



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

MassHealth

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

March 24, 2008

JUDYANN BIGBY, M.D.
Secretary

THOMAS R. DEHNER
Medicaid Director

Mr. Richard R. McGreal
Associate Regional Administrator
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health
Region One
JFK Federal Building, Room 2275
Boston, MA 02203

Re: MA-TN-08-004, State Plan Amendment regarding, Early Periodic Screening,
Diagnosis, and Treatment (EPSDT) Program

Dear Mr. McGreal:

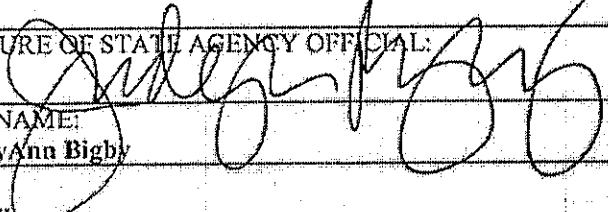
Attached is MA TN-08-004, an amendment to Supplement to Attachment 3.1A/B and Attachment 4.19-B of the Massachusetts Title XIX State plan. Under separate cover, we are also submitting MA-TN-08-003. The purpose of both of these amendments is to implement the judgment of the Federal District Court in Rosie D. v. Romney. If you would like, we would be happy to provide you with a copy of the Judgment. As you know, federal financial participation is available for all state expenditures provided within the scope of the Federal Medicaid program and made under court order. 42 CFR 431.25. We look forward to working with CMS to obtain approval for this amendment and to implementing the improvements to Massachusetts' Medicaid program that this approval will enable the Commonwealth to make.

To expedite your review, we have enclosed both a redlined copy and a non-redlined copy of the amendment. Please direct any questions about this amendment to State plan Coordinator Michael Coleman at (617) 573-1748.

Sincerely,

Judy Ann Bigby, M.D.
Secretary

cc: Allen Bryan, CMS, Region One
Irvin Rich, CMS, Region One

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 08-004	2. STATE MA
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE 04/01/09	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. 1396a(a)(43), 1396d(r), 1396a(a)(10), 1396d(a)(13), 42 CFR 440.130; 42 CFR 441 subpart B,		7. FEDERAL BUDGET IMPACT: a. FFY09 \$ 17,254,500. b. FFY10 \$ 90,744,500.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A page 1a, 1b, 1c, and 1d Supplement to Attachment 3.1-B page 1a, 1b, 1c, and 1d Attachment 4.19-B page 2c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1-A page 1a Supplement to Attachment 3.1-B page 1a	
10. SUBJECT OF AMENDMENT: Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program			
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 CMR 430.12(b)(2)(ii)	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11 th Floor Boston, MA 02108	
13. TYPED NAME: Dr. Judy Ann Bigby		(Continuation of 16. RETURN TO)	
14. TITLE: Secretary			
15. DATE SUBMITTED: 03/24 /08			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

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

Item 2.a: Outpatient Hospital Services

See Supplement to Attachment 3.1-A, page 1, Item 1, #1 and #4.

Item 4.a: Nursing Facilities Services

If a utilization review team recommends that a recipient in a multi-level long-term-care facility be changed to a lower level of care, the facility is responsible for relocating a recipient to the recommended level of care within the facility. The recipient has the right to appeal the recommendation.

Item 4b: Early and Periodic Screening, Diagnostic and Treatment services for individuals under 21 years of age, and treatment of conditions found.

In addition to all other services covered for individuals under age 21, the following services are covered:

a. Mobile Crisis Intervention:

This short term service provides a mobile, on-site, face-to-face therapeutic response to a child experiencing a mental health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation in community settings (including the child's home) and reducing the immediate risk of danger to the child or others consistent with the child's individual care or crisis plan, if any. Mobile crisis services may be provided by a single crisis worker or by a team of professionals trained in crisis intervention. Services are available 24 hours a day, 7 days a week. Phone contact and consultation may be provided as part of the intervention.

Provider qualifications: Providers are agencies who meet requirements established by the Single State Medicaid Agency and employ or contract with licensed clinicians and paraprofessionals who meet the requirements established by the Single State Medicaid Agency. Paraprofessionals are supervised by qualified licensed clinicians.

b. Crisis Stabilization:

This longer term service is designed to prevent or ameliorate a crisis that may otherwise result in a child being removed from the home such as by admission to an inpatient psychiatric hospital or a psychiatric residential treatment facility. Crisis stabilization staff continuously evaluate and treat the child as well as teach, support, and assist the parent or caretaker to better understand and manage behavior that has resulted in current or previous crisis situations. Crisis stabilization services also link the child to other appropriate services. Crisis stabilization services are available to a child in his/her natural setting or in another 24 hour community setting.

Provider qualifications: Providers are agencies who meet requirements established by the Single State Medicaid Agency and employ or contract with licensed clinicians and paraprofessionals who meet the requirements established by the Single State Medicaid Agency. Paraprofessionals are supervised by qualified licensed clinicians

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

c. In-Home Behavioral Services:

This service usually includes a combination of behavior management therapy and behavior management monitoring, as follows:

1. Behavior Management Therapy: This service includes assessment, development of the behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance. This service addresses challenging behaviors which interfere with the child's successful functioning. The Behavior management therapist develops and monitors specific behavioral objectives and interventions, including a crisis-response strategy, that are incorporated into the child's treatment plan. The therapist may also provide short-term counseling and assistance, depending on the child's performance and level of intervention required. Phone contact and consultation may be provided as part of the intervention.
2. Behavior management monitoring. This service includes implementation of the behavior plan, monitoring the child's behavior, reinforcing implementation of the plan by parents or other caregivers and reporting to the behavior management therapist on implementation of the plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.

Settings: In-Home Behavioral Services may be provided in any setting where the child is naturally located including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, child care centers, respite settings, and other community settings.

Provider Qualifications: Behavior Management Therapy is provided by licensed providers who meet qualifications established by the single state Medicaid Agency. Behavior Management Therapy may also be provided by agencies that meet the qualifications established by the single state Medicaid Agency and who contract with or employ qualified licensed professionals. Behavior Management Monitoring is provided by agencies that meet qualifications established by the single state Medicaid Agency. Paraprofessional staff delivering behavioral management monitoring are supervised by qualified licensed clinicians.

d. In-Home Therapy Services:

This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows:

1. The Therapeutic Clinical Intervention is a structured, consistent, therapeutic relationship between a licensed clinician and the child and family for the purpose of treating the child's mental health needs including improving the family's ability to provide effective support for the child to promote healthy functioning of the child within the family. The clinician develops a treatment plan and, using established psychotherapeutic techniques, works with the entire family or a subset of the family, to enhance problem-solving, limit-setting, communication, emotional support or other family or individual functions. The Therapeutic Clinical Intervention is provided by a qualified licensed clinician who will often work in a team that includes one or more qualified paraprofessionals

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

2. Ongoing Therapeutic Training and Support is a service provided by a paraprofessional to support implementation of the licensed clinician's treatment plan to achieve the goals of the treatment plan. The paraprofessional assists a licensed clinician in implementing the therapeutic objectives of the treatment plan designed to address the child's mental health and emotional challenges. This service includes teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family in supporting the child in addressing his or her emotional and mental health needs. Phone contact and consultation may be provided as part of the intervention. Settings: In Home Therapy Services may be provided in any setting where the child is naturally located including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, child care centers, respite settings, and other community settings.

Provider Qualifications: The Therapeutic Clinical Intervention is provided by licensed providers who meet qualifications established by the single state Medicaid Agency. The Therapeutic Clinical Intervention may also be provided by agencies that meet the qualifications established by the single state Medicaid Agency and who contract with or employ qualified licensed professionals. The Ongoing Therapeutic Training and Support service is provided by agencies that meet qualifications established by the single state Medicaid Agency. Paraprofessional staff delivering Ongoing Therapeutic Training and Support service are supervised by qualified licensed clinicians

e. Therapeutic Mentoring Services:

This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs. Each child or adolescent will have goals and objectives that are designed to support age-appropriate social functioning or ameliorate deficits in the child or adolescent's age-appropriate social functioning. These goals and objectives are developed by the child or adolescent, as appropriate, and his/her treatment team and are incorporated into the treatment plan. The service includes supporting, coaching and training the child or adolescent in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities. The therapeutic mentor works with the child or adolescent in such settings as their home, school or social or recreational activities.

Provider Qualifications: Therapeutic Mentoring Services are provided by agencies that meet the requirements established by the single state Medicaid agency and who contract with or employ qualified paraprofessionals. Paraprofessionals providing Therapeutic Mentoring Services are supervised by qualified licensed clinicians.

Settings: Therapeutic Mentoring Services may be provided in any setting where the child is naturally located including, the home (including foster homes and therapeutic foster homes), school, child care centers, respite settings, and other community settings.

**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**

f. Parent/Caregiver Peer to Peer Support:

This service provides a structured one-to-one relationship between a Family Support Partner and a parent(s) or caregiver(s) for the purpose of resolving or ameliorating the child's emotional and behavioral needs by improving the capacity of the parent(s) or caregiver(s) to parent the child with a serious emotional disturbance. Services may include education, support and training for the parent(s) or caregiver(s). Family Support Partners do not provide respite care or babysitting services.

Provider Qualifications: Caregiver Peer to Peer Support is provided by agencies that meet the requirements established by the single state Medicaid agency and who contract with or employ qualified paraprofessionals. Paraprofessionals are supervised by qualified licensed clinicians.

Settings: Caregiver Peer to Peer Support may be provided in any setting where the child is naturally located including, but not limited to, the home (including foster homes and therapeutic foster homes), child care centers, respite settings, and other community settings.

Item 5: Physician's Services

See Supplement to Attachment 3.1-A, P.1, Item 1, #1.

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

Item 2.a: Outpatient Hospital Services

See Supplement to Attachment 3.1-A, page 1, Item 1, #1 and #4.

Item 4.a: Nursing Facilities Services

If a utilization review team recommends that a recipient in a multi-level long-term-care facility be changed to a lower level of care, the facility is responsible for relocating a recipient to the recommended level of care within the facility. The recipient has the right to appeal the recommendation.

Item 4b: Early and Periodic Screening, Diagnostic and Treatment services for individuals under 21 years of age, and treatment of conditions found.

In addition to all other services covered for individuals under age 21, the following services are covered:

a. Mobile Crisis Intervention:

This short term service provides a mobile, on-site, face-to-face therapeutic response to a child experiencing a mental health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation in community settings (including the child's home) and reducing the immediate risk of danger to the child or others consistent with the child's individual care or crisis plan, if any. Mobile crisis services may be provided by a single crisis worker or by a team of professionals trained in crisis intervention. Services are available 24 hours a day, 7 days a week. Phone contact and consultation may be provided as part of the intervention.

Provider qualifications: Providers are agencies who meet requirements established by the Single State Medicaid Agency and employ or contract with licensed clinicians and paraprofessionals who meet the requirements established by the Single State Medicaid Agency. Paraprofessionals are supervised by qualified licensed clinicians.

b. Crisis Stabilization:

This longer term service is designed to prevent or ameliorate a crisis that may otherwise result in a child being removed from the home such as by admission to an inpatient psychiatric hospital or a psychiatric residential treatment facility. Crisis stabilization staff continuously evaluate and treat the child as well as teach, support, and assist the parent or caretaker to better understand and manage behavior that has resulted in current or previous crisis situations. Crisis stabilization services also link the child to other appropriate services. Crisis stabilization services are available to a child in his/her natural setting or in another 24 hour community setting.

Provider qualifications: Providers are agencies who meet requirements established by the Single State Medicaid Agency and employ or contract with licensed clinicians and paraprofessionals who meet the requirements established by the Single State Medicaid Agency. Paraprofessionals are supervised by qualified licensed clinicians

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

c. In-Home Behavioral Services:

This service usually includes a combination of behavior management therapy and behavior management monitoring, as follows:

1. **Behavior Management Therapy:** This service includes assessment, development of the behavior plan, and supervision and coordination of interventions to address specific behavioral objectives or performance. This service addresses challenging behaviors which interfere with the child's successful functioning. The Behavior management therapist develops and monitors specific behavioral objectives and interventions, including a crisis-response strategy, that are incorporated into the child's treatment plan. The therapist may also provide short-term counseling and assistance, depending on the child's performance and level of intervention required. Phone contact and consultation may be provided as part of the intervention.
2. **Behavior management monitoring.** This service includes implementation of the behavior plan, monitoring the child's behavior, reinforcing implementation of the plan by parents or other caregivers and reporting to the behavior management therapist on implementation of the plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.

Settings: In-Home Behavioral Services may be provided in any setting where the child is naturally located including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, child care centers, respite settings, and other community settings.

Provider Qualifications: Behavior Management Therapy is provided by licensed providers who meet qualifications established by the single state Medicaid Agency. Behavior Management Therapy may also be provided by agencies that meet the qualifications established by the single state Medicaid Agency and who contract with or employ qualified licensed professionals. Behavior Management Monitoring is provided by agencies that meet qualifications established by the single state Medicaid Agency. Paraprofessional staff delivering behavioral management monitoring are supervised by qualified licensed clinicians.

d. In-Home Therapy Services:

This service is a therapeutic clinical intervention and ongoing training and therapeutic support, as follows:

1. **The Therapeutic Clinical Intervention** is a structured, consistent, therapeutic relationship between a licensed clinician and the child and family for the purpose of treating the child's mental health needs including improving the family's ability to provide effective support for the child to promote healthy functioning of the child within the family. The clinician develops a treatment plan and, using established psychotherapeutic techniques, works with the entire family or a subset of the family, to enhance problem-solving, limit-setting, communication, emotional support or other family or individual functions. The Therapeutic Clinical Intervention is provided by a qualified licensed clinician who will often work in a team that includes one or more qualified paraprofessionals
2. **Ongoing Therapeutic Training and Support** is a service provided by a paraprofessional to support

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

implementation of the licensed clinician's treatment plan to achieve the goals of the treatment plan. The paraprofessional assists a licensed clinician in implementing the therapeutic objectives of the treatment plan designed to address the child's mental health and emotional challenges. This service includes teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family in supporting the child in addressing his or her emotional and mental health needs. Phone contact and consultation may be provided as part of the intervention.

Settings: In Home Therapy Services may be provided in any setting where the child is naturally located including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, child care centers, respite settings, and other community settings.

Provider Qualifications: The Therapeutic Clinical Intervention is provided by licensed providers who meet qualifications established by the single state Medicaid Agency. The Therapeutic Clinical Intervention may also be provided by agencies that meet the qualifications established by the single state Medicaid Agency and who contract with or employ qualified licensed professionals. The Ongoing Therapeutic Training and Support service is provided by agencies that meet qualifications established by the single state Medicaid Agency. Paraprofessional staff delivering Ongoing Therapeutic Training and Support service are supervised by qualified licensed clinicians

e. Therapeutic Mentoring Services:

This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs. Each child or adolescent will have goals and objectives that are designed to support age-appropriate social functioning or ameliorate deficits in the child or adolescent's age-appropriate social functioning. These goals and objectives are developed by the child or adolescent, as appropriate, and his/her treatment team and are incorporated into the treatment plan. The service includes supporting, coaching and training the child or adolescent in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities. The therapeutic mentor works with the child or adolescent in such settings as their home, school or social or recreational activities.

Provider Qualifications: Therapeutic Mentoring Services are provided by agencies that meet the requirements established by the single state Medicaid agency and who contract with or employ qualified paraprofessionals. Paraprofessionals providing Therapeutic Mentoring Services are supervised by qualified licensed clinicians.

Settings: Therapeutic Mentoring Services may be provided in any setting where the child is naturally located including, the home (including foster homes and therapeutic foster homes), school, child care centers, respite settings, and other community settings.

f. Parent/Caregiver Peer to Peer Support:

This service provides a structured one-to-one relationship between a Family Support Partner and a parent(s) or caregiver(s) for the purpose of resolving or ameliorating the child's emotional and

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

behavioral needs by improving the capacity of the parent(s) or caregiver(s) to parent the child with a serious emotional disturbance. Services may include education, support and training for the parent(s) or caregiver(s). Family Support Partners do not provide respite care or babysitting services.

Provider Qualifications: Caregiver Peer to Peer Support is provided by agencies that meet the requirements established by the single state Medicaid agency and who contract with or employ qualified paraprofessionals. Paraprofessionals are supervised by qualified licensed clinicians.

Settings: Caregiver Peer to Peer Support may be provided in any setting where the child is naturally located including, but not limited to, the home (including foster homes and therapeutic foster homes), child care centers, respite settings, and other community settings.

Item 5: Physician's Services

See Supplement to Attachment 3.1-A, P.1, Item 1, #1.

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

- t. Early and Periodic Screening, Diagnostic and Treatment services for individuals under 21 years of age, and treatment of conditions found.
- Mobile Crisis Intervention – fee schedule established by the Division of Health Care Finance and Policy.
- Crisis Stabilization – fee schedule established by the Division of Health Care Finance and Policy.
- Behavioral Management Therapy – fee schedule established by the Division of Health Care Finance and Policy.
- Behavioral Management Monitoring - fee schedule established by the Division of Health Care Finance and Policy.
- In-Home Therapy – fee schedule established by the Division of Health Care Finance and Policy.
- In-Home Therapy Monitoring – fee schedule established by the Division of Health Care Finance and Policy.
- Therapeutic Mentoring Services – fee schedule established by the Division of Health Care Finance and Policy.
- Caregiver Peer to Peer Support - fee schedule established by the Division of Health Care Finance and Policy.