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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 14-011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) 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

September 3, 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. 14-011 submitted to CMS on March 28, 2014. This SPA was submitted to revise your approved Title XIX State plan to clarify coverage provisions for independent therapist and other licensed practitioner services. In particular, this SPA expands the scope of therapy services, and replaces the hard limits on chiropractor services with soft limits that require prior authorization. This SPA has been approved effective January 1, 2014.

Enclosed are copies of the following State plan pages and attachments to be incorporated within your approved State plan.

- Attachment 3.1-A, page 7;
- Supplement to Attachment 3.1-A, pages 2 and 3a0;
- Attachment 3.1-B, page 6; and
- Supplement to Attachment 3.1-B, pages 2 and 3a0.

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

cc: Kristin Thorn, 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: 014-011	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): <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 (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60; 42 CFR 440.160; 42 CFR 440.110	7. FEDERAL BUDGET IMPACT: a. FFY 2014 00-00 232,935 b. FFY 2015 00-00 1,164,673	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 7 Attachment 3.1-B, page 6 Supplement to Attachment 3.1-A pages 2, 3a0 Supplement to Attachment 3.1-B pages 2, 3a0	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	

10. SUBJECT OF AMENDMENT:

State Plan Clarifications

11. GOVERNOR'S REVIEW (Check One): <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 CFR 430.12(b)(2)(i)	
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO:
13. TYPED NAME: John Polanowicz	Michael P. Coleman State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11 th Floor Boston, MA 02108
14. TITLE: Secretary	
15. DATE SUBMITTED: 03/28/14	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/28/2014	18. DATE APPROVED: 09/03/2014
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

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Revision: HCFA-PM-86-20 (BERC)
September 1986

Attachment 3.1-A
Page 7
OMB No.: 0938-0673

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

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902 (a) (31) (A) of the Act, to be in need of such care.
- Provided: No limitations With limitations*
 Not provided.
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- Provided: No limitations With limitations*
 Not provided.
16. Inpatient psychiatric facility services for individuals under 21 years of age.
- Provided: No limitations With limitations*
 Not provided.
17. Nurse-midwife services.
- Provided: No limitations With limitations*

 Not provided
18. Hospice care (in accordance with section 1905 (o) of the Act).
- Provided: No limitations With limitations*
 Not provided.
- Provided in accordance with section 2302 of the Affordable Care Act

* Description provided on Supplement to Attachment 3.1-A.

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

Item 6: Licensed Practitioners Services

Licensed Practitioner Services are provided in accordance with 42 CFR 440.60.

- a. **Podiatrists' Services** – Coverage is for podiatry services that are considered medically necessary. Office visits are limited to one initial visit, one limited visit per 30 day period, one extended visit per 30 day period, and one follow up visit per week. Out of office visits are limited to one visit in a 30 day period in a long-term-care facility or the member's home and two visits in a 30 day period in a hospital setting.
- b. **Optometrists' Services** – Members under age 21 are limited to one comprehensive examination within a 12 month period; additional services are provided when medically necessary. . Members aged 21 or older are limited to one comprehensive eye examination within a 24 month period; additional services are provided when medically necessary.

Services that are subject to prior authorization include: fundus photography; non-plastic prosthetic eyes; unlisted services; and vision training.

Exclusions consist of treatment for congenital dyslexia.

- c. **Chiropractic Services** – include chiropractic manipulative treatment and radiology services. Services are limited to medically necessary treatment related to a neuromusculoskeletal condition. The MassHealth agency limits payment for chiropractor services for any combination of office visits and chiropractic manipulative treatments. Any office visits or chiropractic manipulative treatments in excess of 20 per member per calendar year are subject to prior authorization.
- d. **Other Practitioners' Services** – Other practitioners' services also include psychologists' services, which are limited to psychological testing only: hearing instrument specialist services and public health dental hygienist services. Hearing instrument specialist services are limited to the practice of fitting and dispensing of hearing aids which means the measurement of human hearing solely for the purpose of making selections, adaptations or sales of hearing aids intended to compensate for impaired hearing. The MassHealth agency does not pay for more than one hearing aid per ear per member in a 60 month period without prior authorization.

Public health dental hygienist services are limited to services provided in public health settings within the scope of practice governed by the Massachusetts Board of Registration in Dentistry and covered by the MassHealth agency.

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

Item 11: Therapies and Related Services

Speech, occupational and physical therapies to improve or prevent the worsening of a congenital or acquired condition are provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program. Diversional and recreational therapy are not reimbursable services.

Audiologist Services are provided in accordance with 42 CFR 440.110. The MassHealth agency does not pay for more than one hearing aid per ear per member in a 60-month period without prior authorization.

Item 12: Prescribed Drugs, Dentures, Prosthetic Services, and Eyeglasses

a. **Prescribed Drugs** - Legend FDA-approved drugs and certain non-legend over-the-counter drugs are reimbursable subject to the conditions specified in 130 CMR 406.000. Prescribers must obtain prior authorization for non-generic multiple source drugs, and for any drug identified by the Division in accordance with 130 CMR 450.303. Insulins are reimbursable for recipients without restrictions.

Active pharmaceutical ingredients (APIs) and excipients that are included in an extemporaneously compounded prescription written by an authorized prescriber and dispensed by MassHealth pharmacy providers are covered if medically necessary.

The state is in compliance with Section 1927 of the Social Security Act. Based on the requirements of Section 1927 of the Social Security Act, the state has the following policies for the supplemental rebate program for the Medicaid population:

1. The state will be negotiating supplemental rebates in addition to the federal rebates provided for in Title XIX. Rebate agreements between the state and a pharmaceutical manufacturer will be separate from the federal rebates.

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Revision: HCFA-PM-86-20 (BERC)
September 1986

Attachment 3.1-B
Page 6

State Plan under Title XIX of the Social Security Act
State: Massachusetts

OMB No.: 0938-0193

Amount, Duration and Scope of Services Provided Medically Needy Groups

Aged, Disabled, AFDC and Under 21 (cont.)

- c. Intermediate care facility services.
- Provided: No limitations With limitations*
 Not provided.
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with Section 1902 (a) (31) (a) of the Act, to be in need of such care.
- Provided: No limitations With limitations*
 Not provided.
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- Provided: No limitations With limitations*
 Not provided.
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Supplement to Attachment 3.1-B

Page 2

State Plan under Title XIX of the Social Security Act

State: Massachusetts

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Supplement to Attachment 3.1-B
Page 3a0

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