

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 14-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

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



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

August 25, 2014

John Polanowicz, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Mr. Polanowicz:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 14-001 submitted to my office on January 28, 2014. This SPA was submitted to revise your approved Title XIX State plan to clarify coverage provisions for outpatient hospital services. This SPA has been approved effective January 1, 2014.

Enclosed are copies of the following State plan pages.

- Supplement to Attachment 3.1-A, page 1a; and
- Supplement to Attachment 3.1-B, page 1a

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Kristin Thorn, Medicaid Director
Michael Coleman, State Plan Coordinator



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

August 25, 2014

John Polanowicz, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Mr. Polanowicz:

This letter is being sent as a companion to our approval of your State Plan Amendment (SPA) No. 14-001, approved on August 25, 2014. During our processing of SPA 14-001, we also reviewed the coverage provisions for services that appear on the submitted pages. Based on that review, we have determined that the coverage provisions for Mobile Crisis Intervention are not consistent with Medicaid statutory and regulatory requirements described below. Additional information is required.

Coverage Provisions for Mobile Crisis Intervention

1. Item 4b.a, page 1a of the Supplements to Attachments 3.1-A and 3.1-B: Section 1905(a)(13) of the Social Security Act (the Act) authorizes rehabilitative services that are defined at 42 CFR 440.130(d) as services "recommended by a physician or other licensed practitioner of the healing arts...for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level." The service description for Mobile Crisis Intervention is vague and could be construed as allowing referral to all medical, social, educational or other services and programs. In order for us to determine if the State's service description comports with the requirements for rehabilitative services, please clarify that the reference to "Referral to other services as needed" in the last bullet on page 1a of the Supplements to Attachments 3.1-A and 3.1-B is limited to "other behavioral health services."
2. Item 4b.a, page 1b of the Supplements to Attachments 3.1-A and 3.1-B: Section 1902(a)(23) of the Act provides that "any individual eligible for medical assistance...may obtain such assistance from any institution, agency, community pharmacy, or person, qualified to perform the services or services required...who undertakes to provide him such services." On page 1b of the Supplements to Attachments 3.1-A and 3.1-B, the State plan indicates in the second paragraph under "Providers" that providers must be employed by or under contract with one of several listed entities.
 - a. Please clarify in the State plan whether the State allows independent practitioners to furnish Mobile Crisis Intervention.
 - b. Please explain how the State ensures that all willing and qualified providers can furnish Mobile Crisis Intervention services.

3. Item 4b.a, page 1c of the Supplements to Attachments 3.1-A and 3.1-B:

- a. Please clarify under the first bullet “Referral to other services as needed” whether these specified providers are providing the referrals to other services as needed, are providing the actual “other services”, or are doing both.

The State has 90 days from the date of this letter – until November 23, 2014 – to address the issues described above. Within this 90-day period, the State may submit a SPA to address these issues or may submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond within the 90 days will result in the initiation of a formal compliance process. During the 90-day period, CMS will provide any required technical assistance to assist you in resolving these issues.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov. We look forward to working with you on these issues.

Sincerely,

/s/

Richard R. McGreal ✓
Associate Regional Administrator

cc: Kristin Thorn, Acting 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: 014-001	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 01/01/14	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 USC 1396a(d)(1) and (2); 42 CFR 440.10; 42 CFR 440.20	7. FEDERAL BUDGET IMPACT: a. FFY 14 \$ 0 b. FFY 15 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, pages 1, 1a Supplement to Attachment 3.1-B, pages 1, 1a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): same
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10. SUBJECT OF AMENDMENT:

Coverage Provisions

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CFR 430.12(b)(2)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11 th Floor Boston, MA 02108
13. TYPED NAME: John Polanowicz	
14. TITLE: Secretary	
15. DATE SUBMITTED: 01/28/14	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 01/28/2014	18. DATE APPROVED: 08/25/2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2014	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA

23. REMARKS:

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

Item 2.a: Outpatient Hospital Services

MassHealth requires prior authorization for certain outpatient hospital services based on medical necessity. Outpatient hospitals must currently obtain prior authorization for more than 20 occupational therapy visits, 20 physical therapy visits, or 35 speech/language therapy visits, including group-therapy visits, for a member within a 12-month period.

DEP/ESPs provide crisis assessment, stabilization, special services and other interventions in advance of a hospital admission for psychiatric treatment. Such services are available 24 hours a day, 7 days a week in order to ensure appropriate access to inpatient hospitalization and diversion from inpatient hospitalization when possible. To qualify as a DEP/ESP, a provider of hospital services must be designated as such by the Commonwealth.

Item 4.a: Nursing Facilities Services

If a utilization review team recommends that a recipient in a multi-level long-term-care facility be changed to a lower level of care, the facility is responsible for relocating a recipient to the recommended level of care within the facility. The recipient has the right to appeal the recommendation.

Item 4b: Early and Periodic Screening, Diagnostic and Treatment services for individuals under 21 years of age, and treatment of conditions found.

In addition to all other medically necessary services covered for individuals under age 21, the following services are covered as Rehabilitation services as defined in 42 USC 1396d (a) (13). These services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual:

a. Mobile Crisis Intervention (Services described in this section are effective July 1, 2009.)

Mobile Crisis Intervention provides a short term service that is mobile, on-site, face-to-face therapeutic response to a youth experiencing a behavioral health (mental health or substance abuse) crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing the immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. Services are available 24 hours a day, 7 days a week. Phone contact and consultation may be provided as part of the intervention. Mobile crisis services may be provided by a single crisis worker or by a team of professionals that are qualified providers who are trained in crisis intervention.

Mobile Crisis Intervention includes the following activities when performed to resolve the immediate crisis:

- Assessment;
- Crisis counseling including individual and family counseling;
- Clinical consultation and coordination with other health care providers;
- Psychopharmacological management, including availability of on-site prescriber;
- Identification and inclusion of professional and natural supports (e.g., therapist, neighbors, relatives) who can assist in stabilizing the situation and offer ongoing support;
- Development of a risk management/safety plan. In cases where the youth does not already have such a plan, Mobile Crisis Intervention creates a risk management/safety plan in concert with the parent(s)/guardian(s)/caregiver(s) and any existing service providers (e.g., ICC, In-Home Therapy Services, outpatient therapist); and
- Referral to other services as needed.

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

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