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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 19-014

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

Boston Regional Operations Group

July 9, 2019

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

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 19-014, submitted to CMS on June 28, 2019. This SPA was submitted to revise your approved Title XIX State plan to update the coverage provisions for Dental Services. This SPA was approved on July 9, 2019, with an effective date of April 22, 2019.

Enclosed are copies of the following approved State plan pages.

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

If you have any questions regarding this matter you may contact Julie McCarthy at (781) 961-1070 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Francis T. McCullough, Director
Division of Medicaid Field Operations East (Boston)

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 9 — 0 1 4</u>	2. STATE <u>MA</u>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <u>04/22/2019</u>	
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 <u>42 CFR Part 440</u>		7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>2,949,000</u> b. FFY <u>2020</u> \$ <u>6,644,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement to Attachment 3.1-A page 3-x</u> <u>Supplement to Attachment 3.1-B page 3-x</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) <u>Supplement to Attachment 3.1-A page 3-x</u> <u>Supplement to Attachment 3.1-B page 3-x</u>	
10. SUBJECT OF AMENDMENT <u>Dental Services</u>			
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 <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL <u>/s/</u>		16. RETURN TO <u>Kaela Konefal</u> <u>State Plan Coordinator</u> <u>Executive Office of Health and Human Services</u> <u>Office of Medicaid</u> <u>One Ashburton Place, 11th Floor</u> <u>Boston, MA 02108</u>	
13. TYPED NAME <u>Marylou Sudders</u>			
14. TITLE <u>Secretary</u>			
15. DATE SUBMITTED <u>06/28/19</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <u>06/28/2019</u>		18. DATE APPROVED <u>07/09/2019</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>04/22/2019</u>		20. SIGNATURE OF REGIONAL OFFICIAL <u>/s/</u>	
21. TYPED NAME <u>Francis T. McCullough</u>		22. TITLE <u>Director, Division of Medicaid Field Operations</u> <u>East (Boston)</u>	
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

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);
 - certain prosthodontic services (full and partial dentures including repairs);
 - extractions;
 - anesthesia;
 - treatment of complications related to surgery;
 - certain oral surgery such as biopsies and soft-tissue surgery; and
 - certain periodontal services, including gingivectomies, gingivoplasties, and periodontal scaling and root planing.

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**

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);
 - certain prosthodontic services (full and partial dentures including repairs);
 - extractions;
 - anesthesia;
 - treatment of complications related to surgery;
 - certain oral surgery such as biopsies and soft-tissue surgery; and
 - certain periodontal services, including gingivectomies, gingivoplasties, and periodontal scaling and root planing.

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