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**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 23-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) Summary Form (with 179-like data)
- 4) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 27, 2023

Kathleen E. Walsh, Secretary  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

Re: Massachusetts State Plan Amendment (SPA) Transmittal Number 23-0006

Dear Secretary Walsh:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0006. This amendment looks to 1) update the coverage and payment methods and standards used by Massachusetts for psychologist services; and 2) to establish coverage and payment methods and standards used by Massachusetts for licensed independent clinical social worker services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 440. This letter is to inform you that Massachusetts' Medicaid SPA Transmittal Number 23-0006 is approved June 26, 2023, effective January 1, 2023.

This SPA approval is issued with a companion letter.

If you have any questions, please contact Marie DiMartino at 617-565-9157 or via email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,

  
James G. Scott, Director  
Division of Program Operations

Enclosures

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 27, 2023

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The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

Re: Massachusetts State Plan Amendment (SPA) Transmittal Number 23-0006

Dear Secretary Walsh:

This letter is being sent as a companion to the Centers for Medicare & Medicaid (CMS) approval of Massachusetts State Plan Amendment (SPA) Transmittal Number 23-0006, which made changes to the Massachusetts Medicaid State Plan regarding services of other licensed practitioners. The SPA updates coverage and payment provisions for psychologist services and establishes coverage and payment methods and standards for licensed independent clinical social worker services. This amendment was submitted on March 30, 2023, with an effective date of January 1, 2023.

**Optometrist Services**

Supplement to Attachment 3.1-A Page 2 states that optometrists' services exclude treatment for congenital dyslexia. This categorical coverage exclusion is inconsistent with the sufficiency requirement in section 1902(a)(10)(B) of the Social Security Act, as implemented in 42 C.F.R. 440.230, which prohibits a state Medicaid agency from arbitrarily denying or reducing the amount, duration, or scope of a mandatory benefit (for example, optometrist services) to an otherwise eligible beneficiary solely because of the diagnosis, type of illness, or condition. Additionally, this is a violation of the EPSDT benefit which requires states to provide medically necessary comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. For these reasons, the exclusions related to treatment of dyslexia should be removed from the state plan and the state should defer to the state scope of practice for optometrists and state medical necessity criteria. Depending on the response, the state may need to remove this exclusion from the state plan.

### **Chiropractic Services**

Supplement to Attachment 3.1-A Page 2 states that chiropractic services include chiropractic manipulative treatment and radiology services. In accordance with section 1905(a)(6) of the Social Security Act and 42 CFR 440.60(b), chiropractic services covered under this benefit consist only of treatment by means of manual manipulation of the spine which the chiropractor is legally authorized to perform by the State. Radiology services are covered under the mandatory benefit of other laboratory and x-ray services at 1905(a)(3) of the Act. Please clarify if chiropractors are ordering radiology services that are claimed under the other laboratory and x-ray services benefit or if radiology services are being claimed under the chiropractor benefit. Depending on the response, the state may need to remove this language from the state plan.

### **Hearing Instrument Specialist Services**

Supplement to Attachment 3.1-A Page 2 states that the agency does not pay for more than one hearing aid per ear per member in a 60-month period without prior authorization. Coverage and payment for supplies, equipment and appliances, which includes hearing aids, is covered under the mandatory Home Health benefit at 1905(a)(7). Please clarify if hearing aids are claimed under the Home Health benefit or hearing aids are being claimed under the Other Licensed Practitioner benefit. Depending on the response, the state may need to remove or modify this language in the state plan.

The State has 90 days from the date of this letter to respond to the issues described above. Within that period the State may submit a SPA to address the inconsistencies and/or submit a corrective action plan describing in detail how the state will resolve the issues identified above in a timely manner.

Failure to respond may result in the initiation of a formal compliance process. During the 90 days, CMS will provide technical assistance, as needed or required.

If you have any questions, please contact Marie DiMartino at (617) 565-9157 or via email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

cc: Henry Lipman, State Medicaid Director  
Dawn Tierney, Medicaid Business and Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

23 - 0006

2. STATE

MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <sup>23</sup> \$ 340,000  
b. FFY <sup>24</sup> \$ 430,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A page 2  
Supplement to Attachment 3.1-B page 2  
Attachment 4.19-B page 1a-iv

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A page 2  
Supplement to Attachment 3.1-A page 2  
Attachment 4.19-B page 1a-iv

9. SUBJECT OF AMENDMENT

An amendment to update coverage and payment methodologies for psychologist services and establish coverage and payment methods for licensed independent clinical social worker services

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Not required under 42 CFR 430.12(b)(2)(i)

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place  
Boston, MA 02108

12. TYPED NAME  
Mike Levine

13. TITLE  
Assistant Secretary for MassHealth

14. DATE SUBMITTED  
03/30/23

**FOR CMS USE ONLY**

16. DATE RECEIVED  
03/30/2023

17. DATE APPROVED 06/26/2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
01/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director  
Division of Program Operations

22. REMARKS

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

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**Item 6: Licensed Practitioners Services**

Licensed Practitioner Services are provided in accordance with 42 CFR 440.60.

- a. **Podiatrists' Services** – Coverage is for podiatry services that are considered medically necessary. Office visits are limited to one initial visit, one limited visit per 30 day period, one extended visit per 30 day period, and one follow up visit per week. Out of office visits are limited to one visit in a 30 day period in a long-term-care facility or the member's home and two visits in a 30 day period in a hospital setting. Any visits in excess of these limits are subject to prior authorization.

b. **Optometrists' Services** –

Members under age 21 are limited to one comprehensive examination within a 12 month period; additional services are provided when medically necessary. Members aged 21 or older are limited to one comprehensive eye examination within a 24 month period; additional services are provided when medically necessary.

Services that are subject to prior authorization include: fundus photography; non-plastic prosthetic eyes; unlisted services; and vision training.

Exclusions consist of treatment for congenital dyslexia.

- c. **Chiropractic Services** – include chiropractic manipulative treatment and radiology services. Services are limited to medically necessary treatment related to a neuromusculoskeletal condition. The MassHealth agency limits payment for chiropractor services for any combination of office visits and chiropractic manipulative treatments. Any office visits or chiropractic manipulative treatments in excess of 20 per member per calendar year are subject to prior authorization.

- d. **Other Practitioners' Services** – Other practitioners' services also include psychologists' services, including psychological assessment, case consultation and family consultation, diagnostic services evaluation, individual therapy, couple therapy, family therapy, and group therapy; licensed independent clinical social worker services, including case consultation and family consultation, diagnostic services evaluation, individual therapy, couple therapy, family therapy, and group therapy; hearing instrument specialist services; public health dental hygienist services; and acupuncturist services. Psychological assessment may be performed once every 6 months, or more often as clinically indicated.

Hearing instrument specialist services are limited to the practice of fitting and dispensing of hearing aids which means the measurement of human hearing solely for the purpose of making selections, adaptations or sales of hearing aids intended to compensate for impaired hearing. The MassHealth agency does not pay for more than one hearing aid per ear per member in a 60 month period without prior authorization.

Public health dental hygienist services are limited to services provided in public health settings within the scope of practice governed by the Massachusetts Board of Registration in Dentistry and covered by the MassHealth agency.

Acupuncturist services include the services of acupuncturists licensed under state law. Acupuncturist services are limited to the practice of providing medically necessary acupuncture for the treatment of pain and as a substance use disorder treatment within the scope of practice authorized by state law. The MassHealth agency does not pay for more than 20 acupuncture treatments per member per calendar year without prior authorization.

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

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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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- 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:

4. Psychologist and Independent Clinical Social Work Services

The fee-for-service rates are effective for services provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-32900-rates-for-psychological-and-independent-clinical-social-work-services-0>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.