

COVERED SERVICES FOR MY CARE FAMILY MEMBERS

**My Care Family Covered Services for
MassHealth Standard & CommonHealth,
Family Assistance, and CarePlus**

Issued and effective March 1, 2018

mycarefamily.org



My Care Family offers care and coverage through
MassHealth by Greater Lawrence Family Health Center,
Lawrence General Hospital, and Neighborhood Health Plan.

Prior Authorization (PA) and Referral requirements for Covered Services for My Care Family Members with MassHealth Standard and CommonHealth Coverage

This is a list of Prior Authorization and/or Referrals requirements for all covered services and benefits for MassHealth Standard and CommonHealth members enrolled in My Care Family. My Care Family will coordinate all covered services listed below. It is your responsibility to always carry your My Care Family and your MassHealth identification cards and show them to your providers at all appointments.

You can call My Care Family Customer Service for more information about services and benefits. Please see the telephone number and hours of operation for My Care Family Customer Service at the bottom of every page of this document.

If you have questions about	Please call
Medical Services	My Care Family at 1-800-462-5449 or TTY: 711 for people with partial or total hearing loss. See below for hours of operation.
Behavioral Health Services	Beacon Health Options at 1-800-414-2820 or TTY: 711 for people with partial or total hearing loss.
Pharmacy Services	Go to My Care Family’s drug list at www.nhp.org/Pages/drug-lookup.aspx or call My Care Family Customer Service at 1-800-462-5449 or TTY: 711 for people with partial or total hearing loss.
Dental Services	DentaQuest Customer Service at 1-800-207-5019 or TTY at 1-800-466-.7566 or Translation Line at 1-800-207-5019. Hours: 8am to 6pm, Monday-Friday.

In the chart below, if the column under “**Prior Authorization Required for Some or All of the Services**” is marked with a “**Yes,**” some or all of these services will need Prior Authorization (PA) before receiving these services. Your provider will work with My Care Family to request a PA. If the column under “**Primary Care Provider (PCP) Referral Required for Some or All of the Services?**” is marker “**Yes,**” then some or all of these services require a referral from your PCP before receiving these services.

Please keep in mind that services and benefits change from time to time. This Prior Authorization (PA) and/or Referral Requirements for covered services listing is for your general information only. Please call My Care Family for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth’s Web site www.mass.gov/masshealth; or
- Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

MassHealth Standard & CommonHealth Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Emergency Services – Medical and Behavioral Health		
Emergency Transportation Services – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	No

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Emergency Inpatient and Outpatient Services	No	No
Emergency Services Programs - Medically Necessary services that are available seven days per week, 24 hours per day, to provide assessment, or treatment, or stabilization, or any combination of these services to any Enrollee who is experiencing a mental health or substance use disorder.	No	No
Youth Mobile Crisis Intervention - Youth (under the age of 21)-serving component of an Emergency Services Program (ESP) provider.	No	No
Medical Services		
Abortion Services	No	No
Acupuncture Treatment for pain relief or anesthesia.	Yes	No
Acute Inpatient Hospital Services includes all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures and includes Administratively Necessary Days (AND).	Yes	No
Adult Day Health Services Center-based services offered by adult day health providers may include: <ul style="list-style-type: none"> • nursing services and health oversight • therapy • assistance with activities of daily living • nutritional and dietary services • counseling activities • care management • transportation 	◆	◆
Adult Dentures – full and partial dentures, and repairs to said dentures, for adults ages 21 and over.	◆	◆
Adult Foster Care Services Residential based services offered by adult foster care providers may include: <ul style="list-style-type: none"> • assistance with activities of daily living, instrumental activities of daily living and personal care • care management • nursing services and oversight 	◆	◆
Ambulatory Surgery Services - outpatient, surgical, related diagnostic and medical and dental services	Yes	Yes

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Audiologist (Hearing) Services)	No	Yes
Breast Pumps – Breast pumps. One per birth or as medically necessary, including double electric pumps, are provided to expectant and new mothers as specifically prescribed by their attending physicians and consistent with state and federal law.	No	No
Chiropractic -- Chiropractic manipulative treatment, office visits, and radiology services. Limit of 20 visits during the calendar year.	No	No
Chronic Disease and Rehabilitation Hospital and Skilled Nursing Facility Services (The first 100 days are covered by My Care Family and covered by MassHealth thereafter.)	Yes	No
Day Habilitation Services Center based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include: <ul style="list-style-type: none"> • nursing services and health care supervision • developmental skills training • therapy services • assistance with activities of daily living 	◆	◆
Dental Services <ul style="list-style-type: none"> • Emergency related dental care (only when rendered in the ER) • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition • Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults. 	No Yes ◆	No Yes ◆
Dialysis Services	No	No
Durable Medical Equipment - <ul style="list-style-type: none"> • Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items. • Enteral Nutritional Supplements (formula) may be covered under your Durable Medical Equipment (DME) Benefit. 	Yes	No
Early Intervention Services	No	No
Family Planning Services	No	No
Group Adult Foster Care Services Services provided by group adult foster care providers are offered in a group supported housing environment and may include:	◆	◆

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<ul style="list-style-type: none"> • assistance with activities of daily living, instrumental activities of daily living and personal care • care management • nursing services and oversight 		
Hearing Aid Services	Yes	No
Home Health Services	Yes	No
Hospice Services	Yes	No
Infertility Diagnosis of infertility and treatment of underlying medical condition.	Yes	Yes
Intensive Early Intervention Services Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	◆	◆
Laboratory Services All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	Yes	No
Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individuals over age 21, certain limitations apply.	Yes	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> • outpatient surgical and related diagnostic, medical and dental services • office visits for primary care and specialists • OB/GYN and prenatal care • therapy services (physical, occupational and speech) • diabetes self-management training • medical nutritional therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens 	Yes	Yes
Oxygen & Respiratory Therapy Equipment	Yes	No
Personal Care Attendant Services to assist members with activities of daily living and instrumental activities of daily living, for example:	◆	◆

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<ul style="list-style-type: none"> • bathing • feeding • dressing • medication management 		
Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, Physician’s Assistants acting as Primary Care Providers, and Nurse Midwife Services For example: <ul style="list-style-type: none"> • office visits for primary care and specialists • OB/GYN and prenatal care • diabetes self-management training • medical nutritional therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens 	Yes	Yes
Podiatrist Services (Foot Care)	No	Yes
Private Duty Nursing/Continuous Skilled Nursing A nursing visit of more than 2 continuous hours of nursing services. This service can be provided by either a home health agency or independent nurse.	◆	◆
Prosthetic Services	Yes	No
Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> • X-Rays • magnetic resonance imagery (MRI) and other imaging studies • radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service. 	No Yes Yes	No No No
Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services (The first 100 days are covered by My Care Family and covered by MassHealth thereafter.)	Yes	No
Therapy Services For example: <ul style="list-style-type: none"> • occupational therapy • physical therapy • speech/language therapy 	Yes	No
Transportation Services (Non-Emergency) <ul style="list-style-type: none"> • Non-emergency transportation by land ambulance, chair car, taxi, and common 		

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carriers that generally are pre-arranged to transport an Enrollee to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border <ul style="list-style-type: none"> • Non-emergency transportation to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border 	◆ Yes	◆ No
Vision Care For example: <ul style="list-style-type: none"> • comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary; • vision training; • ocular prosthesis; • contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus; • bandage lenses; • Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts 	No No Yes Yes Yes ◆	Yes Yes No No No ◆
Wigs – as prescribed by a physician related to a medical condition	No	No
Pharmacy Services (See co-payment information in your Member Handbook.)		
Prescription Medicines	Yes	No
Over-the-Counter Medicines	Yes	No
Behavioral Health (Mental Health and Substance Use Disorder) Services		
Inpatient Services 24-hours services that provide clinical intervention for mental health or substance use diagnoses. Types:		
Inpatient Mental Health Services hospital services to evaluate and treat an acute psychiatric condition	Yes	No
Inpatient Substance Use Disorder Services (Level IV) hospital services that provide detoxification regime of medically directed care and treatment	No	No
Observation/Holding beds Hospital services for a period of up to 24 hours in order to assess, stabilize and identify appropriate resources for Enrollees	Yes	No

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Administratively Necessary Day (AND) Services day(s) of inpatient hospitalization for Enrollees who are ready for discharge, but an appropriate setting is not available	Yes	No
Residential Rehabilitation Services (Level 3.1)		
Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) 24-hours residential environment that provides a structured and comprehensive rehabilitation environment	*	*
Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) 24-hour residential environment for families in which an Enrollee has a substance use disorder and is either pregnant, has custody of a child, or has a physical reunification plan.	*	*
Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorder (Level 3.1) 24-hours developmentally appropriate residential environment with enhanced staffing support designed for either Transitional Age Youth or Young Adults	*	*
Youth Residential Rehabilitation Services for Substance Use Disorder (Level 3.1) 24-hours developmentally appropriate residential environment with enhanced staffing support specifically designed for youth, ages 13-17	*	*
Diversionsary Services those mental health or substance use disorder services which are provided as an alternative to inpatient services or provided to support a Member returning to the community after a 24-hour acute placement or to provide intensive support to maintain functioning in the community. These services are provided in a 24-hour facility or a non-24 hours setting.		
24-hour Diversionsary Services		
Community Crisis Stabilization services provided as an alternative to hospitalization, providing 24-hour observation and supervision	Yes Exception-Community Crisis stabilization through Emergency Service Provider (ESP) requires authorization only after the first day/night.	No
Community-Based Acute Treatment for Children and Adolescents (CBAT) mental health services provided on a 24-hours basis with sufficient clinical safe to ensure safety for children or adolescents	Yes	No
Acute Treatment Services (ATS) for Substance Use Disorders (Level III.7) 24-hour medically monitored addition treatment services that provide evaluation and withdrawal management	No	No
Clinical Support Services for Substance Use Disorders (Level III.5) 24-hour treatment services which can be used independently or following an Acute	No	No

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Treatment Services for SUDs		
Transitional Care Unit (TCU) community-based therapeutic programs offering high levels of supervision, support and intensity of service	Yes	No
Non-24-hour Diversionary Services		
Community Support Program (CSP) an array of services delivered by a community-based, mobile multidisciplinary team	Yes	No
Partial Hospitalization (PHP) an alternative to inpatient services, PHP offers short-term day mental health programming available 5 to 7 days a week	Yes	No
Psychiatric Day Treatment a program of a combination of diagnostic, treatment and rehabilitative services	Yes After 6 months of treatment	No
Structure Outpatient Addition Program (SOAP) Clinically intensive, structured day and/or evening SUD services	No	No
Intensive Outpatient Program (IOP) A clinically-intensive service designed to improve functional status, provide stabilization in the community, divert an admission to Inpatient Service	Yes	No
Recovery Coaching A non-clinical service provided by peers who have SUD experience and are certified Recovery Coaches	No	No
Recovery Support Navigators a specialized care coordination services intended to engage Enrollees with SUD in accessing and continuing SUD treatment	No	No
Outpatient Behavioral Health Services		
Family Consultation Meeting with Enrollee's family to identify and plan for services, coordinate a treatment plan and review progress or revise the treatment plan	No	No
Case consultation A meeting with the treating provider, PCP and other BH professionals to identify and plans for services, coordinate a treatment plan, review progress, and revise the treatment plan	No	No
Diagnostic Evaluation An assessment of an Enrollee's level of functioning to diagnose and design a treatment plan	Yes After 12 Initial Encounters per CY are exhausted	No

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Dialectical Behavioral Therapy (DBT) An outpatient treatment that combines strategies from behavioral cognitive and supportive psychotherapies	Yes	No
Psychiatric Consultation on an Inpatient Medical Unit meeting between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and an Enrollee at the request of the medical unit to assess the Enrollee's mental status and consult on a behavioral health or psychopharmacological plan	No	No
Medication Visit an individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist	No	No
Couples/Family Treatment psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session	Yes After 12 Initial Encounters per CY are exhausted	No
Group Treatment psychotherapeutic or counseling techniques in the treatment of a group	No	No
Individual Treatment psychotherapeutic or counseling techniques in the treatment of an individual	Yes After 12 Initial Encounters per CY are exhausted	No
Inpatient-Outpatient Bridge visit consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit	Yes After 12 Initial Encounters per CY are exhausted	No
Assessment for Safe and Appropriate Placement (ASAP) an assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists	Yes	No
Collateral Contact a communication between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age	Yes	No
Acupuncture Treatment - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction	No	No
Opioid Replacement Therapy medically monitored administration of methadone, Buprenorphine , or other U.S. Food	No	No

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and Drug Administration (FDA)-approved medications to opiate-addicted individuals, in conformance with FDA and Drug Enforcement Administration (DEA) regulations		
Ambulatory Detoxification (Level II.d) outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications	No	No
Psychological testing - the use of standardized test instruments to assess a Covered Individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing	Yes	No
Special Education Psychological Testing psychological, emotional or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special education programs pursuant to Mass Gen. Law 71B	Yes	No
Applied Behavioral Analysis service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior.	Yes	No
Intensive Home and Community-Based Services for Youth		
Family Support Training a service provided to the parent /caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home and other community settings	Yes	No
Intensive Care Coordination a service that provides targeted case management services to individuals under 21 with a Serious Emotional Disturbance including individuals with co-occurring conditions	Yes	No
In-home Behavioral Services – this service usually includes a combination of behavior management therapy and behavior management monitoring	Yes	No
In-home Therapy Services a service provided to the parent /caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home and other community settings	Yes	No
Therapeutic Mentoring Services This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs	Yes	No

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Other Behavioral Health Services		
Electro-Convulsive Therapy (ECT) a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH	Yes	No
Specialing therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety	Yes	No
Enrollees under age 21 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.		
Screening Services	No	No
Diagnosis and Treatment Services	Yes	Yes

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Emergency Inpatient and Outpatient Services	No	No

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MassHealth Family Assistance Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Emergency Services Programs - Medically Necessary services that are available seven days per week, 24 hours per day, to provide assessment, or treatment, or stabilization, or any combination of these services to any Enrollee who is experiencing a mental health or substance use disorder.	No	No
Youth Mobile Crisis Intervention - Youth (under the age of 21)-serving component of an Emergency Services Program (ESP) provider.	No	No
Medical Services		
Abortion Services	No	No
Acute Inpatient Hospital Services includes all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures and includes Administratively Necessary Days (AND).	Yes	No
Adult Dentures – full and partial dentures, and repairs to said dentures, for adults ages 21 and over.	◆	◆
Ambulatory Surgery Services - outpatient, surgical, related diagnostic and medical and dental services	Yes	Yes
Audiologist (Hearing) Services)	No	Yes
Breast Pumps – Breast pumps. One per birth or as medically necessary, including double electric pumps, are provided to expectant and new mothers as specifically prescribed by their attending physicians and consistent with state and federal law.	No	No
Chiropractic -- Chiropractic manipulative treatment, office visits, and radiology services. Limit of 20 visits during a calendar year.	No	No
Chronic or Rehabilitation Hospital Services – services, for all levels of care, provided at either a chronic or rehabilitation hospital, or any combination thereof, 100 days per Contract Year per Enrollee. *	Yes	No
Dental Services <ul style="list-style-type: none"> • Emergency related dental care • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition • Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults. 	No Yes ◆	No Yes ◆
Dialysis Services	No	No
Durable Medical Equipment - <ul style="list-style-type: none"> • Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items. 	Yes	No

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MassHealth Family Assistance Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
<ul style="list-style-type: none"> • Enteral Nutritional Supplements (formula) may be covered under your Durable Medical Equipment (DME) Benefit. 		
Early Intervention Services	No	No
Family Planning Services	No	No
Hearing Aid Services	Yes	No
Home Health Services	Yes	No
Hospice Services	Yes	No
Infertility Diagnosis of infertility and treatment of underlying medical condition.	Yes	Yes
Intensive Early Intervention Services Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	◆	◆
Laboratory Services All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	Yes	No
Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individuals over age 21, certain limitations apply.	Yes	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> • outpatient surgical and related diagnostic, medical and dental services • office visits for primary care and specialists • OB/GYN and prenatal care • therapy services (physical, occupational and speech) • diabetes self-management training • medical nutritional therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens 	Yes	Yes
Oxygen & Respiratory Therapy Equipment	Yes	No
Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services For example: <ul style="list-style-type: none"> • office visits for primary care and specialists 	Yes	Yes

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MassHealth Family Assistance Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
<ul style="list-style-type: none"> • OB/GYN and prenatal care • diabetes self-management training • medical nutritional therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens 		
Podiatrist Services (Foot Care)	No	Yes
Preventive Pediatric Health Screening and Diagnostic Services - children, adolescents and young adults who are under 21 years old and are enrolled in the Family Assistance Plan are entitled to Preventive Pediatric Healthcare Screening and Diagnosis Services.	Yes	Yes
Prosthetic Services	Yes	No
Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> • X-Rays • magnetic resonance imagery (MRI) and other imaging studies • radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service. 	No Yes Yes	No No No
Therapy Services For example: <ul style="list-style-type: none"> • occupational therapy • physical therapy • speech/language therapy 	Yes	No
Vision Care For example: <ul style="list-style-type: none"> • comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary; • vision training; • ocular prosthesis; • contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus; • bandage lenses; • Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts 	No No Yes Yes Yes ◆	Yes Yes No No No ◆
Wigs – as prescribed by a physician related to a medical condition	No	No
Pharmacy Services (See co-payment information in your Member Handbook.)		

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MassHealth Family Assistance Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Prescription Medicines	Yes	No
Over-the-Counter Medicines	Yes	No
Behavioral Health (Mental Health and Substance Use Disorder) Services)		
Inpatient Services 24-hours services that provide clinical intervention for mental health or substance use diagnoses. Types:		
Inpatient Mental Health Services hospital services to evaluate and treat an acute psychiatric condition	Yes	No
Inpatient Substance Use Disorder Services (Level IV) hospital services that provide detoxification regime of medically directed care and treatment	No	No
Observation/Holding beds Hospital services for a period of up to 24 hours in order to assess, stabilize and identify appropriate resources for Enrollees	Yes	No
Administratively Necessary Day (AND) Services day(s) of inpatient hospitalization for Enrollees who are ready for discharge, but an appropriate setting is not available	Yes	No
Residential Rehabilitation Services (Level 3.1)		
Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) 24-hours residential environment that provides a structured and comprehensive rehabilitation environment	*	*
Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) 24-hour residential environment for families in which an Enrollee has a substance use disorder and is either pregnant, has custody of a child, or has a physical reunification plan.	*	*
Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorder (Level 3.1) 24-hours developmentally appropriate residential environment with enhanced staffing support designed for either Transitional Age Youth or Young Adults	*	*
Youth Residential Rehabilitation Services for Substance Use Disorder (Level 3.1) 24-hours developmentally appropriate residential environment with enhanced staffing support specifically designed for youth, ages 13-17	*	*
Diversionsary Services those mental health or substance use disorder services which are provided as an alternative to inpatient services or provided to support a Member returning to the community after a 24-hour acute placement or to provide intensive support to maintain functioning in the community. These services are provided in a 24-hour facility or a non-24 hours setting.		

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MassHealth Family Assistance Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
24-hour Diversionary Services		
Community Crisis Stabilization services provided as an alternative to hospitalization, providing 24-hour observation and supervision	Yes Exception-Community Crisis stabilization through Emergency Service Provider (ESP) requires authorization only after the first day/night.	No
Community-Based Acute Treatment for Children and Adolescents (CBAT) mental health services provided on a 24-hours basis with sufficient clinical safe to ensure safety for children or adolescents	Yes	No
Acute Treatment Services (ATS) for Substance Use Disorders (Level III.7) 24-hour medically monitored addition treatment services that provide evaluation and withdrawal management	No	No
Clinical Support Services for Substance Use Disorders (Level III.5) 24-hour treatment services which can be used independently or following an Acute Treatment Services for SUDs	No	No
Transitional Care Unit (TCU) community-based therapeutic programs offering high levels of supervision, support and intensity of service	Yes	No
Non-24-hour Diversionary Services		
Community Support Program (CSP) an array of services delivered by a community-based, mobile multidisciplinary team	Yes	No
Partial Hospitalization (PHP) an alternative to inpatient services, PHP offers short-term day mental health programming available 5 to 7 days a week	Yes	No
Psychiatric Day Treatment a program of a combination of diagnostic, treatment and rehabilitative services	Yes After 6 months of treatment	No
Structure Outpatient Addition Program (SOAP) Clinically intensive, structured day and/or evening SUD services	No	No
Intensive Outpatient Program (IOP) A clinically-intensive service designed to improve functional status, provide stabilization in the community , divert an admission to Inpatient Service	Yes	No
Recovery Coaching A non-clinical service provided by peers who have SUD experience and are certified Recovery Coaches	No	No
Recovery Support Navigators a specialized care coordination services intended to engage Enrollees with SUD in accessing and continuing SUD treatment	No	No

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MassHealth Family Assistance Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Outpatient Behavioral Health Services		
Family Consultation Meeting with Enrollee’s family to identify and plan for services, coordinate a treatment plan and review progress or revise the treatment plan	No	No
Case consultation A meeting with the treating provider, PCP and other BH professionals to identify and plans for services, coordinate a treatment plan, review progress, and revise the treatment plan	No	No
Diagnostic Evaluation An assessment of an Enrollee’s level of functioning to diagnose and design a treatment plan	Yes After 12 Initial Encounters per CY are exhausted	No
Dialectical Behavioral Therapy (DBT) An outpatient treatment that combines strategies from behavioral cognitive and supportive psychotherapies	Yes	No
Psychiatric Consultation on an Inpatient Medical Unit meeting between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and an Enrollee at the request of the medical unit to assess the Enrollee’s mental status and consult on a behavioral health or psychopharmacological plan	No	No
Medication Visit an individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist	No	No
Couples/Family Treatment psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session	Yes After 12 Initial Encounters per CY are exhausted	No
Group Treatment psychotherapeutic or counseling techniques in the treatment of a group	No	No
Individual Treatment psychotherapeutic or counseling techniques in the treatment of an individual	Yes After 12 Initial Encounters per CY are exhausted	No
Inpatient-Outpatient Bridge visit consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit	Yes After 12 Initial Encounters per CY are exhausted	No
Assessment for Safe and Appropriate Placement (ASAP) an assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists	Yes	No

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MassHealth Family Assistance Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Collateral Contact a communication between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age	Yes	No
Acupuncture Treatment - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction	No	No
Opioid Replacement Therapy medically monitored administration of methadone, Buprenorphine , or other U.S. Food and Drug Administration (FDA)-approved medications to opiate-addicted individuals, in conformance with FDA and Drug Enforcement Administration (DEA) regulations	No	No
Ambulatory Detoxification (Level II.d) outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications	No	No
Psychological testing - the use of standardized test instruments to assess a Covered Individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing	Yes	No
Special Education Psychological Testing psychological, emotional or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special education programs pursuant to Mass Gen. Law 71B	Yes	No
Applied Behavioral Analysis service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior.	Yes	No
Intensive Home and Community-Based Services for Youth		
In-home Therapy Services a service provided to the parent /caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home and other community settings	Yes	No
Other Behavioral Health Services		
Electro-Convulsive Therapy (ECT) a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH	Yes	No
Specialing therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-	Yes	No

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MassHealth Family Assistance Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
one basis, to maintain the individual's safety		

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Prior Authorization (PA) and Referral requirements for Covered Services for My Care Family Members with MassHealth CarePlus Coverage

This is a list of Prior Authorization and/or Referrals requirements for all covered services and benefits for MassHealth CarePlus members enrolled in My Care Family. My Care Family will coordinate all covered services listed below. It is your responsibility to always carry your My Care Family and your MassHealth identification cards and show them to your providers at all appointments.

You can call My Care Family Customer Service for more information about services and benefits. Please see the telephone number and hours of operation for My Care Family Customer Service at the bottom of every page of this document.

If you have questions about:

Please call:

Medical Services	My Care Family at 1-800-462-5449 or TTY: 711 for people with partial or total hearing loss. See below for hours of operation.
Behavioral Health Services	Beacon Health Options at 1-800-414-2820 or TTY: 711 for people with partial or total hearing loss.
Pharmacy Services	Go to My Care Family’s drug list at www.nhp.org/Pages/drug-lookup.aspx or call My Care Family Customer Service at 1-800-462-5449 or TTY: 711 for people with partial or total hearing loss.
Dental Services	DentaQuest Customer Service at 1-800-207-5019 or TTY at 1-800-466-.7566 or Translation Line at 1-800-207-5019. Hours: 8am to 6pm, Monday-Friday.

In the chart below, if the column under “**Prior Authorization Required for Some or All of the Services**” is marked with a “**Yes,**” some or all of these services will need Prior Authorization (PA) before receiving these services. Your provider will work with My Care Family to request a PA. If the column under “**Primary Care Provider (PCP) Referral Required for Some or All of the Services?**” is marker “**Yes,**” then some or all of these services require a referral from your PCP before receiving these services.

Please keep in mind that services and benefits change from time to time. This Prior Authorization (PA) and/or Referral Requirements for covered services listing is for your general information only. Please call My Care Family for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth’s Web site www.mass.gov/masshealth; or
- Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

MassHealth CarePlus Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Emergency Services – Medical and Behavioral Health		
Emergency Transportation Services – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	No

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MassHealth CarePlus Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Emergency Inpatient and Outpatient Services	No	No
Emergency Services Programs - Medically Necessary services that are available seven days per week, 24 hours per day, to provide assessment, or treatment, or stabilization, or any combination of these services to any Enrollee who is experiencing a mental health or substance use disorder.	No	No
Medical Services		
Abortion Services	No	No
Acupuncture Treatment for pain relief or anesthesia.	Yes	No
Acute Inpatient Hospital Services includes all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures and includes Administratively Necessary Days (AND).	Yes	No
Adult Dentures – full and partial dentures, and repairs to said dentures, for adults ages 21 and over.	◆	◆
Ambulatory Surgery Services - outpatient, surgical, related diagnostic and medical and dental services	Yes	Yes
Audiologist (Hearing) Services)	No	Yes
Breast Pumps – Breast pumps. One per birth or as medically necessary, including double electric pumps, are provided to expectant and new mothers as specifically prescribed by their attending physicians and consistent with state and federal law.	No	No
Chiropractic -- Chiropractic manipulative treatment, office visits, and radiology services. Limit of 20 visits during a calendar year.	No	No
Chronic or Rehabilitation Hospital Services and Skilled Nursing Facility Services – Services for all levels of care, provided at either a chronic or rehabilitation hospital, skilled nursing facility, or any combination thereof, 100 days per Contract.*	Yes	No
Dental Services <ul style="list-style-type: none"> • Emergency related dental care • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition • Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults. 	No Yes ◆	No Yes ◆

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MassHealth CarePlus Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Dialysis Services	No	No
Durable Medical Equipment - <ul style="list-style-type: none"> Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items. Enteral Nutritional Supplements (formula) may be covered under your Durable Medical Equipment (DME) Benefit. 	Yes	No
Family Planning Services	No	No
Hearing Aid Services	Yes	No
Home Health Services	Yes	No
Hospice Services	Yes	No
Infertility Diagnosis of infertility and treatment of underlying medical condition.	Yes	Yes
Laboratory Services All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	Yes	No
Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individuals over age 21, certain limitations apply.	Yes	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> outpatient surgical and related diagnostic, medical and dental services office visits for primary care and specialists OB/GYN and prenatal care therapy services (physical, occupational and speech) diabetes self-management training medical nutritional therapy tobacco cessation services 	Yes	Yes
Oxygen & Respiratory Therapy Equipment	Yes	No

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MassHealth CarePlus Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services For example: <ul style="list-style-type: none"> • office visits for primary care and specialists • OB/GYN and prenatal care • diabetes self-management training • medical nutritional therapy • tobacco cessation services • 	Yes	Yes
Podiatrist Services (Foot Care)	No	Yes
Prosthetic Services	Yes	No
Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> • X-Rays • magnetic resonance imagery (MRI) and other imaging studies • radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service. 	No Yes Yes	No No No
Therapy Services For example: <ul style="list-style-type: none"> • occupational therapy • physical therapy • speech/language therapy 	Yes	No
Transportation Services (Non-Emergency) <ul style="list-style-type: none"> • Non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border • Non-emergency transportation to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border 	◆ Yes	◆ No
Vision Care For example: <ul style="list-style-type: none"> • comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary; • vision training; 	No No	Yes Yes

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MassHealth CarePlus Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
<ul style="list-style-type: none"> ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus; bandage lenses; Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts 	Yes Yes Yes ◆	No No No ◆
Wigs – as prescribed by a physician related to a medical condition	No	No
Pharmacy Services (See co-payment information in your Member Handbook.)		
Prescription Medicines	Yes	No
Over-the-Counter Medicines	Yes	No
Behavioral Health (Mental Health and Substance Use Disorder) Services)		
Inpatient Services 24-hours services that provide clinical intervention for mental health or substance use diagnoses. Types:		
Inpatient Mental Health Services hospital services to evaluate and treat an acute psychiatric condition	Yes	No
Inpatient Substance Use Disorder Services (Level IV) hospital services that provide detoxification regime of medically directed care and treatment	No	No
Observation/Holding beds Hospital services for a period of up to 24 hours in order to assess, stabilize and identify appropriate resources for Enrollees	Yes	No
Administratively Necessary Day (AND) Services day(s) of inpatient hospitalization for Enrollees who are ready for discharge, but an appropriate setting is not available	Yes	No
Residential Rehabilitation Services (Level 3.1)		
Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) 24-hours residential environment environment that provides a structured and comprehensive rehabilitation environment	*	*
Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) 24-hour residential environment for families in which an Enrollee has a substance use	*	*

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MassHealth CarePlus Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
disorder and is either pregnant, has custody of a child, or has a physical reunification plan.		
Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorder (Level 3.1) 24-hours developmentally appropriate residential environment with enhanced staffing support designed for either Transitional Age Youth or Young Adults	*	*
Youth Residential Rehabilitation Services for Substance Use Disorder (Level 3.1) 24-hours developmentally appropriate residential environment with enhanced staffing support designed specifically designed for youth, ages 13-17	*	*
Diversiónary Services those mental health or substance use disorder services which are provided as an alternative to inpatient services or provided to support a Member returning to the community after a 24-hour acute placement or to provide intensive support to maintain functioning in the community. These services are provided in a 24-hour facility or a non-24 hours setting.		
24-hour Diversiónary Services		
Community Crisis Stabilization services provided as an alternative to hospitalization, providing 24-hour observation and supervision	Yes Exception-Community Crisis stabilization through Emergency Service Provider (ESP) requires authorization after the first day/night.	No
Acute Treatment Services (ATS) for Substance Use Disorder s (Level III.7) 24-hour medically monitored addition treatment services that provide evaluation and withdrawal management	No	No
Clinical Support Services for Substance Use Disorders (Level III.5) 24-hour treatment services which can be used independently or following an Acute Treatment Services for SUDs	No	No
Non-24-hour Diversiónary Services		
Community Support Program (CSP) an array of services delivered by a community-based, mobile multidisciplinary team	Yes	No
Partial Hospitalization (PHP) an alternative to inpatient services, PHP offers short-term day mental health programming available 5 to 7 days a week	Yes	No
Psychiatric Day Treatment a program of a combination of diagnostic, treatment and rehabilitative services	Yes After 6 months of treatment	No
Structure Outpatient Addition Program (SOAP) Clinically intensive, structured day and/or evening SUD services	No	No

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MassHealth CarePlus Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Intensive Outpatient Program (IOP) A clinically-intensive service designed to improve functional status, provide stabilization in the community, divert an admission to Inpatient Service	Yes	No
Recovery Support Navigators a specialized care coordination services intended to engage Enrollees with SUD in accessing and continuing SUD treatment	No	No
Outpatient Behavioral Health Services		
Family Consultation Meeting with Enrollee's family to identify and plan for services, coordinate a treatment plan and review progress or revise the treatment plan	No	No
Case consultation A meeting with the treating provider, PCP and other BH professionals to identify and plans for services, coordinate a treatment plan, review progress, and revise the treatment plan	No	No
Diagnostic Evaluation An assessment of an Enrollee's level of functioning to diagnose and design a treatment plan	Yes After 12 Initial Encounters are exhausted	No
Dialectical Behavioral Therapy (DBT) An outpatient treatment that combines strategies from behavioral cognitive and supportive psychotherapies	Yes	No
Psychiatric Consultation on an Inpatient Medical Unit meeting between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and an Enrollee at the request of the medical unit to assess the Enrollee's mental status and consult on a behavioral health or psychopharmacological plan	No	No
Medication Visit an individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist	No	No
Couples/Family Treatment psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session	Yes After 12 Initial Encounters are exhausted	No
Group Treatment psychotherapeutic or counseling techniques in the treatment of a group	No	No
Individual Treatment psychotherapeutic or counseling techniques in the treatment of an individual	Yes After 12 Initial Encounters are exhausted	No

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MassHealth CarePlus Covered Services for My Care Family Members	Prior Authorization (PA) Required for Some or All of the Services? Yes or No	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes or No
Inpatient-Outpatient Bridge visit consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit	Yes After 12 Initial Encounters are exhausted	No
Acupuncture Treatment - the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction	No	No
Opioid Replacement Therapy medically monitored administration of methadone, Buprenorphine , or other U.S. Food and Drug Administration (FDA)-approved medications to opiate-addicted individuals, in conformance with FDA and Drug Enforcement Administration (DEA) regulations	No	No
Ambulatory Detoxification (Level II.d) outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications	No	No
Psychological testing - the use of standardized test instruments to assess a Covered Individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing	Yes	No
Other Behavioral Health Services		
Electro-Convulsive Therapy (ECT) a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH	Yes	No
Specialing therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety	Yes	No

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