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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 15-0011

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

March 15, 2016

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. 15-011, which was submitted to my office on December 31, 2015. This SPA was submitted to revise your approved Title XIX State plan to update the language regarding coverage for the Designated Emergency Mental Health Provider/Emergency Service Program (DEP/ESP). This SPA was submitted in partial response to the companion letter to the approval of SPA 15-006, and has been approved effective October 1, 2015.

Enclosed are copies of the following approved State plan pages.

- 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.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Daniel Cohen, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: MA-015-011	2. STATE MA
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE October 1, 2015	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 USC 1396d(a)(13) / 42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$ 0 b. FFY 2017 \$ 0	
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: Clarification of Designated Emergency Mental Health Providers / Emergency Service Program (DEP/ESP) services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CFR 430.12(b)(2)(i)			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>/s/</i>		16. RETURN TO: Daniel J. Cohen State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108	
13. TYPED NAME: Marylou Sudders			
14. TITLE: Secretary			
15. DATE SUBMITTED: December 31, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/31/2015		18. DATE APPROVED: 03/15/2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2015		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
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

Item 9: Clinic Services - Item 9a: Freestanding Ambulatory Surgical Centers

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 9b: Designated Emergency Mental Health Provider

DEP/ESPs provide crisis assessment, interventions, and stabilization services 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. DEP/ESP services are provided in freestanding facilities. DEP/ESPs operate under the direction of a psychiatrist. To qualify as a DEP/ESP, a provider 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);
 - certain prosthodontic services (full and partial dentures including repairs)
 - 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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