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## MassHealth Services & Service Providers by Coverage Type January 2022

This Table compares the services included in each of the four main types of direct MassHealth coverage as set out in 130 CMR § 450.105. The regulations shown apply to the MassHealth fee for service system and are organized by service provider rather than by specific services. Additional information on the scope of covered services in MassHealth can be found in Provider Bulletins, Provider Manuals and Guidelines for Medical Necessity Determinations posted at <a href="www.mass.gov/masshealth">www.mass.gov/masshealth</a>. Also consult the website for additional subregulatory guidance on benefits such as the Children's Behavioral Health Initiative, Applied Behavioral Analysis, and Gender-Affirming Care.

For more information about services for people enrolled in managed care, consult the Evidence of Coverage or Summary of Benefits posted on the websites of the MassHealth Managed Care Plans, ACO Partnership Plans, the Behavioral Health Partnership or the One Care and Senior Care Options Plans all of which offer services in addition to those in the fee for service regulations.

COVID-19 Changes: Starting in March 2020, MassHealth has made many changes in benefits during the COVID-19 Public Health Emergency that will not be found in the regulations cited in this Table. MassHealth is posting COVID-19 related subregulatory guidance for providers here: <a href="https://www.mass.gov/resource/masshealth-coronavirus-disease-2019-covid-19-providers">https://www.mass.gov/resource/masshealth-coronavirus-disease-2019-covid-19-providers</a>

Service	MassHealth Regulations 130 C.M.R.	MassHealth Coverage Types				
		Standard	Common Health	Family Assistance (Direct Coverage) <sup>1</sup>	CarePlus <sup>2</sup>	
Abortion Clinic	§ 484	~	~	~	~	
Acupuncture <sup>3</sup>	§ 447	<b>&gt;</b>	<b>✓</b>	<b>✓</b>	~	
Adult Day Health	§ 404	<b>✓</b>	~	No	No	
Adult Foster Care <sup>4</sup>	§ 408	<b>✓</b>	~	No	No	
Ambulance (Emergency)	§ 407	~	~	~	~	
Ambulatory Surgery Center	§ 423	•	~	~	~	
Audiologist	§ 426	<b>✓</b>	~	~	~	
Behavioral health (mental health & substance use disorders)	§§ 411 (Psychologist), 417 (Psych. Day), 418 (Substance Use), 429 (Mental Health Center), Also see Physicians, Hospitals and Community Health Centers.	~	•	•	•	

<sup>&</sup>lt;sup>1</sup> See Eligibility Operations Memo 21-26 (Nov 2021) for a pathway to coverage for the long term services not covered in Family Assistance for certain elderly and disabled immigrants enrolled in Family Assistance.

<sup>&</sup>lt;sup>2</sup> No one under 21 can be enrolled in CarePlus making some age-based services not applicable to it. 130 CMR 505.008(F) provides CarePlus enrollees with a pathway to coverage for the long term services not covered in CarePlus.

<sup>&</sup>lt;sup>3</sup> Acupuncture Rule 447 and related amendments to 450.105 were proposed on Sept 3, 2021 to take effect no sooner than Jan. 21, 2022

<sup>&</sup>lt;sup>4</sup> There are two types of Adult Foster Care: Family Foster Care and Group Foster Care. The 408 regulations are for Family Foster Care. There are no regulations for Group Foster Care, but see <a href="https://www.mass.gov/lists/group-adult-foster-care-manual-for-masshealth-providers">https://www.mass.gov/lists/group-adult-foster-care-manual-for-masshealth-providers</a>

Service	MassHealth Regulations 130 C.M.R.	MassHealth Coverage Types				
		Standard	Common Health	Family Assistance (Direct Coverage) <sup>1</sup>	CarePlus <sup>2</sup>	
Chapter 766 <sup>5</sup>		~	~	•	N/A	
Chiropractor	§ 441	~	~	~	~	
Community Health Center	§ 405	~	~	~	~	
Continuous Skilled Nursing Agency	§ 438 <sup>6</sup> and 403.409	~	~	~	See footnote	
COVID-19 Testing <sup>7</sup>		~	~	~	~	
Day Habilitation Center	§ 419	~	~	No	No	
Dental Services	§ 420	~	~	~	~	
Durable Medical Equipment and Supplies	§ 409	~	~	•	~	
Early Intervention (age 0-3)	§ 440	~	~	~	N/A	
Early, Periodic, Screening, Diagnosis and Treatment, EPSDT (under 21)	§450.144 <sup>8</sup>	•	~	No	N/A	
Family Planning	§ 421	~	<b>✓</b>	~	~	
Hearing instruments	§ 416	~	~	~	~	

<sup>&</sup>lt;sup>5</sup> The regulations at 450.105 list Chapter 766 home assessments and participation in Team meetings as a covered benefit, but the corresponding regulation for the benefit was repealed years ago. For information on the related school-based Medicaid program see the website at https://www.mass.gov/school-based-medicaid-program-sbmp

<sup>&</sup>lt;sup>6</sup> The regulation at 438 took effect on Jan. 1, 2022. Previously, the CSN benefit was included in the Home Health Agency regulations at 403.409. On Jan 22, 2021 proposed amendments to 403.409(H) cross-reference to 438 for the clinical criteria for CSN. All four coverage types include the Home Health Agency benefit, but see note 10 for limitations in CarePlus.

<sup>&</sup>lt;sup>7</sup> Sections 9811 & 9821 of the American Rescue Plan Act added COVID-19 testing as a new mandatory Medicaid and CHIP benefit from March 2021 until the last day of the first quarter one year after the end of the COVID public health emergency.

year after the end of the COVID public health emergency.

8 Most of the other service regulations also include specific EPSDT provisions. Subregulatory guidance describes the Children's Behavioral Health Initiative (CBHI) and Applied Behavioral Analysis (ABA) for children with Autism.

MassHealth Services and Service Providers by Coverage Type (Jan 2022)						
Service	MassHealth Regulations 130 C.M.R.	MassHealth Coverage Types				
		Standard	Common Health	Family Assistance (Direct Coverage) <sup>1</sup>	CarePlus <sup>2</sup>	
Home & Community Based Waiver <sup>9</sup>	§ 630	~	No	No	No	
Home Health Agency	§ 403	~	<b>→</b>	~	<b>✓</b> 10	
Hospice	§ 437	~	~	~	<b>✓</b>	
Independent Diagnostic Testing	§ 431	<b>~</b>	~	•	•	
Independent Nurse	§ 414	~	~	No	No	
Inpatient Hospital	§ 415 (Acute Hosp.) §435 Chronic Disease & Rehab. Hosp. (CDRH) § 425 (Psychiatric Hosp.)	•	•	6 months	100 days CDRH/ Nursing Facility	
Laboratory	§ 401 (Ind. Clinical Lab) Also see other service providers	•	•	•	•	

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<sup>&</sup>lt;sup>9</sup> MassHealth offers added benefits to people enrolled in one of ten home & community based services waivers. The 630 regulation only applies to four of the ten: the two ABI (Acquired Brain Injury) waivers and the two MFP (Money Follows the Person/Moving Forward Plan) waivers. The added benefits available in the other waivers are described in the 1915(c) waiver documents for Massachusetts posted by CMS at Medicaid.gov.

<sup>&</sup>lt;sup>10</sup> 403.415(c) limits nursing services in CarePlus to after an overnight hospital or nursing facility stay. However, amended regulations proposed in Jan 2021 would eliminate this restriction.

<sup>&</sup>lt;sup>11</sup> Eff. Nov. 1, 2021 coverage increased to 6 months notwithstanding the regulations, Chronic Disease & Rehab Inpatient Hosp. Bulletin 97 (Jan 2022)

MassHealth	Services and Se	rvice Provid	lers by Cover	rage Type (Jan 2	ge Type (Jan 2022)			
Service	MassHealth Regulations 130 C.M.R.	MassHealth Coverage Types						
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Nursing Facility <sup>12</sup>	§ 456	~	•	✓ 6 months. <sup>13</sup>	✓ 100 days Nursing Facility/ CDRH			
Orthotic	§ 442	~	~	<b>✓</b>	~			
Outpatient Hospital	§ 410 (Acute & CDRH); § 434 (Psychiatric)	~	~	~	~			
Oxygen and Respiratory Therapy Equipment	§ 427	~	•	•	•			
Personal Care Attendant	§ 422	~	~	No	No			
Pharmacy	§ 406	~	~	~	~			
Physician (including Clinical Nurse Specialist, Nurse Midwife, Nurse Practitioner, Physician Assistant, Psychiatric Clinical Nurse, & Registered Nurse Anesthetist)	§ 433	•	•	•	•			
Podiatrist	§ 424	~	~	~	~			
Prosthetic	§ 428	~	~	~	<b>✓</b>			
Radiation/Oncology Treatment Center	§ 436	~	~	<b>~</b>	~			
Rehabilitation Center	§ 430	~	~	<b>✓</b>	<b>✓</b>			
Renal Dialysis Clinic	§ 412	~	~	~	~			
Speech and Hearing Center	§ 413	~	~	<b>✓</b>	~			

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<sup>&</sup>lt;sup>12</sup> Only MassHealth Standard covers long term nursing home care for "institutionalized" individuals. See, 130 CMR § 519.006 and Eligibility Operations Memo 20-21 (Dec. 23, 2020). <sup>13</sup> Eff. Nov. 1, 2021 coverage increased to 6 months notwithstanding the regulations. Nursing Facility Bulletin 174 (Jan 2022)

MassHealth Services and Service Providers by Coverage Type (Jan 2022)						
Service	MassHealth Regulations 130 C.M.R.	MassHealth Coverage Types				
		Standard	Common Health	Family Assistance (Direct Coverage) <sup>1</sup>	CarePlus <sup>2</sup>	
Sterilization Clinics <sup>14</sup>	§ 485					
Therapists: Physical, Occupational, and Speech/ Language	§ 432	~	~	~	~	
Transportation (non- emergency)	§ 407	~	~	No	~	
Urgent Care Clinic 15	§ 455	~	~	~	~	
Vision Care/ eyeglasses	§ 402	•	~	~	~	

There is no reference to these clinics in the coverage regulations at 130 CMR 450.105.

Rule 455 and related amendments to 450.105 were proposed on Sept. 3, 2021 to take effect no sooner than Jan. 21, 2022