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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 08-012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

June 8, 2018

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

Dear Secretary Sudders:

On May 31, 2018 we issued an approval of SPA No. 08-012, which included typographical errors on the enclosed SPA pages. We are issuing this technical correction to correct those page numbers and reflect the appropriate pages included in this approval. We have also included with this letter a revised CMS-179 reflecting the corrected page numbers in Item No. 8.

Enclosed are copies of the following approved State plan pages.

- Supplement 1 to Attachment 3.1-A, pages 1h, 1l, 1m, 2a, 2b, 2c, 2d, and 2e; and
- Supplement 1 to Attachment 3.1-B, pages 1h, 1l, 1m, 2a, 2b, 2c, 2d, and 2e.

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

May 31, 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. 08-012 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 with intellectual disabilities. 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 1h, 1l, 1m, 2a, 2b, 2c, 2d, 2e and 2f; and
- Supplement 1 to Attachment 3.1-B, pages 1h, 1l, 1m, 2a, 2b, 2c, 2d, 2e and 2f.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 08-012	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): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. 1396d(a)(25), 1396n(g), 1396a(a)(43), 1396d(r), 1396a(a)(10), 42 CFR 431, 440 and 441		7. FEDERAL BUDGET IMPACT: 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, 1e, 1d, and 1e ^(NEW) 2a, 2b, 2c, 2d, 2e ^{2f} Supp. 1 to Att. 3.1-B 1a, 1b, 1e, 1d, and 1e ^(NEW) 2a, 2b, 2c, 2d, 2e ^{2f} Supp. 1 to Att. 3.1-A pages 1h, 1l, 1m Supp. 1 to Att. 3.1-B pages 1h, 1l, 1m		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supp. 1 to Att. 3.1-A pages 1h, 1l, and 1m Supp. 1 to Att. 3.1-B pages 1h, 1l, and 1m	
10. SUBJECT OF AMENDMENT: Targeted Case Management Services for individuals with mental retardation			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CMR 430.12(b)(2)(ii)			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11 th Floor Boston, MA 02108	
13. TYPED NAME: JudyAnn Bigby, M.D.			
14. TITLE: Secretary			
15. DATE SUBMITTED: 06/30/08			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 06/30/2008		18. DATE APPROVED: 05/31/2018	
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:			

06/08/2018: Technical correction to approval package issued to correct pagination errors. Both pages 2e were labeled incorrectly; there is no page 2f for either Attachment 3.1-A or 3.1-B. Confirmed this with the State by email 06/06/2018.
06/08/2018 prepared corrected CMS-179, corrected headers on pages, and issued revised approval letter.

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Supplement 1 to Attachment 3.1-A

Page 1h

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

OFFICIAL

Supplement 1 to Attachment 3.1-A

Page 1m

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

TN: 08-012

Supersedes: No # (approved 4/1/96)

Approval Date:

05/31/2018

Effective Date: 04/01/08

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

1. Target Group

Target group includes Medicaid beneficiaries who are either:

- A. 18 years of age or older with intellectual disability, meaning significantly sub-average intellectual functioning existing concurrently and related to significant limitation in adaptive functioning that manifests before 18.
- B. under 18 years of age,
 - a. with a verified diagnosis of intellectual disability or a closely related developmental condition or, with respect to persons from birth to age five, a developmental delay. Developmental delay means a substantial developmental delay or specific congenital or acquired condition with a high probability of resulting in a developmental disability if services are not provided; and
 - b. who demonstrate severe functional impairments, with severe functional impairments meaning functional impairments in at least three specified areas of adaptive functioning, based upon normative expectations of the types of skills normally acquired as the child develops, as measured by standardized assessment or comparable data. The areas of adaptive functioning are: self-care, communication, learning, mobility, and self-direction and, for individuals age 14 years or older, capacity for independent living and economic self-sufficiency.

- ☒ Target group includes individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are in Institutions for Mental Disease or individuals who are inmates of public institutions.

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) (10) (B) of the Act.

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

- ☒ 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 at least annual periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. Reassessments are conducted at least annually, or more frequently if necessary, to address changes in an individual's condition. These assessment activities include:

- Taking client history;
- 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 to address identified needs and achieve goals specified in the care plan, such as making referrals to providers for needed services and scheduling appointments for the individual.

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

Monitoring and follow-up activities typically occur monthly and include at least one annual monitoring meeting to adequately address the needs of the eligible individuals, and care plan services may be reevaluated at any time. The Monitoring and follow up activities include:

- 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 meeting, 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.

Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities.

5. Qualifications of provider:

The Department of Developmental Services (DDS) has been designated to serve as the exclusive source of case management services with respect to the target group. Case management services will be provided by qualified personnel hired into state positions at the Department of Developmental Services in the Human Services Coordinator series. Minimal entrance requirements for the Human Services Coordinator position include at least three years of full-time, or equivalent part-time professional experience in human services work or social work. One year of professional work experience must have involved working with individuals with intellectual or other developmental disabilities. A Bachelor's or higher degree in social work, psychology, sociology, counseling, counseling education, education of the physically or emotionally handicapped, education of the multiple handicapped, education of the learning disabled, human services, rehabilitation, rehabilitation counseling, nursing, recreation therapy, art therapy, dance therapy, music therapy, or physical education may be substituted for two years of the required experience on the basis of two years of education for one year of experience.

6. Freedom of choice:

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

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

Freedom of Choice Exception:

- ☒ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services. Consistent with 42 CFR 441.18(b), Massachusetts designates the Department of Developmental Services as the provider of services covered under this section of the State 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 condition receipt of other Medicaid services on receipt of case management services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted 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.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

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

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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Supplement 1 to Attachment 3.1-B

Page 1h

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 Provided to the Medically Needy Groups

1. Target Group

Target group includes Medicaid beneficiaries who are either:

- A. 18 years of age or older,
 - a. With intellectual disability, meaning significantly sub-average intellectual functioning existing concurrently and related to significant limitation in adaptive functioning that manifests before 18.
- B. under 18 years of age,
 - a. with a verified diagnosis of intellectual disability or a closely related developmental condition or, with respects to persons from birth to age five, a developmental delay. Developmental delay means a substantial developmental delay or specific congenital or acquired condition with a high probability of resulting in a developmental disability if services are not provided; and
 - b. who demonstrate severe functional impairments, with severe functional impairments meaning functional impairments in at least three specified areas of adaptive functioning, based upon normative expectations of the types of skills normally acquired as the child develops, as measured by standardized assessment or comparable data. The areas of adaptive functioning are: self-care, communication, learning, mobility, and self-direction and, for individuals age 14 years or older, capacity for independent living and economic self-sufficiency.

- ☒ Target group includes individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are in Institutions for Mental Disease or individuals who are inmates of public institutions.

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) (10) (B) of the Act.

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

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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:

1. Comprehensive Assessment and at least annual periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. Reassessments are conducted annually, or more frequently if necessary, to address changes in an individual's condition. These assessment activities include:

- Taking client history;
- 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 to address identified needs and achieve goals specified in the care plan, such as making referrals to providers for needed services and scheduling appointments for the individual.

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

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- 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 meeting, 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.

Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities.

5. Qualifications of provider:

The Department of Developmental Services (DDS) has been designed to serve as the exclusive source of case management services with respect to the target group. Case management services will be provided by qualified personnel hired into state positions at the Department of Developmental Services in the Human Services Coordinator series. Minimal entrance requirements for the Human Services Coordinator position include at least three years of full-time, or equivalent part-time professional experience in human services work or social work. One year of professional work experience must have involved working with individuals with intellectual or other developmental A Bachelor's or higher degree in social work, psychology sociology, counseling, counseling education, education of the physically or emotionally handicapped, education of the multiple handicapped, education or the learning disabled, human services, rehabilitation, rehabilitation counseling, nursing, recreation therapy, art therapy, dance therapy, music therapy, or physical education may be substituted for years of the required experience on the basis of two years of education for one year of experience.

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.

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

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

Freedom of Choice Exception:

- ☒ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services. Consistent with 42 CFR 441.18(b) Massachusetts designates the Department of Developmental Services as the provider of services covered under this section of the State 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 condition receipt of other Medicaid services on receipt of case management services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted 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.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

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

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))