

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 14-012**

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 5, 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. 14-012 submitted to CMS on March 28, 2014. This SPA was submitted to revise your approved Title XIX State plan to add coverage of additional optional restorative dental services for beneficiaries aged 21 or older. This SPA has been approved effective March 1, 2014.

Please note that during the review of this SPA we identified corresponding issues with service payment methods that are currently under review in pending SPA 09-010(B), and so a companion letter will not be issued with this approval.

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

- Supplement to Attachment 3.1-A, page 3; and
- Supplement to Attachment 3.1-B, page 3.

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](mailto:Julie.McCarthy@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER:  014-012	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  03/01/14	
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 USC 1396d(a)(10) / 42 CFR 440.100	7. FEDERAL BUDGET IMPACT:  a. FFY 2014 \$9.8 million b. FFY 2015 \$16.8 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement to Attachment 3.1-A page 3 Supplement to Attachment 3.1-B page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Same	
10. SUBJECT OF AMENDMENT:  Dental Coverage		
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 Polanowick	Michael P. Coleman State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11 <sup>th</sup> Floor Boston, MA 02108	
14. TITLE: Secretary		
15. DATE SUBMITTED: 03/28/14		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: 03/28/2014	18. DATE APPROVED: 09/05/2014	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 03/01/2014	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  
Amount, Duration, and Scope of Medical  
and Remedial Care and Services Provided to the Categorically Needy

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**Item 9: Clinic Services**

Clinic Services are available with limitations. The Division only pays for freestanding ambulatory surgical services that are medically necessary and appropriately provided in the most cost-effective settings. Freestanding ambulatory surgical center services are limited to surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures requiring general, local, or regional anesthesia, and must be furnished to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.

**Item 9a: Designated Emergency Mental Health Provider**

The Division intends to establish a new provider type under this State Plan called Designated Emergency Mental Health Provider (DEP), also known as an Emergency Service Program (ESP). To qualify as a DEP/ESP, a provider of clinical services must be designated as such by the Commonwealth.

**Item 10: Dental Services**

- A. For members under age 21, all medically necessary dental services, including comprehensive and periodic oral evaluations and all dental services needed for maintenance of dental health, restoration of teeth, and relief of pain and infections are covered.
- B. For members age 21 or over the following dental services are covered:
- diagnostic services including oral evaluation (comprehensive and periodic) and radiographs; preventive services including prophylaxis.
  - emergency care visits;
  - certain restorative services (fillings);
  - extractions;
  - anesthesia;
  - treatment of complications related to surgery; and
  - certain oral surgery such as biopsies and soft-tissue surgery.

In addition, for members age 21 or over, there are limited exceptions that allow for topical fluoride when documented as medically necessary.

## 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 Medically Needy Groups**

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