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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: MA-24-0024

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

September 16, 2024

Mike Levine
Assistant Secretary for MassHealth
Commonwealth of Massachusetts,
Department of Health and Human Services, Office of Medicaid
1 Ashburn Place, 11th Floor Room 1109
Boston, MA 02108

Dear Assistant Secretary Mike Levine:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) MA-24-0024, submitted on June 28, 2024, has been approved. This SPA makes several updates to benefits provided under the CHIP state plan. The effective date for each provision is provided below.

Through this SPA, Massachusetts adds doula services effective December 1, 2023, and acupuncture services effective July 1, 2023. In addition, this SPA updates its strategic objective related to CHIP enrollment and removes an outdated performance goal related to reducing the number of uninsured children. To measure progress on these goals, the state will utilize American Community Survey data, state records, and eligibility or enrollment data. The changes to the strategic objectives are effective July 1, 2023.

Also, through MA-24-0024, the state has demonstrated compliance with the Inflation Reduction Act (IRA) section 11405(b)(1) and the longstanding requirement in regulations at 42 CFR §§ 457.410(b)(2) and 457.520(b)(4) to cover age-appropriate vaccines. Section 11405(b)(1) of the IRA requires states with separate CHIPs that include coverage for adults to provide coverage and payment for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing. Current regulations at 42 CFR §§ 457.410(b)(2) and 457.520(b)(4) require states to cover age-appropriate vaccines and their administration in accordance with the recommendations of the ACIP without cost sharing. The state provided the necessary assurances to demonstrate compliance with both requirements. The vaccine coverage SPA has an effective date of October 1, 2023.

Your Project Officer is Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Page 2 – Assistant Secretary Mike Levine

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Telephone: 410-786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

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Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements

- 1.4** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

(Pages 8-9)

SPA #30 (Updates) (TN-24-0024)

Submitted date: June 28, 2024

Approval date: Pending

Effective dates:

Coverage of Acupuncture services and Coordinating Aligned, Relationship-centered, Enhanced Support for Kids (CARES) targeted case management services and uninsurance goals update: July 1, 2023

State assurance that it covers age-appropriate vaccines and their administration, without cost sharing: October 1, 2023

Coverage of Doula services: December 8, 2023

Implementation dates:

Coverage of Acupuncture services and Coordinating Aligned, Relationship-centered, Enhanced Support for Kids (CARES) targeted case management services and uninsurance goals update: July 1, 2023

State assurance that it covers age-appropriate vaccines and their administration, without cost sharing: October 1, 2023

Coverage of Doula services: December 8, 2023

- 1.4- TC** **Tribal Consultation (Section 2107(e)(1)(C))** Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Verification of Tribal Consultation is attached.

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Section 6. Coverage Requirements for Children's Health Insurance (Section

(Page 6)

- 6.2. The state elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

Covered services for MassHealth Family Assistance - Direct Coverage

Non-disabled children who are not eligible for MassHealth Standard and who are in families with income up to and including 300% FPL are enrolled in MassHealth Family Assistance. Those who do not have access to cost effective Employer Sponsored Insurance (ESI) may receive direct coverage. This coverage is equivalent to the MassHealth Standard (Medicaid benefit package) covered services with the following exceptions: non-emergency transportation, long-term community-based services, personal care services, day habilitation, private duty nursing (also known as independent nurse), adult day health services and Coordinating Aligned, Relationship-centered, Enhanced Support for Kids (CARES) targeted case management are not covered and this population is not eligible for EPSDT. Inpatient rehabilitation and chronic disease hospital services and Nursing Facility services are limited to six months (after the six month limit is reached, prior authorization can be obtained to request additional services). Certain services listed below are covered only following prior authorization based on medical necessity.

(Pages 10-11)

- 6.2.27. Any other health care services or items specified by the Secretary and not included under this section (**Section 2110(a)(28)**)

Chapter 766: home assessment and participation in team meetings.

Nursing Facility services (limited to six months, after the six month limit is reached, prior authorization can be obtained to request additional services).

Acupuncture services, limited to the practice of providing medically necessary acupuncture for the treatment of pain and as a substance use disorder treatment within the scope of practice authorized by state law, are covered when medically necessary and according to the requirements described in the Provider Regulations.

Doula services (perinatal visits and one labor and delivery support per

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perinatal period) are covered when medically necessary and according to the requirements described in the Provider Regulations.

Covered services for MassHealth CommonHealth – Direct Coverage

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- 6.2.27. Any other health care services or items specified by the Secretary and not included under this section (**Section 2110(a)(28)**)
- Adult Day Health services
 - Chapter 766: home assessment and participation in team meetings
 - Nursing Facility services
 - Acupuncture services
 - Doula services

(Pages 16-17)

Covered services for from-conception-to-end-of-pregnancy children

The State provides coverage for “from-conception-to-end-of-pregnancy ” children in households with income up to and including 200% FPL whose mothers are not otherwise eligible for MassHealth Standard. Such from-conception-to-end-of-pregnancy children are in MassHealth Standard and receive coverage that is the same as the Medicaid State Plan and the Massachusetts 1115 demonstration project for members in Standard. Benefits to from-conception-to-end-of-pregnancy children are delivered through the same delivery and utilization control systems as those available to other Standard members under the 1115 waiver, except that from-conception-to-end-of-pregnancy children are not eligible for Premium Assistance and are only eligible for direct coverage.

The State uses a bundled payment methodology which pays for prenatal services, Labor and Delivery and one postpartum visit. The bundled payment is billed on the date of birth of the baby so the postpartum visit is prepaid. If the State is unable to use a bundled payment for any reason, the services are paid fee-for-service.

CHIP level FFP is available for all services provided during the pregnancy and for the bundled payment. 50% FFP under MassHealth Limited is available for emergency

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services provided during the postpartum period and no FFP is available for non-bundled non-emergency services provided during the postpartum period.

Section 1905(a) services that are not otherwise covered may be considered for coverage under EPSDT through a prior authorization process. The case is reviewed for medical necessity based on individual consideration of the clinical characteristics of the member and the expected benefits of the requested service.

- 6.2.27. Any other health care services or items specified by the Secretary and not included under this section (**Section 2110(a)(28)**)
- Adult Day Health services
 - Chapter 766: home assessment and participation in team meetings
 - Nursing facility services
 - Acupuncture services
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6.5-Vaccine coverages

Guidance: States are required to provide coverage for age-appropriate vaccines and their administration, without cost sharing. States that elect to cover children under the State plan (indicated in Section 4.1) should check box 6.5.1 States that elect to cover pregnant individuals under the State plan should also check box 6.5.2. States that elect to cover the from-conception-to-end-of-pregnancy population (previously referred to as the “unborn”) option under the State plan should also check box 6.5.3.

6.5.1- Vaccine coverage for targeted-low-income children. The State provides coverage for age-appropriate vaccines and their administration in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP), without cost sharing. (Section 2103(c)(1)(D)) (42CFR 457.410(b)(2) and 457.520(b)(4)).

6.5.2- Vaccine coverage for targeted-low-income pregnant individuals The State provides coverage for approved adult vaccines recommended by the ACIP, and their administration, without cost sharing. (SHO # 23-003, issued June 27, 2023); (Section 2103(c)(12))

6.5.3-Vaccine coverage for from-conception-to-end-of-pregnancy population option. The state provides coverage for age appropriate (child or adult) vaccines and their administration in accordance with the recommendations of the ACIP, without cost- sharing, to benefit the unborn child.

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Section 9. Strategic Objectives and Performance Goals and Plan Administration

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- 9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

Objective 1 - Reduce the number of uninsured children

Objective 2 - Improve CHIP enrollment assistance

- 9.2. Specify one or more performance goals for each strategic objective identified: (Section 107(a)(3)) (42CFR 457.710(c))

Objective 1, Goal 1 - Maintain an overall children's uninsurance rate of no more than 1.5%. Data source is American Community Survey/census data.

Objective 2, Goal 1 - Maintain or increase the number of Affordable Care Act (ACA) Certified Application Counselor (CAC) Assister sites at 100 or higher statewide. Data source is state records.

Objective 2, Goal 2 - Maintain or increase the percentage of CHIP children enrolled in premium assistance at 2.5% or more of overall MassHealth CHIP child enrollment. Data source is eligibility/enrollment data.

Objective 2, Goal 3 - Maintain or increase the number of ACA Certified Application Counselor (CAC) Assistants at 1,000 individuals or more statewide. Data source is state records.