

**APPENDIX K (ACPP Contracts) or APPENDIX D (PCACO Contracts)**

**Primary Care Sub-Capitation Program**

**EXHIBIT 1: Practice Tier Designation Attestation**

**SECTION I: Instructions**

The Contractor shall collect and at all times shall maintain a copy of the **Practice Tier Designation Attestation** for each of its **Network Primary Care Practice PID/SLs (ACPP) or Participating Primary Care Practice PID/SLs (PCACO)**, signed by the Contractor and an authorized representative of the Network/Participating Primary Care Practice PID/SL. The Contractor shall provide EOHHS with such copies upon request.

Each Network Primary Care Practice PID/SL or Participating Primary Care Practice PID/SL shall have a single, unique Tier Designation. For the purposes of the Primary Care Sub-Capitation Program, “Practice” shall mean a Network Primary Care Practice PID/SL’s or Participating Primary Care Practice PID/SL’s unique, 10-digit alpha-numeric Provider ID Site Location (PID/SL) that is unique to a location. With the exception of sole practitioners operating independently, the Primary Care Practice PID/SL shall *not* be unique to a practitioner.

**Requirements for Tier Designation**

- (1) Practices with Tier 1 designation must fulfill **all** Tier 1 care model requirements by a date specified by EOHHS
- (2) Practices with Tier 2 designation must fulfill **all** Tier 1 and Tier 2 care model requirements by a date specified by EOHHS
- (3) Practices with Tier 3 designation must fulfill **all** Tier 1, 2, and 3 care model requirements by a date specified by EOHHS

**SECTION II: Practice Information**

<i>Practice Name</i>	
<i>Practice Street Address</i>	
<i>Practice City</i>	
<i>Practice State</i>	
<i>Practice Zip Code</i>	
<i>Practice Tax ID</i>	
<i>Practice MassHealth Provider ID Site/Location (PID/SL)</i>	
<i>Name of Authorized Practice Representative</i>	
<i>Practice Representative Phone Number</i>	
<i>Practice Email</i>	
<i>Proposed Tier Designation (1, 2, or 3)</i>	

**SECTION III: Practice Attestation**

1. The practice substantially serves (check one or both):
  - Enrollees ages 21-65 (i.e., Family Medicine or Adult)
  - Enrollees younger than 21 years old (i.e., Family Medicine or Pediatric)
2. The practice will meet all criteria by a date specified by EOHHS, as specified in Exhibit 2 of this Appendix, of:
  - Tier 1
  - Tier 2
  - Tier 3
3. The practice is not contracted as a Network PCP (ACPP) or Participating PCP (PCACO) for any other MassHealth ACO or MCO, and is not a PCC in the PCC Plan.
  - Check here to agree

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

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Printed legal name of authorized Contractor representative

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Contractor representative's signature

Date

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Printed legal name of Practice representative

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Practice representative's signature

Date

## EXHIBIT 2: Primary Care Sub-Capitation Program Tier Criteria

### SECTION I: Tier 1 Practice Service Requirements

Requirements to achieve a Tier Designation of Tier 1. Practices shall meet **all** Tier 1 requirements to achieve this Tier Designation. Some requirements must be accessible to Enrollees on-site if the Enrollee so chooses, without leaving the practice building, and some requirements may be met exclusively via a central or virtual resource, including being provided by the ACO, as indicated in each requirement description.

#### A. Care Delivery Requirements

*Practices shall:*

- Traditional primary care: provide accessible, comprehensive, longitudinal, person-centered, and coordinated primary care services including evaluation and management of common health issues, disease prevention, and wellness promotion. While practices may offer some traditional primary care virtually via telehealth, Enrollees must be able to access this requirement on-site.
- Referral to specialty care: be able to guide and coordinate referrals and request evaluation of a patient by clinicians outside of the primary care practice for specific concerns. Such referrals shall include the primary care practice's ability to communicate with and receive communications from the specialty practice, with the primary care practice continuing to serve as a central home of health care services for the patient. This includes sub-specialty medical, oral health, mental health, and substance use disorder referrals.
- Oral health screening and referral: conduct an annual (every 12 months) structured oral health screening for attributed patients. An on-site dental exam for attributed patients shall meet this requirement. An assessment screening shall clearly define what constitutes a positive screening result versus a negative result and shall assess if the patient currently has access to an oral health provider or a regular and reliable source for oral health needs.

Additionally, retain and provide to patients (and/or their parents/caregivers) a list of local and reasonably-accessible oral health providers who are within the MassHealth network for their particular patients (MassHealth providers are available at: [https://provider.masshealth-dental.net/MH\\_Find\\_a\\_Provider#/home](https://provider.masshealth-dental.net/MH_Find_a_Provider#/home)). This information shall be updated at least annually for any openings/closings or additions/removals of MassHealth coverage of these providers. Such a list shall be provided to patients with a positive oral health screen and those without an oral health provider. Such a list may be adapted from materials provided by MassHealth of practices and providers currently enrolled in the program.

While practices may offer some oral health screenings and referrals virtually via telehealth, Enrollees must be able to access this requirement on-site.

- Behavioral health (BH) and substance use disorder screening: conduct an annual and universal practice-based screening of attributed patients  $\geq 21$  years of age. Such a screen shall at minimum assess for depression, tobacco use, unhealthy alcohol use, other substance use, and preexisting mental health disorders using an age-appropriate, evidence-based, standardized screening tool. When any screening is positive, the practice shall respond with appropriate interventions and/or referrals. Resources available to support providers in caring for patients with behavioral health and substance use disorder needs include but are not limited to the Massachusetts Consultation Service for the Treatment of Addiction and Pain (MCSTAP), and the Massachusetts Child Psychiatry Access Program for Moms (MCPAP for Moms) (for perinatal patients with BH conditions).

See below under this Section 1, subsection C for screening expectations for any attributed patients younger than 21 years of age per the [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) protocol and schedule](#).

While practices may offer some BH and substance use screening virtually via telehealth, Enrollees must be able to access this requirement on-site.

- BH referral with bi-directional communication, tracking, and monitoring: retain and provide to patients a list of local and reasonably-accessible BH providers who are within the MassHealth network, including those that offer therapy and counseling services, BH medication management, and intensive outpatient or day treatment programs. The list of local BH providers shall be providers with whom the practice can conduct bi-directional communication about the patient. This can include electronic health record, phone, fax, or other modalities. This communication can be asynchronous, but it shall allow for both the primary care practice and the BH practice to communicate back and forth with each other. The practice shall also regularly assess if such partners continue to have bandwidth to see its patients within reasonable turnaround times.

In addition, track referrals made through the practice and problem-solve for patients who are unable to engage in a referral visit.

- BH medication management: prescribe, refill, and adjust medications for the treatment of common BH issues amenable to treatment in the primary care setting, including but not limited to major depressive disorder, generalized anxiety disorder, and attention deficit-hyperactivity disorder. Practices may also offer substance use disorder medication management. Such services can occur independently or providers may receive assistance from available resources such as the Massachusetts Child Psychiatry Access Program (MCPAP), MCPAP for Moms (for perinatal patients with BH conditions), a clinical pharmacist, psychiatrist, psychiatric clinical nurse specialist, etc. While practices may offer some BH medication management virtually via telehealth, Enrollees must be able to access this requirement on-site.
- Health-Related Social Needs (HRSN) screening: conduct universal practice- or ACO-based screening of attributed patients for HRSN using a standardized, evidence-based tool, and shall have the ability to provide a regularly-updated inventory of relevant community-based resources to those with positive screens. Pediatric screening questions shall be reviewed by the ACO's designated Pediatric Expert. HRSN screening may be met exclusively via a central or virtual resource, including being provided by the ACO.
- Care coordination: participate in formalized practice-driven and/or ACO-driven care coordination that identifies patients at risk due to medical, BH, HRSN, psychosocial and/or other needs and deploy risk-stratified interventions and approaches to addressing patients' needs.

Such approaches can include but are not limited to communication and information-sharing between care team patients and specialists or ancillary services, identification and rectification of gaps in preventive care or chronic disease management, assisting patients with transitions of care, pre-visit planning, post-hospitalization coordination, and assistance with patient self-management of chronic disease. Such approaches can also include connecting patients to community-based services, state agencies (e.g., Massachusetts Department of Children and Families [DCF], Massachusetts Department of Developmental Services [DDS], Massachusetts Department of Mental Health [DMH], Massachusetts Department of Public Health [DPH], Massachusetts Department of Transitional Assistance [DTA], Massachusetts Department of Youth Services [DYS]), federal programs (e.g., Supplemental Nutrition Assistance Program [SNAP], Special Supplemental Nutrition Assistance Program for Women, Infants, and Children [WIC]), other ACO programs such as the ACO Care Management, [Community Partners](#) and [Flexible Services](#) programs, and other supports and care management resources.

These services may be provided by practice-based personnel directly, or by ACO- or system-level resources and care pathways that coordinate with the primary care practice. Such interventions shall be standardized and consistent workstreams for the practice and align with the greater ACO's strategies around physical health, BH, HRSN, and other care coordination.

For more information on ACO expectations around care coordination, please refer to Section 2.6 of the Contract. Care coordination may be met exclusively via a central or virtual resource, including being provided by the ACO.

- Clinical Advice and Support Line: ensure patients are made aware of the availability of after-hours telephonic advice, either through the ACO's Clinical Advice and Support Line, or a resource provided by the practice. Clinical advice and support line services may be met exclusively via a central or virtual resource, including being provided by the ACO.
- Postpartum depression screening: if caring for infants in the first year of life or for postpartum individuals who are within 12 months of delivery, screen for postpartum depression in accordance with MassHealth Provider Manual Appendix W. While practices may offer some postpartum depression screenings virtually via telehealth, Enrollees must be able to access this requirement on-site.
- Use of Prescription Monitoring Program: ensure all prescribing personnel at the practice site have access to and regularly use the Massachusetts Prescription Awareness Tool (Mass PAT) in accordance with Commonwealth of Massachusetts General Law: <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C/Section24A>.
- Contraception Counseling: provide comprehensive contraception counseling and prescribe contraception for patients. Providers must be able to counsel patients on a full range of short- and long-acting methods, including but not limited to emergency contraception, non-hormonal LARC and barrier contraceptives, hormonal contraceptives including LARC, oral, transdermal, vaginal and injectable methods, as well as permanent sterilization.
- Long-Acting Reversible Contraception (LARC) provision, referral: have the ability to discuss options for LARC (i.e., intrauterine device, subdermal implant) with relevant patients and refer patients seeking such options to known in-network providers who can insert and remove LARC for the patient. Alternatively, the practice can satisfy this requirement by inserting and removing LARC for patients within the primary care practice.

## **B. Structure and Staffing Requirements**

*Practices shall:*

- Same-day urgent care capacity: make available time slots each day for urgent care needs for its patient population. While practices may offer some urgent care capacity virtually via telehealth, Enrollees must be able to access this requirement on-site.
- Video telehealth capability: have the ability to conduct visits with practice staff using a synchronous audio-video telehealth modality in lieu of an in-person patient encounter.
- No reduction in hours: relative to regular practice hours prior to engagement in the sub-capitation program, offer the same or increased number of total regular on-site operating hours and clinical sessions in which patients have been historically seen.
- Access to Translation and Interpreter Services: provide interpreter services for attributed patients, in accordance with applicable state and federal laws, including options to accommodate preferred languages and the needs of Enrollees who are deaf or hard of hearing. Such services shall be noted

to be available in a patient's or their caregiver's preferred language and should come without additional cost to the patient.

### C. Population-Specific Requirements

*Practices serving Enrollees younger than 21 years old shall:*

- EPSDT screenings: administer, at a minimum, BH, developmental, social, and other screenings and assessments as required under EPSDT. While practices may offer some EPSDT screenings virtually via telehealth, Enrollees must be able to access this requirement on-site.
- SNAP and WIC eligibility: screen for SNAP and WIC eligibility, as described in [Provider Manual Appendix W](#). The practice shall also complete the [Medical Referral Form](#) and [Pre-Application Form](#) for WIC eligible patients. Patients and families deemed eligible for these programs should be referred to further resources in order to apply for and engage these programs. While practices may offer SNAP and WIC screenings virtually via telehealth, Enrollees must be able to access this requirement on-site.
- Establish and maintain relationships with local Children's Behavioral Health Initiative (CBHI): identify staff member(s) responsible for 1) communicating with and reporting to CBHI program in a closed-loop manner, and 2) maintaining a roster of children attributed to the practice who are receiving CBHI services.
- Coordination with MCPAP: enroll with MCPAP at <https://www.mcpap.com/>. The practice shall consult with and use the services of MCPAP to augment the BH expertise provided within the practice as a means to maintain the management of youth with mild to moderate BH conditions in primary care. Alternatively, the practice can satisfy this requirement by accessing equivalent resources available within their own health system – such as consultation with child and adolescent psychiatrists working in the clinic or a neighboring site or via consultation from an asynchronous resource such as an e-consult. Use of such an alternative resource, however, does not exempt the practice from enrolling with MCPAP.
- Fluoride varnish for patients ages 6 months up to age 6: assess the need for fluoride varnish at all preventive visits from six (6) months to six (6) years old, and, once teeth are present, provide application of fluoride varnish on-site in the primary care office at least twice per year for all children, starting when the first tooth erupts and until the patient has another reliable source of dental care (<https://publications.aap.org/pediatrics/article/146/6/e2020034637/33536/Fluoride-Use-in-Caries-Prevention-in-the-Primary>). For those pediatric patients who do not have a dental home, the practice must share a list of MassHealth dental providers with the parent/caregiver as noted above. If there is a co-located dental office or evidence that the dental office has already provided this service, such may substitute in this requirement for the relevant patients who have access to or have accessed these resources. Enrollees must be able to access this fluoride varnish on-site.

## SECTION II: Tier 2 Practice Service Requirements

Requirements to achieve a Tier Designation of Tier 2. Practices shall meet ***all Tier 1 requirements and all Tier 2 requirements*** to achieve this Tier Designation.

### A. Care Delivery

*The practice shall:*

- Brief intervention for BH conditions: provide brief interventions for patients with identified BH needs, as appropriate, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), brief Cognitive Behavioral Therapy (CBT), or an equivalent model. These may be provided by a front-line clinical provider or by an integrated member of the clinical team, such as a licensed

independent clinical social worker (LICSW). While practices may offer some BH interventions for BH conditions virtually via telehealth, Enrollees must be able to access this requirement on-site.

- Telehealth-capable BH referral partner: include at least one BH provider who is capable of providing services via a synchronous audio-video telehealth modality among its local and reasonably-accessible list of BH providers who are within the MassHealth network.

## **B. Structure and Staffing**

*The practice shall:*

- E-consults available in at least three (3) specialties: be capable of asynchronous, consultative, provider-to-provider communications within a shared Electronic Health Record (EHR) or web-based platform between primary care and specialist providers over a secure electronic medium that involves sharing of patient-specific information and discussing clarification or guidance regarding targeted clinical care. E-consults shall be available to clinical staff within the practice to discuss with specialists in at least three distinct and non-redundant American Board of Medical Specialties (ABMS)-recognized specialties. For example, offering e-consults to multiple specialties with board certification under the pathways of Internal Medicine, such as cardiology, endocrinology, and nephrology meets this requirement. On the other hand, multiple specialties with certification under a shared subspecialty would be considered redundant; for example, seeking to count e-consults in general cardiology, clinical cardiac electrophysiology, and interventional cardiology as three distinct specialties would not meet this requirement.
- After-hours or weekend session: offer at least four hours for in-person or telehealth visits, with the practice's own providers or with providers from another of the Contractor's Network PCPs (ACPP) or Participating PCPs (PCACO) as further specified below, at least once per week within any of the following periods:
  - Monday through Friday: Outside the hours of 8:00 a.m.-5:00 p.m.
  - Saturday or Sunday: During any period

These session(s) may be covered by the practice's own providers or with providers from another of the Contractor's Network PCPs (ACPP) or Participating PCPs (PCACO) such that one practice may cover the weekend or after-hours sessions for a maximum of two other practices. If the practice utilizes another practice for this coverage, EOHHS encourages the Contractor to utilize practices that are located in close geographic proximity to the practice. In addition, any providers staffing such sessions (including those at another practice site) must have access to the practice's EHR and must document the visit within the practice's EHR. Sessions cannot be those offered by a third-party or a group unaffiliated with the primary care practice as described above, unable to access the practice's EHR, or unaffiliated with the practice's patient population. The required after-hours or weekend session shall provide behavioral health referral with bi-directional communication, tracking, and monitoring. Providers staffing after-hours or weekend sessions shall communicate any visits during those sessions to the Enrollee's primary care provider. The Contractor or the practice shall communicate to Enrollees where to access after-hours or weekend sessions.

- Team-based staff role: maintain at least one (1) team-based staff role dedicated to the specific primary care site. This role may be primarily met virtually but must be on-site at least monthly. If this role is offered virtually, the practice must have multimedia available for Enrollees to engage with the role from the practice. This role shall be filled by those in the following or similar roles:
  - Community health worker (CHW)
  - Peer (Certified Peer Specialist, Recovery Coach, Family Partner, Family Navigator)
  - Social worker (licensed clinical social worker [LCSW], LICSW) or other master's-prepared clinician such as a Master of Social Work (MSW)

- Nurse case manager

Such team-based role shall:

- Be available and doing work on behalf of the specific practice site for at least 12 hours (i.e.,  $\geq 0.3$  FTE) per week,
  - Conduct activities such as but not limited to team-based huddles, activities on behalf of patients at the site, or patient-facing activities,
  - Participate in team activities such as team huddles, i.e., standing team meetings for the purpose of pre-visit planning, population health management, process improvement, etc.
- Maintain a consulting BH clinician: maintain a dedicated and accessible consulting BH clinician available to assist the practice with cases of moderate complexity and with co-management of identified cases that can otherwise remain anchored in the primary care setting. The BH clinician shall engage in shared treatment planning with the primary care provider, participate in team-based huddles, coordinate referrals to specialty behavioral health services, and support BH-related training for frontline workers in primary care.

This requirement may be fulfilled via a single person or multiple persons. The role must be filled by a licensed BH provider (e.g., psychiatrist, psychologist, psychiatric clinical nurse practitioner, LCSW, LICSW, licensed mental health counselor (LMHC), or licensed marriage and family therapist (LMFT)). If the BH provider is not independently licensed, they must have an independently licensed supervisor. Those fulfilling this requirement are also eligible to fulfill the team-based staff role requirement above and may maintain other clinical appointments but must be regularly available for activities described herein.

This resource may be virtually available to the practice and can utilize asynchronous means of communication inclusive of e-consult but shall be able to respond to queries within five (5) business days. The consulting BH clinician must be capable of asynchronous, consultative, provider-to-provider communications within a shared Electronic Health Record (EHR).

### **C. Population Specific Expectations**

*Practices serving Enrollees younger than 21 years old shall:*

- Staff with children, youth, and family-specific expertise: maintain at least one team member with experience addressing BH and HRSN of children, youth, and families in a health care setting and/or with a specialized degree, licensing, training, or certification in such work. This role may be primarily met virtually but shall be on-site at least monthly. This role shall have non-billable time dedicated to performing the following activities:
  - Create trusting and safe relationships with identified youth and their caregivers.
  - Collaborate with practice staff to assess the needs of identified youth and families, including by participating in team-based huddles and care planning sessions.
  - Provide support related to educational needs of identified youth, including by coordinating with preschools, schools, early childhood education settings, and special education departments as directed by clinical staff. Additionally, serve as the site's general point of contact to these educational locations.
  - Support clinical staff in providing information and coordinating referrals for BH and HRSN programs and services. Ensure youth and families are able to access these programs and services by completing the necessary documentation and follow up. These programs and services shall include but are not limited to: Children's Behavioral Health Initiative (CBHI); Family Resource Centers (FRC); Early Intervention; Head Start; Supplemental Nutrition Assistance Program (SNAP); Women, Infants, & Children Nutrition Program (WIC); subsidized child care; home visiting programs; and ABA services. Additionally, serve as the site's general point of contact to these programs and services.

- Provide supplementary age-appropriate support and resources to patients on topics including but not limited to reproductive health, substance use, and alcohol use, in coordination with the clinical team.
- Provide supplementary support and resources to caregivers on topics including but not limited to postpartum considerations (e.g., breastfeeding, postpartum depression) and having age-appropriate conversations about reproductive health, substance use, and alcohol use
- SNAP and WIC assistance: provide patients and their families who are eligible for SNAP and WIC application assistance through the practice in order to assist patients and their families to apply for and engage those programs. While practices may offer assistance virtually, Enrollees must be able to access this requirement on-site.

*Practices serving Enrollees ages 21-65 shall:*

- Offer at least one (1) type of LARC: have the ability to insert and remove at least one (1) type of LARC (i.e., intrauterine device or subdermal implant). This service shall be available on-site during normal business hours at least one (1) session every other week (i.e., twice monthly). This activity may occur either in the primary care office or from a co-located provider at the same practice site.
- Active Buprenorphine Availability: have at least one (1) provider actively prescribing buprenorphine for management of opioid use disorder to patients with opioid use disorder, as clinically indicated. Actively prescribing means that a provider is either currently prescribing buprenorphine for Enrollees at the practice, or is willing to if and when any Enrollee is in need of this service, without having to refer the Enrollee to another location. This provider shall be dedicated and available to patients in the practice on-site or virtually on at least a weekly basis. Providing referrals to SUD care or maintaining agreements with other providers or practices at a different location does not meet this requirement. Providers may leverage the partnership and guidance of MCSTAP for guidance on prescribing buprenorphine for adults: [www.mcstap.com](http://www.mcstap.com). This requirement may be met virtually. However, providers must be capable of asynchronous, consultative, provider-to-provider communications within a shared Electronic Health Record (EHR) or web-based platform between primary care and specialist providers over a secure electronic medium that involves sharing of patient-specific information and discussing clarification or guidance regarding targeted clinical care.
- Active Alcohol Use Disorder (AUD) Treatment Availability: at least one (1) provider actively prescribing or willing to prescribe relevant medications for management of alcohol use disorder (e.g., Disulfiram, Acamprosate, Naltrexone, etc.). This requirement may be met virtually. However, providers must be capable of asynchronous, consultative, provider-to-provider communications within a shared Electronic Health Record (EHR) or web-based platform between primary care and specialist providers over a secure electronic medium that involves sharing of patient-specific information and discussing clarification or guidance regarding targeted clinical care.

## SECTION III: Tier 3 Practice Service Requirements

Requirements to achieve a Tier Designation of Tier 3. Practices shall meet ***all Tier 1 requirements, all Tier 2 requirements, and all Tier 3 requirements*** to achieve this Tier Designation.

### A. Care Delivery

*The practice shall fulfill at least **one** of the following three requirements:*

- Clinical pharmacist visits: offer its patients the ability to conduct office-based or virtual appointments with a licensed clinical pharmacist focused on medication management and teaching. This role may conduct its activities virtually. The clinical pharmacist shall be dedicated to the practice for a minimum of 12 hours per week (i.e.,  $\geq 0.3$  FTE)  
OR
- Group visits: offer its patients the ability to participate in office-based or virtual appointments at which services are provided to multiple patients for a shared condition and peer support is elicited (e.g., mental health, substance use disorder, antenatal care and/or parenting support, diabetes, hypertension, etc.). These visits may be conducted virtually. Group visits shall be offered by staff that are dedicated to the practice for a minimum of 12 hours per week (i.e.,  $\geq 0.3$  FTE)  
OR
- Designated Educational Liaison for pediatric patients: for practices serving pediatric patients, have a dedicated staff member that serves as an office-based or virtual resource for families navigating the intersection of the medical and educational systems. This role may conduct its activities virtually. The Educational Liaison shall have knowledge of education and special education systems, including early education settings, and shall create relationships with local schools and early education settings. The Educational Liaison's activities may include but are not limited to coordinating with school-based providers on patients' behavioral health and chronic disease management, assisting patients with special education processes and reasonable accommodations for special education needs, and supporting patients and families with transitions between educational stages (e.g., Early Intervention and Early Childhood Special Education [ECSE] programs, pre-school, kindergarten, GED and college programs, etc.). The Educational Liaison shall also provide support to patients with medical, developmental, and/or BH needs and shall be available to provide input to the educational team at schools as needed. The Educational Liaison must utilize a minimum of 12 hours per week of non-billable time (i.e.,  $\geq 0.3$  FTE) to perform the activities listed above.

### B. Structure and Staffing

*The practice shall:*

- E-consults available in at least five (5) specialties: be capable of asynchronous, consultative, provider-to-provider communications within a shared EHR or web-based platform between primary care and specialist providers over a secure electronic medium that involves sharing of patient-specific information and discussing clarification or guidance regarding targeted clinical care. E-consults shall be available to clinical staff within the primary care practice to discuss with specialists in at least five (5) distinct and non-redundant ABMS-recognized specialties. For example, offering e-consults to multiple specialties with board certification under Internal Medicine, such as cardiology, endocrinology, and nephrology meets this requirement. On the other hand, multiple specialties with certification under a shared subspecialty would be considered redundant; for example, general cardiology, clinical cardiac electrophysiology, and interventional cardiology would not meet this requirement.
- After-hours or weekend session: offer at least 12 hours for in-person or telehealth visits with the practice's own providers or with providers from another of the Contractor's Network PCPs (ACPP)

or Participating PCPs (PCACO) as further specified below, falling within any of the following periods:

- Monday through Friday: Outside the hours of 8:00 a.m.-5:00 p.m.
- Saturday or Sunday: During any period of at least four hours

At least 4 hours shall be in-person. At least 4 hours must fall on a weekend day.

These session(s) may be covered by the practice's own providers or with providers from another of the Contractor's Network PCPs (ACPP) or Participating PCPs (PCACO) such that one practice site may cover the weekend or after-hours sessions for a maximum of two other practices. If the practice utilizes another practice site for this coverage, EOHHS encourages the Contractor to utilize practice sites that are located in close geographic proximity to the practice. In addition, any providers staffing such sessions (including those at another practice site) must have access to the practice's EHR and must document the visit within the practice's EHR. Sessions cannot be those offered by a third-party or a group unaffiliated with the primary care practice as described above, unable to access the practice's EHR, or unaffiliated with the practice's patient population. The required after-hours or weekend session shall provide behavioral health referral with bi-directional communication, tracking, and monitoring. Providers staffing after-hours or weekend sessions shall communicate any visits during those sessions to the Enrollee's primary care provider. The Contractor or the practice shall communicate to Enrollees where to access after-hours or weekend sessions.

- Three team-based staff roles: maintain at least three (3) team-based staff roles dedicated to the specific primary care site. These roles may be met primarily virtually but must be on-site at least monthly. If these roles are offered virtually, the practice must have multimedia available for Enrollees to engage with the role from the practice site. These roles shall consist of the following:
  - At least one (1) staff role shall be filled by a licensed BH clinician (e.g., psychologist, LICSW, LCSW)
  - At least one (1) staff role shall be filled by a peer, family navigator, CHW, or similar
  - The other staff role(s) may be one of the following, or similar:
    - Peer (Certified Peer Specialist, Recovery Coach, Family Partner, Family Navigator)
    - Social worker (LCSW, LICSW) or other master's-prepared clinician such as a Master of Social Work (MSW)
    - Nurse case manager

Such team-based roles shall:

- Be available and doing work on behalf of the specific practice site for a minimum of 12 hours per week (i.e.,  $\geq 0.3$  FTE) individually, and at minimum collectively 1.0 FTE.
  - Conduct activities such as but not limited to team-based huddles, activities on behalf of patients at the site, or patient-facing activities.
  - Collectively, ensure at least one (1) FTE meeting these staff roles is available and dedicated to the practice at each of the 10 usual business hour sessions (Monday through Friday, mornings and afternoons) to respond in real-time to practice needs.
  - All participate in regular team activities such as team huddles (i.e., standing team meetings for the purpose of pre-visit planning), population health management, and/or process improvement
- Maintain a consulting BH clinician with prescribing capability: maintain a dedicated and accessible consulting BH clinician with prescribing capability available to assist the practice with cases of moderate and rising complexity and with co-management of identified cases that can otherwise

remain anchored in the primary care setting. The BH clinician shall engage in shared treatment planning with the primary care provider, participate in team-based huddles, coordinate referrals to specialty behavioral health services, and support BH-related training for frontline workers in primary care.

This requirement may be fulfilled via a single person or multiple persons. The role must be filled by a licensed BH provider that has familiarity with titration of BH medications (e.g., psychiatrist or psychiatric clinical nurse practitioner). Those fulfilling this requirement are also eligible to fulfill the BH clinician portion of the team-based staff role requirement above and may maintain other clinical appointments, but must be regularly available for activities described herein.

This resource may be virtually available to the practice and can utilize asynchronous means of communication inclusive of e-consult but shall be able to respond to queries within three (3) business days. The consulting BH clinician must be capable of asynchronous, consultative, provider-to-provider communications within a shared Electronic Health Record (EHR).

### **C. Population Specific Expectations**

*Practices serving Enrollees younger than 21 years old shall:*

- Full-time staff with children, youth, and family-specific expertise: maintain at least one team member with experience addressing BH and HRSN of children, youth, and families in a health care setting and/or with a specialized degree, license, training, or certification in such work. This role may be primarily met virtually but shall be on-site at least monthly. Such staff shall be available and doing work on behalf of the specific practice site full-time (1.0 FTE) and have non-billable time dedicated to performing the following activities:
  - Create trusting and safe relationships with identified youth and their caregivers.
  - Collaborate with practice staff to assess the needs of identified youth and families, including by participating in team-based huddles and care planning sessions.
  - Provide support related to educational needs of identified youth, including by coordinating with preschools, schools, early childhood education settings, and special education departments as directed by clinical staff. Additionally, serve as the site's general point of contact to these educational locations.
  - Support clinical staff in providing information and coordinating referrals for BH and HRSN programs and services. Ensure youth and families are able to access these programs and services by completing the necessary documentation and follow up. These programs and services shall include but are not limited to: Children's Behavioral Health Initiative (CBHI); Family Resource Centers (FRC); Early Intervention; Head Start; Supplemental Nutrition Assistance Program (SNAP); Women, Infants, & Children Nutrition Program (WIC); subsidized child care; home visiting programs; and ABA services. Additionally, serve as the site's general point of contact to these programs and services.
  - Provide supplementary age-appropriate support and resources to patients on topics including but not limited to reproductive health, substance use, and alcohol use, in coordination with the clinical team.
  - Provide supplementary support and resources to caregivers on topics including but not limited to postpartum considerations (e.g., breastfeeding, postpartum depression) and having age-appropriate conversations about reproductive health, substance use, and alcohol use.
- Offer at least one (1) type of LARC: have the ability to insert and remove at least one (1) type of LARC (i.e., intrauterine device or subdermal implant). This service shall be available on-site during normal business hours at least one (1) session every other week (i.e., twice monthly). This activity may occur either in the primary care office or from a co-located provider at the same practice site.

- Active Buprenorphine Availability: have at least one (1) provider actively prescribing buprenorphine for management of opioid use disorder to patients with opioid use disorder, as clinically indicated. Actively prescribing means that a provider is either currently prescribing buprenorphine for Enrollees at the practice, or is willing to if and when any Enrollee is in need of this service without having to refer the Enrollee to another location. This provider shall be dedicated and available to patients in the practice on-site or virtually on at least a weekly basis. Providing referrals to SUD care or maintaining agreements with other providers or practices at a different location does not meet this requirement. Providers may leverage the partnership and guidance of MCPAP for guidance on prescribing buprenorphine for youth: [www.mcpap.com](http://www.mcpap.com). This requirement may be met virtually. However, providers must be capable of asynchronous, consultative, provider-to-provider communications within a shared Electronic Health Record (EHR) or web-based platform between primary care and specialist providers over a secure electronic medium that involves sharing of patient-specific information and discussing clarification or guidance regarding targeted clinical care.

*Practices serving Enrollees ages 21-65 shall:*

- Offer multiple types of LARC: have the ability to insert and remove multiple forms of LARC (i.e., both intrauterine device and subdermal implant). This service shall be available on-site during normal business hours at least one (1) session per week. This activity may occur either in the primary care office or from a co-located provider at the same practice site.
- Capability for next-business-day Medication for Opioid Use Disorder (MOUD) induction and follow-up: must have an evidence-based written protocol (such as SAMHSA's guidance found [here](#)) and the capability to provide in-office or virtual induction (as permitted by federal law, including but not limited to the Ryan Haight Act) of buprenorphine and opioid withdrawal management within one business day of diagnosis of opioid use disorder or treatment of withdrawal or relapse.
  - The MOUD induction requirement may be met virtually, including by third party entities. However, the practice must fulfill Tier 2 requirements set forth above regarding maintenance prescribing at the practice.

Providers must be capable of asynchronous, consultative, provider-to-provider communications within a shared Electronic Health Record (EHR) or web-based platform between primary care and specialist providers over a secure electronic medium that involves sharing of patient-specific information and discussing clarification or guidance regarding targeted clinical care.

## SECTION IV: Acronyms & Terms Glossary

### Terms

Adult practice	<p>Any primary care practice, either standalone or within a larger building, that primarily provides care to adults and those 21 years of age and older. An adult practice shall fulfill requirements specific to adult populations. Pediatric practices that serve a small number of adult patients are not adult practices, and do not need to meet the requirements specific to adult populations.</p> <p>Please note that EPSDT requirements are required for any MassHealth members under age 21, regardless of the practice type.</p>
E-Consult	Asynchronous, consultative, provider-to-provider communications within a shared Electronic Health Record (EHR) or web-based platform between primary care and specialist providers over a secure electronic medium that involves sharing of patient-specific information and discussing clarification or guidance regarding targeted clinical care.
Family Medicine practice	Any primary care practice, either standalone or within a larger building, that provides care to patients across the lifespan. A family medicine practice shall fulfill requirements specific to both pediatric and adult populations. Each Family Medicine practice shall have a single Tier Designation.
Pediatric practice	<p>Any primary care practice, either standalone or within a larger building, that primarily provides care to children and adolescent patients under age 21. A pediatric practice shall fulfill requirements specific to pediatric populations. Adult practices that serve a small number of patients under age 21 are not pediatric practices, and do not need to meet the requirements specific to adult populations.</p> <p>Please note that EPSDT requirements are required for any MassHealth members under age 21, regardless of the practice type.</p>
Session	≥4 consecutive hours of clinical work time, usually defined as a continuous morning or afternoon block of time in which providers see patients.

### Acronyms and Initialisms

ABMS	American Board of Medical Specialties
AUD	Alcohol Use Disorder
BH	Behavioral Health
CBHI	Children's Behavioral Health Initiative
CBT	Cognitive Behavioral Therapy
CHW	Community Health Worker

DCF	Massachusetts Department of Children and Families
DDS	Massachusetts Department of Developmental Services
DMH	Massachusetts Department of Mental Health
DPH	Massachusetts Department of Public Health
DTA	Massachusetts Department of Transitional Assistance
DYS	Massachusetts Department of Youth Services
EHR	Electronic Health Record
EPDS	Edinburgh Postnatal Depression Scale
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
FRC	Family Resource Centers
HRSN	Health-Related Social Needs
LARC	Long-Acting Reversible Contraception
LCSW	Licensed Clinical Social Worker
LICSW	Licensed Independent Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LMHC	Licensed Mental Health Counselor
M4M	Massachusetts Child Psychiatry Access Program for Moms
Mass PAT	Massachusetts Prescription Awareness Tool
MCPAP	Massachusetts Child Psychiatry Access Program
MOUD	Medication for Opioid Use Disorder
MSW	Master of Social Work
NOI	Notice of intent
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SNAP	Supplemental Nutrition Assistance Program
WIC	Special Supplemental Nutrition Assistance Program for Women, Infants, and Children