# NETWORK MANAGEMENT AND CREDENTIALING

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## NETWORK MANAGEMENT

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NETWORK MANAGEMENT

The Massachusetts Behavioral Health Partnership/Health New England Be Healthy’s (MBHP/HNE BH) Network Management staff works to manage and maintain MBHP/HNE BH’s provider network. Key network management activities include oversight of the credentialing process, contract management, monitoring of provider performance, and quality improvement initiatives. MBHP/HNE BH’s network management strategy emphasizes working with network providers to ensure Members’ access to appropriate, high-quality care.

MBHP/HNE BH works closely with network providers, community programs, state agencies, and consumer/family advocacy organizations to strengthen continuity of care within a community-based, locally integrated service delivery system. MBHP/HNE BH also works with providers to strengthen continuity of care principles within community-based, locally integrated delivery systems.

Provider Performance Specifications

MBHP/HNE BH has developed performance specifications for all levels of care. An essential element of network management involves working with providers to achieve levels of performance consistent with these performance specifications. They reflect “best practice” behavioral health treatment standards. The specifications represent a primary structure and focus of MBHP/HNE BH’s network management activities, which measure, monitor, and manage provider performance with respect to these specifications on a regional and system-wide basis.

MBHP/HNE BH’s regional focus seeks to facilitate provider compliance with the performance specifications and related quality improvement. Providers participating in, or seeking to participate in, the MBHP/HNE BH network must demonstrate a strong continuum of core services, reliance on the principles of continuous quality improvement, and the ability to respond flexibly to the changing needs of the Members, including those Members from diverse cultural and linguistic backgrounds.

MBHP/HNE BH strives to maintain a network able to address ongoing changes affecting health care and healthcare policy. Most importantly, MBHP/HNE BH is working with the provider network to ensure the integration of behavioral health and primary care, an area that is emphasized in both the performance specifications and performance improvement projects.

General performance specifications

The General Performance Specifications include a philosophy statement and performance specifications that apply to all levels of care. MBHP/HNE BH created a set of performance specifications that apply to all levels of care in anticipation that it will promote a better understanding of MBHP/HNE BH expectations across those levels of care, especially for providers who are contracted for more than one level of care.

In accordance with MBHP/HNE BH’s mission and values, particular emphasis has been placed in the General Performance Specifications on rehabilitation, recovery, and resilience, as well as cultural competence in serving our Members. Also of note, the General Performance Specifications reiterate the responsibility of providers to notify MBHP/HNE BH of revocation,
suspension, or other such changes to license or certification in compliance with federal and state regulations, as well as of any proposed changes in location of services for which the provider is contracted. The General Performance Specifications articulate the provider responsibility to meet with MBHP/HNE BH staff for the purposes of care management, network management, quality management, and/or utilization management.

**Performance specifications for particular levels of care**
In addition to the General Performance Specifications, MBHP/HNE BH maintains additional performance specifications that are specific to each level of care. Each provider should be sure to read the performance specifications related to any service for which the provider is contracted with MBHP/HNE BH.

**Implementation**
MBHP/HNE BH expects all providers to have been in full compliance with the performance specifications and to comply with any additional revisions to performance specifications on an ongoing basis.

**Provider Responsibilities**

**Liaison:** Providers are required to designate a representative to act as a liaison with MBHP/HNE BH. This representative shall be responsible for:

- representing the provider with regard to all matters pertaining to the provider agreement;
- monitoring the provider’s compliance with the terms and conditions of the provider agreement;
- receiving and responding to all inquiries and requests made by MBHP/HNE BH in the required time frames; and
- meeting with MBHP/HNE BH’s representatives on a periodic or as-needed basis to collaborate on ongoing quality improvement and to resolve issues that may arise.

**HIPAA Compliance:** Providers are expected to adhere to the privacy requirements of the Health Insurance Portability and Accountability Act. Please refer the Quality Management/Member Rights section of the Manual.

**Electronic Access:** Providers are required to have access to the internet for the purpose of receiving communications from MBHP/HNE BH and to maintain an active e-mail address that remains on file with MBHP/HNE BH.

**Operating Hours:** Every provider shall maintain hours of operation for Members in the same manner as maintained for all other populations who utilize the provider’s services. In addition, all outpatient providers are expected to provide emergency services 24 hours per day, seven days per week to all Members enrolled in the outpatient program/clinic/practice. These services are intended to be the first level of crisis intervention whenever needed by the Member. During operating hours, these services are provided by phone and face-to-face through emergency
appointments as warranted by the Member’s clinical presentation. After hours, the program provides an emergency phone number that accesses a clinician either directly or via an answering service. Any call that is identified as an emergency by the caller is immediately triaged to a clinician. A clinician must respond to emergency calls within 15 minutes. This clinician provides a brief assessment and intervention minimally by phone. Based upon these emergency services conducted by the provider both during operating hours and after hours, the provider may refer the Member, if needed, to an Emergency Services Program (ESP) for an emergency behavioral health evaluation. An answering machine or answering service directing callers to call 911 or the ESP, or to go to a hospital emergency department, is not sufficient.

Waiting Times: Providers shall ensure access to services for Members in accordance with the following standards. All providers manage services to eliminate the necessity of maintaining waiting lists. Providers who are not able to offer access that comply with the MBHP/HNE BH access standards as outlined below must refer Members to another MBHP/HNE BH provider in order to ensure that Members receive services in a timely manner. Providers will contact MBHP/HNE BH for assistance with making referrals as needed.

For inpatient facilities:
- Emergency services shall be provided immediately on a 24-hour basis, seven days a week, with unrestricted access, to individuals who present at any qualified provider, whether a Network Provider or a non-Network Provider.

For outpatient facilities, group practices and individual practitioners:
- Urgent care (services that are not emergency or routine services) shall be provided within three working days.
- All other care shall be provided within 10 working days.

For Emergency Service Providers (ESPs):
- ESP services shall be provided immediately on a 24-hour basis; seven days a week, with unrestricted access to individuals who present at any ESP provider.

Data Reporting: Upon MBHP/HNE BH’s request, providers must make available any requested information pertaining to its provision of services to Members and its relationship to MBHP/HNE BH. Such information may include, but is not limited to, provider’s service authorization or utilization management activities; incident, complaint, appeal, and grievance information; and claims submission activities. Requested information must be provided in accordance with reasonable timelines, definitions, formats, and instructions, as specified by MBHP/HNE BH. In the event of such a request and to the extent permitted by law, the provider shall at its expense provide MBHP/HNE BH with copies of all information, including Member-specific medical records, responsive to the request.

Record Retention: The provider shall maintain books, records, and other compilations of data pertaining to its provision of Covered Services to the extent and in such detail as shall properly substantiate claims for payment. The provider’s financial books and records shall be maintained
in accordance with generally accepted accounting principles. All such records shall be kept for the time periods required by state and federal law; provided, however, that if any litigation, claim, negotiation, audit or other action involving such records is commenced prior to the expiration of such retention period, all records shall be retained until completion of such action and resolution of all issues resulting there from, or until the end of said retention period, whichever is later.

Notification of Change in Status: Providers must notify MBHP/HNE BH in writing within twenty-four (24) hours upon the occurrence of the following:

- any legal or governmental action initiated against provider and/or the members of its clinical staff whenever the existence or outcome of such action could materially affect the performance of provider and/or the members of its clinical staff;

- any action taken against the licensure or Drug Enforcement Agency (DEA) authorization of provider and/or the members of its clinical staff;

- any action causing a loss of admitting privileges of provider and/or the members of its clinical staff with a participating provider or any other hospital, provider or program;

- any action by an insurance carrier indicating that it will lower coverage, cancel or non-renew the insurance coverage required to be carried by provider and/or the members of its clinical staff;

- any malpractice litigation in which provider and/or the members of its clinical staff are named as defendants and the plaintiff is asking for damages in excess of $25,000;

- any action or event known to provider and/or the members of its clinical staff which could materially impair the performance of provider and/or the members of its clinical staff; or

- any action through which provider and/or the members of its clinical staff are excluded from participation as a Medicaid or Medicare provider, or are excluded from any private payor network or plan.

Notification of Inability to Provide Services: Providers must also notify MBHP/HNE BH:

- immediately of their inability to provide emergency care by contacting the Clinical Access Line 1-800-495-0086 (press 3 and then 1 to skip prompts);

- within twenty-four (24) hours of inability to deliver urgent care also by contacting the Clinical Access Line 1-800-495-0086 (press 3 and then 1 to skip prompts);

- within seven days of inability to provide routine care by faxing notice to the Clinical Access Line fax number at 617-790-4128; or

Please see Glossary of Terms in the Administrative Section for definitions of emergency and urgent care.
Inpatient Facility Compliance with “No Reject” Requirements

MBHP/HNE BH requires that all inpatient acute mental health service providers comply with requirements to admit, subject to Member age and available beds, persons who require inpatient mental health services and are referred to their facility by an Emergency Services Program (ESP), regardless of the person’s clinical profile and ability to pay.

Delegation of Subcontractor Agreements

In the event a provider wishes to engage any subcontractors to assist with its obligations to provide Covered Services, the provider must:

- provide written notification and a description of any subcontracted relationships to MBHP/HNE BH no later than 30 days prior to the agreement;
- maintain all subcontracts or agreements in writing;
- monitor the quality of care provided to Members under the MBHP/HNE BH agreement and any subcontract;
- remain fully responsible for meeting all of the terms and requirements of the provider agreement. No provider agreement or subcontract agreement will relieve the provider of its legal responsibilities under the provider agreement; and
- submit claims for the delivery of all services in accordance with MBHP/HNE BH’s claims policies and procedures. Claims must contain the name and tax ID number of the provider who has the contract with MBHP/HNE BH.

MBHP/HNE BH reserves the right to determine approval or denial of all subcontractor agreements.

Performance Evaluation/Audits

MBHP/HNE BH makes a concerted effort to monitor network provider performance and compliance. MBHP/HNE BH’s monitoring activities generally include, but are not limited to, the following:

- reviewing reports and data submitted by the provider and/or generated by MBHP/HNE BH;
- requesting additional reports that MBHP/HNE BH deems necessary for purposes of monitoring and evaluating the performance of the provider under the agreement;
- performing periodic programmatic and financial reviews of the provider’s performance and responsibilities. These reviews may include, but are not limited to, on-site inspections, staff interviews, and audits of the provider’s records (by MBHP/HNE BH or its agent).
MBHP/HNE BH reviews and audits will generally focus on the following topics: administration, operations, financial reports, benefit coordination, staff qualifications (including primary source documentation), Member access, Member medical records, clinical protocols, quality management program, appeals (including complaints, and grievance procedures and data), and Member satisfaction;

- giving the provider prior notice of any on-site visit by MBHP/HNE BH or its agents to conduct an audit. However, MBHP/HNE BH reserves the right to make on-site visits without prior notice to ensure Member safety and quality of care;

- notifying the provider of any records that MBHP/HNE BH or its agent may wish to review;

- conducting Member and provider satisfaction surveys;

- informing the provider of the results of any performance evaluations conducted by MBHP/HNE BH;

- meeting with the provider periodically to assess performance on quality improvement goals as established by MBHP/HNE BH for the provider network, or individually for a given provider in response to any of the activities listed above; and

- informing the provider of any dissatisfaction with the provider's performance and include requirements for corrective action. Corrective actions may include:

  ➢ Nondisciplinary sanctions
    - Informal reprimand
    - Corrective action plan

  ➢ Disciplinary sanctions
    - Formal written warning
    - Formal reprimand
    - Censure
    - Suspension/probation
    - Suspension from interactive voice response system (IVR)

  ➢ Notification: If a provider is placed on any type of sanction, MBHP/HNE BH’s regional director will notify the provider verbally and in writing. The written notification will include:
    - Identification of the problem(s)
    - Expectations for correction of the problem(s)
    - A specific period for completion/correction
    - Consequences for failure to comply with the corrective action plan
    - Expectations regarding the frequency of follow-up meetings and any documentation or reporting requirements

MBHP/HNE BH will notify MassHealth Office of Behavioral Health, DPH, the appropriate law enforcement, and licensing board as required, and/or the MBHP/HNE BH National Credentialing
Committee, of any provider sanction as indicated.

Termination

The provisions concerning the termination of the participation agreement are set forth in the agreement itself. In cases of material breach, the provider will be given an opportunity to cure the breach and upon termination will have a right to request an appeal of the termination decision within thirty (30) days of receiving notice. In situations when immediate termination is necessary (as defined in the agreement) or when termination is not based on cause, an appeal is not available. MBHP/HNE BH will stop making any new referrals to providers as of the date that notice of termination is delivered.

Inspection Authority

The U.S. Department of Health and Human Services, and officials of the Commonwealth of Massachusetts, namely, the Governor, the Secretary of Administration and Finance, the Comptroller, the State Auditor, the Attorney General, and the Secretary of Health and Human Services, or any of their duly authorized representatives or designees, shall have the right at reasonable times and upon reasonable notice to examine and copy the books, records, and other compilations of data of provider which pertain to the provisions and requirements of this Agreement. Such access shall include on-site audits, review, and copying of records.

Fraud and Abuse Management

Although MBHP/HNE BH is confident in the capacity of its provider network to maintain industry standards with regard to business practices and billing and collection procedures, it is also necessary that we have a fully developed program to identify and manage situations of suspected improper billing and/or fraud.

MBHP/HNE BH’s fraud unit is responsible for thoroughly addressing situations of suspected fraud, determining the provider’s culpability, developing an appropriate response from MBHP/HNE BH, and coordinating MBHP/HNE BH’s approach with MassHealth BHP and Commonwealth departments as restitution and/or prosecution is sought. When conducting audits of administrative and billing records, MBHP/HNE BH will follow Medicaid Regulation 130 CMR 450.235 - (limitation of payment calculation of overpayment by sampling). Please note, MBHP/HNE BH will recoup from providers monies paid inappropriately or incorrectly.

The most common causes/forms of incorrect payments and fraud arise from:

- billing for services not rendered;
- misrepresentation of fees, dates of service, diagnosis, or other clinical or billing information to substantiate services (i.e., incorrect or incomplete documentation);
- unbundling of services that were contracted under the same per diem or unit charge;
undocumented/poorly documented services; or

claims for non-medically necessary services.

Address Changes, Mergers, Acquisitions, and New Sites

MBHP/HNE BH requires providers to notify the director of Provider Relations of an address change or any mergers, acquisitions, changes or transfers of control or ownership, as well as any requests to add and/or remove a practice site, in writing thirty (30) days before such events occur. MBHP/HNE BH, at its sole discretion, shall determine whether such changes may require reapplication depending on the nature and scope of the change.

Providers should not assume that satellite offices or facilities acquired or operated as a result of such transactions will be covered under the provider’s original provider application. The addition of a satellite office or facility is likely to require a separate application and may not receive approval as a contracted site.

Information can be submitted in writing by faxing to 617-790-4137, or by mailing to:

MBHP/HNE BH
Network Management Department
P.O. Box 55872
Boston, MA  02205-5872

Failure to notify Network Management of changes may result in delay in payment of claims or change in the provider’s network status to include suspension or termination from the network.

In addition, if your MassHealth number changes due to a merger, acquisition, or any other legal change, you must notify MBHP/HNE BH in writing within thirty (30) days of the change. Failure to provide proper notice will result in the denial of claims on the remittance advice.

Please send changes regarding MassHealth number changes to the following address:

MBHP/HNE BH
Provider File and Credentialing Manager
P.O. Box 55872
Boston, MA  02205-5872

All changes must have an effective date for the change as per the MassHealth Provider Enrollment Unit.

MBHP/HNE BH Obligations

Protection of communication to Members: MBHP/HNE BH will not restrict a healthcare professional acting within the lawful scope of practice from advising or advocating on behalf of a Member who is his or her patient, for the following:
- the Member’s health status, medical care or treatment options, including any alternative
treatment that may be self-administered;

- any information the Member needs in order to decide among all relevant treatment options;

- the risks, benefits, and consequences of treatment or non-treatment; and

- the Member’s right to participate in decisions regarding his or her healthcare, including the
right to refuse treatment, and to express preferences about future treatment decisions.

**Prohibition against discrimination:** MBHP/HNE BH shall not discriminate with respect to participation, reimbursement or indemnification as to any provider who is acting within the scope of the provider’s license or certification under applicable state law, solely on the basis of such license or certification. If MBHP/HNE BH declines to include individual or groups of providers in its network, it must give the affected providers written notice of the reasons for its decisions. This section shall not be construed to prohibit MBHP/HNE BH from including providers only to the extent necessary to meet the needs of Members or from using different reimbursement for different providers, or from establishing any measure designed to maintain quality and control costs consistent with the responsibilities of MBHP/HNE BH.

**Affirmative Statement Regarding Incentives**

MBHP/HNE BH in no way rewards or incentivizes, either financially or otherwise, practitioners, utilization reviewers, clinical care managers (CCMs), physician advisers, or other individuals involved in conducting utilization review, for issuing denials of coverage or service, or inappropriately restricting care.

MBHP/HNE BH utilization management and other care management staff base their utilization-related decisions on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientifically-based clinical criteria and treatment guidelines, in the context of provider or Member-supplied clinical information, guide the decision-making process.
CREDENTIALING

In this section you will find information regarding the following:

- MBHP/HNE BH Local Credentialing Committee (LCC)
- Initial Credentialing Process
- Recredentialing Process
- Confidentiality of Credentialing Information
- Requesting a Waiver of the Credentialing Criteria
- Credentialing Criterion for Individual Practitioners, Groups of Individual Practitioners and Organizational Providers

Local Credentialing Committee (LCC)

MBHP/HNE BH’s LCC determines the contract status of present and future practitioners. All potential practitioners, groups of individual practitioners, and organizational providers who submit a complete application and are approved by MBHP/HNE BH staff for contracting must be reviewed by the LCC to determine participation status. LCC considerations include, but are not limited to, pending lawsuits, malpractice history, insufficient professional liability coverage, access in a particular area, clinical availability of less than 20 hours per week, and all credentialing waiver requests. All LCC recommendations/decisions are forwarded to the MBHP/ValueOptions National Credentialing Committee (NCC) for final review and/or approval. Once the NCC makes a decision regarding network participation status, a letter is sent to the practitioner, group of individual practitioners or organizational provider by MBHP/HNE BH.

The LCC meets the second and fourth Tuesday of each month. Emergency meetings are scheduled as needed.

Initial Credentialing Process

Credentialing is one component of the initial contracting process. MBHP/HNE BH credentialing specialists review the applications, resumes, and other supporting documents submitted by practitioners, groups of individual practitioners, or organizational providers applying to join the network. All of the documentation in the application is reviewed via the Primary Source Verification (PSV) process, which allows MBHP/HNE BH to verify the validity of the documentation submitted on an application. Inpatient and outpatient organizational providers are required to do PSV on all clinicians who are treating MBHP/HNE BH Members as outlined in the Credentialing Criteria.

*If you are a hospital based organizational provider, clinic based organizational provider or a free standing organizational provider, you are required to complete a PSV for the following information on each staff person who works with MBHP/HNE BH Members:*

- Licenses
• Highest level of education
• Educational Commission for Foreign Medical Graduates certificate (MDs/DOs only)
• History of actions by licensing boards
• Federal and State Drug Enforcement Administration (DEA) certificates (MDs/DOs/PNMHCSs only)
• Malpractice history through the National Provider Data Bank (NPDB)
• American Board certification (MDs/DOs only)
• American Nurses Credentialing Center certification (PNMHCS only)
• Sanctions from Medicare or Medicaid (Office of Inspector General)
• Admitting privileges, if applicable
• CANS certification (practitioners who treat MBHP/HNE BH Members under the age of 21)

*If you are an individual practitioner or a group* of individual practitioners, MBHP/HNE BH completes a PSV on the following:

• Licenses
• Highest level of education
• Educational Commission for Foreign Medical Graduates certificate (MDs/DOs)
• History of actions by licensing boards
• Federal and State DEA certificates, as applicable
• Malpractice history through the National Provider Data Bank (NPDB)
• American Board certification (MDs/DOs)
• American Nurses Credentialing Center certification (PNMHCS only)
• Sanctions from Medicare or Medicaid (Office of Inspector General)
• Admitting privileges, as applicable
• CANS Certification (practitioners who treat MBHP/HNE BH Members under the age of 21)

MBHP/HNE BH staff will conduct site visits at practitioners’ offices to assess the appearance and adequacy of waiting and treatment room space, availability of appointments, accessibility, and record-keeping practice if applicable.

• *A group practice* is defined as a multi-disciplinary team of individual practitioners contracted as one entity. Each practitioner within the group is credentialed individually.

• MBHP/HNE BH will only consider the following licensure levels for individual contracting: MD, DO, PNMHCS, LICSW, LMHC, LMFT, and licensed psychologist (including PhD, EdD, and PsyD). MBHP/HNE BH will only consider the following
licensure levels for individuals in a group contracting: MD, DO, PNMHCS, LICSW, LCSW, LMHC, LMFT, BCBA, and licensed psychologist (including, PhD, EdD, and PsyD).

- MBHP/HNE BH does not allow for individually contracted practitioners or groups of individual practitioners to bill for services provided by another practitioner.

**Recredentialing Process**

The recredentialing process occurs every three years for all practitioners, groups of individual practitioners, and organizational providers. Each network practitioner receives a recredentialing application that is completed and returned to MBHP/HNE BH. The recredentialing process enables MBHP/HNE BH to update information including demographics, practitioner specialties, and language capacities and verify that the practitioner continues to meet the credentialing criteria. Recredentialing also enables MBHP/HNE BH to review information about the practitioner’s quality of care and utilization. Network practitioners are required to meet the credentialing criteria in order to continue their contract with MBHP/HNE BH. Practitioners who do not meet the credentialing criteria will be terminated from the MBHP/HNE BH network as specified in the Behavioral Health Program provider agreement.

*If you are a* hospital-based organizational provider, clinic-based organizational provider, or a free standing organizational provider, you are required to complete a PSV for the following information on each staff person who works with MBHP/HNE BH Members:

- Highest level of education
- Educational Commission for Foreign Medical Graduates certificate (MDs/DOs)
- History of actions by licensing boards
- Federal and State Drug Enforcement Administration (DEA) certificates (MDs/DOs/PMHCSs only)
- Malpractice history through the National Provider Data Bank (NPDB)
- American Board certification (MDs/DOs)
- American Nurses Credentialing Center certification (PNMHCS only)
- Sanctions from Medicare or Medicaid (Office of Inspector General)
- Admitting privileges, if applicable
- CANS certification (practitioners who treat MBHP/HNE BH Members under the age of 21)

*If you are an individual practitioner or group* of individual practitioners, MBHP/HNE BH completes a PSV on the following information:

- Licenses
- Highest level of education
- Educational Commission for Foreign Medical Graduates certificate (MDs/DOs)
- History of actions by licensing boards
- Federal and State DEA certificates (MDs/DOs/PMHCSs only)
- Malpractice history through the National Provider Data Bank (NPDB)
- American Board certification (MDs/DOs)
- American Nurses Credentialing Center certification (PMHCS only)
- Sanctions from Medicare or Medicaid (Office of Inspector General)
- Admitting privileges, as applicable
- CANS Certification (practitioners who treat MBHP/HNE BH Members under the age of 21)
- Grievance and complaint letters from MBHP/HNE BH’s Quality Department
- Staff check
- Claims history
- * A group practice is defined as a multi-disciplinary team of individual practitioners contracted as one entity. Each practitioner within the group is credentialed individually.
- MBHP/HNE BH will only consider the following licensure levels for individual contracting: MD, DO, PNMHCS, LICSW, LMHC, LMFT, and licensed psychologist (including PhD, EdD, and PsyD). MBHP/HNE BH will only consider the following licensure levels for individuals in a group contracting: MD, DO, PNMHCS, LICSW, LCSW, LMHC, LMFT, BCBA, and licensed psychologist (including, PhD, EdD, and PsyD).
- MBHP/HNE BH does not allow for individually contracted practitioners or groups of individual practitioners to bill for services provided by another practitioner.

Confidentiality and Accuracy of Credentialing Information

As a network practitioner, you have the right to review the credentialing and recredentialing information MBHP/HNE BH uses to evaluate your application. It includes information obtained from your malpractice insurance carriers, state licensing boards, Office of Inspector General (OIG), and/or the National Practitioner Data Bank (NPBD). A practitioner may not, however, review references, recommendations, or other information that is peer-review protected. MBHP/HNE BH does not release data to external entities in any form that would allow the identification of practitioners by name. Items of confidential nature in the credentialing and recredentialing process include, but are not limited to: license, professional liability insurance, degree, American Board certification, American Nurses Credentialing Center certification, federal and state DEA certificates, and information gained from the NPDB and OIG. Adverse findings that may impact a credentialing or recredentialing decision will only be released to the practitioner if requested in writing by the practitioner.
A credentialing specialist will notify a practitioner if the information MBHP/HNE BH receives from outside sources differs substantially from the information given to us by the practitioner. The practitioner will have the opportunity to correct erroneous information. Please contact the credentialing specialists at 1-800-495-0086 for information on the process for viewing practitioner credentialing and recredentialing files.

**Requesting a Waiver of the Credentialing Criteria**

Credentialing criteria were developed to reflect issues of access, performance, quality, liability, experience, and licensure. Only those practitioners who meet the MBHP/HNE BH credentialing criteria may provide behavioral health services to MBHP/HNE BH Members. Although these criteria were developed to ensure that all services provided to Members reflect the best practice of the professional field, it is understood that there may be certain situations where MBHP/HNE BH chooses to waive a specific item for a practitioner. Examples include waivers of a staff member’s license, training, or education, or physical plant requirements for organizational providers. The Local Credentialing Committee will review a request for a credentialing waiver. Circumstances for which a waiver may be approved include, but are not limited to, the following:

- Ensuring Member access
- Meeting Member’s linguistic or cultural needs
- Meeting Member’s need for specialized care

*Please note that individually contracted practitioners may not request a waiver to bill for services provided by another practitioner.*

**If you want to request a waiver, please submit a written request that details the following:**

- The criteria you want waived;
- The rationale for your request (e.g., the specific need that the waiver will meet); and
- Documentation that a need exists
- If the waiver pertains to a staff member’s qualifications, please include the following:
  - How this staff can address this need;
  - Copy of the staff member’s resume;
  - Official transcripts from the highest level of education;
  - A copy of his/her license or certification, if applicable; and
  - Two letters of reference from behavioral health practitioners who are familiar with the staff member’s work. Address the letters to:
MBHP/HNE BH
Attn: Manager, Contract Development
100 High Street, 3rd Floor
Boston, MA 02110

MBHP/HNE BH maintains the right to offer credentialing waivers based on the overall mission of MBHP/HNE BH. Practitioners will be notified in writing of the outcome of the Local Credentialing Committee’s decision and the National Credentialing Committee’s decision regarding each waiver request.
MBHP/HNE BH NETWORK MANAGEMENT AND CREDENTIALING APPENDIX

- Credentialing Criteria
- Regional Zip Code Listing
APPENDIX A-8
Credentialing Criteria

Introduction

Credentialing criteria
The general eligibility criteria for individual practitioners, individual practitioners in a group, and organizational providers to receive a contract includes the following:

• Complying with all applicable state and federal laws and regulations, licensing and accreditation requirements, and federal and state affirmative action requirements
• Conforming to all applicable licensing, certification, or other professional standards as set forth in applicable state and federal laws and regulations
• Demonstrating that any suit, claim, proceeding, or disciplinary action that occurred in the previous five years involving mental health or substance use disorder services has either been resolved without adverse findings or has been addressed so that MBHP is assured services will be of acceptable quality
• Licensing by the appropriate state agency for the specific service type and accreditation by The Joint Commission or other appropriate national accreditation body
• Operates without restriction to sex, race, creed, physical disability, sexual orientation, or national origin
• Meeting the requirements of the MBHP site-review process including, but not limited to, being able to demonstrate age- and population-appropriate activities, privileges, and restrictions for all defined specialty population units/programs

This document details credentialing criteria for all provider types eligible to join MBHP’s network. It is organized according to five major classifications of practitioners, as follows:

1. Individual practitioners whose licensure levels qualify them to practice either privately, in group practices, or in Organizational Providers (clinics, agencies, and/or hospitals)
2. Group practices (a group practice is defined as a team of individual practitioners contracted as one entity)
3. Individual practitioners who may practice only in organizational providers (clinics, agencies, and/or hospitals)
4. Organizational providers (clinics, agencies, and/or hospitals)
5. Specialty programs
   a. Assessment for Safe and Appropriate Placement (ASAP)
   b. Dialectical Behavior Therapy Program (DBT)
Credentialing Criteria for Individual Practitioners, Group Practice, or Organizational Provider-Based Professionals

Credentialing criteria for individual practitioners

Several licensure levels qualify individuals to serve Members, either in private practice, group practice, or in organizational providers settings (clinics, agencies, and/or hospitals), as distinguished from those who may practice in organizational providers only. The licensure levels that belong to this classification are as follows:

- Adult Psychiatrists
- Child and Adolescent Psychiatrists
- Developmental Behavioral Pediatricians
- Addictionologists
- Psychologists (PhD, PsyD, EdD)
- Master’s-Level Psychiatric Nurse Mental Health Clinical Specialist, certified as a Clinical Nurse Specialist in Adult Psychiatric and Mental Health with the American Nurses Credentialing Center (ANCC)
- Master’s-Level Psychiatric Nurse Mental Health Clinical Specialist, certified as a Clinical Nurse Specialist in Child and Adolescent Psychiatric and Mental Health with the American Nurses Credentialing Center (ANCC)
- Licensed Independent Clinical Social Workers (LICSW)
- Licensed Mental Health Counselors (LMHCs)
- Licensed Marriage and Family Therapists (LMFTs)

To join MBHP’s network, practitioners must meet certain credentialing criteria. They are as follows:

- If the practitioner is practicing in an MBHP-network organizational provider or a hospital-based group practice to which MBHP had delegated credentialing, the organizational provider or hospital-based group practice is responsible for individually credentialing all clinical employees providing service to Members, ensuring that they meet MBHP’s credentialing criteria.

- If the practitioner is practicing as an individual practitioner or is in a group of individual practitioners, MBHP will credential and re-credential each individual practitioner. (Group practices have special credentialing considerations. Please see the subsections regarding group practices for more detailed credentialing information.)

- If an individual provider or an individual in a group practice provides outpatient services to youth under the age of 21, they must be MA-CANS certified in the state of Massachusetts upon coming into the MBHP network and must maintain their CANS certification as they are re-credentialied and as long as they continue to work with this population in the MBHP network. MA-CANS certification is required for providers of the following services/levels of care: outpatient therapy, psychiatric inpatient hospitalization, Community-Based Acute Treatment (CBAT), Intensive Community-Based Acute Treatment (ICBAT), Transitional Care Units (TCU), Intensive Care Coordination (also known as Targeted Case Management) (ICC), and In-Home Therapy (IHT). For additional information, please refer to MBHP Provider Alert #48 dated November 10, 2008.

MBHP reserves the right to request documentation of all employee credentials and/or to conduct on-site medical record reviews.
General criteria

All of the following general criteria must be met by all network practitioners who serve Members, either in private practice, group practice, or in organizational provider settings (clinics, agencies, and/or hospitals), as distinguished from those who may practice in organizational providers only.

In addition to the profession-specific credentialing requirements, which are listed in the next section, network practitioners must also meet the following:

1. Educational degree requirements
2. Licensure/board certification requirements
3. Specialty-related residency requirements
4. Current, valid, unrestricted license to practice the network practitioner’s profession in the Commonwealth of Massachusetts
5. If a network practitioner is individually contracted with MBHP, the network practitioner must maintain professional liability coverage of a minimum of $1,000,000 per occurrence/$3,000,000 in the aggregate.
6. If a network practitioner is practicing within a hospital, mental health/substance use disorder agency/group, the network practitioner is covered by the hospital, mental health/substance use disorder agency/group’s professional liability coverage at a minimum of $1,000,000 per occurrence/$3,000,000 in the aggregate.
7. Current, valid, and unrestricted federal DEA and state DEA certificate, as applicable
8. Absence of Medicare/Medicaid sanctions
9. Satisfactory report from the National Practitioner Data Bank, as applicable
10. Minimum of 20 hours per week in clinical practice at any site; clinical practice is defined as direct service, supervision, or clinical administration
11. Accessible 24 hours per day, seven days per week, unless other appropriate arrangements are made

Profession-specific credentialing criteria

All network practitioners must meet the general credentialing criteria listed above. In addition to these general criteria, all network practitioners must meet each of the profession-specific criteria listed below that pertain to their specific profession.

Adult Psychiatrists

1. Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree received from an accredited medical school
2. Board-certified in General Psychiatry by the American Board of Psychiatry and Neurology (ABPN) within two years of contracting with MBHP unless a waiver of this requirement is requested and received within two years of contracting with MBHP
**Child and Adolescent Psychiatrists**

1. Doctor of Medicine (MD) degree or Doctor of Osteopathy (DO) degree received from an accredited medical school
2. Board-certified in General Psychiatry by the American Board of Psychiatry and Neurology (ABPN) within two years of contracting with MBHP unless a waiver of this requirement is requested and received within two (2) years of contracting with MBHP
3. Board-certified in Child/Adolescent Psychiatry by the American Board of Psychiatry and Neurology (ABPN)
4. Child and Adolescent Psychiatrists must complete a psychiatric residency recognized by the American Medical Association (AMA) and the Liaison Committee Medical Education (LCME), including two years of a Child Psychiatry Fellowship.

**Developmental Behavioral Pediatricians**

1. Doctor of Medicine (MD) degree or Doctor of Osteopathy (DO) degree received from an accredited medical school
2. Board-certified by the American Board of Pediatrics in the subspecialty of Developmental Behavioral Pediatrics within three years of completion of a developmental behavioral fellowship or within two years of the first available exam, whichever is later

**Addictionologists**

1. Doctor of Medicine (MD) degree or Doctor of Osteopathy (DO) degree received from an accredited medical school
2. Certified by the American Society of Addiction Medicine (ASAM) and/or the Addiction Specialization by the American Board of Psychiatry and Neurology (ABPN) within two years of contracting with MBHP unless a waiver of this requirement is requested and received within two years of contracting with MBHP
3. Board-certified by the American Board of Addiction Medicine within two years of contracting with MBHP unless a waiver of this requirement is requested and received within two (2) years of contracting with MBHP

**Psychologists**

1. Doctoral degree in psychology (PhD, PsyD, EdD) from an accredited college or university and certification as a Health Service Provider (HSP) by the Board of Registration of Psychology in the Commonwealth of Massachusetts
2. Current, valid, and unrestricted license to practice psychology in the Commonwealth of Massachusetts
3. Practitioners who are completing the postdoctoral training hours required for licensure as a psychologist may practice in a clinic setting for up to 36 months while accruing those postdoctoral training hours before he/she has attained licensure.
4. Psychologists may practice independently or within a group practice upon receipt of a license in psychology and certification as a Health Services Provider (HSP).
5. MBHP requires that individual practitioners work in a private practice setting a minimum of 20 hours per week.
Psychiatric Nurse Mental Health Clinical Specialists

Master’s-Level Psychiatric Nurse Mental Health Clinical Specialist, certified as a Clinical Nurse Specialist in Adult Psychiatric and Mental Health with the American Nurses Credentialing Center (ANCC)

1. Master’s degree or higher in mental health nursing from an accredited college or university recognized by the National League for Nursing or Commission on Collegiate Nursing Education
2. Current, valid, and unrestricted license to practice at the highest level of independent practice in the Commonwealth of Massachusetts
3. Certified by the American Nurses Credentialing Center (ANCC) as a clinical nurse specialist in psychiatric and mental health nursing with APRN-BC designation in one of the following areas: 1. Clinical Specialist in Adult Psychiatric and Mental Health Nursing; 2. Adult Psychiatric and Mental Health Nurse Practitioner; or 3. Family Psychiatric and Mental Health Nurse Practitioner
4. Verification of supervision between supervising psychiatrist and APRNs as required by Massachusetts law
5. PNMHCSs who are licensed to prescribe medication must submit current certification and evidence of authorization from the Commonwealth of Massachusetts Board of Registration in Nursing and a completed and accepted Massachusetts Controlled Substance Registration application and a Federal DEA Certificate.
6. MBHP requires that individual practitioners work in a private practice setting a minimum of 20 hours per week.

Master’s-Level Psychiatric Nurse Mental Health Clinical Specialist, certified as a Clinical Nurse Specialist in Child and Adolescent Psychiatric and Mental Health with the American Nurses Credentialing Center (ANCC)

1. Master’s degree or higher in mental health nursing from an accredited college or university recognized by the National League for Nursing or Commission on Collegiate Nursing Education
2. Current, valid, and unrestricted license to practice at the highest level of independent practice in the Commonwealth of Massachusetts.
3. Certified by the American Nurses Credentialing Center (ANCC) as a clinical nurse specialist in child and adolescent psychiatric and mental health nursing with APRN-BC designation. Documentation must state: “A Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing.”
4. Verification of supervision between supervising psychiatrist and PNMHCSs as required by Massachusetts law
5. PNMHCSs who are licensed to prescribe medication must submit current certification and evidence of authorization from the Commonwealth of Massachusetts Board of Registration in Nursing and a completed and accepted Massachusetts Controlled Substance Registration application and a Federal DEA Certificate.
6. MBHP requires that individual practitioners work in a private practice setting a minimum of 20 hours per week.

Licensed Independent Clinical Social Workers (LICSW)

1. Master’s degree or higher in social work from an accredited college or university
2. Current, valid, unrestricted licensure or certification to practice at the highest level of independent practice in the Commonwealth of Massachusetts (LICSW)
3. MBHP requires that individual practitioners work in a private practice setting a minimum of 20 hours per week
Licensed Mental Health Counselors (LMHC)

1. Master’s degree in mental health field (including, but not restricted to, counseling, family therapy, psychology, etc.) from an accredited college or university
2. Current, valid, unrestricted licensure or certification to practice in the Commonwealth of Massachusetts as a Licensed Mental Health Counselor (LMHC)
3. MBHP requires that individual practitioners work in a private practice setting a minimum of 20 hours per week.
4. Practitioners who are completing the post-master’s training hours required for licensure as a Mental Health Counselor may practice in a clinic setting for up to 24 months while accruing those post-master’s training hours before he/she has attained licensure.

Licensed Marriage and Family Therapists (LMFT)

1. Master’s degree in mental health field (including, but not restricted to, counseling, family therapy, psychology, etc.) from an accredited college or university
2. Current, valid, unrestricted licensure or certification to practice in the Commonwealth of Massachusetts as a Licensed Marriage and Family Therapists (LMFT)
3. Practitioners who are completing the post-master’s training hours required for licensure as a Marriage and Family Therapists may practice in a clinic setting for up to 24 months while accruing those post-master’s training hours before he/she has attained licensure.
4. MBHP requires that individual practitioners work in a private practice setting a minimum of 20 hours per week.

Licensed Alcohol and Drug Counselor 1 (LADC 1)

1. Master’s or doctorate degree in behavioral sciences (including, but not restricted to, counseling, psychology, etc.) from an accredited college or university
2. Current, valid, unrestricted licensure or certification to practice in the Commonwealth of Massachusetts as Licensed Alcohol and Drug Counselor (LADC 1)

Credentialing criteria for group practices

A group practice is defined as a team of individual practitioners contracted as one entity. MBHP requires that a group practice application be completed and that each practitioner within the group be credentialed individually. The head of the group practice must be one of the following:

- A full-time psychiatrist
- A master’s-level psychiatric nurse mental health clinical specialist, certified in adult or child or adolescent psychiatric nursing under the supervision of a licensed psychiatrist
- A licensed psychologist (including PhD, EdD, and PsyD)
- LICSW
- LMHC
- LMFT

MBHP will only consider the following licensure levels for group contracting: MD, PNMHCS, LICSW/LCSW, LMHC, LMFT, LADC 1 or licensed psychologist (including PhD, EdD, and PsyD)

LMHC, LMFT, LCSW (master’s-level interns in accordance with the Master’s-Level Interns criteria)
In addition:

- The group must demonstrate linkages with other levels of care not present in the group; and
- The group must demonstrate routine coordination and collaboration among its Members, particularly between non-prescribing and prescribing clinicians.

**Credentialing criteria for organizational provider-based only professionals**

The following licensure levels may practice in MBHP Network facilities:

- Psychiatric RNs
- Licensed Clinical Social Workers (LCSW)
- Certified Alcohol Counselors (CAC)
- Certified Alcoholism/Drug Addictions Counselors (CADAC)
- Certified Alcoholism/Drug Abuse Counselors II (CADAC II)
- Licensed Addictions and Drug Counselors I (LADC I)
- Bachelor’s-Level Counselors/Paraprofessionals/Peer Specialists
- Community Support Program (CSP)
- Program of Assertive Community Treatment (PACT) Licensed Alcohol and Drug Counselor II (LADC II)
- Licensed Alcohol and Drug Counselor III (LADC III)
- Mobile Crisis Intervention (MCI)
- Intensive Care Coordination (ICC)
- Family Support and Training (FS&T)
- In-Home Therapy (IHT)
- In-Home Behavioral Services (IHBS)
- Facility-Based Trainees
- Psychiatry Residents
- Psychology Interns
- Master’s-Level Interns (Social Work Interns, Mental Health Counselor Interns and Marriage and Family Therapist Interns)

Organizational providers (clinics, agencies, and/or hospitals) must ensure that employees serving Members meet relevant credentialing criteria. MBHP reserves the right to request documentation of all employee credentials and/or to conduct on-site medical record reviews.

If the practitioner is practicing in an organizational provider or a group practice to which MBHP had delegated credentialing, the organizational provider or select group practice is responsible for individually credentialing and re-credentialing all clinical employees providing service to Members, ensuring that they meet MBHP’s credentialing criteria.

**General criteria**

The following general criteria must be met by all network practitioners who serve Members in organizational providers (clinics, agencies, and/or hospitals) only.

The following specifics of each requirement must be met, when applicable, as they pertain to the organizational provider-based network practitioner’s specific profession:
1. Educational degree requirements
2. Licensure/board certification requirements
3. Specialty related residency requirements
4. Specific training requirements
5. Supervision requirements
6. Current, valid, unrestricted license to practice the network practitioner’s profession in the Commonwealth of Massachusetts
7. If an organizational provider-based network practitioner is practicing within a hospital or a mental health/substance use disorder agency/group, the network practitioner is covered by the hospital, mental health/substance use disorder agency/group’s professional liability coverage at a minimum of $1,000,000 per occurrence/$3,000,000 in the aggregate.
8. The organizational provider-based network practitioner is an employee or contractor within a hospital or a mental health/substance use disorder agency/group licensed in the Commonwealth of Massachusetts that meets all applicable federal, state, and local laws and regulations.
9. Absence of Medicare/Medicaid sanctions
10. If an individual provider or an individual in a group practice provides outpatient services to youth under the age of 21, they must be MA-CANS certified in the state of Massachusetts upon coming into the MBHP network and must maintain their CANS certification as they are re-credentialed and as long as they continue to work with this population in the MBHP network. MA-CANS certification is required for providers of the following services/levels of care: outpatient therapy, psychiatric inpatient hospitalization, Community-Based Acute Treatment (CBAT), Intensive Community-Based Acute Treatment (ICBAT), Transitional Care Units (TCU), Intensive Care Coordination (also known as Targeted Case Management) (ICC), and In-Home Therapy (IHT). For additional information, please refer to MBHP Provider Alert #48 dated November 10, 2008.

Profession-specific credentialing criteria for organizational providers

All organizational providers must meet the general credentialing criteria listed above. In addition to these general criteria, all organizational providers must meet each of the profession-specific criteria listed below that pertain to their specific profession.

Psychiatric Registered Nurses (RNs)
1. Degree in Nursing from an accredited college or university with documented completion of a mental health or substance use disorder rotation during training
2. Currently licensed to practice (nursing) in the Commonwealth of Massachusetts
3. Minimum two years of full-time, post-licensing clinical experience providing direct psychotherapy in a mental health and/or substance use disorder setting

Licensed Clinical Social Workers (LCSW)
1. Master’s degree in Social Work from an accredited college or university
2. Current, valid, unrestricted licensure or certification to practice in the Commonwealth of Massachusetts as a Licensed Clinical Social Worker (LCSW)

Master’s-Level Mental Health Counselors
1. Master’s degree or above in a mental health field (including, but not restricted to, counseling, family therapy, social work, psychology, etc.) from an accredited college or university
2. Supervised in the provision of services by a Licensed Independent Clinical Social Worker (LICSW), a licensed psychologist, a Master’s-Level Advanced-Practice Registered Nurse, Board-Certified in either Adult or Child and Adolescent Psychiatric Nursing (APRN-BC), or a licensed psychiatrist meeting MBHP’s credentialing criteria.

3. Practitioners who are completing the post-masters training hours required for licensure as a Mental Health Counselor may practice in a clinic setting for up to 24 months while accruing those post-masters training hours before he/she has attained licensure.

**Licensed Marriage and Family Therapists (LMFT)**

1. Master’s degree in the mental health field (including, but not restricted to, counseling, family therapy, psychology, etc.) from an accredited college or university.
2. Current, valid, and unrestricted license to practice at the highest level of independent practice in the Commonwealth of Massachusetts (LMFT).

**Certified Addiction Counselors (CAC)**

1. Certified in the Commonwealth of Massachusetts; this is a single-level certification that is valid only in Massachusetts and has no reciprocity with any other state.
2. The equivalent of at least two years or 4,000 hours of documented full-time, supervised experience; supervised work experience is defined as paid or voluntary experience as a counselor providing direct counseling services to clients with a diagnosis of alcohol abuse or dependency. A minimum of six months must be obtained in one facility, under one supervisor. No more than 1,000 hours of practicum/internship experience can be used to meet the work experience requirement.
3. A minimum of 180 clock hours of continuing education training related to the substance use disorder field; the 180 clock hours must be comprised of a minimum of 70 hours in counseling techniques training, a minimum of 70 hours of alcohol/drug specific-studies, and six hours of ethics training pertaining to the substance use disorder field. The remaining hours can fall within the behavioral sciences area. The alcohol/drug-specific education and the ethics training must have been completed within the past 10 years. For all other education/training, the applicant may go back as much as 20 years.
4. Documentation of having received a minimum of 220 clock hours of supervision in performing the 12 counselor core functions, with no single function being performed for fewer than 10 hours; supervised Practical Training includes activities designed to provide training in specific counselor functions. This requires documentation of the time spent in face-to-face supervision, not the time spent performing the function. Individual, group/team supervision, and formal case presentations all apply.

**Certified Alcohol and Drug Addictions Counselors (CADAC)**

1. Certified in the Commonwealth of Massachusetts by the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC).
2. The equivalent of at least three years or 6,000 hours of documented full-time, supervised experience; supervised work experience is defined as paid or voluntary experience as a counselor providing direct counseling services to clients with a diagnosis of alcohol and/or other drug abuse or dependency. A minimum of six months of the total supervised experience must be obtained in one facility under one supervisor. No more than 1,000 hours of practicum/internship experience can be used to meet the work experience requirement.
3. Counselors with an associate’s degree in the behavioral sciences area may waive 1,000 hours of the required 6,000 hours of the field experience. Those with a bachelor’s degree in the behavioral sciences...
area may waive 2,000 hours. Counselors with a master’s degree (or higher) in counseling may waive 4,000 hours. Eligibility to waive hours must be documented by providing an official transcript from a regionally accredited academic institution.

4. Documentation of having received a minimum of 270 clock hours of continuing education related to the five domains for alcohol and other substance use disorders; the 270 hours must be comprised of a minimum of 110 hours of alcohol/drug-specific studies, 110 hours of counseling techniques, and six hours of ethics training related to the substance use disorder field. The remaining hours can fall within the behavioral sciences area. The alcohol/drug-specific education and the ethics training must have been completed within the past 10 years. For all other education/training, the applicant may go back as much as 20 years.

5. Documentation of having received at least 300 clock hours of supervision in performing the 12 counselor core functions, with no single core function being performed for fewer than 10 hours; supervised Practical Training includes activities designed to provide training in specific counselor functions. This requires documentation of the time spent in face-to-face supervision, not the time spent performing the function. Individual, group/team supervision, and formal case presentations all apply.

Certified Alcohol and Drug Counselors (Advanced) CADAC II

1. A master’s degree (or higher) from a regionally accredited academic institution in a human services behavioral sciences field with a clinical application (i.e., practicum); documentation must be submitted in the form of an official transcript.

2. The equivalent of at least one year full-time (2,000 hrs.) providing the full range of counseling services under direct clinical supervision to clients with a diagnosis of alcohol and/or other drug abuse or dependency; a minimum of six months of the total experience must be acquired in one facility, under one supervisor. Unsupervised experience may NOT be substituted for the experience requirement. All experience must be documented and supported by an agency job description. This documentation must include a 300-hour practicum in the 12 core functions, with one hour of supervision for every 10 hours of practice. Volunteer or part-time counseling experience may be eligible toward meeting the experience requirement if the counseling is provided under direct supervision. No more than 1,000 hours of practicum/internship experience can be used to meet the work experience requirement.

3. Documentation of having received a minimum of 270 clock hours of continuing education related to the five domains for alcohol and other drug abuse; the 270 hours must be comprised of a minimum of 110 hours of alcohol/drug-specific studies, 110 hours of counseling techniques, and six hours of ethics training related to the substance use disorder field. The remaining hours can fall within the behavioral sciences area. Practicums/internships are not considered in meeting the training requirement.

4. The alcohol/drug-specific education and the ethics training must have been completed within the past 10 years. All other training must have been completed within the past 20 years.

Licensed Alcohol and Drug Counselor I (LADC I)

1. Master’s or doctoral degree in behavioral sciences

2. Minimum of 270 hours of training that address the full range of education related to substance use disorder counseling

3. 300 hours of supervised practical training

4. 6,000 hours of supervised alcohol and drug counseling work experience

5. Successful completion of a written examination
Criteria for bachelor’s-level counselors/paraprofessionals/peer specialists

MBHP-contracted facilities (clinics, agencies, and/or hospitals) may also credential bachelor’s-level counselors/paraprofessionals/peer specialists for certain levels of care. It is expected that paraprofessionals, at minimum, will have a bachelor’s degree in psychology or a related human services field (i.e., LSW, bachelor’s in education with significant experience, etc.). If the staff has a non-related bachelor’s degree, life experiences may be considered in place of a related degree. Under certain circumstances, the bachelor’s degree requirement may be waived for individuals with linguistic, cultural expertise, and/or pertinent life experience and/or work experience. In certain cases related to specific levels of care, other requirements may apply (see specific level of care information that follows).

Those who do not meet the above criteria may apply for a waiver through MBHP’s Local Credentialing Committee (described in the MBHP Provider Manual).

MBHP pays for the following bachelor’s-level counselors/paraprofessionals/peer specialists in these specific programs:

**Community Support Program (CSP)**
1. The CSP provider will be staffed with paraprofessionals capable of meeting community support needs of psychiatric issues for children, adolescents, and adults; chemical dependency issues; and issues of dual diagnosis.
2. CSP programs will include, at a minimum, a staff worker with specialized training in child/adolescent development (for child/adolescent CSP programs), behavioral treatment, substance use disorder/dual recovery issues, and family treatment/engagement/education regarding psychiatric and substance use disorder recovery issues.
3. All staff, at a minimum, must have a bachelor’s degree in psychology or a related field. Those who do not meet these criteria may apply for a waiver through MBHP’s credentialing committee.

**Licensed Alcohol and Drug Counselor II (LADC II)**
1. Minimum of 270 hours of training that address the full range of education related to substance use disorder counseling
2. 300 hours of supervised practical training
3. 6,000 hours of supervised alcohol and drug counseling work experience (4,000 if applicant holds a bachelor’s degree)
4. Successfully complete a written examination
5. Show proof of high school diploma or equivalent

**Licensed Alcohol and Drug Counselor III (LADC III)**
1. Show proof of high school diploma or equivalent
2. 2,000 hours of work experience in the alcohol or substance use disorder field
3. Minimum of 50 hours of training that address the full range of education related to substance use disorder counseling
4. Successfully complete a written examination

**Program of Assertive Community Treatment (PACT)**
1. PACT clinical staff may be bachelor’s-level and paraprofessional mental health workers who carry out rehabilitation and support functions.
2. A bachelor’s-level mental health worker has a bachelor’s degree in human services and work experience with adults with serious mental illness.

3. A paraprofessional mental health worker may have a bachelor’s degree in a field other than human services or have a high school diploma and have work experience with adults with serious mental illness.

4. These paraprofessionals may have related training (e.g., certified occupational therapy assistant, home health aide), work experience (e.g., teaching), or life experience.

5. PACT programs may also have one to two FTE consumer advocates to provide peer counseling to motivate and encourage Members, provide consultation to the team, and serve as a link between individual Members and consumer groups and the program. The consumer advocates will have significant experience as mental health services consumers and demonstrate significant recovery so as to be effective in working with Members of the program.

**Mobile Crisis Intervention (MCI)**

1. Mobile Crisis Intervention utilizes a multidisciplinary model, with both professional and paraprofessional staff and maintains staffing levels as warranted by data trends.

2. Mobile Crisis Intervention is staffed with master’s-level clinicians trained in working with youth and families, with experience and/or training in nonviolent crisis intervention, crisis theory/crisis intervention, solution-focused intervention, motivational interviewing, behavior management, conflict resolution, family systems, and de-escalation techniques.

3. Mobile Crisis Intervention is also staffed with bachelor’s-level staff experienced or trained in navigating the behavioral health crisis response system that supports brief interventions that address behavior and safety.

4. A board-certified or board-eligible child psychiatrist or child-trained Psychiatric Nurse Mental Health Clinical Specialist is available for phone consultation to Mobile Crisis Intervention 24-hours a day, must respond within 15 minutes of a request from Mobile Crisis Intervention staff, and is available for face-to-face appointments with the youth for urgent medication management evaluations or urgent medication management appointments within 48 hours of a request if the youth has no existing provider.

5. All Mobile Crisis Intervention staff receives crisis specific training through the agency that employs them. Prior to serving families independently, Mobile Crisis Intervention staff also complete 12 hours of on-the-job training in CPI or equivalent program. A master’s-level clinician with at least two years of crisis intervention experience supervises this training. This training is documented.

6. All Mobile Crisis Intervention staff are trained in the following: performance specifications, clinical criteria, and per diem definitions for all MCE behavioral health covered services; Systems of Care philosophy and the Wraparound process; medications and side effects; youth-serving agencies and processes (e.g., DCF, IEP, DYS, etc.); family systems; conflict resolution; risk management; partnering with parents/guardians/caregivers; youth development; cultural competency; and related core clinical issues/topics. This training is documented.

7. Mobile Crisis Intervention staff members are knowledgeable about available community mental health and substance use disorder services within their geographical service area, the levels of care, and relevant laws and regulations. They also have knowledge about other medical, legal, emergency, and community services available to the youth.

8. Mobile Crisis Intervention supervises all staff, commensurate with licensure level and consistent with credentialing criteria.
**Intensive Care Coordination (ICC)**

1. The ICC organizational provider is staffed with care coordinators who have successfully completed skill-based and competency-based training in the delivery of ICC consistent with the Systems of Care philosophy and the *Wraparound* planning process and have experience working with youth with SED and their families.

2. Master’s-level care coordinators who work with a range of youth and their families who present varying degrees of complexity and needs. Master’s degree coordinators must have a master’s degree in a mental health field (including, but not restricted to, counseling, family therapy, social work, psychology, etc.) from an accredited college or university.

3. Bachelor’s-level care coordinators who work with a range of youth and their families who present varying degrees of complexity and needs. Bachelor’s degree care coordinators must have a bachelor’s degree in a human services field from an accredited institution and one (1) year of relevant experience working with families and youth. If the bachelor’s degree is not in a human services field, additional life or work experience may be considered in place of the human services degree.

4. Associate’s-level care coordinators or staff with a high school diploma and a minimum of five (5) years of experience working with the target population; experience in navigating any of the child/family-serving systems; and experience advocating for family Members who are involved with behavioral health systems.

5. Organizational providers that deliver ICC are outpatient hospitals, community health centers, mental health centers, and other clinics.

6. Intensive Care Coordination providers supervise all staff, commensurate with licensure level and consistent with credentialing criteria.

**Family Support and Training (FS&T)**

1. Family Partners are the staff persons delivering this service.

2. Experience as a caregiver of a youth with special needs, and preferably a youth with mental health needs

3. Bachelor’s degree in human services field and one (1) year of experience working with the target population OR

4. Associate’s degree in human service field and one (1) year of experience working with children/adolescents/transition age youth OR

5. High School Diploma or GED AND a minimum of two (2) years of experience working with children/adolescents/transition age youth

6. Experience in navigating any of the child- and family-serving systems and teaching family Members who are involved with the child- and family-serving systems

7. Organizational providers that deliver FS&T services include outpatient hospitals, community health centers, mental health centers and other clinics.

8. Family Support and Training providers supervise all staff, commensurate with licensure level and consistent with credentialing criteria.
In-Home Therapy (IHT)

1. The In-Home Therapy Services team employs a multidisciplinary model, with both professional and paraprofessional staff. The professional staff is trained in working with youth and their families, including training in family therapy. Paraprofessional staff is capable of providing family members with therapeutic support for behavioral health needs.

2. Master’s-level clinicians work with a range of youth and their families who present varying degrees of complexity and needs. Master’s-level clinicians must have a master’s degree in a mental health field (including, but not restricted to, counseling, family therapy, social work, psychology, etc.) from an accredited college or university.

3. Bachelor’s-level counselors/paraprofessional work with a range of youth and their families who present varying degrees of complexity and needs. Bachelor’s-level paraprofessionals must have a bachelor’s degree in a human services field from an accredited institution and one (1) year of relevant experience working with families and youth. If the bachelor’s degree is not in a human services field, additional life or work experience may be considered in place of the human services degree.

4. Associate’s-level counselors/paraprofessional work with a range of youth and their families who present varying degrees of complexity and needs. Associate’s-level paraprofessionals must have an associate’s degree in a human services field from an accredited institution and one (1) year of relevant experience working with families and youth. If the associate’s degree is not in a human services field, additional life or work experience may be considered in place of the human services degree.

5. A Board-certified or board-eligible child psychiatrist or a child-trained Mental Health Psychiatric Nurse Clinical Specialist is available during normal business hours for consultation related to treatment planning, medication concerns, and crisis intervention on an as needed basis and available for provider consultation within one (1) hour.

6. Organizational providers that deliver IHT include outpatient hospitals, community health centers, community mental health centers, and other clinics and private agencies certified by the Commonwealth of Massachusetts.

In-Home Behavioral Services (IHBS)

1. In-Home Behavioral Services is usually provided by a staff team including a Behavior Management Therapist and a Behavior Management Monitor.

2. Behavior Management Therapy includes a behavioral assessment, development of a highly specific behavior treatment plan, supervision and coordination of interventions, and training other interveners to address specific behavioral objectives or performance goals.

3. Behavior Management Monitoring includes implementation of the behavior treatment plan, monitoring the youth’s behavior, reinforcing implementation of the treatment plan by the parent(s)/guardian(s)/caregiver(s), and reporting to the behavior management therapist on implementation of the treatment plan and progress toward behavioral objectives or performance goals.

4. The In-Home Behavioral Services provider ensures that a licensed, senior clinician with the following credentials: LICSW, LMFT, LMHC, LCSW, LADC I, Psychologist, Psychiatric Nurse, or Nurse Clinical Specialist provides adequate supervision to all unlicensed, master’s-level behavior management therapists and/or interns as well the behavior management monitor consistent with applicable state licensure requirements.
Credentialing criteria for Behavior Management Therapist

1. Master’s-level practitioner (A master’s-level practitioner for these purposes includes persons with the following credentials: developmental-behavioral pediatricians, developmental-behavioral pediatric fellows, LICSWs, LCSWs, LMFTs, LMHCs, licensed psychologists, master’s-level counselors, marriage and family therapy interns, mental health counselor interns, Psychiatric Nurse Mental Health Clinical Specialists, Psychiatric Nurse Mental Health Clinical Specialist trainee, psychiatric nurses, psychiatrists, psychiatry residents, psychology interns, and social work interns. Note that all unlicensed, master’s-level counselors and/or interns must provide services under the direct supervision of an LICSW, LMFT, LMHC, LCSW, LADC I, psychologist, psychiatric nurse, or nurse clinical specialist consistent with applicable state licensure requirements. Please see Massachusetts State Plan 08-004 for further definition of the credentials described above.) AND
   a. Board-Certified Behavior Analyst (BCBA); OR
   b. Enrolled in a behavior analyst training program and eligible for certification within nine months; OR
   c. A psychologist licensed by the Massachusetts Board of Registration in Psychology with experience performing functional behavioral assessments and implementing and evaluating intervention strategies; OR
   d. A master’s-level mental health practitioner working under the supervision of a BCBA; OR
   e. A master’s-level mental health practitioner with relevant training and two years’ experience inclusive of but not limited to:
      i. conducting functional behavioral assessments (FBA) of youth with serious emotional and behavioral disturbances that include: observing and analyzing behavior in settings where the behavior is naturally occurring; evaluating specific antecedent stimuli and consequences; and understanding the values, skills, and resources of those who are responsible for implementing the behavior plan; AND
      ii. selecting interventions and strategies based on the results of the FBA and designing behavior plans that include intensive behaviorally oriented interventions; AND
      iii. evaluating progress based on both qualitative and quantitative data and making adjustments to the behavior plan as needed; AND
      iv. working with parents/caregivers and paraprofessional staff in homes and other community-based settings to implement behavior plans using techniques grounded in principles of positive behavior support (PBS) and/or applied behavioral analysis (ABA) with an aim toward extinguishing a wide range of challenging behaviors and increasing more socially acceptable behaviors that are age or developmentally appropriate.

Credentialing criteria for Behavior Management Monitor

1. Supervision by a clinician meeting one of the above criteria; AND
   a. A bachelor’s degree in a human services field from an accredited university and one (1) year of direct relevant experience working with youth and families who require behavior management to address mental health needs; OR
   b. An associate’s degree and a minimum of two (2) years of relevant direct service experience working with youth and families who require behavior management to address mental health needs.
Credentialing for Organizational Providers-Based Trainees

The following organizational provider-based trainees may serve Members in organizational provider settings:

- Psychiatry residents
- Psychology interns
- Master’s-level interns (social work interns and Licensed Mental Health Counselor Interns)

Criteria for Organizational Providers-Based Trainees

Contracted organizational providers (clinics, agencies, and/or hospitals) must credential interns. In addition to credentialing criteria specific to the interns’ licensure levels, listed below, organizational providers must demonstrate evidence of policies and procedures that ensure the following:

1. The organizational providers must maintain a current roster of all interns who are providing services to MBHP Members. The roster must indicate the name of the intern, the accredited training program in which she or he is enrolled, the start and completion dates of the practicum, and the identified direct supervisor—who must be a professional holding the licensure level for which the intern is training—including the supervisor’s name and license number. MBHP will use this roster as part of the site-review process to identify interns providing services and to appropriately review clinical and supervision records.

2. Members are assigned to interns in a deliberate, clinically rational manner. Assignment will be completed by a licensed, senior-level clinical staff Member who carefully evaluates the appropriateness of the intern/Member match with an emphasis on MBHP’s commitment to meeting the Member’s needs.

3. Each Member’s treatment will be reviewed with the supervisor (or other designated senior clinician) on a weekly basis to ensure the ongoing appropriateness of the assignment.

4. At the time the case is assigned, Members are informed that they will be receiving services from an intern and that they can request and receive, without prejudice, a reassignment to a clinician who is not an intern.

Scope of Practice for Interns

Assuming the above conditions are satisfied subject to verification during MBHP’s credentialing and site-visit process, interns are eligible for reimbursement only for those services that are outlined on the MBHP Outpatient Fee Schedules.

The following describes the use of interns for the various CBHI services:

1. ICC – A master’s-level intern in his/her first-year can bill using the non-master’s ICC code; a master’s-level intern in his/her second-year can bill at the master’s rate. Note: A master’s-level intern is one who has obtained a bachelor’s degree but has not yet obtained a master’s degree AND the program in which s/he is enrolled must be a clinical-track program AND s/he is working in an intern capacity under the supervision of a licensed clinician.

2. Family Support and Training – A waiver request can be submitted for consideration by an organization if a candidate does not meet the educational requirement (a bachelor’s or associate’s degree in a human services field and one year of experience with the target population, or a high school diploma or GED and a minimum of two years of experience with the target population) but has relevant work experience. The waiver request should be submitted to the MBHP-CSA@valueoptions.com mailbox.

3. Behavior Management Therapy (part of In-Home Behavioral Services) – If an individual is working towards his/her master’s degree (i.e., is in his/her second year of a master’s program with a clinical track but has not yet obtained degree) AND is working in an intern capacity under the supervision of a
licensed clinician, s/he can bill at the master’s-level clinician rate. There is no reimbursement structure in place for billing by those in their first year of a master’s program with a clinical track.

4. Behavior Management Monitoring (part of In-Home Behavioral Services) – If an individual is working towards his/her bachelor’s degree or associate’s degree (in bachelor’s program or associate’s program, respectively, but has not yet obtained degree) AND is working in an intern capacity under the supervision of a licensed clinician, a waiver request must be submitted by the organization, consisting of a cover letter, and the resume and transcripts/curriculum of the candidate, to the MBHP-CSA@valueoptions.com mailbox.

5. In-Home Therapy Provider (professional component of In-Home Therapy) – If an individual is working toward his/her master’s degree (i.e., is in his/her second year of a master’s program with a clinical track but has not yet obtained degree) AND is working in an intern capacity under the supervision of a licensed clinician, s/he can bill at the master’s-level clinician rate. There is no reimbursement structure in place for billing by those in their first year of a master’s program with a clinical track.

6. Therapeutic Training and Support (paraprofessional component of In-Home Therapy) – If an individual is working towards his/her bachelor’s degree or associate’s degree (in bachelor’s program or associate’s program, respectively, but has not yet obtained degree) AND is working in an intern capacity under the supervision of a licensed clinician, a waiver request must be submitted by the organization, consisting of a cover letter, and the resume and transcripts/curriculum of the candidate, to the MBHPCBHI@valueoptions.com mailbox.

7. Therapeutic Mentoring – There is no capacity for billing other than by individuals who are bachelor’s-level or associate’s-level with one (1) year experience, OR who have a high school diploma or GED with two (2) years’ experience. A waiver request can be submitted for consideration by an organization if a candidate does not meet the educational requirement but has relevant work experience. The waiver request must consist of a cover letter, the resume of the candidate, and any additional supporting materials and should be sent to the MBHPCBHI@valueoptions.com mailbox.

8. Mobile Crisis Intervention (professional component) – If an individual is working towards his/her master’s degree (i.e., is in his/her second year of a master’s program with a clinical track but has not yet obtained degree) AND is working in an intern capacity under the supervision of a licensed clinician, s/he can bill at the master’s-level clinician rate. There is no reimbursement structure in place for those in their first year of a master’s program with a clinical track to bill.

9. Mobile Crisis Intervention (paraprofessional component) – If an individual is working towards his/her bachelor’s degree (in bachelor’s program, but has not yet obtained degree) AND is working in an intern capacity under the supervision of a licensed clinician, a waiver request must be submitted by the organization to the MBHPCBHI@valueoptions.com mailbox.

Note: A master’s degree or a bachelor’s degree in criminal justice or forensic psychology does not meet the MCEs’ credentialing criteria; however, there may be an exception due to the work experience(s) of a given candidate. Thus, a waiver request should be submitted by a provider organization in writing to determine whether a candidate’s work experience would justify having one of these fields of degree waived.

For consideration, all waiver requests must be sent to the MBHP-CSA@valueoptions.com mailbox for ICC services or Family Support and Training (FS&T) services, and to the MBHPCBHI@valueoptions.com mailbox for In-Home Therapy (IHT) services, Therapeutic Mentoring (TM) services, or In-Home Behavioral Services (IHBS), and must include the following for consideration:

- Cover letter specifying what the provider organization is requesting to be waived
- Candidate’s resume
• Transcripts, if the candidate is currently in school
• Letters of reference (optional)
• Any other supporting materials

In addition to the criteria for interns indicated above, each licensure level of intern is required to be credentialed according to the criteria detailed below.

The following profession-specific criteria must be met by all facility-based trainees:

**Psychiatry Residents**

Psychiatry Residents are approved to function in all contracted hospital-based and agency/clinic-based services sites. Eligibility criteria include all of the following:

1. The Psychiatry Resident must have a Doctor of Medicine (MD) degree or Doctor of Osteopathy (DO) degree received from an accredited medical school.
2. The Psychiatry Resident must be in a minimum Post-Graduate Year Two (PGY 2) program in a structured, approved Psychiatric Training Program.
3. The Psychiatry Resident must possess a current, valid, unrestricted license as a physician in the Commonwealth.
4. The Psychiatry Resident will work within the structure of a hospital or facility.
5. The Psychiatry Resident must maintain professional liability insurance at a minimum level of $1,000,000 per occurrence /$3,000,000 in the aggregate.
6. The Psychiatry Resident must have no outstanding sanctions by the residency training program or the Board of Registration in Medicine.
7. The Psychiatry Resident must be supervised by a psychiatrist who is board-certified in General Psychiatry by the American Board of Psychiatry and Neurology (ABPN) or who will be within two years of contracting with MBHP unless a waiver of this requirement is requested and received within two years of contracting with MBHP.

**Psychology Interns**

1. The Psychology Intern must be admitted to doctoral candidacy in a structured, clinical, or counseling, American Psychological Association (APA)-approved doctorate program.
2. Services must be provided in a licensed clinic or hospital, under the direct supervision of a psychologist licensed in the Commonwealth of Massachusetts who meets MBHP’s credentialing criteria as an independent practitioner.
3. The Psychology Intern must receive a minimum of two hours per week direct supervision (by a licensed psychologist), one hour of which must be face-to-face, and individual supervision, and one of either individual or group supervision. All supervision must be documented in files accessible for review by MBHHP during the site-review process or upon request. Supervision notes must, at a minimum, contain information regarding frequency of supervision, format of supervision, supervisor’s signature and credentials, and general content of supervision session.
4. The Psychology Intern must be covered under the hospital or mental health/substance use disorder agency’s professional liability coverage at a minimum level of $1,000,000 per occurrence/$3,000,000 in the aggregate.
5. There must be no outstanding sanctions regarding the Psychology Intern from the training program.
Social Work Interns

1. The Social Work Intern must be a second-year, clinical-track student in a structured field practicum that is a component of an MSW program that is fully accredited by the Council on Social Work Education.

2. Services must be provided in a licensed clinic or hospital, under the direct supervision of an LICSW who meets MBHP’s credentialing criteria.

3. The Social Work Intern must receive a minimum of two hours per week of direct LICSW supervision (one hour of face-to-face, individual supervision and one of either individual or group supervision). All supervision must be documented in files accessible for review by the Contractor during the site-review process or upon request. Supervision notes must contain information regarding frequency of supervision, format of supervision, supervisor’s signature and credentials, and general content of supervision sessions.

4. The Social Work Intern must be covered under professional liability insurance at a minimum level of $1,000,000 per occurrence/$3,000,000 in the aggregate.

5. There must be no outstanding sanctions regarding the Social Work Intern from the training program.

Mental Health Counselor Interns

1. The Mental Health Counselor Intern must be a second-year, clinical-track student in a structured field placement that is a component of a master’s in mental health counseling or a master’s in a counseling psychology program that is fully accepted by the Board of Allied Mental Health and Human Services Profession.

2. The Mental Health Counselor Intern must provide services in a licensed clinic or hospital, under the direct supervision of a LMHC, LICSW, a licensed psychologist, a licensed, master’s-level clinical nurse specialist, or licensed psychiatrist who meets MBHP’s credentialing criteria.

3. The Mental Health Counselor Intern must receive a minimum of two hours per week direct supervision (one hour of face-to-face, individual supervision, and one of either individual or group supervision). All supervision must be documented in files accessible for review by MBHP during the site-review process or upon request. Supervision notes must contain, at a minimum, information regarding frequency of supervision, format of supervision, supervisor’s signature and credentials, and general content of supervision sessions.

4. The Mental Health Counselor Intern must be covered by the hospital or mental health/substance use disorder agency’s professional liability coverage at a minimum of $1,000,000 per occurrence /$3,000,000 in the aggregate.

5. There must be no outstanding sanctions regarding the Mental Health Counselor Intern from the training program.

Marriage and Family Therapist Interns

1. The Marriage and Family Therapist Intern must be a second-year, clinical-track student in a structured field placement that is a component of a master’s in mental health counseling or a master’s in a counseling psychology program that is fully accepted by the Board of Allied Mental Health and Human Services Profession.

2. The Marriage and Family Therapist Intern must provide services in a licensed clinic or hospital, under the direct supervision of a LMHC, LICSW, a licensed psychologist, a licensed, master’s-level clinical nurse specialist, or licensed psychiatrist who meets MBHP’s credentialing criteria.

3. The Marriage and Family Therapist Intern must receive a minimum of two hours per week direct supervision (one hour of face-to-face, individual supervision, and one of either individual or group supervision). All supervision must be documented in files accessible for review by MBHP during the
site-review process or upon request. Supervision notes must contain, at a minimum, information regarding frequency of supervision, format of supervision, supervisor’s signature and credentials, and general content of supervision sessions.

4. The Marriage and Family Therapist Intern must be covered by the hospital or mental health/substance use disorder agency’s professional liability coverage at a minimum of $1,000,000 per occurrence/$3,000,000 in the aggregate.

5. There must be no outstanding sanctions regarding the Marriage and Family Therapist Intern from the training program.

**Credentialing criteria for facilities**

Three types of facilities are credentialed to serve MBHP Members:

1. Hospital-based facilities
2. Clinic-based facilities
3. Free-standing or other settings

**Definitions**

1. **Hospital-Based Facilities**
   A hospital-based facility is a hospital in the Commonwealth of Massachusetts licensed by the Department of Public Health and/or the Department of Mental Health as appropriate OR a facility operated directly by such a hospital, under that hospital’s license.

2. **Clinic-Based Facilities**
   A clinic-based facility is operated by an entity licensed as an outpatient mental health and/or substance use disorder clinic by the Department of Public Health in the Commonwealth of Massachusetts.

3. **Free-standing or Other Settings**
   Free-standing or other settings are defined as any other setting that is not owned or operated by a hospital or an outpatient clinic.

**General credentialing criteria for facilities**

Facilities of all three types must meet the following credentialing criteria:

1. Must have a governing body and an organized professional staff whose primary function is to diagnose, treat, or rehabilitate Members with behavioral health problems. (All staff treating MBHP Members must meet MBHP’s credentialing criteria.)
2. Must ensure that all licensed and non-licensed clinicians working within the facility are credentialed and re-credentialed according to the MBHP credentialing criteria. (The facility will maintain copies of all staff credentials on-site and provide credentialing documents upon MBHP request.)
3. Must have minimum malpractice and general liability coverage of $1,000,000 per occurrence/$3,000,000 in the aggregate, except as state law may provide; if the facility is self-insured, it must provide documentation of a dedicated trust or account funded for the purpose of covering malpractice liabilities.
4. Must have a policy that conforms to state and federal laws for the provision of emergency medical care if such medical care is not available on-site
5. Must comply with the MBHP re-credentialing process every three years
6. Must have been in operation and providing behavioral health services for six months and must demonstrate the capacity to fully meet all MBHP performance and credentialing standards and all appropriate licensure requirements when the contract is executed
7. Must meet all MBHP Performance Specifications for all of the levels of care it is contracted to provide
to MBHP Members

Specific credentialing criteria by facility type

Facilities must also meet the following criteria specific to each of the three facility types:

1. Hospital-based facilities

   Additional credentialing criteria for hospital-based facilities are as follows:
   a. Must be licensed by the Department of Public Health and/or the Department of Mental Health to provide services in the Commonwealth of Massachusetts for which they are billing MBHP as a behavioral health care inpatient and/or outpatient facility
   b. Must be accredited by The Joint Commission or another nationally recognized accreditation service as a hospital or healthcare organization that provides psychiatric and/or substance use disorder services to adults and/or adolescents and/or children

2. Clinic-based facilities

   Additional credentialing criteria for clinic-based facilities are as follows:
   a. Must be licensed by the Commonwealth of Massachusetts Department of Public Health as an outpatient mental health clinic, an outpatient substance use disorder clinic, or both, appropriate to the levels of care for which the facility is contracted with MBHP, and must maintain these licenses in good standing
   b. Must be accredited by The Joint Commission or another nationally recognized accreditation organization for behavioral health care as a healthcare organization that provides psychiatric and/or substance use disorder services to adults and/or adolescents and/or children

3. Free-standing or other settings

   Additional credentialing criteria for free-standing or other settings are as follows:
   a. Must be licensed, as applicable, by the Department of Public Health and/or the Department of Mental Health to provide services in the Commonwealth of Massachusetts for which they are billing MBHP as a behavioral health care outpatient, inpatient, or diversionary service
   b. Must be accredited by The Joint Commission or another nationally recognized accreditation service, as applicable for behavioral health care

Facility and programmatic waivers

Any exceptions to these credentialing criteria are considered on an individual basis. Providers must submit: a written waiver request, identifying the credentialing criteria for which a waiver or modification is being requested; a justification; and documentation that a need exists. Waiver requests should be addressed to:

Massachusetts Behavioral Health Partnership (MBHP)
Director, Network Operations
1000 Washington Street, Suite 310
Boston, MA 02118-5002

Or

E-mail to MBHPNetworkManagement@valueoptions.com

Waiver requests are reviewed and decided upon by the MBHP Local Credentialing Committee and the ValueOptions National Credentialing Committee.
Credentialing criteria for specialty programs

Assessment for Safe and Appropriate Placement (ASAP) Qualified Diagnosticians

As a service to the ASAP Lead Agencies, MBHP credentials prospective qualified diagnosticians (QD) recommended by the Department of Social Services (DSS) who meet MBHP’s credentialing policies and procedures. The credentialing criteria were developed in conjunction with DSS and specialists in the area of assessing youth with fire setting behavior and youth with sexual offending behavior.

MBHP contracts with designated DSS lead agencies (based on the requirements of DSS) for the specific level of service to provide assessments for youth with fire setting behavior and youth with sexual offending behavior, as per Massachusetts General Law, Section 33B.

Credentialing criteria

MBHP credentials the following licensure levels for ASAP clinicians, regardless of their existing affiliation with an MBHP-contracted facility/agency:

- Licensed psychiatrists
- Licensed psychologists
- Licensed Independent Clinical Social Workers (LICSW)
- Licensed Mental Health Counselors (LMHC)
- Psychiatric Nurse Mental Health Clinical Specialists

Additionally, MBHP will credential master’s-level clinicians within a contracted organizational provider who possess a degree in the mental health field from an accredited college or university.

In addition to licensure and discipline requirements, the credentialing criteria also include, but are not limited to, the following:

Qualified Diagnosticians of Youth with Fire Setting Behaviors

Eligibility criteria include the following:

1. Adequate knowledge of the Department of Children and Families (DCF) system
2. 120 hours of youth with fire setting behavior-specific assessment experience in direct service (face-to-face) within the prior seven years
3. 45 hours of youth with fire setting behavior-specific training experience within the prior seven years

Qualified Diagnosticians of Youth with Sexual Offending Behaviors

Eligibility criteria include the following:

1. Adequate knowledge of the DCF system
2. Full Massachusetts Adolescent Sexual Offender Coalition (MASOC) Certification
3. 75 hours of youth with sexual offending behavior specific assessment and treatment training within the prior seven years (25 of these hours must be in youth with sexual offending behavior specific assessments)

Credentialing process

1. Providers wishing to credential an ASAP clinician in his or her agency must submit all requests in writing to the attention of the MBHP Credentialing Department.
2. A pre-screen will be conducted on the phone and, if the preliminary criteria have been met, a credentialing application will be mailed to the clinician to be completed and returned to MBHP’s Credentialing Department.

3. The application will be reviewed and, if appropriate, the application will be presented to MBHP’s Local Credentialing Committee (LCC) for approval decision.

4. The LCC will either approve or not approve the application.

5. The Credentialing Department will send the applicant written notification of the decision.

**Credentialing criteria for Dialectical Behavior Therapy (DBT) Program**

Dialectical Behavior Therapy (DBT) is a manual-directed outpatient treatment that combines strategies from behavioral, cognitive, and supportive psychotherapies. DBT services are provided through MBHP-credentialed outpatient programs and group practices only. Outpatient programs and group practices that wish to credential for this type of program must meet the credentialing criteria for facilities or group practices. In addition, they must also meet the following criteria specific to this type of program:

1. **Must consist of one of the following licensure levels:** MD/DO; psychologist; licensed, master’s-level clinician; or APRN (Waivers of licensure are not considered.)

2. **Must have completed a minimum of two, two-day trainings sponsored or co-sponsored by the Behavior Technology Transfer Group in Seattle, Washington** (One of the trainings must be an introduction to DBT and the second can be any DBT-specialty skills training.)

   **OR**

   Completed the newly implemented training sponsored by The Treatment Implementation Collaborative, LLC and Dr. Charles Swenson, which includes 13 weeks with online, video-based classes, followed by a two-day, in-person training:

3. **Has co-led a DBT-skills group for a minimum of six months**

4. **Has participated in a weekly consultation team for a minimum of six months**
## APPENDIX – REGIONAL ZIP CODE LIST

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