Community Behavioral Health Centers

Purpose

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at Providerexpress.com.

Providers contracted for this service are expected to comply with all requirements of these services' specific performance specifications. Additionally, CBHCs are held accountable to Outpatient performance specifications and the General performance specifications found at Medicaid Performance Specifications. The requirements outlined within these service-specific performance specifications take precedence over those in the General performance specifications.

Overview

Community Behavioral Health Centers (CBHC) are comprehensive community behavioral health providers that offer substance use disorder and mental health services, care coordination, peer support, and screening and coordination with primary care. A CBHC provider (the provider) is required to provide behavioral health urgent care services, including access to same-day or next-day services, and expanded hours with evening and weekend services. Service utilization must be tracked through Massachusetts Behavioral Health Access (MABHA) as required.

CBHC must provide Adult Community-Based Mobile Crisis Intervention (AMCI), a.k.a. Emergency Services Program (ESP) services for adult Members. AMCI must be co-located at the CBHC site. CBHCs must also provide Adult Community Crisis Stabilization (Adult CCS) services. If the CBHC does not itself provide ACCS, it must have formal agreements with CBHC(s) in its region that is providing ACCS services.

CBHC shall be a legal entity with the capacity to contract and meet all provider enrollment qualifications. Multiple providers may partner to form a CBHC, or the CBHC may subcontract to other providers for the delivery of required services. However, the CBHC as the primary entity shall be solely accountable for ensuring all adult, AMCI, Adult CCS services are delivered in compliance with these specifications and all other applicable laws, regulations, and standards.

The core outpatient and urgent services provided by the CBHC will be paid as a bundled flat rate per encounter. An encounter is only billable when a covered clinical service is provided and may only be billed once per Member per day. There is one rate for Members under the age of 21 and another rate for Members 21 and over. It is expected that services for children and youth will be provided by a specialized team for youth and families.

CBHCs must be a licensed Massachusetts Department of Public Health (DPH) clinic with a mental health service designation, or a DPH-licensed hospital satellite that provides outpatient mental health and substance use disorder services and be a Medicare-participating provider. The CBHC must either (1) be licensed by the DPH Bureau of Substance Addiction Services (BSAS) or (2) have a substance use disorder service designation on their DPH clinic license and a BSAS Certificate of Approval or be a DPH-licensed hospital that provides substance use disorder services. The CBHC must have a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver and the appropriate state and federal controlled substance registrations.

MassHealth covers CBHC(s) only when provided to Enrollees based on clinical standards indicating medical necessity. Providers must determine medical necessity for CBHC services using the following criteria, all of which must be present for medical necessity to be established.

> (A) Services are provided only when provided to eligible MassHealth members, subject to the restrictions and limitations described in the MassHealth agency's regulations. Covered services for each MassHealth coverage type are set forth in 130 CMR 450.105: *Coverage Types*.
>
> (B) Members of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, *see* 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program.*

For information on verifying member eligibility and coverage type, *see* 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

For limitations on mental health disorder and substance use disorder services provided to members enrolled with a MassHealth managed care provider, *see* 130 CMR 450.105: *Coverage Types* and 130 CMR 450.124: *Behavioral Health Services*.

Definitions/Terms

The following terms used in 130 CMR 448.000 have the meanings given in 130 CMR 448.402 unless the context clearly requires a different meaning.

Adult Community Behavioral Health Center (CBHC) Services – CBHC services provided to clients 21 years of age or older as referenced in 130 CMR 448.412(A)(1) through (5).

Adult Community Crisis Stabilization (Adult CCS) – adult CCS is 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 individuals 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 and providing short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization to individuals 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 individual or others consistent with the individual's risk management/safety plan, if any.

Adverse Incident – an occurrence that represents actual or potential serious harm to the well-being of a member, or to others under the care of the community behavioral health center. Adverse incidents may be the result of the actions of a member served, actions of a staff member providing services, or incidents that compromise the health and safety of the member receiving treatment at the CBHC, or the operations of the CBHC.

Behavioral Health Disorder – any disorder pertaining to mental health or substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

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 a self-identified person with 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.

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

Communication Protocol – formal descriptions of polices, processes, and procedures that allow two or more providers to exchange information.

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

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

Crisis Intervention – an urgent evaluation including assessment of risk, diagnosis, short-term intervention and rendering of a disposition for a member's presenting crisis, which may include referral to an existing or new behavioral health provider.

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.

Direct and Continuous Supervision – ongoing supervision provided to unlicensed staff and not independently licensed staff at a frequency of no less than one hour of supervision per week for full-time employees. Supervision time may be pro-rated based on scheduled hours for employees employed less than full-time. Direct and continuous supervision must be delivered by an independently licensed staff member or certified peer supervisor who is employed by the agency.

Enhanced Structured Outpatient Addiction Program (E-SOAP): American Society of Addiction Medicine

(ASAM) Level 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 individuals and people at risk of homelessness, pregnant individuals, and adolescents. E-SOAP services must meet requirements as set forth in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

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.

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 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 individuals requiring a clinical intensity that exceeds outpatient treatment. Services include individual, group, and family therapy as well as case management services.

Massachusetts Prescription Awareness Tool (MassPAT) – a tool used when prescribing opioids to check a patient's prescription history, required by law in M.G. L. c. 94C Section 24A. Results must be referenced and documented prior to prescribing a Schedule II or III narcotic drug or a benzodiazepine to support safe prescribing and dispensing of medications. MassPAT is a part of the prescription monitoring program through the Department of Public Health.

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 (APRN), or Physician Assistant, or administration of prescribed intramuscular medication by a physician, nurse, or Physician Assistant.

Mental Health Disorder – any disorder pertaining to mental health as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

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 members. 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 CBHC.

Outreach – mental health and/or substance use disorder treatment services being delivered by a clinical or paraprofessional staff member of the CBHC off the premises of the community behavioral health center, including but not limited to services in members' homes or other community environments.

Peer Recovery Coach – an individual currently in recovery who has 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 a similar experience to gain hope, explore recovery, and achieve life goals. Peer recovery coaches must meet requirements as set forth in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

Pharmacotherapy – providing therapeutic treatment with pharmaceutical drugs.

Physician – an individual licensed by the Massachusetts Board of Registration in Medicine in accordance with M.G.L. c. 112, § 2.

Psychological Testing – the use of standardized test instruments to evaluate aspects of an individual's functioning, including aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology, subject to the limitations of 130 CMR 411.000: *Psychologist Services*.

Quality Management Program – a systematic and ongoing process for monitoring, evaluating, and improving the quality and appropriateness of services provided to members, with focused attention on addressing cultural, ethnic, and language needs.

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 the requirements set forth in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

Release of Information (ROI) – a document that allows a patient to authorize and revoke what information they want to release from their patient record, who it can be released to, how long it can be released for, and under what statutes and guidelines it is released.

Structured Outpatient Addiction Program (SOAP): ASAM Level Intensive Outpatient Services – a substance use disorder treatment service that provides short-term, multidisciplinary, clinically intensive structured treatment to address the sub-acute 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 as set forth in 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

Substance Use Disorder – any disorder pertaining to substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Supervised Clinical Experience – a clinician's experience providing diagnostic and treatment services to individuals, families, and groups of individuals under the direct and continuous supervision of a qualified independently licensed professional as set forth in 130 CMR 448.423, who is employed by the same agency as the supervisee.

Telehealth – the use of synchronous or asynchronous audio, video, electronic media, or other telecommunications technology, including, but not limited to:

(1) interactive audio-video technology

(2) remote patient monitoring devices

(3) audio-only telephone; and

(4) online adaptive interviews

for the purpose of evaluating, diagnosing, consulting, prescribing, treating, or monitoring of a patient's physical health, oral health, mental health, or substance use disorder condition.

Urgent Behavioral Health Needs – needs characterized by changes in behavior or thinking, role dysfunction, emerging intent of self-injury, or threats to others. Urgent behavioral health needs do not rise to the level of immediate risk of harm to self or others.

Youth CBHC Services – services provided to children and youth younger than 21 years of age as referenced in 130 CMR 448.412(A)(1) through (5).

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 individuals up to and including 18 years of age.

Youth Mobile Crisis Intervention (YMCI) – a community-based behavioral health service available 24/7/365 providing short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization to individuals younger than 21 years of age experiencing a behavioral health crisis. Transition-aged youth older than 17 years of age and younger than 21 years of age may be served by adult-trained clinicians with a certified peer specialist instead of a family partner based on an individual'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.

Required Service Components

Required Services

The CBHC must offer a full range of services and interventions for mental health and substance use disorder, and co-occurring disorders, including clinically informed screenings, assessments, and evidence-based treatments. Services must be made available at as many CBHC sites as is necessary to meet demand and to ensure access in accordance with the required access standards described below. When clinically advisable, the CBHC shall transition Members out of care at the CBHC and into care with a primary care provider or specialty care provider for ongoing medication management with appropriate support. When serving adults, the CBHC must coordinate with the managed care plan, when appropriate.

Access to Care

Access to Behavioral Health Services provided by CBHCs shall be permitted to enrollee through:

- Direct self-referral to CBHC or other appropriate level of care/provider
- **BH Help Line**:
  - Massachusetts Behavioral Health Help Line
  - Or call **1-833-773-2445**. The Massachusetts Behavioral Health Help Line (BHHL) is available 24/7, 365 days per year and is available for all residents of Massachusetts. You can contact the BHHL by phone or text at **1-833-773-2445** (BHHL). You can also visit the website to chat online. If you use a TTY, contact MassRelay at 711. Otherwise, call through your video relay service at **1-833-773-2445**. Behavioral Health Help Line (BHHL) FAQ | Mass.gov
- **Optum Behavioral Health** toll-free telephone lines:
  - MA SCO Customer Service Line: **1-888-867-5511**
  - MAOne Care-Optum Behavioral Health Line: **1-877-790-6543**
  - Mass General Brigham Health Plan Behavioral Health Line: **1-888-816-6000** (TTY 711)
- Referrals by family members or guardians, individual practitioners, PCPs, or community agencies or hospital emergency departments.

Intake Services

Intake services must be provided on the first day the person comes in. Intake includes: a brief check to understand what kind of help is needed; and referring the person to the right services.

Diagnostic Evaluation Services

These services may happen on the first day or over several visits. They help decide what kind of treatment is needed and include:

- Reviewing the person's current and past physical and mental health, including any substance use
- Looking at past and current treatments for mental health or substance use, including medications
- Learning about the person's social life, finances, development, and education, what they're good at and what they need help with

As treatment continues, more information must be gathered and written down to help plan future care. For people under 21, a special check called a CANS assessment must be completed before therapy begins and updated every 90 days by trained staff.

Treatment Planning Services

Each CBHC must create a treatment plan for every person receiving ongoing care. This must be done by the fourth visit or within 30 days of starting treatment. If the person already has a written plan from another provider, the CBHC can use it if it meets the rules in 130 CMR 448.412(A)(3) and is reviewed and updated as needed. The plan must match the person's needs and be based on what was learned during intake and evaluation.

The plan must be written and include:

- Clear description of the person's problems and needs
- Their strengths and challenges
- Measurable treatment goals, with timelines and plans for discharge
- Steps to reach those goals, including any medications
- Evidence that the person helped create the plan, such as their goals or quotes
- Which staff members are responsible for each part of the plan
- Date the plan was last reviewed or updated
- Signatures and qualifications of the staff who worked on the plan

Plans must be updated at least every 6 months, or sooner if there is a major change—like a hospital stay or new medication or therapy. When the person reaches their goals, a clinician must write a summary explaining how the person responded to treatment and include referrals for follow-up care and other support.

Case and Family Consultation and Therapy Services

These services must include case and family consultations, as well as individual, group, couple, and family therapy. They must be provided or supervised by licensed mental health professionals listed in 130 CMR 448.413.

Pharmacotherapy Services

These services must include an evaluation of the person's:

1. Mental health symptoms and conditions
2. Overall health, including medical issues and current medications
3. Use or misuse of alcohol or other substances; and
4. Past experiences with psychiatric medications

Services must also include prescribing, reviewing, and monitoring medications. Only licensed professionals who are allowed to prescribe medications can provide these services. These services

can be provided by someone not employed by the CBHC, as long as there is a written agreement with the CBHC. These rules do not prevent one-time emergency medication from being given if ordered by a prescribing provider.

Medication storage and administration must follow the CBHC's DPH clinic license, as outlined in 105 CMR 140.357 and 105 CMR 140.520.

The CBHC must be able to monitor medications for behavioral health needs and respond to requests like refills or medication questions. This includes documenting:

1. Vital signs
   Updated medication lists
2. Side effects
3. Medication changes
4. Prescriptions for:
   a. **Buprenorphine** (including same-day start, temporary use, and ongoing treatment for people 16 and older), with referrals for follow-up care;
   b. **Oral Naltrexone** (storage and use must follow the CBHC's DPH license; providers are encouraged to check MassPAT before prescribing);
   c. **Antipsychotic medications** that require monitoring.

The CBHC must provide access to and distribute Naloxone. It must have a Massachusetts Controlled Substance Registration to store Naloxone on-site and have at least one staff member trained to give it available 24/7. Any use or distribution of Naloxone must be documented in the person's medical record.

Crisis Intervention Services

Each CBHC must be available to help people in crisis 24/7, every day of the year.

During business hours, the CBHC must provide at least a crisis evaluation by a qualified professional and help the person get the right services.

After hours, the CBHC must offer live phone access to qualified professionals. If needed, they must connect the person in real time to the right provider to decide if more care or other services are needed. Recorded messages are not enough.
During regular hours, the CBHC must also offer individual and family crisis counseling.

Response Time Requirements require that the response time for face-to-face crisis evaluations by CBHCs does not exceed one hour from notification by telephone from the referring party or from the time of presentation by Enrollee.

Court Ordered Evaluation Requirements ensure that, upon request of a court clinician conducting a psychiatric evaluation pursuant to M.G.L. c. 123 § 12(e): CBHCs provide Crisis Assessment and Intervention to Enrollees, identify to the court clinician appropriate diversions from inpatient hospitalization, and assist court clinicians to develop any plan to utilize such diversions, and If the court orders the admission of an individual under M.G.L. c. 123 § 12(e), and the CBHC determines that such admission is Medically Necessary, the CBHC conducts a search for an available bed, making best efforts to locate such a bed for the individual by 4 p.m. on the day of the issuance of such commitment order.

Mobile Crisis Intervention Services

Each CBHC must provide mobile crisis services 24/7, every day of the year.

Adult Mobile Crisis Intervention (AMCI) must use a team of professionals and include:

1. the ability to check for substance use or withdrawal and provide medications for opioid use disorder and urgent psychiatric needs
2. following the Expedited Psychiatric Inpatient Admissions (EPIA) protocol
3. offering telehealth services when appropriate and requested
4. continued crisis support and stabilization, including follow-up care, for up to 72 hours after the first day of service
5. a plan for the next steps, including referrals to the least restrictive, appropriate care, and help with admission if 24-hour care is needed
6. coordination with the person's current medical, mental health, and social service providers, as needed
7. if needed, authorize Medically Necessary BH Covered Services within 24 hours following an AMCI encounter

Youth Mobile Crisis Intervention (YMCI) must also use a team of professionals and include:

1. the ability to check for substance use or withdrawal and provide medications for opioid use disorder and urgent psychiatric needs
2. the ability to assess the strengths and resources of parents, guardians, or caregivers and how they affect the youth's care
3. following the Expedited Psychiatric Inpatient Admissions (EPIA) protocol
4. offering telehealth services when appropriate and agreed to by the youth
5. continued crisis support and stabilization, including follow-up care, for up to seven days after the first day of service
6. a plan for the next steps that includes referrals to the most appropriate level of care and clear follow-up instructions. If the youth need 24-hour care, the YMCI team must help arrange admission to that level of care; and
7. coordination with the youth's current medical, mental health, and social service providers, as needed

Community Crisis Stabilization Services

Each CBHC must provide access to the following services 24/7, every day of the year.

Adult Community Crisis Stabilization (Adult CCS)

CBHCs offering Adult CCS must use a team of professionals. Services must include:

1. crisis stabilization and treatment.
2. care coordination.
3. starting FDA-approved medications for opioid use disorder.
4. psychiatric evaluations and medication management.
5. peer support and/or other recovery-focused services.
6. daily check-ins to assess readiness for discharge; and
7. education about recovery, wellness, and managing crises.

Youth Community Crisis Stabilization (YCCS)

CBHCs offering YCCS must use a team of professionals. Services must include:

1. a structured therapeutic setting with at least one staff member for every three youth.
2. a full assessment.
3. medication evaluation and treatment, including daily medication checks.
4. a treatment plan centered on the youth and their family, with goals and actions to address medical, social, emotional, educational, and other needs.
5. daily wellness and therapy focused on building skills and stability.
6. regular contact and involvement with parents or caregivers; and
7. creating behavior and crisis/safety plans.

Referral Services

Each CBHC must have written policies for handling cases where a person's needs go beyond what the center can provide, including substance use disorders. These policies must include staff responsibilities, referral steps, coordination, and other procedures to ensure proper referrals.

When referring to another provider, the CBHC must make sure care continues smoothly. This includes sharing important health information (like test results and records) and avoiding duplicate services. The referral process must be completed and documented in the person's medical record.
If a person is referred to another provider, that provider must bill MassHealth directly. They cannot be billed through the referring CBHCs.

Medical Services

Withdrawal Management for Opioid Use Disorder

Each CBHC must offer withdrawal management for people with opioid use disorder who don't need inpatient care. This can include extended on-site monitoring in a safe, private, and respectful setting. Services must follow the rules in 130 CMR 418.000 and 105 CMR 164.000.

Drug Testing

Each CBHC must offer on-site drug testing using CLIA-waived tests (like rapid tests) to support starting medications, managing withdrawal, and ongoing treatment for mental health and substance use disorders.

Health Screenings

Each CBHC must screen for health issues based on how the person presents and refers them to primary care or specialists as needed.

Recovery and Resiliency/ Support Services

Certified Peer Specialist (CPS) Services

MassHealth will pay for CPS services that help people with mental health conditions build empowerment, self-advocacy, coping skills, and resilience. These services must be provided by a qualified Certified Peer Specialist.

Peer Recovery Coach Services

MassHealth will pay for peer recovery coach services provided by CBHCs, following the rules in 130 CMR 418.000.

Recovery Support Navigator Services
MassHealth will pay for recovery support navigator services provided by CBHCs, following the rules in 130 CMR 418.000.

Community Support Program (CSP)
MassHealth will pay for CSP services provided by CBHCs, following the rules in 130 CMR 461.000.

Optional Services

These services are paid for by MassHealth and are meant to support the required services listed in 130 CMR 448.421(A). The services below are optional and not required, but if provided, they must be included in the person's Treatment Plan as described in 130 CMR 448.421(A)(2).

1) **Psychological Testing**
   MassHealth will pay for psychological testing provided by CBHCs, following the rules in 130 CMR 411.000.
2) **Structured Outpatient Addiction Program (SOAP)**
   MassHealth will pay for SOAP services provided by CBHCs, following the rules in 130 CMR 418.000.
3) **Enhanced Structured Outpatient Addiction Program (E-SOAP)**
   MassHealth will pay for E-SOAP services provided by CBHCs, following the rules in 130 CMR 418.000.
4) **Intensive Outpatient Program (IOP)**
   MassHealth will pay for IOP services provided by CBHCs, following the rules in 130 CMR 429.000.

Staffing Requirements

Minimum Staffing Requirements
The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the service-specific performance specifications, and the credentialing criteria and has the resources to support the management and delivery of CBHC services, including administrative and financial oversight, medical leadership, and technology infrastructure.

The CBHC is responsible for staffing locations such that the core services can be provided at each site, as required, and that access requirements are met. All licensure staffing requirements must also be met. At a minimum, the CBHC must designate the following positions:

- **Medical director**: A board-certified or board-eligible psychiatrist who possesses DEA X waiver registration for prescribing of MOUD, who will be responsible for clinical and medical oversight and quality of care across all CBHC services. The medical director will be responsible for establishing all medical policies and protocols and supervising all medical services provided by staff.
- **Board-certified or board-eligible psychiatrists** or other prescribers of MOUD who possess DEA X waiver registrations for prescribing of MOUD.
- **Board-certified or eligible psychiatrist**, including a child and adolescent psychiatrist, or an advanced practice registered nurse (APRN): A board-certified or eligible for such certification psychiatrist, including a child and adolescent psychiatrist or an APRN, who shall provide psychiatric assessment, medication evaluations, and medical management and contribute to the comprehensive assessment and care planning.
- **Clinical program director:** An independently licensed behavioral health clinician who will be responsible for the oversight and management of clinical staff hiring, scheduling, performance,

and supervision; adequacy and appropriateness of Member care; program evaluation; development of in-service training for staff, and establishment of a quality management program.

- **Assistant director:** An independently licensed behavioral health clinician who will support the clinical director with all leadership functions, including clinical and administrative oversight and quality of care across the CBHC.
- **Quality director**: A dedicated CBHC quality director will provide this oversight managing quality across programs. A broader organization quality director may oversee CBHC quality by performing or designating quality staff who provide oversight of quality measurement requirements for all services provided as part of the CBHC system.
- **Clinical supervisor**: An independently licensed behavioral health clinician who will provide clinical supervision to all direct service staff across the CBHC service components.
- **Nurse manager:** The nurse manager (RN) is a management position within the CBHC, responsible for providing supervision to nursing staff and oversight across CBHC service components as needed. The nurse manager will fill physician orders; administer medication; take vital signs; coordinate medical care; contribute to comprehensive assessment, inclusive of assessment of signs of substance withdrawal and completion of standardized assessment tools such as the Clinical Opioid Withdrawal Scale (COWS), Clinical Institute Withdrawal Assessment for Alcohol (CIWA), and Clinical Institute Withdrawal Assessment for Benzodiazepines (CIWA B); conduct brief crisis counseling and individualized risk management/safety planning; provide psycho-education; and assist with discharge planning and care coordination.
- **Registered nurse (RN):** The RN will perform the following core functions: fill physician orders; administer medication and engage in a medication reconciliation process, as outlined within the Components of Service section; take vital signs; coordinate medical care; contribute to comprehensive assessment, brief crisis counseling, individualized crisis prevention planning, and provider psychoeducation; and assist with discharge planning and care coordination.
- **A sufficient number of FTE** of any of the following independently licensed clinicians to meet the needs of the population served by the CBHC, including those with a minimum of two years' experience in treating youth and/or families:
    - Master's- or doctoral-level psychologist
    - Licensed independent clinical social worker (LICSW)
    - Psychiatric advanced practice registered nurse (APRN)
    - Licensed mental health counselor (LMHC)
    - Licensed marriage and family therapist (LMFT)
- **Master's-level clinicians**
- **Additional clinical staff** to meet regional needs, such as:
    - Licensed alcohol and drug counselor I (LADC I)
    - Licensed applied behavior analyst (LABA)
- **Bachelor's-level or equivalently experienced staff**: Staff will provide care coordination, outreach and engagement, and discharge planning.
- **For adult services,** at least one FTE of each of the following:
    - Certified peer specialist
    - Recovery support navigator or recovery coach
- **Medical assistants and/or phlebotomist:** Staff will identify Members via ID, medical record, or other means; draw blood using needles and other equipment; obtain toxicology samples, label samples correctly, and send them for testing as appropriate; medical assistants will also assist with vital signs, height/weight, and other relevant health data.
- **Clerical staff:** will be responsible for maintaining records, ensuring the release of information forms and other documentation is completed, and other administrative support.

- **Security staff:** Security staff will provide enhanced safety and security. Staff will be trained with an approved behavioral support and management program, including skills in de-escalation, to maintain safety of all Members and staff at all hours of operation.
- **Other staff for CBHC administrative functions as needed**: The CBHC is responsible for designating non-clinical staff to support the safety and quality of care for all Members who receive services within the program. The required staff within each CBHC include staff who provide an oversight of quality measurement requirements for all services provided as part of the CBHC system. Additional staff must be identified for other essential functions for effective CBHC operations including training, practice transformation, quality improvement, utilization, management, and electronic health record support

Supervision, Training, and Other Staff Requirements

Supervision for Unlicensed or Not Independently Licensed Staff:
All staff who are unlicensed, in a field without licensure, or not independently licensed or certified as peer supervisors must receive direct and ongoing supervision. This can be done using telehealth.

Supervision for Independently Licensed and Certified Peer Supervisors:
These staff members must receive supervision based on CBHC's policies. Supervision may also be provided using telehealth.

Responsibility of Supervising Clinician:
The supervising clinician is mainly responsible for the member's care. If care is provided by someone under supervision, the supervising clinician must review and document it in the member's chart.

Documentation of Supervision:
All supervision must be recorded and available for MassHealth review. Notes must include how often supervision happens, how it's done, the supervisor's signature and credentials, and a summary of what was discussed.

Staff Training
CBHCs must train staff to provide services to members. Training must include, but is not limited to:

1. How to assess and treat mental health disorders, including co-occurring substance use disorders, using evidence-based practices. Staff working with children must have specialized training and experience in children's services.
2. Training on Culturally and Linguistically Appropriate Services (CLAS), to ensure services are respectful of and sensitive to each person's culture and are provided in their preferred language and communication style. This includes understanding members' behaviors, values, beliefs, and language.
3. Training on trauma-informed care, including how to maintain a trauma-sensitive environment.
4. Training on available resources and services, including community support, and how to make appropriate referrals.
5. Training on crisis prevention, de-escalation, risk management, safety planning, and conflict resolution.
6. Training on overdose prevention and how to respond.
7. Training in recognizing and addressing implicit bias (e.g., related to age, race, ethnicity, gender, and sexual orientation).
8. Training in suicide prevention.

Child and Adolescent Needs and Strengths Assessment (CANS)
Any clinician who provides therapy (individual, group, or family) to members under age 21 must be certified every two years to administer the CANS, following the process set by EOHHS.

Staff Professional Standards
All staff must follow the standards and scope of practice for their professional license and be in good standing with their licensing board. CBHCs must notify MassHealth if any staff are censured by the Department of Public Health or sanctioned by their licensing board, as described in 130 CMR 448.406.

Staffing Plan
CBHCs must have a staffing plan with policies and procedures to ensure all staffing and supervision requirements in 130 CMR 448.423 are met.

Qualifications of Professional and Paraprofessional Staff Members Authorized to Render Billable Community Behavioral Health Center Services

CBHCs may only bill for medically necessary services provided by qualified professional or paraprofessional staff.

Psychiatrists and Medical Professionals

1. At least one psychiatrist must meet the requirements in 130 CMR 448.413.
2. Additional psychiatrists must be licensed physicians in at least their second year of a psychiatric residency program accredited by the Accreditation Council for Graduate Medical Education.
3. Psychiatrists and prescribers must have the proper DEA and DPH registrations to prescribe controlled substances.

Nursing Staff

1. Nurse practitioners, registered nurses, psychiatric nurses, and psychiatric nurse specialists must be licensed by the Board of Registration in Nursing and meet the requirements in 130 CMR 448.413.
2. Psychiatric Clinical Nurse Specialists who prescribe FDA-approved medications for opioid use disorder must have specialized training and be qualified to prescribe buprenorphine under state and federal law.

Psychologists

1. Psychologists must be licensed as described in 130 CMR 448.413.
2. Unlicensed psychology trainees must meet the following:
   (a) *Post-doctoral Fellows*: Must have a doctoral degree in clinical or counseling psychology (or a related field) from an accredited school and meet experience and supervision requirements in 251 CMR 3.00.
   (b) *Psychology Interns*: Must be enrolled in an APA-approved doctoral program in clinical or counseling psychology.

Social Workers

1. Social workers may be independently licensed as described in 130 CMR 448.413.
2. Social workers without independent licensure must meet the following:
   (a) *Licensed Clinical Social Workers (LCSW)*: Must have a master's degree in social work and

two years of supervised clinical work in a graduate internship.
(b) *Post-graduate, Unlicensed Social Workers*: Must have a master's degree in social work from a school accredited by the Council on Social Work Education.
(c) *Social Work Interns*: Must be second-year clinical-track students in a structured field practicum that is part of an accredited MSW program.

Mental Health Counselors

1. Mental health counselors may be licensed as described in 130 CMR 448.413.
2. Additional counselors must meet the following:
   (a) *Post-master's Mental Health Counselors*: Must have a master's degree or higher in a mental health field from an accredited school and one year of supervised clinical work in a graduate internship.
   (b) *Mental Health Counselor Interns*: Must be second-year clinical-track students in a structured field placement that is part of a master's program in mental health counseling or counseling psychology approved by the Board of Allied Mental Health and Human Services Professions.

Alcohol and Drug Counselors

1. **Licensed Alcohol and Drug Counselors (LADC)**: LADCs may be licensed as LADC I, as described in 130 CMR 448.413.
2. **LADC II or LADC Assistants**: These individuals must be licensed and may support LADC Is in delivering services, but they are not allowed to provide direct services themselves.

Marriage and Family Therapists

1. Marriage and family therapists may be licensed, as described in 130 CMR 448.413.
2. Additional marriage and family therapists must meet the following:
   (a) *Post-master's Marriage and Family Therapists*: Must have a master's degree or higher in a mental health field from an accredited school and must have completed one year of supervised clinical work in a graduate internship.
   (b) *Marriage and Family Therapy Interns*: Must be in their second year of a clinical-track internship that is part of a master's program in marriage and family therapy or a related field approved by the Board of Allied Mental Health and Human Services Professions.

Other Staff

1. Providers who bill for Structured Outpatient Addiction Programs (SOAP) and Enhanced Structured Outpatient Addiction Programs (E-SOAP) must follow the rules in 130 CMR 448.000 and all applicable parts of 130 CMR 418.000: Substance Use Disorder Treatment Services.
2. Peer and paraprofessional staff who bill for certified peer specialist services, peer recovery coach services, and recovery support navigator services must follow the rules in 130 CMR 448.000. CBHCs must also ensure that peer recovery coaches and recovery support navigators meet the staffing requirements in 130 CMR 418.000.

Additional Service Requirements

Documentation

All employed or contracted clinicians must comply with the provider's protocols for documentation, including use of an EHR that is accessible to other qualified members of the treatment team. All interventions, including support and treatment, must be documented in a shared EHR.

Coordination of Medical Care

Each community behavioral health center must coordinate behavioral health treatment with medical care for MassHealth members. If a member hasn't had a physical exam within 12 months of their intake date, the CBHC must inform them that one is recommended. If the member doesn't have a primary care doctor, the CBHC must help them contact MassHealth's customer service line to find one. If the member chooses not to get a physical exam, their record must include that decision and any reason they give. The CBHC must also have agreements with other providers to make sure members can access any needed medical or behavioral health services that the CBHC doesn't offer.

Access to Services

The CBHC must offer open access to assessment and treatment services for any individual seeking treatment for mental health, substance use disorders, or co-occurring disorders, as clinically appropriate and necessary. The CBHC must meet the following access requirements:
Hours:

1. CBHCs must be open:
    - Monday - Friday: 8 a.m. – 8 p.m.
    - Saturday and Sunday: 9 a.m. – 5 p.m.

After-Hours Operations

Outside of standard hours, CBHCs must provide after-hours coverage to assess needs and refer members to qualified professionals, emergency services, or other crisis response options, as required in 130 CMR 448.412(A)(6).

Urgent and Crisis Services – 24/7 Coverage

CBHCs must be available 24 hours a day, 7 days a week to help members in crisis or with urgent needs:

1. Coverage must include live phone access to qualified professionals and, if needed, real-time help connecting to appropriate care.
2. Each CBHC must keep an up-to-date list of on-call clinicians. Recorded messages are not enough. The after-hours phone line must connect directly to the CBHC's AMCI/YMCI team.

Scheduling Appointments

1. Intake appointments must be available within 24 hours of first contact.
2. If needed, diagnostic evaluations must be available on the same day as intake or the next business day.
3. Urgent behavioral health appointments must be available within 48 hours of first contact.
4. Urgent medication or addiction treatment evaluations must be available within 72 hours of the diagnostic evaluation.
5. All other treatment and follow-up appointments must be available within 14 calendar days.

Commitment to Member choice and Member-centered care:

CBHCs will deliver services in an individualized, respectful, flexible, and coordinated manner.

Access to Coordinated Specialty Care (CSC) for First Episode Psychosis:

CBHC providers must have the capacity to refer and coordinate with these specialty providers.
Required competencies for CBHCs referring to CSC programs:

1. Competency to detect/recognize signs and symptoms and ask/screen individuals experiencing early psychosis
2. Competency to detect/recognize signs and symptoms and ask/screen individuals
3. Competency to support someone through hand-off/transition to specialized services.

Expectations of Transgender inclusive and affirming policies for non-overnight levels of care:

It is the expectation that all contracted providers will provide inclusive and affirming care to transgender/non-binary/gender diverse Members. For non-overnight levels of care this expectation is inclusive of, but not limited to:

1. Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or insurance card
2. Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
3. Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or insurance card

Utilization Review Plan

Each CBHC must have a utilization review plan that meets the following:

1. A utilization review committee must be formed.
2. It must include the clinical director (or their designee) and two other qualified professional staff.
3. The committee's makeup must be reported to MassHealth as required in 130 CMR 448.406.

The committee must review each member's case after they are discharged, following the rules in 105 CMR 140.540.For each case, the committee must confirm that:

1. The diagnosis is properly documented.
2. The treatment plan is appropriate and includes methods and expected duration.
3. The treatment plan is being or was followed.
4. The plan is being updated as the members' needs change.
5. There is or was follow-up when a member missed appointments or stopped treatment.
6. There is or was progress toward short- and long-term goals.
7. For members under 21, the CANS was completed at the first assessment and updated every 90 days.

Staff cannot take part in reviewing cases for members they are or were treating directly. The committee must keep detailed meeting notes that show what decisions were made and why. MassHealth may audit these notes as needed. Based on the review, the clinical director (or their designee) will decide whether treatment should continue, change, or stop—and will inform the primary therapist right away.

Administration

Organization

Each CBHC must have an organization chart showing its main service programs, staff structure, and lines of authority and communication.

Fiscal Management
Each CBHC must have a financial system that tracks income and expenses accurately and ensures funds are spent properly within budget and grant rules.

Data Management
Each CBHC must have a system to collect and manage data on members, services, and finances to support effective operations.

Personnel Management
Each CBHC must have written personnel policies and keep records for each employee.
Staff Development and Supervision:

1. Staff must receive supervision based on their skills and experience. This must follow 130 CMR 448.414(A).
2. Supervisors must keep records of all supervision.
3. CBHCs must have procedures for staff training and evaluation. Staff who administer the CANS must complete the certification process required by EOHHS.

All documents listed above must be available to MassHealth upon request.

Communication Protocols

Formal Communication Agreements:
To effectively coordinate and deliver care, the provider must hold formal communication agreements with other providers and developing documented processes for expected timelines, access to care, referral processes, and communication and escalation protocols. These may include Structured Business Associate Agreements/Clinical Associate Agreements, Memorandums of Understanding, or other formal agreements, which must include the following elements:

1. Workflows and standard protocol for Member release of information.
2. Communication protocol/data exchange protocol with outside providers via EHR; and
3. Ability to utilize/plan to work with event notification services via EHR or another platform.

The provider must have these agreements with the following entities, which must be within the provider's catchment area whenever possible:

1. Inpatient psychiatric facilities (acute and freestanding).
2. Community-Based Acute Treatment (CBAT) providers.
3. 24-hour diversionary behavioral healthcare providers.
4. Opioid Treatment Programs.
5. Office-Based Addiction Treatment Programs (OBAT).
6. Residential services.
7. BHCP Programs.
8. Community service agencies and other CBHI service providers.
9. Early Intervention providers.
10. Older adult mental health services (e.g., Elder Mental Health Outreach Teams (EMHOTs), Aging Service Access Points (ASAPs), etc.)
11. 988 crisis call centers; and
12. State agency services and other relevant providers.

Outreach Plans

Services provided in a member's home, residence, or another agreed-upon community location by center-employed clinicians can be billed if they follow the rules in 130 CMR 448.000.
All services must be billed using a Place of Service (POS) code that shows where the service was delivered.

The CBHC must develop an outreach plan that informs the entities in their catchment area listed below of the availability of the provider's services for any member of the community who may need urgent or ongoing behavioral health treatment. The outreach plan should include documented protocols for communication processes and plans for routine meetings.

1. Hospital emergency departments and inpatient psychiatric units/facilities
2. Organizations focused on recovery, such as:
    a. Recovery Learning Centers
    b. Recovery Support Centers
3. Organizations serving justice-involved Members, such as:
    a. Providers of behavioral health support for justice-involved individuals
    b. Probation and parole
    c. Courts
    d. Houses of correction
    e. Local municipalities and police departments (including organizations that employ jail diversion clinicians)
    f. Department of Correction
    g. District attorney's offices
4. Case Management and Care Coordination Supports
    a. Providers of Community Support Programs (CSP), case management provided by state agencies, and other related case management supports
    b. CPs (behavioral health and LTSS)
5. Clinical providers
    a. PCPs and PCCs
    b. Community Health Centers
6. Autism resource centers
7. Homeless service providers
8. Agencies serving youth, families, and older adults, such as:
    a. Youth congregate care providers
    b. Schools
    c. Family resource centers
    d. Aging Services Access Points
    e. Councils on Aging
    f. Nursing facilities
9. Other community-based service organizations (e.g., providers of affordable and subsidized housing, child and adult protective services agencies).

The provider must also be able to accept referrals from primary care practices, MCEs, CPs, and state agencies. The CBHC must engage in planning with local law enforcement and/or emergency medical services (EMS) providers, inclusive of jail diversion co-responders, to accept police drop-off.

Service Limitations

Diagnostic and Treatment Services

MassHealth only pays for diagnostic and treatment services when they are provided directly by a qualified professional or when that professional consults with another provider. These services must be for the individual member and not just part of general service delivery.

Multiple Visits on the Same Day

MassHealth pays one bundled rate per member per day. However, it will also pay for services like AMCI, YMCI, Adult CCS, Youth CCS, Certified Peer Specialist services, Peer Recovery Coach services, Recovery Support Navigator services, Community Support Program services, and Psychological Testing on the same day. Only one of the following will be paid for on a single day: SOAP, E-SOAP, IOP, or the bundled encounter rate.

Multiple Therapies

MassHealth will pay for more than one type of therapy in a week if it's clinically necessary and documented in the member's record.

Case Consultation

1. MassHealth pays for case consultations only when they involve a personal meeting (in person, by phone, or video) with a professional from another agency.
2. Written communication alone is not enough unless it's clearly not sufficient. This must be documented and only applies when both parties are actively involved in the member's care.
3. MassHealth does not pay for court testimony.

Family Consultation

MassHealth pays for consultations with family or responsible individuals who are not members if it's essential to the member's treatment.

Group Therapy

1. Payment is limited to one fee per group member, with a maximum of 12 members per group, no matter how many staff are present.
2. MassHealth does not pay for group therapy if it's part of psychiatric day treatment.
3. MassHealth does not pay for group therapy if it's part of an intensive outpatient program.

Psychological Testing

MassHealth pays for psychological testing only if the conditions in 130 CMR 411.000 are met.

Quality Measures And Reporting Requirements

Written Policies and Procedures

At the direction of EOHHS, participate in development of policies and procedures to ensure collaboration between CBHCs, Network Providers, and DMH area and site offices in the geographic area they serve.

Behavioral Health Inpatient and twenty-four (24) hour Diversionary Services Providers must coordinate with all contracted CBHCs in the Contractor's Service Area(s), including procedures to credential and grant admitting privileges to AMCI Provider psychiatrists.

Each community behavioral health CBHC must have and follow written policies and procedures that include:

1. Description of the area the CBHC serves
2. Intake policy
3. Admission procedures, including criteria for accepting members and how referrals are reviewed by a team:
    a. Including the circumstances under which CBHCs shall contact the Contractor for assistance in securing an inpatient or 24-hour Diversionary Service placement. Such policies and procedures shall include that if a CBHC requests the Contractor's assistance in locating a facility that has the capacity to timely admit the Enrollee, the Contractor shall contact Network Providers to identify such a facility or, if no appropriate Network Provider has such capacity, shall contact non-network Providers to identify such a facility
4. Treatment procedures, including how treatment plans are created, how cases are assigned and reviewed, how discharge is planned, and how follow-up is handled for members who leave voluntarily or involuntarily
5. A medication policy that covers prescribing, administering, and monitoring medications, including how MOUD (Medication for Opioid Use Disorder) is started and continued
6. A referral policy that ensures smooth and coordinated care when a member is transferred.
7. Procedures for walk-in members and handling clinical emergencies during and outside of business hours
8. Recordkeeping policies that explain what must be included in each record and how confidentiality is protected
9. Personnel and management policies, including hiring, training, supervision, evaluation, and termination of staff
10. A utilization review plan
11. Clear fee and billing policies, including how third-party payers are billed and how cancellations are handled

Recordkeeping Requirements

Authorization to Release Information

Each CBHC must get written permission from the member or their legal guardian to share information with CBHC staff, state and federal agencies, and referral providers when needed. All shared information must be kept confidential and follow all legal requirements.

Member Records

1. CBHCs must keep member records according to the rules in 130 CMR 450.000 and 105 CMR 140.000, as well as Massachusetts law (M.G.L. c. 111 § 70). If a member is referred to another provider, the CBHC must keep the original record and send a copy to the new provider.
2. Records must be complete, accurate, and well-organized.
3. Each member's record must include at least the following:
    (a) Member's personal details: name, case number, MassHealth ID, address, phone number, gender identity, date of birth, marital status, next of kin, school or job status, and date of first contact
    (b) Location where services were provided
    (c) A physical exam report from within 12 months of intake, showing how it informed the treatment plan—or documentation that the member declined the exam and why
    (d) Name and address of the member's primary care doctor or another doctor who has treated

them
(e) Member's description of their problem and any other information from referral sources
(f) Events that led the member to seek help
(g) Relevant medical, social, educational, and work history
(h) A full assessment started at intake
(i) Clinical impression and diagnosis using standard terms
(j) Short- and long-term goals that are measurable and realistic, with timelines
(k) A schedule of therapy activities (inside and outside the CBHC) and who is responsible for each part
(l) Dates for utilization reviews to check progress
(m) Name, qualifications, and role of the primary therapist
(n) Written reviews every six months by the primary therapist, related to the member's goals
(o) Progress notes for each visit, tied to treatment goals, signed by the therapist with their credentials
(p) A signed treatment plan by the primary therapist or their supervisor (if the therapist is unlicensed)
(q) All signed and dated consent forms and correspondence
(r) A profile of drug use (prescribed and other)
(s) A discharge summary when the member leaves care, including their condition, response to treatment, goal achievement, and future care recommendations
(t) For members under 21, a CANS assessment completed at intake and updated every 90 days

4. For emergency or walk-in visits that don't require ongoing care, a brief history is acceptable.

Program Records

CBHCs must keep documentation showing they meet all requirements in 130 CMR 448.000.
The provider is responsible for quality oversight of all adult and youth services delivered and/or subcontracted, including AMCI, Adult Community Crisis Stabilization, YMCI, and Youth Community Crisis Stabilization.

Reporting must be submitted to MassHealth or its designee on an annual basis for the following:

1. General staffing report: Reporting on all licensed and unlicensed staff, delineating staff capable of delivering services for special populations (e.g., ASD/IDD; justice-involved), trauma-informed care, and delivery of care in other languages; staff responsible for providing supervision; and staff who remain unlicensed for a longer timeframe than allowed by the respective professional licensure board
2. Peer supervision report: Staff trained to supervise peers with commensurate written supervision policy and procedures
3. Workforce retention: Reporting on the provider's plan for retaining staff, including professional development, training, salary adjustments, opportunities for growth, tuition reimbursement, and flexible schedule for school opportunities
4. Outcomes and quality reporting: Submission of data and quality measures using specified templates and processes, as outlined in the provider's contract to serve as a CBHC such as established diversion and inpatient admission rates
5. Patient Satisfaction Survey results
6. Enterprise Invoice/Service Management (EIM/ESM) data

Availability of Records

All records must be available to MassHealth upon request.

Quality Management

The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.

Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of services. Which is inclusive of diverting encounters with Enrollees from hospital emergency departments to the CBHCs' community-based locations or other community settings. CBHC must identify and implement strategies to maximize utilization of community-based diversion services and reduce unnecessary psychiatric hospitalization, in a manner that is consistent with Medical Necessity criteria. Such strategies shall support Providers in shifting utilization from hospital EDs to community-based settings.

Providers must report any adverse incidents and other reportable events that occur to the relevant authorities within one business day as per policy and DMH licensing requirements. Providers must follow all laws and regulations for reporting Adverse Incidents (per MassHealth per MassHealth All Provider Bulletin 316).

Management Functions

The CBHC will be responsible for conducting all clinical, medical, quality, administrative, and financial oversight functions across all the services provided by the CBHC system and all locations where these services are provided, including services provided by subcontractors. These functions include:

1. Staff recruitment, hiring, training, supervision, and evaluation
2. Triage
3. Clinical and medical oversight
4. Quality management/risk management
5. Information technology, data management, and reporting
6. Claims submission
7. Encounter form submission for AMCI/YMCI services
8. Data tracking related to Members' utilization of CBHC services
9. EIM/ESM data for BSAS
10. Oversight of subcontracts
11. Interface with payers including MassHealth, the MassHealth BH vendor, MCEs

CBHCs will be required to meet monthly with the MassHealth BH vendor and MCEs to review performance, including, but not limited to, the following:

1. For AMCI and YMCI services:
   a. Compliance with performance specifications
   b. Community-based evaluations
   c. Inpatient disposition
   d. Response time

e. Family Partner utilization
f. CPS utilization
g. Chart audit
h. Adult and YCCS utilization
i. Staffing patterns
j. Patient satisfaction surveys

2. For CBHC services:
   a. Compliance with performance specifications
   b. Urgent care utilization
   c. Chart audits
   d. Staffing patterns
   e. Healthcare Effectiveness Data and Information Set (HEDIS®) 1 measures
   f. Patient Satisfaction Surveys

If the agency providing the adult component and the agency providing the youth component are different agencies, the leading agency, will be responsible for all the functions described above.

References:

- Community Behavioral Health Center (CBHC) Manual for MassHealth Providers | Mass.gov
- Contact | Massachusetts Behavioral Health Help Line
- Mass.gov
- Behavioral Health Help Line (BHHL) FAQ | Mass.gov