Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth

MassHealth
Transmittal Letter MHC-39
January 2009

TO: Mental Health Centers Participating in MassHealth

FROM: Tom Dehner, Medicaid Director

RE: *Mental Health Center Manual* (Implementation of the Child and Adolescent Needs and Strengths Tool)

This letter transmits revisions to the mental health center regulations to implement the Child and Adolescent Needs and Strengths (CANS) tool. The CANS is a standardized behavioral-health assessment tool that MassHealth is implementing as part of the Children's Behavioral Health Initiative (CBHI) for members under the age of 21.

These regulations are effective December 26, 2008.

Overview of the MassHealth CANS Requirement
MassHealth providers who furnish behavioral-health services to MassHealth members under the age of 21 are required to ensure that certain clinicians are certified every two years, according to the process established by MassHealth, to use the CANS, and that those clinicians complete the CANS as part of any comprehensive evaluation before the member starts individual, group, or family therapy, and update the CANS at least every 90 days thereafter as part of the review of the member's treatment plan. For each CANS conducted, these providers are required to document the data collected during the assessment in the member's medical record and report it to MassHealth in a specified manner and format.

Description of the CANS Tool
MassHealth has developed two versions of the CANS tool: "CANS Birth through Four" and "CANS Five through Twenty." In addition to the CANS assessment questions, both forms allow the clinician to record the determination of whether the member has a serious emotional disturbance (SED).

Providers can access the two CANS forms, as well as frequently asked questions relating to them, on the MassHealth CBHI Web site at www.mass.gov/masshealth/childbehavioralhealth. Click on Information for Providers. The link for the CANS tool is under the first heading. The CBHI Web site also includes a bibliography of published papers and other resources on the CANS approach.

CANS Requirements for Mental Health Centers
The following qualified clinicians at mental health centers who provide individual, group, or family therapy to members under the age of 21 must complete the CANS during the initial behavioral-health assessment before the initiation of therapy and must update it every 90 days thereafter:

- psychiatrists and psychiatric residents;
- psychologists;
- social workers;
- psychiatric nurse mental-health clinical specialists; and
- counselors.

Mental health centers are required to verify, as part of treatment planning and review, that the CANS was completed at the initial behavioral-health assessment and updated at least every 90 days thereafter. In addition, a mental health center's utilization review plan must verify for each case that the CANS has been done accordingly. Mental health centers must also establish and implement procedures for staff training and evaluation that include CANS certification.

The medical record of each member under the age of 21 must include a CANS completed at the initial behavioral-health assessment and updated at least every 90 days thereafter. In addition, for each CANS conducted, mental health centers must ensure that the data collected is reported to MassHealth in the format that is specified in the section entitled "CANS Reporting Requirements: "Paper CANS" and the Web-based Massachusetts CANS Application."

Completion of the CANS for Members Currently Receiving Therapy
If a member has an ongoing relationship with a mental health center to receive individual, group, or family therapy before the effective date of these regulations, it is **not necessary** to perform another initial assessment, including the CANS, or to update the CANS every 90 days thereafter when the treatment plan is reviewed for that member. However, if the member leaves treatment and subsequently returns for a new course of treatment, it is necessary to perform a new initial assessment, using the CANS for that member, and to update the CANS every 90 days thereafter.

CANS Certification and Training Requirements
Clinicians who are required to use the CANS must be certified every two years by passing an online CANS certification examination. Bachelors-level direct service providers or paraprofessionals will not be trained or certified in the CANS.

Certified clinicians can use both versions of the Massachusetts CANS: "CANS Birth through Four" and "CANS Five through Twenty."

MassHealth is offering online and in-person training opportunities to assist clinicians with the certification process. The in-person training is being conducted by the University of Massachusetts Medical School on various dates across the state. Participation in both the in-person and online training will be free of charge and will include free Continuing Education Units (CEUs). Participation is voluntary, but encouraged. It is not necessary to participate in training in order to take the certification exam.

Information about the CANS training and certification exam can be found on the Web at https://masscans.ehs.state.ma.us. This Web site provides access to the online training, the online certification exam, and the schedule of the in-person training sessions.

For more information about CANS training or certification please contact the Massachusetts CANS Training Center by calling **508-856-1016** or e-mailing Mass.CANS@umassmed.edu.

CANS Reporting Requirements: "Paper CANS" and the Web-based Massachusetts CANS Application

MassHealth has developed a new Web-based application that permits providers to enter and view CANS data in a secure environment, subject to consent by the member, his or her custodial parent, or other authorized individual. The CANS application is accessible through the Executive Office of Health and Human Services (EOHHS) Virtual Gateway (VG) Web portal.

MassHealth is rolling out the online CANS application in two stages. The first release was in December 2008. It allows users to develop familiarity with the application and asks users to document certain member demographic information and answer the questions that determine if the member has a serious emotional disturbance (SED). The second release, which is expected in the spring of 2009, will add the rest of the assessment questions from the two versions of the CANS tool.

With the CANS application available online, mental health centers are required to use this application each time the CANS is completed or updated to satisfy their CANS data reporting requirements. Until the second release of the online CANS application, which is expected in the spring of 2009, the CANS must be completed on paper and be included in the member's medical record. Once the second release occurs, providers can choose to include a copy of the CANS in either an electronic or paper form in the member's medical record. However, providers must be sure to exercise one of these options. At no point should a CANS form be mailed to EOHHS or MassHealth. The CANS forms are available at the MassHealth CBHI Web site at www.mass.gov/masshealth/childbehavioralhealth. Click on Information for Providers. The link for the CANS tool is under the first heading. This link will take you to PDF and RTF (for screen readers for the visually disabled) versions of the two CANS forms.

Mental health centers can obtain updated information about the release schedule of the CANS application on the CBHI Web site at www.mass.gov/masshealth/childbehavioralhealth. Providers should check this site regularly for updated information.

In order to use the online CANS application, mental health centers must ensure that the facility is enrolled with the VG and that each clinician who will be entering and viewing data in the CANS application has his or her own VG user ID. In addition, the CANS application will allow data entry operators to perform certain functions on behalf of clinicians. Each data entry operator also needs his or her own VG user ID. Enrollment with the VG for other business applications, such as STARS or EIM/EIS, does not satisfy this requirement.

For assistance in the process in obtaining access to the CANS application, mental health centers should send the following information to VirtualGatewayCBHI@state.ma.us:

- the name of the facility or organization;
- the name, address, phone, and e-mail address for a CANS point-of-contact at the organization who is being identified to work with the Virtual Gateway Deployment Unit;
- a statement indicating whether or not the organization has access to the VG Web portal (yes or no);
- the number of clinicians who need access to the CANS application; and
- a statement indicating whether or not anyone in the organization has completed the CANS training. (If yes, provide the number of individuals who have completed the training.)

If you have any comments or concerns about the VG enrollment process or technical questions about the CANS application, please send them to VirtualGatewayCBHI@state.ma.us.

MassHealth is developing job aids and interactive flash files for the CANS application. There will be a job aid explaining how to log onto the application. Also, there will be separate job aids for clinicians, data entry operators, and provider organization staff to help them use and navigate the various functions that they have access to in the system. The job aids will be available on the CBHI Web site at www.mass.gov/masshealth/childbehavioralhealth. In addition, for clinicians registered on the VG, the job aids and flash files will be transmitted electronically from the VG Team to provide instruction on the application.

Payment for CANS: Service Code 90801-HA
For dates of service on or after November 30, 2008, mental health centers should bill for the initial behavioral-health assessment that includes the CANS as a psychiatric diagnostic interview examination, using Service Code 90801 with the modifier HA. MassHealth will reimburse mental health centers at an enhanced rate for billing Service Code 90801-HA.

To implement this requirement, the modifier HA for Service Code 90801 has been added to Subchapter 6 of the mental health center manual under "Modifiers."

The diagnostic examination that includes the CANS tool may require two sessions. Mental health centers may bill according to the Subchapter 6 guidelines, which limit billing to two sessions consisting of no more than two 30-minute units each.

The review and updating of the CANS required every 90 days for members in ongoing individual, group, or family therapy is part of treatment planning and documentation. As such, it is not a separately billable service.

If you wish to obtain a fee schedule for Service Code 90801-HA, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of DHCFP regulations from either the Massachusetts Book Store or from DHCFP (see addresses and telephone numbers below). The regulation title is 114.3 CMR 6.00.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Other Changes to the Regulations
Other revisions to the mental health center regulations clarify references to the Division of Health Care Finance and Policy regulations that apply to mental health center services and add language about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. Specifically, pursuant to 130 CMR 450.144(A), a provider may request prior authorization for any medically necessary service for a MassHealth Standard or CommonHealth member under the age of 21, even if it is not designated as payable under Subchapter 6 of the mental health center manual.

Contact Numbers
If you need technical assistance with the VG, you may contact VG Customer Assistance at 1-800-421-0938, ext. 5.

If you have questions about CANS training or certification, contact the Massachusetts CANS Training Center at 508-856-1016 or e-mail your questions to Mass.CANS@umassmed.edu.

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

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

Mental Health Center Manual

Pages iv, 4-1, 4-2, 4-5 through 4-26, and 6-1 through 6-4

OBSOLETE MATERIAL
(The pages listed here are no longer in effect.)

Mental Health Center Manual

Pages iv, 4-1, 4-2, 4-5, 4-6, and 4-9 through 4-20 — transmitted by Transmittal Letter MHC-32

Pages 4-7, 4-8, and 4-21 through 4-24 — transmitted by Transmittal Letter MHC-35

Pages 6-1 and 6-2 — transmitted by Transmittal Letter MHC-37

4. PROGRAM REGULATIONS

429.401: Introduction

130 CMR 429.000 establishes requirements for participation of mental health centers in MassHealth and governs mental health centers operated by freestanding clinics, satellite facilities of clinics, and identifiable units of clinics. All mental health centers participating in MassHealth must comply with the MassHealth regulations, including but not limited to MassHealth regulations set forth in 130 CMR 429.000 and 450.000.

429.402: Definitions

The following terms used in 130 CMR 429.000 have the meanings given in 130 CMR 429.402 unless the context clearly requires a different meaning.

After-Hours Telephone Service — telephone coverage during the hours when the center is closed for members who are in a crisis state.

Autonomous Satellite Program — a mental health center program operated by a satellite facility with sufficient staff and services to substantially assume its own clinical management independent of the parent center.

Case Consultation — a scheduled meeting of at least one-half hour's duration between the clinical staff at the mental health center and other providers of treatment concerning a member who is a center's client. Other providers of treatment are professional staff who are not employed by the mental health center but who are actively providing care or treatment for the member. The purpose of case consultation must be at least one of the following:

(1) to identify and plan for additional services;
(2) to coordinate a treatment plan with other providers involved in the member's care;
(3) to review the member's progress; or
(4) to revise the treatment plan as required.

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.

Core Discipline — one of the following disciplines: psychiatry, social work, psychology, or psychiatric nursing, most or all of which are represented by the professionals qualified in these disciplines who comprise a mental health center's core team.

Core Team — a group of three or more mental-health professionals that must include a psychiatrist and one each of at least two of the following professionals: clinical or counseling psychologist, psychiatric social worker, or psychiatric nurse. The members of this group collaborate in developing a diagnostic evaluation and treatment plan for the patient, utilizing their particular skills, competencies, and perspectives.

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

Crisis Intervention/Emergency Services — immediate mental health evaluation, diagnosis, hospital prescreening, treatment, and arrangements for further care and assistance as required, provided during all hours to clients showing sudden, incapacitating emotional stress.

Dependent Satellite Program — a mental health center program in a satellite facility that is under the direct clinical management of the parent center.

Diagnostic Services — the examination and determination of a patient's physical, psychological, social, economic, educational, and vocational assets and disabilities for the purpose of designing a treatment plan.

Family Consultation — a scheduled meeting of at least one-half hour 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 session.

Freestanding Clinic — any institution licensed as a clinic by the Massachusetts Department of Public Health pursuant to M.G.L. c. 111, s. 51, that is not part of a hospital and that possesses its own legal identity, maintains its own patient records, and administers its own budget and personnel. Such institutions include mental health centers and community health centers.

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.

Home Visits — crisis intervention, individual, group, or family therapy, and medication provided in the residence (excluding a medical institution) of a current member, when the member is unable to be served on the center's premises.

Identifiable Unit — a separate organizational unit that is located in a separate part of a clinic, and that is identifiable in its fiscal, personnel, and program elements.

Individual Therapy — psychotherapeutic services provided to an individual.

Long-Term Therapy — a combination of diagnostics and individual, couple, family, and group therapy planned to extend more than 12 sessions.

Medication Visit — a member visit specifically for the prescription, review, and monitoring of psychotropic medication by a psychiatrist or administration of prescribed intramuscular medication by a physician or a nurse.

429.405: In-State Providers: Certification

(A) A center operated by a freestanding clinic, or an identifiable unit of a clinic, must meet the requirements listed in 130 CMR 429.421 through 429.441 in order to be certified by the MassHealth agency. A center operated by a satellite facility of a freestanding clinic must meet all the requirements for certification as well as the additional requirements outlined in 130 CMR 429.439, except for a dependent satellite program that is exempt from full compliance with 130 CMR 429.421, subject to the conditions set forth in 130 CMR 429.439(D).

(B) A separate application for certification as a mental health center must be submitted for each parent center and satellite facility operated by the applicant. The application must be made on the form provided by the MassHealth agency and must be submitted to the MassHealth agency's Mental Health Center Program. The MassHealth agency may request additional information from the applicant to evaluate the center's compliance with the regulations in 130 CMR 429.000.

(C) Based on the information revealed in the certification application and the findings of a site inspection, the MassHealth agency will determine whether the applicant is certifiable or not. The MassHealth agency will notify the applicant of the determination in writing within 60 days after the date of the site visit. If the MassHealth agency determines that the applicant is not certifiable, the notice will contain a statement of the reasons for that determination, recommendations for corrective action, and an assessment of the applicant's prospects for certification, so that the applicant may reapply for certification once corrective action has been taken.

(D) The certification is valid only for the center 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 a satellite facility must obtain separate certification from the MassHealth agency in order to receive payment.

429.406: In-State Providers: Reporting Requirements

(A) All mental health centers must complete an annual report on forms furnished by the MassHealth agency and file them with the MassHealth agency within 90 days after the close of the MassHealth agency’s fiscal year. The report must include the current staffing pattern, indicate any revisions or changes in written policies and procedures, describe the role of the psychiatrist, and provide any other information that the MassHealth agency may request.

(B) The MassHealth agency may conduct a site visit to verify compliance with 130 CMR 429.000. If deficiencies are observed during such a site visit, the MassHealth agency will send the center a letter itemizing these deficiencies. The center must then submit a plan of correction for all deficiencies cited in the letter, including the specific corrective steps to be taken, a timetable for these steps, and the date by which full compliance will be achieved, which must be no later than three months after the date of the MassHealth agency’s letter. The MassHealth agency will accept the plan of correction only if it conforms to these requirements.

(C) All centers must submit promptly to the MassHealth agency the name and resume of any new clinical director or administrator. (See 130 CMR 429.423.)

(D) All centers must comply with all reporting requirements established under regulations of the Massachusetts Division of Health Care Finance and Policy.

429.407: In-State Providers: Revocation of Certification

(A) The MassHealth agency has the right to review a mental health center's continued compliance with the conditions for certification referred to in 130 CMR 429.405 and the reporting requirements in 130 CMR 429.406 upon reasonable notice and at any reasonable time during the center's hours of operation. The MassHealth agency has the right to revoke the certification, subject to any applicable provisions of the MassHealth administrative and billing regulations at 130 CMR 450.000, 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 certification, it may withhold payment, temporarily suspend the center from participation in MassHealth, or impose some other lesser sanction as the MassHealth agency sees fit.

429.408: In-State Providers: Maximum Allowable Fees

(A) The MassHealth agency pays for mental health center services with rates set by the Massachusetts Division of Health Care Finance and Policy (DHCFP), subject to the conditions, exclusions, and limitations set forth in 130 CMR 429.000. DHCFP fees for mental health center services are contained in 114.3 CMR 6.00.

(B) In the event that the center has a sliding-scale charge structure, the maximum published charges will be considered the center's usual charge to the general public, provided the following conditions are met:

(1) the center's full charges must be published in a fee schedule;
(2) the center's revenues must be based on the application of full charges with allowances noted for reduction of fees;
(3) the center's procedure for reduction of fees must be in accordance with written policies; and
(4) the center must maintain sufficient information to document the amount of the reductions.

(C) Administrative Operations. Payment by the MassHealth agency for a mental-health service includes payment for administrative operations and for all aspects of service delivery not explicitly included in 130 CMR 429.000, such as, but not limited to

(1) patient registration;
(2) telephone contacts with members or other parties;
(3) supervision or consultation with another staff member;
(4) information and referral; and
(5) recordkeeping.

429.409: Out-of-State Providers: Maximum Allowable Fees

Payment to a mental health center located out of state is in accordance with the applicable rate schedule of its state's medical assistance program or its equivalent and is always subject to the applicable conditions, exclusions, and limitations set forth in 130 CMR 429.000.

429.410: Nonreimbursable Services

(A) Nonmedical Services. The MassHealth agency does not pay mental 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);
(5) street worker services (information, referral, and advocacy to certain age populations; liaison with other agencies; role modeling; and community organization); and
(6) 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.

(D) Referrals. A provider to whom a member is referred must bill the MassHealth agency directly, not through the mental health center. (See 130 CMR 429.411.)

429.411: Referrals

(A) All services provided by referral must be based on written agreements between the mental health center and the provider to whom a member is referred that ensure continuity of care, exchange of relevant health information, such as test results and records, and avoidance of service duplication. This agreement must also contain follow-up provisions to ensure that the referral process is completed successfully.

(B) The provider to whom a member is referred must bill the MassHealth agency directly for all such referral services, not through the mental health center. In order to receive payment for referral services, the referral provider must be a participating provider in MassHealth on the date of service.

429.412: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

The MassHealth agency pays for all medically necessary mental 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 429.000, and with prior authorization.

(130 CMR 429.413 through 429.420 Reserved)

429.421: Scope of Services

(A) Requirements.

(1) A mental health center must have services available to treat a wide range of mental and emotional disorders, and it must provide comprehensive diagnostic assessments for a wide range of problems. 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 429.411.

(2) All services must be clinically determined to be medically necessary and appropriate, and must be delivered by qualified staff in accordance with 130 CMR 429.424, and as part of the treatment plan in accordance with 130 CMR 429.432. These services are provided in intermittent sessions that ordinarily last less than two hours and are available on a walk-in or an appointment basis. Except for diagnostic and crisis intervention/emergency services, mental health centers must deliver all services to members with a psychiatric diagnosis and who function at a sufficient level to benefit from treatment.

(B) Diagnostic and Treatment Services. A center must have the capacity to provide at least the following diagnostic and treatment services, as defined in 130 CMR 429.402:

(1) diagnostic services;
(2) psychological testing;
(3) long-term therapy;
(4) short-term therapy;
(5) individual therapy;
(6) couple therapy;
(7) family therapy;
(8) group therapy;
(9) medication visit;
(10) case consultation;
(11) family consultation;
(12) crisis intervention/emergency services;
(13) after-hours telephone service. The telephone service must provide arrangements for effectively responding to the crisis. (A tape-recorded telephone message instructing patients to call a hospital emergency room is not acceptable.) Acceptable arrangements include

(a) professional staff members available to talk to clients over the telephone and, if indicated, to arrange for further care and assistance directly or through referral; or

(b) an after-hours live telephone service and a referral arrangement with a local hospital emergency department or other emergency service, established through a written agreement that sets forth the policy, personnel, referral, coordination, and other procedural commitments as set forth in 130 CMR 429.411; and

(14) home visits.

429.422: Staff Composition Requirements

(A) The mental health center must have a balanced interdisciplinary staffing plan that includes three or more core professional staff members who meet the qualifications outlined in 130 CMR 429.424 for their respective professions. Of these, one must be a psychiatrist, and two must be from separate nonphysician core disciplines, including psychology, social work, or psychiatric nursing. Certain additional staffing requirements are contained in 130 CMR 429.423.

(B) The staff must have specific training and experience to treat the target populations of the center. For example, staff treating children are required to have specialized training and experience in children's services. As further described in 130 CMR 429.424, staff who provide individual, group, and family therapy to members under the age of 21 must be certified every two years to administer the Child and Adolescent Needs and Strengths (CANS), according to the process established by the Executive Office of Health and Human Services (EOHHS).

(C) For clinic-licensed mental health centers, the staff composition requirements are contained in 130 CMR 429.422 and 429.423. Clinic-licensed mental health centers must employ the equivalent of at least three full-time professional staff members, two of whom must be core team members who meet qualifications outlined in 130 CMR 429.423 for their respective disciplines. When a clinic-licensed mental health center has 10 employees or fewer, the core team members must work a minimum of 20 hours a week.

(D) Dependent satellite programs must employ at least two full-time equivalent professional staff members from separate nonphysician core disciplines. The Director of Clinical Services at the parent center must ensure that supervision requirements of 130 CMR 429.438(E) are performed. If the satellite program's staff do not meet the qualifications for core disciplines as outlined in 130 CMR 429.424, they must receive supervision from qualified core staff professionals of the same discipline at the parent center.

(E) For clinic-licensed community health centers, the center must employ at least two half-time professional staff members from separate, nonphysician core disciplines who meet the qualifications outlined in 130 CMR 429.424 for their respective disciplines.

(F) Autonomous satellite programs, as defined in 130 CMR 429.402, must meet the requirement’s specified in 130 CMR 429.422(C).

429.423: Position Specifications and Qualifications

(A) Administrator. The mental health center must designate one individual as administrator, who is responsible for the overall operation and management of the center and for ensuring compliance with MassHealth regulations. The administrator must have previous training or experience in personnel, fiscal, and data management, as described in 130 CMR 429.438.

(1) The same individual may serve as both the administrator and clinical director.

(2) In a community health center, the administrator of the entire facility may also administer the mental health center program.

(B) Director of Clinical Services. Mental health centers must designate a professional staff member to be the clinical director who is then responsible to the administrator for the direction and control of all professional staff members and services.

(1) The clinical director must be licensed, certified, or registered to practice in one of the core disciplines listed in 130 CMR 429.424, and must have had at least five years of full-time, supervised clinical experience subsequent to obtaining a master's degree, two years of which must have been in an administrative capacity. The clinical director must be employed on a full-time basis. When the clinic is licensed as a community health center, the clinical director must work at the center at least half-time.

(2) The specific responsibilities of the clinical director include

(a) selection of clinical staff and maintenance of a complete staffing schedule;
(b) establishment of job descriptions and assignment of staff;
(c) overall supervision of staff performance;
(d) accountability for adequacy and appropriateness of patient care;
(e) in conjunction with the medical director, accountability for employing adequate psychiatric staff to meet the psychopharmalogical needs of clients;
(f) establishment of policies and procedures for patient care;
(g) program evaluation;
(h) provision of some direct patient care in circumstances where the clinical director is one of the three minimum full-time equivalent staff members of the center;
(i) development of in-service training for professional staff; and
(j) establishment of a quality management program.

(C) Medical Director. The mental health center must designate a psychiatrist who meets the qualifications outlined in 130 CMR 429.424(A) as the medical director, who is then responsible for establishing all medical policies and protocols and for supervising all medical services provided by the staff. The medical director must work at the center a minimum of eight hours a week. When the clinic is licensed as a community health center, the medical director must work at the center at least four hours a week.

(D) Psychiatrist.

(1) The roles and duties of administrator, director of clinical services, and medical director, as detailed in 130 CMR 429.423(A), (B), and (C), may be assumed, all or in part, by a psychiatrist on the center's staff, provided that provision of services to members and performance of all relevant duties in these regulations are carried out to meet professionally recognized standards of health care, as required by MassHealth administrative and billing regulations at 130 CMR 450.000.

(2) The role of the psychiatrist in the center, apart from any duties that may be assumed under 130 CMR 429.423(A), (B), or (C), must include the following:

(a) responsibility for the evaluation of the physiological, neurological, and psychopharmacological status of the center's clients;

(b) involvement in diagnostic formulations and development of treatment plans;

(c) direct psychotherapy, when indicated;

(d) participation in utilization review or quality-assurance activity;

(e) coordination of the center's relationship with hospitals and provision of general hospital consultations as required;

(f) supervision of and consultation to other disciplines; and

(g) clinical coverage on an "on call" basis at all hours of center operation.

429.424: Qualifications of Staff by Core Discipline

(A) Psychiatrist.

(1) At least one staff psychiatrist must either currently be certified by the American Board of Psychiatry and Neurology, or be eligible and applying for such certification.

(2) Any additional psychiatrists must be, at the minimum, licensed physicians in their second year of a psychiatric residency program accredited by the Council on Medical Education of the American Medical Association. Such physicians must be under the direct supervision of a fully qualified psychiatrist.

(3) Any psychiatrist or psychiatric resident who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by the Executive Office of Health and Human Services (EOHHS).

(B) Psychologist.

(1) At least one staff psychologist must be licensed by the Massachusetts Board of Registration of Psychologists with a specialization listed in clinical or counseling psychology or a closely related specialty.

(2) Additional staff members trained in the field of clinical or counseling psychology or a closely related specialty must

(a) have a minimum of a master's degree or the equivalent graduate study in clinical or counseling psychology or a closely related specialty from an accredited educational institution;

(b) be currently enrolled in or have completed a doctoral program in clinical or counseling psychology or a closely related specialty; and

(c) have had two years of full-time supervised clinical experience subsequent to obtaining a master's degree in a multidisciplinary mental-health setting. (One year of supervised clinical work in an organized graduate internship program may be substituted for each year of experience.) All services provided by such additional staff members must be under the direct and continuing supervision of a psychologist meeting the requirements set forth in 130 CMR 429.424(B)(1).

(3) Any psychologist who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by the Executive Office of Health and Human Services (EOHHS).

(C) Social Worker.

(1) At least one staff social worker must have received a master's degree in social work from an accredited educational institution and must have had at least two years of full-time supervised clinical experience subsequent to obtaining a master's degree. This social worker must also be licensed or have applied for and have a license pending as an independent clinical social worker by the Massachusetts Board of Registration of Social Workers.

(2) Any additional social workers on the staff must provide services under the direct and continuous supervision of an independent clinical social worker. Such additional social workers must be licensed or applying for licensure as certified social workers by the Massachusetts Board of Registration of Social Workers and 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.

(3) Any social worker who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by the Executive Office of Health and Human Services (EOHHS).

(D) Psychiatric Nurse.

(1) At least one psychiatric nurse must be currently registered by the Massachusetts Board of Registration in Nursing and must have a master's degree in nursing from an accredited National League of Nursing graduate school with two years of full-time supervised clinical experience in a multidisciplinary mental-health setting and be eligible for certification as a clinical specialist in psychiatric/mental-health nursing by the American Nursing Association.

(2) Any other nurses must be currently registered by the Massachusetts Board of Registration in Nursing and must have a bachelor's degree from an educational institution accredited by the National League of Nursing and two years of full-time supervised skilled experience in a multidisciplinary mental-health setting subsequent to that degree, or a master's degree in psychiatric nursing.

(3) Any psychiatric nurse mental-health clinical specialist who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by the Executive Office of Health and Human Services (EOHHS).

(E) Counselor.

(1) All counselors and unlicensed staff included in the center must be under the direct and continuous supervision of a fully qualified professional staff member trained in one of the core disciplines described in 130 CMR 429.424(A) through (D).

(2) All counselors must hold a master's degree in counseling education, counseling psychology, or rehabilitation counseling from an accredited educational institution and must have had two years of full-time supervised clinical experience in a multidisciplinary mental-health setting subsequent to obtaining the master's degree. (One year of supervised clinical work in an organized graduate internship program may be substituted for each year of full-time experience.)

(3) Any counselor who provides individual, group, or family therapy to members under the age of 21 must be certified every two years to administer the CANS, according to the process established by the Executive Office of Health and Human Services (EOHHS).

(F) Occupational Therapist.

(1) Any occupational therapist must be currently registered by the American Occupational Therapy Association and must have

(a) a master's degree in occupational therapy from an accredited program in occupational therapy; or

(b) a bachelor's degree in occupational therapy from an accredited program in occupational therapy and a master's degree in a related field such as psychology, social work, or counseling.

(2) In addition, any occupational therapist must have at least two years of full-time supervised clinical experience subsequent to obtaining a master's degree. (One year of supervised clinical work in an organized graduate internship program may be substituted for each year of full-time experience.)

(130 CMR 429.425 through 429.430 Reserved)

429.431: Operating Procedures

(A) A professional staff member must conduct a comprehensive evaluation of each member prior to initiation of therapy. For members under the age of 21, a CANS 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, as described in 130 CMR 429.424.

(B) The center must accept a member for treatment, refer the member for treatment elsewhere, or both, if the intake evaluation substantiates a mental or emotional disorder.

(C) One professional staff member must assume primary responsibility for each member (the primary therapist).

(D) The center program must make provisions for responding to persons needing services on a walk-in basis.

(E) The center must take appropriate steps to facilitate uninterrupted and coordinated member care whenever it refers a member elsewhere for treatment not available at the center or for subsequent treatment.

(F) Before referring a member elsewhere, the center must, with the member's consent, send a summary of or the actual record of the member to that referral provider prior to initiation of therapy.

429.432: Treatment Planning and Case Review

In conjunction with the primary therapist, a multidisciplinary team, composed of at least one psychiatrist and any two of the following: a psychologist, a social worker, or a psychiatric nurse (plus any other professional staff deemed appropriate) is responsible for conducting case conference meetings in accordance with the following:

(A) within four client visits, prepare a comprehensive written treatment plan that is based on the initial evaluation, incorporates short- and long-term treatment goals, and establishes criteria for determining when termination of treatment is appropriate;

(B) at least once every 90 days, review the member's treatment plan, enter into the member's records an updated statement of the problems, goals, and treatment activities and, if indicated, a reformulation of the treatment plan, and for members under the age of 21, ensure that the CANS has been completed at the initial behavioral-health assessment and is updated at least every 90 days thereafter; and

(C) review each case at termination of treatment and prepare a termination summary that describes the course of treatment and the aftercare program or resources in which the member is expected to participate.

429.433: Coordination of Medical Care

A mental health center must coordinate psychotherapeutic treatment with medical care for MassHealth members. If a member has not received a physical exam within six months of the date of intake, the mental health center must advise the member that one is needed. If the member does not have an existing relationship with a physician, the mental health center must assist the member in contacting the MassHealth agency's customer service toll-free line to receive help in selecting a physician. If the member does not want a physical examination, the member's record must document the member's preference and any stated reason for that preference.

429.434: Schedule of Operations

(A) There must be at least one location where a freestanding mental health center operates a program that is open at least 40 hours a week.

(B) A mental health center operated by a clinic-licensed community health center must be open at least 20 hours a week.

(C) When the center is closed, telephone coverage must be provided by personnel offering referral to operating emergency facilities, on-call clinicians, or other mechanisms for effectively responding to a crisis, in accordance with the requirements set forth at 130 CMR 429.421(B)(13).

429.435: Utilization Review Plan

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

(A) A utilization review committee must be formed, composed of the clinical director (or his or her designee), a psychiatrist, and one other professional staff member from each core discipline represented at the center who meets all the qualifications for the discipline, as outlined in 130 CMR 429.424.

(B) The utilization review committee must review each of the center's cases at least in the following circumstances:

(1) within 90 days of initial contact;

(2) when a member has required more than 50 visits every 12 months and has not required hospitalization or extensive crisis intervention during that period; and

(3) following termination.

(C) The utilization review committee must verify for each case that
(1) the diagnosis has been adequately documented;
(2) the treatment plan is 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 adequate follow-up when a member misses appointments or drops out of treatment;
(6) there is progress toward achievement of short- and long-term goals; and
(7) for members under the age of 21, 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 he or she is treating directly.

(E) The mental health center must maintain minutes that are sufficiently detailed to show the decisions of each review and the basis on which any decisions are made so that the MassHealth agency may conduct such audits as it deems necessary.

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

429.436: Recordkeeping Requirements

(A) A mental health center must maintain on its premises either the original record or a microfilm of the original record for each member for a period of at least four years following the date of service. When a member is transferred from a mental health center that is a component of a community health center to an independent agency affiliated with the community health center, the mental health center itself must retain a copy of the member's record if it forwards the record to the affiliated agency.

(B) The center must obtain written authorization from each member or his or her 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 program and to meet regulatory requirements. All such information must be released on a confidential basis.

(C) Each member's record must include the following information:
(1) the member's name and case number, MassHealth identification number, address, telephone number, sex, age, date of birth, marital status, next of kin, school or employment status (or both), and date of initial contact;

(2) a report of a physical examination performed within six months of the date of intake or documentation that the member did not want to be examined and any stated reason for that preference;
(3) the name and address of the member's primary care physician or, if not available, another physician who has treated the member;
(4) the member's description of the problem, and any additional information from other sources, including the referral source, if any;
(5) the events precipitating contact with the center;
(6) the relevant medical, psychosocial, educational, and vocational history;
(7) a comprehensive functional assessment of the member at intake and semi-annually thereafter;
(8) the clinical impression of the member and a diagnostic formulation, including a specific diagnosis using standard nomenclature;
(9) a listing of realistic long-range goals, and a time frame for their achievement;
(10) a listing of short-term objectives, which must be established in such a way as to lead toward accomplishment of the long-range goals;
(11) 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;
(12) a schedule of dates for utilization review to determine the member's progress in accomplishing goals and objectives;
(13) the name, qualifications, and discipline of the therapist primarily responsible for the member;
(14) a written record of quarterly reviews by the primary therapist, which relate to the short- and long-range goals;
(15) progress notes on each visit written and signed by the primary therapist that include the therapist's discipline and degree, as well as notes by other professional staff members significantly involved in the treatment plan;
(16) all information and correspondence regarding the member, including appropriately signed and dated consent forms;
(17) a medication-use profile;
(18) when the member is discharged, a discharge summary, including a recapitulation of the member's treatment and recommendations for appropriate services concerning follow-up as well as a brief summary of the member's condition and functional performance on discharge; and
(19) for members under the age of 21, a CANS completed during the initial behavioral-health assessment and updated at least every 90 days thereafter.

(D) A brief history is acceptable for emergency or walk-in visits when the treatment plan does not call for extended care.

429.437: Written Policies and Procedures

A mental health center must have and observe written policies and procedures that include

(A) a statement of its philosophy and objectives;

(B) criteria for client admission;

(C) a statement of the geographical area served;

(D) an intake policy;

(E) treatment procedures, including, but not limited to, development of the treatment plan, case assignment, case review, discharge planning, and follow-up on clients who leave the program without notice;

(F) a medication policy that includes prescription, administration, and monitoring data;

(G) a referral policy, including procedures for ensuring uninterrupted and coordinated client care upon transfer;

(H) procedures for walk-in clients and clinical emergencies during operating and nonoperating hours;

(I) a records policy, including what information must be included in each record, and procedures to ensure confidentiality;

(J) supervisory mechanisms for staff;

(K) a utilization review plan; and

(L) explicit fee policies with respect to billing third-party payers and clients, cancellation procedures, and fee reductions.

429.438: Administration

The mental health center must be organized to facilitate effective decision-making by appropriate personnel on administrative, programmatic, and clinical issues.

(A) Organization. The center must establish an organization table showing major operating programs of the facility, with staff divisions, administrative personnel in charge of each program, and their lines of authority, responsibility, and communication.

(B) Fiscal Management. The center must 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. The center must develop and maintain a statistical information system to collect client, service utilization, and fiscal data necessary for the effective operation of the center.

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

(E) Supervision.

(1) Each staff member must receive supervision appropriate to the person's skills and level of professional development. Supervision must occur within the context of a formalized relationship providing for frequent and regularly scheduled personal contact with the supervisor. Frequency and extent of supervision must conform to the licensing standards of each discipline's Board of Registration, as cited in 130 CMR 429.424.

(2) The center must establish and implement procedures for staff training and evaluation. These procedures must require all staff who must be certified to administer the CANS, as described in 130 CMR 429.424, to complete the certification process established by the Executive Office of Health and Human Services (EOHHS).

429.439: Satellite Programs

Services provided by a satellite program are reimbursable only if the program meets the standards described below.

(A) A satellite program must be integrated with the parent center in the following ways.

(1) The administrator of the parent center is responsible for ensuring compliance of the satellite program with the regulations in 130 CMR 429.000.

(2) There must be clear lines of supervision and communication between personnel of the parent center and its satellite programs. The parent center must maintain close liaison with its satellite programs through conferences or other methods of communication.

(3) The satellite program must be subject to all the written policies and procedures of the parent center governing the types of services that the satellite program offers.

(4) The satellite program must maintain on its own premises its client records as set forth in 130 CMR 429.436.

(B) An autonomous satellite program must provide supervision and in-service training to all noncore staff employed at the satellite program.

(C) The director of clinical services of the parent center must designate one professional staff member at the satellite program as the satellite's clinical director. The clinical director must be employed on a full-time basis and meet all of the requirements in 130 CMR 429.423(B).

(1) The supervisor of the satellite program must report regularly to the clinical director of the parent center to ensure ongoing communication and coordination of services.

(2) In an autonomous satellite program, the supervisor must meet the qualifications required of a core staff member in his or her discipline, as set forth in 130 CMR 429.424.
(3) In a dependent satellite program, the supervisor must meet the basic qualifications required for his or her discipline, as set forth in 130 CMR 429.424, and receive regular supervision and consultation from qualified core staff at the parent center.

(D) If a dependent satellite program does not offer the entire range of services available at the parent center, the dependent satellite program must refer clients to the parent center or a facility that offers such services. The parent center must determine the necessity for treatment and the appropriateness of the treatment plan for such clients and institute a clear mechanism through which this responsibility is discharged, by consultation with the satellite program team, regular supervision of the satellite program by supervisory-level professional core staff in the parent center, or by other appropriate means. For staff composition requirements pertaining to dependent satellite programs, see 130 CMR 429.422(D).

429.440: Outreach Programs

An outreach program operated by a mental health center is eligible for payment if it meets the standards described in 130 CMR 429.440(A) through (G).

(A) Outreach program staff members must receive supervision and in-service training in accordance with the requirements specified in 130 CMR 429.438(E).

(B) The director of clinical services must meet at least on a monthly basis with outreach program staff members and have direct contact with outreach program clients as necessary to provide medical diagnosis, evaluation, and treatment in accordance with the requirements outlined in 130 CMR 429.423(B).

(C) Outreach programs must maintain the records of their clients on the premises of the parent center.

(D) Outreach programs must be subject to all written policies and procedures of the parent center governing the kinds of services that the outreach program offers.

(E) Outreach programs must meet the requirements of 130 CMR 429.439(D) applicable to dependent satellite programs.

(F) Outreach program services must conform to the definition in 130 CMR 429.402.

(G) Services provided at outreach programs are subject to the requirements in 130 CMR 429.431, 429.432, and 429.435.

429.441: Service Limitations

(A) Length and Frequency of Sessions.

(1) The MassHealth agency pays for diagnostic and treatment services only when a professional staff member, as defined by 130 CMR 429.424, 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 429.408(C).

(2) The MassHealth agency pays a center for

(a) a medication visit of brief duration (10 to 15 minutes);

(b) a half-hour session only when it includes a minimum of 25 minutes of personal interaction with the member (with five minutes for recording data);

(c) a one-hour session only when it includes a minimum of 50 minutes of personal interaction with the member (with 10 minutes for recording data); and

(d) a session of longer duration only when it includes personal interaction with the member (with 15 minutes for recording data).

(3) The MassHealth agency pays for only one session of a single type of service (except for diagnostics) provided to an individual member on one date of service. Return visits on the same date of service are not reimbursable.

(B) Diagnostic Services. Payment for diagnostic services provided to a member is limited to a maximum of four hours per member.

(C) Individual Therapy. Payment for individual therapy is limited to a maximum of one hour per member per session per day.

(D) Family Therapy.

(1) Payment for family therapy is limited to a maximum of one and one-half hours per session per day.

(2) Payment is also limited to one payment per family therapy visit, regardless of the number of staff or members who are present.

(3) A clinic-licensed center must claim payment for couple therapy under the service code for family therapy.

(E) Case Consultation.

(1) The MassHealth agency pays only for a case consultation that lasts at least 30 minutes and involves a personal meeting with a professional of another agency. Payment is limited to a maximum of one hour per session.

(2) The MassHealth agency pays for case consultation only when telephone contact, written communication, and other nonreimbursable 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 face-to-face communication would impede a coordinated treatment program.

(3) The MassHealth agency does not pay a center for court testimony.

(F) Family Consultation. The MassHealth agency pays for consultation with the natural or foster parent or legal guardian of a member less than 21 years of age who lives with the child and is responsible for the child's care, and who is not an eligible member, when such consultation is integral to the treatment of the member.

(G) Group Therapy.

(1) The MassHealth agency pays only for a group therapy session that has a minimum duration of one and one-half hours and a maximum duration of two hours.

(2) Payment is limited to one fee per group member with a maximum of 10 members per group regardless of the number of staff members present.

(3) The MassHealth agency does not pay for group therapy when it is performed as an integral part of a psychiatric day treatment program.

(H) Psychological Testing. The MassHealth agency pays a center for psychological testing only when the following conditions are met.

(1) A psychologist who meets the qualifications listed in 130 CMR 429.424(B) either personally administers the testing or personally supervises such testing during its administration by an unlicensed psychologist.

(2) A battery of tests is performed. These tests must meet the following standards:

(a) the tests are published, valid, and in general use, as evidenced by their review in the current edition of the *Mental Measurement Yearbook* or by their conformity to the *Standards for Educational and Psychological Tests* of the American Psychological Association;

(b) unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges, a personality evaluation contains the findings of at least two of the following test types or their age-appropriate equivalents: Rorschach, TAT (Thematic Apperception Test), TED (Tasks of Emotional Development), or MMPI (Minnesota Multiphasic Personality Inventory), and one or more of the following test types: figure drawing, Bender Gestalt, or word association;

(c) unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges, intelligence testing includes either a full Wechsler or Stanford-Binet instrument; and

(d) unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges, assessment of brain damage must contain at least the findings of a Wechsler Intelligence Scale and tests of recent memory, visual-space perception, and other functions commonly associated with brain damage.

(3) Except as explained below, the MassHealth agency does not pay for

(a) self-rating forms and other paper-and-pencil instruments, unless administered as part of a comprehensive battery of tests;

(b) group forms of intelligence tests; or

(c) a repetition of any psychological test or tests provided by the mental health center or any independent psychologist to the same member within the preceding six months, unless accompanied by documentation demonstrating that the purpose of the repeated testing is to ascertain the following types of changes (submission of such documentation with the claim for payment is sufficient when the psychological test or tests are to be performed on the same member a second time within a six-month period):

(i) following such special forms of treatment or intervention as electroshock therapy or psychiatric hospitalization (periodic testing to measure the member's response to psychotherapy is not reimbursable); or

(ii) relating to suicidal, homicidal, toxic, traumatic, or neurological conditions.

(4) Testing of a member requested by responsible parties, such as but not limited to physicians, clinics, hospitals, schools, courts, group homes, or state agencies, must be documented in the member's record. Such documentation must include the referral source and the reason for the referral.

(I) Medication Visits. The MassHealth agency does not pay for a medication visit as a separate service when it is performed as part of another treatment service (for example, a diagnostic assessment or individual or group therapy performed by a psychiatrist).

(J) Home Visits.

(1) The MassHealth agency pays for intermittent home visits.

(2) Home visits are reimbursable on the same basis as comparable services provided at the center. Travel time to and from the member's home is not a reimbursable service.

(3) A report of the home visit must be entered into the member's record.

(K) Multiple Therapies. The MassHealth agency pays for more than one mode of therapy used for a member during one week only if clinically justified; that is, when any single approach has been shown to be necessary but insufficient. The need for additional modes of treatment must be documented in the member's record.

(L) Emergency Services. The MassHealth agency pays for crisis intervention as defined in 130 CMR 429.402 subject to the following limitations.

(1) The MassHealth agency pays for no more than two hours of emergency services per member on a single date of service.

(2) The MassHealth agency pays only for face-to-face contacts; telephone contact is not a reimbursable service.

(3) The need for crisis intervention must be fully documented in the member's record for each date of emergency services.

(M) Outreach Services Provided in Nursing Facilities.

(1) The MassHealth agency pays a center for diagnostic and treatment services provided to a member residing in a nursing facility under the following circumstances and conditions:

(a) the nursing facility specifically requests treatment, and the member's record at the nursing facility documents this request;

(b) the treatment provided does not duplicate services that should be provided in the nursing facility; and

(c) such services are generally available through the center to members not residing in that nursing facility.

(2) The following conditions must be met:

(a) the member's record at the parent center must contain all of the information listed in 130 CMR 429.436;

(b) the member's record at the nursing facility must contain information pertaining to diagnostic and treatment services including, but not limited to, medication, treatment plan, progress notes on services, case review, and utilization review; and

(c) the member must function at a sufficient level to benefit from treatment as established by a clinical evaluation and by accepted standards of practice.

429.442: Child and Adolescent Needs and Strengths (CANS) Data Reporting

For each Child and Adolescent Needs and Strengths (CANS) conducted, the mental health center must report data collected during the assessment to the MassHealth agency, in the manner and format specified by the MassHealth agency.

REGULATORY AUTHORITY

130 CMR 429.000: M.G.L. c. 118E, ss. 7 and 12.

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601 Service Codes and Descriptions

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 429.000 and 450.000. A mental health center provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Mental Health Center Manual*.

Service Code-Modifier	Service Description
	Individual Therapy
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424)
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424)
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424) (one unit maximum per session)
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 45 to 50 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424) (one unit maximum per session)
	Couple/Family Therapy
90847	Family psychotherapy (conjoint psychotherapy) (with patient present) (by professional staff member as defined in 130 CMR 429.424) (each 30-minute unit; three units maximum per session) (includes residential care setting)
90849	Multiple-family group psychotherapy (with patient present) (by professional staff member as defined in 130 CMR 429.424) (each 30-minute unit; three units maximum per session) (includes residential care setting)
	Group Therapy
90853	Group psychotherapy (other than of a multiple-family group) (by professional staff member as defined in 130 CMR 429.424) (for one participant for each 30-minute unit; 10 participants maximum per session; three units maximum per session) (includes residential care setting)

601 Service Codes and Descriptions (cont.)

Service Code-Modifier	Service Description
	Case Consultation
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session) (includes residential care setting)
	Family Consultation
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session)
	Diagnostic Services
90801	Psychiatric diagnostic interview examination (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session)
90801-HA	Psychiatric diagnostic interview examination using the Child and Adolescent Needs and Strengths (CANS) assessment tool for children and adolescents under the age of 21 (in an office, outpatient facility, or residential care setting) (each 30-minute unit; four units maximum per session)
	Medication Visit
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (in an office, outpatient facility, or residential care setting) (each 15-20-minute unit)
	Emergency Service
H2011	Crisis intervention services, per 15 minutes (in an office, outpatient facility, or residential care setting) (eight units maximum per date of service) (includes residential-care setting)

601 Service Codes and Descriptions (cont.)

Service Code-Modifier	Service Description
	Psychological Testing
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

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