



# COMMUNITY CARE COOPERATIVE (C3) MEMBER HANDBOOK



**COMMUNITY  
CARE COOPERATIVE**

Great health is our primary purpose



This Member Handbook includes important information, and it should be translated as soon as possible. This booklet is available in Spanish and other alternate formats – including large print – for free. Free interpreter services are available for those who do not speak English.

**Please call us at  
866-676-9226 (TTY: 711)  
Monday – Friday  
8:00 a.m. – 5:00 p.m.**

This Member Handbook includes information about your benefits and Community Care Cooperative (C3). Please keep in mind that MassHealth benefits and rules can change from time to time. Please contact MassHealth for the most up-to-date benefits and coverage information.

**MassHealth Call Center  
800-841-2900  
(TTY) 800-497-4648  
Monday – Friday  
8:00 a.m. – 5:00 p.m.  
[Mass.gov/MassHealth](https://www.mass.gov/MassHealth)**

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**Hindi (हिंदी):** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 866-676-9226 (TTY: 711) पर कॉल करें।

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**Japanese (日本語):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。866-676-9226 (TTY:711)まで、お電話にてご連絡ください。

**Cambodian (ខ្មែរ):** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់បំរើអ្នក។ ទូរស័ព្ទទៅលេខ 866-676-9226 (TTY: 711)។

**Lao/Laotian (ພາສາລາວ):** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ລ່ວງລ່າງ, ແມ່ນມີອັ້ມໃຫ້ທ່ານ. ໂທ 866-676-9226 (TTY: 711).

**Gujarati (ગુજરાતી):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 866-676-9226 (TTY: 711).

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# 1 Welcome to Community Care Cooperative (C3)

Welcome to Community Care Cooperative or C3. We're so glad you're our member!

## A. Who is C3?

C3 is a MassHealth Accountable Care Organization (ACO). An ACO is a group of doctors and other health care providers who work together to care for you. Most primary care providers who see MassHealth members have joined an ACO.

C3 was chosen by MassHealth to participate in the Massachusetts Medicaid ACO program.

Most ACOs are led by hospital systems or insurance companies. **C3 is different.** C3 was founded by a group of community health centers from across Massachusetts. We are the only community health center-based ACO in Massachusetts.

C3 is focused on one primary goal: **providing reliable, convenient, quality care in the communities where you live and work.**

**C3's health centers are part of your community.**

They offer a range of services to individuals and families. They understand your culture, language, and life experience. C3 knows that stress, trauma, and life's challenges can get in the way of your health. **We are here to help!**

You can visit us at [www.C3aco.org](http://www.C3aco.org) or you can call us at **866-676-9226**, (TTY: **711** for people with partial or total hearing loss, or who are speech disabled), Monday through Friday, 8:00 a.m. – 5:00 p.m. If you speak any language other than English, we will connect you with someone who speaks your language.

## B. What Does It Mean for You to be a C3 Member?

C3 will help your primary care provider (PCP) work with you to get the care you need.

Your benefits, doctors, and other health care providers will stay the same. With C3, you may see any specialist or hospital that accepts the MassHealth Primary Care Clinicians (PCC) Plan, at any time. Your behavioral health (mental health and substance use) services are managed by the Massachusetts Behavioral Health Partnership (MBHP). They will help you access any behavioral health care that you need.

C3 helps you get the care you need most when you need it the most. We help your PCP stay involved in your care, both inside and outside your health center. See **Section 5 (C3 Programs to Support Your Health Care Needs)** for more information on programs for C3 members.

## C. This Member Handbook

Please use this C3 Member Handbook to learn more about your benefits and services. Use it to learn how to get the most out of your C3 membership. This Handbook also lists your rights and responsibilities as a member.

Along with this Handbook, we are including a Covered Services List.

If you have questions about it or need help translating it into your language, please call us. And, if you need this book in alternate formats, including large print, we can help.

## 2 MassHealth and Your Eligibility



### A. What is MassHealth?

MassHealth is the name of Medicaid in Massachusetts. Medicaid provides health coverage to millions of people, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.

Each state operates its own Medicaid program, in partnership with the federal government. In Massachusetts, the Executive Office of Health and Human Services (EOHHS) runs the MassHealth program.

### B. Don't Lose Your MassHealth Eligibility

It's important that you update MassHealth about any changes in your life, such as getting a job, moving, or changes to your family size. These changes can affect your MassHealth eligibility. If you lose your MassHealth eligibility, you also lose your C3 membership.

If your address or phone number changes, make sure to tell MassHealth. MassHealth may mail you notices that ask you to take action, for example when it's time to renew or confirm your eligibility. These notices can come at any time. If MassHealth doesn't have your current address, you could miss these important notifications from MassHealth.

If you don't respond to MassHealth notices, or if your mail gets returned to MassHealth, you could lose your eligibility.

If you're confused about any MassHealth notice you get, call us or MassHealth. We are here to help.

### C. Update MassHealth if Anything Changes

It is important to tell MassHealth if anything else changes for you, such as: **you get other health insurance or your income changes**. If you have other health insurance, like Medicare, veterans' benefits, or health insurance through

your job or a family member's job, or if you have the chance to get other insurance, please call MassHealth at **800-841-2900 (TTY: 800-497-4648)**. MassHealth may help you pay for the other insurance.

**If you are expecting a baby**, call us at **866-676-9226** and we can help you get the care you need. We can also help you find a doctor for your baby before your baby is born.

**If you have a baby or other family changes**, tell MassHealth. The hospital where you deliver your baby will help you enroll your baby in MassHealth, or you can call MassHealth yourself to make sure your baby is covered. Once your baby is enrolled, call MassHealth to pick a PCP for your baby.

If you get benefits along with MassHealth, you should also let those programs know about any changes to your address or phone number, income, health insurance, or if your family changes. Other programs you might have benefits from include:

- Transitional Assistance for Dependent Children (TAFDC) or Emergency Aid for Elderly, Disabled or Children (EAEDC), call your local **Department of Transitional Assistance (DTA) office at 800-445-6604 (TTY: 888-448-7695)**
- Supplemental Security Income (SSI) or Social Security Disability Income (SSDI), call your nearest **Social Security Administration (SSA) office at 800-772-1213 (TTY: 800-325-0778)**
- **Massachusetts Commission for the Blind (MCB)**, call **800-392-6450 (TDD: 800-392-6556)**

#### D. How Does MassHealth Eligibility Relate to Your C3 Membership?

You are eligible for C3 enrollment if you:

- Remain eligible for the MassHealth managed care program
- Have a primary care provider (PCP) at a participating C3 health center

To be eligible for MassHealth managed care, you must have MassHealth Standard, CarePlus, Commonwealth, or Family Assistance plan types; be younger than 65 with no other health insurance; and live in the community. For details on MassHealth managed care eligibility, please visit [www.mass.gov](http://www.mass.gov).

#### E. Changing Your Health Plan

As a MassHealth member enrolled in C3, you can change your health plan or ACO for any reason only during your Plan Selection Period. You will have a 90-day Plan Selection Period every year. MassHealth will let you know when the Plan Selection Period is.

Once the Plan Selection Period ends, you will not be able to change health plans except for certain reasons. Check with MassHealth if your situation is an exception.

If you don't want to be a C3 member, call MassHealth to switch ACOs or health plans. You will also need to switch your PCP.

Please call MassHealth at **800-841-2900** (TTY: **800-497-4648** for people with partial or total hearing loss) to switch.



## 3 Your Member ID Cards



As a C3 member, you will have both a C3 Member ID card and a MassHealth Member ID card.

### A. Your C3 Member ID Card

C3 will send you a Member ID card within 15 business days of your enrollment. Your C3 Member ID card shows that you are a patient of one of C3's participating health centers. It looks like this, with your health center's logo:



If you did not get a C3 Member ID card, or if your C3 Member ID card is damaged, lost, or stolen, please call us at **866-676-9226 (TTY: 711)**. In the meantime, use your MassHealth ID card. Your provider can also look you up in the MassHealth system.

### B. Your MassHealth Member ID Card

Your MassHealth card should look like this:



If you did not get a MassHealth Member ID card, or you lose it, please call MassHealth at **800-841-2900 (TTY: 800-497-4648)** for people with partial or total hearing loss, or who are speech disabled) to ask for a new card. In the meantime, use your C3 Member ID card. Your provider can also look you up in the MassHealth system.

### C. Make Sure Your Member ID Cards Are Accurate

Please check your C3 and MassHealth Member ID cards. Make sure the information about you is correct. If you need to change the information on your card, please call C3 to get an updated C3 Member ID card. Please call MassHealth to get an updated MassHealth Member ID card.

### D. How to Use Your Member ID Cards

Always bring your ID cards when you need **medical, behavioral health, or pharmacy services**. Show either card to get the services or medicines you need.

It's a good idea to keep both your C3 and MassHealth Member ID cards with you in case you ever need to use them.

**Even if you don't have an ID card, you can still get services you need.** Your doctor or other provider can look for your name in the MassHealth system. If your provider cannot find you in the system, he or she can call MassHealth to verify your eligibility.

Never share your member ID card or loan it to someone else. This could be considered fraud. Please see **Section 19 (Member Rights and Responsibilities)** about your responsibilities as a C3 member.

## 4 Who to Call for What



It might be confusing to know who to call for what. Use this section of the Handbook to make sure you can get the help you need from the right people.

### A. When to Call C3

C3 is ready to help you with any questions you may have. Call us at **866-676-9226** (TTY: 711 for people with partial or total hearing loss, or who are speech disabled), Monday through Friday, between 8:00 a.m. and 5:00 p.m. The call is free.

#### Call us:

- If you have questions about C3
- To update your name, your address, or your phone number (you also have to call MassHealth to update them so that you can be sure to get any notices from them)
- To get a copy of the C3 Member Handbook, Provider Directory, or other member documents
- To ask for a new C3 Member ID card
- To ask for C3 materials in Spanish or other alternative formats, or if you need help reading any C3 materials
- To ask for an interpreter
- To file a Grievance
- To ask about the MassHealth Appeals process
- To find or confirm your provider
- If you have trouble getting an appointment or otherwise accessing one of our health centers
- If you get (or got) a letter from us inviting you to join one of our programs and you have questions about it
- If you want to report suspected fraud or abuse by one of the C3 participating health center or providers
- If you're not sure who to call. We can help you sort it out.

### B. When to Call C3's Nurse Advice Line

As a C3 member, you can get help from our 24/7 Nurse Advice Line. Call the Nurse Advice Line at **800-769-8969** (TTY: 711 for people with partial or total hearing loss, or who are speech disabled), 24 hours a day, seven days a week.

#### Call the Nurse Advice Line:

- If you have general questions about your health or wellness
- If you need advice about your health or wellness, including answers to specific health questions or medical concerns

They can also help you figure out if you need emergency, urgent, or elective care. If you are having a medical emergency, you should call **911**. For more information about the Nurse Advice Line or other programs that support your health, please see **Section 5 (C3 Programs to Support Your Health Care Needs)**.

### C. When to Call MassHealth

Call the MassHealth Customer Service Center at **800-841-2900 (TTY: 800-497-4648)** for people with partial or total hearing loss, or who are speech disabled), Monday through Friday, 8:00 a.m. to 5:00 p.m. The call is free.

#### Call MassHealth:

- To ask questions about MassHealth benefits, services, eligibility, or other policies and processes
- To update your name, your address, or your phone number
- To get a copy of MassHealth documents
- To get a new MassHealth Member ID card
- To ask for MassHealth materials in Spanish or in other alternative formats, or if you'd like help reading any MassHealth materials
- To ask for an interpreter
- To file a Grievance
- To change your primary care provider (PCP)
- To change your Accountable Care Organization (ACO)
- To update MassHealth if your employment status and/or income changes
- To update MassHealth if you're pregnant or have a baby
- To ask about the MassHealth Appeals process or to file an Appeal
- If you want to report suspected fraud or abuse by a MassHealth provider

### D. When to Call the Massachusetts Behavioral Health Partnership (MBHP)

The Massachusetts Behavioral Health Partnership (MBHP) manages behavioral health services for C3 members.

Call MBHP 24/7 at **800-495-0086 (TTY: 877-509-6981)** for people with partial or total hearing loss, or who are speech disabled) if you have questions about MBHP or behavioral health (mental health and substance use) services. The call is free.

#### Call MBHP:

- If you have questions about your behavioral health (mental health and substance use) services and benefits
- If you want more information about how to get these services
- If you need to find a behavioral health provider
- If you need help reading any materials you get from MBHP
- To get Spanish versions of any MBHP information you receive
- To speak with someone who speaks Spanish or another language

## 5 C3 Programs to Support Your Health Care Needs



C3 is here to help you get the care and support you need for your health and well-being.

### A. Nurse Advice Line

Questions about your health can come up any time, day or night. When you have those questions, you can call our Nurse Advice Line. The Nurse Advice Line is always open, 24 hours a day, seven days a week, 365 days a year. The Nurse Advice Line is staffed by registered nurses. They can answer general or specific health questions or concerns you might have. They can also help you figure out if you need emergency, urgent, or elective care.

Call **800-769-8969** and a nurse will answer your questions and help you get the care you need. If you feel you are having an emergency, call **911** or go to the nearest emergency room.

If you speak a language other than English, you can speak to someone in your language. If you are deaf or hard of hearing, call **TTY: 711**.

Our Nurse Advice Line staff will coordinate with your providers or C3 staff who might be involved with your health care. If you need follow-up, the clinician you speak with will make sure your other providers know what you need.

### B. Wellness and Health Education

We care about your well-being. We can help you learn about your health and ways to stay healthy. With your health center, we can help you with a wide range of ways to get or stay well, such as help to quit smoking or nutrition counseling. Speak with your PCP or your health center for specific wellness help you might need.

### C. Condition Care

At C3, we are here to help you manage any diseases or conditions you may have. We have programs for specific conditions that may put your health at risk. These programs are called “Condition Care” programs. They include education about your disease or condition, and about the care available to you.

If you have a chronic disease or condition, take care of yourself. It is so important to take charge of your health. We will encourage you to participate in these programs if we feel it might be helpful to you.

### D. Care Needs Screening

We want to get to know you so that we can help you get the care you need. We encourage you to complete a Care Needs Screening survey. You may access the survey online at [www.C3aco.org/mycareneeds](http://www.C3aco.org/mycareneeds) or call us at **866-676-9226 (TTY: 711)** to complete the survey on the phone or request a paper copy. The survey asks you about your health history, any current conditions or treatments, your health status, and your health concerns and goals. We will also ask you about any special needs you may have, or any mental health or substance use disorders you have. If you work with other state agencies, you can tell us about those relationships. We will partner with them.

We use this survey to help you get services that may help you manage your health needs.

If you have a more complicated health care situation, we may ask you more questions to help us find programs and services for you.

## E. Care Coordination and Planning

C3 will make sure any care you need is coordinated, especially between different providers you may see. We will help you get the care you need. We will help make sure your providers can easily communicate about your care.

Sometimes, you may need to see a medical specialist. You may need social services in the community. We make sure you get referrals to those services if you need them.

We can also help with transportation to your health center or other services.

If you need care coordination services, please call your health center.

## F. Care Management

Living healthy is a lifelong journey. Care Management is a service that can help you take charge of your health. C3 offers Care Management if you have more complicated health care needs.

When you use this service, you work with a personal Care Manager. Care Managers work closely with you and your provider. They help you get the care you need. They also help you reach the health goals most important to you.

**Getting Started:** Care Management begins with a phone call or a visit with your Care Manager. You will:

- Learn more about Care Management
- Talk about your personal health goals
- Create a plan to help you meet your goals
- Schedule your next visit

**What Care Management Means to You:** Your Care Manager will help you live a healthier life. Together, you and your Care Manager will:

- Talk at times that you choose about your physical, social, and emotional health
- Talk about your goals and update your care plan
- Find helpful services and support close to your home or work
- Answer health questions you might have when you can't get to your provider's office

**Personalized Support:** Based on your needs, your Care Manager can connect you with other services.

Your Care Manager is here to help you better understand your conditions and treatments. Your Care Manager will even help you plan your provider's visits.

Visits with your Care Manager do not replace regular visits with your provider. When you need medical care, please schedule an appointment.

**Cost:** Care Management services are free.

**Privacy:** Your privacy is important to us. We only share your personal health information with people who are involved in your care.

If you have a disability or are at especially high risk for medical or behavioral health conditions, we are here to make sure you get the care you need, in the most coordinated way possible.

## G. Transitional Care

We understand that you may have questions if you have to go to the hospital. You may worry about what happens after you leave the hospital. Many patients and their families need and want extra support around a hospital stay.

Transitional Care is a service that helps you safely leave the hospital. It helps you avoid problems that could cause you to go back to the hospital.

Transitional Care includes support from a care team. This team may include a nurse Care Manager, pharmacist, dietician, and social worker. Your Transitional Care team will help you make important decisions about your health.

When you leave the hospital, you may have a long list of things to do. Even if you can handle your to-do list on your own, your Transitional Care team is here to help.

You and your Transitional Care team members will discuss:

- Questions you may have about your health
- Your physical, social, and emotional health
- Things you can do to help you stay out of the hospital
- Your current medications and instructions
- Your personal health goals and plans to meet those goals

Transitional Care team members can also help you find helpful services and support close to your home.

Depending on what you need, your Transitional Care team will:

- Talk with you on the phone at times that you choose
- Help you schedule appointments with your provider
- Visit you at home to answer questions and address health concerns you may have
- Update your provider on your progress
- Work with your provider and pharmacist to make sure you have all of your medicines

**Cost:** Transitional Care is free of charge.

**Privacy:** Your privacy is important to us. We only share your personal health information with people who are involved in your care.

If you have any questions about any of our programs, please call us. If you would like help managing a health concern, we may be able to connect you with resources to help based on your medical needs.

## 6 Partner with Your Health Care Providers



As a C3 member, you will have a primary care provider. You can also visit other doctors and hospitals when you need them. Tell your providers about:

- all the health care you are getting
- the medicine you take (prescriptions and over-the-counter medicines)
- any health problems or concerns you have

### A. Your Primary Care Provider (PCP)

All C3 members have a doctor, nurse practitioner, or physician assistant as a primary care provider (PCP). C3 members have a PCP who works at one of C3's participating health centers.

Your PCP is the health care provider who takes care of most of your health needs. See your PCP when you need a checkup or if you are sick. Your PCP will get to know you and your health needs. He or she will help you get other health services if you need them.

Your PCP plays an important role in your health care. **Your PCP:**

- gives you checkups
- helps you stay well
- treats you for most medical problems that you might have
- works with specialists to help you get the care you need in an organized, coordinated way
- admits you to the hospital, if necessary
- writes prescriptions for any medicine you might need
- keeps your medical records

#### A PCP can be:

- a family practice doctor who treats adults and children
- an internal medicine doctor (internist) who treats adults and older teenagers
- a pediatric doctor (pediatrician) who treats children and young adults
- a nurse practitioner or physician assistant

At C3, we partner with your PCP to make sure you get the best care.

### B. When You Should See Your PCP

If you haven't already, make an appointment to see your PCP for a checkup. If you're seeing a PCP for the first time or have not seen your PCP in a long while, make an appointment. Your PCP will ask questions about your health history and your family's health history to get to know you better. Keep in mind these recommendations for how often different people should see their PCP:

**Adults** should see their PCP every one to three years, depending on your age and health. Your PCP may recommend more or less often, depending on your needs.

**If you think you may be pregnant**, you should schedule an appointment as soon as possible. These are general recommendations for how often to see your provider at the different stages of pregnancy:

- Up to 28 weeks – once a month
- Between 28 and 36 weeks – every two weeks
- From 36 weeks until delivery – every week
- After you give birth (postpartum) – usually between 4 and 6 weeks after delivery, but could be sooner if your provider recommends it

**Infants and children younger than age 21** should generally see their PCP according to this recommended schedule:

- At 1 to 2 weeks
- At 1 month
- At 2 months
- At 4 months
- At 6 months
- At 9 months
- At 12 months
- At 15 months
- At 18 months
- Between ages 2 and 20, once a year

For more information about care for kids, please see **Section 13 (Services for Children)** of this Handbook.

### C. Changing Your PCP

You can change your PCP to another C3 PCP any time. If you want to switch PCPs at your health center, call the health center and ask for a list of PCPs who accept new patients. Or, call us and we can help.

If you switch to a different PCP who is in C3's network, you will stay a C3 member.

If you want to switch to a PCP who does not work with C3, call the MassHealth Customer Service Center at **800-841-2900 (TTY: 800-497-4648)** for people with partial or total hearing loss, or who are speech disabled). You will have to switch to a different ACO or health plan. There are times in the year when you can switch plans and times when you cannot. MassHealth will tell you if you can switch when you call.

### D. If a PCP Asks to Remove You from Their Practice

A PCP may ask C3 or MassHealth to have you removed from his or her list of patients. A PCP can ask this if he or she believes you behave in a disruptive manner and he or she cannot provide care for you or other patients. All such requests are reviewed by MassHealth, and the PCP can only remove you from his or her practice if he or she gets permission from MassHealth first. You have the right to appeal this decision. Please contact MassHealth to file an Appeal. For more information about Appeals, see **Section 18 (Appeals)** later in this Handbook.

A PCP **cannot** ask to have you removed from the list for any reason related to your health, including any of these reasons:

- Your health and behavioral health (mental health or substance use) condition has gotten much worse

- You use a lot of medical services
- Your behavior has caused problems because you have special needs

### E. Other Providers

C3 partners with MassHealth so that you can see any doctor who participates in the MassHealth Primary Care Clinician (PCC) Plan. This means that you have access to any MassHealth PCC Plan doctor, nurse practitioner, hospital, pharmacy, or other health care provider.

Always check to see if the provider you want to see participates in the MassHealth PCC Plan before you make an appointment to get a service. You can find out which providers accept MassHealth online at <https://masshealth.ehs.state.ma.us/providerdirectory>.

If you go to a provider who does not accept MassHealth, MassHealth will not pay for the service unless it is an emergency.

To find a specialist, hospital, or other medical provider, visit <https://masshealth.ehs.state.ma.us/providerdirectory>. If you need help finding a provider, you can call us at **866-676-9226 (TTY: 711)** or MassHealth at **800-841-2900 (TTY: 800-497-4648)** for people with full or partial hearing loss).

For more information on finding a dentist, please see **Section 15 (Dental Services)** of this Handbook.

### F. Behavioral Health Providers

As a C3 member, you can get behavioral health (mental health and substance use) services from Massachusetts Behavioral Health Partnership's (MBHP) provider network. MBHP works with MassHealth to manage behavioral health services for MassHealth members.

MBHP has a large network of mental health and substance use providers and hospitals all over Massachusetts.



You can choose a behavioral health provider from the MBHP Provider Directory online at [masspartnership.com](http://masspartnership.com). Click “Find a Provider” on the home page. Please call MBHP at **800-495-0086** if you would like a printed copy of the Provider Directory, or to make sure the provider you want to see is available. MBHP updates its Provider Directory every week, but providers may change from time to time.

If you need help finding a behavioral health (mental health and substance use) provider, you can also call MBHP at **800-495-0086 (TTY: 877-509-6981)** for people with partial or total hearing loss, or who are speech disabled).

You do not need a referral for most behavioral health services. In other words, you don’t need permission or approval from other providers to see a behavioral health provider. You or your doctor may need to get an approval from MBHP for some covered services before you get them. For more information on what services need approval ahead of time, and for information on how to get that approval, please see **Section 11 (Behavioral Health Coverage)** of this Handbook.

### G. Community Partners

C3 works with community partners. Community partners are community-based and social services organizations that MassHealth certifies to work with ACOs to coordinate member care. Community partners specialize in behavioral health or long-term services and supports. Behavioral health (BH) services are mental and substance use services. Long-term services and supports (LTSS) are services that help you live independently in the community, such as help with self-care, laundry, or

shopping. Depending on your needs, you may work with community partners as part of your care plans and care team.

Our health needs survey and other assessments help us figure out if you would benefit from working with a community partner. We will work with your PCP and other providers to make sure they know how and when to work with community partners. We will work with community partners to coordinate your care.

### H. Out-of-network Services

**For Medical Services:** MassHealth will not pay for any services you get from a provider who does not accept MassHealth, unless it’s an emergency.

If you’re traveling, MassHealth will pay for you to see an out-of-state medical provider if it’s an emergency, or if traveling home would put your health at risk.

**For Behavioral Health Services:** MBHP will not pay for any services you get from a behavioral health provider who does not accept MassHealth, unless it’s an emergency.

There may be some services that the MBHP providers cannot offer. If you need a service that no MBHP provider can provide, MBHP will pay for those services at a non-MBHP provider until an MBHP provider can provide them. Call MBHP before you go to a non-MBHP provider. Also, call them if you have questions about out-of-network services.

**In an emergency, get care right away.** You can get care from any provider. For more information on emergencies, please see **Section 7 (Emergency and Urgent Care)** of this Handbook.

## 7 Emergency and Urgent Care



An **emergency** is a situation in which you could reasonably expect that if you did not get immediate medical attention, you could seriously jeopardize your health, or if you are a pregnant woman, the health of your unborn child.

**Urgent care** is for conditions that are serious, but that you don't think are emergencies.

### A. What to Do in an Emergency

If you're sick, call your PCP first, unless you think it's an emergency.

If you have an emergency, you should get care right away. **Call 911** or go to the closest emergency room. You never need permission to go to an emergency room if you feel you are having an emergency.

In a behavioral health emergency, you should get care right away. Call **911**, go to the nearest emergency room, or contact the Emergency Services Program (ESP) and Mobile Crisis Intervention services in your area. ESPs help you get stable in an emergency. Instead of going to an emergency room, you can also get ESP services in your home or another location. Call the statewide, toll-free ESP number **(877-382-1609)** to get the number for your local ESP. You can call them 24 hours a day.

At all other times, call your PCP and ask what to do. You can call your PCP 24 hours a day, seven days a week. If your PCP is not there, another doctor or health care provider will help you.

### B. Examples of Emergencies

There can be lots of different kinds of emergencies. Some examples are listed below. If you don't see your situation on this list, but you feel like you are in an emergency situation, don't wait. Call **911** or go to the nearest emergency room.

#### Medical emergencies might include:

- broken bones
- chest pain, including sudden, severe pain or pressure in or below the chest
- convulsions
- fainting or dizzy spells
- heart attacks
- heavy bleeding
- loss of consciousness
- poisoning
- serious accidents
- severe burns
- severe headaches
- severe pain
- severe wounds
- shortness of breath
- stroke (symptoms include numbness or difficulty with speech)
- sudden change of vision
- throwing up blood
- throwing up a lot
- someone who won't wake up

#### Behavioral health emergencies might include:

- feeling like you want to harm yourself
- feeling like you want to harm others
- hearing voices

### C. Coverage for Emergency Services

You do not need permission to get care in an emergency. You never need a referral or Prior Authorization. In an emergency, you can get ambulance transportation.

You may get emergency medical care whenever you need it, anywhere in the United States and its territories. Emergency care is not covered outside the United States and its territories.

### D. After an Emergency

After the emergency is over, you are entitled to post-stabilization services. Post-stabilization services are services you may get after your emergency medical or behavioral health issues are stabilized. This follow-up care is to make sure your condition remains stable or improves.

After the emergency, call your PCP and make a follow-up appointment. Your PCP can help you with any follow-up care you might need.

If the emergency is behavioral health-related, also call your behavioral health provider after the emergency.

### E. Urgent Care

Urgent care is for conditions that are serious, but that you don't think are emergencies. For example, you might need treatment for a flare-up of an existing condition. For urgent care, call your PCP. Your PCP must see you within **48 hours** of your request for an urgent care appointment. You can also visit urgent care centers that participate in the MassHealth PCC Plan.

If you have an urgent behavioral health issue, your behavioral health provider must see you within **48 hours** of your request for an urgent behavioral health visit.

If you're out of town and have an urgent condition, call your PCP. Your PCP will tell you how to get care. You can call your PCP 24 hours a day, seven days a week. If your PCP is not there, another doctor or health care provider will call you back.

You may also call our Nurse Advice Line at **800-769-8969 (TTY: 711)** if you have a need for urgent care. The Nurse Advice line is available 24 hours a day, seven days a week, if you have questions about your health care and do not want to wait until business hours to talk to someone. The Nurse Advice Line is staffed by trained clinicians who can answer your health questions. They can also direct you to the best location for care. They can coordinate with your health care providers and Care Manager, if you have one, to update your Care Plan or help keep your Care Team informed. The Nurse Advice Line offers interpreter services if you need to speak with a nurse in a language other than English.

**If you have an emergency, you should get care right away.  
Call 911 or go to the closest emergency room.**

## 8 Your Benefits and How to Get Them



As a C3 member, you are entitled to get all the services covered by MassHealth.

### A. Your Eligibility and Benefits

To be eligible for C3, you must be enrolled in MassHealth. You also must have a primary care provider (PCP) at one of C3's participating health centers.

Being part of C3 does not affect your MassHealth eligibility and MassHealth covered benefits. You are still a MassHealth member and can be enrolled in MassHealth as long as you qualify. While you are a C3 member, you get all the MassHealth benefits and coverage. C3 is responsible for overseeing your benefits. We are here to help you use your MassHealth benefits and make sure you get the care you need.

If you have questions about MassHealth benefits or policies, please visit MassHealth's website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth) or call MassHealth Customer Service at **800-841-2900 (TTY: 800-497-4648** for people with partial or total hearing loss, or who are speech disabled).

### B. Covered Services

As a C3 member, you are entitled to a wide range of services, called "covered services." MassHealth services and benefits change from time to time. The Covered Services List is for your general information only. MassHealth decides what services and benefits are available to you.

You are entitled to access these services:

- Emergency services (see **Section 7 (Emergency and Urgent Care)** of this Handbook on what to do in an emergency)
- Medical services
- Vision care services

- Behavioral health (mental health and substance use) services
- Pharmacy services
- Limited dental services

Some covered services do not require any approval before you go. Emergency care, pregnancy care, and family planning (birth control) do not require any approval in advance, called "Prior Authorization" (PA), or referrals from another provider. You can just go to the provider when you need those services. See **Section 10 (Prior Authorization)** of this Handbook for more details.

Behavioral health services do not require permission or approval from any other provider. Some behavioral health (mental health and substance use) services require PA from MBHP before you get them. See **Section 11 (Behavioral Health Coverage)** of this Handbook for more information.

Prior Authorization is not required for any emergency services.

For detailed information on covered services and authorization requirements, please see **Section 10 (Prior Authorization)** of this Handbook.

The Covered Services List in this packet gives you details about what services are covered, and whether you need to get permission or approval before you get the service.

The Covered Services List and other information in this Handbook may change. Visit our website at [www.C3aco.org](http://www.C3aco.org) to get the most up-to-date version of this information.

You can also call us at **866-676-9226 (TTY: 711)** if you need help getting benefits or services.

### C. Excluded (Non-covered) Benefits

Some services are not covered by MassHealth. These services are “excluded” from MassHealth benefits. This means that services are not covered. Neither MassHealth nor C3 will pay for them.

The list below describes some services and items that are not covered:

- Services that are not medically necessary according to MassHealth standards, unless MassHealth approves them
- Cosmetic surgery or other cosmetic work, unless MassHealth determines it is medically necessary, such as if it is needed for:
  - Correction or repair of damage following an injury or illness
  - Mammoplasty after a mastectomy
- Treatment for infertility, including in-vitro fertilization and gamete intra-fallopian tube (GIFT) procedures. Diagnosis of infertility is a covered service.
- Experimental treatment
- Personal comfort items like air conditioners, radios, telephones, and televisions
- Some laboratory services

### D. Who Gives You the Services You Need?

You can get health care services from your primary care provider (PCP) and any other specialist and provider who participates with the MassHealth PCC Plan. You can also see behavioral health providers through MBHP and other providers who work with MassHealth. Show your C3 and MassHealth ID cards when you go to see your medical and behavioral health providers.

C3 can help if you have an ongoing health concern or condition. We also have a Nurse Advice Line if you have questions about your health. Please see **Section 5 (C3 Programs to Support Your Health Care Needs)** of this Handbook for more information.

### E. Getting an Appointment When You Need One

We know that when you don’t feel well, you don’t want to have to wait to see the doctor. Providers who participate with MassHealth have to meet certain requirements to make sure you don’t have to wait too long for an appointment. Providers are required to give you care within these timeframes:

#### For medical care:

- **Emergency care:** An emergency medical provider has to see you immediately after you ask for care in an emergency.
- **Urgent care:** If something is wrong but you don’t think it’s an emergency, your PCP has to see you within **48 hours** of your request for an urgent care appointment.
- **Primary care (when you’re sick but it’s not urgent):** If you are sick, or have symptoms that are not urgent, your PCP must see you within **10 calendar days** of your request for an appointment.
- **Primary care (when you don’t have symptoms):** If you aren’t sick and don’t have any symptoms, your PCP must see you within **45 days** of your request for an appointment.

#### For behavioral health care:

- **Emergency care:** An emergency behavioral health provider or ESP has to see you immediately after you ask for care in an emergency.
- **Urgent care:** If something is wrong but you don’t think it’s an emergency, a behavioral health provider has to see you within **48 hours** of when you ask for an urgent care appointment.
- **Behavioral health visits (when you have no symptoms or if you are sick but it’s not urgent):** If you don’t have symptoms but do want to see a behavioral health provider, your provider must see you within **10 working days** after you ask for an appointment.

If you don't get care within these timeframes, you can file an Appeal. There is more information about the Appeals process in **Section 18 (Appeals)** of this Handbook.

**For children in the care and custody of the Department of Children and Families (DCF):**

- If you are responsible for a child in the care and custody of DCF, the child's PCP must offer a health screening appointment within seven (7) calendar days after you or the DCF worker asks for it.
- The child's PCP must also give the child an appointment for a full medical exam within 30 calendar days after you or the DCF worker asks for it. If a shorter timeframe is required by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services schedule, the PCP must meet the shorter timeframe. For more information about EPSDT services, please see **Section 13 (Services for Children)** of this Handbook.

**F. Transportation**

As a MassHealth member, you may be able to get non-emergency transportation to and from your appointment for MassHealth-covered services, if you can't get to your appointments. To find out if you qualify for transportation benefits, please contact MassHealth at **800-841-2900 (TTY: 800-497-4648)**.

If you qualify for this benefit, your provider will complete and sign a Prescription for Transportation (PT-1) form on your behalf. It can take up to **three (3) business days** to process these requests. Your provider can call MassHealth if you need transportation sooner than that.

If you are approved for MassHealth transportation, MassHealth will assign a transportation broker to you. This broker will arrange rides for you when you need them. MassHealth will tell you how to contact the broker if they approve your request.

If you have an emergency and need an ambulance to get to an emergency room, your transportation will be covered. An ambulance for a health emergency is covered whether you are in Massachusetts or anywhere else in the United States or its territories.

## 9 Specialty Care and Referrals



You may need to see a specialist for certain health problems. A specialist is a doctor or other health care provider who has special training or expertise, practices a special kind of care, or provides special treatments. For example, if you have a problem with your heart, you may need to see a cardiologist (heart doctor). If you have a skin problem, you may see a dermatologist (skin doctor).

If you need to see a specialist, your PCP will work with the specialist to help coordinate your care and make sure you are getting what you need.

### A. Referral Requirements

You may need to get permission to see certain types of specialists. This permission is called a referral. If your primary care provider (PCP) feels that you need to see a specialist, he or she will refer you to one. You can ask your PCP to help coordinate any specialty care you need, even if you don't need a referral. To figure out if you need a referral, check with your PCP, check the Covered Services List in this packet, or call us. We are here to help.

If you do not get a referral to see a specialist that requires one, the specialist may not see you. If you get these services without a referral, MassHealth will not pay for them. You may need a referral even if you have seen that specialist before.

### B. Services that Never Need a Referral

You never need a referral for these services:

- emergency services
- behavioral health services
- pregnancy services
- family planning services

You do not need a referral to get care at participating C3 health centers but you should call first if you are planning to seek care at a different health center to ensure they can accommodate the visit. There may be other times when you don't need a referral. Check with your PCP or call us if you aren't sure whether you need a referral. You can also check the Covered Services List in this packet to see if a referral is required.

## 10 Prior Authorization



### A. What is Prior Authorization?

Before you can get some services or medicines, you need to get approval, also called “Prior Authorization.”

When your PCP or another provider thinks you need a service or medication that needs Prior Authorization, your provider must ask MassHealth for a Prior Authorization.

**For medical care**, MassHealth will decide when to approve Prior Authorization requests. MassHealth bases their decision on whether the service is medically necessary.

**For behavioral health care**, if a provider thinks you need a service that needs Prior Authorization, your provider will ask MBHP for that Prior Authorization. MBHP will decide when to approve Prior Authorization. They base their decision on whether the service is medically necessary. Please see **Section 11 (Behavioral Health Coverage)** of this Handbook, or call MBHP for more information about behavioral health Prior Authorization.

**For medications**, please see **Section 14 (Coverage for Medicines)** of this Handbook for more information on pharmacy services, including Prior Authorizations.

If you have questions about whether a service or medication needs Prior Authorization, you can ask your PCP, check the Covered Services List in this packet, or call MassHealth or MBHP (about behavioral health services). If you disagree with a Prior Authorization decision, you can appeal the decision. There are more details about the Appeals process in **Section 18 (Appeals)** of this Handbook.

### B. Timeframes for Prior Authorization Decisions

When your provider asks MassHealth for Prior Authorization, MassHealth has to make a decision (to approve or deny the request) within the following timeframes:

- **Transportation** – MassHealth has **seven (7) calendar days** (or the number of days needed to avoid serious risk to your health or safety)
- **Private-duty nursing services** – MassHealth has **14 calendar days** to decide
- **Durable medical equipment** – MassHealth has **15 calendar days** to decide
- **Some prescription medicine** – MassHealth has **24 hours** to decide (please see **Section 14 (Coverage for Medicines)** of this Handbook for more information about prescription drugs)
- **All other services** – MassHealth has **21 calendar days** to decide

For more details on Prior Authorization timeframes, please visit [www.mass.gov/eohhs/provider/insurance/masshealth/claims/prior-authorization/](http://www.mass.gov/eohhs/provider/insurance/masshealth/claims/prior-authorization/).

If MassHealth does not decide in these timeframes, you can file an Appeal. For more information about the Appeals process, see **Section 18 (Appeals)** of this Handbook.

If MassHealth approves the request for Prior Authorization, they will send a letter to your provider so you can get the services or medication.



MassHealth will also send letters if:

- they do not authorize any of the requested services or medicine
- they approve only some of the requested services or medicine
- they do not approve the full amount, time period, or scope of services or medicine requested

In any of these cases, MassHealth will send you information about your Appeal rights.

MassHealth will not pay for a service or medicine that needs Prior Authorization that they did not approve.

### **C. Prior Authorization – Preadmission Screening for Certain Hospital Stays**

MassHealth has to approve any elective hospital admission. Elective admissions are hospital stays that can be planned ahead of time. If you plan to be hospitalized for an elective procedure, your doctor or nurse will do the paperwork to ask for that approval on your behalf.

If MassHealth approves the request, they will send you and your provider a letter. You can get the requested services.

If MassHealth does not approve the request, they will send you a letter with their decision. You have the right to appeal the decision. For more information on the Appeals process, see **Section 18 (Appeals)** of this Handbook.

# 11 Your Behavioral Health (mental health and substance use) Coverage



If you need behavioral health (mental health or substance use) services, MBHP will work with you and your PCP to help you get the care you need.

You can look at the Covered Services List in this packet for more information about the behavioral health services covered by MassHealth.

If you need help getting behavioral health benefits or services, you can talk to your PCP or call MBHP. If you have any trouble, call us. We are here to help.

We will encourage your PCP and your behavioral health providers to work together to coordinate your care. We will also encourage your providers to use certain standard screening and assessment tools.

## A. The MBHP Member Engagement Center

The MBHP Member Engagement Center is the place to start to learn about the MBHP services available to you. Call the Member Engagement Center at **800-495-0086**. The team will help you understand the services available to you.

## B. Finding Behavioral Health (mental health and substance use) Providers

Visit MBHP's website at [masspartnership.com](http://masspartnership.com) and click "Find a Provider," or call MBHP to find a behavioral health provider in the MBHP network.

You do not need a referral from your PCP to see a behavioral health provider.

## C. Prior Authorization for Behavioral Health (mental health and substance use) Services

When your behavioral health provider thinks you need a service that needs Prior Authorization, your provider will ask MBHP for the Prior Authorization.

MBHP must make a decision on your provider's request within **14 calendar days** unless you, your provider, or MBHP asks for more time, which can be up to **14 extra**

**calendar days**. MBHP can ask for more time only if it's in your best interest and if they need more information to make a decision.

If your provider or MBHP thinks that taking **14 days** to decide will put your health at risk, MBHP will make a decision within **three (3) working days**. They could extend this timeframe by an additional **14 calendar days**, if you, your provider, or MBHP asks for more time. MBHP can ask for more time only if it is in your best interest and if they need more information to make a decision.

Any time that MBHP asks for more time, they will send you a letter to let you know the reasons. You have the right to file a Grievance if you don't agree with MBHP's reasons. Read more about filing a Grievance in **Section 17 (Grievances)** later in this Handbook.

If MBHP does not decide on the request in the required timeframes, you can file an Appeal with MBHP.

If MBHP approves the request, MBHP will pay for the service. They will send you a letter if MBHP:

- does not authorize any of the requested services.

- approves only some of the requested services.
- does not approve the full amount, time period, or scope of the services requested.

MBHP will **not pay** for a service that needs Prior Authorization that they do not approve.

You have the right to appeal the decision to MBHP. See **Section 18 (Appeals)** for more information on appealing MBHP decisions.

#### **D. Behavioral Health Services for Children**

At C3, we work with participating providers to make sure all members under age 21:

- are screened by qualified PCPs and behavioral health providers
- have access to medically necessary services under the Children’s Behavioral Health Initiative, including those through partnerships with Community Services Agencies. These services include:
  - Intensive care coordination
  - Family support and training services
  - In-home behavioral services (including behavior management therapy and monitoring)
  - Therapeutic mentoring services
  - In-home therapy services (including therapeutic clinical intervention and ongoing therapeutic training and support)
  - Youth Mobile Crisis Intervention Services (MCI)

For more details on EPSDT services, please see **Section 13 (Services for Children)** of this Handbook.

## 12 Pregnancy and Family Planning Services



When you find out you are pregnant, call MassHealth at **800-841-2900**, Monday – Friday, 8:00 a.m. to 5:00 p.m. You may be able to get more benefits to help you and your baby.

Make sure you are taking care of yourself. Your PCP or pregnancy care provider can help you learn what you can do to have a healthy baby. They can tell you how your pregnancy is going and if there are any problems, or how to stay healthy after you have your baby. Even if you've given birth before, every pregnancy is different. It's still important to get health services before, during, and after pregnancy.

### A. Pregnancy Care

Having a healthy pregnancy begins before you get pregnant.

When you are planning to get pregnant, you should see your PCP or a pregnancy care provider. You can see an obstetrician/gynecologist (OB/GYN) or a nurse midwife. If you need help finding an OB/GYN or nurse midwife, call us. We can help.

Your provider can talk to you about your health and help you plan ways to have a healthy birth.

As soon as you know you are pregnant, make an appointment with an OB/GYN or a nurse midwife. Early and regular prenatal care is very important to help you have a healthy baby and a safe delivery.

During your pregnancy, you should also see your OB/GYN or nurse midwife as often as he or she wants to see you.

After your baby is born, you should go for a check-up to make sure you are recovering from the delivery.

### B. Pregnancy Coverage

MassHealth covers all visits related to your pregnancy care. You don't need a referral from your PCP to see an OB/GYN or nurse midwife if you are pregnant. (You do not need a referral for most OB/GYN services. There may be other times when you do not need a referral. Ask your PCP or call us if you are not sure if you need a referral.)

You should tell your PCP when you become pregnant. Your PCP can help coordinate your care with your OB/GYN or nurse midwife. Since your PCP knows you and your health care history and needs, he or she can be a valuable resource to your OB/GYN or nurse midwife.

### C. Pregnancy and Oral Health

It is important to see your dentist regularly during pregnancy. When you are pregnant, your gums can become puffy and sensitive. They may bleed when you brush your teeth.

Taking care of your oral health can help you have a healthy pregnancy and a healthy baby. Brush your teeth twice a day, floss, and see a dentist regularly. These are a few simple ways to improve your oral health. Talk to your dentist about your oral health.

## D. Your New Baby

Remember to let MassHealth know as soon as your baby is born, so your baby can be enrolled in a health plan. Call MassHealth at **800-841-2900**, Monday – Friday, 8:00 a.m. to 5:00 p.m. You should also choose a doctor for your baby. You can call us for help choosing a PCP for your baby, but you will have to call MassHealth to let them know what pediatrician you choose for your baby.

You and your baby are entitled to receive covered medical services and items, including breast pumps that are covered by MassHealth. Your PCP can help coordinate your care and write a prescription for breast pumps as necessary.

## E. Family Planning

You can get family planning services from your PCP or from any MassHealth family planning provider. Some of the family planning services you can get include:

- family planning medical services
- family planning counseling
- some contraceptives
- pregnancy tests
- sterilization services
- abortion services
- follow-up health care

If you need help finding a family planning provider, your PCP can recommend one. You don't need a referral from your PCP to see a family planning provider.

## 13 Services for Children



MassHealth offers many services and benefits for children who are well and developing normally, and for children who may need special services.

### A. Preventive and Well-child Care for All Children

Children who are younger than age 21 should go to their PCP for checkups even when they are well. As part of a well-child checkup, your child's PCP will perform screenings to find out if there are any health problems.

These screenings include health, vision, dental, hearing, behavioral health, developmental, and immunization-status screenings.

Behavioral health screenings can help you and your PCP identify behavioral health concerns early. MassHealth requires PCPs to offer to check all children under the age of 21 for behavioral health (mental health and substance use) problems during each well-child visit. PCPs will use a short list of questions or a checklist that you or your child (if he or she is older) fills out and then talks about with the PCP. This list of questions or checklist is called a behavioral health screening tool.

You can ask which tool your child's PCP will use. You can ask for help in reading the questions. Using the tool will help the PCP better understand your child's strengths and needs. However, you can let your PCP know if you do not want your child's behavioral health to be screened.

If you are concerned with the way your child is acting or feeling, or your doctor or nurse thinks that your child needs to see a behavioral health provider, you can ask your PCP for help learning how to get these services. You can also call us or MassHealth, or MBHP, to learn how to get these services.

MassHealth pays your child's PCP for these checkups. At well-child checkups, your child's PCP can find and treat small problems before they become big ones. See **Section 6 (Partner with Your Health Care Providers)** of this Handbook for a schedule of when your child should see his or her PCP.

Children should also visit their PCP any time you are concerned about their medical, emotional, or behavioral health needs, even if it is not time for a regular checkup.

### B. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services for Members Enrolled in MassHealth Standard or CommonHealth

If you or your child is younger than 21 and enrolled in **MassHealth Standard** or **CommonHealth**, MassHealth will pay for all medically necessary services that are covered by federal Medicaid law. This coverage includes health care and services to diagnose and treat sickness. It also includes other services needed to correct or improve defects and physical, dental, and mental illnesses and conditions.

When your child's PCP (or any other clinician) finds a health condition, MassHealth will pay for any medically necessary treatment covered under Medicaid law by a qualified, MassHealth-enrolled provider. The doctor, nurse practitioner, physician assistant, or nurse midwife has to explain in writing the medical necessity of the service. You and your PCP can ask for help from MassHealth or MBHP to find providers for these services. You can also ask for help on how to use out-of-network providers, if necessary.

Most of the time, these services are covered by your or your child's MassHealth coverage type and are included on the Covered Services List. If the service is not already covered or is not on the list, the provider who will be delivering the service can ask MassHealth for Prior Authorization. MassHealth uses this process to make sure the service is medically necessary. If it is, MassHealth will give the authorization and pay for the service. If MassHealth does not give Prior Authorization, you have the right to appeal. See **Section 18 (Appeals)** of this Handbook for more details on the Appeals process. Talk to your or your child's PCP, behavioral health provider, or other specialist for help in getting these services.

### **C. Early Intervention Services for Children with Growth or Developmental Problems**

Some children need extra help to be healthy and develop normally. There are health care providers who specialize in early intervention services. These specialists help kids who need extra support. Some examples of early intervention specialists include:

- social workers
- nurses
- physical, occupational, and speech therapists

All of these early intervention specialists work with kids under **three (3) years** old. They also work with kids' families to make sure the child gets any extra support he or she might need. These services could be at home or in an early intervention center. Talk to your child's PCP as soon as possible if you think your child has growth or development problems. You can also find your local early intervention program directly by calling **800-905-8437** or visiting [www.massfamilyties.org/ei/eicity.php](http://www.massfamilyties.org/ei/eicity.php).

## 14 Coverage for Medicines



As a C3 member, you can get medications and some over-the-counter drugs. You can find details on which prescription and over-the-counter drugs MassHealth covers online at [masshealthdruglist.ehs.state.ma.us/MHDL](https://masshealthdruglist.ehs.state.ma.us/MHDL).

Your health care providers will prescribe medicine they feel you need. Your provider will even write you prescriptions for over-the-counter medicine.

You can fill your prescriptions at any pharmacy in Massachusetts that works with MassHealth. Call MassHealth to find a pharmacy near you, or visit [masshealth.ehs.state.ma.us/providerdirectory](https://masshealth.ehs.state.ma.us/providerdirectory).

### A. Prior Authorization for Prescription Drugs

Some drugs require Prior Authorization. That means that the doctor who prescribes you medicines will need to ask MassHealth for permission to prescribe the medicine. MassHealth decides based on whether the drug is medically necessary. MassHealth has **24 hours** to decide whether or not to approve the doctor's request for Prior Authorization. If they don't decide in **24 hours**, you have the right to appeal their decision. Please see **Section 18 (Appeals)** of this Handbook for more details on the Appeals process.

You can go online to [mass.gov/druglist](https://mass.gov/druglist) to see medications that require Prior Authorization.

### B. Pharmacy Copayments, Copayment Cap and Exclusions

When you pick up your medicines, you may need to pay a copayment. How much you pay depends on the type of medicine you get.

For more details on pharmacy copayments, copayment cap, and exclusions, please see Appendix A (Covered Services List and Referrals and Prior Authorizations for MassHealth Members enrolled in Community Care Cooperative (C3)).



## 15 Dental Services



MassHealth covers dental services for adults and children. Benefits vary depending on your MassHealth eligibility.

- Members who have MassHealth Standard and CommonHealth are eligible for all medically necessary dental services.
- Members younger than 21 in Family Assistance and Limited are covered for medically necessary dental services according to the coverage type. Some services may have to be approved by MassHealth before the dentist can provide them. The dentist will know which services these are. He or she will ask for approval if he or she thinks you need these services. You don't have to do anything to ask for approval.

You can look at the Covered Services List in this packet for more information about the dental services covered by MassHealth. Please call the MassHealth Customer Services Center at **800-841-2900** (TTY: **800-497-4638** for people with partial or total hearing loss, or who are speech disabled) if you have specific questions about dental services.

### A. Dental Services for Adults

MassHealth members aged 21 and older are eligible for dental services performed by a MassHealth dentist. Covered dental services for adults include:

- screenings
- cleanings
- fillings
- extractions
- dentures
- some oral surgeries

Please see the Covered Services List in this packet for more information about the dental services covered by MassHealth.

### B. Dental Services for Children (members younger than age 21)

For kids under 21, MassHealth pays for dental services, including screenings, fillings, sealants, cleanings, fluoride application, and many other dental treatments.

Routine exams are visits to the dentist for a dental checkup. Dental checkups are an important part of your child's overall health. The dentist will look in your child's mouth to see if your child's teeth and gums and the bones supporting the teeth are healthy.

During the exam, the dentist will see if your child needs any other dental services. Sometimes during the checkup the dentist will clean your child's teeth and take x-rays.

Your child should start going to the dentist when you see his or her first tooth appear, and no later than 12 months old. Your child's PCP will do a dental screening at each well-child checkup and may also apply a fluoride varnish to your child's teeth to prevent cavities. The PCP will remind you to take your child to a dentist for a full oral exam and cleaning. Everyone should see a dentist for this full exam every six months. You don't need a referral from your child's PCP to see a dentist for these services.

### C. How to Find a Dentist

MassHealth will pay for covered dental services only if the dentist providing them is enrolled in MassHealth.

If you have any questions about MassHealth covered dental services or need help finding a dentist near you, call the MassHealth Dental Customer Service at **800-207-5019** (TTY: **800-466-7566** for people with partial or total hearing loss, or who are speech disabled), 8:00 a.m. to 6:00 p.m., Monday through Friday.

MassHealth Dental Customer Service representatives can help you find a MassHealth dentist who is taking new patients. They can give you a list of dentists who are enrolled in MassHealth. The list is called the MassHealth Dental Provider Directory. The Dental Provider Directory is available online at [provider.masshealth-dental.net/MH\\_Find\\_a\\_Provider#/home](http://provider.masshealth-dental.net/MH_Find_a_Provider#/home).

## 16 Out-of-pocket Costs



**C3 does not charge you any fees.** There are no monthly costs for your C3 membership or for your MassHealth benefits. You may need to pay copayments to MassHealth for some medicines. MassHealth does not charge copayments for any other services.

### A. MassHealth Copayments, Copayment Cap and Out-of-pocket Costs

MassHealth requires copayments for some medicines. You do not need to pay a copayment or any other fees for medical services.

For more details on pharmacy copayments, copayment cap, and exclusions, please see Appendix A (Covered Services List and Referrals and Prior Authorizations for MassHealth Members enrolled in Community Care Cooperative (C3)).

This section also tells you what you should do if you cannot pay for your MassHealth copayments.

## 17 Grievances



We expect that you will be treated well when you get services provided by C3, your doctor or other provider, and when you use your benefits. However, there may be times when you are not satisfied with services or the care you get.

If you are unhappy with the services or care you get, you can file a Grievance. A Grievance is any expression of dissatisfaction.

Here are some examples:

- You were unhappy with the quality of care or services you got
- You were unhappy with aspects of how you were treated by our staff or by providers you saw
- Your rights were not respected by C3 staff or providers
- You are not happy with any action or inaction by MassHealth
- You don't agree with MassHealth's decision to extend the timelines for deciding your request for Prior Authorization or for deciding an Internal Appeal
- You don't agree with MassHealth's decision not to review your Appeal as an Expedited (fast) Internal Appeal.
  - It may best to first talk to your provider about your concern. If you don't want to talk to your provider, or if you don't like your provider's answer, you have the right to file a Grievance

### A. How to File a Grievance

You can file a Grievance to express dissatisfaction with C3, with MassHealth, or with MBHP.

#### A1. To File a Grievance with C3:

You have the right to file a Grievance with C3 about your care, your providers, or the services you get from C3.

If possible, you should talk to your provider about the problem first. If you cannot do that, or if you and your provider do not agree, you can file a Grievance with us, orally or in writing.

**To file a Grievance call us at 866-676-9226 (TTY: 711), or send your complaint in writing to:**

Community Care Cooperative  
Attention: Member Advocates - Grievances  
75 Federal Street, 7th Floor  
Boston, MA 02110

Please remember to give us complete information so we can help resolve the issue. We will review your Grievance. If possible, we will try to resolve the Grievance over the phone.

We have written policies and procedures for how we handle Grievances. We do not limit your access to the Grievance process. We do not discourage you from using this process. Our policy and procedure require that we acknowledge your Grievance orally or in writing within **two (2) business days** of receiving your Grievance. We will investigate your Grievance. We will resolve it within **30 calendar days** from the date we receive your Grievance. We will notify you of the outcome of this Grievance process within that same timeframe. Grievance resolutions are final; there are no more levels of Appeal.

Before we finish reviewing your Grievance, you or your representative can ask for more time (an extension) of up to **14 days**. We may also get a **14-day** extension if we need more information or time to investigate. We can get

that extension if it's in your best interest for us to have more time. If we need more time, we will send you a letter to tell you and explain why.

When you file a Grievance with C3, you can choose a representative to interact with us on your behalf. That person can help you with the filing process. Later in this section you can read more about how to choose a representative to act on your behalf. We will also help you if you need an interpreter or TTY services (for people who are deaf, hard of hearing, or speech disabled).

You have additional rights relating to Appeals. Please see **Section 18 (Appeals)** of this Handbook for more details on the Appeals process.

## A2. To File a Grievance with MassHealth:

You have the right to file a Grievance directly with MassHealth about any aspect of your care or your coverage.

If possible, you should talk to your provider about the problem first. If you cannot do that, or if you and your provider do not agree, you can call MassHealth at **800-841-2900 (TTY: 800-497-4648)** and ask for a Grievance form. Fill out that form and mail it to:

Director of Member Services  
MassHealth  
100 Hancock Street, 6th Floor  
Quincy, MA 02171

You can also write a letter about your Grievance and send it to the same address.

MassHealth will send you a letter to tell you when they receive your Grievance. MassHealth will review your Grievance. They may call you or your provider to get more information. MassHealth will contact you within **30 days** to let you know the result of your Grievance review.

When you file a Grievance with MassHealth, you can choose a representative to interact with MassHealth on your behalf. To choose a representative, you must give MassHealth a signed and dated letter that tells them the name of your representative. The letter needs to say that this person can act for you. You may also fill out an Authorized Representative Designation Form to do this. Call MassHealth to get this form or go to [mass.gov/eohhs/docs/masshealth/privacy/ard.pdf](https://mass.gov/eohhs/docs/masshealth/privacy/ard.pdf). You may also need to fill out a Permission to Share Information form. This form gives MassHealth permission to share information about you with your representative. Call MassHealth to get a Permission to Share Information form or go to [mass.gov/eohhs/docs/masshealth/privacy/psi.pdf](https://mass.gov/eohhs/docs/masshealth/privacy/psi.pdf).

## A3. To File a Grievance with MBHP:

You have the right to file a formal Grievance for any reason relating to your behavioral health care, including if:

- You were not treated with respect by MBHP staff or providers
- Your rights were not respected by MBHP staff or providers
- You are not happy with the service you or a family member got from an MBHP provider
- You are not happy with any other action or inaction by MBHP, unless it had to do with authorizing treatment or getting an appointment.
  - In those cases, you can file what's called an MBHP Internal Appeal.
- You don't agree with MBHP's decision to extend the timelines for deciding your request for Prior Authorization or for deciding an Internal Appeal
- You don't agree with MBHP's decision not to review your Appeal as an Expedited (fast) Internal Appeal
  - It may best to first talk to your provider about your concern. If you don't want to

talk to your provider, or if you don't like your provider's answer, you have the right to file a Grievance with MBHP

To file a Grievance about behavioral health-related issues, call MBHP at **800-495-0086**. MBHP will also help you if you need an interpreter or TTY services (for people who are deaf, hard of hearing, or speech disabled).

You can also write a letter to MBHP telling them about your Grievance. Send it to:

Massachusetts Behavioral Health Partnership (MBHP)  
Attn: Quality Management Specialist  
1000 Washington Street, Suite 310  
Boston, MA 02118-5002

When you file a Grievance with MBHP, you can choose a representative to interact with MBHP on your behalf. To choose a representative, you must give MBHP a signed and dated letter that tells MBHP the name of your representative. The letter needs to say that this person can act for you.

MBHP will send you a letter to tell you that they got your Grievance. MBHP will review your Grievance. They may call you or your provider to get more information.

MBHP will investigate and resolve your Grievance within **30 days**. MBHP will send you a letter when they decide.

Before MBHP finishes their review, you or your representative can ask for more time (an extension) of up to **14 days**. MBHP may also get a **14-day** extension if it's in your best interest and if they need more information to decide. If MBHP gets more time, they will send you a letter to tell you the reason.

## B. Naming a Representative for Your Grievance

You can name someone to represent you in a Grievance process. This means that you could ask someone you trust to file a Grievance on your behalf. Your representative should be someone who knows you (such as a family member or friend) and knows about your situation.

Your representative could also be someone who has the legal authority to act for you in making decisions about your health care or payment for health care. For example, a representative may be a guardian, holder of a power of attorney, or health care proxy.

If you want a friend, relative, or other person besides your provider to be your representative, you must sign the Authorized Representative Designation Form. You can find the form online at [mass.gov/eohhs/docs/mashealth/privacy/ard.pdf](https://mass.gov/eohhs/docs/mashealth/privacy/ard.pdf).

## C. Translation Services

If you speak or read any language other than English, including sign language, you can call us. We will give you free oral interpretation services.

Also, we translate most materials into Spanish. If you have any trouble understanding what we send you, please call us. We can help.

## 18 Appeals



An Appeal is a process where you can request review of certain actions. There is a government agency that oversees this process. The Executive Office of Health and Human Services (EOHHS), the government agency that operates the MassHealth program, is in charge of the Appeals process. There are a lot of details to this process. If you feel confused or need help filing an Appeal, please call us. We are here to help.

### A. Overview

As a MassHealth applicant or member, you have the right to appeal MassHealth or MBHP decisions, actions, or inactions if you disagree with them. You can also appeal if MassHealth or MBHP changes or denies a Prior Authorization (PA). The process for Appeals to MassHealth and MBHP are a little different. Each process is explained below.

You can appeal certain other actions or inactions by MassHealth about your medical and pharmacy benefits, for example, if MassHealth denied a request for a service you think you should get.

You can name someone to represent you in an Appeal process. This means that you could ask someone you trust to file an Appeal on your behalf. You can ask them to represent you at the Board of Hearings review of MassHealth's actions or inactions.

Your representative should be someone who knows you (such as a family member or friend) and knows about your situation. Your representative could also be someone who has the legal authority to act for you in making decisions related to your health care or payment for health care. For example, a representative may be a guardian, holder of a power of attorney, or health care proxy.

If you want a friend, relative, or other person besides your provider to be your representative, you must sign the Authorized Representative Designation Form. You can find the form online at [mass.gov/eohhs/docs/masshealth/privacy/ard.pdf](https://mass.gov/eohhs/docs/masshealth/privacy/ard.pdf).

### B. Appeals Regarding Health Services or Benefits

If you disagree with any MassHealth action or inaction, you have the right to receive a fair hearing from an impartial hearing officer of the Board of Hearings. For MassHealth, this is the only level of Appeal. The process for filing an Appeal to the Board of Hearings is explained in more detail in Section 18 E of this booklet.

For more details on the MassHealth Appeals process, visit [mass.gov/how-to/how-to-appeal-a-masshealth-decision](https://mass.gov/how-to/how-to-appeal-a-masshealth-decision) or call MassHealth.

### C. Appeals Regarding Behavioral Health Services or Benefits

A behavioral health service is a mental health or substance use service provided by a mental health or substance use provider in MBHP's provider network. MBHP manages the MassHealth behavioral health services and benefits for C3 members. The behavioral health Appeals process involves MBHP.

You can file an Appeal if you don't agree with actions or inactions by MBHP. Examples of actions or inactions you could file an Appeal for include:

- MBHP denied your request for a service, approved less service than you asked for, or said that a service you asked for is not covered
- MBHP reduced, suspended, or stopped a service MBHP had covered or approved for you in the past
- MBHP did not decide your request for Prior Authorization for a service within the time that they should have. See **Section 8 (Your Benefits and How to Get Them)** of this Handbook for more information about appointment timeframes
- You cannot get an appointment for behavioral health services within the time that you should be able to (**see Section 11 (Behavioral Health Coverage)** of this Handbook for more information about behavioral health services)

There are a few levels of Appeals for behavioral health services, including:

- **Internal Appeals** – The first step if you don't agree with any action or inaction about your care is called an Internal Appeal.
- **Expedited (fast) Appeals** – In cases where the normal review timeframes are too long, you or your health care provider can ask for the process to go faster. This is called an Expedited (or fast) Appeal.

- **Fair Hearing with the Board of Hearings** – If your Internal Appeal is denied, you can request an impartial review of the decision. This is called a fair hearing with the Board of Hearings. For more details about the Board of Hearings Appeal process go to Section 18 E of this booklet.

#### To file an Internal Appeal with MBHP:

You can file an Internal Appeal by calling or writing to MBHP:

Massachusetts Behavioral Health Partnership (MBHP)  
Attn: Appeals Coordinator  
1000 Washington Street, Suite 310  
Boston, MA 02118-5002

When you file an Internal Appeal with MBHP, please include:

- your full name
- the name of the service that you're appealing if your Appeal involves a decision by MBHP to:
  - deny your request for a service
  - approve less service than you asked for
  - not cover a service
  - reduce, suspend, or stop a service MBHP had covered or approved for you in the past
- why you feel MBHP should change the decision
- if you would like to keep the service during your Appeal

If MBHP denies your internal appeal, they will send you a notice. If you do not agree with the decision, you can file an appeal directly with the Board of Hearings. For more details about the Board of Hearings Appeal process go to Section 18 E of this booklet.

For details on how to file an MBHP Appeal and receive services during the Appeal process, please visit <https://www.masspartnership.com/pdf/MBHPInternalAppealProcess52311.pdf> or call MBHP.

## D. Expedited (fast) Appeals

If you have an urgent medical or behavioral health need and you think the normal timeframes for the Appeals process is too long, you, your representative, or your health care provider can ask MassHealth or MBHP to process your Appeal more quickly. This is called an Expedited (or fast) Appeal.

Please call MassHealth or MBHP to learn more about asking for a faster Appeals process.

## E. The Board of Hearings Appeals Process for Medical, Behavioral Health, and Other Services

You can ask for an Appeal with the MassHealth Board of Hearings if you don't agree with a MassHealth decision or if you disagree with the decision that MBHP made on your Internal Appeal. Appeals with the Board of Hearings are called fair hearings. You have the right to a fair hearing from an impartial hearing officer of the Board of Hearings.

Appeals relating to MBHP must first go through MBHP's Internal Appeals process. If you still don't agree with MBHP's decision, you can ask for a fair hearing.

You must file your Board of Hearings Appeal in writing within **30 calendar days** of the decision you want to appeal. To file an Appeal or to choose a representative for your Board of Hearings Appeal, you must fill out the Fair Hearing Request Form that comes with the notice about the decision. You can find the Fair Hearing Request Form online at [mass.gov/files/2017-06/fhr-1.pdf](https://mass.gov/files/2017-06/fhr-1.pdf).

If you are appealing an MBHP Internal Appeal decision, MBHP will help you complete the application for a hearing. For help, call the MBHP Clinical Access line at **800-495-0086**. You cannot request a behavioral health-related hearing at the Board of Hearings until you have gone through the MBHP Internal Appeal process unless MBHP did not decide your Appeal during the required timeframes.

## F. An Expedited (fast) Fair Hearing at the Board of Hearings

You can ask for an expedited (fast) fair hearing if

- you are appealing a decision to deny an acute hospital admission
- you are appealing MBHP's decision on an expedited (fast) Internal Appeal
- you are appealing a discharge or transfer from a nursing facility

If you want the Board of Hearings to handle your request as a fast fair hearing, you must ask for the fair hearing within **20 calendar days** from the day that you got the decision you are appealing. If you file between **21 and 30 calendar days** after you got the decision, the Board of Hearings will not make the hearing faster.

## G. Continuing Benefits During Your Fair Hearing at the Board of Hearings

If your fair hearing is about a decision to end, reduce, or stop a service that you get, you may want to keep the service during the fair hearing process. If you keep the service and lose the fair hearing, the cost of the service may not be paid for.

If you want to keep the service during the Appeal, you or your representative must send your fair hearing request within **10 calendar days** from the date of the letter from MassHealth that told you the service would change.

If you are appealing a decision by MBHP, you must file the Appeal within **10 calendar days** from the date of the letter telling you MBHP's decision on your Internal Appeal. You must also ask to keep your service during the Appeal process.



## H. After You File a Board of Hearings Appeal

You or your representative may read your case files to prepare for the Board of Hearings Appeal process. The Board of Hearings does not have MBHP files, so you must contact MBHP to get your files if you are appealing a decision by MBHP.

At the hearing, you may represent yourself or come with an attorney or other representative at your own expense.

If you do not understand English or are hearing or sight impaired, tell the Board of Hearings. They will get an interpreter or assistive technology.

## I. MassHealth Ombudsman

MassHealth provides an independent resource called the Ombudsman to help MassHealth members address questions, concerns or problems related to ACO membership or with access to ACO benefits and services. The Ombudsman can help you with any problems or concerns you may have with the ACO program, your MassHealth coverage, or C3.

The Ombudsman will listen to you, investigate the issue, and discuss options with you to help solve the problem. The Ombudsman works to make sure you can get your benefits and exercise your rights as an ACO member.

You can contact the Ombudsman in the following ways:

Phone: 1-855-781-9898 (Toll Free) or TTY: 711

Email: [info@myombudsman.org](mailto:info@myombudsman.org)

Office: 11 Dartmouth Street, Suite 301 Malden, MA 02148

Walk-in hours: Mondays 1:00 p.m. – 4:00 p.m. and Thursdays 9:00 a.m.–12:00 p.m. and by appointment (office is wheelchair accessible)

If you have any questions, you may also call C3 Member Advocates line at 1-866-676-9226 (TTY:711), Monday through Friday, 8:00 a.m. to 5:00 p.m.

## 19 Member Rights and Responsibilities



### A. Member Rights

As a C3 member, you are guaranteed certain rights. C3's job is to observe and protect these rights:

1. The right to clear information about C3, including in alternative formats if you have visual or other impairments
2. The right to be treated with respect and dignity by staff at C3 or any of your providers
3. The right to privacy and confidentiality in all interactions with C3 and our Affiliated Providers, unless we are otherwise required by law to share information. Please see **Section 21 (Notice of Privacy Practices)** of this Handbook for more about MassHealth privacy practices.
4. The right to get information on available treatment options and alternatives, presented in a way that you can understand. Information should be appropriate to your condition, culture, functional status, language needs, required modes of communication, and other accessibility needs.
5. The right to participate in all aspects of your care and to exercise all rights of Appeal
6. The right to be fully involved in maintaining your health and making decisions about your health care, including the right to refuse treatment, and to be appropriately informed and supported
7. The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, in accordance with applicable federal law
8. The right to ask for and get any of your medical records we may have, and be notified of the process for requesting amendments or corrections to your records
9. The right to be notified of these rights and considerations at least annually, in a way that you can understand. Notifications should take into consideration your culture, functional status, language needs, and required modes of communication.
10. The right to ask for and get C3 information at least once per year
11. The right to not be discriminated against because of your race, ethnicity, national origin, religion, sex, gender identity, age, sexual orientation, medical or claims history, mental or physical disability, genetic information, or source of payment
12. The right to have all C3 options and rules fully explained to you. If you speak a language other than English, you can ask for an interpreter when you call us. We provide free interpretation if you need it.
13. If you read a language other than English, you can get C3's printed materials read aloud to you in your language by calling us.
14. If you have trouble seeing or reading, you can call us to have our materials read aloud.
15. The right to choose a plan and Provider that you qualify for at any time during your annual Plan Selection Period, including the right to disenroll from C3 and enroll in another MassHealth ACO, a MassHealth MCO, or the MassHealth PCC Plan
16. The right to get timely information about changes to the benefits or programs offered by C3 at least **30 days** prior to the intended date of the change

17. The right to designate a representative if you are unable to participate fully in treatment decisions, including the right to have translation services available to make information appropriately accessible to you or your representative
18. The right to get a copy of and to approve your Care Plan, if any
19. The right to expect timely, accessible, Culturally and Linguistically Competent, and evidence-based treatments
20. The right to emergency care 24 hours a day, seven days a week from any hospital or other emergency care setting
21. The right to decide who is involved in your care team, including family members, advocates, or other providers of their choosing
22. The right to get a second opinion on a medical procedure
23. The right to experience care and to receive a Care Needs Screening and appropriate follow-up care
24. The right to have advance directives explained and to establish them. Please see **Section 20 (Advance Directives)** of this Handbook for more information on advance directives.
25. The right to file Grievances and the right to access EOHHS' Appeals processes. Please see **Sections 17 (Grievances)** and **18 (Appeals)** of this Handbook for more details about Grievances and Appeals.
26. The right to be protected from liability for payment of any fees that are C3's obligation
27. The right to freely exercise these rights

You can do anything on this list without worrying that any C3 or other MassHealth providers will treat you differently. Exercising your rights should not change your services and treatment. We cannot deny services or punish you for exercising your rights.

## B. Member Protections

C3 is responsible for making sure you are not limited in getting services that you need. C3 will:

- Make sure C3's participating PCPs make referrals to any provider, as appropriate, regardless of the provider's affiliation with C3. C3 does not restrict who our providers can refer to so long as they accept MassHealth.
- Not impede your access to or freedom of choice of providers
- Not reduce or impede your access to medically necessary services
- Make sure you can get emergency services from any provider, including but not limited to ESP or MCI providers, regardless of their affiliation with us

C3 will not request that EOHHS disenroll you or any other member from a C3 participating PCP for reasons related to your health, such as changes in your health status, missing medical appointments, obtaining medical services or declining a treatment. We will not influence participating PCPs to request that EOHHS disenroll a member or to not request that EOHHS disenroll a member from a participating PCP on behalf of the PCP for reasons related to the member health status.

However, we may ask EOHHS to disenroll you if you continuously behave in a way that is so disruptive that we or your PCP cannot provide care for you or other members of C3. We can only make you leave if we get permission from EOHHS first, and you will be informed of any attempts to do so.

### C. Member Responsibilities

As a member of C3, you have responsibilities listed below. If you have any questions, please call us.

- Read this Member Handbook to learn what is covered and what rules you need to follow to get covered services and drugs. For more details about your covered services, see **Section 8 (Your Benefits and How to Get Them)** of this Handbook or call MassHealth.
- Tell your doctor and other health care providers that you are enrolled in our plan. Show your C3 Member ID Card and your MassHealth ID Card every time you get services or drugs.
- Do not share your Member ID Cards. Letting other people use your Member ID Cards to access services is considered fraud.
- Help your doctors and other health care providers give you the best care.
  - Call your primary care provider or Care Manager when you need health care or within 48 hours of any emergency or out-of-network treatment.
  - Give your providers the information they need about you and your health. Be complete and accurate. Learn as much as you can about your health problems.
  - Follow the treatment plans and instructions that you and your providers agree on.
  - Make sure your doctors and other providers know about all the drugs you are taking. This includes prescription drugs, over-the-counter drugs, vitamins, and supplements.
  - Make sure you ask any questions that you have. Your doctors and other providers must explain things in a way you can understand. If you ask a question and you do not understand the answer, ask again.
- Understand the role of your primary care provider or your Care Manager in providing your care and arranging other health care services that you may need.
- Follow the Personal Care Plan you agree to.
- Understand your benefits and what is covered, and know what is not covered.
- Be considerate. We expect all our members to respect the rights of other patients and of the professionals providing care to you. We also expect you to act with respect in your doctor's office, hospitals, other providers' offices, and in your home when your providers are visiting you.
- Pay what you owe. As a MassHealth and C3 member, you are responsible for these payments:
  - If you get any services or drugs that are not covered by MassHealth, you must pay the full cost.
  - If you disagree with a MassHealth decision not to cover a service or drug, you can make an Appeal. Please see **Section 18 (Appeals)** to learn how to make an Appeal.
- Tell us and MassHealth if you move. If you are going to move, it is important to tell us and MassHealth right away.
- Tell us and MassHealth if your personal information changes. It is important to tell us right away if you have a change in personal information such as telephone, marriage, additions to the family, eligibility, or other health insurance coverage.

Call us at **866-676-9226 (TTY: 711)**, 8:00 a.m. – 5:00 p.m., Monday through Friday, for help if you have questions or concerns.

## 20 Advance Directives



An **advance directive** is a statement that you write or sign that says who you choose to make health care decisions for you if you get sick or injured and can't talk, write, or make those decisions for yourself.

There are two kinds of advance directives:

A **health care proxy** is your written permission for a family member or friend to make health care decisions for you in case you cannot make them yourself. This person is called your "agent" or "proxy." You can decide who that person is.

A **living will** lets you tell what kind of care you want or do not want if you cannot make your

own health care decisions. For example, you may not want to be kept alive using life support. Your living will helps your health care proxy make decisions for you. If you do not have a health care proxy or if your health care proxy is not available, the living will can help your providers know what your wishes are for your health care.

If you choose to sign a health care proxy or living will, you can change your mind at any time. You can write and sign new ones if you change your mind. You may want to talk to your PCP or a lawyer to learn more about advance directives. For more information, you can call us, MassHealth, or MBHP.

## 21 Notice of Privacy Practices



MassHealth has some information that explains how they may use or share health information about our members. This information is called the "Notice of Privacy Practices." You can get a copy by writing to:

MassHealth Customer Service Center  
55 Summer Street, 8th Floor  
Boston, MA 02110

You can also get a copy of this notice by going to [mass.gov/eohhs/docs/masshealth/privacy/npp-brochure.pdf](https://mass.gov/eohhs/docs/masshealth/privacy/npp-brochure.pdf)

To find out about how MBHP uses or shares behavioral health information, you can call MBHP at **800-495-0068**. You can get a copy of MBHP's Notice of Privacy Practices online at [masspartnership.com](https://masspartnership.com).

## 22 Non-discrimination Notice



Every company or agency that works with Medicaid must obey the law. One of the things this means is that you cannot be treated differently because of your race, disability, religion, sex, sexual orientation, gender identity, health, ethnicity, creed, age, or national origin.

If you think that you have not been treated fairly for any of these reasons, call the Department of Health and Human Services' Office for Civil Rights at **800-368-1019 (TTY: 800-537-7697)** for people who are deaf, hard of hearing, or speech disabled). You can also visit [hhs.gov/ocr/office/index.html](https://hhs.gov/ocr/office/index.html) for more information.

C3 obeys applicable Federal civil rights laws. We do not discriminate on the basis of race, color, national origin or ethnicity, age, disability, or sex. C3 does not exclude people or treat them differently because of race, color, national origin or ethnicity, age, disability, or sex.

Additionally, C3:

- Gives free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (such as large print, audio, accessible electronic formats, other formats)
- Offers free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please contact us.

If you believe that C3 has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a Grievance. If you need help filing a Grievance, we can help you. Please see **Section 17 (Grievances)** of this Handbook for more information on how to file a Grievance.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail:

U.S. Department of Health and Human Services  
200 Independence Avenue  
SW Room 509F, HHH Building  
Washington, D.C. 20201

Or you can call **800-368-1019 (TTY: 800-537-7697)**.

## 23 Glossary



Some of the terms we have used in this Handbook have specific meanings, defined here:

**Accountable Care Organizations (ACOs)** – organizations that contract with EOHHS to be accountable for the cost and quality of members' care

**Affiliated Providers** – providers that work with C3 in the MassHealth ACO program

**Alternative Formats** – formats of member information that take into consideration special needs of people who are visually limited or have limited reading skill. Examples of alternative formats include Braille, large font, audio tape, video tape, and read-aloud services.

**Appeals** – EOHHS processes for members to request review of certain actions

**Behavioral Health Services (or BH Services)** – mental health and substance use services

**Care Coordinator** – a clinician or other trained individual who coordinates member care and referrals

**Care Management** – coordinated activities to support member care

**Care Needs Screening** – a screening to identify members' care needs and other characteristics

**Care Plan** – the plan developed by the member and others involved in the member's care

**Children's Behavioral Health Initiative (CBHI)** – a program to strengthen, expand, and integrate Behavioral Health Services for Members younger than 21 into a comprehensive system of community-based, culturally competent care

**Children's Behavioral Health Initiative Services (CBHI Services)** – any of the following services:

Intensive Care Coordination (ICC), Family Support and Training, In-home Behavioral Services (including Behavior Management Therapy and Behavior Management Monitoring) and Therapeutic Mentoring Services, In-home Therapy Services (including Therapeutic Clinical Intervention and Ongoing Therapeutic Training and Support), and Mobile Crisis Intervention

**Clinical Care Manager** – a licensed Registered Nurse or other clinician who monitors, follows up, and coordinates or manages member care

**Community Partners (CPs)** – organizations certified by EOHHS to work with ACOs to ensure integration of care

**Comprehensive Assessment** – an assessment of a member's needs, goals, and other characteristics

**Culturally and Linguistically Appropriate Services (CLAS)** – health care services that are respectful of, and responsive to, members' cultural and linguistic needs in keeping with the CLAS standards set forth by the Office of Minority Health of the U.S. Department of Health and Human Services. More detail on CLAS standards may be found here: [minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf](https://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf)

**Disease Management** – C3's ongoing education and outreach services for specific diseases and/or conditions

**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)** – the delivery of health care services to MassHealth Standard and CommonHealth Members under the age of 21

**Emergency Services Programs (ESPs)** – Medically necessary services that are available seven days per week, 24 hours per day to assess, treat, or stabilize mental health or substance use issues

**Enrollee Information** – information for C3 members that includes a provider directory and member handbook

**Executive Office of Health and Human Services (EOHHS)** – the state agency responsible for administering the MassHealth program

**Grievance** – any expression of member dissatisfaction about any aspect of your care

**Long-term Services and Supports (LTSS)** – a wide variety of services and supports that help members meet their daily needs. Examples include assistance with bathing, dressing and other basic activities of daily life and self-care, as well as support for everyday tasks such as laundry, shopping, and transportation.

**MassHealth** – the medical assistance or benefit programs administered by EOHHS

**MassHealth ACO Program** – collectively, MassHealth’s Accountable Care Partnership Plans, MassHealth’s Primary Care ACOs, and MassHealth’s MCO-Administered ACOs

**Medicaid** – see MassHealth

**Medically Necessary** – services that prevent, diagnose, improve, or cure illness or other conditions or disabilities

**Member** – a person determined by EOHHS to be eligible for MassHealth

**Mobile Crisis Intervention (MCI)** – short-term, mobile, face-to-face services for youth experiencing a behavioral health crisis

**Nurse Advice Line (aka Clinical Advice and Support Line)** – a phone line for members to call for information and support

**Participating PCP** – a primary care provider (PCP) that contracts with C3 for the purposes of the MassHealth ACO program

**Primary Care** – the provision of coordinated, comprehensive medical services, including an initial medical history intake, medical diagnosis and treatment, communication of information about illness prevention, health maintenance, and referral services.

**Primary Care Provider (PCP)** – a clinician who provides Primary Care and refers members to most other health care services they need

**Providers** – an individual, group, facility, agency, institution, organization, or business that provides medical services to members

**Transitional Care Management** – coordination of any support services to arrange for safe and appropriate care after discharge from one level of care to another

**Urgent Care** – services that are not Emergency Services or routine services

**Wellness Initiatives** – health education activities to promote healthy behaviors and lifestyles



# APPENDIX

**Covered Services List and Referrals and  
Prior Authorizations for MassHealth Members enrolled  
in Community Care Cooperative (C3)**

# Covered Services List and Referrals and Prior Authorizations for MassHealth Members enrolled in Community Care Cooperative (C3)

## Overview

The covered services lists provide an overview of the covered services and benefits for MassHealth Standard and CommonHealth, Family Assistance, and CarePlus members enrolled in C3. All services and benefits are covered directly by MassHealth, except for behavioral health services, which are covered by the MassHealth behavioral health services contractor, the Massachusetts Behavioral Health Partnership (MBHP).

The covered services lists also show whether each service requires a referral (approval from your primary care clinician (PCC) or primary care provider (PCP)), prior authorization (permission from MassHealth or one of our vendors), or both to receive the service. There is more information about prior authorizations and referrals in your member handbook. Before you receive some services, providers may ask for information related to your health care needs to determine if the service is appropriate and to register you for the service with C3 (if required).

## How to use the covered services lists:

1. Find the list specific to your MassHealth coverage type:
  - **MassHealth Standard and CommonHealth**
  - **MassHealth Family Assistance**
  - **CarePlus**
2. Find a covered service in the left column of the chart. Some services may not be covered for all coverage types.
3. If the service is covered, look at the two right columns to see if you will need a referral or prior authorization (PA).

## Questions?

- Call **C3** at **866-676-9226 (TTY: 711** for people with partial or total hearing loss, or who are speech disabled), Monday through Friday, 8:00 a.m. – 5:00 p.m. If you have any questions about health care providers you can see, or about your C3 membership or benefits.
- Call the **MassHealth Customer Service Center** for more information about eligibility, services, benefits, claims or to ask questions at **(800) 841-2900** or **TTY at (800) 497-4648** for people who are deaf, hard of hearing, or speech disabled.
- For questions about behavioral health services, please call **MBHP** at **(800) 495-0086** or **TTY at (877) 509-6981** for people who are deaf, hard of hearing, or speech disabled.
- For more information about the pharmacy covered service, go to the **MassHealth Drug List** at **mass.gov/druglist**.
- For questions about dental services, please call **(800) 207-5019** or **TTY at (800) 466-7566** for people who are deaf, hard of hearing, or speech disabled or go to **masshealth-dental.net**.

Please keep in mind that MassHealth covered services and benefits change from time to time. The Covered Services Lists are for your general information only and should not serve as a sole resource for determining coverage (for example, there may be limits to what is covered for a service). MassHealth regulations control the covered services and benefits available to you. To access MassHealth regulations:

- Go to **MassHealth's website** at **mass.gov/masshealth** or Call the **MassHealth Customer Service Center** at **(800) 841-2900** or **TTY at (800) 497-4648** for people who are deaf, hard of hearing, or speech disabled Monday through Friday from 8:00 a.m. – 5:00 p.m.

# **MassHealth Standard and Commonwealth Covered Services**

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Emergency Services</b>		
Emergency Inpatient and Outpatient Services	No	No
<b>Medical Services</b>		
Abortion Services	No	No
Acupuncture Treatment – For use for pain relief or anesthesia	No	Yes
Acute Inpatient Hospital Services – Includes all inpatient services in an acute hospital, such as daily physician intervention, surgery, obstetrics, behavioral health, radiology, laboratory, and other diagnostic and treatment procedures. (May require pre-screening.)	No	No
Acute Outpatient Hospital Services – Services in a hospital’s outpatient department or satellite clinic. They are generally provided, directed, or ordered by a physician. Services include specialty care, observation services, day surgery, diagnostic services, and rehabilitation services.	Yes	Yes
<p><b>Adult Day Health Services</b> – Center-based services, offered by DPH licensed adult day health providers, have the general goal of meeting activities of daily living (ADLs) and/or skilled nursing and therapeutic needs and may include:</p> <ul style="list-style-type: none"> <li>• Nursing services and health oversight</li> <li>• Nutritional or dietary services</li> <li>• Care management and social service advocacy and support</li> <li>• Counseling activities</li> <li>• Transportation</li> </ul>	Yes	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p><b>Adult Foster Care (AFC) Services</b> – Community-based services provided to members 16 and older by a live-in caregiver that meet member’s need for assistance with:</p> <ul style="list-style-type: none"> <li>• Activities of daily living (ADLs) and</li> <li>• Instrumental activities of daily living (IADLs).</li> <li>• Nursing oversight and care management are provided by the AFC provider.</li> </ul>	Yes	No
<p><b>Ambulatory Surgery Services</b> – Surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures, including oral surgery, requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.</p>	Yes	Yes
<p><b>Audiologist (Hearing) Services</b> – Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.</p>	No	Yes
<p><b>Chiropractic Services</b> – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).</p>	No	Yes
<p><b>Chronic Disease and Rehabilitation Hospital (CDRH) Services</b> – Services in a chronic disease hospital or rehabilitation hospital. After 100 days in a CDRH, you will be transferred from your plan to MassHealth fee-for-service to keep receiving CDRH services. [Note: Members who also receive Nursing Facility Services will be transferred after 100 days of combined CDRH and Nursing Facility Services.]</p>	Yes	No

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Community Health Center Services</b> - Examples include:</p> <ul style="list-style-type: none"> <li>• Specialty office visits</li> <li>• OB/GYN services</li> <li>• Pediatric services, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services</li> <li>• Medical social services</li> <li>• Nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• Vaccines/immunizations</li> <li>• Health education</li> </ul>	<b>No</b>	<b>Yes</b>
<p><b>Day Habilitation Services</b> – Center-based services for members with intellectual or developmental disabilities offered by a day habilitation provider may include:</p> <ul style="list-style-type: none"> <li>• Nursing services and health care supervision</li> <li>• Developmental skills training</li> <li>• Individualized activities or therapies</li> <li>• Assistance with activities of daily living (ADLs)</li> </ul>	<b>No</b>	<b>No</b>
<p><b>Diabetes Self-Management Training</b> – Diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited qualified health care professionals (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dietitians).</p>	<b>No</b>	<b>Yes</b>
<p><b>Dialysis Services</b> – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis.</p>	<b>No</b>	<b>No</b>
<p><b>Durable Medical Equipment (DME)</b> –</p> <ul style="list-style-type: none"> <li>• Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items.</li> <li>• Enteral Nutritional Supplements (formula) and breast pumps (one per birth or as medically necessary) are covered under your DME benefit.</li> </ul>	<b>Yes</b>	<b>No</b>

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Early Intervention Services</b>	No	Yes
<b>Family Planning Services</b>	No	No
<b>Fluoride Varnish</b> – Fluoride varnish applied by pediatricians and other qualified health care professionals (physician assistants, nurse practitioners, registered nurses, and licensed practical nurses) to members under age 21, during a pediatric preventive care visit.	No	No
<b>Group Adult Foster Care (GAFC)</b> – Community-based services, provided to members 22 or older by a GAFC direct care aide that meet member’s need for assistance with: <ul style="list-style-type: none"> <li>• Activities of daily living (ADLs) and</li> <li>• Instrumental activities of daily living (IADLs).</li> <li>• Nursing oversight and care management are provided by the GAFC provider.</li> </ul>	No	No
<b>Hearing Aid Services</b>	Yes	Yes
<b>Home Health Services</b> – Skilled and supportive care services provided in the member’s home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy.	Yes	No
<b>Hospice Services</b> – Members should discuss with MassHealth or their health plan the options for receiving hospice services.	No	No
<b>Infertility Services</b> - Diagnosis of infertility and treatment of underlying medical condition.	Yes	Yes
<b>Intensive Early Intervention Services</b> – Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	Yes	No

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Laboratory Services</b> – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.	Yes	No
<b>Medical Nutritional Therapy</b> – Nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners).	No	Yes
<b>Nursing Facility Services</b> – Services in a nursing facility. After 100 days in a nursing facility, you will be transferred from your plan to MassHealth fee-for-service to keep receiving Nursing Facility Services. [Note: Members who also receive Chronic Disease Rehabilitation Hospital (CDRH) Services will be transferred after 100 days of combined CDRH and Nursing Facility Services.]	Yes	No
<b>Orthotic Services</b> – Braces (nondental) and other mechanical or molded devices to support or correct any defect of form or function of the human body.	Yes	No
<b>Oxygen and Respiratory Therapy Equipment</b>	Yes	No
<b>Personal Care Attendant</b> – Services to assist members with activities of daily living and instrumental activities of daily living, for example: <ul style="list-style-type: none"> <li>• Bathing</li> <li>• Dressing</li> <li>• Mobility/Transfers</li> <li>• Passive range of motion</li> <li>• Toileting</li> <li>• Eating</li> <li>• Medication management</li> </ul>	Yes	No
<b>Podiatrist Services</b> – Services for footcare	No	Yes



<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Primary Care (provided by member’s PCC or PCP) –</b> Examples include:</p> <ul style="list-style-type: none"> <li>• Office visits for primary care</li> <li>• Annual gynecological exams</li> <li>• Prenatal care</li> <li>• Diabetes self-management training</li> <li>• Tobacco cessation services</li> <li>• Fluoride varnish to prevent tooth decay in children and teens up to age 21</li> </ul>	<b>No</b>	<b>No</b>
<p><b>Private Duty Nursing/Continuous Skilled Nursing –</b> A nursing visit of more than two continuous hours of nursing services. This service can be provided by a home health agency, continuous skilled nursing agency, or an independent nurse.</p>	<b>Yes</b>	<b>No</b>
<p><b>Prosthetic Services</b></p>	<b>Yes</b>	<b>No</b>
<p><b>Radiology and Diagnostic Services –</b> Examples include:</p> <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• Magnetic resonance imagery (MRI) and other imaging studies</li> <li>• Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service</li> </ul>	<b>Yes</b>	<b>Yes</b>
<p><b>School Based Health Center Services –</b> All covered services delivered in School Based Health Centers (SBHCs), when such services are rendered by a hospital, hospital-licensed health center, or community health center.</p>	<b>Yes</b>	<b>Yes</b>
<p><b>Specialists –</b> Examples include:</p> <ul style="list-style-type: none"> <li>• Office visits for specialty care</li> <li>• OB/GYN (No referral needed for prenatal care and annual gynecological exam)</li> <li>• Medical nutritional therapy</li> </ul>	<b>No</b>	<b>Yes</b>

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Therapy Services</b> – Therapy services include diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functional capabilities and/or disease, injury, or congenital disorder. Examples include:</p> <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech/language therapy</li> </ul>	<b>Yes</b>	<b>Yes</b>
<p><b>Tobacco Cessation Services</b> – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).</p>	<b>No</b>	<b>No</b>
<p><b>Wigs</b> - As prescribed by a physician and related to a medical condition</p>	<b>Yes</b>	<b>No</b>
<b>Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services for children under age 21</b>		
<p><b>Screening Services</b> – Children should go to their Primary Care Provider (PCP) for preventive healthcare visits even when they are well. As part of these visits, PCPs can perform screenings that can identify health problems or risks. These screenings include physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems. Routine visits with a dental provider are also covered for children under age 21.</p>	<b>No</b>	<b>No</b>
<p><b>Diagnosis and Treatment Services</b> – Diagnostic testing is performed to follow up when a risk is identified. Treatment is used to control, correct, or reduce health problems.</p>	<b>Yes</b>	<b>Yes</b>
<b>Dental Services</b>		
<p><b>Adult Dentures</b> – Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over.</p>	<b>No</b>	<b>No</b>

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Diagnostic, Preventive, Restorative, and Major Dental Services</b> – Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults.	No	No
<b>Emergency-Related Dental Care</b>	No	No
<b>Oral Surgery</b> – Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition.	Yes	Yes
<b>Transportation Services</b>		
<b>Transportation Services: Emergency</b> – Ambulance (air and land) transport that generally is not scheduled but is needed on an emergency basis. These include specialty care transport (that is, an ambulance transport of a critically injured or ill member from one facility to another, requiring care beyond the scope of a paramedic).	No	No
<b>Transportation Services: Non-Emergency</b> – Transportation by land ambulance, chair car, taxi, and common carriers to transport a member to and from a covered service.	Yes	No
<b>Vision Services</b>		
<b>Vision Care</b> – Includes: <ul style="list-style-type: none"> <li>• Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, and whenever medically necessary</li> <li>• Vision training</li> <li>• Ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus</li> <li>• Bandage lenses</li> <li>• Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts</li> </ul>	Yes	Yes

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Pharmacy Services - See copay information at the end of this section.</b>		
Over-the-counter medicines	No	No
Prescription drugs	Yes	No
<b>Behavioral Health Services - Non 24-hour Diversionary Services</b>		
<p><b>Community Support Program (CSP)</b> – Services delivered by a community-based, mobile, multi-disciplinary team. These services help members with a long-standing mental health or substance use disorder diagnosis. Services support members, and their families, who are at increased medical risk, and children and adolescents whose behavioral health issues impact how well they can function at home or in the community. Services include outreach and supportive services.</p>	No	No
<p><b>Intensive Outpatient Program (IOP)</b> – A clinically intensive service that follows a discharge from an inpatient stay and helps members avoid readmission to an inpatient service and help move back to the community. The service provides coordinated treatment using a range of specialists.</p>	No	No
<p><b>Partial Hospitalization (PHP)</b> – These services offer short-term day mental health programming available seven days per week, as an alternative to inpatient hospital services. These services include daily psychiatric management.</p>	Yes	No
<p><b>Program of Assertive Community Treatment (PACT)</b> – A treatment team approach to providing acute, active, and long-term community-based mental health treatment, outreach, rehabilitation, and support. This service helps members to maximize their recovery, set goals, and be in the community. Services are provided in the community and are available 24 hours a day, seven days a week, 365 days a year, as needed.</p>	No	No

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Psychiatric Day Treatment</b> – Mental health services for members who do not need an inpatient hospital stay, but who needs more treatment than a weekly visit. Psychiatric day treatment includes diagnostic, treatment, and rehabilitative services.</p>	<p><b>No</b></p>	<p><b>No</b></p>
<p><b>Recovery Coaching</b> – A non-clinical service provided by peers who have lived experience with substance use disorder and who have been certified as recovery coaches. Members are connected with recovery coaches. Recovery coaches help members start treatment and serve as a guide to maintain recovery and to stay in the community.</p>	<p><b>No</b></p>	<p><b>No</b></p>
<p><b>Recovery Support Navigators (RSN)</b> – Specialized care coordination services for members who have substance use disorder. This service helps members to access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.</p>	<p><b>No</b></p>	<p><b>No</b></p>
<p><b>Structured Outpatient Addiction Program (SOAP)</b> – Substance use disorder services that are clinically intensive and offered in a structured setting in the day or evening. These programs can be used to help a member transition from an inpatient substance use disorder program. It can also be used by individuals who need more structured outpatient services for a substance use disorder. These programs may include specialized services for pregnant members, adolescents, and adults who need 24-hour monitoring.</p>	<p><b>No</b></p>	<p><b>No</b></p>

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Behavioral Health Services - 24-hour Diversionary Services</b>		
<p><i>Mental health and substance use disorder services used instead of inpatient hospital services. These services support a member returning to the community after an inpatient hospital stay, or help a member maintain functioning in the community.</i></p>		
<p><b>Acute Treatment Services (ATS) for Substance Use Disorders</b> – Services used to treat substance use disorders on a 24-hour, seven days a week basis. Services may include assessment; use of approved medications for addictions; individual and group counseling; educational groups; and discharge planning. Pregnant members receive specialized services. Members receive additional services to treat other mental health conditions.</p>	<p><b>No</b></p>	<p><b>No</b></p>
<p><b>Clinical Support Services for Substance Use Disorders</b> – 24-hour treatment services that can be used by themselves or after acute treatment services for substance use disorders. Services include education and counseling; outreach to families and significant others; medications for treating substance use disorders; referrals to primary care and community supports; and planning for recovery. Members with other mental health disorders receive coordination of transportation and referrals to mental health providers. Pregnant members receive coordination with their obstetrical care.</p>	<p><b>No</b></p>	<p><b>No</b></p>
<p><b>Community-Based Acute Treatment for Children and Adolescents (CBAT)</b> – Intensive mental health services in a secure setting on a 24-hour basis, with clinical staffing to ensure the safety of the child or adolescent. Treatment may include: checking medications; psychiatric assessment; nursing; one-to-one treatments to maintain the member’s safety (specialing); individual, group, and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing. This service may be used as an alternative to or transition from inpatient hospital services.</p>	<p><b>Yes</b></p>	<p><b>No</b></p>

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Community Crisis Stabilization</b> – Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.	<b>No</b>	<b>No</b>
<b>Transitional Care Unit (TCU)</b> – A community-based treatment program with high levels of supervision, structure, and support within an unlocked setting. This service serves children and adolescents under age 19 who are in the custody of the Department of Children and Families (DCF), who need group care or foster care, but who no longer require an acute level of care. This comprehensive service includes a therapeutic setting, psychiatry, case management, and treatments with a range of specialists.	<b>Yes</b>	<b>No</b>
<b>Behavioral Health Services - Substance Use Disorder Diversionary Services</b>		
<b>Adult Residential Rehabilitation Services for Substance Use Disorders</b> – Services for substance use disorder offered in a 24-hour residential setting. Services include: at least five hours of individual or group therapy each week; case management; education; and rehabilitation based in the residence. Some residential programs serve pregnant and post-partum members, and provide assessment and management of gynecological, obstetric, and other prenatal needs, and offer parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Members receive coordination of transportation and referrals to mental health providers to ensure treatment for any other mental health conditions.	<b>No</b>	<b>No</b>

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Co-occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour, safe, structured setting in the community. These services support the member’s recovery from substance use disorders and moderate to severe mental health conditions. The services support a move back into the community and a return to social, work, and educational roles. Services are provided to support recovery. Clinical services, additional outpatient levels of care, and access to prescribers for medications are available.</p>	<p>No</p>	<p>No</p>
<p><b>Family Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour residential setting for families in which a parent has a substance use disorder. Rehabilitative services that support parents and children are provided along with ongoing support for developing and maintaining interpersonal and parenting skills and support family reunification and stability. Members receive therapy, case management, education, and rehabilitation based in the residence.</p>	<p>No</p>	<p>No</p>
<p><b>Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour residential setting for youth ages 16 to 21 or young adults ages 18 to 25 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.</p>	<p>No</p>	<p>No</p>



MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p><b>Youth Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour residential setting for youth ages 13 to 17 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.</p>	No	No
<p><b>Behavioral Health Services - Inpatient Services</b></p>		
<p><i>24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.</i></p>		
<p><b>Administratively Necessary Day (AND) Services</b> – Day(s) of inpatient hospital services for members who are ready for discharge, but the right setting is not available. Services include appropriate continuing clinical services.</p>	No	No
<p><b>Inpatient Mental Health Services</b> – Inpatient hospital services to evaluate and treat acute psychiatric conditions.</p>	Yes	No
<p><b>Inpatient Substance Use Disorder Services</b> – Inpatient hospital services that provide medically directed care and treatment to members with complex withdrawal needs, as well as co-occurring medical and behavioral health conditions.</p>	No	No
<p><b>Observation/Holding Beds</b> – Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members.</p>	Yes	No

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Outpatient Behavioral Health Services</b>		
<b>Acupuncture Treatment</b> – The insertion of metal needles through the skin at certain points on the body as an aid to persons who are withdrawing from, or in recovery from, dependence on substances.	<b>No</b>	<b>No</b>
<b>Ambulatory Withdrawal Management</b> – Outpatient services for members who are experiencing a serious episode of excessive substance use or complications from withdrawal when neither life nor significant bodily functions are threatened.	<b>No</b>	<b>No</b>
<b>Applied Behavioral Analysis for members under 21 years of age (ABA Services)</b> – A service for a member under the age of 21 with Autism Spectrum Disorder diagnosis (ASD). It is used to treat challenging behaviors that interfere with a youth’s ability to function successfully. This service includes behavioral assessments; interpretation of behaviors; development of a treatment plan; supervision and coordination of treatments; and parent training to address specific goals.	<b>Yes</b>	<b>No</b>
<b>Assessment for Safe and Appropriate Placement (ASAP)</b> – An assessment for certain sexually abusive youth or arsonists who are in the care and custody of the Department of Children and Families (DCF), and who are being discharged from an inpatient or certain diversionary settings to a family home care setting. Services are provided through a DCF designated ASAP provider.	<b>No</b>	<b>No</b>
<b>Case Consultation</b> – A meeting between the treating provider and other behavioral health clinicians or the member’s primary care physician, concerning a member. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.	<b>No</b>	<b>No</b>

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Collateral Contact</b> – A communication between a provider and individuals who are involved in the care or treatment of a member under 21 years old. Providers may include school and day care personnel, state agency staff, and human services agency staff.	No	No
<b>Couples/Family Treatment</b> – Therapy and counseling to treat a member and their partner or family in the same session.	No	No
<b>Diagnostic Evaluation</b> – An assessment of a member’s functioning, used to diagnose and to design a treatment plan.	No	No
<b>Dialectical Behavioral Therapy (DBT)</b> – Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder.	No	No
<b>Family Consultation</b> – A meeting with family members or others who are important to the member and to a member’s treatment. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.	No	No
<b>Group Treatment</b> – Therapy and counseling to treat unrelated individuals in a group setting.	No	No
<b>Individual Treatment</b> – Therapy or counseling to treat an individual on a one-to-one basis.	No	No
<b>Inpatient-Outpatient Bridge Visit</b> – A single-session consultation led by an outpatient provider while a member is still in an inpatient psychiatric unit. This visit includes the member and the inpatient provider.	No	No

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Medication Visit</b> – A visit to evaluate the appropriateness of the member’s prescriptions for drugs used for behavioral health needs, as well as any need for monitoring by a psychiatrist or registered nurse clinical specialist for whether such drugs are useful and any side effects.</p>	<p>No</p>	<p>No</p>
<p><b>Opioid Treatment Services</b> – Supervised assessment and treatment of an individual, using medications approved by the Food and Drug Administration, along with a range of medical and rehabilitative services to relieve the effects of opiate addiction. Includes detoxification and maintenance treatment.</p>	<p>No</p>	<p>No</p>
<p><b>Psychiatric Consultation on an Inpatient Medical Unit</b> – A meeting between a psychiatrist or advanced practice registered nurse clinical specialist and a member at the request of the medical unit. It is used to assess the member’s mental status and to consult on a behavioral health plan, including proper medications, with the medical staff.</p>	<p>No</p>	<p>No</p>
<p><b>Psychological Testing</b> – Standardized tests used to assess a member’s cognitive, emotional, neuropsychological, and verbal functioning.</p>	<p>No</p>	<p>No</p>
<p><b>Special Education Psychological Testing</b> – Testing used toward the development of, or to determine the need for, an Individualized Educational Plan (IEP) for children.</p>	<p>No</p>	<p>No</p>

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Behavioral Health Services - Intensive Home and Community-Based Services for Youth</b>		
<i>Intensive behavioral health services provided to members in a community-based setting.</i>		
<p><b>Family Support and Training</b> – A service provided to the parent or caregiver of a youth under the age of 21 where the youth lives. The purpose of this service is to help with the youth’s emotional and behavioral needs by improving the capacity of the parent or caregiver to parent the youth. Services may include: education; help in identifying and navigating available resources; fostering empowerment; links to peer/parent support and self-help groups; coaching and training for the parent or caregiver. (Referral required by Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination.)</p>	<b>No</b>	<b>Yes</b>
<p><b>In-Home Behavioral Services</b> – This service usually includes a combination of behavior management therapy and behavior management monitoring, as follows:</p> <p><b>Behavior Management Therapy</b> – This service includes assessment, development of a behavior plan, and supervision and coordination of interventions to address specific behavioral goals or performance. This service addresses behaviors that interfere with the child’s successful functioning. The therapist develops and monitors objectives and interventions, including a crisis-response strategy, that are written into the child’s treatment plan. The therapist may also provide short-term counseling and assistance.</p> <p><b>Behavior Management Monitoring</b> – This service includes putting the behavior plan into effect, monitoring the child’s behavior, reinforcement of the plan by parents or other caregivers, and reporting to the behavior management therapist on progress toward goals in the behavior plan.</p>	<b>No</b>	<b>No</b>

<b>MassHealth Standard and CommonHealth Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>In-Home Therapy Services</b> – This service for children that often is delivered in a teamed approach, it includes a therapeutic clinical intervention and training and therapeutic support paraprofessional, as follows:</p> <p><b>Therapeutic Clinical Intervention</b> – A therapeutic relationship between a masters clinician and the child and family. The aim is to treat the child’s mental health needs by improving the family’s ability to support the healthy functioning of the child within the family. The clinician develops a treatment plan and works with the family to improve problem-solving, limit-setting, communication, and emotional support or other functions. The qualified clinician may often work with in a Therapeutic Training and Support paraprofessional.</p> <p><b>Therapeutic Training and Support</b> – A service provided by paraprofessional working under the direction of the Masters level clinician to support implementation of a licensed clinician’s treatment plan to achieve the goals of the treatment plan. This trained individual works with a master clinician to support a treatment plan that addresses the child’s mental health and emotional challenges.</p>	<b>No</b>	<b>No</b>
<p><b>Intensive Care Coordination</b> – A service that provides targeted case management services to individuals under 21 with a serious emotional disturbance (SED). This service includes assessment, development of an individualized care plan, referral, and related activities to put the care plan into effect and to monitor the care plan.</p>	<b>No</b>	<b>No</b>
<p><b>Therapeutic Mentoring Services</b> – This service provides a structured, one-to-one relationship between a therapeutic mentor and a child or adolescent up to the age of 21. Its goal is to address daily living, social, and communication needs. Goals are written into a treatment plan that is developed by the child or adolescent and their treatment team. The service includes supporting, coaching, and training the child or adolescent in age-appropriate behaviors, communication, problem-solving, conflict resolution, and relating to others in a healthy way. The therapeutic mentor works in settings such as home, school or community.</p>	<b>No</b>	<b>Yes</b>

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Other Behavioral Health Services</b>		
<p><b>Electro-Convulsive Therapy (ECT)</b> – A treatment that is used to treat depression that has not responded to medications and psychotherapy. This treatment initiates a seizure with an electric impulse while the individual is under anesthesia.</p>	Yes	No
<p><b>Emergency Services Program (ESP)</b> – Services provided to adults age 18 and over who are experiencing a behavioral health crisis. This service is provided by designated emergency service program providers or, in some cases, by outpatient hospital emergency departments. Services help identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.</p>	No	No
<p><b>Repetitive Transcranial Magnetic Stimulation (rTMS)</b> – A treatment that is used to treat depression that has not responded to medications and psychotherapy. In this treatment, rapidly changing magnetic fields are applied to the brain through a wire attached to the scalp.</p>	Yes	No
<p><b>Specialing</b> – Treatment services provided to a member in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual’s safety.</p>	Yes	No
<p><b>Youth Mobile Crisis Intervention</b> – Services for youth under the age of 21 who are experiencing a behavioral health emergency. This service includes short-term mobile, on-site, and face-to-face treatment. It is used to identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.</p>	No	No

# **MassHealth Family Assistance Covered Services**



<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Emergency Services</b>		
Emergency Inpatient and Outpatient Services	No	No
<b>Medical Services</b>		
Abortion Services	No	No
<b>Acute Inpatient Hospital Services</b> – Includes all inpatient services in an acute hospital, such as daily physician intervention, surgery, obstetrics, behavioral health, radiology, laboratory, and other diagnostic and treatment procedures. (May require pre-screening.)	No	No
<b>Acute Outpatient Hospital Services</b> – Services in a hospital’s outpatient department or satellite clinic. They are generally provided, directed, or ordered by a physician. Services include specialty care, observation services, day surgery, diagnostic services, and rehabilitation services.	Yes	Yes
<b>Ambulatory Surgery Services</b> – Surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures, including oral surgery, requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.	Yes	Yes
<b>Audiologist (Hearing) Services</b> – Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.	No	Yes
<b>Chiropractic Services</b> – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).	No	Yes

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Chronic Disease and Rehabilitation Hospital (CDRH) Services</b> – Services in a chronic disease hospital or rehabilitation hospital for up to 100 days per admission. You may be transferred from your plan to MassHealth fee-for-service to keep receiving CDRH services. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days per admission. [Note: Admission in a CDRH and a Nursing Facility will be treated as separate admissions, even if they occur within 30 days of one another. In those cases, up to 100 days of CDRH services and a separate 100 days of Nursing Facility Services are covered.]</p>	<b>Yes</b>	<b>No</b>
<p><b>Community Health Center Services</b> - Examples include:</p> <ul style="list-style-type: none"> <li>• Specialty office visits</li> <li>• OB/GYN services</li> <li>• Pediatric services, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services</li> <li>• Medical social services</li> <li>• Nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• Vaccines/immunizations</li> <li>• Health education</li> </ul>	<b>No</b>	<b>Yes</b>
<p><b>Diabetes Self-Management Training</b> – Diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited qualified health care professionals (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dietitians).</p>	<b>No</b>	<b>Yes</b>
<p><b>Dialysis Services</b> – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis.</p>	<b>No</b>	<b>No</b>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Durable Medical Equipment (DME)</b> – Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items.</p> <p>Enteral Nutritional Supplements (formula) and breast pumps (one per birth or as medically necessary) are covered under your DME benefit.</p>	Yes	No
<b>Early Intervention Services</b>	No	Yes
<b>Family Planning Services</b>	No	No
<p><b>Fluoride Varnish</b> – Fluoride varnish applied by pediatricians and other qualified health care professionals (physician assistants, nurse practitioners, registered nurses, and licensed practical nurses) to members under age 21, during a pediatric preventive care visit.</p>	No	No
<b>Hearing Aid Services</b>	Yes	Yes
<p><b>Home Health Services</b> – Skilled and supportive care services provided in the member’s home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy.</p>	Yes	No
<p><b>Hospice Services</b> – Members should discuss with MassHealth or their health plan the options for receiving hospice services.</p>	No	No
<p><b>Infertility Services</b> - Diagnosis of infertility and treatment of underlying medical condition.</p>	Yes	Yes
<p><b>Intensive Early Intervention Services</b> – Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.</p>	Yes	No

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Laboratory Services</b> – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.	Yes	No
<b>Medical Nutritional Therapy</b> – Nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners).	No	Yes
<b>Nursing Facility Services</b> – Services in a nursing facility for up to 100 days per admission. You may be transferred from your plan to MassHealth fee-for-service to keep receiving Nursing Facility Services. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days per admission. [Note: Admission in a CDRH and a Nursing Facility will be treated as separate admissions, even if they occur within 30 days of one another. In those cases, up to 100 days of CDRH services and a separate 100 days of Nursing Facility Services are covered.]	Yes	No
<b>Orthotic Services</b> – Braces (nondental) and other mechanical or molded devices to support or correct any defect of form or function of the human body.	Yes	No
<b>Oxygen and Respiratory Therapy Equipment</b>	Yes	No
<b>Podiatrist Services</b> – Services for footcare	No	Yes

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Primary Care (provided by member’s PCC or PCP) –</b> Examples include:</p> <ul style="list-style-type: none"> <li>• Office visits for primary care</li> <li>• Annual gynecological exams</li> <li>• Prenatal care</li> <li>• Diabetes self-management training</li> <li>• Tobacco cessation services</li> <li>• Fluoride varnish to prevent tooth decay in children and teens up to age 21</li> </ul>	<b>No</b>	<b>No</b>
<b>Prosthetic Services</b>	<b>Yes</b>	<b>No</b>
<p><b>Radiology and Diagnostic Services –</b> Examples include:</p> <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• Magnetic resonance imagery (MRI) and other imaging studies</li> <li>• Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service</li> </ul>	<b>Yes</b>	<b>Yes</b>
<p><b>School Based Health Center Services –</b> All covered services delivered in School Based Health Centers (SBHCs), when such services are rendered by a hospital, hospital-licensed health center, or community health center.</p>	<b>Yes</b>	<b>Yes</b>
<p><b>Specialists –</b> Examples include:</p> <ul style="list-style-type: none"> <li>• Office visits for specialty care</li> <li>• OB/GYN (No referral needed for prenatal care and annual gynecological exam)</li> <li>• Medical nutritional therapy</li> </ul>	<b>No</b>	<b>Yes</b>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Therapy Services</b> – Therapy services include diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functional capabilities and/or disease, injury, or congenital disorder.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech/language therapy</li> </ul>	<b>Yes</b>	<b>Yes</b>
<p><b>Tobacco Cessation Services</b> – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).</p>	<b>No</b>	<b>No</b>
<p><b>Wigs</b> - As prescribed by a physician and related to a medical condition</p>	<b>Yes</b>	<b>No</b>
<b>Preventative Pediatric Health-Care Screening &amp; Diagnosis Services (PPHSD)</b>		
<p><b>Screening Services</b> – Children should go to their Primary Care Provider (PCP) for preventive healthcare visits even when they are well. As part of these visits, PCPs can perform screenings that can identify health problems or risks. These screenings include physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems. Routine visits with a dental provider are also covered for children under age 21.</p>	<b>No</b>	<b>No</b>
<p><b>Diagnosis and Treatment Services</b> – Diagnostic testing is performed to follow up when a risk is identified. Treatment is used to control, correct, or reduce health problems.</p>	<b>Yes</b>	<b>Yes</b>
<b>Dental Services</b>		
<p><b>Adult Dentures</b> – Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over.</p>	<b>No</b>	<b>No</b>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Diagnostic, Preventive, Restorative, and Major Dental Services</b> – Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults.	<b>No</b>	<b>No</b>
<b>Emergency-Related Dental Care</b>	<b>No</b>	<b>No</b>
<b>Oral Surgery</b> – Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition.	<b>Yes</b>	<b>Yes</b>
<b>Transportation Services</b>		
<b>Transportation Services: Emergency</b> – Ambulance (air and land) transport that generally is not scheduled but is needed on an emergency basis. These include specialty care transport (that is, an ambulance transport of a critically injured or ill member from one facility to another, requiring care beyond the scope of a paramedic).	<b>No</b>	<b>No</b>
<b>Vision Services</b>		
<b>Vision Care</b> – Includes: <ul style="list-style-type: none"> <li>• Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, and whenever medically necessary</li> <li>• Vision training</li> <li>• Ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus</li> <li>• Bandage lenses</li> <li>• Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts</li> </ul>	<b>Yes</b>	<b>Yes</b>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Pharmacy Services</b> - See copay information at the end of this section.		
Over-the-counter medicines	No	No
Prescription drugs	Yes	No
<b>Behavioral Health Services - Non 24-hour Diversionary Services</b>		
<p><b>Community Support Program (CSP)</b> – Services delivered by a community-based, mobile, multi-disciplinary team. These services help members with a long-standing mental health or substance use disorder diagnosis. Services support members, and their families, who are at increased medical risk, and children and adolescents whose behavioral health issues impact how well they can function at home or in the community. Services include outreach and supportive services.</p>	No	No
<p><b>Intensive Outpatient Program (IOP)</b> – A clinically intensive service that follows a discharge from an inpatient stay and helps members avoid readmission to an inpatient service and help move back to the community. The service provides coordinated treatment using a range of specialists.</p>	No	No
<p><b>Partial Hospitalization (PHP)</b> – These services offer short-term day mental health programming available seven days per week, as an alternative to inpatient hospital services. These services include daily psychiatric management.</p>	Yes	No
<p><b>Program of Assertive Community Treatment (PACT)</b> – A treatment team approach to providing acute, active, and long-term community-based mental health treatment, outreach, rehabilitation, and support. This service helps members to maximize their recovery, set goals, and be in the community. Services are provided in the community and are available 24 hours a day, seven days a week, 365 days a year, as needed.</p>	No	No



<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Psychiatric Day Treatment</b> – Mental health services for members who do not need an inpatient hospital stay, but who needs more treatment than a weekly visit. Psychiatric day treatment includes diagnostic, treatment, and rehabilitative services.</p>	<b>No</b>	<b>No</b>
<p><b>Recovery Coaching</b> – A non-clinical service provided by peers who have lived experience with substance use disorder and who have been certified as recovery coaches. Members are connected with recovery coaches. Recovery coaches help members start treatment and serve as a guide to maintain recovery and to stay in the community.</p>	<b>No</b>	<b>No</b>
<p><b>Recovery Support Navigators (RSN)</b> – Specialized care coordination services for members who have substance use disorder. This service helps members to access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.</p>	<b>No</b>	<b>No</b>
<p><b>Structured Outpatient Addiction Program (SOAP)</b> – Substance use disorder services that are clinically intensive and offered in a structured setting in the day or evening. These programs can be used to help a member transition from an inpatient substance use disorder program. It can also be used by individuals who need more structured outpatient services for a substance use disorder. These programs may include specialized services for pregnant members, adolescents, and adults who need 24-hour monitoring.</p>	<b>No</b>	<b>No</b>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Behavioral Health Services - 24-hour Diversionary Services</b>		
<p><i>Mental health and substance use disorder services used instead of inpatient hospital services. These services support a member returning to the community after an inpatient hospital stay, or help a member maintain functioning in the community.</i></p>		
<p><b>Acute Treatment Services (ATS) for Substance Use Disorders</b> – Services used to treat substance use disorders on a 24-hour, seven days a week basis. Services may include assessment; use of approved medications for addictions; individual and group counseling; educational groups; and discharge planning. Pregnant members receive specialized services. Members receive additional services to treat other mental health conditions.</p>	<p>No</p>	<p>No</p>
<p><b>Clinical Support Services for Substance Use Disorders</b> – 24-hour treatment services that can be used by themselves or after acute treatment services for substance use disorders. Services include education and counseling; outreach to families and significant others; medications for treating substance use disorders; referrals to primary care and community supports; and planning for recovery. Members with other mental health disorders receive coordination of transportation and referrals to mental health providers. Pregnant members receive coordination with their obstetrical care.</p>	<p>No</p>	<p>No</p>
<p><b>Community-Based Acute Treatment for Children and Adolescents (CBAT)</b> – Intensive mental health services in a secure setting on a 24-hour basis, with clinical staffing to ensure the safety of the child or adolescent. Treatment may include: checking medications; psychiatric assessment; nursing; one-to-one treatments to maintain the member’s safety (specialing); individual, group, and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing. This service may be used as an alternative to or transition from inpatient hospital services.</p>	<p>Yes</p>	<p>No</p>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Community Crisis Stabilization</b> – Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.</p>	<b>No</b>	<b>No</b>
<p><b>Transitional Care Unit (TCU)</b> – A community-based treatment program with high levels of supervision, structure, and support within an unlocked setting. This service serves children and adolescents under age 19 who are in the custody of the Department of Children and Families (DCF), who need group care or foster care, but who no longer require an acute level of care. This comprehensive service includes a therapeutic setting, psychiatry, case management, and treatments with a range of specialists.</p>	<b>Yes</b>	<b>No</b>
<b>Behavioral Health Services - Substance Use Disorder Diversionary Services</b>		
<p><b>Adult Residential Rehabilitation Services for Substance Use Disorders</b> – Services for substance use disorder offered in a 24-hour residential setting. Services include: at least five hours of individual or group therapy each week; case management; education; and rehabilitation based in the residence. Some residential programs serve pregnant and post-partum members, and provide assessment and management of gynecological, obstetric, and other prenatal needs, and offer parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Members receive coordination of transportation and referrals to mental health providers to ensure treatment for any other mental health conditions.</p>	<b>No</b>	<b>No</b>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Co-occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour, safe, structured setting in the community. These services support the member’s recovery from substance use disorders and moderate to severe mental health conditions. The services support a move back into the community and a return to social, work, and educational roles. Services are provided to support recovery. Clinical services, additional outpatient levels of care, and access to prescribers for medications are available.</p>	<b>No</b>	<b>No</b>
<p><b>Family Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour residential setting for families in which a parent has a substance use disorder. Rehabilitative services that support parents and children are provided along with ongoing support for developing and maintaining interpersonal and parenting skills and support family reunification and stability. Members receive therapy, case management, education, and rehabilitation based in the residence.</p>	<b>No</b>	<b>No</b>
<p><b>Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour residential setting for youth ages 16 to 21 or young adults ages 18 to 25 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.</p>	<b>No</b>	<b>No</b>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Youth Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour residential setting for youth ages 13 to 17 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.</p>	<b>No</b>	<b>No</b>
<b>Behavioral Health Services - Inpatient Services</b>		
<i>24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.</i>		
<p><b>Administratively Necessary Day (AND) Services</b> – Day(s) of inpatient hospital services for members who are ready for discharge, but the right setting is not available. Services include appropriate continuing clinical services.</p>	<b>No</b>	<b>No</b>
<p><b>Inpatient Mental Health Services</b> – Inpatient hospital services to evaluate and treat acute psychiatric conditions.</p>	<b>Yes</b>	<b>No</b>
<p><b>Inpatient Substance Use Disorder Services</b> – Inpatient hospital services that provide medically directed care and treatment to members with complex withdrawal needs, as well as co-occurring medical and behavioral health conditions.</p>	<b>No</b>	<b>No</b>
<p><b>Observation/Holding Beds</b> – Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members.</p>	<b>Yes</b>	<b>No</b>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Outpatient Behavioral Health Services</b>		
<b>Acupuncture Treatment</b> – The insertion of metal needles through the skin at certain points on the body as an aid to persons who are withdrawing from, or in recovery from, dependence on substances.	<b>No</b>	<b>No</b>
<b>Ambulatory Withdrawal Management</b> – Outpatient services for members who are experiencing a serious episode of excessive substance use or complications from withdrawal when neither life nor significant bodily functions are threatened.	<b>No</b>	<b>No</b>
<b>Applied Behavioral Analysis for members under 21 years of age (ABA Services)</b> – A service for a member under the age of 21 with Autism Spectrum Disorder diagnosis (ASD). It is used to treat challenging behaviors that interfere with a youth’s ability to function successfully. This service includes behavioral assessments; interpretation of behaviors; development of a treatment plan; supervision and coordination of treatments; and parent training to address specific goals.	<b>Yes</b>	<b>No</b>
<b>Assessment for Safe and Appropriate Placement (ASAP)</b> – An assessment for certain sexually abusive youth or arsonists who are in the care and custody of the Department of Children and Families (DCF), and who are being discharged from an inpatient or certain diversionary settings to a family home care setting. Services are provided through a DCF designated ASAP provider.	<b>No</b>	<b>No</b>
<b>Case Consultation</b> – A meeting between the treating provider and other behavioral health clinicians or the member’s primary care physician, concerning a member. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.	<b>No</b>	<b>No</b>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Collateral Contact</b> – A communication between a provider and individuals who are involved in the care or treatment of a member under 21 years old. Providers may include school and day care personnel, state agency staff, and human services agency staff.</p>	No	No
<p><b>Couples/Family Treatment</b> – Therapy and counseling to treat a member and their partner or family in the same session.</p>	No	No
<p><b>Diagnostic Evaluation</b> – An assessment of a member’s functioning, used to diagnose and to design a treatment plan.</p>	No	No
<p><b>Dialectical Behavioral Therapy (DBT)</b> – Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder.</p>	No	No
<p><b>Family Consultation</b> – A meeting with family members or others who are important to the member and to a member’s treatment. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.</p>	No	No
<p><b>Group Treatment</b> – Therapy and counseling to treat unrelated individuals in a group setting.</p>	No	No
<p><b>Individual Treatment</b> – Therapy or counseling to treat an individual on a one-to-one basis.</p>	No	No
<p><b>Inpatient-Outpatient Bridge Visit</b> – A single-session consultation led by an outpatient provider while a member is still in an inpatient psychiatric unit. This visit includes the member and the inpatient provider.</p>	No	No

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Medication Visit</b> – A visit to evaluate the appropriateness of the member’s prescriptions for drugs used for behavioral health needs, as well as any need for monitoring by a psychiatrist or registered nurse clinical specialist for whether such drugs are useful and any side effects.</p>	<b>No</b>	<b>No</b>
<p><b>Opioid Treatment Services</b> – Supervised assessment and treatment of an individual, using medications approved by the Food and Drug Administration, along with a range of medical and rehabilitative services to relieve the effects of opiate addiction. Includes detoxification and maintenance treatment.</p>	<b>No</b>	<b>No</b>
<p><b>Psychiatric Consultation on an Inpatient Medical Unit</b> – A meeting between a psychiatrist or advanced practice registered nurse clinical specialist and a member at the request of the medical unit. It is used to assess the member’s mental status and to consult on a behavioral health plan, including proper medications, with the medical staff.</p>	<b>No</b>	<b>No</b>
<p><b>Psychological Testing</b> – Standardized tests used to assess a member’s cognitive, emotional, neuropsychological, and verbal functioning.</p>	<b>No</b>	<b>No</b>
<p><b>Special Education Psychological Testing</b> – Testing used toward the development of, or to determine the need for, an Individualized Educational Plan (IEP) for children.</p>	<b>No</b>	<b>No</b>



MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<b>Behavioral Health Services - Intensive Home and Community-Based Services for Youth</b>		
<i>Intensive behavioral health services provided to members in a community-based setting.</i>		
<p><b>In-Home Therapy Services</b> – This service for children that often is delivered in a teamed approach, it includes a therapeutic clinical intervention and training and therapeutic support paraprofessional, as follows:</p> <p><b>Therapeutic Clinical Intervention</b> – A therapeutic relationship between a masters clinician and the child and family. The aim is to treat the child’s mental health needs by improving the family’s ability to support the healthy functioning of the child within the family. The clinician develops a treatment plan and works with the family to improve problem-solving, limit-setting, communication, and emotional support or other functions. The qualified clinician may often work with in a Therapeutic Training and Support paraprofessional.</p> <p><b>Therapeutic Training and Support</b> – A service provided by paraprofessional working under the direction of the Masters level clinician to support implementation of a licensed clinician’s treatment plan to achieve the goals of the treatment plan. This trained individual works with a master clinician to support a treatment plan that addresses the child’s mental health and emotional challenges.</p>	<b>No</b>	<b>No</b>
<b>Other Behavioral Health Services</b>		
<p><b>Electro-Convulsive Therapy (ECT)</b> – A treatment that is used to treat depression that has not responded to medications and psychotherapy. This treatment initiates a seizure with an electric impulse while the individual is under anesthesia.</p>	<b>Yes</b>	<b>No</b>

<b>MassHealth Family Assistance Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Emergency Services Program (ESP)</b> – Services provided to adults age 18 and over who are experiencing a behavioral health crisis. This service is provided by designated emergency service program providers or, in some cases, by outpatient hospital emergency departments. Services help identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.</p>	<p><b>No</b></p>	<p><b>No</b></p>
<p><b>Repetitive Transcranial Magnetic Stimulation (rTMS)</b> – A treatment that is used to treat depression that has not responded to medications and psychotherapy. In this treatment, rapidly changing magnetic fields are applied to the brain through a wire attached to the scalp.</p>	<p><b>Yes</b></p>	<p><b>No</b></p>
<p><b>Specialing</b> – Treatment services provided to a member in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual’s safety.</p>	<p><b>Yes</b></p>	<p><b>No</b></p>
<p><b>Youth Mobile Crisis Intervention</b> – Services for youth under the age of 21 who are experiencing a behavioral health emergency. This service includes short-term mobile, on-site, and face-to-face treatment. It is used to identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.</p>	<p><b>No</b></p>	<p><b>No</b></p>

# **MassHealth CarePlus Covered Services**

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Emergency Services</b>		
Emergency Inpatient and Outpatient Services	No	No
<b>Medical Services</b>		
Abortion Services	No	No
<b>Acupuncture Treatment</b> – For use for pain relief or anesthesia	No	Yes
<b>Acute Inpatient Hospital Services</b> – Includes all inpatient services in an acute hospital, such as daily physician intervention, surgery, obstetrics, behavioral health, radiology, laboratory, and other diagnostic and treatment procedures. (May require pre-screening.)	No	No
<b>Acute Outpatient Hospital Services</b> – Services in a hospital’s outpatient department or satellite clinic. They are generally provided, directed, or ordered by a physician. Services include specialty care, observation services, day surgery, diagnostic services, and rehabilitation services.	Yes	Yes
<b>Ambulatory Surgery Services</b> – Surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures, including oral surgery, requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.	Yes	Yes
<b>Audiologist (Hearing) Services</b> – Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.	No	Yes

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Chiropractic Services</b> – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).	<b>No</b>	<b>Yes</b>
<b>Chronic Disease and Rehabilitation Hospital (CDRH) Services</b> – Services in a chronic disease hospital or rehabilitation hospital for up to 100 days. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days. [Note: Admission in a CDRH and a Nursing Facility will be treated as one admission. In those cases, 100 days of combined CDRH and Nursing Facility Services is covered.]	<b>Yes</b>	<b>No</b>
<b>Community Health Center Services</b> - Examples include: <ul style="list-style-type: none"> <li>• Specialty office visits</li> <li>• OB/GYN services</li> <li>• Pediatric services, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services</li> <li>• Medical social services</li> <li>• Nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• Vaccines/immunizations</li> <li>• Health education</li> </ul>	<b>No</b>	<b>Yes</b>
<b>Dialysis Services</b> – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis.	<b>No</b>	<b>No</b>
<b>Diabetes Self-Management Training</b> – Diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited qualified health care professionals (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dietitians).	<b>No</b>	<b>Yes</b>

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Durable Medical Equipment (DME) –</b></p> <ul style="list-style-type: none"> <li>• Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items.</li> <li>• Enteral Nutritional Supplements (formula) and breast pumps (one per birth or as medically necessary) are covered under your DME benefit.</li> </ul>	Yes	No
<p><b>Family Planning Services</b></p>	No	No
<p><b>Fluoride Varnish</b> – Fluoride varnish applied by pediatricians and other qualified health care professionals (physician assistants, nurse practitioners, registered nurses, and licensed practical nurses) to members under age 21, during a pediatric preventive care visit.</p>	No	No
<p><b>Hearing Aid Services</b></p>	Yes	Yes
<p><b>Home Health Services</b> – Skilled and supportive care services provided in the member’s home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy.</p>	Yes	No
<p><b>Hospice Services</b> – Members should discuss with MassHealth or their health plan the options for receiving hospice services.</p>	No	No
<p><b>Infertility Services</b> - Diagnosis of infertility and treatment of underlying medical condition.</p>	Yes	Yes
<p><b>Laboratory Services</b> – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.</p>	Yes	No

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Medical Nutritional Therapy</b> – Nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners).	<b>No</b>	<b>Yes</b>
<b>Nursing Facility Services</b> – Services in a nursing facility for up to 100 days. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days. [Note: Admission in a Nursing Facility and a CDRH will be treated as one admission. In those cases, 100 days of combined Nursing Facility and CDRH services is covered.]	<b>Yes</b>	<b>No</b>
<b>Orthotic Services</b> – Braces (nondental) and other mechanical or molded devices to support or correct any defect of form or function of the human body.	<b>Yes</b>	<b>No</b>
<b>Oxygen and Respiratory Therapy Equipment</b>	<b>Yes</b>	<b>No</b>
<b>Podiatrist Services</b> – Services for footcare	<b>No</b>	<b>Yes</b>
<b>Primary Care (provided by member’s PCC or PCP)</b> – Examples include: <ul style="list-style-type: none"> <li>• Office visits for primary care</li> <li>• Annual gynecological exams</li> <li>• Prenatal care</li> <li>• Diabetes self-management training</li> <li>• Tobacco cessation services</li> <li>• Fluoride varnish to prevent tooth decay in children and teens up to age 21</li> </ul>	<b>No</b>	<b>No</b>
<b>Prosthetic Services</b>	<b>Yes</b>	<b>No</b>

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Radiology and Diagnostic Services</b> – Examples include:</p> <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• Magnetic resonance imagery (MRI) and other imaging studies</li> </ul> <p>Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service.</p>	<b>Yes</b>	<b>Yes</b>
<p><b>Specialists</b> – Examples include:</p> <ul style="list-style-type: none"> <li>• Office visits for specialty care</li> <li>• OB/GYN (No referral needed for prenatal care and annual gynecological exam)</li> <li>• Medical nutritional therapy</li> </ul>	<b>No</b>	<b>Yes</b>
<p><b>Therapy Services</b> – Therapy services include diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functional capabilities and/or disease, injury, or congenital disorder.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech/language therapy</li> </ul>	<b>Yes</b>	<b>Yes</b>
<p><b>Tobacco Cessation Services</b> – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).</p>	<b>No</b>	<b>No</b>
<p><b>Wigs</b> - As prescribed by a physician and related to a medical condition</p>	<b>Yes</b>	<b>No</b>



<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Dental Services</b>		
<b>Adult Dentures</b> – Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over.	No	No
<b>Diagnostic, Preventive, Restorative, and Major Dental Services</b> – Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults.	No	No
<b>Emergency-Related Dental Care</b>	No	No
<b>Oral Surgery</b> – Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition.	Yes	Yes
<b>Transportation Services</b>		
<b>Transportation Services: Emergency</b> – Ambulance (air and land) transport that generally is not scheduled but is needed on an emergency basis. These include specialty care transport (that is, an ambulance transport of a critically injured or ill member from one facility to another, requiring care beyond the scope of a paramedic).	No	No
<b>Transportation Services: Non-Emergency</b> – Transportation by land ambulance, chair car, taxi, and common carriers to transport a member to and from a covered service.	Yes	No

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Vision Services</b>		
<p><b>Vision Care</b> – Includes:</p> <ul style="list-style-type: none"> <li>• Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, and whenever medically necessary</li> <li>• Vision training</li> <li>• Ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus</li> <li>• Bandage lenses</li> <li>• Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts</li> </ul>	<b>Yes</b>	<b>Yes</b>
<b>Pharmacy Services</b> - See copay information at the end of this section.		
<b>Over-the-counter medicines</b>	<b>No</b>	<b>No</b>
<b>Prescription drugs</b>	<b>Yes</b>	<b>No</b>
<b>Behavioral Health Services</b> - Non 24-hour Diversionary Services		
<p><b>Community Support Program (CSP)</b> – Services delivered by a community-based, mobile, multi-disciplinary team. These services help members with a long-standing mental health or substance use disorder diagnosis. Services support members, and their families, who are at increased medical risk, and children and adolescents whose behavioral health issues impact how well they can function at home or in the community. Services include outreach and supportive services.</p>	<b>No</b>	<b>No</b>
<p><b>Intensive Outpatient Program (IOP)</b> – A clinically intensive service that follows a discharge from an inpatient stay and helps members avoid readmission to an inpatient service and help move back to the community. The service provides coordinated treatment using a range of specialists.</p>	<b>No</b>	<b>No</b>

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Partial Hospitalization (PHP)</b> – These services offer short-term day mental health programming available seven days per week, as an alternative to inpatient hospital services. These services include daily psychiatric management.</p>	<b>Yes</b>	<b>No</b>
<p><b>Program of Assertive Community Treatment (PACT)</b> – A treatment team approach to providing acute, active, and long-term community-based mental health treatment, outreach, rehabilitation, and support. This service helps members to maximize their recovery, set goals, and be in the community. Services are provided in the community and are available 24 hours a day, seven days a week, 365 days a year, as needed.</p>	<b>No</b>	<b>No</b>
<p><b>Psychiatric Day Treatment</b> – Mental health services for members who do not need an inpatient hospital stay, but who needs more treatment than a weekly visit. Psychiatric day treatment includes diagnostic, treatment, and rehabilitative services.</p>	<b>No</b>	<b>No</b>
<p><b>Recovery Coaching</b> – A non-clinical service provided by peers who have lived experience with substance use disorder and who have been certified as recovery coaches. Members are connected with recovery coaches. Recovery coaches help members start treatment and serve as a guide to maintain recovery and to stay in the community.</p>	<b>No</b>	<b>No</b>
<p><b>Recovery Support Navigators (RSN)</b> – Specialized care coordination services for members who have substance use disorder. This service helps members to access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.</p>	<b>No</b>	<b>No</b>

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Structured Outpatient Addiction Program (SOAP) –</b> Substance use disorder services that are clinically intensive and offered in a structured setting in the day or evening. These programs can be used to help a member transition from an inpatient substance use disorder program. It can also be used by individuals who need more structured outpatient services for a substance use disorder. These programs may include specialized services for pregnant members, adolescents, and adults who need 24-hour monitoring.</p>	<b>No</b>	<b>No</b>
<b>Behavioral Health Services - 24-hour Diversionary Services</b>		
<p><i>Mental health and substance use disorder services used instead of inpatient hospital services. These services support a member returning to the community after an inpatient hospital stay, or help a member maintain functioning in the community.</i></p>		
<p><b>Acute Treatment Services (ATS) for Substance Use Disorders –</b> Services used to treat substance use disorders on a 24-hour, seven days a week basis. Services may include assessment; use of approved medications for addictions; individual and group counseling; educational groups; and discharge planning. Pregnant members receive specialized services. Members receive additional services to treat other mental health conditions.</p>	<b>No</b>	<b>No</b>
<p><b>Clinical Support Services for Substance Use Disorders –</b> 24-hour treatment services that can be used by themselves or after acute treatment services for substance use disorders. Services include education and counseling; outreach to families and significant others; medications for treating substance use disorders; referrals to primary care and community supports; and planning for recovery. Members with other mental health disorders receive coordination of transportation and referrals to mental health providers. Pregnant members receive coordination with their obstetrical care.</p>	<b>No</b>	<b>No</b>

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Community Crisis Stabilization</b> – Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.</p>	<b>No</b>	<b>No</b>
<b>Behavioral Health Services - Substance Use Disorder Diversionary Services</b>		
<p><b>Adult Residential Rehabilitation Services for Substance Use Disorders</b> – Services for substance use disorder offered in a 24-hour residential setting. Services include: at least five hours of individual or group therapy each week; case management; education; and rehabilitation based in the residence. Some residential programs serve pregnant and post-partum members, and provide assessment and management of gynecological, obstetric, and other prenatal needs, and offer parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Members receive coordination of transportation and referrals to mental health providers to ensure treatment for any other mental health conditions.</p>	<b>No</b>	<b>No</b>
<p><b>Co-occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour, safe, structured setting in the community. These services support the member’s recovery from substance use disorders and moderate to severe mental health conditions. The services support a move back into the community and a return to social, work, and educational roles. Services are provided to support recovery. Clinical services, additional outpatient levels of care, and access to prescribers for medications are available.</p>	<b>No</b>	<b>No</b>

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Family Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour residential setting for families in which a parent has a substance use disorder. Rehabilitative services that support parents and children are provided along with ongoing support for developing and maintaining interpersonal and parenting skills and support family reunification and stability. Members receive therapy, case management, education, and rehabilitation based in the residence.</p>	<b>No</b>	<b>No</b>
<p><b>Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders</b> – Services provided in a 24-hour residential setting for youth ages 16 to 21 or young adults ages 18 to 25 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.</p>	<b>No</b>	<b>No</b>
<b>Behavioral Health Services - Inpatient Services</b>		
<i>24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.</i>		
<p><b>Administratively Necessary Day (AND) Services</b> – Day(s) of inpatient hospital services for members who are ready for discharge, but the right setting is not available. Services include appropriate continuing clinical services.</p>	<b>No</b>	<b>No</b>
<p><b>Inpatient Mental Health Services</b> – Inpatient hospital services to evaluate and treat acute psychiatric conditions.</p>	<b>Yes</b>	<b>No</b>
<p><b>Inpatient Substance Use Disorder Services</b> – Inpatient hospital services that provide medically directed care and treatment to members with complex withdrawal needs, as well as co-occurring medical and behavioral health conditions.</p>	<b>No</b>	<b>No</b>

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<b>Observation/Holding Beds</b> – Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members.	Yes	No
<b>Outpatient Behavioral Health Services</b>		
<b>Acupuncture Treatment</b> – The insertion of metal needles through the skin at certain points on the body as an aid to persons who are withdrawing from, or in recovery from, dependence on substances.	No	No
<b>Ambulatory Withdrawal Management</b> – Outpatient services for members who are experiencing a serious episode of excessive substance use or complications from withdrawal when neither life nor significant bodily functions are threatened.	No	No
<b>Case Consultation</b> – A meeting between the treating provider and other behavioral health clinicians or the member’s primary care physician, concerning a member. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.	No	No
<b>Couples/Family Treatment</b> – Therapy and counseling to treat a member and their partner or family in the same session.	No	No
<b>Diagnostic Evaluation</b> – An assessment of a member’s functioning, used to diagnose and to design a treatment plan.	No	No
<b>Dialectical Behavioral Therapy (DBT)</b> – Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder.	No	No

<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Family Consultation</b> – A meeting with family members or others who are important to the member and to a member’s treatment. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.</p>	No	No
<p><b>Group Treatment</b> – Therapy and counseling to treat unrelated individuals in a group setting.</p>	No	No
<p><b>Individual Treatment</b> – Therapy or counseling to treat an individual on a one-to-one basis.</p>	No	No
<p><b>Inpatient-Outpatient Bridge Visit</b> – A single-session consultation led by an outpatient provider while a member is still in an inpatient psychiatric unit. This visit includes the member and the inpatient provider.</p>	No	No
<p><b>Medication Visit</b> – A visit to evaluate the appropriateness of the member’s prescriptions for drugs used for behavioral health needs, as well as any need for monitoring by a psychiatrist or registered nurse clinical specialist for whether such drugs are useful and any side effects.</p>	No	No
<p><b>Opioid Treatment Services</b> – Supervised assessment and treatment of an individual, using medications approved by the Food and Drug Administration, along with a range of medical and rehabilitative services to relieve the effects of opiate addiction. Includes detoxification and maintenance treatment.</p>	No	No
<p><b>Psychiatric Consultation on an Inpatient Medical Unit</b> – A meeting between a psychiatrist or advanced practice registered nurse clinical specialist and a member at the request of the medical unit. It is used to assess the member’s mental status and to consult on a behavioral health plan, including proper medications, with the medical staff.</p>	No	No



<b>MassHealth CarePlus Covered Services</b>	<b>Prior authorization required for some or all of the services?</b>	<b>Referral required for some or all of the services?</b>
<p><b>Psychological Testing</b> – Standardized tests used to assess a member’s cognitive, emotional, neuropsychological, and verbal functioning.</p>	<b>No</b>	<b>No</b>
<b>Other Behavioral Health Services</b>		
<p><b>Electro-Convulsive Therapy (ECT)</b> – A treatment that is used to treat depression that has not responded to medications and psychotherapy. This treatment initiates a seizure with an electric impulse while the individual is under anesthesia.</p>	<b>Yes</b>	<b>No</b>
<p><b>Emergency Services Program (ESP)</b> – Services provided to adults age 18 and over who are experiencing a behavioral health crisis. This service is provided by designated emergency service program providers or, in some cases, by outpatient hospital emergency departments. Services help identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.</p>	<b>No</b>	<b>No</b>
<p><b>Repetitive Transcranial Magnetic Stimulation (rTMS)</b> – A treatment that is used to treat depression that has not responded to medications and psychotherapy. In this treatment, rapidly changing magnetic fields are applied to the brain through a wire attached to the scalp.</p>	<b>Yes</b>	<b>No</b>
<p><b>Specialing</b> – Treatment services provided to a member in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual’s safety.</p>	<b>Yes</b>	<b>No</b>

# Copays

## Copays

A copay is a small amount that a member pays when they get health services. The only time that a member may have a copay is when they get certain prescription drugs. Most members pay the following pharmacy copays:

- \$1 for each prescription and refill for each generic drug and over-the-counter drug covered by MassHealth in the following drug classes: antihyperglycemics, antihypertensives, and antihyperlipidemics; and
- \$3.65 for each prescription and refill for all other generic, brand-name, and over-the-counter drugs covered by MassHealth that are not \$1 as outlined above or excluded.

If a member is receiving a 90-day supply of a MassHealth covered prescription drug, the total copay amount for that 90-day supply will still either be \$1 or \$3.65 as outlined above.

### The following prescriptions and refills do NOT have any pharmacy copays:

Drugs used for substance use disorder (SUD) treatment, such as medication-assisted therapy (MAT) (for example, Suboxone or Vivitrol),

- Certain preventive drugs such as low-dose aspirin for heart conditions, drugs used to prevent HIV, and drugs used to prepare for a colonoscopy,
- Certain vaccines and their administration,
- Family planning drugs or supplies, such as birth control pills (oral contraceptives),
- Drugs to help you stop smoking,
- Emergency services,
- Provider preventable services, or
- Other services described in MassHealth regulations (130 CMR 506.015 and 130 CMR 520.037).

Prescription drugs are the only benefit that may have copays. There are no copays for other covered services and benefits.

### Members who do NOT have pharmacy copays

Some members do not have to pay a copay at all. You do not have to pay a MassHealth copay for any service covered by MassHealth if:

- Your income is at or below 50% of the federal poverty level (FPL)
- You are eligible for MassHealth because you are receiving certain public assistance benefits such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program. See regulations at 130 CMR 506.015 and 130 CMR 520.037
- You are under 21 years old
- You are pregnant or you have recently given birth (you are in the postpartum period)
- You are receiving benefits under MassHealth Limited (Emergency Medicaid)
- You are a member who has MassHealth Senior Buy-In or MassHealth Standard, and you are receiving a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider,

- You are in a long-term care facility such as:
  - A nursing facility
  - Chronic-disease or rehabilitation hospital, or
  - Intermediate-care facility for individuals with intellectual disabilities or
  - You have been admitted to a hospital from such a facility or hospital
- You are receiving hospice services
- You were a foster care child and you are eligible for MassHealth Standard, until age 21 or 26 as described in regulations at 130 CMR 505.002(H),
- You are American Indian or an Alaska Native and you are currently receiving or have ever received services at the Indian Health Service (IHS), an Indian tribe, a tribal organization, or an urban Indian organization, or
- You are in another exempt category (see regulations at 130 CMR 506.015 or 130 CMR 520.037).

### Copay Cap

Members are responsible for MassHealth pharmacy copays up to a monthly limit, called a copay cap, not to exceed 2% of the member's monthly household income.

- A copay cap is the highest dollar amount that members can be charged in pharmacy copays in a month.
- MassHealth calculates a monthly copay cap for each member based on the lowest income in their household and their household size. MassHealth rounds the copay cap down to the nearest \$10 amount. No copay will be more than \$60. The following table shows what the member's final monthly copay cap will be:

<b>If the member's monthly copay cap is calculated to be:</b>	<b>The member's final monthly copay cap will be:</b>
\$0 to \$9.99	No Copays
\$10 to \$19.99	\$10
\$20 to \$29.99	\$20
\$30 to \$39.99	\$30
\$40 to \$49.99	\$40
\$50 to \$59.99	\$50
\$60 or More	\$60

- For example, if your monthly copay cap is \$12.50 in July, you will not be charged more than \$10 of copays in July. If your household income or family size changes in August, your monthly copay cap may change for August.

Members do not need to pay any more pharmacy copays once they have reached their pharmacy copay cap for the month. MassHealth will send members a letter when they reach the monthly copay cap. If the pharmacy tries to charge the member any more copays for that month, the member should show the pharmacy the letter and the pharmacy should not charge the copay. Members who do not receive a letter, or who have any questions, should call the MassHealth Customer Service Center. See contact information below.

### **Members who CANNOT pay the copay**

The pharmacy cannot refuse to give members their covered drugs even if they cannot pay the copay. However, the pharmacy can bill members later for the copay. Members must call the MassHealth Customer Service if a pharmacy does not give them the drugs. See contact information below.

### **Excluded Services**

The following services or supplies are not covered under MassHealth, unless they are medically necessary, or as noted.

- Cosmetic surgery. There are exceptions if MassHealth agrees it is necessary for
  - Treating damage following injury or illness;
  - Breast reconstruction following a mastectomy; or
  - Other procedures that MassHealth determines are medically necessary
- Treatment for infertility. This includes in-vitro fertilization (IVF) and gamete intrafallopian tube (GIFT) procedures
- Experimental treatment
- A service or supply that is not provided by, or at the direction of, your provider or MassHealth. There are exceptions for:
  - Emergency services
  - Family planning services
- Noncovered laboratory services
- Personal comfort items such as air conditioners, radios, telephones, and televisions

### **Contact**

If you have questions, call:

- Community Care Cooperative 866-676-9226 (TTY: 711), Monday – Friday 8:00 a.m. – 5:00 p.m. or visit [www.C3aco.org](http://www.C3aco.org)
- The MassHealth Customer Service Center, Monday – Friday from 8:00 a.m. – 5:00 p.m. at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

**Community Care Cooperative**

**866-676-9226**

**(TTY: 711)**

Monday – Friday

8:00 a.m. – 5:00 p.m.

[www.C3aco.org](http://www.C3aco.org)

**MassHealth Call Center**

**800-841-2900**

**(TTY) 800-497-4648**

Monday – Friday

8:00 a.m. – 5:00 p.m.

[Mass.gov/MassHealth](http://Mass.gov/MassHealth)



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