

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

May 18, 2011

JudyAnn Bigby, M.D., Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Dr. Bigby:

We have reviewed Massachusetts' State Plan Amendment (SPA) No. 11-002, received in the Boston Regional Office on March 23, 2011. This amendment inserts language in the State plan noting that prior authorization is required for private duty nursing services.

Based on the information provided, we are pleased to inform you that Massachusetts SPA 11-002 is approved, effective March 1, 2011. Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation in the Massachusetts Medicaid State Plan.

If you have any questions, please contact Aaron Wesolowski of my staff. Aaron Wesolowski can be reached at (617) 565-1325 or by email at aaron.wesolowski@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Terry Dougherty, Medicaid Director
Michael Coleman, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 011-002	2. STATE MA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 03/01/11	
		5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.80		7. FEDERAL BUDGET IMPACT: a. FFY11 \$ 00.00 b. FFY12 \$ 00.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 3a Supplement to Attachment 3.1-A, page 2a Attachment 3.1-B, page 3a Supplement to Attachment 3.1-B, page 2a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Private Duty Nursing Services			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CMR 430.12(b)(2)(ii)			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11th Floor Boston, MA 02108	
13. TYPED NAME: JudyAnn Bigby, M. E.			
14. TITLE: Secretary			
15. DATE SUBMITTED: 03/23/11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 23, 2011		18. DATE APPROVED: May 18, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2011		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations	
23. REMARKS:			

**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration and Scope of Medical
and Remedial Care and Services Provided to the Categorically Needy**

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

- Provided: No limitations With limitations*
 Not provided.

8. Private duty nursing services.

- Provided: No limitations With limitations*
 Not provided.

* Limitations are described in Supplement to Attachment 3.1-A.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided

Item 7: Home Health Services

- c. Medical supplies, equipment, and appliances must be prescribed or ordered by the recipient's physician and must be furnished and claimed directly by appropriate vendors in accordance with the Division's regulations relative to drugs, restorative services, and rehabilitative services. Home health agencies must transmit such prescriptions and orders to vendors who are providers in the Medical Assistance Program.

Item 8: Private Duty Nursing Services

- a. Private duty nursing services are provided in accordance with 42 CFR 440.80
- b. Private duty nursing services are not provided in a hospital or skilled nursing facility.
- c. Private duty nursing services are subject to prior authorization

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided

Item 7: Home Health Services

- c. Medical supplies, equipment, and appliances must be prescribed or ordered by the recipient's physician and must be furnished and claimed directly by appropriate vendors in accordance with the Division's regulations relative to drugs, restorative services, and rehabilitative services. Home health agencies must transmit such prescriptions and orders to vendors who are providers in the Medical Assistance Program.

Item 8: Private Duty Nursing Services

Services are subject to prior authorization.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration and Scope of Services Provided Medically Needy Groups

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations With limitations*
 Not provided.

8. Private duty nursing services.

Provided: No limitations With limitations*
 Not provided:

* Limitations are described in Supplement to Attachment 3.1-B.