

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA)#: 25-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) 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

December 17, 2025

Dr. Kiame Mahaniah, 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) - 25-0005

Dear Dr. Mahaniah:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0005. This amendment confirms that Indian Health Services and tribal health facilities can provide services outside of the four walls of their facilities.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1905(a)(9) and 1905(b). This letter informs you that Massachusetts' Medicaid SPA TN 25-0005 was approved on December 17, 2025, effective January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Massachusetts State Plan.

If you have any questions, please contact Ambrosia Watts at (410) 786-1562 or via email at Ambrosia.Watts1@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 5

2. STATE

M A3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
01/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(9); 1905(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY ²⁵ \$ 0b. FFY ²⁶ \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

pp. 3--3-vi
Supplement to Attachment 3.1-A ~~page 3ix2--3ix4 (NEW)~~
Supplement to Attachment 3.1-B ~~page 3ix2--3ix4 (NEW)~~
pp. 3 -- 3-vi

Supplement to Attachment 3.1-A pp. 3 -- 3-ix1
Supplement to Attachment 3.1-B pp. 3 -- 3-ix1

9. SUBJECT OF AMENDMENT

An amendment to confirm that IHS and tribal health facilities can provide services outside of the four walls of their facilities

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)

AGENCY OFFICIAL

Mike Levine

13. TITLE

Assistant Secretary for MassHealth

14. DATE SUBMITTED

03/31/2025

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED

03/31/2025

17. DATE APPROVED

12/17/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2025

19.

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

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

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- ☒ Limitations apply to all services within the benefit category.
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. Sterilization is covered only when the member has voluntarily given informed consent in the manner and at the time required by federal law.

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- ☒ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

MassHealth covers diagnosis and treatment of mental health and substance use disorders, and related services, at mental health centers and substance use disorder treatment clinics (which include Opioid Treatment Programs). Opioid treatment programs provide medication assisted

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: MA-25-0005
Supersedes: 16-010, 23-0007, 23-0008

Approval Date: 12/17/25
Effective Date: 01/01/25

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

Section 1905(a)(9) Clinic Services

treatment for opioid use disorder. MassHealth does not cover nonmedical services provided by mental health centers (e.g., vocational, educational, sheltered workshops, recreational, and life-enrichment services) or services provided at a mental health center as an integral part of a planned and comprehensive program (e.g., a residential, day activity, drop-in centers, and educational programs) that is organized to provide primarily non-medical or other nonreimbursable services. Play therapy, the use of play activities with a child in an identified treatment setting, as an alternative to strictly verbal expression, is not considered a recreational service and is covered. Psychological assessment may be performed once every 6 months, or more often as clinically indicated.

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Click or tap here to enter text.

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Section 1905(a)(9) Clinic Services

☒ IHS and Tribal Clinics **[Select below if applicable.]**: The state provides coverage for medically necessary services rendered at a facility of the Indian Health Service (IHS), whether operated by the IHS or by a Tribe or Tribal organization, as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638).

☐ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

Click or tap here to enter text.

☒ Renal Dialysis Clinics **[Select below if applicable.]**: MassHealth covers renal dialysis and related services, including supplies, drugs and routine laboratory tests, provided in renal dialysis clinics.

☒ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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.

☒ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]**:

- Designated Emergency Mental Health Provider: MassHealth covers the following services provided at Designated Emergency Mental Health Providers/Emergency Services Programs (DEP/ESPs): 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 must operate under the direction of a psychiatrist. To qualify as a DEP/ESP, a provider must be designated as such by the Commonwealth.
- Freestanding Ambulatory Surgery Centers (FASCs): MassHealth covers the following services in FASCs: outpatient same-day surgical, diagnostic, and medical services requiring general, local or regional anesthesia, a dedicated operating room, and a postoperative recovery

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

Section 1905(a)(9) Clinic Services

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 a 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) provided in FASCs. 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.

- **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. The family planning clinic 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.

- **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.

- **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.

- **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

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

Section 1905(a)(9) Clinic Services

period. Diversional and recreational therapy are not covered.

- 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. MassHealth covers up to one individual treatment and one group therapy session per member per day at the speech and hearing center. Diversional and recreational therapy are not covered.
- Limited Services Clinics: MassHealth covers vaccines and immunizations, as well as medical evaluation, testing, screening, treatment, and clinical laboratory services for episodic, urgent care relating to an illness provided in state-licensed limited services clinics.
- Urgent Care Clinics: MassHealth covers urgent care services rendered in urgent care clinics. "Urgent Care" is the delivery of episodic care for the diagnosis, treatment, management or monitoring of acute and chronic disease or injury that is:
 - o for the treatment of illness or injury that is immediate in nature, but does not require emergency services;
 - o generally provided on a walk-in basis without prior appointment; and
 - o available to the general public; and not intended as the patient's primary care provider.When an urgent care clinic provides covered X-rays, laboratory tests, or diagnostic tests to a member in the urgent care clinic during an urgent care visit, MassHealth will cover those X-rays, laboratory tests, or diagnostic tests in addition to the urgent care visit. An urgent care clinic may bill for an urgent care visit, a treatment, or a procedure, but may not bill for more than one of these services provided to the same member on the same date when the services are performed in the same location.

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Click or tap here to enter text.

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

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**:

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**

Click or tap here to enter text.

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**

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

Section 1905(a)(9) Clinic Services

Four Walls Exceptions (continued)

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:
Click or tap here to enter text.

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:
Click or tap here to enter text.

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

- ☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
 - The population experiences issues accessing services due to lack of transportation;
 - The population experiences a historical mistrust of the health care system; and
 - The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:
Click or tap here to enter text.

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Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- ☒ Limitations apply to all services within the benefit category.
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. Sterilization is covered only when the member has voluntarily given informed consent in the manner and at the time required by federal law.

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- ☒ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

MassHealth covers diagnosis and treatment of mental health and substance use disorders, and related services, at mental health centers and substance use disorder treatment clinics (which include Opioid Treatment Programs). Opioid treatment programs provide medication assisted

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State/Territory: Massachusetts

Section 1905(a)(9) Clinic Services

treatment for opioid use disorder. MassHealth does not cover nonmedical services provided by mental health centers (e.g., vocational, educational, sheltered workshops, recreational, and life-enrichment services) or services provided at a mental health center as an integral part of a planned and comprehensive program (e.g., a residential, day activity, drop-in centers, and educational programs) that is organized to provide primarily non-medical or other nonreimbursable services. Play therapy, the use of play activities with a child in an identified treatment setting, as an alternative to strictly verbal expression, is not considered a recreational service and is covered. Psychological assessment may be performed once every 6 months, or more often as clinically indicated.

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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Section 1905(a)(9) Clinic Services

☒ IHS and Tribal Clinics **[Select below if applicable.]**: The state provides coverage for medically necessary services rendered at a facility of the Indian Health Service (IHS), whether operated by the IHS or by a Tribe or Tribal organization, as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638).

☐ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

Click or tap here to enter text.

☒ Renal Dialysis Clinics **[Select below if applicable.]**: MassHealth covers renal dialysis and related services, including supplies, drugs and routine laboratory tests, provided in renal dialysis clinics.

☒ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

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.

☒ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]**:

- Designated Emergency Mental Health Provider: MassHealth covers the following services provided at Designated Emergency Mental Health Providers/Emergency Services Programs (DEP/ESPs): 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 must operate under the direction of a psychiatrist. To qualify as a DEP/ESP, a provider must be designated as such by the Commonwealth.
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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 a 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) provided in FASCs. 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.

- **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. The family planning clinic 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.

- **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.

- **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.

- **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

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

Section 1905(a)(9) Clinic Services

period. Diversional and recreational therapy are not covered.

- 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. MassHealth covers up to one individual treatment and one group therapy session per member per day at the speech and hearing center. Diversional and recreational therapy are not covered.
- Limited Services Clinics: MassHealth covers vaccines and immunizations, as well as medical evaluation, testing, screening, treatment, and clinical laboratory services for episodic, urgent care relating to an illness provided in state-licensed limited services clinics.
- Urgent Care Clinics: MassHealth covers urgent care services rendered in urgent care clinics. "Urgent Care" is the delivery of episodic care for the diagnosis, treatment, management or monitoring of acute and chronic disease or injury that is:
 - o for the treatment of illness or injury that is immediate in nature, but does not require emergency services;
 - o generally provided on a walk-in basis without prior appointment; and
 - o available to the general public; and not intended as the patient's primary care provider.When an urgent care clinic provides covered X-rays, laboratory tests, or diagnostic tests to a member in the urgent care clinic during an urgent care visit, MassHealth will cover those X-rays, laboratory tests, or diagnostic tests in addition to the urgent care visit. An urgent care clinic may bill for an urgent care visit, a treatment, or a procedure, but may not bill for more than one of these services provided to the same member on the same date when the services are performed in the same location.

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Click or tap here to enter text.

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State/Territory: Massachusetts

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**:

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**

Click or tap here to enter text.

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**

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

Section 1905(a)(9) Clinic Services

Four Walls Exceptions (continued)

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:
Click or tap here to enter text.

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:
Click or tap here to enter text.

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

- ☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
 - The population experiences issues accessing services due to lack of transportation;
 - The population experiences a historical mistrust of the health care system; and
 - The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:
Click or tap here to enter text.

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