

OFFICIAL
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

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- c. Family planning services and supplies for individuals of child-bearing age.
☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.
- d.1 Face-to-face tobacco cessation counseling services for pregnant women provided:
- ☒ (i) By or under supervision of a physician**;
☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services,** or
☐ (iii) Any other healthcare professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.

** Describe if there are any limits on who can provide these counseling services

All healthcare professionals except physicians, registered nurses, nurse practitioners, nurse midwives, and physician assistants must complete a training course to provide tobacco cessation counseling services. All healthcare professionals except independent nurse practitioners and independent nurse midwives must be under the supervision of a physician.

- d.2 Face-to-face tobacco cessation counseling services benefit package for pregnant women

☒ Provided: ☐ No limitations ☒ With limitations**

** Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12-month period (eight (8) per year) should be explained below.

Please describe any limitations:

Prior authorization is required for more than a total of 16 group and individual counseling sessions per member per 12 month cycle. Prior authorization is required for more than two intake sessions (quit attempts) per member per 12 month cycle.

*Description provided on **Supplement to Attachment 3.1-A**

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

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905 (a) (5) (B) of the Act).
- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
6. Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.
- a. Podiatrists' services.
- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on **Supplement to Attachment 3.1-A.**

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

Supplement to Attachment 3.1-A

Page 3a2

**Amount, Duration, and Scope of Medical
And Remedial Care and Services Provided to the Categorically Needy**

- ☒ (f) nonprescription drugs
- Allergy Agents, Ophthalmic
 - Analgesics
 - Antihistamines/Decongestants
 - Antimicrobials, Topical
 - Contraceptives, Topical
 - Gastrointestinal Products

☐ (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

☒ (h) barbiturates

☒ (i) benzodiazepines

☒ (j) smoking cessation (except dual eligibles as Part D will cover)

The Medicaid agency provides coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs as recommended in "Treating Tobacco Use and Dependence -2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline

- b. **Dentures** - See Supplement to Attachment 3.1-A, page 3, Item 10, above.
- c. **Prosthetic Devices** - Prosthetic devices (including orthotic devices) are reimbursable subject to the conditions specified in 130 CMR 428.000 and 130 CMR 442.000.
- d. **Eyeglasses** - The following are covered services: eyeglasses, eyeglass parts, eyeglass dispensing, contact lenses and other visual aids

Services that are limited to members who meet certain clinical criteria include: tinted lenses, coated lenses, and two pairs of eyeglasses instead of bifocals, cataract lenses and contact lenses..

Services that are subject to prior authorization include: extra or spare eyeglasses; the following types of contact lenses--PMMA color vision, deficiency, gas permeable or hydrophilic toric prism ballast, gas permeable or hydrophilic bifocal; low vision aids; glass lenses; special-needs lenses; tints other than "pink 1" and "pink 2" that are available for plastic lenses only, and, polycarbonate lenses for members aged 21 or older or for any member who is amblyopic or monocular.

Exclusions consist of absorptive lenses of greater than 25% absorption, prisms obtained by decentration; contact lenses for extended wear use; invisible bifocals; and Welsh 4-drop Lens.

The volume purchase of eyeglasses limits the selection of frames and lenses to a basic assortment from the optical supplier.

OFFICIAL
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

Attachment 3.1-B

Page 2.1

4.d. 1) Face-to-face tobacco cessation counseling services for pregnant women provided:

- ☒ (i) By or under supervision of a physician;*
- ☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services;* or
- ☐ (iii) Any other healthcare professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.

* Describe if there are any limits on who can provide these counseling services

All healthcare professionals except physicians, registered nurses, nurse practitioners, nurse midwives, and physician assistants must complete a training course to provide tobacco cessation counseling services. All healthcare professionals except independent nurse practitioners and independent nurse midwives must be under the supervision of a physician.

2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

☒ Provided: ☐ No limitations ☒ With limitations*

* Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12-month period (eight (8) per year) should be explained below.

Please describe any limitations:

Prior authorization is required for more than a total of 16 group and individual counseling sessions per member per 12 month cycle. Prior authorization is required for more than two intake sessions (quit attempts) per member per 12 month cycle.

OFFICIAL
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

Supplement to Attachment 3.1-B
Page 3a2

- ☒ (f) nonprescription drugs
Allergy Agents, Ophthalmic
Analgesics
Antihistamines/Decongestants
Antimicrobials, Topical
Contraceptives, Topical
Gastrointestinal Products

☐ (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

☒ (h) barbiturates

☒ (i) benzodiazepines

☒ (j) smoking cessation (except dual eligibles as Part D will cover)

The Medicaid agency provides coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs as recommended in "Treating Tobacco Use and Dependence -2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline

- b. **Dentures** - See Supplement to Attachment 3.1-A, page 3, Item 10, above.
- c. **Prosthetic Devices** - Prosthetic devices (including orthotic devices) are reimbursable subject to the conditions specified in 130 CMR 428.000 and 130 CMR 442.000.
- d. **Eyeglasses** - The following are covered services: eyeglasses, eyeglass parts, eyeglass dispensing, contact lenses and other visual aids

Services that are limited to members who meet certain clinical criteria include: tinted lenses, coated lenses, and two pairs of eyeglasses instead of bifocals, cataract lenses and contact lenses..

Services that are subject to prior authorization include: extra or spare eyeglasses; the following types of contact lenses--PMMA color vision, deficiency, gas permeable or hydrophilic toric prism ballast, gas permeable or hydrophilic bifocal; low vision aids; glass lenses; special-needs lenses; tints other than "pink 1" and "pink 2" that are available for plastic lenses only, and, polycarbonate lenses for members aged 21 or older or for any member who is amblyopic or monocular.

Exclusions consist of absorptive lenses of greater than 25% absorption, prisms obtained by decentration; contact lenses for extended wear use; invisible bifocals; and Welsh 4-drop Lens.

The volume purchase of eyeglasses limits the selection of frames and lenses to a basic assortment from the optical supplier.