Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 08-008

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203

Division of Medicaid and Children's Health Operations / Boston Regional Office

May 29, 2018

Marylou Sudders, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 08-008 submitted to CMS on June 30, 2008. This SPA was submitted to revise your approved Title XIX State plan to update the coverage provisions for Targeted Case Management for individuals eighteen years of age or older with a diagnosis of AIDS who are living in a staffed congregate residential program and receiving staff assistance with ADL/IADL. This SPA has been approved effective April 1, 2008 as requested by the State.

Enclosed are copies of the following approved State plan pages.

- Supplement 1 to Attachment 3.1-A, pages 1a-1d, 1i, 1j, 1n, 1o, 3-5, and 4a-4e; and
- Supplement 1 to Attachment 3.1-B, pages 1a-1d, 1i, 3-5, and 4a-4e.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

Cc (via e-mail): Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203

Division of Medicaid and Children's Health Operations / Boston Regional Office

May 29, 2018

Marylou Sudders, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Secretary Sudders:

This letter is being sent as a companion to our approval of your State Plan Amendment (SPA) No. 08-008, approved on May 29, 2018. During our processing of SPA 08-008, we also reviewed the reimbursement provisions for services that appear on the submitted pages. Based on that review, we have determined that the reimbursement provisions for Item 8.q. (Case Management Services) are not consistent with Medicaid statutory and regulatory requirements as described below. Additional information is required.

1. Please describe the source of the non-federal share of the Medicaid payment to Targeted Case Management (TCM) providers. If there are different sources of funding dependent on whether or not the services are provided by private entities or State government agencies, please indicate as such.
2. Attachment 4.19-B, pages 2A, 2A-1 and 2A-2:
    a. The following Case Management programs are being deleted in SPA 08-008. Please delete the corresponding reimbursement sections from Attachment 4.19-B. This includes the following groups on these pages:
        i. High Cost case management;
        ii. Case management for the physically disabled; and
        iii. Case management for elders with chronic but stable medical conditions.
    b. The approved plan pages indicate one of a few different methodologies for TCM services:
        i. Fixed fee based on a negotiated contract (Medicaid beneficiaries diagnosed with AIDS and living in congregate housing, and juveniles in the custody of the Department of Youth Services, approved in SPA No. 03-012); and

ii. Statewide average rate, based on retrospective cost (children Served by the Department of Social Services, approved in SPA No. 94-17)

The methodology for Chronic but Stable Elder populations approved in 2003 would be considered comprehensive. To the extent that other rate setting methods have similar rates and units of service for a statewide average rate methodology, the State should use similar language in the State plan to bring the plan language into compliance. For the fixed fee negotiated rates, CMS would request that the State submit a plan amendment to insert effective date language to preserve the effective date of the rates set with the TCM providers. If any of the rate methodologies have changed since 1994 or 2003, the State should submit plan amendments to describe the manner in which payment rates to providers are set.

c. For the statewide average rate and the fixed fee negotiated rate for TCM services, please provide information on how the rates were set including a sample rate calculation.

d. In the case where the beneficiary is in the custody of a State agency, please provide an assurance that those rates do not include room and board. Please include this assurance on the plan page.

The State has 90 days from the date of this letter – until **August 27, 2018** – to address the issues described above. Within this 90-day period, the State may submit a SPA to address these issues or may submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond within the 90 days will result in the initiation of a formal compliance process. During the 90-day period, CMS will provide any required technical assistance to assist you in resolving these issues.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov. We look forward to working with you on these issues.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Cc (via e-mail): Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICIAD SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 08-008	2. STATE MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 04/01/08	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
42 U.S.C. 1396d(a)(25), 1396n(g), 1396a(a)(43), 1396d(r), 1396a(a)(10), 42 CFR 431, 440 and 441	**a. FFY08 $00.00** **b. FFY09 $00.00**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Supp. 1 to Att. 3.1-A 1a, 1b, 1c, 1d, ~~and 1e~~** 1i, 1j, 1n, 1o, 3-5, and 4a-4e(NEW) **Supp. 1 to Att. 3.1-B 1a, 1b, 1c, 1d, ~~and 1e~~** 1i, 3-5, and 4a-4e(NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **Supp. 1 to Att 3.1-A pages 1a, 1b, 1c,1d, 1i, 1j, 1n, 3,4 and 5** **Supp. 1 to Att 3.1-B Pages 1a, 1b, 1c,1d, 3, 4, and 5** , and 1i

10. SUBJECT OF AMENDMENT:

Targeted Case Management Services for Individuals with AIDS who are living in congregate housing

11. 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 CMR 430.12(b)(2)(ii)**

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO:
13. TYPED NAME: **JudyAnn Bigby, M.D.**	**Michael P. Coleman** **State Plan Coordinator** **Office of Medicaid** **Executive Office of Health and Human Services** **One Ashburton Place, 11th Floor** **Boston, MA 02108**
14. TITLE: **Secretary**	
15. DATE SUBMITTED: **06/30/08**	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06/30/2008	18. DATE APPROVED: 05/29/2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2008	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA

23. REMARKS:

FORM CMS-179 (07-92)

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

Reserved

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

Reserved

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

Reserved

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

Reserved

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

Reserved

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

Reserved

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

Reserved

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

Reserved

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

Reserved

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

Reserved

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

Reserved

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

1. Target Group

A Medicaid member is eligible for targeted case management services described below if the member:

A. is eighteen years of age or older;

B. receives a statement from a physician verifying the AIDS diagnosis. Such a diagnosis shall be based on the most recent AIDS definition published by the Federal Center for Disease Control (CDC) as it may from time to time be amended.

C. lives in a staffed, congregate residential program which meets the Department of Public Health (DPH) funding requirements for the AIDS/HIV Bureau, Supportive Residential Services program which require that a person be HIV positive, and in which no more than three mentally and/or physically impaired individuals share a single bedroom and bathroom; and

D. requires and receives from the congregate residential program staff assistance with either activities of daily living (ADL) such as bathing, dressing/grooming, mobility/transfer, eating or toileting and/or instrumental activities of daily living (IADL) such as laundry, shopping, transportation and housekeeping.

☐ Target group includes individuals transitioning to a community setting during a covered stay in an institutional setting.

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

2. Areas of state in which services will be provided:

☒ Entire state .

☐ Only in the following geographic areas (authority of Section 1915 (g) (1) of the Act is invoked to provide services less than statewide)

3. Comparability of services

☐ Services are provided in accordance with Section 1902 (a) (100 (B) of the Act.

☒ Services are not comparable in the amount, duration, and scope. Authority of Section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a) (10) (B) of the Act.

4. Definition of services:

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

Assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include

- taking client history and
- identifying the individual's needs and completing related documentation; and gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

- to help an eligible individual obtain needed services including activities that help link an individual with
  - medical, social, educational providers or
  - other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - services are being furnished in accordance with the individual's care plan;
  - services in the care plan are adequate; and
  - there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with providers.

Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

5. Qualifications of provider:

To be qualified to provide case management services, a provider must possess the following minimal qualifications: a Masters degree in social work or related field, a registered nurse, or three or more years of documented case management experience working with the disabled in a community setting.

6. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

A. Eligible recipients will have free choice of the providers of case management services within the specified geographic area identified in this plan.
B. Eligible recipients will have free choice of the providers of other medical care under the plan.

7. Access to Services:

The State assures that:

- Case management services will not be used to restrict an individual's access to other services under the plan;
- Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or conditional receipt of other Medicaid services on receipt of case management services;
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

8. Case Records:

Providers maintain case records that document for all individuals receiving case management the following: the name of the individual; dates of the case management services; the name of the provider agency (if relevant) and the person providing the case management service; the nature, content, and whether goals specified in the care plan have been achieved; whether the individual has declined services in the care plan; the need for, and occurrences of, coordination with other case managers; the timeline for obtaining needed services; and a timeline for reevaluation of the plan.

8. Payment:

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose**.**

9. Limitations:

Case Management does not include the following:

- Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act;
- The direct delivery of an underlying medical, educational, social, foster care or other service to which an eligible individual has been referred.
- Activities for which third parties are liable to pay as described in 42 USC 1396n(4)(A).

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Services: General Provisions

RESERVED

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Case Management Services

RESERVED

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Services: General Provisions

RESERVED

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Services: General Provisions

RESERVED

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Services: General Provisions

RESERVED

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Case Management Services

RESERVED

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Case Management Services

RESERVED

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Case Management Services

RESERVED

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

1. Target Group

A Medicaid member is eligible for targeted case management services described below if the member:

A. is eighteen years of age or older;

B. receives a statement from a physician verifying the AIDS diagnosis. Such a diagnosis shall be based on the most recent AIDS definition published by the Federal Center for Disease Control (CDC) as it may from time to time be amended. The following is a list of conditions on which the CDC currently bases an AIDS diagnosis; however, such diagnosis must at all times be consistent with the most recently published definition of amendments to that definition:

i. The development of an opportunistic disease process indicating defective cell-mediating immunity (i.e. PCP, Kaposi's Sarcoma); or
ii. Lack of an established cause of profound immunosuppression; or
iii. HIV infection and CD4+ T-lymphocyte count<200 cells/ul (or CD4+ percent<14); or
iv. HIV infection and pulmonary tuberculosis; or
v. HIV infection and recurrent pneumonia (within a 12 month period); or
vi. HIV infection and invasive cervical cancer;

C. lives in a staffed, congregate residential program which meets the Department of Public Health (DPH) funding requirements for the AIDS/HIV Bureau, Supportive Residential Services program which require that a person be HIV positive, and in which no more than three mentally and/or physically impaired individuals share a single bedroom and bathroom; and

D. requires and receives from the congregate residential program staff assistance with either activities of daily living (ADL) such as bathing, dressing/grooming, mobility/transfer, eating or toileting and/or instrumental activities of daily living (IADL) such as laundry, shopping, transportation and housekeeping.

☐ Target group includes individuals transitioning to a community setting during a covered stay in an institutional setting.

2. Areas of state in which services will be provided:

☒ Entire state .

☐ Only in the following geographic areas (authority of Section 1915 (g) (1) of the Act is invoked to provide services less than statewide)

3. Comparability of services

☐ Services are provided in accordance with Section 1902 (a) (100 (B) of the Act.

☒ Services are not comparable in the amount, duration, and scope. Authority of Section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a) (10) (B) of the Act.

4. Definition of services:

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include

- taking client history and
- identifying the individual's needs and completing related documentation; and gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

- to help an eligible individual obtain needed services including activities that help link an individual with
  - medical, social, educational providers or

- other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - services are being furnished in accordance with the individual's care plan;
  - services in the care plan are adequate; and
  - there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with providers.

Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

5. Qualifications of provider:

To be qualified to provide case management services, a provider must be on the staff of a congregate residential program which meets the Department of Public Health (DPH) funding requirements for the AIDS/HIV Bureau, Supportive Residential Services program. Such a program must assure that each client is managed by a case manager who possesses the following minimal qualifications: a Masters degree in social work or related field, a registered nurse, or three or more years of documented case management experience working with the disabled in a community setting.

6. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

A. Eligible recipients will have free choice of the providers of case management services within the specified geographic area identified in this plan.
B. Eligible recipients will have free choice of the providers of other medical care under the plan.

7. Access to Services:

The State assures that case management services will not be used to restrict an individual's access to other services under the plan.

The State assures that individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services.

The State assures that providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

8. Case Records:

Providers maintain case records that document for all individuals receiving case management the following: the name of the individual; dates of the case management services; the name of the provider agency (if relevant) and the person providing the case management service; the nature, content, and whether goals specified in the care plan have been achieved; whether the individual has declined services in the care plan; the need for, and occurrences of, coordination with other case managers; the timeline for obtaining needed services; and a timeline for reevaluation of the plan.

9. Payment:

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose**.**

10. Limitations:

Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred;

- Activities integral to the administration of foster care programs; and

- Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.