

101 CMR 352.00: RATES OF PAYMENT FOR CERTAIN CHILDREN'S BEHAVIORAL HEALTH SERVICES

Section

- 352.01: General Provisions
- 352.02: General Definitions
- 352.03: Rate Provisions
- 352.04: Filing and Reporting Requirements
- 352.05: Severability

352.01: General Provisions

(1) Scope, Purpose, and Effective Date. 101 CMR 352.00 governs the rates effective January 1, 2016, to be used by all governmental units for certain outpatient children's behavioral health services provided by community service agencies and other eligible providers. 101 CMR 352.00 does not govern rates for psychological testing services, which are governed by 114.3 CMR 29.00: *Psychological Services*, or rates for mental health services, which are governed by 114.3 CMR 6.00: *Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers*. In addition, 101 CMR 352.00 does not govern rates for other services, care, and supplies provided to publicly aided patients, including, but not limited to, psychiatric day treatment services, early intervention services, and medical services provided in community health centers.

(2) Disclaimer of Authorization of Services. 101 CMR 352.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 352.00. Purchasing agencies and insurers are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(3) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 352.00.

352.02: General Definitions

Meaning of Terms. Terms used in 101 CMR 352.00 shall have the meaning ascribed in 101 CMR 352.02.

Behavior Management Monitoring. This service includes implementation of the behavior treatment plan; monitoring the youth's behavior; reinforcing implementation of the treatment plan by the parents, guardians, and caregivers; and reporting to the behavior management therapist on implementation of the treatment plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention. Behavior management monitoring is provided by eligible providers.

Behavioral Management Therapy. This service includes a behavioral assessment (including observing the youth's behavior, antecedents of behaviors, and identification of motivators); development of a highly specific behavior treatment plan; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals. This service is designed to treat challenging behaviors that interfere with the child's successful functioning. The behavior management therapist develops specific behavioral objectives and interventions that are designed to diminish, extinguish, or improve specific behaviors related to the child's behavioral health condition(s) and that are incorporated into the behavior management treatment plan and the risk management/safety plan. Behavior management therapy is provided by eligible providers.

Care Manager. A single care manager who works with the child's parents and guardians to provide targeted case management.

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

352.02: continued

Clinic. A clinic that is licensed by the Department of Mental Health as a provider of mental health clinic services that is not a community health center or a community mental health center.

Community Health Center. A clinic that provides comprehensive ambulatory services and that is not financially or physically an integral part of a hospital.

Community Mental Health Center. A clinic that provides comprehensive ambulatory mental health services and that is not financially or physically an integral part of a hospital.

Community Service Agency (CSA). A clinic, community health center, community mental health center, or other provider entity that meets all other requirements established by MassHealth.

Eligible Provider. Eligible providers of targeted case management are designated CSAs. Eligible providers of parent/caregiver peer-to-peer support, in-home behavior management services, in-home behavior monitoring services, in-home therapy services, therapeutic training and support, therapeutic mentoring, mobile crisis intervention, and crisis stabilization are providers that meet the conditions of participation established by MassHealth.

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

Family Partner. A family partner must have experience as a caregiver of youth with special needs, preferably youth with mental health needs, experience in navigating any of the youth-and family-serving systems, and either a bachelor's degree in a human services field from an accredited academic institution, or an associate's degree in a human services field from an accredited academic institution and one year of experience working with children, adolescents, or transition-age youth and families, or a high school diploma or equivalent and a minimum of two years of experience working with children, adolescents, or transition-age youth and families. If the bachelor's or associate's degree is not in a human services field, additional life or work experience may be considered in place of the human services degree.

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

Individual Consideration (I.C.). Payment rates to eligible providers for services authorized in accordance with 101 CMR 352.03(2), but not listed in 101 CMR 352.00 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: *Workers' Compensation* upon receipt of a bill that describes the services rendered. The determination of rates of payment for authorized individual consideration procedures are 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 pursuant to 101 CMR 352.03(4).

In-home Therapy. This service is a structured, consistent, therapeutic relationship between a licensed clinician and the youth and family for the purpose of treating the youth's behavioral health needs including improving the family's ability to provide effective support for the youth to promote healthy functioning of the youth within the family. In-home therapy is provided by eligible providers.

352.02: continued

Mobile Crisis Intervention. Mobile crisis intervention services may be delivered using a single crisis worker or a team of professionals trained in crisis intervention. This service provides a short-term service that is a mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health crisis. Its 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 and safety plan, if any. Mobile crisis intervention services are available 24 hours a day, seven days a week. Phone contact and consultation may be provided as part of the intervention. Mobile crisis intervention is provided by eligible providers.

Parent-caregiver Peer-to-peer Support. This service provides a structured one-to-one relationship between a family partner and a parent or caregiver for the purpose of resolving or ameliorating the child's emotional and behavioral needs by improving the capacity of the parent or caregiver to parent the child with a serious emotional disturbance. Services may include education, support, and training for the parent or caregiver. Family partners do not provide respite care or babysitting services.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Targeted Case Management (TCM). This service is for individuals under the age of 21 with serious emotional disturbance and includes assessment of the member, development of an individualized care plan, referral and coordination of other services and supports, and monitoring and follow-up on the implementation of the care plan. Targeted case management is also referred to as intensive care coordination (ICC).

Therapeutic Mentoring. Therapeutic mentoring services are designed to support age-appropriate social functioning or ameliorate deficits in the youth's age-appropriate social functioning. Therapeutic mentoring offers structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs. Therapeutic mentoring services include supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to other youth and adults. Therapeutic mentoring is provided by eligible providers.

Therapeutic Training and Support. This service is provided by a therapeutic training and support staff working under the supervision of an in-home therapist to support implementation of the licensed clinician's treatment plan to achieve the goals of that plan. The therapeutic training and support staff assists the in-home therapist in implementing the therapeutic objectives of the treatment plan designed to address the youth's emotional, behavioral, and mental health needs. This service includes teaching the youth to understand, direct, interpret, manage, and control feelings and emotional responses to situations, and to assist the family to address the youth's emotional, behavioral, and mental health needs. Therapeutic training and support is provided by eligible providers.

352.03: Rate Provisions

- (1) Rates as Full Compensation. The rates under 101 CMR 352.03 constitute full compensation for children's behavioral health services provided by community service agencies to publicly aided patients, including full compensation for necessary administration and professional supervision associated with patient care.
- (2) Rates of Payment. Payment rates under 101 CMR 352.03 are the lowest of
 - (a) the eligible provider's usual charge to the general public;
 - (b) the amount accepted as payment from another payer; or
 - (c) the schedule of allowable rates for services as set forth in 101 CMR 352.03(3).

352.03: continued

(3) Fee Schedule. Unit of service is per 15 minutes, unless otherwise indicated.

CODE	RAE	SERVICE DESCRIPTION
H0038		Self-help/peer services, per 15 minutes (parent/caregiver peer-to-peer support service provided by a family partner)
	15.79	● January 1, 2016 through December 31, 2016
	15.96	● January 1, 2017, and after
H2011-U2		Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional)
	20.90	● July 1, 2015 through December 31, 2015
	21.07	● January 1, 2016, and after
H2011-U1		Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician)
	31.18	● July 1, 2015 through December 31, 2015
	31.43	● January 1, 2016, and after
H2014-HN		Skills training and development, per 15 minutes (behavior management monitoring provided by a bachelor-level clinician)
	13.72	● July 1, 2015 through December 31, 2015
	13.83	● January 1, 2016, and after
H2014-HO		Skills training and development, per 15 minutes (behavior management therapy provided by a master-level clinician)
	26.99	● July 1, 2015 through December 31, 2015
	27.21	● January 1, 2016, and after
H2019-HN		Therapeutic behavioral services, per 15 minutes (therapeutic training and support services provided by a bachelor-level clinician)
	13.08	● July 1, 2015 through December 31, 2015
	13.18	● January 1, 2016, and after
H2019-HO		Therapeutic behavioral services, each 15 minutes (in-home therapy provided by a master-level clinician)
	20.23	● July 1, 2015 through December 31, 2015
	20.40	● January 1, 2016, and after
T1017-HN		Targeted case management, each 15 minutes (service provided by a bachelor-level care manager)
	19.30	● January 1, 2016 through December 31, 2016
	19.51	● January 1, 2017, and after
T1017-HO		Targeted case management, each 15 minutes (service provided by a master-level care manager).
	24.26	● January 1, 2016 through December 31, 2016
	24.53	● January 1, 2017, and after
T1027-EP		Family training and counseling for child development, per 15 minutes (therapeutic mentoring service)
	14.12	● July 1, 2015 through December 31, 2015
	14.23	● January 1, 2016, and after

(4) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an administrative bulletin. The publication of such updates and corrections will list

- codes for which only the code numbers changed, with the corresponding cross-walk;
- codes for which the code number remains the same but the description has changed; and
- deleted codes for which there is no cross-walk. In addition, for entirely new codes that require new pricing, EOHHS will list these codes and apply individual consideration in reimbursing these new codes until rates are established.

(5) Billing. Each eligible provider 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.

352.04: Filing and Reporting Requirements

(1) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to the Center pursuant to M.G.L. c. 12C, § 22, shall be certified under pains and penalties of perjury as true, correct, and accurate by the executive director or chief financial officer of the provider.

(b) Examination of Records. Each provider must make available to the Center or purchasing governmental unit upon request all records relating to its reported costs, including costs of any entity related by common ownership or control.

(2) Required Reports. Each provider must file

(a) an annual uniform financial statement and independent auditor's report completed in accordance with the filing requirements of Division of Purchased Services regulation 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services*;

(b) any cost report supplemental schedule as issued by the Center; and

(c) any additional information requested by the Center within 21 days of a written request.

(3) Penalties. EOHHS may reduce the payment rates by 15% for any provider that fails to submit required information, subject to the approval of the purchasing governmental unit. EOHHS will notify the provider in advance of its intention to impose a rate reduction. The rate reduction will remain in effect until the required information is submitted to the Center. EOHHS may also notify the governmental purchasing agency of the provider's failure to submit required data and request that the provider be removed from the purchasing agency's list of eligible providers.

352.05: Severability

The provisions of 101 CMR 352.00 are severable. If any provision of 101 CMR 352.00 or application of such provision to any community service agency or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 352.00 or application of such provisions to community service agencies or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 352.00: M.G.L. chs. 118E and 12C.