



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter CBHC-1  
December 2022

**TO:** Community Behavioral Health Centers Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth

**RE:** *Community Behavioral Health Center Manual* (New Provider Manual, Regulations, and Service Codes)

Effective January 1, 2023, MassHealth will establish a new provider type for Community Behavioral Health Centers. This letter transmits a new provider manual and program regulations at 130 CMR 448.000 for Community Behavioral Health Center Services.

**New Provider Manual: Community Behavioral Health Center**

The *Community Behavioral Health Center Manual* includes administrative and billing regulations for all providers as Subchapters 1-3. Instructions and other information relevant to all providers are reproduced in Subchapter 5 and all provider appendices.

Provider-specific information about community behavioral health center services are listed in Subchapter 4 and Subchapter 6.

**New Regulation: 130 CMR 448.000 (Subchapter 4 of the Community Behavioral Health Center Manual)**

130 CMR 448.000: *Community Behavioral Health Center Services* establishes a new provider type and standalone provider regulation for community behavioral health centers enrolled as MassHealth providers. The new regulation

- establishes definitions to reflect programmatic and industry expectations;
- establishes programmatic requirements for designated community behavioral health center providers;
- establishes provider eligibility, enrollment processes and revocation processes, notice and reports, site visits, and recordkeeping requirements to reflect program integrity principles;
- establishes maximum allowable fees, and non-reimbursable services sections to clarify billing;
- establishes a scope of services section to designate and delineate required and optional services;
- establishes the staff composition requirements to outline minimum staff requirements, and personnel qualifications;
- establishes the supervision, training, and staff requirements to clarify requirements; and
- establishes qualifications requirements for staff members rendering billable services.

These regulations are effective January 1, 2023.

## **New Subchapter 6: Community Behavioral Health Center Services**

Subchapter 6 of the *Community Behavioral Health Center Manual* establishes the covered codes for community behavioral health center services.

### **Rates**

Rates for CBHCs participating in MassHealth are set by regulation by the Executive Office of Health and Human Services and available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations).

The applicable rate regulations for codes established in the Subchapter 6 of this *Community Behavioral Health Center Manual* are 101 CMR 305.00: *Rates for Behavioral Health Services Provided in Community Behavioral Health Centers*, 101 CMR 306.00: *Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers*, 101 CMR 329.00: *Rates for Psychological and Independent Clinical Social Work Services*, 101 CMR 346.00: *Rates for Certain Substance-Related and Addictive Disorders Programs*, 101 CMR 352.00: *Rates of Payment for Certain Children's Behavioral Health Services*, 101 CMR 362.00: *Rates for Community Support Program Services*, and 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services*.

### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

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### **Questions**

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.

### **NEW MATERIAL**

(The pages listed here contain new or revised language.)

#### **Community Behavioral Health Center Manual**

Pages iv, 4-1 through 4-32, vi, and 6-1 through 6-10

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#### 448.401: Introduction

130 CMR 448.000 establishes requirements for participation of community behavioral health centers in MassHealth. All community behavioral health centers participating in MassHealth must comply with the MassHealth regulations, including but not limited to, 130 CMR 448.000 and 130 CMR 450.000: *Administrative and Billing Regulations*.

#### 448.402: Definitions

The following terms used in 130 CMR 448.000 have the meanings given in 130 CMR 448.402 unless the context clearly requires a different meaning.

Adult Community Behavioral Health Center (CBHC) Services – CBHC services provided to clients 21 years of age or older as referenced in 130 CMR 448.412(A)(1) through (5).

Adult Community Crisis Stabilization (Adult CCS) – adult CCS is a community-based program that serves as a medically necessary, less-restrictive alternative to inpatient psychiatric hospitalization when clinically appropriate and provides short-term staff-secure, safe, and structured crisis stabilization and treatment services for individuals 18 years of age or older with mental health and substance use disorders. Stabilization and treatment also includes the capacity to provide induction onto and bridging for medication for the treatment of opioid use disorders (MOUD) and withdrawal management for opioid use disorders (OUD) as clinically indicated.

Adult Mobile Crisis Intervention (AMCI) – a community-based behavioral health service available 24/7/365 and providing short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization to individuals 21 years of age or older experiencing a behavioral health crisis. Services may be provided in community-based settings outside the CBHC, at the CBHC, or in emergency department sites of services to support stabilization for transition into the community, when necessary. Services may also be provided via telehealth. The purpose is to identify, assess, treat, and stabilize the situation and reduce the immediate risk of danger to the individual or others consistent with the individual’s risk management/safety plan, if any.

Adverse Incident – an occurrence that represents actual or potential serious harm to the well-being of a member, or to others under the care of the community behavioral health center. Adverse incidents may be the result of the actions of a member served, actions of a staff member providing services, or incidents that compromise the health and safety of the member receiving treatment at the center, or the operations of the center.

Behavioral Health Disorder – any disorder pertaining to mental health or substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

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Case Consultation – intervention, including scheduled audio-only telephonic, audio-video, or in person meetings, for behavioral and medical management purposes on a member’s behalf with agencies, employers, or institutions which may include the preparation of reports of the member’s psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.

Certified Peer Specialist (CPS) – a person who has been trained by an agency approved by the Department of Mental Health (DMH) who is a self-identified person with lived experience of a mental health disorder and wellness who can effectively share their experiences and serve as a mentor, advocate, or facilitator for a member experiencing a mental health disorder.

Child and Adolescent Needs and Strengths (CANS) – a tool that provides a standardized way to organize information gathered during behavioral health clinical assessments. A Massachusetts version of the tool has been developed and is intended to be used as a treatment decision support tool for behavioral health providers serving MassHealth members under the age of 21.

Communication Protocol – formal descriptions of policies, processes, and procedures that allow two or more providers to exchange information.

Community Behavioral Health Center (CBHC or Center) – an entity that serves as a hub of coordinated and integrated behavioral health disorder treatment for individuals of all ages, including routine and urgent behavioral health outpatient services, mobile crisis services for adults and youth, and community crisis stabilization services for adults and youth.

Couple Therapy – psychotherapeutic services provided to a couple whose primary complaint is the disruption of their marriage, family, or relationship.

Crisis Intervention – an urgent evaluation including assessment of risk, diagnosis, short-term intervention and rendering of a disposition for a member’s presenting crisis, which may include referral to an existing or new behavioral health provider.

Diagnostic Evaluation Services – the examination and determination of a member’s physical, psychological, social, economic, educational, and vocational assets and disabilities for the purpose of designing a treatment plan.

Direct and Continuous Supervision – ongoing supervision provided to unlicensed staff and not independently licensed staff at a frequency of no less than one hour of supervision per week for full-time employees. Supervision time may be pro-rated based on scheduled hours for employees employed less than full-time. Direct and continuous supervision must be delivered by an independently licensed staff member or certified peer supervisor who is employed by the agency.

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Enhanced Structured Outpatient Addiction Program (E-SOAP): American Society of Addiction Medicine (ASAM) Level Intensive Outpatient Services – a program that provides short-term, clinically intensive, structured day and/or evening substance use disorder (SUD) services. E-SOAP specifically serves specialty populations including: homeless individuals and people at risk of homelessness, pregnant individuals, and adolescents. E-SOAP services must meet requirements as set forth in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

Family Consultation – a scheduled meeting with one or more of the parents, legal guardian, or foster parents of a child who is being treated by clinical staff at the center, when the parents, legal guardian, or foster parents are not clients of the center.

Family Therapy – the psychotherapeutic treatment of more than one member of a family simultaneously in the same visit.

Group Therapy – the application of psychotherapeutic or counseling techniques to a group of persons, most of whom are not related by blood, marriage, or legal guardianship.

Individual Therapy – psychotherapeutic services provided to an individual.

Intensive Outpatient Program (IOP) – a mental health treatment service that provides time-limited, multidisciplinary, multimodal structured treatment in an outpatient setting for individuals requiring a clinical intensity that exceeds outpatient treatment. Services include individual, group, and family therapy as well as case management services.

Massachusetts Prescription Awareness Tool (MassPAT) – a tool used when prescribing opioids to check a patient’s prescription history, required by law in M.G. L. c. 94C Section 24A. Results must be referenced and documented prior to prescribing a Schedule II or III narcotic drug or a benzodiazepine to support safe prescribing and dispensing of medications. MassPAT is a part of the prescription monitoring program through the Department of Public Health.

Medication Visit – a member visit specifically for prescription, review, and monitoring of psychotropic medication by a psychiatrist, psychiatric clinical nurse specialist, Advanced Practice Registered Nurse (APRN), or Physician Assistant, or administration of prescribed intramuscular medication by a physician, nurse, or Physician Assistant.

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Mental Health Disorder – any disorder pertaining to mental health as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Multiple-family Group Therapy – the treatment of more than one family unit, at the same time in the same visit, by one or more authorized staff members. There is more than one family member present per family unit and at least one of the family members per family unit must be an identified patient of the center.

Outreach – mental health and/or substance use disorder treatment services being delivered by a clinical or paraprofessional staff member of the center off the premises of the community behavioral health center, including but not limited to services in members’ homes or other community environments.

Peer Recovery Coach – an individual currently in recovery who has lived experience with substance use and other addictive disorders and/or co-occurring mental health disorders and has been trained to help their peers with a similar experience to gain hope, explore recovery, and achieve life goals. Peer recovery coaches must meet requirements as set forth in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

Pharmacotherapy – providing therapeutic treatment with pharmaceutical drugs.

Physician – an individual licensed by the Massachusetts Board of Registration in Medicine in accordance with M.G.L. c. 112, § 2.

Psychological Testing – the use of standardized test instruments to evaluate aspects of an individual’s functioning, including aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology, subject to the limitations of 130 CMR 411.000: *Psychologist Services*.

Quality Management Program – a systematic and ongoing process for monitoring, evaluating, and improving the quality and appropriateness of services provided to members, with focused attention on addressing cultural, ethnic, and language needs.

Recovery Support Navigator – a paraprofessional specialist who receives specialized training in the essentials of substance use disorder and evidence-based techniques such as motivational interviewing, and who supports members in accessing and navigating the substance use disorder treatment system through activities that can include care coordination, case management, and motivational support. Recovery Support Navigators must meet requirements as set forth in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

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Release of Information (ROI) – a document that allows a patient to authorize and revoke what information they want to release from their patient record, who it can be released to, how long it can be released for, and under what statutes and guidelines it is released.

Structured Outpatient Addiction Program (SOAP): ASAM Level Intensive Outpatient Services – a substance use disorder treatment service that provides short-term, multidisciplinary, clinically intensive structured treatment to address the sub-acute needs of members with substance use disorders and/or co-occurring disorders. These services may be used as a transition service in the continuum of care toward lower intensity outpatient services or accessed directly. SOAP services must meet requirements as set forth in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

Substance Use Disorder – any disorder pertaining to substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Supervised Clinical Experience – a clinician’s experience providing diagnostic and treatment services to individuals, families, and groups of individuals under the direct and continuous supervision of a qualified independently licensed professional as set forth in 130 CMR 448.423, who is employed by the same agency as the supervisee.

Telehealth – the use of synchronous or asynchronous audio, video, electronic media, or other telecommunications technology, including, but not limited to

- (1) interactive audio-video technology;
- (2) remote patient monitoring devices;
- (3) audio-only telephone; and
- (4) online adaptive interviews

for the purpose of evaluating, diagnosing, consulting, prescribing, treating, or monitoring of a patient's physical health, oral health, mental health, or substance use disorder condition.

Urgent Behavioral Health Needs – needs characterized by changes in behavior or thinking, role dysfunction, emerging intent of self-injury, or threats to others. Urgent behavioral health needs do not rise to the level of immediate risk of harm to self or others.

Youth CBHC Services – services provided to children and youth younger than 21 years of age as referenced in 130 CMR 448.412(A)(1) through (5).

Youth Community Crisis Stabilization (YCCS) – staff-secure, safe, and structured crisis stabilization and treatment services in a community-based program that provides active treatment that includes restoration of functioning; strengthening the resources and capacities of the youth, family, and other natural supports; and ensuring a timely return to previous living environment to individuals up to and including 18 years of age.



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Youth Mobile Crisis Intervention (YMCI) – a community-based behavioral health service available 24/7/365 providing short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization to individuals younger than 21 years of age experiencing a behavioral health crisis. Transition-aged youth older than 17 years of age and younger than 21 years of age may be served by adult-trained clinicians with a certified peer specialist instead of a family partner based on an individual’s clinical needs. Services may be provided in community-based settings outside the CBHC, at the CBHC, or in emergency department sites of services to support stabilization for transition into the community. Services may be provided via telehealth. The purpose is to identify, assess, treat, and stabilize the situation and reduce the immediate risk of danger to the youth or others consistent with the youth’s risk management/safety plan, if any.

#### 448.403: Eligible Members

(A) MassHealth Members. MassHealth covers community behavioral health center services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in the MassHealth agency’s regulations. Covered services for each MassHealth coverage type are set forth in 130 CMR 450.105: *Coverage Types*.

(B) Members of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, *see* 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program*.

(C) For information on verifying member eligibility and coverage type, *see* 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

(D) For limitations on mental health disorder and substance use disorder services provided to members enrolled with a MassHealth managed care provider, *see* 130 CMR 450.105: *Coverage Types* and 130 CMR 450.124: *Behavioral Health Services*.

#### 448.404: Provider Eligibility

- (A) A center is eligible to participate only if the center is
- (1) physically located within the Commonwealth of Massachusetts;
  - (2) enrolled as a Medicare provider;
  - (3) enrolled with the MassHealth agency as a billing provider as evidenced by the issuance of a Provider Identification and Service Location (PIDSL) number for the provision of community behavioral health center services;
  - (4) licensed by DPH as
    - (a) a clinic with a mental health service designation and a substance use disorder service designation; or
    - (b) a hospital or hospital satellite that provides outpatient mental health and substance use disorder services;

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(5) certified by the DPH Bureau of Substance Addiction Services through a Certificate of Approval for Substance Use Disorder services for outpatient counseling and outpatient withdrawal management; and

(6) holding a current Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver.

(B) Each center must meet the requirements listed in 130 CMR 448.000 in order to be enrolled by the MassHealth agency.

(C) Payment for services described in 130 CMR 448.000 will be made only to community behavioral health centers participating in MassHealth on the date of service.

#### 448.405: Provider Enrollment Process

(A) A separate, complete application for enrollment as a community behavioral health center must be submitted for each clinic location. The applicant must submit the appropriate provider enrollment application to the MassHealth agency. The MassHealth agency may request additional information or perform a site inspection to evaluate the applicant's compliance with the regulations in 130 CMR 448.000.

(1) Based on the information in the enrollment application, information known to the MassHealth agency about the applicant, and the findings from any site inspection deemed necessary, the MassHealth agency will determine whether the applicant is eligible for enrollment.

(2) The MassHealth agency will notify the applicant of the determination in writing within 60 days of the MassHealth agency receiving a completed application. An application will not be considered complete until the applicant has responded to all MassHealth requests for additional information, and MassHealth has completed any required site inspection.

(B) If the MassHealth agency determines that the applicant is not eligible for enrollment, the notice will contain a statement of the reasons for that determination, including but not limited to incomplete application materials and recommendations for corrective action, if appropriate, so that the applicant may reapply for enrollment once corrective action has been completed.

(C) The enrollment is valid only for the center or centers described in the application and is not transferable to other centers operated at other locations by the applicant. Any additional center established by the applicant at another location must separately apply for enrollment and be enrolled with the MassHealth agency to receive payment.

#### 448.406: Required Notifications and Reports

(A) Annual Report. Each community behavioral health center must submit a completed annual report, on forms furnished by the MassHealth agency, and file them with the MassHealth agency annually. The report must include at minimum

(1) a statement that the program has reviewed and updated as necessary its written policies and procedures during the reporting period. Each program must provide a copy of the

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program's written policies and procedures as requested by the MassHealth agency;

(2) a list of Center Administrative and Clinical Management Staff identified in 130 CMR 448.413(C) that includes the following information: staff name, license number, type of license, and board certification, if applicable, and a list of the clinical supervisor for any clinical staff who are unlicensed or independently licensed;

(3) a statement describing the current language capacities, capacity to provide services to specialized populations, and utilization of trauma-informed modalities of the center;

(4) written attestation that the center is in compliance with 130 CMR 448.000; and

(5) any other information that the MassHealth agency may request.

(B) For each CANS assessment conducted, each center must report data collected during the assessment to the MassHealth agency, in the manner and format specified by the MassHealth agency.

(C) Adverse Incident Reports. Each center must report adverse incidents to the MassHealth agency within 24 hours of discovery of the incident, or, if the incident occurs on a holiday or weekend, on the next business day, in a format specified by the MassHealth agency.

(D) Each center must inform the MassHealth agency within 15 days of any citation or loss of licensure or accreditation issued to the center by another agency, including but not limited to the Department of Public Health, an out of state provider's relevant state licensing agency, The Joint Commission, or the Commission on Accreditation of Rehabilitation Facilities (CARF), or changes to or loss of Medicare participation and enrollment.

(E) Each center must comply with all reporting requirements that may pertain to the practice, facility, or staffing of the center as directed by the MassHealth agency.

#### 448.407: Revocation of Enrollment and Sanctions

(A) The MassHealth agency has the right to review a community behavioral health center's continued compliance with the conditions for enrollment referred to in 130 CMR 448.405 and the reporting requirements in 130 CMR 448.406 upon reasonable notice and at any reasonable time during the center's hours of operation. The MassHealth agency has the right to revoke the enrollment, subject to any applicable provisions of 130 CMR 450.000: *Administrative and Billing Regulations*, if such review reveals that the center has failed to or ceased to meet such conditions.

(B) If the MassHealth agency determines that there exists good cause for the imposition of a lesser sanction than revocation of enrollment, it may withhold payment, temporarily suspend the center from participation in MassHealth, or impose some other lesser sanction as the MassHealth agency sees fit, pursuant to the processes set forth in 130 CMR 450.000: *Administrative and Billing Regulations*, as applicable.

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#### 448.408: Maximum Allowable Fees

(A) The MassHealth agency pays for community behavioral health center services with rates set by the Executive Office of Health and Human Services (EOHHS), subject to the conditions, exclusions, and limitations set forth in 130 CMR 448.000. EOHHS fees for community behavioral health center services are contained in 101 CMR 305.00: *Rates for Behavioral Health Services Provided in Community Behavioral Health Centers*.

(B) Administrative Operations. Payment by the MassHealth agency for community behavioral health center services includes payment for administrative operations and for all aspects of service delivery not explicitly included in 130 CMR 448.000, such as, but not limited to

- (1) completion of member registration and intake, which may be completed on a telephonic or walk-in basis, and must include accumulating and recording at least the minimally required member information necessary to facilitate diagnostic evaluation services, including the members' presenting concern, and for referral to an appropriate provider or service;
- (2) communication with members or other parties that may include processes for appointment reminders or coordination of care;
- (3) staff supervision or consultation with another staff member within the community behavioral health center;
- (4) providing information for the coordination of referrals; and
- (5) recordkeeping.

#### 448.409: Nonreimbursable Services

(A) Nonmedical Services. The MassHealth agency does not pay community behavioral health centers for nonmedical services. These services include, but are not limited to, the following:

- (1) vocational rehabilitation services;
- (2) sheltered workshops (a program of vocational counseling and training in which participants receive paid work experience or other supervised employment);
- (3) educational services;
- (4) recreational services (play therapy, the use of play activities with a child in an identified treatment setting as an alternative to strictly verbal expression of conflicts and feelings, is not considered a recreational service and is reimbursable); and
- (5) life enrichment services (ego enhancing services such as workshops or educational courses provided to functioning persons).

(B) Nonmedical Programs. The MassHealth agency does not pay for diagnostic and treatment services that are provided as an integral part of a planned and comprehensive program that is organized to provide primarily nonmedical or other nonreimbursable services. Such programs include residential programs, day activity programs, drop-in centers, and educational programs.

(C) Research and Experimental Treatment. The MassHealth agency does not pay for research or experimental treatment.

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(D) Referrals. A provider to whom a member is referred must bill the MassHealth agency directly for any services rendered as a result of the referral, not through the community behavioral health center. In order to receive payment for referral services, the rendering provider must be a participating provider in MassHealth on the date of service. (*See* 130 CMR 448.412(A)(7)).

#### 448.410: Site Inspections

(A) The MassHealth agency may, at any time, conduct announced or unannounced site inspections of any center to determine compliance with applicable regulations. Such site inspections need not pertain to any actual or suspected deficiency in compliance with the regulations.

(B) After any site inspection where deficiencies are observed, the MassHealth agency will prepare a written site inspection report. The site inspection report will include the deficiencies found, and the period within which the deficiency must be corrected. The center must submit a corrective action plan, within the timeframe set forth by the MassHealth agency, for each of the deficiencies cited in the report, including the specific corrective steps to be taken, a timetable for these steps, and the date by which full compliance will be achieved. The MassHealth agency will review the corrective action plan and will accept the corrective action plan only if it conforms to these requirements.

#### 448.411: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

The MassHealth agency pays for all medically necessary community behavioral health center services for EPSDT eligible members in accordance with 130 CMR 450.140 *et seq.*, without regard to service limitations described in 130 CMR 448.000, and with prior authorization.

#### 448.412: Scope of Services

(A) Required Services. Each center must have services available to treat a wide range of behavioral health disorders, including co-occurring substance use disorders. All services must be clinically determined to be medically necessary and appropriate and must be delivered by qualified staff in accordance with 130 CMR 448.415, and as part of the treatment plan in accordance with 130 CMR 448.412(A)(3). A center must have the capacity to provide at least the services set forth in 130 CMR 448.412(A). In certain rare circumstances, the MassHealth agency may waive the requirement that the center directly provide one or more of these services if the center has a written referral agreement with another source of care to provide such services and makes such referrals according to the provisions of 130 CMR 448.412(A)(7).

(1) Intake Services. Intake services must be completed on the initial date of service. Intake must include

- (a) a brief assessment to determine appropriate services; and
- (b) triage to appropriate services.

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(2) Diagnostic Evaluation Services.

(a) Diagnostic Evaluation Services that may occur on a member's initial date of service or over subsequent visits to complete the diagnostic evaluation, develop a treatment plan, and substantiate treatment rendered, must include

1. an assessment of the current status and history of the member's physical and psychological health, including any current or former substance use;
2. current and former behavioral health disorder treatment, or any other related treatment, including pharmacotherapy or substance use disorder treatment; and
3. current and former social, economic, developmental, and educational functioning, describing both strengths and needs.

(b) As treatment progresses, further diagnostic information must be gathered and documented to inform longitudinal treatment planning.

(c) For members younger than 21 years of age, a CANS assessment must be completed during the initial behavioral health assessment before the initiation of therapy and be updated at least every 90 days thereafter by a CANS-certified provider.

(3) Treatment Planning Services.

(a) Each center must complete a treatment plan for every member receiving ongoing treatment by the later of the member's fourth visit or 30 days after the initiation of treatment. Where an existing written treatment plan has been completed by a different provider prior to the member's initiation of treatment with the center, the center may rely on such treatment plan, provided that the treatment plan satisfies the requirements of 130 CMR 448.412(A)(3), and that the center reviews the treatment plan and updates the treatment plan as clinically appropriate upon initiation of treatment.

(b) The member's written treatment plan must be appropriate to the member's presenting complaint or problem and based on information gathered during the intake and diagnostic evaluation process.

(c) The treatment plan must be in writing, and must include at least the following information, as appropriate to the member's presenting complaint or problem:

1. identified problems and needs relevant to treatment and discharge expressed in behavioral, descriptive terms;
2. the member's strengths and needs;
3. measurable treatment goals addressing identified problems, with time guidelines for accomplishing goals and working towards discharge;
4. identified clinical interventions, including pharmacotherapy, to obtain treatment goals;
5. evidence of member's input in formulation of the treatment plan, for example, the member's stated goals, and direct quotes from the member;
6. clearly defined staff responsibilities and assignments for implementing the plan;
7. the date the plan was last reviewed or revised; and
8. the signatures and licenses or degrees of staff involved in the review or revision.

(d) Treatment plans must be updated at least every six (6) months or sooner in the event of a significant change in clinical presentation or treatment needs, which may include, but is not limited to, admission to inpatient level of care or initiation of psychopharmacology or therapy services.

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(e) Upon the member meeting the goals and objectives within the treatment plan, a written discharge summary must be completed by the clinician that describes the member's response to the course of treatment and referrals to aftercare and other resources.

(4) Case and Family Consultation and Therapy Services. These services must include case and family consultation, individual, group, couple, and family therapies provided by or supervised by the mental health professionals identified in 130 CMR 448.413.

(5) Pharmacotherapy Services.

(a) Pharmacotherapy services must include, but are not limited to, an assessment of the patient's

1. psychiatric symptoms and disorders;
2. health status including medical conditions and medications;
3. use or misuse of alcohol or other substances; and
4. prior experience with psychiatric medications.

(b) Pharmacotherapy services must include medication prescribing, reviewing, and monitoring.

(c) Pharmacotherapy services must be provided by an appropriately licensed individual with the authority to prescribe medications.

(d) Pharmacotherapy services may be provided by a provider that is not employed by the center, who is operating under a documented agreement with the center.

(e) These requirements do not preclude the one-time administration of a medication in an emergency in accordance with a prescribing practitioner's order.

(f) Storage and administration of medications must be limited to the scope of the center's DPH clinic licensure referred to in 105 CMR 140.357 and 105 CMR 140.520.

(g) The center must have the capacity to conduct medical monitoring of pharmacotherapy for behavioral health conditions and must address requests such as prescription refills and/or medication questions related to behavioral health. These activities will include documentation of

1. vital signs;
2. updated medication lists;
3. reviewing side effects;
4. performing medication adjustment;
5. prescribing of
  - a. Buprenorphine, including for same-day induction, bridging, and maintenance for members 16 and older, including treatment referral services for follow-up treatment;
  - b. Oral Naltrexone. Storage and administration of medications must be limited to the scope of the center's DPH clinic licensure; providers are encouraged to check MassPAT prior to prescribing MOUD; and
  - c. Antipsychotic medications that require monitoring.

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(h) The center must provide access to and distribution of Naloxone. The center must have a Massachusetts Controlled Substance Registration to store Naloxone on-site. The center must have at least one staff member trained in the administration of Naloxone onsite 24/7. Distribution or administration of Naloxone must be documented in the member's medical record.

(6) Crisis Intervention Services. Each center must provide clinic coverage to respond to members experiencing a crisis 24 hours per day, seven days per week, 365 days per year.

(a) During business hours, clinic coverage must include, at minimum, crisis evaluation by a qualified professional and triage to appropriate services for the member's presenting crisis.

(b) After hours crisis intervention services must include live telephonic access to qualified professionals and, if indicated, triage in real-time to an appropriate provider to determine whether a higher level of care and/or additional diversionary services are necessary. A pre-recorded message will not fulfill the requirement for access to a qualified professional.

(c) During standard hours of operation, each center must provide individual and family crisis counseling.

(7) Mobile Crisis Intervention Services. Each center must provide the following mobile crisis intervention services 24 hours per day, seven days per week, 365 days per year.

(a) Adult Mobile Crisis Intervention (AMCI). AMCI must utilize a multidisciplinary team, and AMCI services must include

1. capacity to screen for substance intoxication or withdrawal, and to provide access to medications for opioid use disorder for induction and urgent psychopharmacology;
2. adherence to the Expedited Psychiatric Inpatient Admissions (EPIA) protocol;
3. telehealth services as requested and clinically appropriate;
4. continued crisis intervention and stabilization services, including follow-up care, as clinically indicated, for up to 72 hours after the initial day of service;
5. a disposition plan that includes referrals to the least-restrictive, clinically appropriate levels of care, and follow-up instructions and when a member requires 24-hour level of care, AMCI teams will facilitate admission to such levels of care; and
6. care coordination with existing medical and behavioral health providers and existing social service providers, as clinically indicated.

(b) Youth Mobile Crisis Intervention (YMCI). YMCI must utilize a multidisciplinary team, and YMCI services must include

1. capacity to screen for substance intoxication or withdrawal, and to provide access to medications for opioid use disorder for induction and urgent psychopharmacology;
2. capacity to assess for parent/guardian/caregiver strengths and resources to identify how such strengths and resources impact their ability to care for the youth's behavioral health needs;
3. adherence to the Expedited Psychiatric Inpatient Admissions (EPIA) protocol;
4. telehealth services as clinically appropriate and agreed upon by the member;
5. continued crisis intervention and stabilization services, including follow-up care, as clinically indicated, for up to seven days after the initial day of service;



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6. a disposition plan that includes referrals to appropriate levels of care, and follow-up instructions, and when a member requires 24-hour level of care, YMCI teams will facilitate admission to such levels of care; and
  7. care coordination with existing medical and behavioral health providers and existing social service providers, as clinically indicated.
- (8) Community Crisis Stabilization Services. Each center must provide access to the following community crisis stabilization services 24 hours per day, seven days per week, 365 days per year.
- (a) Adult Community Crisis Stabilization (Adult CCS). Each center providing Adult CCS must utilize a multidisciplinary team, and Adult CCS services must include
    1. crisis stabilization and treatment;
    2. care coordination;
    3. induction for FDA-approved medications for opioid use disorder;
    4. psychiatric evaluation and medication management;
    5. peer support and/or other recovery-oriented services;
    6. daily re-evaluation and assessment of readiness for discharge; and
    7. psychoeducation, including information about recovery, wellness, and crisis self-management
  - (b) Youth Community Crisis Stabilization (YCCS). Each center providing YCCS must utilize a multidisciplinary team, and YCCS services must include
    1. Intensive Therapeutic Milieu (1:3 minimum Direct Care: youth ratio);
    2. comprehensive assessment;
    3. pharmacological evaluation and treatment (including daily medication reconciliation);
    4. treatment planning that develops a youth- and family-centered treatment plan that specifies the goals and actions to address the medical, social, therapeutic, educational, and other strengths and needs of the youth;
    5. daily wellness and therapy services focused on skills building and stabilization;
    6. parent/caregiver contact and involvement; and
    7. development of behavioral plans and crisis/safety plans.
- (9) Referral Services.
- (a) Each center must have written policies and procedures for addressing a member's behavioral health disorder needs that exceed the scope of services provided by the center, including but not limited to substance use disorder needs. Policies and procedures must minimally include personnel, referral, coordination, and other procedural commitments to address the referral of members to the appropriate health care providers.
  - (b) When referring a member to another provider for services, each center must ensure continuity of care, exchange of relevant health information, such as test results and records, and avoidance of service duplication between the center and the provider to whom a member is referred. Each center must also ensure that the referral process is completed successfully and documented in the member's medical record.
  - (c) In the case of a member who is referred to services outside of the center, the rendering provider must bill the MassHealth agency directly for any services rendered to a member. The rendering provider may not bill through the referring community behavioral health center.

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(10) Medical Services.

(a) Each center must conduct withdrawal management for individuals with opioid use disorder who do not meet inpatient level of care, with or without extended onsite monitoring in a stable environment that ensures patient confidentiality, dignity, and privacy for members. These services must be in compliance with requirements referred to in 130 CMR 418.000: *Substance Use Disorder Treatment Services* and 105 CMR 164.000.

(b) Each center must offer on-site toxicology screenings including collection and testing of specimens using CLIA-waived testing procedures, including rapid or point-of-care testing, at all locations to support medication initiation, withdrawal management, and ongoing treatment for both mental health and substance use disorders.

(c) Each center must conduct screenings for health indicators based on member presentation and refer members to primary care and/or specialized providers for further assessment or treatment as clinically appropriate.

(11) Certified Peer Specialist (CPS) Services. The MassHealth agency will pay for CPS services that promote empowerment, self-determination, self-advocacy, understanding, coping skills, and resiliency through a specialized set of activities and interactions when provided by a qualified Certified Peer Specialist to an individual with a mental health disorder.

(12) Peer Recovery Coach Services. The MassHealth agency will pay for peer recovery coach services delivered by centers in conformance with all applicable sections of 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

(13) Recovery Support Navigator Services. The MassHealth agency will pay for recovery support navigator services delivered by centers in conformance with all applicable sections of 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

(14) Community Support Program (CSP). The MassHealth agency will pay for community support program services delivered by centers in conformance with all applicable sections of 130 CMR 461.000: *Community Support Program Services*.

(B) Optional Services. The below services are reimbursed by the MassHealth agency and are intended to complement the required services set forth in 130 CMR 448.421(A). The following services set forth in 130 CMR 448.421(B) are billable services and are allowed but not required to be provided by a center. All optional services provided by the center will be set forth and documented in a member's Treatment Plan developed pursuant to 130 CMR 448.421(A)(2).

(1) Psychological Testing. The MassHealth agency will pay for Psychological Testing services delivered by centers in conformance with all applicable sections of 130 CMR 411.000: *Psychologist Services*.

(2) Structured Outpatient Addiction Program (SOAP). The MassHealth agency will pay for SOAP services delivered by centers in conformance with all applicable sections of 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

(3) Enhanced Structured Outpatient Addiction Program (E-SOAP). The MassHealth agency will pay for E-SOAP services delivered by centers in conformance with all applicable sections of 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

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(4) Intensive Outpatient Program (IOP). The MassHealth agency will pay for IOP services delivered by centers in conformance with all applicable sections of 130 CMR 429.000: *Mental Health Center Services*.

#### 448.413: Staff Composition Requirements

(A) Minimum Staffing Requirements. Each center must meet the minimum staffing and staff composition requirements outlined in 130 CMR 448.413 to adequately provide the required scope of services set forth in 130 CMR 448.412. The staff must include other related behavioral health professionals as appropriate to meet the needs of members, which includes staff necessary for the provision of intake, diagnostic evaluation, and treatment services. All licensure staffing requirements must be met.

(B) Minimum Staffing Composition.

(1) Psychiatrists. Each center must employ, whether on staff or by contract, at least one psychiatrist licensed by the Massachusetts Board of Registration in Medicine pursuant to M.G.L. c. 112, §§ 2 through 12DD; c. 112 §§ 61 through 65 and 88, and 243 CMR 2.00: *Licensing and the Practice of Medicine*, and certified by the American Board of Psychiatry and Neurology, the American Osteopathic Board of Neurology and Psychiatry, or board eligible for such certification. Such psychiatrist will be responsible for prescribing, or monitoring and supervising the prescription of, all medications.

(2) Psychopharmacology Staff.

(a) Prescribers of Medication for the Treatment of Opioid Use Disorders. Each center must employ a board-certified or board-eligible psychiatrist or other prescriber of medication for the treatment of opioid use disorders who possesses DEA X waiver registrations for prescribing of medication for the treatment of opioid use disorders sufficient to meet regional need.

(b) Medical Assistants or Phlebotomists. Each center must employ a medical assistant or phlebotomist to draw blood using needles and other equipment, obtain toxicology samples, label samples correctly, and send them for testing as appropriate. Medical assistants may also assist with vital signs, height/weight, and other relevant health data.

(3) Multidisciplinary Staff. In addition to the requirements under 130 CMR 448.413(B)(1) and (2) each center must employ a multidisciplinary staff that includes at least two of the following behavioral health professionals.

(a) Psychologist. A psychologist licensed by the Massachusetts Board of Registration of Psychologists, and specializing in clinical or counseling psychology, or a closely related specialty, pursuant to M.G.L. c. 112, §§ 118 through 127 and 251 CMR 3.00: *Registration of Psychologists*.

(b) Social Worker. An independent clinical social worker licensed by the Massachusetts Board of Registration of Social Workers pursuant to M.G.L. c. 13, §84 and 258 CMR 9.00: *Licensure Requirements and Procedures*.

(c) Licensed Mental Health Counselor. A licensed mental health counselor licensed by the Board of Registration of Allied Mental Health and Human Services Professions pursuant to M.G.L. c. 112, § 165 and 262 CMR 2.00: *Requirements for Licensure as a Mental Health Counselor*.

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(d) Licensed Marriage and Family Therapist. A marriage and family therapist licensed by the Board of Registration of Allied Mental Health and Human Services Professions pursuant to M.G.L. c. 112, §§ 163 through 172 and 262 CMR 3.00: *Requirements for Licensure as a Marriage and Family Therapist*.

(e) Registered Nurse (RN). A registered nurse licensed by the Board of Registration in Nursing pursuant to M.G.L. c. 112, § 80B and 244 CMR 3.00: *Registered Nurse and Licensed Practical Nurse*.

(f) Certified Peer Specialists. The center must employ at least one certified peer specialist. Certified peer specialists must meet all applicable sections of 130 CMR 448.000.

(g) Recovery Support Staff. The center must employ at least one recovery support navigator or at least one peer recovery coach staff member. Recovery support navigators and peer recovery coach staff shall meet all applicable sections of 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

(h) Advanced Practice Registered Nurse. An advanced practice registered nurse who specializes in psychiatric treatment as follows.

1. Psychiatric Nurse. A registered nurse with a master's degree in psychiatric nursing licensed by the Board of Registration in Nursing pursuant to M.G.L. c. 112, § 80B and 244 CMR 4.00.

2. Psychiatric Clinical Nurse Specialist. A psychiatric clinical nurse specialist licensed by the Board of Registration in Nursing pursuant to M.G.L. c. 112, § 80B and 244 CMR 4.00.

(i) Licensed Alcohol and Drug Counselor I. An alcohol and drug counselor licensed by the Department of Public Health pursuant to 105 CMR 168.000.

(j) Other Licensed Mental Health and Substance Use Disorder Practitioners. Other mental health and substance use disorder practitioners licensed by the Division of Professional Licensure, the Department of Public Health, or any Board of Registration and deemed by the Department of Public Health to be mental health and substance use disorder professionals.

(k) Licensed Applied Behavior Analyst. An applied behavior analyst licensed by the Board of Registration of Allied Mental Health and Human Services Professions pursuant to M.G.L. c. 112, § 163 through 172 and M.G.L. c. 13, § 88 through 90.

(l) Staff to Administer Medication Services. In addition to the staff required in 130 CMR 448.413(B)(1) through (3), centers may optionally staff physicians, nurse practitioners, and Physician Assistants to support prescriptive practice and integrated medical services, inclusive of addiction medicine, within the center.

(C) Minimum Requirements for Center Administrative and Clinical Management Staff.

(1) Administrator. The community behavioral health center will designate one individual as administrator. The administrator is responsible for the overall operation and management of the center and for ensuring compliance with MassHealth regulations. The administrator will have previous training or experience in personnel, fiscal, and data management, as described in 130 CMR 448.421. The same individual may serve as both the administrator and clinical program director.

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(2) Clinical Program Director. The community behavioral health center will designate a professional staff member to be the clinical program director responsible for the direction and performance of all professional staff members and services. The same individual may be designated as both the administrator and the clinical program director. If the clinical program director is designated to a separate individual, the clinical program director reports to the administrator.

(a) The clinical program director will be independently licensed, certified, or registered to practice as a psychiatrist, psychologist, social worker, mental health counselor, marriage and family counselor, or advanced practice registered nurse and will be employed on a full-time basis.

(b) The specific responsibilities of the clinical program director include

1. selection of clinical staff and maintenance of a complete staffing schedule;
2. establishment of job descriptions and assignment of staff;
3. accountability for adequacy and appropriateness of member care;
4. in conjunction with the medical director, accountability for employing adequate psychiatric staff to meet the psychopharmacological needs of members;
5. establishment and maintenance of policies and procedures for member care;
6. provision of some direct member care in circumstances where the clinical director is one of the three minimum full-time equivalent staff members of the center;
7. program evaluation;
8. development of in-service training for professional staff; and
9. establishment of a Quality Management Program.

(3) Medical Director.

(a) Center. Each center will designate at least one board-certified or board-eligible psychiatrist, responsible for establishing all medical policies and protocols and for supervising all medical services provided by the staff. The medical director for the center will possess a DEA X waiver registration for prescribing medications for opioid use disorder (MOUD).

(b) YMCI and YCCS. A medical director overseeing the medical services provided in YMCI and YCCS will be a board-certified or board-eligible child psychiatrist. YMCI and YCCS services will be under the clinical and medical oversight of a single medical director. The same individual may serve as both the center, AMCI, Adult CCS, YMCI, and YCCS medical director.

(c) AMCI and Adult CCS. AMCI and Adult CCS services will be under the clinical and medical oversight of a single medical director. The medical director for the AMCI and Adult CCS services will possess a DEA X waiver registration for prescribing medications for opioid use disorder (MOUD). The same individual may serve as both the center, AMCI, Adult CCS, YMCI, and YCCS medical director.

(4) Psychiatrist or Advanced Practice Registered Nurse. The role of at least one psychiatrist or one advanced practice registered nurse will include the provision of psychiatric assessment, medication evaluations, and medical management and contribute to the comprehensive assessment and care planning, as clinically needed.

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- (5) Assistant Program Director. Each center will identify an independently licensed behavioral health clinician who will support the clinical program director with all leadership functions, including clinical and administrative oversight, and quality of care across the community behavioral health center.
- (6) Quality Director. Each center will identify an individual to provide dedicated quality oversight. The quality director, or their designees, will implement and provide oversight of quality management programs for all services provided by the center.
- (7) Clinical Supervisor. Each center will identify independently licensed behavioral health clinicians sufficient to meet the needs of the center who will provide clinical supervision to direct service staff within each of the community behavioral health center service components, including AMCI, YMCI, Adult CCS, and YCCS. Clinical supervisors of clinicians providing community behavioral health center services to children and adolescents must have at least two years of experience treating youth and/or families.
- (8) Nurse Manager. Each center will employ a nurse manager (RN) to
- (a) provide supervision to nursing staff and oversight across community behavioral health center service components;
  - (b) fill physician orders, administer medication, take vital signs, and coordinate medical care;
  - (c) contribute to comprehensive assessment;
  - (d) conduct brief crisis counseling and individualized risk management/safety planning;
  - (e) provide psycho-education to members; and
  - (f) assist with discharge planning and care coordination.
- (9) Each center will employ other staff necessary to support all administrative functions, such as clerical and security staff. Security staff will be trained with an approved behavioral support and management program, including skills in de-escalation, to maintain safety of all individuals and staff at all hours of operation.
- (D) Mobile Crisis Intervention Services Staff.
- (1) Adult Mobile Crisis Intervention must be provided under the direction of a physician and will utilize a multidisciplinary team minimally comprised of the following.
- (a) Clinical Program Director. An independently licensed, master's level clinician who will serve as the AMCI clinical program director. The clinical program director will be responsible for the clinical oversight and quality of care for AMCI services and will ensure the provision of all service components, including emergency or urgent consultations.
  - (b) Psychopharmacology Staff. At least one board-certified or board-eligible psychiatrist or advanced practice registered nurse (APRN) responsible for urgent psychopharmacology needs, including providing induction and bridging services for MOUD and a DEA X waiver to prescribe buprenorphine and experience treating individuals with SUD.
  - (c) Other Multidisciplinary Staff. Each AMCI program will employ master's and bachelor's-level clinicians and staff sufficient to meet the needs of the members served, pursuant to 130 CMR 418.413(B)(3) and (4), including conducting medical screening, ongoing monitoring, and disposition determinations. This AMCI staff will include

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at least one certified peer specialist, and at least one recovery support navigator or peer recovery coach.

(2) Youth Mobile Crisis Intervention (YMCI) must be provided under the direction of a physician, including a medical director, and will utilize a multidisciplinary team, including the following.

(a) Clinical Program Director. An independently licensed, master's level clinician who must serve as the YMCI clinical program director. The clinical program director must be responsible for the clinical oversight and quality of care for YMCI services and must ensure the provision of all service components, including emergency or urgent consultations.

(b) Psychopharmacology Staff. At least one board-certified or board-eligible child psychiatrist or advanced practice registered nurse (APRN) will be responsible for urgent psychopharmacology needs, including medication management evaluations.

(c) Multidisciplinary Staff. Each YMCI program will employ master's and bachelor's-level clinicians and staff sufficient to meet the needs of the members served, pursuant to 130 CMR 418.413(B)(3) and (4), including conducting medical screening, ongoing monitoring, and disposition determinations. This staff will include sufficient professional and paraprofessional staff to meet member needs.

(E) Community Crisis Stabilization Services Staff. Adult Community Crisis Stabilization Services (Adult CCS) must be provided under the direction of a physician and shall employ a multidisciplinary team, including the following.

(1) Clinical Program Director. An independently licensed, master's level clinician who will serve as the Adult CCS clinical program director. The clinical program director will be responsible for the clinical oversight and quality of care for Adult CCS services and will ensure the provision of all service components, including emergency or urgent consultations.

(2) Psychopharmacology Staff. Psychiatrist or advanced practice registered nurse (APRN) responsible for urgent psychopharmacology needs, providing induction and bridging services for MOUD and a DEA X waiver to prescribe buprenorphine and experience treating individuals with SUD.

(3) Nurse Manager. At least one nurse manager (RN) responsible for supervision of all nursing staff for Adult CCS services. The nurse manager must meet all requirements pursuant to 130 CMR 448.413(C)(8)(b) through (d).

(4) Multidisciplinary Staff. Each Adult CCS program will employ master's and bachelor's-level clinicians and staff sufficient to meet the needs of the members served, pursuant to 130 CMR 418.413(B)(3) and (4), including conducting medical screening, ongoing monitoring, and disposition determinations. This staff will include at least one certified peer specialist, or peer recovery coach, and at least one staff member per shift trained in CPR and one staff member per shift trained in the use of Naloxone in the event of overdose.

(F) Youth Community Crisis Stabilization (YCCS). YCCS must be provided under the direction of a physician, and will utilize a multidisciplinary team, including the following.

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(1) Clinical Program Director. An independently licensed, master's level clinician who will serve as the YCCS clinical program director. The clinical program director will be responsible for the clinical oversight and quality of care for YCCS services and will ensure the provision of all service components, including emergency or urgent consultations.

(2) Psychopharmacology Staff. At least one child psychiatrist or psychiatric advanced practice registered nurse (APRN) with child/youth training. The child psychiatrist will provide psychiatric assessment, medication evaluations, and medical management and will contribute to the comprehensive assessment and discharge planning. The program may employ a psychiatric advanced practice registered nurse (APRN) to provide psychiatric care, within the scope of their license and under the supervision of a medical director or another attending child psychiatrist.

(3) Nurse Manager. At least one nurse manager (RN) responsible for supervision of all nursing staff for YCCS services. The nurse manager must meet all requirements pursuant to 130 CMR 448.413(C)(8)(b) through (d).

(4) Multidisciplinary Staff. Each Youth CCS program will employ master's and bachelor's-level clinicians and staff sufficient to meet the needs of the members served, pursuant to 130 CMR 418.413(B)(3) and (4), including conducting medical screening, ongoing monitoring, and disposition determinations. This staff will include sufficient professional and paraprofessional staff to meet member needs.

#### 448.414: Supervision, Training, and Other Staff Requirements

##### (A) Supervision.

(1) Unlicensed or Not Independently Licensed Staff Supervision Requirements. All professionals who are unlicensed, who are in a profession without licensure, or who are not independently licensed or certified as a peer supervisor, must receive direct and continuous supervision. Direct and continuous supervision may be provided using telehealth technology.

(2) Independently Licensed and Certified Peer Supervisor Staff. All independently licensed professionals and certified peer supervisors will receive supervision in accordance with center policy. Supervision may be provided using telehealth technology.

(3) The supervising clinician is primarily responsible for the care of the member. For any care delivered by a professional under supervision, there will be documentation in the clinical chart that the chart was reviewed by the supervising clinician.

(4) All supervision must be documented in files accessible for review by the MassHealth agency. Supervision notes will, at a minimum, contain information regarding frequency of supervision, format of supervision, supervisor's signature and credentials, and general content of supervision session.



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(B) Staff Training. Centers will provide staff with specific training to provide services to members, including but not limited to

- (1) training to assess and treat mental health disorders, which may include co-occurring substance use disorders, including the clinical and psychosocial needs of the target population using evidence-based practices (*e.g.*, staff treating children shall have specialized training and experience in children's services);
- (2) training on Culturally and Linguistically Appropriate Services (CLAS) to ensure the content and process of all services are informed by knowledge, respect for, and sensitivity to culture, and are provided in the individual's preferred language and mode of communication. Training will include recognition and respect for the characteristics of the members served, such as behaviors, ideas, values, beliefs, and language;
- (3) training in maintaining a trauma-informed facility and upholding standards of trauma-informed care, including fostering trauma-informed environments;
- (4) training on currently available resources and services, including those in the community, and how to make appropriate referrals based on the needs of the member;
- (5) training on crisis prevention and de-escalation, risk management and safety planning, and conflict resolution;
- (6) training on overdose prevention and response;
- (7) implicit bias (*e.g.*, age, race, ethnicity, gender, and sexual orientation); and
- (8) suicide prevention.

(C) Child and Adolescent Needs and Strengths Assessment (CANS). Any clinician who provides individual, group, or family therapy to members younger than 21 years of age must be certified every two years to administer the CANS, according to the process established by EOHHS.

(D) Staff Professional Standards. Any staff, of any discipline, operating in the center must comport with the standards and scope of practice delineated in their professional licensure and be in good standing with their board of professional licensure, as applicable. Each center will notify the MassHealth agency of any staff that are censured by the Department of Public Health or sanctioned by their board of licensure as set forth in 130 CMR 448.406.

(E) Staffing Plan. Centers must maintain a staffing plan that includes policies and procedures to ensure all staffing and supervision requirements pursuant to 130 CMR 448.423.

448.415: Qualifications of Professional and Paraprofessional Staff Members Authorized to Render Billable Community Behavioral Health Center Services

A center may only bill for medically necessary services provided by a professional or paraprofessional staff member qualified as follows.

(A) Psychiatrists and Medical Professionals.

- (1) At least one staff psychiatrist must meet the requirements set forth in 130 CMR 448.413.

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(2) Additional psychiatrists must be licensed physicians in at least their second year of a psychiatric residency program accredited by the Accreditation Council for Graduate Medical Education.

(3) Psychiatrists and prescribers will have the appropriate Drug Enforcement Administration (DEA) and Department of Public Health (DPH) registrations for the prescribing of controlled substances.

(B) Nursing Staff.

(1) All nurse practitioners, registered nurses, psychiatric nurses, and psychiatric nurse specialists must be licensed by the Board of Registration in Nursing and meet the requirements, as applicable, pursuant to 130 CMR 448.413.

(2) Psychiatric Clinical Nurse Specialists. All psychiatric clinical nurse specialists in the center who are engaged in prescriptive practice with FDA-approved medications for the treatment of opioid use disorders must have completed specialized training and be qualified to prescribe buprenorphine as pharmacotherapy for substance use disorder under state and federal law.

(C) Psychologists.

(1) Psychologists must be licensed, as set forth in 130 CMR 448.413.

(2) Unlicensed psychology trainees must meet the following requirements.

(a) Post-doctoral Fellows. Post-doctoral Fellows must have a minimum of a doctoral degree in clinical or counseling psychology or a closely related specialty from an accredited educational institution and must meet the professional experience and supervisory requirements set forth in 251 CMR 3.00: *Registration of Psychologists*.

(b) Psychology Interns. Psychology interns must be enrolled in a structured, clinical, or counseling American Psychological Association (APA)-approved doctoral program.

(D) Social Workers.

(1) Social Workers may be independently licensed, as set forth in 130 CMR 448.413.

(2) Social Workers without independent licensure must meet the following requirements.

(a) Licensed Clinical Social Workers (LCSW). LCSWs must have received a master's degree in social work and completed two years of full-time supervised clinical work in an organized graduate internship program.

(b) Post-graduate, Unlicensed Social Workers. Unlicensed social workers must have received a master's degree in social work from a college or university accredited by the Council on Social Work education.

(c) Social Work Interns. Social work interns must be a second-year, clinical-track student in a structured field practicum that is a component of a Masters of Social Work program, fully accredited by the Council on Social Work Education.

(E) Mental Health Counselors.

(1) Mental health counselors may be licensed as set forth in 130 CMR 448.413.

(2) Additional mental health counselors must meet the following requirements.

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(a) Post-master's Mental Health Counselors. Post-master's Mental Health Counselors must have a master's degree or above in a mental health field from an accredited educational institution, and must have completed one year of supervised clinical work in an organized graduate internship program.

(b) Mental Health Counselor Interns. Interns must be in a second-year, clinical-track structured field placement that is a component of a master's degree in mental health counseling or counseling psychology that is accepted by the Board of Allied Mental Health and Human Services Professions.

(F) Alcohol and Drug Counselors.

(1) Licensed Alcohol and Drug Counselors (LADC). LADCs may be licensed as a LADC I, as set forth in 130 CMR 448.413.

(2) LADC II or LADC Assistants. LADC IIs or LADC Assistants must be licensed and shall support LADC Is in the delivery of services, but may not provide direct services.

(G) Marriage and Family Therapists.

(1) Marriage and family therapists may be licensed, as set forth in 130 CMR 448.413.

(2) Additional marriage and family therapists must meet the following requirements.

(a) Post-master's marriage and family therapists must have a master's degree or above in a mental health field from an accredited educational institution, and must have completed one year of supervised clinical work in an organized graduate internship program.

(b) Marriage and family therapy interns must be in a second-year, clinical-track structured field placement that is a component of a master's degree in marriage and family therapy or a related field that is accepted by the Board of Allied Mental Health and Human Services Professions.

(H) Other Staff.

(1) Billing providers of Structured Outpatient Addiction Programs (SOAP) and Enhanced Structured Outpatient Addiction Programs (E-SOAP) services must comply with the requirements of 130 CMR 448.000 and all applicable sections of 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

(2) Billing peer and paraprofessional providers of certified peer specialist services, peer recovery coach services, and recovery support navigator services must comply with the requirements of 130 CMR 448.000. Further, centers must staff peer recovery coaches and recovery support navigators in conformance with the requirements of all applicable sections of 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

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#### 448.416: Coordination of Medical Care

A community behavioral health center must coordinate behavioral health disorder treatment with medical care for MassHealth members. If a member has not received a physical exam within twelve months of the date of intake, the community behavioral health center will advise the member that one is needed. If the member does not have an existing relationship with a physician, the community behavioral health center will assist the member in contacting the MassHealth agency's customer service toll-free line to receive help in selecting a physician. If the member declines a physical examination, the member's record will document the member's preference and any stated reason for that preference. The center will have agreements with other providers where necessary to ensure member access to medically necessary medical and behavioral health services not provided by the center.

#### 448.417: Schedule of Operations and Appointments

(A) Standard Hours Schedule of Operations. The center must offer appointment and treatment availability Monday through Friday during the hours of 8 a.m. to 8 p.m. and on Saturdays and Sundays during the hours of 9 a.m. to 5 p.m. Required appointment availability excludes state and federal holidays.

(B) After Hours Schedule of Operations. Outside of the standard hours of operation, the center must provide after-hours coverage to triage needs and personnel must be available to offer referral to qualified professionals, emergency services, or other mechanisms for effectively responding to a crisis, in accordance with the requirements set forth at 130 CMR 448.412(A)(6).

(C) Urgent and Crisis Services Schedule of Operations. The center must provide clinic coverage 24-hours per day, 7 days per week to respond to members with an urgent need or in crisis.

- (1) Clinic coverage must include live telephonic access to qualified professionals and, if indicated, arrangements for further care and assistance in real-time to an appropriate provider.
- (2) Each center must maintain a current roster of all on-call clinicians available to speak with members. A pre-recorded message will not fulfill this requirement. The after-hours triage phone line shall provide a direct connection to the center's AMCI/YMCI.

(D) Scheduling Appointments.

- (1) Initial intake appointments must be made available within 24 hours of initial contact.
- (2) Where clinically indicated, diagnostic evaluation services appointments must be made available on the same day of the initial intake, or the next day of clinic operation following the initial intake.

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(3) Urgent behavioral health appointments must be made available within 48 hours of initial contact.

(4) Based on psychosocial assessment, urgent psychopharmacology appointments and Medication for Addiction Treatment evaluations appointments must be made available within 72 hours of an initial diagnostic evaluation services appointment.

(5) All other treatment appointments, including follow-up appointments, must be made available within 14 calendar days.

#### 448.418: Utilization Review Plan

The community behavioral health center must have a utilization review plan that meets the following conditions.

(A) A utilization review committee will be formed, composed of the clinical director or the clinical director's designee and two other professional staff members who meet all the qualifications for their discipline, as outlined in 130 CMR 448.415. The composition of the utilization review committee will be reported to MassHealth as set forth in 130 CMR 448.406.

(B) The utilization review committee will review each member's case in accordance with the Department of Public Health regulations at 105 CMR 140.540 and following the member's discharge from services at the center.

(C) The utilization review committee will verify for each case that

- (1) the diagnosis is, or has been, adequately documented;
- (2) the treatment plan is, or was, appropriate and specifies the methods and duration of the projected treatment program;
- (3) the treatment plan is being, or has been, carried out;
- (4) the treatment plan is being, or has been, modified as indicated by the member's changing status;
- (5) there is, or was, adequate follow-up when a member misses appointments or drops out of treatment;
- (6) there is, or was, progress toward achievement of short and long-term goals; and
- (7) for members younger than 21 years of age, the CANS has been completed at the initial behavioral health assessment and updated at least every 90 days thereafter.

(D) No staff member can participate in the utilization review committee's deliberations about any member the staff member is treating, or has treated, directly.

(E) The utilization review committee will maintain minutes that are sufficiently detailed to show the decisions of each review, and the basis on which any decisions are made. The MassHealth agency may conduct such audits of these minutes as it deems necessary.

(F) Based on the utilization review, the clinical director, or the clinical director's designee, will determine whether continuation, modification, or termination of treatment is necessary and promptly communicate this decision to the primary therapist.

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#### 448.419: Recordkeeping Requirements

(A) Each center must obtain written authorization from each member or the member's legal guardian to release information obtained by the center, to center staff, federal and state regulatory agencies, and, when applicable, referral providers, to the extent necessary to carry out the purposes of the center and to meet regulatory requirements. All such information will be released on a confidential basis and in accordance with all applicable requirements.

#### (B) Member Records.

- (1) A center must maintain member records in accordance with 130 CMR 450.000: *Administrative and Billing Regulations* and 105 CMR 140.000: *Licensure of Clinics*, in addition to applicable recordkeeping requirements for clinics under M.G.L. c. 111 § 70. When a member is referred to any other provider, each center will maintain the original member record and forward a copy to the other provider.
- (2) Member records must be complete, accurate, and properly organized.
- (3) The member's record will include at least the following information:
  - (a) the member's name and case number, MassHealth identification number, address, telephone number, gender identity, date of birth, marital status, next of kin, school or employment status (or both), and date of initial contact;
  - (b) the place of service;
  - (c) a report of a physical examination performed within twelve months of the date of intake, including documentation the physical examination informed the treatment plan, or documentation that the member did not want to be examined and any stated reason for that preference;
  - (d) the name and address of the member's primary care physician or, if not available, another physician who has treated the member;
  - (e) the member's description of the problem, and any additional information from other sources, including the referral source, if any;
  - (f) the events precipitating the member's contact with the center;
  - (g) the relevant medical, psychosocial, educational, and vocational history;
  - (h) a comprehensive assessment of the member initiated at intake;
  - (i) the clinical impression of the member and a diagnostic formulation, including a specific diagnosis using standard nomenclature;
  - (j) short- and long-range goals that are measurable, realistic and obtainable, and a timeframe for their achievement;
  - (k) the proposed schedule of therapeutic activities, both in and out of the center, necessary to achieve such goals and objectives and the responsibilities of each individual member of the interdisciplinary team;
  - (l) a schedule of dates for utilization review to determine the member's progress in accomplishing goals and objectives;
  - (m) the name, qualifications, and discipline of the therapist primarily responsible for the member;
  - (n) a written record of semi-annual reviews (every six (6) months) by the primary therapist, which relate to the short- and long-range goals;

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- (o) progress notes, including those related to the defined treatment plan goals on each visit written and signed by the primary therapist that include the therapist's discipline and degree;
  - (p) a treatment plan for the member signed by the primary therapist, or the supervisor of an unlicensed primary therapist, pursuant to 130 CMR 448.412(A)(3);
  - (q) all information and correspondence regarding the member, including appropriately signed and dated consent forms;
  - (r) a drug-use profile (both prescribed and other);
  - (s) when the member is discharged, a discharge summary, including a brief summary of the member's condition and response to treatment, achievement of treatment and recovery goals, and recommendations for any future appropriate services; and
  - (t) for members younger than 21 years of age, a CANS completed during the initial behavioral health assessment and updated at least every 90 days thereafter.
- (4) A brief history is acceptable for emergency or walk-in visits when the treatment plan does not call for extended care.

(C) Program Records. The community behavioral health center must retain documentation reflecting compliance with the requirements of 130 CMR 448.000.

(D) Availability of Records. All records must be made available to the MassHealth agency upon request.

#### 448.420: Written Policies and Procedures

Each community behavioral health center must have and observe written policies and procedures that include

- (A) a description of the geographical area served;
- (B) an intake policy;
- (C) admission procedures, including criteria for client admission and procedures for multidisciplinary review of each individual referral;
- (D) treatment procedures, including, but not limited to, development of the treatment plan, case assignment, case review, discharge planning, and follow-up on members who leave the center voluntarily or involuntarily;
- (E) a medication policy that includes prescription data, administration data, monitoring data, and procedures for induction and bridging of MOUD;
- (F) a referral policy, including procedures for ensuring uninterrupted and coordinated member care upon transfer;

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(G) procedures for walk-in members, and clinical emergencies during operating and nonoperating hours;

(H) recordkeeping policies, including what information must be included in each record, and procedures to ensure confidentiality;

(I) personnel and management policies, including policies for hiring, training, evaluation, supervision, and termination protocol for all staff;

(J) a utilization review plan; and

(K) explicit fee policies with respect to billing third party payers and cancellation procedures.

#### 448.421: Administration

(A) Organization. Each center will establish an organization chart showing major operating service programs of the center, with staff divisions, administrative personnel in charge of each service program, and their lines of authority, responsibility, and communication.

(B) Fiscal Management. Each center will establish a system of business management to ensure accurate accounting for sources and uses of funds, and proper expenditure of funds within established budgetary constraints and grant restrictions.

(C) Data Management. Each center will develop and maintain a statistical information system to collect member, service utilization, and fiscal data necessary for the effective operation of the center.

(D) Personnel Management. Each center will establish and maintain personnel policies and personnel records for each employee.

(E) Staff Development and Supervision.

(1) Each staff member must receive supervision appropriate to the person's skills and level of professional development. Supervision will be documented and will occur within the context of a formalized relationship with the supervisor and in accordance with 130 CMR 448.414(A).

(2) Documentation of supervision will be maintained by the supervisor.

(3) Each center will establish and implement procedures for staff training and evaluation. These procedures will require all staff who will be certified to administer the CANS, as described in 130 CMR 448.414, to complete the certification process established by EOHHS.

(F) All documents described above must be made available to the MassHealth agency upon request.



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#### 448.422: Outreach

(A) Services rendered in a member's home, place of residence, or an appropriate, mutually-agreed-upon community-based location by clinicians who are employed by the community behavioral health center may be billed by the center when provided in accordance with the requirements of 130 CMR 448.000. All services provided in community-based settings must be provided in accordance with all provisions in 130 CMR 448.000.

(B) All community behavioral health center services must be billed with a Place of Service (POS) code denoting the location in which the treatment was delivered.

#### 448.423: Service Limitations

(A) Diagnostic and Treatment Services. The MassHealth agency pays for diagnostic and treatment services only when a professional staff member, as defined by 130 CMR 448.415, personally provides these services to the member or the member's family or personally consults with a professional outside of the center. The services must be provided to the member on an individual basis and are not reimbursable if they are an aspect of service delivery, as defined in 130 CMR 448.408(B).

(B) Multiple Visits on a Same Date of Service. Services provided through an encounter rate will be paid by the MassHealth agency pursuant to 101 CMR 305.00: *Rates for Community Behavioral Health Centers*. The MassHealth agency pays only one encounter bundled rate for each member on one date of service. The MassHealth agency will pay for Adult Mobile Crisis Intervention, Youth Mobile Crisis Intervention, Adult Community Crisis Stabilization, Youth Community Crisis Stabilization, Certified Peer Specialists services, Peer Recovery Coach services, Recovery Support Navigator services, Community Support Program services, and Psychological Testing on the same date of service as the encountered bundled rate. The MassHealth agency will only pay for one of the following on a single date of service: Structured Outpatient Addiction Program, Enhanced Structured Outpatient Addiction Program, Intensive Outpatient Program, or the encounter bundled rate.

(C) Multiple Therapies. The MassHealth agency pays for more than one mode of therapy used for a member during one week when it is clinically justified, and when any single approach has been shown to be necessary but insufficient. The need for multiple therapies must be documented in the member's record.

(D) Case Consultation.

(1) The MassHealth agency pays only for a case consultation that involves a personal meeting with a professional of another agency. Personal meetings may be conducted via audio-only telephonic, audio-video, or in person meetings.

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- (2) The MassHealth agency pays for case consultation only when written communication and other non-reimbursable forms of communication clearly will not suffice. Such circumstances must be documented in the member's record. Such circumstances are limited to situations in which both the center and the other party are actively involved in treatment or management programs with the member (or family members) and where a lack of direct communication would impede a coordinated treatment program.
- (3) The MassHealth agency does not pay a center for court testimony.
- (E) Family Consultation. The MassHealth agency pays for consultation with family or other responsible persons who are not an eligible member, when such consultation is integral to the treatment of the member.
- (F) Group Therapy.
- (1) Payment is limited to one fee per group member with a maximum of 12 members per group regardless of the number of staff members present.
- (2) The MassHealth agency does not pay for group therapy when it is performed as an integral part of a psychiatric day treatment services.
- (3) The MassHealth agency does not pay for group therapy when it is performed as an integral part of intensive outpatient program services.
- (G) Psychological Testing. The MassHealth agency pays a center for psychological testing only when the conditions outlined in 130 CMR 411.000: *Psychologist Services* are met.

#### REGULATORY AUTHORITY

130 CMR 448.000: M.G.L. c. 118E, ss. 7 and 12.

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## 6. Services Codes

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601 Introduction: Community Behavioral Health Center

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 448.000.

602 Service Codes and Descriptions

**Encounter Bundle**

Encounter bundle codes incorporate the designated service codes and must be billed in conjunction with one or more designated service code.

**(To view the rates for these services, please refer to 101 CMR 305.00: *Rates for Behavioral Health Services Provided in Community Behavioral Health Centers*)**

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
T1040	HB	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Adult Services)
T1040	HA	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Child/Adolescent Services)

**Designated Service Codes – Encounter Bundle**

Designated service codes must be billed in conjunction with the appropriate encounter bundle code. The designated services codes for all services provided on the same date must be billed under one encounter bundle code, regardless of the number of services provided to the individual on that date.

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
90791		Psychiatric diagnostic evaluation
90791	HA	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90792		Psychiatric Diagnostic Evaluation with Medical Services
90832		Psychiatric Diagnostic Evaluation with Medical Services
90833		Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure). (Use this add-on code with an appropriate evaluation and management service code when medication management is also provided.)
90834		Psychotherapy, 45 minutes with patient

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602 Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
90836		Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure) (Use this add-on code with an appropriate evaluation and management service code when medication management is also provided.)
90837		Psychotherapy, 60 minutes with patient
90838		Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure). (Use this add-on code with an appropriate evaluation and management service code when medication management is also provided.)
90839		Psychotherapy for crisis, first 60 minutes
90840		Psychotherapy for crisis, each additional 30 minutes (List separately in addition to the code for primary procedure) (Add-on code).
90846		Family psychotherapy (without the patient present), 50 minutes
90847		Family psychotherapy with patient 50 minutes
90849		Multiple-family group psychotherapy (per person session not to exceed 10 clients)
90853		Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients)
90882		Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (case consultation)
90887		Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (per one-half hour)
96164		Health behavior group intervention, 30 min
96165		Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (add-on code).
96372		Therapeutic prophylactic or diagnostic injection (specify substance use or drug); subcutaneous or intramuscular
99202		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date or the encounter.
99203		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 30-44 minutes of total time spent on the date of the encounter.

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602 Service Codes and Descriptions (cont.)

Service  
Code

Modifier

Service Description

99204		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 45-59 minutes of total time spent on the date of the encounter.
99205		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 60-74 minutes of total time spent on the date of the encounter.
99211		Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal.
99212		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time spent on the date of the encounter.
99213		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 20-29 minutes of total time spent on the date of the encounter.
99214		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 30-39 minutes of total time spent on the date of the encounter.
99215		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 40-54 minutes of total time spent on the date of the encounter.
99404		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure), 60 min
99412		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure)
H0004		Behavioral health counseling and therapy, per 15 minutes (individual counseling) (four units maximum) (per session)
H0005		Alcohol and/or drug services group counseling by a clinician (per 45-minute unit) (two units maximum)
H0033		Oral medication administration, direct observation (substance use disorder programs only)

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602 Service Codes and Descriptions (cont.)

T1006 Alcohol and/or substance abuse services; family/couple counseling (per 30 minutes, one unit maximum per day)

**Crisis Services**

Crisis services are billed separately from the encounter bundle codes and may be billed on the same date of service as the encounter bundle code.

**(To view the rates for these services, please refer to 101 CMR 305.00: *Rates for Behavioral Health Services Provided in Community Behavioral Health Centers*)**

<u>Service Code</u>	<u>Modifier</u>	<u>Service Description</u>
S9485	ET	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per day rate)
S9485	HA, ET	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization Per day rate)
S9485	HB	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at hospital emergency department. Inclusive of initial evaluation and all follow-up intervention. Use Place of Service code 23.)
S9485	HE	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)
S9485	HA, HE	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)
S9485	U1	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service 15.)
S9485	HA, U1	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service code 15.)
H2011	HN, HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at CBHC site by a Paraprofessional or Bachelor's level staff. Follow-up interventions provided up to the third day following initial evaluation.)
H2011	HN, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at CBHC site by a Paraprofessional or Bachelor's level staff. Follow-up interventions provided up to the seventh day following initial evaluation.)
H2011	HO, HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at CBHC site by a Master's level Clinician. Follow-up interventions provided up to the third day following initial evaluation.)



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602 Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
H2011	HO, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at CBHC site by a Master's level clinician. Follow-up interventions provided up to the seventh day following initial evaluation.)
H2011	HN, HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service by a Paraprofessional or Bachelor's level staff. Follow-up interventions provided up to the third day following initial evaluation. Use Place of Service code 15)
H2011	HN, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention at a community-based site of service by a Paraprofessional or Bachelor's level staff. Follow-up interventions provided up to the seventh day following initial evaluation. Use Place of Service code 15)
H2011	HO, HB	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service by a Master's level clinician. Follow-up interventions provided up to the third day following initial evaluation. Use Place of Service code 15)
H2011	HO, HA	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at a community-based site of service by a Master's level clinician. Follow-up interventions provided up to the seventh day following initial evaluation. Use Place of Service code 15)

**(To view the rates for these services, please refer to 101 CMR 352.00: *Rates of Payment for Certain Children's Behavioral Health Services*)**

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
H2011	HN	Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional, non-community based sites of services.)
H2011	HO	Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician, non-community based sites of services.)

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602 Service Codes and Descriptions (cont.)

**Specialty Services**

Specialty services are billed separately from the encounter bundle codes and may be billed on the same date of services as the encounter bundle code.

**(To view the rates for these services, please refer to 101 CMR 305.00: *Rates for Behavioral Health Services Provided in Community Behavioral Health Centers*)**

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
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H0046	HE	Mental health services, not otherwise specified (Certified Peer Specialist Services).
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**(To view the rates for these services, please refer to 101 CMR 306.00: *Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers*)**

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
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S9480		Intensive outpatient psychiatric services, per diem
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, 3.5 hours, not to exceed 2 units a day)
H0015	TF	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Enhanced Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day)

**(To view the rates for these services, please refer to 101 CMR 329.00: *Rates for Psychological and Independent Clinical Social Work Services*)**

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
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96116		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, <i>e.g.</i> , acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.
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602 Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
96121		Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96116.)
96130		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.
96131		Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96130.)
96132		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.
96133		Each additional hour. (List separately in addition to code for primary procedures.) (Add-on code to 96132.)
96136		Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes.
96137		Each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96136.)
96138		Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.
96139		Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96138.)

**(To view the rates for these services, please refer to 101 CMR 346.00: *Rates for Certain Substance-Related and Addictive Disorders Programs*)**

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
H2016	HM	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Peer Recovery Coaching)

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602 Service Codes and Descriptions (cont.)

(To view the rates for these services, please refer to 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services.*)

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
H2015	HF	Comprehensive community support services, per 15 minutes (Recovery Support Navigator)

603 Service Code Modifiers and Descriptions

<u>Modifier</u>	<u>Modifier Description</u>
-HB	Adult program, non-geriatric.
-HA	Child/adolescent program (This modifier is to be applied to service codes billed when performed with a Children and Adolescent Needs and Strengths (CANS)).
-HE	Mental health program (Certified Peer Specialist Services)
-U1	Medicaid level of care 1.
-ET	Emergency services.
-25	Significant, separately identifiable evaluation and management (E/M) service by the same physician or other qualified health professional on the same day of the procedure or other service. Modifier 25 applies to two E/M services provided on the same day.
-59	Distinct Procedure Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances. However, when another already established modifier is appropriate, it should be used rather than modifier '-59.'
-SA	Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by the mental health center which were performed by a psychiatric nurse mental health clinical specialist.)
-EP	Group psychotherapy modifier for preventive behavioral health session (only used with 90853)
-GJ	Opt-out physician or practitioner emergency or urgent service. (Urgent Care services. To identify services provided by Mental Health Centers that are designated as Behavioral Health Urgent Care provider sites.)
-AF	Specialty physician (This modifier is to be applied to service codes billed by the mental health center which were performed by a psychiatrist)
-AH	Clinical psychologist (This modifier is to be applied to service codes billed by the mental health center which were performed by doctoral level clinician, including PhD, PsyD, EdD)

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### 603 Service Code Modifiers and Descriptions (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
-HO	Master's degree level (This modifier is to be applied to service codes billed by the mental health center which were performed by Master's level clinician, including Licensed Clinical Social Workers (LCSWs), Licensed Independent Clinical Social Workers (LICSWs), Licensed Alcohol and Drug Counselor I, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist)
-HL	Intern (This modifier is to be applied to service codes billed by the mental health center which were performed by intern level clinicians, including Post-Doctoral Fellows and Psychology Interns, Post-Master's Mental Health Counselors and Mental Health Counselor Interns, Post-Master's Marriage and Family Therapist, Licensed Alcohol and Drug Counselor IIs (LADC II), Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor)
-HN	A service rendered by a provider with a bachelor's degree.

### 604 Telephonic Service Codes and Descriptions

<u>Service Code</u>	<u>Service Description</u>
98966	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
98967	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
98968	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.
99441	Telephone evaluation and management services by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

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604 Telephonic Service Codes and Descriptions (cont.)

Service  
Code

Service Description

99442	Telephone evaluation and management services by a physician or other qualified health care professional who may report evaluation and management services provided to and established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
99443	Telephone evaluation and management services by a physician or other qualified health care professional who may report evaluation and management services provided to and established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

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