

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 305: RATES FOR BEHAVIORAL HEALTH SERVICES PROVIDED IN COMMUNITY
BEHAVIORAL HEALTH CENTERS

Section

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305.01: General Provisions

- (1) Scope and Purpose. 101 CMR 305.00 governs the rates to be used by all governmental units and worker's compensation insurers for outpatient behavioral health services and behavioral health emergency services provided by community behavioral health centers (CBHCs).
- (2) Applicable Dates of Service. Rates in 101 CMR 305.00 apply for dates of service provided on or after August 15, 2025.
- (3) Disclaimer of Authorization of Services. 101 CMR 305.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 305.00. Purchasing agencies and insurers are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.
- (4) Coding Updates and Corrections. The Executive Office of Health and Human Services (EOHHS) may publish service code updates and corrections in the form of an administrative bulletin. Updates may reference coding systems including, but not limited to, the *Healthcare Common Procedure Coding System (HCPCS)*. The publication of such updates and corrections will list
 - (a) codes for which the code numbers change, with the corresponding cross references between existing and new codes and the codes being replaced. Rates for such new codes are set at the rate of the code that is being replaced;
 - (b) codes for which the code number remains the same but the description has changed;
 - (c) deleted codes for which there are no corresponding new codes; and
 - (d) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (IC) payment for these codes until appropriate rates can be developed.
- (5) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 305.00.

305.02: General Definitions

As used in 101 CMR 305.00, unless the context requires otherwise, terms have the meanings in 101 CMR 305.02.

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

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

American Society of Addiction Medicine (ASAM). A professional society in the field of addiction medicine that sets diagnostic and dimensional criteria for the delivery of substance use disorder treatment which includes a continuum of five basic levels of care from Early Intervention to Medically Managed Inpatient Treatment.

Care Coordination. The organization of a member's care across medical and behavioral health providers, social service providers, and state agencies.

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

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

Community Support Program (CSP). Behavioral health diversionary services through community-based, mobile, paraprofessional staff to members, as set forth in 130 CMR 461.000: *Community Support Program Services*.

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

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

Community Support Program (CSP). Behavioral health diversionary services through community-based, mobile, paraprofessional staff to members, as set forth in 130 CMR 461.000: *Community Support Program Services*.

Co-occurring Disorder. A diagnosis of both a substance use disorder and one or more behavioral health disorders.

Counselor. An individual who has earned a master's degree in counseling from a recognized educational program and who also meets conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Couples Therapy. Psychotherapeutic services provided to a couple whose primary issue is the disruption of their marriage, family, or relationship.

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

Eligible Provider. A community behavioral health center which meets the conditions of participation that have been or may be adopted by a governmental unit purchasing behavioral health services or by purchasers under M.G.L. c. 152.

Encounter Bundle. A flat rate per date of services for the provision of any of a set of designated services, regardless of the number of services provided to the individual on that date.

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

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

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

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

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Governmental Unit. The Commonwealth of Massachusetts, or any of its departments, agencies, boards, commissions, or political subdivisions.

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

Individual Consideration (IC). Payment rates to eligible providers for services authorized in accordance with 101 CMR 305.03(2), but not listed herein, or authorized services performed in exceptional circumstances are determined on an individual consideration basis by the governmental unit or purchaser under M.G.L. c. 152 upon receipt of a bill which describes the services rendered. The determination of rates of payment for authorized individual consideration procedures will be in accordance with the following criteria:

- (a) time required to perform the service;
- (b) degree of skill required for service rendered;
- (c) severity and/or complexity of the client's disorder or disability;
- (d) policies, procedures, and practices of other third-party purchasers of care; and
- (e) such other standards and criteria as may be adopted from time to time by EOHHS under 101 CMR 305.03(4).

Individual Therapy. Psychotherapeutic services provided to an individual.

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

Medication for Addiction Treatment (MAT). Use of a medication approved by the Food and Drug Administration (FDA) for the treatment of a substance use disorder.

Medication for Opioid Use Disorder (MOUD). Use of a medication approved by the FDA for the treatment of opioid use disorder.

Medication Visit. A member visit specifically for prescription, review, and monitoring of psychotropic medication by a psychiatrist, psychiatric clinical nurse specialist, advanced practice registered nurse, or physician assistant or administration of prescribed intramuscular medication by a physician, nurse, or physician assistant.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters.

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

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Peer Recovery Coach. An individual in addiction recovery who brings lived experience and has completed specialized training to provide nonclinical peer recovery support to individuals in or seeking recovery. Peer recovery coaches serve as mentors to build hope, explore recovery pathways, and achieve self-directed life goals. Peer recovery coaches also help members navigate systems, overcome barriers, build recovery capital, establish community connections, and link to supportive resources. Peer recovery coaches must meet requirements in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

Psychiatric Nurse. An individual who is currently registered by the Massachusetts Board of Registration in Nursing and who has earned a master's degree from an accredited graduate school of psychiatric nursing or who meets the conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Psychiatric Clinical Nurse Specialist. A licensed registered nurse who is authorized by the Board of Registration in Nursing as practicing in an expanded role and who meets the requirements of 244 CMR 4.05(4): *Psychiatric Nurse Mental Health Clinical Specialist (PNMHCS)*.

Psychiatric Social Worker. An individual who has earned a master's degree from an accredited graduate school of social work or who meets the conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Psychiatrist. An M.D. or Doctor of Osteopathic Medicine who is registered in Massachusetts and who is certified or eligible for certification by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry who meets such conditions of participation as have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Psychological Associate. A staff member trained in the field of clinical or counseling psychology or a closely related specialty who meets the conditions of participation which have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152, and who

- (a) has a minimum of a master's degree or the equivalent graduate study in clinical or counseling psychology or a closely related specialty from an accredited educational institution;
- (b) is currently enrolled in or has completed a doctoral program in clinical or counseling psychology or a closely related specialty; and
- (c) has had two years of full-time supervised clinical experience after obtaining a master's degree in a multidisciplinary mental-health setting. (One year of supervised clinical work in an organized graduate internship program may be substituted for each year of experience.)

Psychological Assessment. The use of standardized test instruments and procedures to evaluate aspects of a member's functioning. Psychological assessment includes intelligence, neuropsychological and developmental, and personality assessments. Test instruments used for

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psychological assessment must be published, valid, and in general use as defined by listing in the *Mental Measurement Yearbook* or successor publication, or by conformity to the *Standards for Educational and Psychological Testing* of the American Psychological Association.

Psychologist. An individual who by training and experience meets the requirements for licensing by the Massachusetts Board of Registration of Psychologists and is duly licensed to practice psychology in the Commonwealth or who meets the requirements of education and experience in psychology that have been or may be adopted by a governmental unit purchasing mental health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Psychotherapy for Crisis. An urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma.

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

Staff Member Authorized to Render Billable Mental Health Services. An individual who provides the services referred to in 101 CMR 305.00 under the auspices of an eligible provider and meets the qualifications of any of the following professions: psychiatrist, psychologist, psychological associate, social worker, psychiatric nurse, psychiatric clinical nurse specialist, counselor, or occupational therapist. This also includes staff members meeting the qualifications which have been or may be adopted by a governmental unit purchasing behavioral health services from eligible providers or by purchasers of such services under M.G.L. c. 152.

Structured Outpatient Addiction Program (SOAP): ASAM Level 2.1 Intensive Outpatient Services. A substance use disorder treatment service that provides short-term, multi-disciplinary, clinically intensive structured treatment to address the subacute needs of members with substance use disorders and/or co-occurring disorders. These services may be used as a transition service in the continuum of care toward lower intensity outpatient services or accessed directly. SOAP services must meet requirements in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

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

- (a) interactive audio-video technology;
- (b) remote patient monitoring devices;
- (c) audio-only telephone; and
- (d) online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating, or monitoring of a member's physical health, oral health, mental health, or substance use disorder condition.

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Uniform Financial Statements and Independent Auditor's Report (UFR). The set of financial statements and schedules required of many human, social service, and health care providers who deliver services to publicly aided clients.

Youth Community Crisis Stabilization (YCCS). Staff-secure, safe, and structured crisis stabilization and treatment services in a community-based program that provides active treatment that includes restoration of functioning; strengthening the resources and capacities of the youth, family, and other natural supports; and ensuring a timely return to previous living environment to members 18 years of age and younger. Where participating as an independently enrolled provider of youth community crisis stabilization services, these providers are referred to as YCCS programs.

Youth Mobile Crisis Intervention (YMCI). A community-based behavioral health service available 24/7/365 providing short-term mobile, onsite, face-to-face crisis assessment, intervention, and stabilization to members younger than 21 years of age experiencing a behavioral health crisis. Transition-aged youth 18 through 20 years of age may be served by adult-trained clinicians with a certified peer specialist instead of a family partner based on the member's clinical needs. Services may be provided in community-based settings outside the CBHC, at the CBHC, or in emergency department sites of services to support stabilization for transition into the community. Services may be provided via telehealth. The purpose is to identify, assess, treat, and stabilize the situation and reduce the immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any.

305.03: Rate Provisions

(1) Rates as Full Compensation. The rates under 101 CMR 305.00 will constitute full compensation for behavioral health services provided by CBHCs to publicly aided and industrial accident patients, including full compensation for necessary administration and professional supervision associated with patient care.

(2) Rates of Payment. Except as otherwise provided in 101 CMR 305.03(4)(c), payment rates under 101 CMR 305.00 will be the lower of

- (a) the eligible provider's usual charge to the general public; or
- (b) the schedule of allowable rates for services provided by CBHCs as set forth in 101 CMR 305.03(4)(a).

(3) Modifiers.

- (a) -HB: Adult program, non-geriatric.
- (b) -HA: Child/adolescent program.
- (c) -HE: Mental health program.
- (d) -U1: Medicaid level of care 1.
- (e) -HN: A service rendered by a provider with a bachelor's degree.
- (f) -HO: A service rendered by a provider with a master's degree.
- (g) -ET: Emergency services.

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(4) Fee Schedule.

(a) Encounter Bundle Rates. The services incorporated into the encounter bundled rate are specified in 101 CMR 305.03(4)(a)1.

1. CBHCs must bill one T1040 flat rate encounter bundle code for the provision of any of the set designated services, regardless of the number of services provided to the individual on that date.
2. The encounter bundle rates are as follows.

Service Code	Modifier 1	Service Description	Payment
T1040	HB	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Adult Services)	\$233.90
T1040	HA	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Child/Adolescent Services)	\$241.86

3. The designated services provided below must be billed in conjunction with the appropriate encounter bundle code in 101 CMR 305.03(4)(a)2. The designated service codes for all services provided on the same date must be billed under one encounter bundle code, regardless of the number of services provided to the individual on that date. The bundled encounter rates incorporate the following designated services codes.

Service Code	Service Description
90791	Psychiatric diagnostic evaluation
90791-HA	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90792	Psychiatric Diagnostic Evaluation with Medical Services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure.) (Use this add-on code with an appropriate evaluation and management service code when medication management is also provided.)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.) (Use this add-on code with an

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Service Code	Service Description
	appropriate evaluation and management service code when medication management is also provided.)
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure.) (Use this add-on code with an appropriate evaluation and management service code when medication management is also provided.)
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes (List separately in addition to the code for primary procedure.) (Add-on code)
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy with patient, 50 minutes
90849	Multiple-family group psychotherapy (per person session not to exceed 10 clients)
90853	Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients)
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (case consultation)
90887	Interpretation or explanation of results of psychiatric, or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (per one-half hour)
96164	Health behavior group intervention, 30 min
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service.) (add-on code)
96372	Therapeutic prophylactic or diagnostic injection (specify substance use or drug); subcutaneous or intramuscular

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Service Code	Service Description
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date or the encounter.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 30-44 minutes of total time spent on the date of the encounter.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 45-59 minutes of total time spent on the date of the encounter
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 60-74 minutes of total time spent on the date of the encounter.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time spent on the date of the encounter.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and

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Service Code	Service Description
	straightforward medical decision making. When using time for code selection, 20-29 minutes of total time spent on the date of the encounter.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 30-39 minutes of total time spent on the date of the encounter.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 40-54 minutes of total time spent on the date of the encounter.
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure), 60 min
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure)
H0004	Behavioral health counseling and therapy, per 15 minutes (individual counseling) (four units maximum) (per session)
H0005	Alcohol and/or drug services group counseling by a clinician (per 45-minute unit) (two units maximum)
H0033	Oral medication administration, direct observation (substance use disorder programs only)
T1006	Alcohol and/or substance abuse services; family/couple counseling (per 30 minutes, one unit maximum per day)

(b) Crisis and Specialty Services. The MassHealth agency pays for crisis and specialty services separately from the bundled encounter rate. Crisis and specialty services may be billed on the same date of service as the encounter bundle, as clinically appropriate. Crisis

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intervention follow-up services may not be billed on the same day as the crisis intervention per diem service. Rates are as follows.

1. Crisis Services.

Service Code	Payment Rate	Service Description
S9485 – ET	\$748.37	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per day rate)
S9485 – HA, ET	\$930.73	Crisis intervention mental health services, per diem. (Youth Community Crisis Stabilization per day rate)
S9485 – HE	\$695.29	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)
S9485 – HA, HE	\$695.29	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions.)
S9485 – U1	\$1,024.64	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service outside the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service code 15.)
S9485 – HA, U1	\$1,075.87	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service outside the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service code 15.)
H2011 – HN, HB	\$30.57	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at CBHC site by a paraprofessional or bachelor's level staff. Follow-up interventions provided up to the third day following initial evaluation.)
H2011 – HN, HA	\$33.94	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at CBHC site by a paraprofessional or bachelor's level staff. Follow-up interventions provided up to the seventh day following initial evaluation.)

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Service Code	Payment Rate	Service Description
H2011– HO, HB	\$39.70	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at CBHC site by a master’s level clinician. Follow-up interventions provided up to the third day following initial evaluation.)
H2011 – HO, HA	\$44.33	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at CBHC site by a master’s level clinician. Follow-up interventions provided up to the seventh day following initial evaluation.)
H2011 – HN, HB	\$33.94	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service outside of the CBHC site by a paraprofessional or bachelor’s level staff. Follow-up interventions provided up to the third day following initial evaluation. Use Place of Service code 15.)
H2011 – HN, HA	\$33.94	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention at a community-based site of service outside of the CBHC site by a paraprofessional or bachelor’s level staff. Follow-up interventions provided up to the seventh day following initial evaluation. Use Place of Service code 15.)
H2011 – HO, HB	\$44.33	Crisis intervention service, per 15 minutes. (Adult Mobile Crisis Intervention provided at a community-based site of service outside of the CBHC site by a master’s level clinician. Follow-up interventions provided up to the third day following initial evaluation. Use Place of Service code 15.)
H2011 – HO, HA	\$44.33	Crisis intervention service, per 15 minutes. (Youth Mobile Crisis Intervention provided at a community-based site of service outside the CBHC site by a master’s level clinician. Follow-up interventions provided up to the seventh day following initial evaluation. Use Place of Service code 15.)

2. Specialty Services.

a. Required Services. A CBHC must have the capacity to provide the following services. These required services are not included in the encounter bundled rate and will be paid at the rates in the referenced regulations.

b. For the rate for certified peer specialist services, refer to 101 CMR 306.00: *Rates for Mental Health Services Provided in Community Health Centers and Mental Health Centers.*

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- c. For community support programs, refer to 101 CMR 362.00: *Rates for Community Support Program Services*.
- d. For peer recovery coaching services, refer to 101 CMR 346.00: *Rates for Certain Substance-Related and Addictive Disorders Programs*.
- e. For recovery support navigator services, refer to 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services*.

(c) Optional Services. The following services are allowed but not required to be provided by the CBHC. These optional services are not included in the encounter bundled rate. Providers are referred to the following regulations for applicable rates.

- 1. For psychological testing rates, refer to 101 CMR 329.00: *Rates for Psychological and Independent Clinical Social Work Services*.
- 2. For enhanced structured outpatient addiction program (E-SOAP) services, refer to 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services*.
- 3. For intensive outpatient program (IOP) services, refer to 101 CMR 306.00: *Rates for Mental Health Services Provided in Community Health Centers and Mental Health Centers*.
- 4. For structured outpatient addiction program (SOAP) services, refer to 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services*.

(5) Billing. Each CBHC must bill the governmental unit according to the appropriate fee schedule on a prescribed form. Each specific service must be separately enumerated on the bill.

305.04: Reporting Requirements and Sanctions

(1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*.

(2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 305.04(2).

(3) An eligible provider that was paid by a governmental unit for CBHC services provided in a prior fiscal year, and whose program operated for the entire prior fiscal year, must submit the following information to the Operational Services Division or to the Center for Health Information and Analysis, as applicable.

- a. An annual Uniform Financial Statements and Independent Auditor's Report (UFR) completed in accordance with
 - 1. the filing requirements and schedule of 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services*; and
 - 2. any special instructions appearing in the UFR Audit & Preparation Manual, which may require that certain providers distinguish certain cost centers or programs by filing separate UFR Schedule Bs for each cost center or program; and
- b. Any cost report supplemental schedule or any additional information requested by the CBHC within the timeframe specified by the CBHC on the request.

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(4) Mergers, Acquisitions, or Other Transfers. A provider involved in a merger, buy out, acquisition, purchase, pooling of interest or other arrangement involving the transfer of business is treated as a single provider for the purposes of 101 CMR 305.04. All compliance liabilities of the transferor are the responsibility of the transferee.

305.05: Severability

The provisions of 101 CMR 305.00 are severable. If any provision of 101 CMR 305.00 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 305.00 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

101 CMR 305.00: M.G.L. c. 118E.