



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter 766-15
December 2016

TO: Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth *D. Tsai*

RE: Chapter 766 *Manual* (Rescission of Regulation)

130 CMR 439.000: Chapter 766 Services governed services provided to MassHealth members by Chapter 766 providers. After a review of this regulation, MassHealth has determined that this regulation is obsolete. MassHealth therefore has rescinded this regulation. This rescission is effective as of December 16, 2016.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Chapter 766 Manual

None

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Chapter 766 Manual

Pages iv and 6-1 through 6-3 — transmitted by Transmittal Letter 766-12

Page viii and 6-4 — transmitted by Transmittal Letter 766-14

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(106-CMR 439.001 through 439.600 Reserved)

439.601: Definitions

~~(A) Assessment – a professionally sound, complete, and suitably individualized examination and assessment of a child's need for special education and treatment services in the context of the child's physical, developmental, social, and educational history and current circumstances. Such an assessment is furnished by an authorized professional as defined herein who is trained in the area of suspected need and generally includes a written assessment report. Types of assessments may include, but are not limited to, the following:~~

~~(1) Medical Assessment – a comprehensive health assessment by an authorized physician that identifies medical problems that may affect the child's education, such as: physical constraints, chronic illness, neurological and sensory deficits, and developmental dysfunction. The medical assessment generally includes at least the following:~~

- ~~(a) medical history, to include health of family, prenatal and birth history, developmental history, and history of significant medical conditions including hospitalization, injuries, and accidents;~~
- ~~(b) complete physical examination, to include blood pressure and nutritional assessment;~~
- ~~(c) neurological assessment and developmental assessment, to include gross motor functioning, fine motor functioning, language, and visual and auditory functioning;~~
- ~~(d) test for visual acuity and hearing by audiometry;~~
- ~~(e) ordering and interpretation of diagnostic tests, to include, if indicated, hematocrit or hemoglobin, sickle cell test (if appropriate), blood lead test, urinalysis (with culture for females), tuberculosis skin test, and other tests as indicated;~~
- ~~(f) dental assessment and referral for a complete dental examination if one has not been done within six months; and~~
- ~~(g) written assessment report.~~

~~(2) Psychological Assessment – an assessment by an authorized psychologist including an individual psychological examination and culminating in specific recommendations. Sensory, motor, language, perceptual, attentional, cognitive, affective, attitudinal, self image, interpersonal, behavioral, interest, and vocational factors are evaluated in regard to their maturity, integrity, and dynamic interaction within the educational context. The assessment is based on the child's developmental and social history, diagnostic observation of the child in familiar surroundings (such as a classroom), and psychological testing as indicated. Psychological testing may include, but is not limited to, a vocational interest evaluation, educational achievement testing, intelligence testing, personality evaluation, assessment of brain damage, and neuropsychological examination.~~

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~~(3) Home Assessment – an assessment by an authorized social worker, nurse, or counselor of pertinent family history and home situation factors including, with prior written parental consent, a home visit. This assessment includes a description of pertinent family history and individual developmental history and estimates of adaptive behavior at home, in the neighborhood, and in local peer groups. Estimates of adaptive behavior are based to the greatest possible degree on information obtained by direct observation of the child or direct interview of the child in the neighborhood setting.~~

~~(B) Authorized Professional – an individual who, at a minimum, meets the qualifications for the particular assessment services to be performed, as specified below.~~

~~(1) Medical Assessment Services – a pediatrician or other physician, other than an intern, resident, fellow, or house officer, who is licensed to practice by the Massachusetts Board of Registration of Physicians. (2) Psychological Assessment Services – a psychologist who is licensed to practice by the Massachusetts Board of Registration of Psychologists.~~

~~(3) Home Assessment Services –~~

~~(a) a social worker who has a master's degree in social work and who is licensed by the Massachusetts Board of Registration of Social Workers as either a certified social worker or an independent clinical social worker;~~

~~(b) a nurse who is registered by the Massachusetts Board of Registration in Nursing; or~~

~~(c) a counselor who has a master's degree in counseling education, counseling psychology, or rehabilitation counseling.~~

~~(C) Psychological Testing – the use of standardized test instruments and procedures by an eligible provider in order to evaluate aspects of a person's functioning, including, but not limited to, aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology. These tests must be published, valid, and in general use as defined by listing in the Mental Measurement Yearbook or by conformity to the Standards for Educational and Psychological Tests of the American Psychological Association.~~

~~(D) TEAM Evaluation – an evaluation by a multidisciplinary team that consists of assessments in all areas related to the child's suspected need for special education and services. Such assessments may include, but are not limited to, a medical assessment, a psychological assessment, a home assessment, and such other assessments as may be required in accordance with a child's diagnosis.~~

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~~(E) Written Assessment Report~~ - a written report summarizing the procedures employed in an assessment, the results, and the diagnostic impression; defining in detail and in educationally relevant and common terms the child's needs; and offering explicit means of meeting those needs.

439.602: Rate Provisions

~~(A) General Rate Provisions.~~ The Massachusetts Rate Setting Commission determines the maximum allowable fees for TEAM evaluation services. Payment to providers for TEAM evaluation services shall be the lower of the following:

- ~~(1) the provider's usual and customary charge to the general public for the same or similar services; or~~
- ~~(2) the amount listed in the applicable Rate Setting Commission fee schedule.~~

~~(B) Individual Consideration.~~ Rates of payment for services designated as "I.C." in the list of service codes and descriptions in Subchapter 6 of the Chapter 766 Manual shall be determined on an individual consideration basis. The determination of the rate of payment for an individual consideration service shall be in accordance with the following criteria:

- ~~(1) the time required to perform the service;~~
- ~~(2) the degree of skill required for the service;~~
- ~~(3) the severity or complexity of the child's disorder or disability;~~
- ~~(4) the policies, procedures, and practices of other third party purchasers of care;~~
- ~~(5) prevailing professional ethics and accepted practice; and~~
- ~~(6) such other standards and criteria as may be adopted from time to time by the Massachusetts Rate Setting Commission or the Department.~~

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603 EXPLANATION OF ABBREVIATION

The abbreviation "I.C." used in Subchapter 6, indicates that the claim will receive individual consideration to determine payment.

604 SERVICE CODES AND DESCRIPTIONS

Service

Code — Service Description

X9170 — Home assessment performed by an authorized social worker, nurse, or counselor (including written assessment report)

X9172 — Participation in TEAM meeting by an authorized social worker, nurse, or counselor