- k. As directed by EOHHS, participating in any other activities determined necessary by EOHHS to ensure the continuity of care for Covered Individuals, including making best efforts to:
- 1) Obtain any necessary consents from Members who were formerly Covered Individuals or Covered Individuals leaving the Contractor's Plan, in order to transfer certain information specified by EOHHS to such Member's or Covered Individual's new MassHealth Accountable Care Partnership Plan or MCO or to MassHealth; and
 - 2) As directed by EOHHS, transferring all information related to prior authorizations;

1. For Covered Individuals actively receiving ABA Services for autism spectrum disorder, developing protocols to ensure continuity of these services for a minimum of 90 days after such Covered Individual is enrolled with the Contractor. Such protocol shall include the use of single-case agreements, full acceptance and implementation of existing prior authorizations for ABA Services, and individual transition plans.
4. Shall include designating a specific contact person to respond to EOHHS requests and concerns related to continuity of care. The Contractor shall provide EOHHS with such individual's name, telephone number, and email address, and shall ensure such individual is available to EOHHS during business hours and at other times specified by EOHHS; and
5. Shall be submitted to EOHHS for approval on a date specified by EOHHS."

SECTION 3. NETWORK RESPONSIBILITIES

1. **Section 3.1.I.2.b** is hereby amended by adding at the end therein the following new subsection 6:

"6) The Contractor shall incorporate DMH's Infection Control Competencies/Standards, as set forth in Attachments A and B to DMH Licensing Bulletin 20-05R for Tier 1 and Tier 2 DMH-licensed facilities, respectively, in its contracts with DMH-licensed providers of Inpatient Mental Health Services. The Contractor shall review such facility's compliance with the applicable DMH requirements as part of the Contractor's program integrity efforts pursuant to **Section 3.7.H**. The Contractor shall promptly report any noncompliance with the applicable DMH standards to EOHHS and shall treat such noncompliance in accordance with the Contractor's program integrity activities pursuant to **Section 3.7.H**, including, as appropriate, recouping the rate increases set forth in **Section 4.17.C.4**."

2. **Section 3.4.B.7** is hereby amended by adding at the end therein the following a new **Section 3.4.B.7.g**:

"g. The Opioid Overdose Response Pilot Program shall terminate at 11:59 pm on June 30, 2020."

3. **Section 3.7** is hereby amended by adding at the end therein the following:

"I. Network Termination

The Contractor shall terminate a Network Provider for cause as further described in this section.

1. For the purposes of this section:
 - a. "for cause" shall be defined as reasons related to fraud, integrity, or quality issues that run counter to the overall success of MassHealth as further described in sections (2) and (3) below, and

- b. “termination” shall be defined as termination of a Network Provider’s privilege to bill the Contractor, of which appeal rights have been exhausted or the time for appeal has expired.

2. Mandatory Termination of Network Provider

The Contractor shall terminate a Network Provider, and such termination shall be considered for cause, in the following cases:

- a. Medicare terminates a Network Provider for one of the reasons under 42 CFR 424.535, and such termination which would require EOHHS to terminate such provider from MassHealth;
- b. All circumstances set forth in 42 CFR 455.416 where EOHHS would be required to terminate a provider from MassHealth; and
- c. All circumstances set forth in 130 CMR 450.212(A)(1)-(5) where EOHHS would be required to terminate a provider from MassHealth.

3. Discretionary Termination of Network Provider

The Contractor may terminate a Network Provider, and the Contractor may consider such terminations to be for cause terminations, in the following cases:

- a. As described in 42 CFR 455.416(g), the Network Provider provided false, or misleading information or the Contractor is unable to verify the identity of the provider.
- b. Other reasons related to fraud, integrity or quality, including when the Network Provider:
 - 1) Or any owner, managing employee, authorized or delegated official, medical director, supervising physician, or other health care personnel of the Network Provider is:
 - a) Excluded from Medicare, Medicaid, or any other health care program as defined in 42 CFR 1001.2;
 - b) Debarred, suspended, or otherwise excluded from participating in any other federal program or activity in accordance with Federal Acquisition Streamlining Act and 45 CFR part 76; or
 - c) Subject to any other state or federal exclusion.
 - 2) Loses its license as a result of an adverse licensure action
 - 3) Abuses billing privileges, such as selling to another its billing number or submitting a claim for services that could not have been furnished (e.g. the physician or Enrollee were not present when the

services were supposedly furnished or the equipment necessary to perform a service was not present).

- 4) Has its ability to prescribe drugs suspended or revoked by an applicable federal or state licensing or administrative body or has a pattern of improperly prescribing drugs in a manner that does not meet Medicaid requirements.
- 5) Bills for services furnished while its license is suspended.
- 6) Is not in compliance with provider enrollment requirements, including but not limited to those set forth for MassHealth providers at 130 CMR 450.212(A), or fails any applicable onsite review.
- 7) Otherwise poses a threat of fraud, waste, or abuse.

4. Reporting

The Contractor shall notify EOHHS when it terminates a Provider for cause, as defined above, within three (3) business days of such termination.”

SECTION 4 CLINICAL SERVICES AND UTILIZATION MANAGEMENT

1. **Section 4.4.B** is hereby amended by adding at the end therein the following:

- “4. Collaborating with EOHHS to develop a program to identify prescribers serving Covered Individuals who are currently in the acute stage of opioid therapy and at risk for continued opioid utilization and to develop an early intervention strategy to be used with the identified prescribers.”

2. **Section 4.5.** is hereby amended by deleting it in its entirety and replacing it with the following: -

“Section 4.5 Massachusetts Child Psychiatry Access Program

The Massachusetts Child Psychiatry Access Program (MCPAP) consists of three psychiatric and behavioral consultation programs. The first program, MCPAP, consists of children’s behavioral health consultation teams throughout the state to help pediatric Primary Care Practitioners (PCPs) manage the behavioral health needs of their patients. Through consultation and education, MCPAP improves PCP’s competencies in screening, identification, and assessment, treating mild to moderate cases of behavioral health disorders, and in making effective referrals for patients who need community-based specialty services. The second program, MCPAP for Moms, consists of behavioral health consultation teams that provide behavioral health consultation for obstetric, pediatric, adult primary care and psychiatric providers to effectively prevent, identify, and manage depression and other mental health concerns in pregnant and postpartum women up to one year after delivery. The third program, AIDCCAP, consists of a Behavioral Team and a Statewide Physician Consult Team that help Emergency Service Providers (ESP) and Mobile Crisis Intervention (MCI) Providers and emergency department

(ED) providers effectively manage behavioral health crises in children and young adults up to age 26 with diagnosed or presumed ASD/IDD. Through consultation and education, AIDCCAP improves ESP Providers and emergency department providers' competencies in behavioral assessment and intervention, parent coaching, and in making effective referrals for patients who need community-based services and provides access to pharmacological consultation on an emergency basis.

The Contractor shall:

- A.** Maintain a Massachusetts Child Psychiatric Access Program (MCPAP) Unit to manage the Massachusetts Child Psychiatric Access Program and allocate sufficient medical leadership and program administration resources to assure that the goals of the program are met and quality is maintained.
- B.** Maintain a network of:
 - 1. MCPAP providers to provide consultation to pediatric Primary Care Practitioners (PCPs), including Primary Care Clinicians (PCCs), treating pediatric Members who may need Behavioral Health services;
 - 2. MCPAP for Mom providers to provide consultation to obstetric, pediatric, adult primary care, and psychiatric providers treating pregnant or postpartum women with depression and other behavioral health concerns up to one year after delivery; and
 - 3. A network of AIDCCAP providers to provide crisis consultation to ESP Providers and emergency department providers treating children and young adults with ASD/IDD.
- C.** Maintain MCPAP, MCPAP for Moms, and AIDCCAP teams with optimal staffing patterns to ensure effective team functioning and quality services.
 - 1. Team structure of MCPAP and MCPAP for Moms, including FTE allocations, must be approved by DMH.
 - 2. Team structure of AIDCCAP, including FTE allocations for AIDCCAP Behavioral Teams and Statewide Physician Consult Team, must be approved by EOHHS.
- D.** Ensure that MCPAP, MCPAP for Moms, and AIDCCAP services are available statewide.
- E.** Partner with DMH on a quality improvement project to determine the underlying causes of recent significant changes in MCPAP utilization and identify potential areas for quality improvement. The Contractor shall provide data from its encounter and practice databases to DMH as requested.
- F.** In collaboration with DMH, develop, implement, and maintain a continuous quality improvement system capable of systematically collecting and analyzing data and

information to ensure MCPAP and MCPAP for Mom's services are high quality, efficient, and meeting the needs of enrolled providers. This CQI system must include the following elements:

1. Information systems that collect reliable and accurate data;
2. Clearly defined quality indicators, metrics, and benchmarks that are guided by a logic model;
3. Rigorous methods for collecting both quantitative and qualitative data;
4. Analysis of quality data to inform programmatic improvements; and
5. Timely reports that have up to date information for quality improvement. This includes both routine monthly, quarterly, and annual reports as well as ad hoc reports which respond to a targeted need as requested by DMH.

G. In collaboration with EOHHS, develop, implement, and maintain a continuous quality improvement system capable of systematically collecting and analyzing data and information to ensure AIDCCAP's services are high quality, efficient, and meeting the needs of providers. This CQI system must include the following elements:

1. Information systems that collect reliable and accurate data;
2. Clearly defined quality indicators, metrics, and benchmarks that are guided by a logic model;
3. Rigorous methods for collecting both quantitative and qualitative data;
4. Analysis of quality data to inform programmatic improvements; and
5. Timely reports that have up to date information for quality improvement. This includes both routine monthly, quarterly, and annual reports as well as ad hoc reports which respond to a targeted need as requested by EOHHS.

H. Contract with a sufficient number of MCPAP and MCPAP for Moms Teams to ensure continuous access for PCPs between 9:00 a.m. to 5:00 p.m., Monday through Friday (excluding holidays) including the following:

1. Immediate advice within 30 minutes of the contact or within the time requested by the PCP. Ninety-five percent (95%) of all calls to MCPAP and MCPAP for Moms should be responded to within this time frame.
2. Information requested through a resource and referral inquiry to MCPAP and MCPAP for Moms is provided to the provider or family/patient within three business days of the initial request. Ninety-five percent (95%) of these requests should be completed within three business days of the initial request. The Contractor shall report to DMH and EOHHS on the rate in which it meets this requirement in a format agreed to by DMH.

3. Schedule a patient face to face assessment or allowable telehealth assessment with a MCPAP Team psychiatrist within 10 business days of the referral date or scheduled a face to face assessment with a MCPAP behavioral health clinician within 5 business days of the referral date. To assess these standards for timely face to face assessments, on a monthly basis, the Contractor shall contact the MCPAP and MCPAP for Mom teams to receive the prospective wait time for the first available and second available appointment dates from the date of the Contractor's contact with the Team.
 4. Submit to DMH and implement a quality improvement plan(s) that describes root causes for deficiencies and identifies action steps to address them by the 30th of the month following the quarter if either of the following occurs:
 - a. If response time for a MCPAP Team and for MCPAP for Moms is lower than 95% consistently for a quarter;
 - b. If the three-day resources and referral completion rate for a MCPAP Team and for MCPAP for Moms is lower than 95% consistently for a quarter.
- I. Contract with a sufficient number of AIDCCAP Behavioral Team and AIDCCAP Statewide Physician Consult Team providers to ensure continuous access for ESP Provider and emergency department providers between 11:00 a.m. to 7:00 p.m., seven (7) days a week (excluding holidays) including the following:
1. Immediate advice from the AIDCCAP Behavioral Team within 30 minutes of the contact or within the time requested by the ESP/MCI or emergency department provider. Ninety-five percent (95%) of all calls to AIDCCAP Behavioral Team should be responded to within this time frame.
 2. Immediate advice from the AIDCCAP Statewide Physician Consult Team within 30 minutes of the contact or within the time requested by the AIDCCAP Behavioral Team. Ninety-five percent (95%) of all calls to AIDCCAP Statewide Physician Consult Team should be responded to within this time frame.
 3. AIDCCAP Behavioral Team available to provide behavioral intervention consultation, including applied behavioral analysis (ABA) to the ESP Provider that is providing 7-day follow up to member.
 4. AIDCCAP Behavioral Team and Statewide Physician Consult Team available to coordinate follow up activities with the ESP Provider that is providing 7-day follow up to member.
 5. Schedule a patient face-to-face or telehealth assessment with an AIDCCAP Statewide Physician Consult Team provider within 5 business days of the referral date or schedule a face to face or telehealth assessment with an AIDCCAP Behavioral Team LABA within 1 business day of the referral date. To assess these standards for timely face-to-face or telehealth assessments, on a monthly basis, the Contractor shall contact the AIDCCAP Behavioral Teams and

Statewide Physician Consult Teams to receive the prospective wait time for the first available and second available appointment dates from the date of the Contractor's contact with the Teams.

6. Submit to EOHHS and implement a quality improvement plan that describes root causes and identifies corrective action steps by the 30th of the month following the quarter if either of the following occurs:
 - a. If response time for an AIDCCAP Behavioral Team is lower than 95% consistently for a quarter;
 - b. If response time for AIDCCAP Statewide Physician Consult Team is lower than 95% consistently for a quarter.

J. Perform the following ongoing responsibilities, without limitation:

1. Collect Encounter data pursuant to the Contractor's requirements;
2. Conduct outreach to recruit, enroll, and build relationships with pediatric PCP practices, obstetric practices, ESP Providers and emergency departments;
3. Inform pediatric PCP, obstetric practices, ESP Providers and emergency departments in a MCPAP Team's region how to access MCPAP services;
4. Annually survey pediatric PCPs, obstetric providers, ESP Providers and emergency departments regarding satisfaction with MCPAP;
5. Every six (6) months communicate with pediatric PCPs and obstetric providers who have not used MCPAP programs in the past six months to identify barriers to using the MCPAP service, unless instructed otherwise by the practice with the practice's reasons for not using being logged;
6. Maintain up-to-date and comprehensive information for PCPs on access to Network Behavioral Health Providers;
7. Maintain program-specific dedicated websites about MCPAP, MCPAP for Moms, and AIDCCAP programs that provide information about the programs and information about behavioral health topics and resources;
8. Conduct practice visits to re-orient providers to MCPAP, as well as provide practice-based education and training on managing behavioral health in primary care.
9. Conduct outreach and trainings for ESP Providers and emergency department providers and other behavioral health first responders to develop their knowledge and skills to treat youth and adults with ASD/IDD.
10. Create public awareness campaign about the availability of the AIDCCAP service for families of individuals with ASD/IDD, staff at Autism Support Centers,

pediatric providers, parent resource groups, and other stakeholders as directed by EOHHS.

- K.** Submit MCPAP, MCPAP for Moms, and AIDCCAP monthly, quarterly, and annual aggregate progress reports to EOHHS and DMH identified in and according to the reporting schedule in **Appendix E-1**.
- L.** Submit annual itemized budgets for each MCPAP Program Provider and MCPAP central administration by December 31st of each calendar year, and whenever there is a change in the budget.
- M.** Coordinate all MCPAP and MCPAP for Moms program activities with DMH, including but not limited to:

 - 1. Attending monthly planning meetings and other meetings as required by DMH;
 - 2. Establishing and regularly convening a MCPAP Advisory Committee to inform and advise MCPAP and DMH on program improvements and direction;
 - 3. Revising program activities as requested by DMH or EOHHS and approved by EOHHS; and
 - 4. Participating in any DMH or EOHHS-initiated program evaluation activities and accompanied recommendations for future direction.
- N.** Coordinate all AIDCCAP program activities with EOHHS, including but not limited to:

 - 1. Revising program activities as requested by EOHHS and approved by EOHHS; and
 - 2. Participating in any EOHHS-initiated program evaluation activities and accompanied recommendations for future direction.
- O.** Enhance the capacity of MCPAP for Moms to provide consultation on substance use disorders to providers who serve patients with SUD. Specifically, the Contractor shall:

 - 1. Develop a toolkit for providers on screening and treatment of pregnant and postpartum women with SUD by the third quarter of state fiscal year 2019 and update the toolkit each subsequent year thereafter;
 - 2. During the Contract Year, conduct at a minimum 12 statewide trainings (e.g., webinar, grand rounds, etc.) specific to SUD with obstetric and substance use treatment providers working with pregnant and postpartum women and partner with the Department of Public Health Bureau of Substance Addiction Services to ensure coordination of training activities; and
 - 3. Hire a part time psychiatrist with expertise in treating pregnant and postpartum women with SUD and a full time resource and referral specialist with expertise in navigating the SUD service delivery system for the program.”

3. **Section 4** is hereby amended by adding at the end therein the following:

“Section 4.17 Contractor COVID-19 Efforts

The Contractor shall, as set forth in this Contract and as further directed by EOHHS, help manage the 2019 novel Coronavirus (COVID-19) as set forth in this section.

A. As further specified by EOHHS, the Contractor shall help manage COVID-19 for at least the duration of the state of emergency declared via Executive Order No. 591 that began on March 10, 2020 and as set forth in MassHealth bulletins, including but not limited to MassHealth managed care entity bulletins, and other MassHealth guidance. Such activities to help manage COVID-19 shall include, but may not be limited to:

1. Taking all necessary steps to enable Covered Individuals to obtain medically necessary and appropriate Covered Services.
2. Delivering all Covered Services in an amount, duration and scope that is no more restrictive than the MassHealth fee-for-service program, and staying up to date on any changes to the amount, duration, and scope of services that MassHealth may announce via bulletins or guidance.
3. Communicating, with EOHHS prior approval, relevant benefits, prevention, screening, testing, and treatment options to Covered Individuals and guidelines for contacting a Covered Individual’s local board of health or health care provider.

B. Mental Health Center Transformation Initiative

1. The following providers shall be eligible to participate in the Mental Health Center Transformation Initiative, as further specified by EOHHS:
 - a. Is enrolled in MassHealth as a provider of Mental Health Center services pursuant to 130 CMR 429;
 - b. Is contracted with the Contractor as a Mental Health Clinic;
 - c. Is not a Community Health Center participating in MassHealth pursuant to 130 CMR 405 or a Hospital Licensed Health Center participating in MassHealth pursuant to 130 CMR 410, and;
 - d. Submits the information set forth in **Section 4.17.A.2.**
2. The Contractor shall collect the following, in a form and format specified by EOHHS, from its Network Providers that are Mental Health Centers identified by EOHHS:
 - a. Attestation of completion of specific training for all clinical and administrative staff involved in the delivery of services via telehealth in response to the COVID-19 crisis. Trainings include use of technology,

delivery of services in a confidential manner, documentation of interventions, and use of appropriate billing procedures;

- b. Attestation of updated clinic policies and procedures that are impacted by the use of telehealth in response to the COVID-19 crisis. Policies and procedures that must be updated include intake, assessment, provision of treatment including medications and therapy, maintaining records, referring for other care, and conducting supervision;
 - c. Attestation of investment in infrastructure or training to improve ability to render care in response to the COVID-19 crisis including via telehealth and changes to in-person care. Investments include purchase of phones, computers, and technology platform for telehealth.
 - d. Additional information as specified by EOHHS.
 - 3. The Contractor shall submit to EOHHS, at a time and in a manner specified by EOHHS the information the Contractor collected in accordance with **Section 4.17.B.2** above.
 - 4. The Contractor shall make payments at a frequency and in an amount specified by EOHHS, pursuant to 42 CFR 438.6(c) and as specified by EOHHS, to eligible providers, identified by EOHHS, based on the percentage of services delivered via telehealth during the time period of April 1, 2020, through July 31, 2020, as measured by the percent of paid claims with the place of service code 02 on the claim. The Contractor shall make such payments to such providers within 14 calendar days of receiving payment from EOHHS.
- C. The Contractor shall institute the rate increases as set forth in this section and as further described in MassHealth's Managed Care Entity Bulletins, as may be updated from time to time.
- 1. Effective April 1, 2020, through July 31, 2020, the Contractor shall temporarily increase the rate of payment by ten percent (10%) to for the Diversionary and Outpatient Behavioral Health Services described in the **Appendix E** of **MassHealth Managed Care Entity Bulletin 32**.
 - 2. Effective May 1, 2020, through June 30, 2020, the Contractor shall apply an additional fifteen percent (15%) increase in addition to the 10% increase for Residential Rehabilitation services.
 - 3. Effective April 1, 2020, through July 31, 2020, the Contractor shall temporarily increase the rate of payment by fifteen percent (15%) for the following procedure codes for certain Outpatient Behavioral Health Services, as set forth in **Appendix D** of Managed Care Entity Bulletin 32:

99202	99231
99203	99232
99204	99233
99205	99282
99212	99283
99213	99284
99214	99285
99215	

4. Inpatient Mental Health Services Rate Increase

- a. The Contractor shall increase rates for Inpatient Mental Health Services delivered by DMH-licensed psychiatric hospitals and DMH-licensed psychiatric units within acute inpatient hospitals as follows and as further directed by EOHHS:
 - 1) The Contractor shall increase its rate for Inpatient Mental Health Services at DMH-licensed psychiatric hospitals and DMH-licensed psychiatric units within acute inpatient hospitals that have been designated as Tier 1 facilities by \$94 per diem; and
 - 2) The Contractor shall increase its rate for Inpatient Mental Health Services at DMH-licensed psychiatric hospitals and DMH-licensed psychiatric units within acute inpatient hospitals that have been designated as Tier 2 facilities by \$188 per diem.
 - b. The Contractor shall apply the Tier 1 rate increase for dates of service on or after April 1, 2020, for Inpatient Mental Health Services delivered by DMH-licensed psychiatric hospitals and DMH-licensed psychiatric units within acute inpatient hospitals identified by EOHHS as having met the prompt submission requirements set forth by DMH and EOHHS. The Contractor shall apply all other rate increases, including all Tier 2 rate increases as of the date directed by EOHHS.
 - c. The Contractor shall apply the rate increases set forth in this section through July 31, 2020, or as otherwise directed by EOHHS.
 - d. The Contractor shall report on expenditures attributed to the rate increase requirements described in this section as set forth in **Appendix E-1**, in a form and format and at a time specified by EOHHS.
5. If the Contractor has sub-capitated or Alternative Payment Methodology (APM) arrangements with providers for the provision of any services subject to rate increases pursuant to this section, the sub-capitated or APM payments to

providers should be increased by the equivalent of the rate increases that would be required for fee for service payments as set forth in this section.

6. The Contractor shall not subject the required rate increases to any withhold arrangement with providers and will ensure that providers receive the full rate increases in payments set forth in this section.
7. All encounter file claim paid amounts with dates of service as of the rate increase effective date directed by EOHHS must reflect the specified rate increases.
8. EOHHS may require the Contractor to certify, in a form and format specified by EOHHS, to compliance with these rate increase requirements. Such certification may include certification that the Contractor has made timely payments which include these required increases, with no offsets to provider payments through withholds, sub-capitated payment arrangements or other APMs.

D. COVID-19 Behavioral Health Urgent Care (BHUC) Response

The Contractor shall support EOHHS's COVID-19 Behavioral Health Urgent Care (BHUC) Response program as follows and as further specified by EOHHS. The Contractor shall:

1. Provide funds to providers specified by EOHHS (BHUC providers) to be used to deliver Behavioral Health Urgent Care (BHUC) services to individuals impacted by COVID-19. The Contractor shall:
 - a. Ensure that, unless otherwise approved by EOHHS, BHUC providers utilize the funding provided solely to deliver BHUC services via telehealth or face to face, and to purchase Personal Protective Equipment (PPE) for use by BHUC staff; and
 - b. Ensure that funds are not used to purchase PPE or other material supplies for recipients of BHUC services.
2. Ensure that the BHUC providers deliver BHUC services to eligible individuals, as specified by EOHHS. BHUC services shall include:
 - a. Direct, psychosocial services provided primarily by trained mental health certified peer specialists;
 - b. Care coordination;
 - c. Follow up; and
 - d. Care transition support
3. Require that each BHUC provider provide BHUC services to individuals, families, and communities impacted by the pandemic, regardless of their insurance coverage, with a particular focus on the following three populations and as further specified by EOHHS:

- a. individuals residing in temporary housing or living separately from their families in order to isolate after COVID-19 exposure, recover from COVID-19 when hospital level of care is not required, or perform essential services (e.g., health care providers), that expose them to risk;
 - b. children, partners, parents, and other family members and friends of the people residing in temporary housing; and
 - c. families, friends, and communities suffering from the losses associated with COVID-19.
- 4. Require the BHUC providers to maintain and submit records and reports as set forth in this section and as further specified by EOHHS. The Contractor shall require BHUC providers to:
 - a. Provide monthly expenditure and revenue reports with full accounting of the number of people served, services provided, reimbursement revenue to offset cost of services, and number of direct client care hours and indirect service support hours.
 - b. Participate in completing the SAMHSA-required Government Performance and Results Act (GPRA) surveys and grant performance data collection requirements as follows:
 - 1) For each individual that receives BHUC services, the BHUC provider must complete the SAMHSA-required GPRA survey upon the initiation of services and again every six months thereafter until the individual is discharged from the service or the contract for these grant funds is terminated, whichever is the first to occur.
 - 2) The BHUC provider must maintain records for each individual receiving BHUC services, and copies of all completed GPRA surveys shall be maintained in such records.
 - c. Maintain a record of its in-reach activities. For purposes of the COVID-19 BHUC Response program, in-reach activities shall mean indirect services provided primarily by trained mental health certified peer specialists. These services include engaging staff and clients at food banks, shelters and other community locations as well as natural community supports (e.g. churches) to provide education about BHUC services and link clients with direct care supports. The record of in-reach activities, at a minimum, must include:
 - 1) dates,
 - 2) communities,
 - 3) targeted populations,

- 4) participating BHUC Provider staff,
 - 5) brief descriptions of the in-reach activities;
 - 6) demographic information on individuals contacted; and
 - 7) such other information as EOHHS or DMH may determine is necessary.
- d. Engage with Dougherty Management Associates Inc. (DMA) to complete required data collection and submission, including:
- 1) Establishing data collection procedures that leverage the BHUC provider's electronic health record, if any, and current clinical practices;
 - 2) Implementing necessary informed consent and assent procedures to allow the BHUC provider to share information with DMA if necessary;
 - 3) Developing protocols for storing completed SAMHSA-required GPRA surveys securely, ensuring access only to appropriate BHUC provider staff members;
 - 4) Following the data procedures and protocols that are developed in concert with DMA;
 - 5) Submitting to DMA on a monthly basis in the manner and format mutually agreed to by the BHUC provider and DMA:
 - a) Copies of all SAMHSA-required GPRA surveys completed by BHUC provider staff in the previous month. The GPRA surveys must be de-identified as that term is defined in the HIPAA Privacy Rule.
 - b) Reports on its in-reach activities conducted during the previous month in the manner and format specified by DMA. The reports must not contain any individual personal data or protected health information.
 - c) Such other information as the Contractor and the BHUC Providers mutually agree to deliver in order to learn more about the impact of the COVID-19 crisis on individuals and to evaluate the needs and satisfaction of people receiving services. This may include, but not be limited to, BHUC provider staff completing surveys about their experience delivering face to face care with people who are or may be contagious and using virtual methods for service delivery.

5. Provide contracts with BHUC providers and other documentation regarding the COVID-19 BHUC Response program to EOHHS upon request.”

SECTION 7 MEMBER AND PROVIDER SERVICES

Section 7.1.G.4. is hereby amended by adding at the end therein the following:

- “1. Primary Care ACO Member handbooks.”

SECTION 10 PAYMENT AND FINANCIAL PROVISION

1. **Section 10.1.I.2** is hereby amended deleting it in its entirety and inserting in lieu thereof the following:
 - “2. Validating the accuracy and completeness of all financial reports required under this Contract under the penalty of perjury.”
2. **Section 10.16** is hereby amended by striking “**Alternative Payment Methodology for CBHI Intensive Care Coordination Services**”, and inserting in place thereof, “**Behavioral Health Quality Incentive Payment**”.

APPENDICES

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

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; Specializing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed. This service may be used as an alternative to or transition from Inpatient services.	✓	✓		
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, and/or educational roles. Scheduled, goal-	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only
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 removing obstacles to recovery; linking	✓	✓	✓	

Service	Coverage Types			
	MassHealth Standard & CommonHealth Covered Individuals	MassHealth Family Assistance Covered Individuals	CarePlus Covered Individuals	Uninsured Individuals and Persons Covered by Medicare Only
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 treatment, assertive outreach, rehabilitation 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
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>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.</p>	✓	✓	✓	
<p>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.</p>	✓	✓	✓	
<p>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.</p>	✓	✓		
<p>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.</p>	✓	✓		
<p>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)</p>				

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>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.</p>	✓			
<p>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.</p>	✓			
<p>c. In-Home Behavioral Services – this service usually includes a combination of behavior management therapy and behavior management monitoring, as follows:</p> <p>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.</p> <p>C2. Behavior Management Monitoring. This service includes implementation of the behavior</p>	✓			

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.				
<p>d. In-Home Therapy Services. This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows:</p> <p>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.</p> <p>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.</p>	✓	✓		
<p>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-</p>	✓			

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. In addition to contracted ESPs, ESP Encounter services (not Youth Mobile Crisis Intervention services) may also be provided by outpatient hospital emergency departments as further directed by EOHS. (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. <ul style="list-style-type: none"> 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. <p>In addition, medication evaluation and specializing services shall be provided if Medically Necessary.</p>	✓	✓	✓	✓
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.				

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.	✓	✓	✓	

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

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

Reportable Adverse Incidents

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

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

One-time, Periodic and Ad Hoc Reports

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

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

3. 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.

Monthly Reports**7. 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.

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

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

9. ESP UTILIZATION REPORT – BH-N/A

Report, utilizing the ESP Encounter form database.

10. PROVIDER CONCERNS REPORT – BH-27

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

11. 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**.

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

Report of PCC Plan Management Support deliverables.

13. 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.

14. MCPAP PCP

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

15. 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 and AIDCCAP Behavioral Team and Statewide Physician Consult Team: number of encounters by type of encounter, diagnosis, reason for contact, and insurance status of the child. For AIDCCAP Behavioral Team and Statewide Physician Consult Team, must include location of individual (e.g. home, school, emergency department, community-based behavioral health provider), name of the ESP/MCI Team or ED seeking consult, and patient demographic data including race, ethnicity, and primary language.

16. 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 and AIDCCAP Behavioral Team and Statewide Physician Consult Team: unduplicated count of Covered Individuals served, by type of encounter and insurance status of the Covered Individual.

17. MCPAP MONTHLY RESPONSE TIME

For each MCPAP team and AIDCCAP Behavioral and Statewide Physician Consult 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). For each MCPAP and MCPAP for Moms team the percentage of resource and referral requests that are completed within 3 business days.

18. MCPAP AVERAGE ENCOUNTER

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

19. 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**20. 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.

21. CANS COMPLIANCE: – BH-14

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

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

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

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

23. BEHAVIORAL HEALTH CLINICAL OPERATIONS AND ACUTE SERVICE AUTHORIZATION, DIVERSIONS, MODIFICATION AND DENIAL REPORT (ABA) – BH-08

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

24. SUBSTANCE USE DISORDER CLINICAL OPS/INPATIENT AUTHORIZATION REPORT – BH-23

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

25. 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.**

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

A summary of Behavioral Health costs and utilization.

27. CLAIMS PROCESSING REPORT – BH-N/A

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

28. 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.

29. 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)

30. 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).

31. 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.J.**);
- 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**).

32. 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.**

33. 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.

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

35. MCPAP QUARTERLY UNDUPLICATED COUNT

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

36. MCPAP QUARTERLY RESPONSE TIME

For each MCPAP team, AIDCCAP Behavioral Team and AIDCCAP Statewide Physician Consult 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). For MCPAP and MCPAP for Moms, the percentage of resource and referral

requests that are completed within 3 business days.

37. 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.

38. AIDCCAP APPOINTMENT AVAILABILITY

For each AIDCCAP team, the wait time for the first and next available appointments for face-to-face or telehealth assessment with an AIDCCAP Statewide Physician Consult Team provider or with an AIDCCAP Behavioral Team provider. If an AIDCCAP team fails to meet one or both of the wait time standards described in **Section 4.5.I.5.** 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 or telehealth visits completed by each institution, reason for assessments, and the age, gender, diagnoses, race, ethnicity, primary language, and insurance coverage of children and young adults receiving the assessments.

39. 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.

40. AIDCCAP OUTREACH AND TRAINING

Number and type of outreach and training activities conducted by AIDCCAP for MCI/ESP teams and emergency departments as in **Section 4.5 J.9.** Number, if known, of individuals reached. Number of public awareness activities conducted by AIDCCAP for families of individuals with ASD/IDD, pediatric providers, staff at Autism Support Centers, and parent resource groups, or other stakeholders on topics described in **Section 4.5.J.10.** Number, if known, of individuals reached.

41. MCPAP QUARTERLY SATISFACTION SURVEYS

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

42. 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.**

43. MCPAP QUARTERLY/ANNUALLY NUMBER OF PRACTICE OUTREACH ENCOUNTER

Submit each quarter and annually a report on the number of practice outreach encounters conducted by each MCPAP psychiatrist with their assigned practices. The specific encounter types to be included in these reports are practice support on-site and practice support off-site.

Semi-Annual Reports**44. 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.

45. 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.

46. 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.

47. 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.

48. 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**49. 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.

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

Summary report of Reportable Adverse Incidents.

51. 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.

52. 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.

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

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

54. 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.

55. 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.

56. 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**.

57. 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**.

58. PROVIDER PREVENTABLE CONDITIONS - BH-N/A

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

59. 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**

60. 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.

61. 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**.

62. MCPAP TEAMS

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

63. 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.

64. 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.

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

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

67. 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.

68. AIDCCAP CHILDREN CONSULTATION

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

69. MCPAP ANNUAL PROVIDER EXPERIENCE SURVEY

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

70. MEDICAL LOSS RATIO REPORT (MLR)

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

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 acknowledges that Member and Provider needs will be continuously changing during the COVID-19 crisis. In response, the Contractor will use the Plan-Do-Study-Act model of quality improvement to perform small tests of change and report the impact of interventions on specific subsets of the Covered Individual population. The Contractor will continue with planned interventions strategies and will use PDSA findings to make modifications and improvements as needed. In addition, the Contractor will perform an annual detailed analysis of Member level data to measure the impact of the interventions, including an analysis of all interventions implemented in response to COVID-19.

The Contractor acknowledges that the impact of planned intervention strategies on HEDIS and performance metric outcomes may look different than planned and expected. Therefore, 2020 will be a reporting year for all HEDIS and quality performance outcomes. The Contractor will report on measures as specified in this amendment.

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/tier 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. If the Contractor does not meet the percentage increase in M1/tier 2 or M1/tier 3, the Contractor still can earn the full incentive amount via M2 through M5.

Measure/Tier	Goal	Incentive
M1	Increase community-based ESP encounters over 2019 ESP community based encounters	
M1/tier-1	30%	\$750,000
M1/tier-2	20%	\$625,000
M1/tier-3	10%	\$500,000
M2	Reduce Boarding of Youth	

Measure/Tier	Goal		Incentive
M2-A	Increase and sustain telehealth capacity to at least 80% of ESPs		\$250,000
M2/-B	Reduce the total number of youth under the age of 21 boarding in the ED for 24 hours or more.	15% or more	\$250,000
M3	FUA 7-day rate	Report rate and provide detailed analysis of member level data to demonstrate the impact of specific intervention activities on the observed outcomes	\$125,000
M4	FUA 30- day	Report rate and provide detailed analysis of member level data to demonstrate the impact of specific intervention activities on the observed outcomes	\$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 M1 and M2, the Contractor will provide rates of 7 and 30-day Mental Health and ATS readmissions for CY 2019 (baseline) and CY 2020 (re-measurement). In addition to reporting rates, the Contractor will provide detailed analysis on the member level data to demonstrate the impact of intervention strategies on the outcome measures. The analysis will include stratifying data at a member and provider site level to look at intervention impact and also determine which variables were most associated with the readmission outcomes.

For M3 and M4, the Contractor will provide the percentage of Medication Management as a Subset of FUH Numerator for both the 7 day and 30 day FUH measures.

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

	Report Rates of Readmission
M1	Mental Health
M2	ATS
M3	Report on percentage of Medication Management as a Subset of FUH Numerator for 7-Day Measure
M4	Report on percentage of Medication Management as a Subset of FUH Numerator for 30-Day Measure

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, OBAT services, or individual therapy in a timelier manner. To qualify as an OA facility, providers need to offer a set amount of time each week during which a current or new patient can be seen (i.e., in-person or via telehealth) without a scheduled appointment. At the close of 2019, MBHP report 43 outpatient offered OA.

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

	Measure	Goal	Incentive
M1	Open Access	Increase to 86 the number of open access sites.	\$250,000

For M2, performance on IET – Initiation (Total, All Ages) will be measured. IET-*Initiation* for purposes of IET is measured as the percentage of enrollees 13 years of age and older with a new episode of alcohol or other drug (AOD) dependence who initiated qualifying inpatient or outpatient treatment. Contractor will report rates of IET-Initiation for the CY2020 reporting year.

For M3, performance on IET – Engagement (Total, All Ages) will be measured. IET-*Engagement* for purposes of IET is measured as the percentage of enrollees 13 years of age and older who initiated treatment and had two or more additional qualifying AOD services within 34 days of the initiation visit. Contractor will report rates of IET for the CY2020 reporting year.

		MEASURE	INCENTIVE
M2	IET- Initiation (Total, All Ages)	Rate of IET- Initiation for CY2020	\$75,000
M3	IET- Engagement (Total All Ages)	Rate of IET - Engagement for CY2020	\$75,000

For M4 MAT Utilization, the denominator will be unduplicated Members during 2019 with an opioid use disorder diagnosis in any position on a Behavioral Health or Medical claim using date of service or discharge date as appropriate. For determining utilization, for that cohort, MBHP will look for a methadone dosing claim in the BH claims and buprenorphine and/or vivitrol fills in the pharmacy claims. Once the baseline is established, MBHP will increase by 4% for 2020.

For M5, MAT Adherence, the denominator will be unduplicated Members with a claim for methadone dosing (buprenorphine and/or Vivitrol prescription) between January 1st to June 30th of the calendar year. MAT adherence will be the percentage of Members who remain on MAT for a full six months (180 days) from the initial prescription start date (defined as the earliest MAT event during the measurement period). This measure will allow the Contractor to have a full six month “run out” period to capture adherence through the end of the calendar year. The Contractor will stratify data to look at the specific impact of the intervention on outcomes.

		MEASURE	INCENTIVE
M4	MAT Utilization	Report	\$150,000
M5	MAT Adherence	Report	\$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, the Behavioral Health Initiative, and COVID-19 crisis.

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

1. MBHP's response to COVID-19 crisis
2. clinical competencies, guidelines, and other workforce supports related to patient-centered treatment and recovery planning, including assessment, placement, and discharge planning

3. member education about multiple pathways to treatment and recovery, inclusive of medications for addiction treatment
4. 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
5. 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 May 15, 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 January 1, 2020 - March 31, 2020

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 January 1, 2020 - March 31, 2020

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

c. PCC and TPL: PMPM (\$) Rates April 1, 2020 - July 31, 2020

Rating Category	Medical Services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	\$48.65	\$50.87	\$15.32	\$0.42	\$5.26	\$120.52
Rating Category I Adult	\$44.52			\$7.45	\$4.88	\$56.85
Rating Category I TPL	\$5.13	\$34.67	\$5.27	\$0.45	\$4.53	\$50.05
Rating Category II Child	\$152.65	\$154.09	\$232.84	\$0.61	\$12.25	\$552.44
Rating Category II Adult	\$184.18			\$10.90	\$11.25	\$206.33
Rating Category II TPL	\$12.75	\$103.15	\$54.90	\$1.19	\$9.16	\$181.15
Rating Category IX	\$75.00			\$20.56	\$5.66	\$101.22
Rating Category X	\$312.46			\$154.98	\$13.24	\$480.68

d. Primary Care ACO: PMPM (\$) Rates April 1, 2020 - July 31, 2020

Rating Category	Medical Services PMPM	CBHI PMPM	ABA PMPM	SUD PMPM	Admin PMPM	Total PMPM
Rating Category I Child	\$22.67	\$26.42	\$7.87	\$0.42	\$3.81	\$61.19
Rating Category I Adult	\$40.78			\$7.45	\$3.89	\$52.12
Rating Category II Child	\$100.47	\$165.28	\$204.06	\$0.61	\$10.13	\$480.55
Rating Category II Adult	\$193.74			\$10.90	\$10.86	\$215.50
Rating Category IX	\$81.30			\$20.56	\$4.68	\$106.54
Rating Category X	\$346.79			\$154.98	\$12.76	\$514.53

e. PCC and TPL: PMPM (\$) Rates August 1, 2020 - December 31, 2020

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

f. Primary Care ACO: PMPM (\$) Rates -August 1, 2020 - December 31, 2020

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 Contractor in **Section 1.A** above; by

- ii. The number of applicable member months for the period.
- b. EOHHS will then determine the Contractor's expenditures for 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.

E. Add-on inpatient mental health services per diem rate

EOHHS shall make an add-on per diem rate payment of \$94 and \$188 for tier 1 and tier 2 inpatient mental health provider claims as specified in **Section 4.17** 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. EOHHS may reprice submitted claims for risk sharing calculations purposes in the CY20 annual reconciliation.

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 \$3,847,000.

2. The monthly payment for the DMH Payment for MCPAP shall be \$314,583.33 except for the month of June.
3. The payment for the month of June shall be \$386,583.33.
4. 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.
5. 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.

G. DMH Payment for Behavioral Health Urgent Care (BHUC) Program services for individuals impacted by COVID19.

Contingent upon receipt of funds from DMH for BHUC services to individuals impacted by COVID19 described in section 4.17.D of the Contract, EOHHS shall make a payment to the Contractor in the amount of \$1,350,001.00. Any residual funds shall be applied to related activities in CY21 through the grant performance period ending on September 29, 2021. Any unspent funds at the end of the grant performance period shall be returned to EOHHS for remittance to the grantor unless prior to the expiry date, DMH requests and receives a cost extension and such extension is granted by the federal agency providing the grant.

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, EOHHS will make a payment to the Contractor in the amount of \$179,000 to fund the program for the first six months of Contract Year 2020 through June 30th. 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.

D. Autism and Intellectual Disability Crisis Consultation Access Program (AIDCCAP)

For contract Year 2020 EOHHS shall pay the Contractor \$650,000.00 in support of the AIDCCAP program described in section 4.5 of the contract. EOHHS may determine the amount of the funding to be applied towards start-up costs and may issue the determined amount as partial payment upon execution of the Contract. The balance of funding after the initial payment may be issued in equal monthly installments or in some other frequency to be determined by EOHHS. The AIDCCAP program spending shall not exceed the funding amount set forth in this sub-section. Any unspent funds at the end of the Contract period shall carry-over and be applied towards the AIDCCAP activities in subsequent contract periods, if any. EOHHS reserves the right to require reporting on expenditures related to this program.

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	UG-Doctoral Level (Child Psychiatrist)	Psychiatric Diagnostic Evaluation	\$ 189.34
MH and SA OP Services	90791	U6-Doctoral Level (MD / DO)	Psychiatric Diagnostic Evaluation	\$ 151.95
MH and SA OP Services	90791	AH-Doctoral Level (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 130.44
MH and SA OP Services	90791	SA-Nurse Practitioner/Board Certified RNCS and APRN-BC	Psychiatric Diagnostic Evaluation	\$ 131.51
MH and SA OP Services	90791	HO-Master's Level	Psychiatric Diagnostic Evaluation	\$ 117.41
MH and SA OP Services	90791	U3-Intern (PhD, PsyD, EdD)	Psychiatric Diagnostic Evaluation	\$ 65.22
MH and SA OP Services	90791	U4-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 Services	90832	Master's Level	Individual Psychotherapy, approximately 20-30 minutes	\$ 42.96
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	\$ 46.46

			accumulated data to family or other responsible 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-BC	Evaluation and Management for an Established Patient, 10 minutes	\$ 32.49
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	99251	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 based on an individualized treatment plan) including assessment, counseling; crisis intervention, and activity therapies or education. (Enhanced Structured Outpatient Addiction Program - SOAP with Motivational Interviewing Counseling)	\$ 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 based 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
MH and SA OP Services	H0047		Alcohol and/or other drug abuse services, not otherwise specified; oral medication preparation and administration (buprenorphine and associated drug screens); may not be combined with H0033; may be billed once per each day a member receives medication	\$ 10.36

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
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
Adult ESP Services	S9485	ET	Crisis intervention mental health services, per diem (Emergency Service Program's Adult Community Crisis Stabilization Day 1)	\$ 505.53
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
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
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 Screening 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 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	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)	Each 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 – 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 per day; may be combined with J0573 as medically necessary	\$4.34
MH and SA OP Services	J0573		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg; (may be billed in sufficient increments to achieve appropriate dose, may be combined with one unit of J0572 as medically necessary)	\$7.76
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