

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 23-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

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November 6, 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) 23-0005

Dear Secretary Walsh:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0005. This amendment updates the coverage and payment methodologies for Children's Behavioral Health Initiative (CBHI).

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 23-0005 was approved on November 6, 2023, with an effective date of January 1, 2023.

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,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER  
23 — 0005

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  
**01/01/23**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR Part 440**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 597,000  
b. FFY 24 \$ 798,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Supplement to Attachment 3.1-A pp. 1a, 1a1 (NEW), 1b, 1c  
Supplement to Attachment 3.1-B pp. 1a, 1a1 (NEW), 1b, 1c  
Attachment 4.19-B pp. 2C, 2D

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Supplement to Attachment 3.1-A pp. 1a, 1b, 1c  
Supplement to Attachment 3.1-B pp. 1a, 1b, 1c  
Attachment 4.19-B pp. 2C, 2D


9. SUBJECT OF AMENDMENT

An amendment to updated the coverage and payment methodologies for Children's Behavioral Health Initiative (CBHI)

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  


12. TYPED NAME  
Mike Levine

13. TITLE  
Assistant Secretary for MassHealth

14. DATE SUBMITTED  
03/30/23

15. RETURN TO  
  
Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

**FOR CMS USE ONLY**

16. DATE RECEIVED 03/30/2023

17. DATE APPROVED 11/6/2023

**PLAN APPROVED - ONE COPY ATTACHED**

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

19. SIGNATURE OF APPROVING OFFICIAL  


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 2.a: Outpatient Hospital Services**

MassHealth requires prior authorization for certain outpatient hospital services based on medical necessity, including 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 period; and for certain drugs and biologics administered in the acute outpatient hospital setting.

Outpatient hospitals provide crisis assessment, stabilization, special services and other interventions 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.

**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.

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 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 medically necessary services covered for individuals under age 21, the following services are covered as Rehabilitation services as defined in 42 USC 1396d (a) (13). These services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual:

**a. Mobile Crisis Intervention**

Mobile crisis intervention provides short-term, mobile, on-site, face-to-face behavioral health crisis assessment, intervention, and stabilization to identify, assess, treat and stabilize the situation and reduce the immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. Services are available 24 hours a day, 7 days a week. Phone contact and consultation may be provided as part of the intervention and services may be provided through telehealth modalities.

Mobile crisis intervention includes the following activities when performed to resolve the immediate crisis:

- Providing short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization
- Screening for substance intoxication or withdrawal, and to provide access to medications for induction and urgent psychopharmacology;
- Assessing parent/guardian/caregiver strengths and resources to support and stabilize the youth in crisis;
- Developing of a risk management/safety plan. In cases where the youth does not already have such a plan, Mobile Crisis Intervention creates a risk management/safety plan in concert with the parent(s)/guardian(s)/caregiver(s) and any existing service providers; and Providing continued crisis intervention and stabilization services, including follow-up care, as clinically indicated;
- Developing a disposition plan that includes referrals to the least restrictive, clinically appropriate levels of care, and follow-up instructions, including facilitation of admission to 24-hour level of care where clinically indicated; and
- Providing care coordination with existing medical and behavioral health providers and existing social services, as clinically indicated.

Mobile crisis intervention services for individuals older than 21 years of age are provided as described in Supplement to Attachment 3.1-A, Item 13 and Supplement to Attachment 3.1-B, Item 13.

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

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Settings: Mobile Crisis Intervention is provided where the child is located, including community-based settings, at a designated Community Behavioral Health Center, or in emergency departments.

Mobile Crisis Intervention Providers: CBHCs provide mobile crisis intervention services through a multidisciplinary team-based approach to individuals younger than 21 years of age through the following qualified behavioral health clinicians or their supervised trainees: board-certified or eligible psychiatrists, psychiatric nurses, psychiatric clinical nurse specialists, licensed physicians, nurse practitioners, registered nurses, physician assistants, licensed psychologists, licensed independent clinical social workers, licensed clinical social workers, , licensed mental health counselors, licensed alcohol and drug counselor Is, licensed marriage and family therapists, family partners, peer recovery coaches and recovery support navigators. Mobile crisis intervention teams may include certified peer specialists in lieu of family partners when clinically indicated based on the needs of the member. Non-licensed clinicians (including peers) and trainees provide services under the supervision of a licensed clinician or a certified peer supervisor.

Certified peer specialists, peer recovery coaches and recovery support navigators qualifications are set forth in Attachment 3.1-A Page 3a12-3a13 and Supplement to Attachment 3.1-B Page 3a12-3a13.

State Plan under Title XIX of the Social Security Act  
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**b. In-Home Behavioral Services:** (Services described in this section are effective October 1, 2009.)

This service provides for the development of a highly specific behavior plan; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals in order to treat challenging behaviors that interfere with the youth's successful functioning. An In-Home Behavioral service includes two components: behavior management therapy and behavior management monitoring. It is delivered by one or more members of a team of qualified providers consisting of professional and paraprofessional staff.

1. Behavior management therapy: Behavior management therapy includes activities that are required to develop, implement, monitor and update a behavior plan, including overseeing activities of the behavior management monitor. Behavior management therapy is performed by a licensed clinician who meets the qualifications of a Behavior management therapist as described in the provider qualifications section below.

Behavior management therapy includes the following:

- Functional behavioral assessment;
- Development of a focused behavior plan that identifies specific behavioral and measurable objectives or performance goals and interventions that are designed to diminish, extinguish, or improve specific behaviors related to a youth's behavioral health (mental health or substance abuse) condition(s);
- Development or revision of a youth's risk management/safety plan to address the specific behavioral needs of the youth;
- Counseling the parent(s)/guardian(s)/caregiver(s) on how to implement strategies identified in the behavior plan;
- Working closely with the behavior management monitor to ensure the behavior plans and risk management/safety plan are implemented as developed, and to make any necessary adjustments to the plans;
- Clinical consultation and coordination with other behavioral health (mental health or substance abuse) care providers; and
- Referral to other services as needed.

State Plan under Title XIX of the Social Security Act  
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- Development of a focused behavior plan that identifies specific behavioral and measurable objectives or performance goals and interventions that are designed to diminish, extinguish, or improve specific behaviors related to a youth's behavioral health (mental health or substance abuse) condition(s);
- Development or revision of a youth's risk management/safety plan to address the specific behavioral needs of the youth;
- Counseling the parent(s)/guardian(s)/caregiver(s) on how to implement strategies identified in the behavior plan;
- Working closely with the behavior management monitor to ensure the behavior plans and risk management/safety plan are implemented as developed, and to make any necessary adjustments to the plans;
- Clinical consultation and coordination with other behavioral health (mental health or substance abuse) care providers; and
- Referral to other services as needed.

**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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- t. Early and Periodic Screening, Diagnostic and Treatment services for individuals under 21 years of age, and treatment of conditions found.

The rate methodology used to create the following fee schedules for are based on a model budget that accounts for program costs (direct and indirect) and maximum productive time specific for the provision of each service. The data sources for program costs include cost reports and salary data from providers of these and other similar behavioral health services. Maximum productive time for each service was derived by assessing the time available for direct billable contacts by eligible direct care staff.

Mobile Crisis Intervention – The fee-for-service rates are effective for services provided on or after January 1, 2023. Rates for services provided by community behavioral health centers in on-site and community-based sites of services are published on <https://www.mass.gov/regulations/101-CMR-30500-rates-for-behavioral-health-services-provided-in-community-behavioral-health-centers>. Rates for services provided in other settings are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Behavioral Management Therapy – The fee-for-service rates are effective for service provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Behavioral Management Monitoring - The fee-for-service rates are effective for service provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

In-Home Therapy –The fee-for-service rates are effective for service provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Therapeutic training and support –The fee-for-service rates are effective for service provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

**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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Therapeutic Mentoring Services –The fee-for-service rates are effective for service provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Family Support and Training Services - The current fee-for-service rates are effective for service provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Applied Behavior Analyst Services – The current fee-for-service rates are effective for service provided on or after October 1, 2022. All rates are published on <https://www.mass.gov/regulations/101-CMR-35800-rates-of-payment-for-applied-behavior-analysis>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Preventive Behavioral Health Services – The current fee-for-service rates are effective for service provided on or after September 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-30600-rates-of-payment-for-mental-health-services-provided-in-community-health-and-mental-health-centers>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.