

Appendix C – Covered Services Definitions

Exhibit 1: General Services

The Covered Services described in this Appendix represent minimum coverage scope for Enrollees under the MassHealth benefit for Medicaid coverage, and shall be provided in addition to coverage and scope available through Medicare Part A, Part B, and Part D.

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. This service is distinct from Acupuncture services that are provided as a treatment for Substance Use Disorder, as described in **Appendix C, Exhibit 2**.

Adult Day Health - Community-based services such as nursing, assistance with activities of daily living, social, therapeutic, recreation, nutrition at a site outside the home, and transportation to a site outside the home. One-time payments for Adult Day Health New Admission Services (S5105) and Re-engagement Services (S5105 KZ) pursuant to 101 CMR 310.00 are excluded from the Contractor's coverage of Adult Day Health; claims for such payments shall be paid directly by MassHealth.

Adult Foster Care - Daily assistance in personal care, managing medication, meals, snacks, homemaking, laundry, and medical transportation.

Ambulatory Surgery/Outpatient Hospital Care – All outpatient surgical services and related diagnostic medical and services; dental services and oral surgery, as indicated under Dental Services in this **Appendix C, Exhibit 1**.

Audiologist – Audiologist exams and evaluations. See related hearing aid services.

Behavioral Health Inpatient Services - (See coverage details in Behavioral Health Services, **Appendix C, Exhibit 2**.)

Behavioral Health Outpatient Services – (See coverage details in Behavioral Health Services, **Appendix C, Exhibit 2**.)

Breast Pumps – To expectant and new birthing parents 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.

Chiropractic Services – Chiropractic manipulative treatment, office visits, and radiology services.

Community Health Center Services - Provided by a freestanding 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. A Community Health Center must be a non-profit organization and must be open for the delivery of medical services to the public on a regular schedule for a minimum of 20 hours per week. A Community Health Center must provide internal medicine, pediatric, and obstetrics/gynecology services, unless approved otherwise by MassHealth, as well as health education, medical social services and nutrition services. A Community Health Center must provide other medical services on site or, alternatively, through a referral network.

Continuous Skilled Nursing – A nursing visit of more than two continuous hours of nursing services for individuals living in the community. This service can be provided by a home health agency or an Independent Nurse (previously private duty nursing).

Day Habilitation - A structured, goal-oriented, active treatment program of medically oriented, therapeutic and habilitation services for individuals with developmental disabilities who need active treatment.

Dental Services –Restorative, and emergency oral health services; preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health; full and partial dentures, and repairs to said dentures; oral surgery which is Medically Necessary to treat a medical condition performed in any place of service, including but not limited to an outpatient setting, as described in Ambulatory Surgery/Outpatient Hospital Care in this **Appendix C, Exhibit 1**, as well as a clinic or office settings.

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 dietitians).

Dialysis Services - Including laboratory; prescribed drugs; tubing change; adapter change; hemodialysis; intermittent peritoneal dialysis; continuous cycling peritoneal dialysis; continuous ambulatory peritoneal dialysis; and training related to dialysis services.

Durable Medical Equipment and Medical/Surgical Supplies (See also **Appendix C, Exhibit 3**) –

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).

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.

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.

Gender Affirming Care Services - Gender Affirming Care services frequently are not single procedures. They may be part of a multidisciplinary treatment plan involving medical, surgical, and behavioral health interventions. Gender Affirming Care services may be covered in a range of settings, including inpatient hospital, outpatient hospital, in-office, or as otherwise permitted via telehealth.

Gender Affirming care services include, but are not limited to the following:

- a. gender-affirming surgery (GAS);
- b. gender-affirming facial hair removal;
- c. gender-affirming speech therapy;
- d. gender-affirming hormone therapy; and
- e. gender-affirming behavioral health services.

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.

Hearing Aid Services – Including but not limited to diagnostic services, providing and dispensing hearing aids or instruments; ear molds; ear impressions; batteries; accessories; aid and instruction in the use, care, and maintenance of the hearing aid; services related to the care and maintenance of hearing aids or instruments; and loan of a hearing aid to the Enrollee, when necessary.

Home Health – All home health care services, including DME associated with such services; skilled and supportive care services provided to meet skilled care needs and associated activities of daily living to allow and support the member to safely stay in their home. Available services include part-time, intermittent, and continuous skilled nursing; medication administration; home health services including home health aide, and occupational, physical, and speech/language therapy; and medical social services. See 130 CMR 403.000 and MassHealth Home Health Agency Bulletin 54 (June 2019).

Hospice – A package of services such as nursing; medical social services; physician; counseling, including bereavement, dietary, spiritual, or other types of counseling; physical, occupational, and speech language therapy; homemaker/home health aide; medical supplies, drugs, biological supplies; and short-term inpatient care. While an Enrollee is in hospice care, the Contractor shall pay for other cover services not related to the illness or condition for which they entered hospice care. The MassHealth Hospice benefit includes room and board for Enrollees receiving hospice in a nursing facility.

Infertility – Diagnosis of infertility and treatment of an underlying medical condition.

Inpatient Hospital Services — All inpatient services, including but not limited to physician, surgery, radiology, nursing, laboratory, obstetrics, other diagnostic and treatment procedures, blood and blood derivatives, semi-private or private room and board, drugs and biologicals, medical supplies, durable medical equipment, medical surgical/intensive care/coronary care unit, as necessary. Inpatient Hospital Services also include Administratively Necessary Day (AND) Services, which is defined as a day of Inpatient Hospitalization on which an Enrollee’s care needs can be provided in a setting other than the Inpatient Hospital and on which an Enrollee is clinically ready for discharge. As necessary, the services above shall be provided at any of the following settings:

1. acute inpatient hospital;
2. chronic hospital;
3. rehabilitation hospital; or
4. psychiatric hospital.

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 2.9.8**, including all medically necessary vaccines not covered by the Commonwealth of Massachusetts Department of Public Health.

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. See Subchapter 6 of the Orthotics Manual for minimum MassHealth coverage requirements.

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.

Personal Care Attendant Services (Self-directed PCA) - (See also Personal Assistance Services in **Appendix C, Exhibit 3.**) Physical assistance with Activities of Daily Living (ADLs), including but not limited to bathing, dressing, grooming, eating, ambulating/mobility, toileting, transferring, medication administration, and passive range of motion exercise; and Instrumental Activities of Daily Living (IADLs), including but not limited to household management tasks, meal preparation, and transportation to medical providers. Individuals requiring physical assistance with two (2) or more ADLs meet clinical eligibility requirements to receive PCA services.

Pharmacy Covered Product – The term Pharmacy Covered Product means:

1. Any drug or biological that is used for a medically-accepted indication (as that term is defined in Section 1860D-2(e)(4) of the Act), and that is one of the following:
 - a) A drug that may be dispensed only on a prescription and that is described in subparagraph (A)(i), (A)(ii), or (A)(iii) of section 1927(k)(2) of the Act;
 - b) A biological product described in Sections 1927(k)(2)(B)(i) through (iii) of the Act; or
 - c) Insulin described in Section 1927(k)(2)(C) of the Act, and medical supplies associated with the delivery of insulin.
2. A vaccine licensed under Section 351 of the Public Health Service Act and its administration.
3. Any drug or biological that would be covered, as prescribed and dispensed or administered, under Medicare Parts A or B.
4. Drugs excluded from Medicare Part D and over-the-counter products contained in the MassHealth Drug List.
5. Prescription vitamins and minerals contained in the MassHealth Drug List.
6. The products dronabinol, megestrol, oxandrolone, and somatropin for indications not covered by Part D but covered under MassHealth.

7. Non-drug OTC products contained in the MassHealth Non-Drug Product List that are not covered by Medicare Part B or Part D, including: Hyper-Sal (sodium chloride 7% for inhalation) and urine glucose testing reagent strips used for the management of diabetes.

Exclusions - The definition of Pharmacy Covered Product excludes the following drugs or biologicals or classes of drugs or biologicals, or their medical uses, unless otherwise specified in the MassHealth Drug List or MassHealth Non-Drug Product List:

1. **Cosmetic** – Drugs when used for cosmetic purposes, unless medically necessary;
2. **Cough and Cold** – Drugs when used for the symptomatic relief of cough and colds, unless dispensed to a member who is a resident in a nursing facility;
3. **Fertility** – Drugs when used to promote fertility;
4. **Less-than-effective Drugs** – Any drug products that the US FDA has proposed in a Notice of Opportunity for Hearing (NOOH) to withdraw from the market due to lack of substantial evidence of effectiveness for all labeled indications;
5. **Experimental and Investigational Drugs** – Drugs that are experimental, medically unproven, or investigational in nature; and
6. **Drugs for Sexual Dysfunction** – Drugs when used for the treatment of sexual dysfunction.

Physician (primary and specialty) — All medical, 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. Physician services include annual exams and continuing care, as well as second opinions upon the request of the Enrollee.

Podiatry – Care for medical conditions affecting the lower limbs, including routine foot care as defined by Medicare in Part III, Section 2323 of the Medicare Carriers Manual. Services as certified by a physician, including medical, radiological, surgical, and laboratory care.

Prosthetics Services and Devices – Prosthetic devices, including the evaluation, fabrication, and fitting of a prosthesis. Coverage includes related supplies, repair, and replacement. See Subchapter 6 of the Prosthetics Manual for minimum MassHealth coverage requirements.

Radiology and Diagnostic Tests – All X-rays, including portable X-rays, magnetic resonance imagery (MRI), radiation therapy, 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.

Skilled Nursing Facility/Nursing Facility Services - A wide range of services that result in individuals achieving or maintaining their "highest practicable" physical, mental, and psychosocial well-being. The services offered include 24 hour per day skilled nursing care; rehabilitative care, such as physical, occupational, speech, and respiratory therapy; and assistance with ADLs such as dressing and eating; pharmaceutical services; dietary and nutritional services; all psychosocial services such as mental health and therapeutic activities; and room and board. Coverage of nursing facility services includes both the initial period of a stay that Medicare would cover for a dual eligible individual or MassHealth would cover for a Medicaid-only Member and the long-term component (sometimes called "custodial care"). These services are not time limited for plan Enrollees. The Contractor shall ensure that its contracted nursing facilities establish and follow a written policy regarding its bed-hold period, covering at a minimum what is covered under the MassHealth bed-hold policy (see 130 CMR 456.425).

Therapy – Individual treatment, (including the design, fabrication, and fitting of an orthotic, prosthetic, or other assistive technology device); comprehensive evaluation; and group therapy.

- 1) Physical: evaluation, treatment, and restoration to normal or best possible functioning of neuromuscular, musculoskeletal, cardiovascular, and respiratory systems.
- 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.
- 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).

Transitional Living Program - As directed by EOHHS, transitional living services as defined at 130 CMR 422.431 through 422.444. These personal care services are provided in a residential setting.

Transportation (Medical) – Including transportation in an ambulance (air and land) and other common carriers, for emergency and non-emergency transport:

Emergency Medical Transportation – 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.

Non-Emergency Medical Transportation (NEMT) – This includes chair car, taxi, common carriers, and ambulance (land) services as needed that generally are pre-arranged to transport an Enrollee to a covered service that is located in-state or out-of-state. Any Covered Service or Flexible Benefit, or any other service or activity arranged by the Contractor pursuant to an Enrollee's Assessment and Care Plan, for which the Enrollee requires Transportation to access the service or activity, shall be considered within the scope of this NEMT service.

Urgent Care Clinic Services – Covered services provided by an urgent care clinic consistent with 130 CMR 455.000 and Section 39 of Ch. 260 of the Acts of 2020.

Vaccine Counseling Services – Immunization counseling by a physician or other qualified health care professional, including for COVID-19 vaccination.

Vision Care Services – The professional care of the eyes for purposes of diagnosing and treating all pathological conditions. They include eye examinations, vision training, prescription and dispensing of ophthalmic materials, ocular prosthesis, bandage lenses, other visual aids, and glasses and contact lenses.

Wigs – As prescribed by a physician related to a medical condition.

Appendix C – Covered Services Definitions

Exhibit 2: Behavioral Health Services

The Covered Services described in this Appendix represent minimum coverage scope for Enrollees under the MassHealth benefit for Medicaid coverage, and shall be provided in addition to coverage and scope available through Medicare Part A, Part B, and Part D.

A. Behavioral Health Inpatient Services - Twenty-four-hour (24) 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 includes continuing inpatient psychiatric care delivered at a facility that provides such services as further specified by EOHHS. This service includes:

1. **Inpatient Mental Health Services** — Hospital services to evaluate and treat an acute psychiatric condition that: 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 psycho-social dysfunction or grave mental disability.
2. **Inpatient Substance Use Disorder Services (Level 4)** – Intensive inpatient services provided in a hospital setting, able to treat Enrollees with acute medically complex withdrawal management needs, as well as co-occurring biomedical and/or psychiatric conditions. Services are delivered by an interdisciplinary staff of addiction credentialed physician and other appropriate credentialed treatment professionals with the full resources of a general acute care or psychiatric hospital available.
3. **Observation/Holding Beds** – Hospital services for a period of up to 24 hours, in order to assess, stabilize, and identify appropriate resources for Enrollees.
4. **Administratively Necessary Day Services** - One or more days 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.

B. 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)**

I. 24-Hour Diversionary Services:

1. **Community Crisis Stabilization** – Community-based program that serves a medically necessary, less-restrictive alternative to hospitalization when clinically appropriate and provides continuous 24-hour, short-term, staff-secure, safe, and structured crisis stabilization and treatment services for those with mental health and/or substance use disorders who do not require Inpatient Services. Stabilization and treatment include the capacity to provide induction onto and bridging for medications for the treatment of opioid use disorder (MOUD and withdrawal management for opioid use disorders (OUD) as clinically indicated).
2. **Medically Monitored Intensive Services – Acute Treatment Services (ATS) for Substance Use Disorders - (ASAM 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 individuals 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 freestanding or hospital-based programs licensed by the Department of Public Health.
3. **Clinical Stabilization Services for Substance Use Disorders (ASAM Level 3.5)** – 24-hour treatment services, which can be used independently or following Acute Treatment Services for substance use disorders, and including comprehensive bio-psychosocial assessments and treatment planning, therapeutic milieu, intensive education and counseling, outreach to families and significant others; linkage to medications for addiction therapy, connection to primary care 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 individuals receive coordination of their obstetrical care. Clinical Stabilization Services for Substance Use Disorders programs must be licensed by the Department of Public Health.
4. **Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Level 3.1);** (*Clinically Managed Low-Intensity Residential Services ASAM 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-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. **Young Adult (Ages 21-25) Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)** - 24-hour developmentally appropriate residential environment designed specifically for Young Adults through age 25 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. 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. **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.

- e. **Pregnancy Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)** – 24-hour developmentally appropriate residential environment designed specifically for people who are pregnant 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, psychoeducation and milieu based rehabilitative activities. Residential programs must 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.

II. **Non-24-Hour Diversionary Services:**

1. **Certified Peer Specialist** – Mentoring, advocacy, and facilitation of support for Enrollees experiencing a mental health disorder, provided by self-identified persons with lived experience of a mental health disorder and wellness who has been trained by an agency approved by the Massachusetts DMH.
2. **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 varying degrees of increased medical risk. 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. Specialized CSP programs serve populations with particular needs.

Specialized CSP Programs:

- a. **CSP for Homeless Individuals (CSP-HI)** – A Specialized CSP service to address the health-related social needs of Enrollees who (1) are experiencing Homelessness and are frequent users of acute health MassHealth services, as defined by EOHHS, or (2) are experiencing chronic homelessness, as defined by the US Department of Housing and Urban Development. CSP-HI includes support searching for permanent supportive housing; preparing for and transitioning to an available housing unit; and coordinating access to health and other services to help the Enrollee sustain tenancy and meet their health needs.
 - b. **CSP for Justice Involved (CSP-JI)** – A Specialized CSP service to address the health-related social needs of Enrollees with Justice Involvement who have a barrier to accessing or consistently utilizing medical and behavioral health services, as defined by EOHHS. CSP-JI includes behavioral health and community tenure sustainment supports.
 - c. **CSP – Tenancy Preservation Program (CSP-TPP)** - A Specialized CSP service to address the health-related social needs of Enrollees who are At Risk of Homelessness and facing Eviction as a result of behavior related to a disability. CSP-TPP works with the member, the Housing Court, and the member’s landlord to preserve tenancies by connecting the member to community-based services in order to address the underlying issues causing the lease violation. The primary goal of the CSP-TPP is to preserve the tenancy and the secondary goals are to put in place services that address those issues that put the Enrollee’s housing in jeopardy to ensure that the Enrollee’s housing remains stable.
3. **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. IOPs must be licensed by the Department of Public Health.
4. **Partial Hospitalization (PHP)** - An alternative to Inpatient Mental Health Services, PHP services offer short-term day mental health programming available seven days per week. These services consist of therapeutically intensive acute treatment within a stable therapeutic milieu and include daily psychiatric management.
5. **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 Enrollees 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 Enrollees served become better integrated into the community. Services are provided in the community and are available, as needed by the Enrollee, 24 hours a day, seven days a week, 365 days a year.

6. **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.
7. **Recovery Coaching** – A non-clinical service provided by an individual with at least two years of sustained recovery who holds, or is actively working to obtain, credentialing as a Certified Addiction Recovery Coach (CARC) through the Massachusetts Board of Substance Abuse Counselor Certification, or alternative licensure or certification process, as directed by EOHHS. Eligible Enrollees will be connected with Recovery Coaches at critical junctures in the Enrollees' treatment and recovery. The focus of the Recovery Coach role is to create a relationship between equals that is non-clinical and focused on removing obstacles to recovery, to facilitate initiation and engagement to treatment, and to serve as a guide and motivating factor for the Enrollee to maintain recovery and community tenure. Peer recovery coaches must have lived experience with substance use and other addictive disorders, and/or co-occurring mental health disorders and has been trained to help their peers with similar experiences to gain hope, explore recovery, and achieve life goals.
8. **Recovery Support Navigators (RSN)** - 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.
9. **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 Use Disorder 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 individuals and adults requiring 24-hour monitoring and must be licensed by the Department of Public Health.

- C. **Behavioral Health 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. Standard Outpatient Services are most often provided in an ambulatory setting. **(See detailed services below)**
1. **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.
 2. **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.
 3. **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.
 4. **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.
 5. **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.

6. **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.
7. **Couples/Family Treatment** - The use of psychotherapeutic and counseling techniques in the treatment of an Enrollee and their partner and/or family simultaneously in the same session.
8. **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.
9. **Individual Treatment** - The use of psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis.
10. **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.
11. **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. Acupuncture services may also be provided for the treatment of pain as described in **Appendix C, Exhibit 1**.
12. **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 induction of Medication for Opioid Use Disorder (MOUD), withdrawal management, and maintenance treatment. MOUD services may also be provided by outpatient hospital emergency departments in accordance with the MassHealth Acute Hospital RFA as further specified by EOHHS
13. **Ambulatory Withdrawal Management (Level 2WM)** - Outpatient services for Enrollees 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.

14. **Psychological Testing** - The use of standardized test instruments to assess an Enrollee'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.

D. **Crisis Services** – Crisis services are available seven days per week, 24 hours per day to provide treatment of any individual who is experiencing a mental health crisis. **(See detailed services below)**

1. **Adult Mobile Crisis Intervention (AMCI)** - Each AMCI Encounter shall include at a minimum: crisis assessment, intervention and stabilization.

- a. **Assessment** - A face-to-face evaluation of an individual presenting with a behavioral health emergency, including assessment of the need for hospitalization, conducted by appropriate clinical personnel;
- b. **Intervention** – The provision of psychotherapeutic and crisis counseling services to an individual for the purpose of stabilizing an emergency; and
- c. **Stabilization** – Short-term behavioral health treatment in a structured environment with continuous observation and supervision of individuals who do not require hospital level of care.
- d. In addition, medication evaluation and specialing services shall be provided if Medically Necessary.

2. **Emergency Department-based Crisis Intervention Mental Health**

Services: Behavioral health crisis interventions include the crisis evaluation, stabilization interventions, and disposition coordination activities for members presenting to the ED and on inpatient medical or surgical units in a behavioral health crisis. Elements of crisis evaluations include:

- a. **Crisis Evaluation:** Behavioral Health crisis assessment by a qualified behavioral health professional to individuals within 60 minutes of time of the member's readiness to receive such an assessment. Qualified behavioral health professionals include: qualified behavioral health professional, a psychiatrist, and other master's and bachelor's-level clinicians and staff sufficient to meet the needs of members served which may include certified peer specialists and recovery coaches.
- b. **Crisis Stabilization Interventions:** Observation, treatment, and support to individuals experiencing a behavioral health crisis.
- c. **Discharge Planning and Care Coordination:** A disposition plan that includes discharge planning to identify and secure an appropriate level of care and goals for that level of care

E. **Other Behavioral Health Services** - Behavioral Health Services that may be provided as part of treatment in more than one setting type.

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 – Covered Services Definitions

Exhibit 3: Additional Community-based Services

These services vary in amount, duration, scope, or other provider and Enrollee qualifications from, or are in addition to, the services described in **Appendix C, Exhibits 1 and 2**. These services are comparable to those that could be available through certain HCBS Waivers.

1. **Assistive/Adaptive Technology (AT)** – Devices (including devices that are not primarily used for a medical purpose), equipment, accessories, products, and/or methods, whether acquired commercially off the shelf, modified, or customized, that are used to increase, maintain, or improve the functional capabilities, mobility, communication, and overall independence of individuals with disabilities. Such devices and items include those necessary for an Enrollee to access Covered Services delivered via remote modalities (Telehealth). The Contractor may not restrict access to AT solely because the item may have uses other than those described herein, including when additional uses go beyond those determined Medically Necessary. Coverage includes any changes and modifications to improve or prolong the effective functioning of, or to add functionality to such devices/items; repairs of such devices or items; and training for Enrollees or individuals supporting them in usage.
2. **Environmental and Home Accessibility Adaptations** – Environmental and physical adaptations that remove or reduce physical barriers for individuals with disabilities.
 - A. **Environmental Accessibility Adaptations** – May be used in an Enrollee’s place of residence, work, school, transit, or other regularly visited locations to remove/reduce physical barriers for an Enrollee’s activities.
 - B. **Home Accessibility Modifications** – Physical adaptations to an Enrollee’s private residence that are necessary to ensure the health, welfare, and safety of an Enrollee or that enable the Enrollee to function with greater independence in the home. Adaptations shall be in accordance with goals or needs in the Enrollee’s Care Plan.
 - 1) Such modifications include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies required for the Enrollee.
 - 2) Such modifications include architectural services to develop drawings and narrative specifications for architectural adaptations, adaptive equipment installation, and related construction, as well as subsequent site inspections to oversee the completion of adaptations and conformance to

local and state building codes, acceptable building trade standards and bid specifications.

- 3) Agencies and individuals performing such modifications, including employees of such an agency, shall possess any appropriate licenses/certifications required by the state (e.g., Home Improvement Contractor, Construction Supervisor License, Plumber's license, etc.). Architectural drawings shall be by licensed architects, certified designers, or draftsmen.
 - 4) Home modifications that add to the total square footage of the home are excluded except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
 - 5) Modifications or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the Enrollee, or which would normally be considered the responsibility of the landlord, are excluded from covered home modifications.
3. **Home Care Services** are provided within the Enrollee's home or in the community. Home Care Services may be provided to Enrollees to support independent living in the community and maintaining community tenure, including in the absence of a co-occurring skilled or therapy need. Services may be furnished by Home Health Agencies, including those not contracted with Medicare; personal care agencies; homemaker agencies and businesses; and through other providers as indicated. Such services include several types of home supports, including:
- A. **Household Support:** Assistance with or performance of general household tasks when the Enrollee needs them and/or when the person who is regularly responsible for the activities, (such as a family caregiver, friend, or other informal support) is absent, unavailable, or unable to manage the tasks. These activities may be provided through agencies and businesses specializing in the described activity (e.g., grocery delivery service, housecleaning service, etc.), or provided by a worker or support person acting beyond the scope of what could be provided under another Covered Service (see **Appendix C, Exhibits 1 and 2**), including by a **Home Health Aide, Supportive Home Care Aide, Personal Assistance** provider, or **Companion** provider as described in this **Appendix C, Exhibit 3**.
 - 1) **Chore** – Services needed to maintain the home in a clean, sanitary, and safe environment, including minor home repairs, maintenance, and heavy household chores such as washing floors, windows, and walls; tacking down loose rugs and tiles; and moving heavy items of furniture in order to provide safe access and egress or increase accessibility. Available when neither the Enrollee or other household members are capable of performing or providing for such services, and where no other party (e.g.,

relative, caregiver, landlord, etc.) is capable of or responsible for their provision.

- 2) **Grocery Shopping and Home Delivery** - Planning and placing grocery orders, obtaining groceries or grocery orders, shopping, delivering groceries, and assisting with storage as needed.
 - 3) **Home-delivered Meals** – Packaging or purchasing and delivering meals to support Enrollee’s access to a well-balanced diet and meet their individual dietary and nutritional needs, including in accordance with cultural, ethnic, and religious preferences, allergies and food intolerances, medically indicated diets, or as otherwise advised for the Enrollee by a licensed dietitian.
 - 4) **Homemaker** – Assistance with shopping, menu planning, laundry, and the performance of general household tasks (e.g., meal preparation and routine household care, housekeeping, and cleaning). Meal preparation may be provided in coordination with Grocery Shopping and Delivery Services.
 - 5) **Laundry** – Pick-up, washing, drying, folding, wrapping, and returning laundry as applicable. Assistance with laundry may be provided in the Enrollee’s home or through pick-up and delivery services.
- B. **Enrollee Support:** Providing a worker or support person, including a Home Health Aide or Supportive Home Care Aide, to provide a range of personal support and assistance, and/or an individual to provide companionship to the Enrollee. Assistance may take the form of hands-on assistance or cueing and supervision to prompt the Enrollee to perform a task. Providers of these activities may also perform general household tasks such as the Household Support activities described above.
- 1) **Adult Companion** – Non-medical care, supervision, and socialization provided to an adult with functional limitations in accordance with the Enrollee’s Care Plan. May include assistance and/or supervision with Household Support activities (e.g., meal preparation, laundry, shopping, etc.) and may perform light housekeeping tasks incidental to the care and supervision of the Enrollee. Companion excludes hands-on nursing and ADL support.
 - 2) **Home Health Aide** – Support activities for Enrollees without a skilled nursing need or an ongoing therapy need, when indicated in the Enrollee’s Care Plan. Support may include both hands-on assistance and cueing/supervision with ADLs and IADLs, including Home Health, personal care, and other support activities described in this **Appendix C, Exhibit 3**, and may also include non-clinical medication support (i.e., beyond the scope of Pharmacy, Nursing, Home Health, Medication Visit,

or other medication services described in this **Appendix C**) for an Enrollee capable of self-administration. At the Enrollee's request, this can include confirming the medication name and the Enrollee's name on packaging, opening packaging and containers, reading instructions to the Enrollee, providing reminders to the Enrollee, and observing and documenting the times/dates the Enrollee takes medication.

Home Health Aide providers include homemaker agencies and businesses, personal care agencies, and Home Health agencies, including Home Health agencies not participating with Medicare.

- 3) **Supportive Home Care Aide** – For individuals with emotional and/or behavioral challenges, or who have Alzheimer's Disease or Dementia, a Supportive Home Care Aide provides personal care and/or homemaking services, as well as emotional support, socialization, and escort services. Providers include homemaker agencies and businesses, personal care agencies, and Home Health agencies, including Home Health agencies not participating with Medicare.

C. **Community Skills Training:** A variety of activities to help the Enrollee acquire, retain, or improve their skills related to personal finance, health, shopping, use of community resources, community safety, and other social and adaptive skills to live in the community. This may include skills training and education in self-determination and self-advocacy to enable the Enrollee to acquire skills to exercise control and responsibility over the services and supports they receive, and to become more independent, integrated, and productive in their communities. Skills training may include Alzheimer's and Dementia coaching for older adults.

4. **Peer Supports** to support and empower an individual with a disability to navigate everyday barriers and challenges related to their disability in choosing to live independently at home or in the community. Peer Supports provided in accordance with an Independent Living Model and described in this **Appendix C, Exhibit 3** are beyond the scope of, and have different Provider and Enrollee qualifications from, those of Certified Peer Specialist services and Recovery Coach services described in **Appendix C, Exhibit 2**.

Peer Supports includes training, instruction, and mentoring to individuals about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. The services are provided by an individual with a disability with lived experience and learned knowledge, and who has relevant competencies and experience in providing peer support, self-advocacy, and skills training and independence, and who meets any relevant state or federal licensure or certification requirements in their discipline. Such services may be provided in small groups or may involve one peer providing instructional support to another peer to promote and support the Enrollee's ability to participate in self-advocacy.

5. Personal Assistance Services

- A. **Cueing and Monitoring** - A prompt or direction to assist an individual who needs assistance that is not physical in nature with two (2) or more ADLs in performing activities they are physically capable of performing, but unable to independently initiate. Access to Personal Assistance Services for cueing and monitoring does not require establishing a need for hands-on assistance with ADLs.
- B. **Agency Model** – Personal care services purchased from an agency, rather than through the Enrollee as employer model, whether for physical, hands-on assistance as described in Personal Care Attendant Services in **Appendix C, Exhibit 1**, or as described in this **Appendix C, Exhibit 3**, for cueing and monitoring.

- 6. **Respite** may be provided within the Enrollee's home or in locations such as hospitals, rest homes, nursing facilities, assisted living residences, adult day health or adult foster care. Services in a home or community-based setting may be furnished by providers such as: Home Health Agencies, Home Health Aides, Supportive Home Care Aides, and Personal Assistance Service providers as described in this **Appendix C, Exhibit 3**, and by licensed Respite providers.

Respite includes services provided to an Enrollee to support their caregiver (e.g., family member, friend, etc.); such services may be provided to relieve informal caregivers from the daily stresses and demands of caring for an Enrollee in order to strengthen or support the informal support system. Respite may be furnished on a short-term or intermittent basis as needed based on the Enrollee and caregiver needs.

- 7. **Structured and Supportive Day Services** that provide for onsite structured day activity and support in a provider-operated group setting in the community. Services focus on the Enrollee's strengths and abilities while maintaining the Enrollee's connection to the community and helping them to retain their daily skills. Such Day Services are beyond the scope of Adult Day Health or Day Habilitation described in **Appendix C, Exhibit 1**, but may reinforce some aspects of other Covered Services by allowing individuals to continue to strengthen skills necessary for greater independence, productivity, and community inclusion. Providers may include rehabilitation facilities, human services agencies, and disability and elder services providers. Day Services are typically for Enrollees:
 - A. With pervasive and extensive support needs who are not ready to join the general workforce;
 - B. Who are employed part-time and need a structured and supervised program of services during the time that they are not working;
 - C. Who are of retirement age;

- D. Who are recovering and rehabilitating from an illness or injury or managing a chronic illness; or
- E. With an assessed need for increased social integration and/or structured day activities.

Such day services are individually designed around Consumer choice and preferences with a focus on improvement or maintenance of the person's skills and their ability to live as independently as possible in the community. Services include assessments and care planning; health related services; social services; therapeutic activities; nutrition; and transportation; assistance to learn activities of daily living and functional skills; language and communication training; compensatory, cognitive, and other strategies; interpersonal skills; prevocational skills; and recreational/socialization skills.

- 8. **Transportation (Non-medical/Social)** services within the community, beyond the scope of NEMT services described in **Appendix C, Exhibit 1**. Non-medical Transportation services shall be simply and flexibly accessible to the Enrollee, and shall be provided, in accordance with the Enrollee's care plan, to enable the Enrollee to access community services, activities, and resources, and to reduce isolation, in order to foster the Enrollee's independence and support integration and full participation in their community.