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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 16-010

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

December 19, 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. 16-010, which was submitted to my office on May 16, 2016. This SPA was submitted to revise your approved Title XIX State plan to update the language regarding clinic services. This SPA was submitted in partial response to the companion letter to the approval of SPA 15-006, and has been approved effective April 1, 2016.

Enclosed are copies of the following approved State plan pages.

- Supplement to Attachment 3.1-A, pages 3 and 3-i through 3-x;
- Supplement to Attachment 3.1-B, pages 3 and 3-i through 3-x; and
- Attachment 4.19-B, pages 1a, 1a1 through 1a11, and 2b3 through 2b4.

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
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: MA-016-010	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 April 1, 2016	
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)(9) / 42 CFR 440.90	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 p. 3; pp. 3-i through 3-x (new) Supplement to Attachment 3.1-B p. 3; pp. 3-i through 3-x(new) Attachment 4.19-B, pages 1a, 1a1 through 1a11, and 2b3 - 2b4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1-A page 3 Supplement to Attachment 3.1-B page 3 Attachment 4.19-B, pages 1a, 1aa, and 2b3 - 2b4	
10. SUBJECT OF AMENDMENT: Clinic 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: May 16, 2016		

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 05/16/2016	18. DATE APPROVED: 12/19/2016
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2016	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: CMS and MA agreed by email 12/19/2016 to make pen & ink changes to boxes 8 and 9 to account for Attachment 4.19-B pages, which were not part of the initial SPA submission, but were submitted during the review of the SPA
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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

OFFICIAL**Item 9: Clinic Services**

Clinic Services are covered with limitations, including those specified in Item 9. MassHealth does not cover experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments, or nonmedical services (e.g., vocational and educational services, research).

Specific clinic services covered by MassHealth include the following:

a. Designated Emergency Mental Health Provider

Designated Emergency Mental Health Providers/Emergency Services Programs (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.

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

OFFICIAL

(Item 9 Clinic Services, continued)

b. Freestanding Ambulatory Surgery Centers

MassHealth covers the following services in freestanding ambulatory surgery centers (FASCs) - outpatient same-day surgical, diagnostic, and medical services requiring general, local or regional anesthesia, a dedicated operating room, and a postoperative recovery room to patients who require constant medical supervision for a limited amount of time upon completion of the surgery or procedure, and are not expected to require hospitalization or overnight services. FASC services also include anesthesia, laboratory, radiology, drugs, biologicals, equipment, and supplies, related to the provision of the surgery or procedure.

MassHealth covers sterilization – any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing – and sterilization-related services (including anesthesia, laboratory, radiology, drugs, equipment, and supplies) in FASCs when the member has voluntarily given informed consent in the manner and at the time required by federal law.

MassHealth does not cover the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs, and procedures associated with such treatment); however, MassHealth does cover diagnosis of male or female infertility.

FASCs must obtain prior authorization for FASC services provided out of state when the FASC is located more than 50 miles from the Massachusetts border.

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

OFFICIAL

(Item 9 Clinic Services, continued)

c. Family Planning Clinics

MassHealth covers family planning-related services, including medical examinations, counseling, follow-up health care, laboratory tests, procedures, supplies and drugs, including contraceptive supplies and drugs, provided in a family planning clinic.

MassHealth covers sterilization – any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing – and sterilization-related services (including anesthesia, laboratory, radiology, drugs, equipment, and supplies) in family planning clinics when the member has voluntarily given informed consent in the manner and at the time required by federal law.

MassHealth does not cover the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs, and procedures associated with such treatment); however, MassHealth does cover diagnosis of male or female infertility.

The family planning agency may be paid for a maximum of one HIV pre-test counseling visit and one HIV post-test counseling visit per member per test per day. The MassHealth agency pays for a maximum of four HIV pre-test counseling visits and four HIV post-test counseling visits per calendar year.

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

OFFICIAL

(Item 9 Clinic Services, continued)

d. Sterilization Clinics

MassHealth covers sterilization – any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing – and sterilization-related services (including anesthesia, laboratory, radiology, drugs, equipment, and supplies) provided in sterilization clinics.

Sterilization is covered in sterilization clinics when the member has voluntarily given informed consent in the manner and at the time required by federal law.

MassHealth does not cover the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs, and procedures associated with such treatment); however, MassHealth does cover diagnosis of male or female infertility.

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

OFFICIAL

(Item 9 Clinic Services, continued)

e. Radiation Oncology Centers

MassHealth covers radiation oncology and related services provided in radiation oncology centers, including radiologic procedures, drugs, equipment and supplies, and routine laboratory tests necessary for the diagnosis, detection, and treatment of disease, and for the maintenance of the health of MassHealth members.

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

OFFICIAL

(Item 9, Clinic Services continued)

f. Renal Dialysis Clinics

MassHealth covers renal dialysis and related services, including supplies, drugs and routine laboratory tests, provided in renal dialysis clinics. MassHealth covers home dialysis training, including self-dialysis (hemodialysis, intermittent peritoneal dialysis, and continuous cycling peritoneal dialysis) and continuous ambulatory peritoneal dialysis training only when the MassHealth member attends such training at the clinic site.

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, continued)

g. Rehabilitation Centers

MassHealth covers the following services in freestanding rehabilitation centers for individuals requiring physical rehabilitation: rehabilitation evaluations conducted by physicians; and physical, occupational and speech/language therapy visits and evaluations performed by licensed therapists to improve or prevent the worsening of a congenital or acquired condition.

MassHealth covers 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.

MassHealth requires the rehabilitation center to obtain prior authorization for more than 20 occupational therapy visits, 20 physical therapy visits, or 35 speech/language therapy visits, including group therapy visits, for a member within a 12-month period. Diversional and recreational therapy are not covered.

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

OFFICIAL

(Item 9 Clinic Services, continued)

h. Speech and Hearing Centers

MassHealth covers the following services in a freestanding speech and hearing center: audiological services, and speech, hearing or language services performed by a licensed, certified audiologist or licensed, certified speech therapist.

MassHealth covers 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.

MassHealth requires the speech and hearing center to obtain prior authorization for more than 35 speech and language pathology visits, including group therapy visits, for a member in a 12-month period. Diversional and recreational therapy are not covered.

MassHealth covers up to one individual treatment and one group therapy session per member per day at the speech and hearing center.

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

OFFICIAL

(Item 9 Clinic Services, continued)

i. Mental Health Centers

MassHealth covers diagnosis and treatment of mental and emotional disorders at mental health centers. Such services include diagnostic services, psychological testing, individual therapy, couple therapy, family therapy, group therapy, medication visit, case consultation, family consultation and psychotherapy for crisis/emergency services.

MassHealth does not cover nonmedical services provided by mental health centers (e.g., vocational, educational, recreational, community, and life-enrichment services) or diagnostic or treatment services provided at a mental health center as an integral part of a planned and comprehensive program (e.g., a residential, day activity, or drop-in program) that is organized to provide primarily non-medical or other nonreimbursable services. Play therapy, as an alternative to strictly verbal expression, is not considered a recreational service and is covered.

MassHealth covers multiple treatment modalities for a member on the same day, except for diagnostics. MassHealth does not cover more than one session of a single type of service provided to an individual member on the same day, except for the provision of psychotherapy for crisis.

Group Therapy is limited to a maximum of 12 members per group.

Psychotherapy for crisis is limited to one initial unit of service and up to three add-on units of service per date of service.

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

OFFICIAL

(Item 9 Clinic Services, continued)

j. Substance Use Disorder Treatment Clinics

MassHealth covers individual, group, and family/couple substance abuse rehabilitative counseling, case consultation, and acupuncture detoxification at substance abuse outpatient counseling programs. Case consultation is limited to one hour every 3 months. Acupuncture detoxification is limited to a maximum of 6 treatments per member per week for the first two weeks and a maximum of three treatments per member per week thereafter.

MassHealth covers methadone services at methadone treatment programs. Coverage of methadone is limited to one dose per member per day. Methadone treatment programs may dispense six day take-home supplies, and provide four counseling sessions per member per week.

Effective June 8, 2016, this paragraph supersedes the immediately prior paragraph. MassHealth covers medication assisted treatment for opioid dependency at opioid treatment service centers, in accordance with applicable clinical standards. Opioid treatment service centers may provide four counseling sessions per member per week. Prior authorization is required for buprenorphine.

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

OFFICIAL**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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State Plan under Title XIX of the Social Security Act
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Amount, Duration, and Scope of Medical
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(Item 9 Clinic Services, continued)

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State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical
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(Item 9 Clinic Services, continued)

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State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical
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(Item 9 Clinic Services, continued)

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State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical
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(Item 9 Clinic Services, continued)

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State Plan under Title XIX of the Social Security Act

State: Massachusetts

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Amount, Duration, and Scope of Medical
and Remedial Care and Services Provided to the Medically Needy Groups

(Item 9, Clinic Services continued)

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MassHealth covers renal dialysis and related services, including supplies, drugs and routine laboratory tests, provided in renal dialysis clinics. MassHealth covers home dialysis training, including self-dialysis (hemodialysis, intermittent peritoneal dialysis, and continuous cycling peritoneal dialysis) and continuous ambulatory peritoneal dialysis training only when the MassHealth member attends such training at the clinic site.

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 9 Clinic Services, continued)

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State Plan under Title XIX of the Social Security Act
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Amount, Duration, and Scope of Medical
and Remedial Care and Services Provided to the Medically Needy Groups

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(Item 9 Clinic Services, continued)

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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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(Item 9 Clinic Services, continued)

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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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(Item 9 Clinic Services, continued)

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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

OFFICIAL

Item 10: Dental Services

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 - 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
Methods and Standards for Establishing Payment Rates – Other Types of Care

OFFICIAL

- e. Medical or other type of remedial care recognized under the laws of the Commonwealth furnished by licensed practitioners within the scope of their practice as defined by the laws of the Commonwealth:
 - 1. audiological services — fee schedule established by DHCFP;
 - 2. chiropractor services — fee schedule established by DHCFP; except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in Division of Health Care Finance and Policy regulations at www.mass.gov/dhcfp and /or providers are notified directly by provider bulletins; and
 - 3. optometric services (including professional fee and certain items dispensed) — fee schedule established by DHCFP; except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in Division of Health Care Finance and Policy regulations at www.mass.gov/dhcfp and /or providers are notified directly by provider bulletins.
 - 4. psychologist services- fee schedule established by DHCFP; rates are posted under Division of Health Care Finance and Policy regulations at www.mass.gov/dhcfp and /or providers are notified directly by provider bulletins.
 - 5. public health dental hygienist –The agency’s rates are contained in the fee schedule for dental services referenced in Att. 4.19-B, Item 8.j.
- f. Home health care services — fixed fee schedules established by DHCFP (see pages 2A-1 through 2A-10).
- g. Private duty nursing services — fee schedule established by DHCFP.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

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h. Clinic services — Payments under this section are described below, and comply with the Federal upper payment limits (UPL) established under 42 CFR 447.321.

1. Designated Emergency Mental Health Providers (DEP/ESP)

Attachment 4.19-B, section 8.s. describes payments to designated emergency mental health provider/emergency service programs.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

OFFICIAL

(Item h. Clinic Services, continued)

2. Freestanding Ambulatory Surgical Centers:

The fee-for-service rates are effective for services provided on or after January 1, 2010. All rates are published on http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_47. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

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(Item h. Clinic Services, continued)

3. Family Planning Clinics

The fee-for-service rates are effective for services provided on or after February 1, 2014. All rates are published on http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_12. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

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(Item h. Clinic Services, continued)

4. Sterilization Clinics

The fee-for-service rates are effective for services provided on or after February 1, 2014. All rates are published on http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_13. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

State Plan under Title XIX of the Social Security Act
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Methods and Standards for Establishing Payment Rates – Other Types of Care

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(Item h. Clinic Services, continued)

5. Radiation Oncology Centers

The fee-for-service rates are effective for services provided on or after July 1, 2012. All rates are published on http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_18. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

State Plan under Title XIX of the Social Security Act
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Methods and Standards for Establishing Payment Rates – Other Types of Care

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(Item h. Clinic Services, continued)

6. Renal Dialysis Clinics

The fee-for-service rates are effective for service provided on or after December 1, 2011. All rates are published on http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_37. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

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(Item h. Clinic Services, continued)

7. Rehabilitation Centers

The fee-for-service rates are effective for services provided on or after June 1, 2011. All rates are published on http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_39. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

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8. Speech and Hearing Centers

The fee-for-service rates are effective for services provided on or after June 1, 2011. All rates are published on http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_39. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

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9. Mental Health Centers

The fee-for-service rates are effective for service provided on or after January 1, 2014. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101CMR306.00formerly114.3CMR6.00>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

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(Item h. Clinic Services, continued)

10. Substance Use Disorder Treatment Clinics

The fee-for-service rates are effective for services provided on or after January 1, 2016. All rates are published on http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_46. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

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11. Indian Health Services (IHS) Facilities

Payment is made to Indian Health Services (IHS) facilities (including Section 638 tribal facilities) in accordance with the most recently published *Federal Register* notice addressing the I.H.S. encounter rate. Medicaid services covered by the all-inclusive rate include the following:

- a. early and periodic screening, diagnosis and treatment services;
- b. family planning services and supplies;
- c. physicians' services;
- d. medical care and any other remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law (i.e., podiatrist, optometrist, chiropractor, and audiologist services);
- e. rural health clinic services;
- f. home health services;
- g. private duty nursing services;
- h. clinic services;
- i. dental services;
- j. physical therapy and related services;
- k. other diagnostic, screening, preventive, and rehabilitation services;
- l. nurse-midwife services;
- m. case management services;
- n. extended services for pregnant women;
- o. ambulatory prenatal care for pregnant women; and
- p. pediatric or family nurse practitioners' services.

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E. The Cost Reconciliation Process

The total Medicaid allowable costs based on the CMS-approved School-Based Cost Report are compared to the School-Based Services Provider's Medicaid interim rate claims for services delivered during the reporting period, as documented in MMIS. Each School-Based Services Provider's interim rate claims are adjusted to reflect, in aggregate, the total Medicaid-allowable costs based on the certified cost report identified in Section C. This results in a cost reconciliation.

Reconciliation will take place within 24 months of the end of the reporting period contained in the School-Based Services Providers' submitted cost report. Massachusetts may not modify the CMS-approved scope of costs, the CMS-approved RMTS Implementation Plan, which includes time study information, or the CMS-approved Massachusetts School Based Cost Report without CMS approval.

F. The Cost Settlement Process

If the Commonwealth determines that an overpayment has been made, EOHHS will return the federal share of the overpayment.

If the actual, certified Medicaid-allowable costs of a School-Based Services Provider exceed the interim Medicaid rates, EOHHS will submit claims to CMS for the underpayment.

Cost settlement will occur within the timelines set forth in 42 CFR § 433, Subpart F.

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- s. Designated Emergency Mental Health Provider (DEP) is also known as an Emergency Service Program (ESP). To qualify as a DEP/ESP, a provider must be designated as such by the Massachusetts Executive Office of Health and Human Services (EOHHS).

DEPs/ESPs will be paid on a fee-for-service basis at the rate of \$488.00 per encounter for providing emergency mental health services delineated by the Commonwealth to eligible MassHealth members.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.