**APPENDIX C**
**Exhibit 1: MCO Covered Services**
✓ Denotes a covered service

The Contractor shall provide to each Enrollee each of the MCO Covered Services listed below in an amount, duration, and scope that is Medically Necessary (as defined in **Section 1** of this Contract), provided that the Contractor is not obligated to provide any MCO Covered Service in excess of any service limitation expressly set forth below. Except to the extent that such service limitations are set forth below, the general descriptions below of MCO Covered Services do not limit the Contractor's obligation to provide all Medically Necessary services.

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| **Acupuncture Treatment** - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, for pain relief or anesthesia. | ✓ | | ✓ | |
| **Acute Inpatient Hospital** –all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory, and other diagnostic and treatment procedures. Coverage of acute inpatient hospital services shall include Administratively Necessary Days. Administratively Necessary Day shall be defined as a day of Acute Inpatient Hospitalization on which an Enrollee's care needs can be provided in a setting other than an Acute Inpatient Hospital and on which an Enrollee is clinically ready for discharge. | ✓ | ✓ | ✓ | |
| **Ambulatory Surgery/Outpatient Hospital Care** - outpatient surgical, related diagnostic, medical and dental services. | ✓ | ✓ | ✓ | |
| **Audiologist** – audiologist exams and evaluations. See related hearing aid services. | ✓ | ✓ | ✓ | |
| **Behavioral Health Services** – see **Appendix C, Exhibit 3**. | ✓ | ✓ | ✓ | |
| **Breast Pumps** – to expectant and new mothers as specifically prescribed by their attending physician, consistent with the provisions of the Affordable Care Act of 2010 and Section 274 of Chapter 165 of the Acts of 2014, including but not limited to double electric breast pumps one per birth or as medically necessary. | ✓ | ✓ | ✓ | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| **Certain COVID-19 Specimen Collection and Testing –** Specimen collection codes G2023 and G2024 billed with modifier CG, used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient's ordering clinician. | ✓ | ✓ | ✓ | |
| **Chiropractic Services** – The Contractor is responsible for providing chiropractic manipulative treatment, office visits, and radiology services for all Enrollees. The Contractor may establish a per Enrollee per Contract Year service limit of 20 office visits or chiropractic manipulative treatments, or any combination of office visits and chiropractic manipulative treatments. | ✓ | ✓ | ✓ | |
| **Chronic or Rehabilitation Hospital Services** – services, for all levels of care, provided at either a chronic or rehabilitation hospital, or any combination thereof, 100 days per Contract Year per Enrollee. The 100-day limitation shall not apply to Enrollees receiving Hospice services. The Contractor shall use the following MassHealth admission/coverage criteria for admission into a chronic hospital or rehabilitation hospital, and may not request disenrollment of any Enrollee who meets such coverage criteria until the Enrollee exhausts the 100-day limitation at either a chronic or rehabilitation hospital for that Contract Year. For the applicable criteria, see 130 CMR 435.408, 435.409 and 435.410 (rehabilitation hospitals). | | ✓ | | |
| **Chronic, Rehabilitation Hospital or Nursing Facility Services** – services, for all levels of care, including for eligible Enrollees under the age of 22 in accordance with applicable state requirements, provided at either a nursing facility, chronic or rehabilitation hospital, or any combination thereof, 100 days per Contract Year per Enrollee. The 100-day limitation shall not apply to Enrollees receiving Hospice services and the Contractor may not request disenrollment of Enrollees receiving Hospice services based on the length of time in a nursing facility. The Contractor shall use the following MassHealth admission/coverage criteria for admission into a chronic hospital, rehabilitation hospital and nursing facility, and may not request disenrollment of any Enrollee who meets such coverage criteria until the Enrollee exhausts the 100-day limitation at either a nursing facility, chronic or rehabilitation hospital for that Contract Year. For the applicable criteria, see 130 CMR 456.408, 456.409, 456.410 and 435.408, 435.409 and 435.410 (rehabilitation hospitals). In addition, for Enrollees under the age of 22, the Contractor | ✓ | | ✓ | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| shall ensure that its contracted nursing facilities comply with the relevant provisions of 105 CMR 150.000, et seq. The Contractor must ensure that its contracted nursing facilities establish and follow a written policy regarding its bed-hold period, consistent with the MassHealth bed-hold policy. For applicable criteria, see 130 CMR 456.425. For clarification purposes, an Enrollee's stay while recovering from COVID-19 in a nursing facility or chronic or rehabilitation hospital, or any combination thereof, shall count towards the 100-day per Contract Year per Enrollee coverage described in this section; provided, however for an Enrollee's stays in a Commonwealth-designated COVID-19 nursing facility, see non-MCO Covered Services in Exhibit 2 below. | | | | |
| **Dental** - Emergency related dental services as described under Emergency Services in **Appendix C, Exhibit 1** and oral surgery performed in an outpatient setting, as described in Ambulatory Surgery/Outpatient Hospital Care in **Appendix C, Exhibit 1**, which is Medically Necessary to treat a medical condition. | ✓ | ✓ | ✓ | |
| **Diabetes Self-Management Training** – diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited mid-level providers (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dieticians). | ✓ | ✓ | ✓ | |
| **Dialysis** – laboratory; prescribed drugs; tubing change; adapter change; and training related to hemodialysis; intermittent peritoneal dialysis; continuous cycling peritoneal dialysis; continuous ambulatory peritoneal dialysis. | ✓ | ✓ | ✓ | |
| **Durable Medical Equipment and Medical/Surgical Supplies** –<br>**1) Durable Medical Equipment** - products that: (a) are fabricated primarily and customarily to fulfill a medical purpose; (b) are generally not useful in the absence of illness or injury; (c) can withstand repeated use over an extended period of time; and (d) are appropriate for home use. Includes but not limited to the purchase of medical equipment, replacement parts, and repairs for such items as: canes, crutches, wheelchairs (manual, motorized, custom fitted, & rentals), walkers, commodes, special beds, monitoring equipment, and the rental of Personal Emergency Response Systems (PERS). | ✓ | ✓ | ✓ | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| **2) Medical/Surgical Supplies** - medical/treatment products that: (a) are fabricated primarily and customarily to fulfill a medical or surgical purpose; (b) are used in the treatment of a specific medical condition; and (c) are non-reusable and disposable including, but not limited to, items such as urinary catheters, wound dressings, and diapers. | | | | |
| **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services** – Children, adolescents and young adults who are under 21 years old and are enrolled in MassHealth Standard and CommonHealth are entitled to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, including Medically Necessary services that are listed in 42 U.S.C. 1396d(a) and (r) and discovered as a result of a medical screening. | ✓ | | | |
| **Early Intervention** –child visits, center-based individual visits, community child group, early intervention-only child group, and parent-focused group sessions; evaluation/assessments; and intake/screenings. The Contractor may establish a service limit restricting Early Intervention Services to Enrollees age 3 or under. | ✓ | ✓ | | |
| **Emergency Services** – covered inpatient and outpatient services, including Behavioral Health Services, which are furnished to an Enrollee by a provider that is qualified to furnish such services under Title XIX of the Social Security Act, and needed to evaluate or stabilize an Enrollee's Emergency Medical Condition. | ✓ | ✓ | ✓ | |
| **Family Planning** – family planning medical services, family planning counseling services, follow-up health care, outreach, and community education. Under Federal law, an Enrollee may obtain family planning services from any MassHealth provider of family planning services without the Contractor's authorization. | ✓ | ✓ | ✓ | |
| **Fluoride Varnish –** Pediatricians and other qualified health care professionals (Physician Assistants, Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses) may apply Fluoride Varnish to eligible MassHealth Enrollees under age 21, during a pediatric preventive care visit. This service is primarily intended for children up to age 3; however, the service is allowed for children up to age 21 in those instances where the Enrollee does not have access to a dentist and the service is Medically Necessary as determined by a Caries Assessment Tool (CAT). | ✓ | ✓ | | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| **Hearing Aids** – The Contractor is responsible for providing and dispensing hearing aids; ear molds; ear impressions; batteries; accessories; aid and instruction in the use, care, and maintenance of the hearing aid; and loan of a hearing aid to the Enrollee, when necessary. | ✓ | ✓ | ✓ | |
| **Home Health Services** – services include: part-time or intermittent skilled nursing visits, physical therapy visits, occupational therapy visits, speech language therapy visits, medication administration visits, and home health aide services. See CMR 403.000 and MassHealth Home Health Agency Bulletin 54 (June 2019). | ✓ | ✓ | ✓ | |
| **Hospice** – a package of services designed to meet the needs of terminally ill patients such as nursing; medical social services; physician; counseling; physical, occupational and speech language therapy; homemaker/home health aide services; medical supplies, drugs and durable medical equipment and supplies, short term general inpatient care, short term respite care, and room and board in a nursing facility provided, however, that the 100 day limitation on institutional care services shall not apply to an Enrollee receiving Hospice services. Hospice services covered by the Contractor shall include room and board in a nursing facility pursuant to 130 CMR 437.424(B). Hospice is an all-inclusive benefit. The Enrollee has to elect the Hospice benefit and, by electing the Hospice benefit, the Enrollee waives their right to the otherwise independent services that are for the Enrollee included as a part of the Hospice benefit. If an Enrollee elects Hospice, then the Enrollee waives their rights for the duration of the election of hospice care for any services related to the treatment of the terminal condition for which hospice care was elected or that are equivalent to hospice care. However, Enrollees under age 21 who have elected the Hospice benefit shall have coverage for curative treatment and all Medically Necessary MCO and Non-MCO Covered Services for MassHealth Standard and CommonHealth Enrollees. | ✓ | ✓ | ✓ | |
| **Infertility** – Diagnosis of infertility and treatment of an underlying medical condition. | ✓ | ✓ | ✓ | |
| **Laboratory** – all services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of Enrollees. All laboratories performing services under this Contract shall meet the credentialing requirements set forth in **Section 2.8.H.4**., including all medically necessary vaccines not covered by the Commonwealth of Massachusetts Department of Public Health. | ✓ | ✓ | ✓ | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| **Medical Nutritional Therapy** – nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited mid-level providers (e.g., registered nurses, physician assistants, and nurse practitioners). | ✓ | ✓ | ✓ | |
| **Orthotics** – braces (non dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individuals over age 21, certain limitations apply. See Subchapter 6 of the Orthotics Manual. | ✓ | ✓ | ✓ | |
| **Oxygen and Respiratory Therapy Equipment** – ambulatory liquid oxygen systems and refills; aspirators; compressor-driven nebulizers; intermittent positive pressure breather (IPPB); oxygen; oxygen gas; oxygen-generating devices; and oxygen therapy equipment rental. | ✓ | ✓ | ✓ | |
| **Pharmacy** – The Contractor is responsible for providing prescription, over-the-counter drugs, and Non-Drug Pharmacy Products as described below.<br>1) **Prescription Drugs:** prescription drugs that are approved by the U.S. Food and Drug Administration. The Contractor may limit coverage to those drugs manufactured by companies that have signed rebate agreements with the U.S. Secretary of Health and Human Services pursuant to 42 U.S.C. §1396r-8.<br>2) **Over-the-Counter Drugs:** The Contractor may limit coverage to those drugs manufactured by companies that have signed rebate agreements with the U.S. Secretary of Health and Human Services pursuant to 42 U.S.C.§1396r-8. Except with regard to insulin, the Contractor also may limit over-the-counter drugs for Enrollees age 21 and over to those necessary for the life and safety of the Enrollee.<br>3) **Non-Drug Pharmacy Products**: non-drug pharmacy products as listed in MassHealth ACPP/MCO Unified Pharmacy Product List | ✓ | ✓ | ✓ | |
| **Physician (primary and specialty)** – all medical, developmental pediatrician, psychiatry, radiological, laboratory, anesthesia and surgical services, including those services provided by nurse practitioners serving as primary care providers and services provided by nurse midwives. | ✓ | ✓ | ✓ | |
| **Podiatry** – The Contractor is responsible for providing services as certified by a physician, | ✓ | ✓ | ✓ | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| including medical, radiological, surgical, and laboratory care. For restrictions regarding coverage of orthotics, see the "Orthotics" service description above. | | | | |
| **Preventive Pediatric Health Screening and Diagnostic Services** - children, adolescents and young adults who are under 21 years old and are enrolled in the MassHealth Basic, Essential or Family Assistance Plan are entitled to Preventive Pediatric Healthcare Screening and Diagnosis Services as outlined in 130 CMR 450.150. | | ✓ | | |
| **Prosthetic Services and Devices** – evaluation, fabrication, fitting, and the provision of a prosthesis. For individuals over age 21, certain limitations apply. See Subchapter 6 of the Prosthetics Manual | ✓ | ✓ | ✓ | |
| **Radiology and Diagnostic Tests –** X-rays, portable X-rays, magnetic resonance imagery (MRI) and other radiological and diagnostic services, including those radiation or oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service. | ✓ | ✓ | ✓ | |
| **Remote Patient Monitoring (COVID-19 RPM)** - bundled services to facilitate home monitoring of Enrollees with confirmed or suspected COVID-19 who do not require emergency department or hospital level of care but require continued close monitoring. The COVID-19 RPM bundle includes all medically necessary clinical services required to facilitate seven days of close, in-home, monitoring of members with confirmed or suspected COVID-19. Details around MassHealth's coverage of the RPM bundle can be found in All Provider Bulletin 294, as may be updated from time to time. The Contractor must cover the RPM bundle of services in the method and manner specified in All Provider Bulletin 294, as may be updated from time to time, when such services are delivered as Medicaid services. The Contractor may determine their own rate of payment for the RPM bundle of services. | ✓ | ✓ | ✓ | |
| **School Based Health Center Services –** all MCO Covered Services set forth in this Appendix C delivered in School Based Health Centers (SBHCs), when such services are rendered by a hospital or hospital-licensed health center as described by EOHHS. | ✓ | ✓ | | |
| **Therapy** – individual treatment, (including the design, fabrication, and fitting of an orthotic, prosthetic, or other assistive technology device); comprehensive evaluation; and group therapy. | ✓ | ✓ | ✓ | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| 1) **Physical:** evaluation, treatment, and restoration to normal or best possible functioning of neuromuscular, musculoskeletal, cardiovascular, and respiratory systems.<br>2) **Occupational:** evaluation and treatment designed to improve, develop, correct, rehabilitate, or prevent the worsening of functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries.<br>3) **Speech and Hearing:** evaluation and treatment of speech language, voice, hearing, and fluency disorders. | | | | |
| **Tobacco Cessation Services** – face-to-face individual and group tobacco cessation counseling as defined at 130 CMR 433.435(B), 130 CMR 405.472 and 130 CMR 410.447 and pharmacotherapy treatment, including nicotine replacement therapy (NRT). | ✓ | ✓ | ✓ | |
| **Transportation (emergent)** – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care that is beyond the scope of a paramedic. | ✓ | ✓ | ✓ | |
| **Transportation (non-emergent, to out-of-state location)** – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border. | ✓ | | ✓ | |
| **Vision Care (medical component)** – eye examinations (a) once per 12-month period for Enrollees under the age of 21 and (b) once per 24-month period for Enrollees 21 and over, and, for all Enrollees, whenever Medically Necessary; vision training; ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus; and bandage lenses. | ✓ | ✓ | ✓ | |
| **Wigs** – as prescribed by a physician related to a medical condition. | ✓ | ✓ | ✓ | |

**Appendix C**
**Exhibit 2: Non-MCO Covered Services**
✓ Denotes a Non-MCO Covered Service (wrap service)

The Contractor need not provide, but shall coordinate, for each Enrollee the delivery of all MassHealth services (see 130 CMR 400.000 through 499.000) for which such Enrollee is eligible (see 130 CMR 450.105) but which are not currently MCO Covered Services. Coordination of such services shall include, but not be limited to, informing the Enrollee of the availability of such services and the processes for accessing those services. The general list and descriptions, below, of MassHealth services that are not MCO Covered Services do not constitute a limitation on the Contractor's obligation to coordinate all such services for each Enrollee eligible to receive those services.

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| **Abortion** - includes, in addition to the procedure itself, pre-operative evaluation and examination; pre-operative counseling; laboratory services, including pregnancy testing, blood type, and Rh factor; Rh, (D) immune globulin (human); anesthesia (general or local); echography; and post-operative (follow-up) care. Abortion does not constitute a family planning service. The procedure itself is federally funded only in the following situations: (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Such services may be provided in a physician's office, clinic, or hospital, subject to limitations imposed by applicable law and administrative and billing regulations. | ✓ | ✓ | ✓ | |
| **Adult Dentures** – full and partial dentures, and repairs to said dentures, for adults ages 21 and over. | ✓ | ✓ | ✓ | |
| **Adult Day Health –** services ordered by a physician and delivered to an Enrollee in a community-based program setting that is open at least Monday through Friday for eight hours per day and include: nursing and healthcare oversight, therapy, assistance with Activities of Daily Living (ADL), nutritional and dietary, counseling activities and case management. Services provided are based upon an individual plan of care. Transportation to and from the Adult Day Health program is arranged and reimbursed by the Adult Day | ✓ | | | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| Health program. In order to be eligible for Adult Day Health Services, the Enrollee must be at least 18 years of age or older and require assistance with at least one (1) ADL or one (1) skilled service and meet the eligibility criteria outlined in 130 CMR 404.407. | | | | |
| **Adult Foster Care** - services ordered by a physician and delivered to an Enrollee in a home environment that meets the qualified setting as described in 130 CMR 408.435 Services are based upon an individual plan of care and include assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and other personal care as needed, nursing services and oversight, and care management. Assistance with ADLs, IADLs and other personal care is provided by a qualified caregiver that lives with the Enrollee in the home environment. Nursing services and oversight and care management are provided by a multidisciplinary team. In order to be eligible for Adult Foster Care services, the Enrollee must be at least 16 years of age or older an require assistance with at least one (1) ADL and meet the eligibility criteria outlined in 130 CMR 408.417. | ✓ | | | |
| **Certain Bundled COVID-19 Testing –** Bundled COVID-19 testing when billed under the A0999 code by a provider who has executed a special conditions contract with EOHHS. | ✓ | ✓ | ✓ | |
| **Chapter 766** – home assessments and participation in team meetings. | ✓ | ✓ | | |
| **Chronic or Rehabilitation Hospital Services** - services provided at either a chronic or rehabilitation hospital, or any combination thereof, over 100 days per Contract Year per Enrollee. | | ✓ | ✓ | |
| **Chronic, Rehabilitation Hospital, or Nursing Facility Services** – Both (1) services provided at either a nursing facility, chronic or rehabilitation hospital, or any combination thereof, over 100 days per Contract Year per Enrollee; provided, however, that for Enrollees receiving Hospice services, the Contractor shall cover skilled nursing facility services without limitation; and (2) any stay of any duration in a Commonwealth-designated COVID-19 nursing facility. | ✓ | | | |
| **Day Habilitation –** services provided in a community based day program setting that is open at least Monday through Friday for six hours per day and includes daily programming based on activities and therapies necessary to meet individual goals and objectives. Goals | ✓ | | | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| and objectives are outlined on a day habilitation service plan and are designed to help an Enrollee reach his/her optimal level of physical, cognitive, psychosocial and occupational capabilities. In order to be eligible for Day Habilitation services, the Enrollee must be at least 18 years of age or older; have a diagnosis of mental retardation and/or developmental disability; and meet the eligibility criteria outlined in 130 CMR 419.434. | | | | |
| **Dental** - preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults as described in 130 CMR 420.000. | ✓ | ✓ | ✓ | |
| **Group Adult Foster Care** - services ordered by a physician delivered to an Enrollee in a group housing residential setting such as assisted living, elderly, subsidized or supportive housing. Group Adult Foster Care services are based upon an individual plan of care and include: assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and other personal care as needed, nursing services and oversight and care management. Assistance with ADLs, IADLs and other personal care is provided by a direct care worker that is employed or contracted by the Group Adult Foster Care Provider, Nursing services and oversight and care management are provided by a multidisciplinary team. In order to be eligible for Group Adult Foster Care services, the Enrollee must be at least 22 years of age or older and require assistance with at least one (1) ADL. | ✓ | | | |
| **Intensive Early Intervention Services** - provided to children under three years of age who have a diagnosis of autism spectrum disorder (ASD) and meet clinical eligibility criteria. Such services shall be provided only by DPH-approved, Early Intervention Service Providers. | ✓ | ✓ | | |
| **Isolation and Recovery Site Services –** services received by an Enrollee in an Isolation and Recovery site that are paid for by EOHHS using the payment methodologies described in Administrative Bulletin AB 20-30 or as set forth in the Acute Hospital RFA. | ✓ | ✓ | ✓ | |
| **Keep Teens Healthy** - services provided pursuant to EOHHS's "Keep Teens Healthy" provider agreement. | ✓ | ✓ | | |
| **Personal Care Attendant –** physical assistance with Activities of Daily Living (ADLs) such as: bathing, dressing/grooming, eating, mobility, toileting, medication administration, and | ✓ | | | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| passive range of motion exercise for Enrollees who have a chronic or permanent disability requiring physical assistance with two (2) or more ADLs. If an Enrollee is clinically eligible for PCA, an Enrollee may also receive assistance with Instrumental Activities of Daily Living (IADLs), including household management tasks, meal preparation, and transportation to medical providers. | | | | |
| **Private Duty Nursing/Continuous Skilled Nursing** – a nursing visit of more than two continuous hours of nursing services. This service can be provided by either a home health agency or Independent Nurse. | ✓ | | | |
| **School Based Health Center Services -** all services set forth in this Appendix C delivered in SBHCs, when such services are rendered by a Community Health Center (place of service 03) as described by EOHHS. | ✓ | ✓ | | |
| **Telehealth Network Provider Services** – all services set forth in this **Appendix C** delivered via telehealth, when such services are rendered by a Telehealth Network Provider in the MassHealth provider network | ✓ | ✓ | ✓ | |
| **Transitional Support Services (TSS) for Substance Use Disorders (Level 3.1)** – 24- hour short term intensive case management and psycho-educational residential programming with nursing available for members with substance use disorders who have recently been detoxified or stabilized and require additional transitional stabilization prior to placement in a residential or community based program. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. Pregnant women receive coordination of their obstetrical care. | ✓ | ✓ | ✓ | |
| **Transportation (non-emergent, to in-state location or location within 50 miles of the Massachusetts border)** - ambulance (land), chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to a covered service that is located in-state or within a 50-mile radius of the Massachusetts border. | ✓ | | ✓ | |

| | Coverage Types | | | |
|---|---|---|---|---|
| **Service** | **MassHealth Standard & CommonHealth Enrollees** | **MassHealth Family Assistance Enrollees** | **CarePlus** | |
| **Vision Care (non-medical component)** - prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts. | ✓ | ✓ | ✓ | |

**Appendix C**
**Exhibit 3: MCO Covered Behavioral Health Services**
✓ Denotes a covered service

| | Coverage Types | | |
|---|---|---|---|
| **Service** | **MCO MassHealth Standard & CommonHealth Enrollees** | **MCO MassHealth Family Assistance Enrollees** | **CarePlus** |
| **Inpatient Services** - 24-hour services, delivered in a licensed or state-operated hospital setting, that provide clinical intervention for mental health or substance use diagnoses, or both. This service does not include continuing inpatient psychiatric care delivered at a facility that provides such services, as further specified by EOHHS. **(See details below)** | | | |
| **1. Inpatient Mental Health Services** - hospital services to evaluate and treat an acute psychiatric condition which 1) has a relatively sudden onset; 2) has a short, severe course; 3) poses a significant danger to self or others; or 4) has resulted in marked psychosocial dysfunction or grave mental disability. | ✓ | ✓ | ✓ |
| **2. Inpatient Substance Use Disorder Services (Level 4)** - hospital services that provide a detoxification regimen of medically directed evaluation, care and treatment for psychoactive substance-abusing Enrollees in a medically managed setting. | ✓ | ✓ | ✓ |
| **3. Observation/Holding Beds** - hospital services, for a period of up to 24 hours, in order to assess, stabilize, and identify appropriate resources for Enrollees. | ✓ | ✓ | ✓ |
| **4. Administratively Necessary Day (AND) Services** - a day(s) of inpatient hospitalization provided to Enrollees when said Enrollees are clinically ready for discharge, but an appropriate setting is not available. Services shall include appropriate continuing clinical services. | ✓ | ✓ | ✓ |
| **Diversionary Services** - those mental health and substance use disorder services that are provided as clinically appropriate alternatives to Behavioral Health Inpatient Services, or to support an Enrollee returning to the community following a 24-hour acute placement; or to provide intensive support to maintain functioning in the community. There are two categories of Diversionary Services, those provided in a 24-hour facility, and those which are provided in a non-24-hour setting or facility. **(See detailed services below)** | | | |
| **24-Hour Diversionary Services:** | | | |
| **a. Community Crisis Stabilization** – services provided as an alternative to hospitalization, including short-term psychiatric treatment in structured, community-based therapeutic environments. Community Crisis Stabilization provides continuous 24-hour | ✓ | ✓ | ✓ |

| | Coverage Types | | |
|---|---|---|---|
| **Service** | **MCO MassHealth Standard & CommonHealth Enrollees** | **MCO MassHealth Family Assistance Enrollees** | **CarePlus** |
| observation and supervision for Enrollees who do not require Inpatient Services. | | | |
| b. **Community-Based Acute Treatment for Children and Adolescents (CBAT)** – mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to insure safety for the child or adolescent, while providing intensive therapeutic services including, but not limited to, daily medication monitoring; psychiatric assessment; nursing availability; Specialing (as needed); individual, group and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing, as needed. This service may be used as an alternative to or transition from Inpatient services. | ✓ | ✓ | |
| c. **Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)** – 24-hour, seven days week, medically monitored addiction treatment services that provide evaluation and withdrawal management. Withdrawal management services are delivered by nursing and counseling staff under a physician-approved protocol and physician-monitored procedures and include: bio-psychosocial assessment; individual and group counseling; psychoeducational groups; and discharge planning. Pregnant women receive specialized services to ensure substance use disorder treatment and obstetrical care. Enrollees with Co-Occurring Disorders receive specialized services to ensure treatment for their co-occurring psychiatric conditions. These services may be provided in licensed freestanding or hospital-based programs. | ✓ | ✓ | ✓ |
| d. **Clinical Support Services for Substance Use Disorders (Level 3.5)** – 24-hour treatment services, which can be used independently or following Acute Treatment Services for substance use disorders, and including intensive education and counseling regarding the nature of addiction and its consequences; outreach to families and significant others; and aftercare planning for individuals beginning to engage in recovery from addiction. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. Pregnant women receive coordination of their obstetrical care. | ✓ | ✓ | ✓ |
| e. **Transitional Care Unit (TCU)** – A community based therapeutic program offering high | ✓ | ✓ | |

| Service | Coverage Types | | |
|---|---|---|---|
| | MCO MassHealth Standard & CommonHealth Enrollees | MCO MassHealth Family Assistance Enrollees | CarePlus |
| levels of supervision, structure and intensity of service within an unlocked setting. The program serves children and adolescents, under age 19, who are in the custody of the Department of Children and Families (DCF), who have been determined to need group care or foster care and no longer meet the clinical criteria for continued stay at an acute level of care. The TCU offers comprehensive services, including but not limited to, a therapeutic milieu, psychiatry, aggressive case management, and multidisciplinary, multi-modal therapies**.** | | | |
| **Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)** | | | |
| **a. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)** - 24-hour residential environment that provides a structured and comprehensive rehabilitative environment that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Residential programs licensed and approved to serve pregnant and post-partum women provide assessment and management of gynecological and/or obstetric and other prenatal needs, as well as treatment plans addressing parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. | ✓ | ✓ | ✓ |
| **b. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) -** 24-hour residential environment for families in which a parent has a substance use disorder and either is pregnant, has custody of at least one child or has a physical reunification plan with at least one child within 30 days of admission. Scheduled, goal- | ✓ | ✓ | ✓ |

| | Coverage Types | | |
|---|---|---|---|
| **Service** | **MCO MassHealth Standard & CommonHealth Enrollees** | **MCO MassHealth Family Assistance Enrollees** | **CarePlus** |
| oriented rehabilitative services intended to support parents and children are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal and parenting skills necessary to lead an alcohol and/or drug-free lifestyle and support family reunification and stability. Enrollees receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. | | | |
| **c. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) -** 24-hour developmentally appropriate residential environment designed specifically for either Transitional Age Youth ages 16-21 or Young Adults ages 18-25 that provides a structured and comprehensive rehabilitative environment for that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Enrollees receive at least five hours of individual or group therapy each week in addition to case management, psychoeducation and milieu based rehabilitative activities. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. | ✓ | ✓ | ✓ |
| **d. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) -** 24-hour developmentally appropriate residential environment with enhanced staffing and support designed specifically for youth ages 13-17 that provides a structured and comprehensive rehabilitative environment for that supports each resident's independence and resilience and recovery from alcohol and/or other drug problems. Scheduled, goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining interpersonal skills necessary to lead an alcohol and/or drug-free lifestyle. Members receive at least five hours of individual or group therapy each week in addition to case management, | ✓ | ✓ | ✓ |

| Service | Coverage Types | | |
|---|---|---|---|
| | MCO MassHealth Standard & CommonHealth Enrollees | MCO MassHealth Family Assistance Enrollees | CarePlus |
| psychoeducation and milieu based rehabilitative activities. Enrollees with Co-Occurring Disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. | | | |
| **e. Co-Occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) -** 24-hour, safe, structured environment, located in the community, which supports Enrollee's recovery from addiction and moderate to severe mental health conditions while reintegrating into the community and returning to social, vocation/employment, and/or educational roles. Scheduled, goal-oriented clinical services are provided in conjunction with psychiatry and medication management to support stabilization and development of skills necessary to achieve recovery. Clinical services are provided a minimum of five hours a week and additional outpatient levels of care may be accessed concurrently as appropriate. Programs will ensure that Members have access to prescribers of psychiatric and addiction medications. | ✓ | ✓ | ✓ |
| f. **Population-Specific High Intensity Residential Services (Level 3.3.)** Enhanced 24 hour structured addiction treatment to serve Enrollees who require specialized, tailored programming due to cognitive and other functional impairments caused by co-morbid conditions (e.g. brain injury, fetal alcohol spectrum disorder, dementia, IV antibiotic treatment). This service may entail staffing, environment, and clinical programming modifications in order for Enrollees with cognitive or functional impairments to fully participate in treatment activities. | ✓ | ✓ | ✓ |
| **Non-24-Hour Diversionary Services** | | | |
| a. **Community Support Program (CSP)** - an array of services delivered by a community-based, mobile, multi-disciplinary team of professionals and paraprofessionals. These programs provide essential services to Enrollees with a long standing history of a psychiatric or substance use disorder and to their families, or to Enrollees who are at | ✓ | ✓ | ✓ |

| | Coverage Types | | |
|---|---|---|---|
| **Service** | **MCO MassHealth Standard & CommonHealth Enrollees** | **MCO MassHealth Family Assistance Enrollees** | **CarePlus** |
| varying degrees of increased medical risk, or to children/adolescents who have behavioral health issues challenging their optimal level of functioning in the home/community setting. Services include outreach and supportive services, delivered in a community setting, which will vary with respect to hours, type and intensity of services depending on the changing needs of the Enrollee. | | | |
| **b. Partial Hospitalization (PHP)** – an alternative to Inpatient Mental Health Services, PHP services offer short-term day mental health programming available five to seven days per week. These services consist of therapeutically intensive acute treatment within a stable therapeutic milieu and include daily psychiatric management. | ✓ | ✓ | ✓ |
| **c. Psychiatric Day Treatment** - services which constitute a program of a planned combination of diagnostic, treatment and rehabilitative services provided to a person with mental illness who needs more active or inclusive treatment than is typically available through a weekly visit to a mental health center, individual Provider's office or hospital outpatient department, but who does not need 24-hour hospitalization. | ✓ | ✓ | ✓ |
| **d. Structured Outpatient Addiction Program (SOAP)** - clinically intensive, structured day and/or evening substance use disorder services. These programs can be utilized as a transition service in the continuum of care for an Enrollee being discharged from Acute Substance Abuse Treatment, or can be utilized by individuals, who need Outpatient Services, but who also need more structured treatment for a substance use disorder. These programs may incorporate the evidence-based practice of Motivational Interviewing into clinical programming to promote individualized treatment planning. These programs may include specialized services and staffing for targeted populations including pregnant women, adolescents and adults requiring 24-hour monitoring. | ✓ | ✓ | ✓ |
| **e. Intensive Outpatient Program (IOP)** - a clinically intensive service designed to improve functional status, provide stabilization in the community, divert an admission to an Inpatient Service, or facilitate a rapid and stable reintegration into the community following a discharge from an inpatient service. The IOP provides time-limited, comprehensive, and coordinated multidisciplinary treatment. | ✓ | ✓ | ✓ |

| | Coverage Types | | |
|---|---|---|---|
| **Service** | **MCO MassHealth Standard & CommonHealth Enrollees** | **MCO MassHealth Family Assistance Enrollees** | **CarePlus** |
| **f. Recovery Coaching** - a non-clinical service provided by peers with lived Substance Use Disorder experience who have been certified as Recovery Coaches. Eligible Enrollees will be connected with Recovery Coaches at critical junctures in the Enrollees' treatment and recovery. Recovery Coaches meet with Enrollees and facilitate initiation and engagement to treatment and serve as a guide and motivating factor for the Enrollee to maintain recovery and community tenure. | ✓ | ✓ | ✓ |
| **g. Recovery Support Navigators** - a specialized care coordination service intended to engage Enrollees with Substance Use Disorder in accessing and continuing Substance Use Disorder treatment. RSNs may be located in a variety of Substance Use Disorder treatment environments, doing outreach and building relationships with individuals in programs, including withdrawal management and step-down services. If an Enrollee accepts RSN services upon leaving a Substance Use Disorder treatment program, the RSN will work with the individual on accessing appropriate treatment and staying motivated for treatment and recovery. | ✓ | ✓ | ✓ |
| **h. Program of Assertive Community Treatment (PACT) –** a multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation and support. The program team provides assistance to Covered Individuals to maximize their recovery, ensure consumer-directed goal setting, assist individuals in gaining a sense of hope and empowerment, and provide assistance in helping the individuals served become better integrated into the community. Services are provided in the community and are available, as needed by the individual, 24 hours a day, seven days a week, 365 days a year. | ✓ | ✓ | ✓ |
| **Outpatient Services** - mental health and substance use disorder services provided in person in an ambulatory care setting such as a mental health center or substance use disorder clinic, hospital outpatient department, community health center, or practitioner's office. The services may be provided at an Enrollee's home or school. **(See detailed services below)** | | | |
| **Standard Outpatient Services** – those Outpatient Services most often provided in an ambulatory setting. | | | |

| | Coverage Types | | |
|---|---|---|---|
| **Service** | **MCO MassHealth Standard & CommonHealth Enrollees** | **MCO MassHealth Family Assistance Enrollees** | **CarePlus** |
| **a. Family Consultation** - a meeting of at least 15 minutes' duration, either in person or by telephone, with family members or others who are significant to the Enrollee and clinically relevant to an Enrollee's treatment to: identify and plan for additional services; coordinate a treatment plan; review the individual's progress; or revise the treatment plan, as required. | ✓ | ✓ | ✓ |
| **b. Case Consultation** - an in-person or by telephone meeting of at least 15 minutes' duration, between the treating Provider and other behavioral health clinicians or the Enrollee's primary care physician, concerning an Enrollee who is a client of the Provider, to: identify and plan for additional services; coordinate a treatment plan; review the individual's progress; and revise the treatment plan, as required. Case Consultation shall not include clinical supervision or consultation with other clinicians within the same provider organization. | ✓ | ✓ | ✓ |
| **c. Diagnostic Evaluation** - an assessment of an Enrollee's level of functioning, including physical, psychological, social, educational and environmental strengths and challenges for the purpose of diagnosis and designing a treatment plan. | ✓ | ✓ | ✓ |
| **d. Dialectical Behavioral Therapy (DBT)** - a manual-directed outpatient treatment developed by Marsha Linehan, PhD, and her colleagues that combines strategies from behavioral, cognitive, and supportive psychotherapies for Enrollees with borderline personality disorder who also exhibit chronic, parasuicidal behaviors and adolescents who exhibit these symptoms. DBT may be used for other disorders if the Contractor determines that, based on available research, DBT is effective and meets the Contractor's criteria for determining medical necessity. | ✓ | ✓ | ✓ |
| **e. Psychiatric Consultation on an Inpatient Medical Unit** - an in- person meeting of at least 15 minutes' duration between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and an Enrollee at the request of the medical unit to assess the Enrollee's mental status and consult on a behavioral health or psychopharmacological plan with the medical staff on the unit. | ✓ | ✓ | ✓ |

| | Coverage Types | | |
|---|---|---|---|
| **Service** | **MCO MassHealth Standard & CommonHealth Enrollees** | **MCO MassHealth Family Assistance Enrollees** | **CarePlus** |
| **f. Medication Visit** - an individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist for efficacy and side effects. | ✓ | ✓ | ✓ |
| **g. Couples/Family Treatment** - the use of psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session. | ✓ | ✓ | ✓ |
| **h. Group Treatment** – the use of psychotherapeutic or counseling techniques in the treatment of a group, most of whom are not related by blood, marriage, or legal guardianship. | ✓ | ✓ | ✓ |
| **i. Individual Treatment** - the use of psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis. | ✓ | ✓ | ✓ |
| **j. Inpatient-Outpatient Bridge Visit** - a single-session consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit. The Inpatient-Outpatient Bridge Visit involves the outpatient Provider meeting with the Enrollee and the inpatient team or designated inpatient treatment team clinician. | ✓ | ✓ | ✓ |
| **k. Assessment for Safe and Appropriate Placement (ASAP)** - an assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists, to evaluate individuals who are in the care and custody of DCF and who have been adjudicated delinquent for a sexual offense or the commission of arson, or have admitted to such behavior, or are the subject of a documented or substantiated report of such behavior, and who are being discharged from Inpatient Psychiatric Unit or Hospital or Community-Based Acute Treatment for Children/Adolescents or Intensive Community Based Acute Treatment for Children/Adolescents to a family home care setting. Services are provided through a DCF designated ASAP provider. | ✓ | ✓ | |

| | Coverage Types | | |
|---|---|---|---|
| **Service** | **MCO MassHealth Standard & CommonHealth Enrollees** | **MCO MassHealth Family Assistance Enrollees** | **CarePlus** |
| **l. Collateral Contact** – a communication of at least 15 minutes' duration between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age, including, but not limited to, school and day care personnel, state agency staff, and human services agency staff. | ✓ | ✓ | |
| **m. Acupuncture Treatment** - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction. | ✓ | ✓ | ✓ |
| **n. Opioid Treatment Services** — supervised assessment and treatment of an individual, using FDA approved medications (including methadone, buprenorphine/naloxone, and naltrexone) along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to alleviate the adverse medical, psychological or physical effects incident to opiate addiction. This term encompasses withdrawal treatment and maintenance treatment | ✓ | ✓ | ✓ |
| **o. Ambulatory Withdrawal Management (Level 2WM)** - outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications. Ambulatory Withdrawal Management is provided under the direction of a physician and is designed to stabilize the Member's medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of the individual's symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment. | ✓ | ✓ | ✓ |
| **p. Psychological Testing** - the use of standardized test instruments to assess a Covered Individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing. | ✓ | ✓ | ✓ |
| **q. Special Education Psychological Testing** - psychological, emotional or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special | ✓ | ✓ | |

| Service | Coverage Types | | |
|---|---|---|---|
| | MCO MassHealth Standard & CommonHealth Enrollees | MCO MassHealth Family Assistance Enrollees | CarePlus |
| education programs pursuant to Mass Gen. Law 71B, and which shall be utilized toward the development of an Individualized Educational Plan (IEP). Special Education Psychological Testing shall not be administered more than once a year unless new events have significantly affected the student's academic functioning. | | | |
| **r. Applied Behavioral Analysis for members under 21 years of age (ABA Services)** – A MassHealth service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. This service provides for the performance of behavioral assessments; interpretation of behavior analytic data; development of a highly specific treatment plan; supervision and coordination of interventions; and training other interveners to address specific objectives or performance goals in order to treat challenging behaviors that interfere with a youth's successful functioning. See 101 CMR 358.00. | ✓ | ✓ | |
| **Intensive Home or Community-Based Services for Youth** – mental health and substance use disorder services provided to Enrollees in a community-based setting such as home, school, or community service agency. The services provided are more intensive than services that may be provided through a standard outpatient service. **(See detailed services below)** | | | |
| **a. Family Support and Training:** a service provided to the parent /caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home and other community settings. Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a Family Support and Training Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth's emotional and behavioral needs by improving the capacity of the parent /caregiver to parent the youth so as to improve the youth's functioning. Services may include education, assistance in navigating the child serving systems; fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources, support, coaching, and training for the parent/caregiver. | ✓ | | |

| | Coverage Types | | |
|---|---|---|---|
| **Service** | **MCO MassHealth Standard & CommonHealth Enrollees** | **MCO MassHealth Family Assistance Enrollees** | **CarePlus** |
| **b. Intensive Care Coordination**: a service that provides targeted case management services to individuals under 21 with a Serious Emotional Disturbance including individuals with co-occurring conditions. This service includes assessment, development of an individualized care plan, referral and related activities to implement the care plan and monitoring of the care plan. | ✓ | | |
| **c. In-Home Behavioral Services** – this service usually includes a combination of behavior management therapy and behavior management monitoring, as follows:<br>**C1. Behavior Management Therapy**: This service includes assessment, development of the behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance. This service addresses challenging behaviors which interfere with the child's successful functioning. The Behavior management therapist develops and monitors specific behavioral objectives and interventions, including a crisis-response strategy, that are incorporated into the child's treatment plan. The therapist may also provide short-term counseling and assistance, depending on the child's performance and level of intervention required. Phone contact and consultation may be provided as part of the intervention.<br>**C2. Behavior Management Monitoring**. This service includes implementation of the behavior plan, monitoring the child's behavior, reinforcing implementation of the plan by parents or other caregivers and reporting to the behavior management therapist on implementation of the plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention. | ✓ | | |
| **d. In-Home Therapy Services.** This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows:<br>**D1**. The Therapeutic Clinical Intervention is a structured, consistent, therapeutic relationship between a licensed clinician and the child and family for the purpose of treating the child's mental health needs including improving | ✓ | ✓ | |

| | Coverage Types | | |
|---|---|---|---|
| **Service** | **MCO MassHealth Standard & CommonHealth Enrollees** | **MCO MassHealth Family Assistance Enrollees** | **CarePlus** |
| the family's ability to provide effective support for the child to promote healthy functioning of the child within the family. The clinician develops a treatment plan and, using established psychotherapeutic techniques, works with the entire family or a subset of the family, to enhance problem-solving, limit-setting, communication, emotional support or other family or individual functions. The Therapeutic Clinical Intervention is provided by a qualified licensed clinician who will often work in a team that includes one or more qualified paraprofessionals.<br>**D2**. Ongoing Therapeutic Training and Support is a service provided by a paraprofessional to support implementation of the licensed clinician's treatment plan to achieve the goals of the treatment plan. The paraprofessional assists a licensed clinician in implementing the therapeutic objectives of the treatment plan designed to address the child's mental health and emotional challenges. This service includes teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family in supporting the child in addressing his or her emotional and mental health needs. Phone contact and consultation may be provided as part of the intervention. | | | |
| **e. Therapeutic Mentoring Services:** This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs. Each child or adolescent will have goals and objectives that are designed to support age-appropriate social functioning or ameliorate deficits in the child or adolescent's age-appropriate social functioning. These goals and objectives are developed by the child or adolescent, as appropriate, and his/her treatment team and are incorporated into the treatment plan. The service includes supporting, coaching and training the child or adolescent in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution and relating appropriately to other children and adolescents, as well as | ✓ | | |

| Service | Coverage Types | | |
|---|---|---|---|
| | MCO MassHealth Standard & CommonHealth Enrollees | MCO MassHealth Family Assistance Enrollees | CarePlus |
| adults, in recreational and social activities. The therapeutic mentor works with the child or adolescent in such settings as their home, school or social or recreational activities. | | | |
| **Emergency Services Program (ESP)** - services provided through designated contracted ESPs, and which are available seven days per week, 24 hours per day to provide treatment of any individual who is experiencing a mental health crisis. **In addition to contracted ESPs, ESP Encounter services (not Youth Mobile Crisis Intervention services) may also be provided by outpatient hospital emergency departments as further directed by EOHHS. (See detailed services below.)** | | | |
| **1. ESP Encounter** - each 24-hour period an individual is receiving ESP Services. Each ESP Encounter shall include at a minimum: crisis assessment, intervention and stabilization.<br>**a. Assessment -** a face-to-face evaluation of an individual presenting with a behavioral health emergency, including assessment of the need for hospitalization, conducted by appropriate clinical personnel;<br>**b. Intervention –the** provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and<br>**c. Stabilization –** short-term behavioral health treatment in a structured environment with continuous observation and supervision of individuals who do not require hospital level of care.<br><br>In addition, medication evaluation and specialing services shall be provided if Medically Necessary. | ✓ | ✓ | ✓ |
| **2. Youth Mobile Crisis Intervention:** a short term mobile, on-site, and face-to-face therapeutic service provided for youth experiencing a behavioral health crisis and for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing the immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. Services are available 24 hours a day, 7 days a week. | ✓ | ✓ | |
| **Other Behavioral Health Services** - Behavioral Health Services that may be provided as part of treatment in more than one setting type. | | | |

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

**APPENDIX C**
**Exhibit 4: MassHealth Excluded Services – All Coverage Types**

Except as otherwise noted or determined Medically Necessary by EOHHS, the following services are not covered under MassHealth and as such are not covered by the Contractor.

1. Cosmetic surgery, except as determined by the Contractor to be necessary for:
   a. correction or repair of damage following an injury or illness;
   b. mammoplasty following a mastectomy; or
   c. any other medical necessity as determined by the Contractor.

   All such services determined by the Contractor to be Medically Necessary shall constitute an MCO Covered Service under the Contract.

2. Treatment for infertility, including in-vitro fertilization and gamete intra-fallopian tube (GIFT) procedures.

3. Experimental treatment.

4. Personal comfort items including air conditioners, radios, telephones, and televisions (effective upon promulgation by EOHHS of regulations at 130 CMR regarding non-coverage of air conditioners).

5. Services not otherwise covered by MassHealth, except as determined by the Contractor to be Medically Necessary for MassHealth Standard or MassHealth CommonHealth Enrollees under age 21. In accordance with EPSDT requirements, such services constitute an MCO Covered Service under the Contract.

6. A service or supply which is not provided by or at the direction of a Network Provider, except for:
   a. Emergency Services as defined in **Section 1** of this Contract;
   b. Family Planning Services; and
   c. Services provided to newborns during the period prior to notification by EOHHS of retroactive enrollment of the newborn as provided in **Section 2.4.C.**

7. Non-covered laboratory services as specified in 130 CMR 401.411.