

MHSPY ATTACHMENT 3.8A
EXHIBIT I: SCHEDULE OF MHSPY COVERED SERVICES AND MASSHEALTH
MANAGED CARE SERVICES

A. MHSPY COVERED SERVICES: In return for the MHSPY capitation payment hereunder, the Contractor shall provide, at a minimum, all Medically Necessary care as defined in Section 1 of the HMO Contract, relating to services listed below. The Contractor and its subcontracted contractors shall not discriminate against Enrollees.

1. Inpatient Care

The Contractor shall provide all Medically Necessary inpatient services. Inpatient services shall include those services provided in:

- a. Acute care hospitals
- b. Chronic care & Rehabilitation facilities (Acute level)

Hospital accommodations shall be semi-private, unless an Enrollee's medical needs dictate a private room or unless such accommodations are not available at the time of admission.

2. Ambulatory Care

The Contractor shall provide all Medically Necessary Ambulatory Services. Ambulatory Services shall include but not be limited to the following:

- a. Physician Services: primary and specialist care
- b. Early Intervention Services
- c. Family Planning¹
- d. Abortions
- e. Emergency services: in and out of area
In-area emergency care is defined as those emergency services provided at a Contractor-affiliated or non-affiliated location inside the Contractor's Service Area.
Out-of-area emergency care is defined as emergency services provided in or en route to a hospital or hospital emergency room, in a clinic or physician's office, or any other site outside of the Contractor's Services area.
- f. Ambulatory Surgery
- g. Laboratory Services
- h. Radiology Services
- i. Therapies: Physical; Occupational; and Speech/Language.

¹ Under Federal Law a recipient may obtain family planning services from any Medicaid provider. (Therefore, MassHealth will pay if recipient wants to go outside of the HMO Network.) NOTE that abortion does not constitute a family planning service.

j. **Dental care:**

1. **Emergency:** Emergency treatment within 48 hours of injury to sound natural teeth and surrounding tissue and follow-up treatment by a Contractor dentist.
2. **Oral Surgery:** Oral surgery procedures performed by physicians

k. **Durable Medical Equipment (DME)²**

l. **Prosthetic devices**

m. **Oxygen/Respiratory**

n. **Vision Care:**

Eye exams shall be provided at a minimum of (i) once per year for Enrollees under the age of 21 and (ii) once per twenty-four (24) month period for Enrollees 21 and over. Examinations shall be done more frequently where Medically Necessary.

3. **Mental Health and Substance Abuse Services**

The Contractor shall provide all Medically Necessary MH/SA care services. MH/SA care services shall include but not be limited to:

a. **Inpatient Psychiatric:**

1. **Acute**
2. **Psychiatric Residential**
3. **Alcoholism treatment and drug rehabilitation**

b. **Outpatient:**

1. **MH Treatment/Counseling** for individuals, groups, couples and families.
2. **SA Treatment/Counseling**
3. **Continuing Care groups** for adolescents
4. **Continuing Care groups** for adolescents with substance abuse disorders
5. **Acupuncture Detoxification**
at a minimum 6 treatments for first 2 weeks and 3 treatments per week after the first 2 weeks.
6. **Methadone Maintenance**
1 dose/day and up to 4 methadone counseling sessions per week.
7. **Psychological Services (testing)**
8. **Diagnostic Services** including neuropsychological testing and medication evaluation.
9. **Psychiatric Day Treatment/Therapeutic Afterschool Programs**
10. **Partial Hospitalization**

² The Contractor shall provide, at a minimum, \$1500 per Calendar Year (CY) or the Contractor's coverage limit whichever is higher, of DME services and arrange for and coordinate the provision of any DME over \$1500 per CY provided by MassHealth as specified in Section 2.3.A.1.b of the Contract.

c. **Hospital Diversion/Crisis Services**

1. **Crisis Stabilization Services**
short term psychiatric treatment in structured, community based therapeutic environments.
2. **Observation/Holding Beds**
hospital level care for assessment, stabilization and identification of resources.

d. **Hospital Alternatives/24 Hour Placements**

1. **Intensive Residential Treatment**
treatment for up to 30 days in an intensive residential facility, including access to psychiatric consultation; educational services when appropriate; group and family therapy; and specialized placement for members needing such services.
2. **Respite beds, including shelter beds**

e. **Emergency Services**

1. **Crisis Intervention and Counseling**
an immediate on-site (home, school, community) therapeutic response, available 24 hours a day, involving face to face or direct telephone contact with MHSPY Enrollees exhibiting acute psychiatric symptoms and their families and other collaterals to alleviate problems which, if untreated, present an immediate threat to the MHSPY Enrollee or others.

4. **Home, School and Community Based Services**

The Contractor shall provide all Medically Necessary Home, School and Community Based Services. Home, School and Community Based Services shall include, but not be limited to the following:

- a. **Home-based Treatment Services**
in-home mental health treatment for families and/or individuals.
- b. **Parent training**
parenting and life skills training provided in the home and/or in group settings.
- c. **Home-based crisis intervention**
- d. **Behavior management consultation and training**
- e. **Parent Aides**
provide support to the Parent(s) of the MHSPY Enrollee re: parenting, life skills and implementing behavior plans.
- f. **Parent Support**
staff available by phone - 24 hour coverage
- g. **In-home respite care**

- h. **Individual Programming in Developmental Skill Areas**
individual programming in developmental skill areas; intensive therapeutic support; social rehabilitation; academic support; employment support:
 - 1. **Case aide**
paraprofessional aide engaged to support the child/adolescent in a variety of settings: home, school, recreational, vocational
 - 2. **Mentor** - adult engaged to develop a therapeutic trusting and nurturing relationship with the child/adolescent
- i. **School and Community-Based Services:**
 - 1. **Education and training for school and community staff** re: children/adolescents with serious emotional disturbance.
 - 2. **Clinical consultation to schools and staff in community settings** regarding a specific child
- j. **Non-traditional therapeutic support services to children in school and community settings**
- k. **Recreation/Camping**
 - 1. **Recreation**
activities to promote the physical, cultural and social development of children and adolescents (recreational activities can involve siblings and parents as well)
 - 2. **Day and Overnight Camping**
therapeutic and/or recreational camping on a day or overnight basis to promote the Member's physical, cultural and social development.
- l. **Transitional to Independent Living Supportive Services**
Transition to independent living supportive services are provided to MHSPY Enrollees who are in a group home or community-based setting for adolescents. Covered services include coordinating linkages to other community services and development of independent daily living skills such as shopping, housekeeping, accounting, food preparation, and transportation.
- m. **Flexible funds** - to address specific needs of the child/adolescent and family, as authorized by the MHSPY Care Manager.
- n. **Non-traditional services/providers** appropriate to the family's cultural preferences

5. **Support Services**

Transportation - transportation services not otherwise covered under MassHealth Managed Care Covered Services, Appendix B, Part B of this MHSPY Amendment.

6. Care Management and Individualized Service Planning

Case Management

Team Service Planning

Case consultation and collaboration with schools, courts, state agencies, other providers.

7. Home Health Care

The Contractor shall provide all Medically Necessary home health care services, including DME associated with such service without regard to any payment limit.²³

8. Long Term Care

- a. Skilled Nursing Facilities
Level I: up to 100 days per CY

9. Alternative Care

- a. Hospice
The Contractor is responsible for any hospice benefits that are provided in lieu of acute hospitalization.
- b. Private Duty Nursing
The Contractor is responsible for any Private Duty Nursing provided in lieu of acute hospitalization.

10. Other

- a. Transportation: Emergency Ambulance

B. MASSHEALTH MANAGED CARE COVERED SERVICES: While the following are services covered by MassHealth and not included in the MHSPY capitation rate, the Contractor shall inform MHSPY Enrollees or their Parents of the availability of such services and the processes for accessing those services. See Appendix C, Exhibit 2, and Section 2.4.1 of the HMO Contract.

1. Inpatient

- a. Administrative Necessary Days
- b. Chronic level hospitalization

2. Medical Services

- a. Durable medical equipment:
Durable goods³
Hearing aids
- b. Podiatry (Routine)
- c. Vision care: frames and lenses
- d. Dental care

3. Long Term Care

a. Skilled nursing facilities:

1. Level I -over 100 days
2. Level II
3. Level III

4. Alternative Care

- a. Adult Day Health
- b. Adult Foster Care
- c. Personal Care Attendant
(eg. Independent Living Centers)
- d. Hospice⁴
- e. Private duty nursing

5. Other

- a. Transportation: Taxi, chair car, dial-a-ride
- b. Pharmacy

³ Any DME that is medically necessary over \$1500/yr. Or the Contractor's limit, whichever is higher, excluding DME that is associated with medically necessary components of home health care services.

⁴ Hospice Services are those that are provided through any public or private organization that is primarily engaged in providing care to terminally ill individuals. The hospice model of care is based on a coordinated program of home and inpatient care, employing an interdisciplinary team to meet the special needs of terminally ill patients.