

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 17-0010

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 5, 2017

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

Dear Secretary Sudders:

Enclosed is a copy of approved Massachusetts State Plan Amendment (SPA) No. 17-010, with an effective date of August 1, 2017. This amendment was submitted to update physician and mid-level practitioner payment rates and service descriptions, which resulted in a decrease in State expenditures for Medicaid services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the implementing Federal regulations at 42 CFR 447 Subpart C.

While this SPA resulted in an overall decrease in State expenditures, it was determined to be a nominal change in overall reimbursement as described in State Medicaid Director Letter (SMDL) #17-004.

This letter affirms that the Massachusetts Medicaid state plan amendment 17-010 is approved effective August 1, 2017 as requested by the State.

We are enclosing the CMS-179 and the following amended plan pages.

- Attachment 3.1-A, Pages 1a, 3, 7, and 8a;
- Supplement to Attachment 3.1-A, Pages 1n1, 1n2, 1o, 2.1, 3a0, and 3b.2;
- Attachment 3.1-B, Pages 2.1, 3, 6, and 7;
- Supplement to Attachment 3.1-B, Pages 1n1, 1n2, 1o, 2.1, 3a0, and 3b.2; and
- Attachment 4.19-B, Pages 1.1, 1a-ii, and 1a-v(1)

If you have any questions regarding this matter you may contact Julie McCarthy at 617-565-1244 or by email at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 7 - 0 1 0</div>	2. STATE <div style="border: 1px solid black; padding: 2px; display: inline-block;">MA</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">08/01/17</div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <div style="border: 1px solid black; padding: 2px;">42 CFR Parts 440 and 447</div>		7. FEDERAL BUDGET IMPACT a. FFY 2017 \$ (89,000) b. FFY 2018 \$ (536,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div style="border: 1px solid black; padding: 2px;">Supplement to Attachment 3.1-A, pp 3a0, 3b.2 (new)</div> Attachment 3.1-A, pages 1a, 3, 7 & 8a; Supplement to Attachment 3.1-A, pages 1n1, 1n2(NEW), 1o, & 2.1(NEW); Attachment 3.1-B, pages 2.1, 3, 6 & 7; Supplement to Attachment 3.1-B, pages 1n1, 1n2(NEW), 1o, & 2.1(NEW); Attachment 4.19-B, pages 1.1, 1a-ii, & 1a-v(1)(NEW) <div style="border: 1px solid black; padding: 2px;">Supplement to Attachment 3.1-B, pp 3a0, 3b.2 (new)</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, pages 1a, 3, 7 & 8a; Supplement to Attachment 3.1-A, pages 1n1 & 1o; <div style="border: 1px solid black; padding: 2px;">and 3a0</div> Attachment 3.1-B, pages 2.1, 3, 6 & 7; Supplement to Attachment 3.1-B, pages 1n1 & 1o; <div style="border: 1px solid black; padding: 2px;">and 3a0</div> Attachment 4.19-B, pages 1.1 & 1a-ii	
10. SUBJECT OF AMENDMENT Physician and Midlevel Practitioner Services and Rates			
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 <i>Not required under 42 CFR 430.12(b)(2)(i)</i> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL <div style="border: 1px solid black; padding: 2px;">/s/</div>		16. RETURN TO Kaela Konefal 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 09/29/17		17. DATE RECEIVED 09/29/2017	
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL 08/01/2017		18. DATE APPROVED 12/05/2017	
PLAN APPROVED - ONE COPY ATTACHED			
21. TYPED NAME Richard R. McGreal		20. SIGNATURE OF REGIONAL OFFICIAL <div style="border: 1px solid black; padding: 2px;">/s/</div>	
23. REMARKS CMS and State agreed by phone 12/05/2017 to pen&ink changes to Box #8 and #9		22. TITLE Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA	

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, certified nurse practitioners, certified nurse midwives, psychiatric clinical nurse specialists, clinical nurse specialists and physician assistants must complete a training course to provide tobacco cessation counseling services. Healthcare professionals must be under the supervision of a physician if required under state law.

- 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**

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

b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of limitations, if any.
☐ Not provided.

e. Audiologists' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Midlevel Practitioner Services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

7. Home health services.

a. Intermittent or part time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

☒ Provided: ☒ No limitations ☐ With limitations*

b. Home health aide services provided by a home health agency.

☒ Provided: ☒ No limitations ☐ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

☒ Provided: ☐ No limitations ☒ With limitations*

* Limitations are described in **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

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902 (a) (31) (A) of the Act, to be in need of such care.
- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- ☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.
16. Inpatient psychiatric facility services for individuals under 21 years of age.
- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
17. Nurse-midwife services.
- ☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided
18. Hospice care (in accordance with section 1905 (o) of the Act).
- ☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.
- ☒ Provided in accordance with section 2302 of the Affordable Care Act

* 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

21. Ambulatory prenatal care for pregnant women furnished during a presumption eligibility period by a qualified provider (in accordance with section 1920 of the Act).

- ☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

22. Respiratory care services (in accordance with section 1902 (e) (9) (A) through (C) of the Act).

- ☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

23. Pediatric or family nurse practitioners' services.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

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

State Plan under Title XIX of the Social Security Act**State: Massachusetts****Limitations to Services Provided to the Categorically Needy**

Pursuant to MGL Chapter 112 §165, applied behavior analysts must be licensed by the Commonwealth of Massachusetts Board of Registration of Allied Mental Health and Human Services Professions. Licensed applied behavior analysts or licensed physicians, psychologists or psychiatrists working under the scope of their practices may bill for applied behavior analyst services provided directly by a licensed assistant applied behavior analysts or a non-licensed para-professional, when the services are performed under the supervision of the licensed applied behavior analyst or licensed physician, psychologist or psychiatrist working under the scope of his or her practice and the provided services are within the scope of practice for a licensed applied behavior analyst.

State Plan under Title XIX of the Social Security Act

State: Massachusetts

Limitations to Services Provided to the Categorically Needy

Item 5: Physician's Services

Physician services are provided in accordance with 42 CFR 440.50.

Services that are not covered include experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs and procedures associated with such treatment); however, diagnosis of male or female infertility is covered.

Services that are subject to prior authorization include certain surgery services, including reconstructive surgery and gender reassignment surgery; and certain practitioner-administered drugs. MassHealth covers one application of fluoride varnish every three months for members under 21 years of age without prior authorization; additional applications are covered with medical justification.

See also Supplement to Attachment 3.1-A, p.1, Item 1.

State Plan under Title XIX of the Social Security Act**State: Massachusetts****Limitations to Services Provided to the Categorically Needy**

G. School-Based Services:

School-Based Services (SBS) are services that are listed in a recipient student's Individualized Education Plan (IEP), a section 504 accommodation plan pursuant to 34 C.F.R. § 104.36, an Individualized Health Care Plan, an Individualized Family Service Plan, or are otherwise medically necessary, that are coverable under one or more of the service categories described in Section 1905(a) of the Social Security Act, and that are necessary to correct or ameliorate defects or physical or mental illnesses or conditions discovered by an EPSDT screen.

Service providers shall be licensed or otherwise qualified under the applicable State practice act or comparable licensing criteria by the State Department of Public Health, and shall meet applicable qualifications under 42 CFR Part 440. Identification of defects, illnesses or conditions and services necessary to correct or ameliorate them is done by practitioners qualified to make those determinations within their licensed scope of practice.

Covered services include: physical therapy, occupational therapy and other services, including services provided by audiologists and services for individuals with speech, hearing and language disorders, performed by, or under the direction of, providers who meet the qualifications set forth at 42 CFR § 440.110; physician services under 42 CFR § 440.50(a); optometry services provided by a qualified professional under 42 CFR § 440.60; respiratory therapy provided by a qualified professional under 42 CFR § 440.60; nursing services coverable under 42 CFR § 440.80 and 42 CFR § 440.60 ordered by a licensed physician and performed by a registered nurse or licensed practical nurse; nursing services provided on a restorative basis under 42 CFR § 440.130(d), including services delegated to individuals who receive appropriate teaching, direction, and supervision from a Registered Nurse or Practical Nurse; fluoride varnish performed by a dental hygienist under 130 CMR § 420.424(b) in accordance with 42 CFR § 440.100; personal care services coverable and performed by individuals qualified under 42 CFR § 440.167; services performed by licensed practitioners within the scope of their practice for individuals with behavioral health (mental health and substance abuse) disorders, as defined under state law, and coverable as medical or other remedial care under 42 CFR § 440.60; diagnostic, screening, preventive, and rehabilitative services covered under 42 CFR § 440.130; medical nutritional services provided by a qualified professional under 42 CFR § 440.60; and sports related or other injury assessment and therapy provided by a qualified professional under 42 CFR § 440.60. Assessments and independent evaluations are covered as necessary to assess or reassess the need for medical services in a child's treatment plan and must be performed by any of the above licensed practitioners within the scope of practice.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Categorically Needy

Item 6: Licensed Practitioners Services (continued)

- f. **Midlevel Practitioner Services** – Midlevel practitioner services include the services of certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric clinical nurse specialists licensed under state law. The services of all midlevel practitioners are limited to their scope of practice authorized by state law and must be provided in accordance with applicable state licensure and other applicable federal and state requirements.

Services that are not covered include experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs and procedures associated with such treatment); however, diagnosis of male or female infertility is covered.

Limits on covered services can be exceeded when medically necessary, with prior authorization.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Categorically Needy

Item 11: Therapies and Related Services

Speech, occupational and physical therapies to improve or prevent the worsening of a congenital or acquired condition are provided in accordance with 42 CFR 440.110. MassHealth pays for 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. Diversional and recreational therapy are not reimbursable services.

Services that are subject to prior authorization include 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.

Audiologist Services are provided in accordance with 42 CFR 440.110. The MassHealth agency does not pay for more than one hearing aid per ear per member in a 60-month period without prior authorization.

Item 12: Prescribed Drugs, Dentures, Prosthetic Services, and Eyeglasses

a. **Prescribed Drugs** - Legend FDA-approved drugs and certain non-legend over-the-counter drugs are reimbursable subject to the conditions specified in 130 CMR 406.000. Prescribers must obtain prior authorization for non-generic multiple source drugs, and for any drug identified by the Division in accordance with 130 CMR 450.303. Insulins are reimbursable for recipients without restrictions.

Active pharmaceutical ingredients (APIs) and excipients that are included in an extemporaneously compounded prescription written by an authorized prescriber and dispensed by MassHealth pharmacy providers are covered if medically necessary.

The state is in compliance with Section 1927 of the Social Security Act. Based on the requirements of Section 1927 of the Social Security Act, the state has the following policies for the supplemental rebate program for the Medicaid population:

1. The state will be negotiating supplemental rebates in addition to the federal rebates provided for in Title XIX. Rebate agreements between the state and a pharmaceutical manufacturer will be separate from the federal rebates.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Categorically Needy

Item 17: Nurse-Midwife Services

Nurse-midwife services are provided by certified nurse-midwives in accordance with 42 CFR 440.165.

Services that are not covered include experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs and procedures associated with such treatment); however, diagnosis of male or female infertility is covered.

Limits on covered services can be exceeded when medically necessary, with prior authorization.

See also Supplement to Attachment 3.1-A, p.1, Item 1.

Item 23: Pediatric or Family Nurse Practitioners' Services

Pediatric and family nurse practitioner services are provided by certified nurse practitioners in accordance with 42 CFR 440.166.

Services that are not covered include experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs and procedures associated with such treatment); however, diagnosis of male or female infertility is covered.

Limits on covered services can be exceeded when medically necessary, with prior authorization.

See also Supplement to Attachment 3.1-A, p.1, Item 1.

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

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, certified nurse practitioners, certified nurse midwives, psychiatric clinical nurse specialists, clinical nurse specialists and physician assistants must complete a training course to provide tobacco cessation counseling services. Healthcare professionals must be under the supervision of a physician if required under state law.

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.

Amount, Duration and Scope of Services Provided to the Medically Needy

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.
- b. **Optometrists' Services**
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- c. **Chiropractors' Services**
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- d. **Other Practitioners' Services**
☒ Provided: Identified on attached sheet with description of limitations, if any.
☐ Not provided.
- e. **Audiologists' Services**
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- f. **Midlevel Practitioner Services**
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
7. **Home Health Services**
- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
☒ Provided: ☒ No limitations ☐ With limitations*
- b. Home health aide services provided by a home health agency.
☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.
- c. Medical supplies, equipment, and appliances suitable for use in the home.
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

* Limitations are described in **Supplement to Attachment 3.1-B.**

Amount, Duration and Scope of Services Provided Medically Needy Groups

Aged, Disabled, AFDC and Under 21 (cont.)

- c. Intermediate care facility services.
- ☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with Section 1902 (a) (31) (a) of the Act, to be in need of such care.
- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- ☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.
16. Inpatient psychiatric facility services for individuals under 21 years of age.
- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
17. Nurse-midwife services
- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
18. Hospice care (in accordance with Section 1905 (o) of the Act).
- ☒ Provided: ☒ No limitations ☐ With limitations*
☒ Provided in accordance with section 2302 of the Affordable Care Act
☐ Not provided

* Description provided on attachment.

Aged, Disabled, AFDC and Under 21 (cont.)

19. Case management services and Tuberculosis related services.

- a. Case management services as defined in, and to the group specified in, **Supplement 1 to Attachment 3.1-A** (in accordance with Section 1905 (a) (19) or Section 1915 (g) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations
☐ Not provided.

- b. Special tuberculosis (TB) related services under Section 1902 (z) (2) (F) of the Act.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Provided:⁺ ☐ Additional coverage⁺⁺
☐ Not provided.

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided:⁺ ☐ Additional coverage⁺⁺ ☐ Not provided.
☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

* Description provided on attachment.

⁺ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

⁺⁺ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Categorically Needy**

Pursuant to MGL Chapter 112 §165, applied behavior analysts must be licensed by the Commonwealth of Massachusetts Board of Registration of Allied Mental Health and Human Services Professions. Licensed applied behavior analysts or licensed physicians, psychologists or psychiatrists working under the scope of their practices may bill for applied behavior analyst services provided directly by a licensed assistant applied behavior analysts or a non-licensed para-professional, when the services are performed under the supervision of the licensed applied behavior analyst or licensed physician, psychologist or psychiatrist working under the scope of his or her practice and the provided services are within the scope of practice for a licensed applied behavior analyst.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Categorically Needy

Item 5: Physician's Services

Physician services are provided in accordance with 42 CFR 440.50.

Services that are not covered include experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs and procedures associated with such treatment); however, diagnosis of male or female infertility is covered.

Services that are subject to prior authorization include certain surgery services, including reconstructive surgery and gender reassignment surgery; and certain practitioner-administered drugs. MassHealth covers one application of fluoride varnish every three months for members under 21 years of age without prior authorization; additional applications are covered with medical justification.

See also Supplement to Attachment 3.1-B, p.1, Item 1.

OFFICIAL
State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Medically Needy

Supplement to Attachment 3.1-B
Page 10

G. School-Based Services:

School-Based Services (SBS) are services that are listed in a recipient student's Individualized Education Plan (IEP), a section 504 accommodation plan pursuant to 34 C.F.R. § 104.36, an Individualized Health Care Plan, an Individualized Family Service Plan, or are otherwise medically necessary, that are coverable under one or more of the service categories described in Section 1905(a) of the Social Security Act, and that are necessary to correct or ameliorate defects or physical or mental illnesses or conditions discovered by an EPSDT screen.

Service providers shall be licensed or otherwise qualified under the applicable State practice act or comparable licensing criteria by the State Department of Public Health, and shall meet applicable qualifications under 42 CFR Part 440. Identification of defects, illnesses or conditions and services necessary to correct or ameliorate them is done by practitioners qualified to make those determinations within their licensed scope of practice.

Covered services include: physical therapy, occupational therapy and other services, including services provided by audiologists and services for individuals with speech, hearing and language disorders, performed by, or under the direction of, providers who meet the qualifications set forth at 42 CFR § 440.110; physician services under 42 CFR § 440.50(a); optometry services provided by a qualified professional under 42 CFR § 440.60; respiratory therapy provided by a qualified professional under 42 CFR § 440.60; nursing services coverable under 42 CFR § 440.80 and 42 CFR § 440.60 ordered by a licensed physician and performed by a registered nurse or licensed practical nurse; nursing services provided on a restorative basis under 42 CFR § 440.130(d), including services delegated to individuals who receive appropriate teaching, direction, and supervision from a Registered Nurse or Practical Nurse; fluoride varnish performed by a dental hygienist under 130 CMR § 420.424(b) in accordance with 42 CFR § 440.100; personal care services coverable and performed by individuals qualified under 42 CFR § 440.167; services performed by licensed practitioners within the scope of their practice for individuals with behavioral health (mental health and substance abuse) disorders, as defined under state law, and coverable as medical or other remedial care under 42 CFR § 440.60; diagnostic, screening, preventive, and rehabilitative services covered under 42 CFR § 440.130; medical nutritional services provided by a qualified professional under 42 CFR § 440.60; and sports related or other injury assessment and therapy provided by a qualified professional under 42 CFR § 440.60. Assessments and independent evaluations are covered as necessary to assess or reassess the need for medical services in a child's treatment plan and must be performed by any of the above licensed practitioners within the scope of practice.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Medically Needy

Item 6: Licensed Practitioners Services (continued)

- f. **Midlevel Practitioner Services** – Midlevel practitioner services include the services of certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric clinical nurse specialists licensed under state law. The services of all midlevel practitioners are limited to their scope of practice authorized by state law and must be provided in accordance with applicable state licensure and other applicable federal and state requirements.

Services that are not covered include experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs and procedures associated with such treatment); however, diagnosis of male or female infertility is covered.

Limits on covered services can be exceeded when medically necessary, with prior authorization.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Categorically Needy

Item 11: Therapies and Related Services

Speech, occupational and physical therapies to improve or prevent the worsening of a congenital or acquired condition are provided in accordance with 42 CFR 440.110. MassHealth pays for 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. Diversional and recreational therapy are not reimbursable services.

Services that are subject to prior authorization include 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.

Audiologist Services are provided in accordance with 42 CFR 440.110. The MassHealth agency does not pay for more than one hearing aid per ear per member in a 60-month period without prior authorization.

Item 12: Prescribed Drugs, Dentures, Prosthetic Services, and Eyeglasses

a. **Prescribed Drugs** - Legend FDA-approved drugs and certain non-legend over-the-counter drugs are reimbursable subject to the conditions specified in 130 CMR 406.000. Prescribers must obtain prior authorization for non-generic multiple source drugs, and for any drug identified by the Division in accordance with 130 CMR 450.303. Insulins are reimbursable for recipients without restrictions.

Active pharmaceutical ingredients (APIs) and excipients that are included in an extemporaneously compounded prescription written by an authorized prescriber and dispensed by MassHealth pharmacy providers are covered if medically necessary.

The state is in compliance with Section 1927 of the Social Security Act. Based on the requirements of Section 1927 of the Social Security Act, the state has the following policies for the supplemental rebate program for the Medicaid population:

1. The state will be negotiating supplemental rebates in addition to the federal rebates provided for in Title XIX. Rebate agreements between the state and a pharmaceutical manufacturer will be separate from the federal rebates.

Item 17: Nurse-Midwife Services

Nurse-midwife services are provided by certified nurse-midwives in accordance with 42 CFR 440.165.

Services that are not covered include experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs and procedures associated with such treatment); however, diagnosis of male or female infertility is covered.

Limits on covered services can be exceeded when medically necessary, with prior authorization.

See also Supplement to Attachment 3.1-B, p.1, Item 1.

Item 23: Pediatric or Family Nurse Practitioners' Services

Pediatric and family nurse practitioner services are provided by certified nurse practitioners in accordance with 42 CFR 440.166.

Services that are not covered include experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments; the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs and procedures associated with such treatment); however, diagnosis of male or female infertility is covered.

Limits on covered services can be exceeded when medically necessary, with prior authorization.

See also Supplement to Attachment 3.1-B, p.1, Item 1.

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

Attachment 4.19-B
Page 1.1

- d. Physician, Certified Nurse-Midwife, Certified Pediatric and Family Nurse Practitioner, and other Midlevel Practitioner services —

1. Medicine: The fee-for-service rates for physician, certified nurse-midwife, certified pediatric and family nurse practitioner, and other midlevel practitioner medicine services are effective for services provided on or after August 1, 2017. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114317>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

2. Surgery and Anesthesia: The fee-for-service rates for physician, certified nurse-midwife, certified pediatric and family nurse practitioner, and other midlevel practitioner surgery and anesthesia services are effective for services provided on or after August 1, 2017. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr316>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

3. Radiology: The fee-for-service rates for physician, certified nurse-midwife, certified pediatric and family nurse practitioner, and other midlevel practitioner radiology services are effective for services provided on or after August 1, 2017. All rates are published on <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#101cmr318>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

A physician, nurse practitioner, physician's assistant or certified registered nurse anesthetist employed by the non-profit UMass Memorial Medical Group practice established in accordance with St. 1997, c. 163 to support the purposes of a teaching hospital affiliated with a Commonwealth-owned medical school is eligible to receive an additional payment for physician services provided at such teaching hospital. Such payment will be a percentage, which shall not exceed 100%, of the difference between (1) payments to the eligible provider made pursuant to the fee schedule, and (2) the annually calculated average private commercial rate, where the average private commercial rate is derived using the ratio of commercial payments to commercial charges applied to paid Medicaid claims as reported to the MMIS. Such payment is made annually by the first quarter following the end of the preceding rate year. The payment made for rate year 2006 will take into account amounts attributable to rate years beginning with the effective date of this payment methodology (October 1, 2004).

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

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

- 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:

2. Chiropractor Services

See Attachment 4.19-B, section 8.d for the fee-for-service rates for chiropractor services. This section of Attachment 4.19-B is the reimbursement method for physician services.

- 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:

6. Midlevel Practitioners

See Attachment 4.19-B, section 8.d. for the fee-for-service rates for midlevel practitioner services. This section of Attachment 4.19-B is the reimbursement methodology for physician and midlevel practitioner services.