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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 14-0028

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

April 6, 2016

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. 14-028, which was submitted to my office on December 31, 2014. This SPA was submitted to revise your approved Title XIX State plan to add coverage for services provided by a licensed applied behavioral analyst or assistant applied behavioral analyst to children under age 21. This SPA has been approved effective January 1, 2016.

Enclosed are copies of the following approved State plan pages.

- Supplement to Attachment 3.1-A, pages 1n and 1n1;
- Supplement to Attachment 3.1-B, pages 1n and 1n1; and
- Attachment 4.19-B, page 2D.

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: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Daniel Cohen, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 014-028	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 07/01/15 01/01/16	

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:

42 CFR 440.60.

7. FEDERAL BUDGET IMPACT:

16
a. FFY 15 \$ 18,105,344 0
b. FFY 16 \$ 78,242,483 0
17

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A page 1n and 1n1
Supplement to Attachment 3.1-B page 1n and 1n1
Attachment 4.19-B, page 2D

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1-A page 1n
Supplement to Attachment 3.1-B page 1n
Attachment 4.19-B, page 2D

10. SUBJECT OF AMENDMENT:

Applied Behavior Analyst Services for Children

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 CFR 430.12(b)(2)(ii)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME:

John Polanowicz

14. TITLE:

Secretary

15. DATE SUBMITTED:

12/30/14

16. RETURN TO:

Michael P. Coleman
State Plan Coordinator
Office of Medicaid
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

17. Date Submitted: 12/31/2014

18. Date Approved: 04/06/2016

19. Effective date of approved material: 01/01/2016

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:

CMS and RO agreed by email 04/06/2016 to pen&ink changes to Box #8 to correct the page numbers, and to the footers of the approved pages to correct the effective date.

State Plan Under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates -- Other Types of Care

OFFICIAL

Therapeutic Mentoring Services – fee schedule established by the Division of Health Care Finance and Policy. The fee-for-service rates were set as of December, 15 2008. These fixed rates are effective for service provided on or after July 1, 2009. All rates are published on www.mass.gov/dhcfp. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Family Counseling Support Services - fee schedule established by the Division of Health Care Finance and Policy. The fee-for-service rates were set as of November 1, 2008. These fixed rates are effective for service provided on or after July 1, 2009. All rates are published on www.mass.gov/dhcfp. 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 - fee schedule established by the Executive Office of Health and Human Services. The fee-for-service rates were set as of October 1, 2015. These fixed rates are effective for services provided on or after October 1, 2015. All rates are published on www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-358.pdf. Effective October 1, 2016 those rates will be increased by 1.7% and can be found at the same web address as previously listed. 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
Limitations to Services Provided to the Categorically Needy

OFFICIAL

Social Work Intern

The Social Work Intern must be a second-year, clinical-track student in a structured field practicum that is a component of an MSW program that is fully accredited by the Council on Social Work Education. Consistent with applicable state licensure requirements, services are provided under the direct supervision of a LICSW, LMFT, LMHC, LCSW, LADC I, Psychologist, Psychiatric Nurse or Nurse Clinical Specialist.

Therapeutic Mentors

Therapeutic mentors must be 21 years of age or older and have either: a bachelor's degree in a human service field from an accredited academic institution and one (1) year of relevant experience working with children/adolescents/transition age youth; or, an associate's degree in a human services field from an accredited academic institution and one (1) year of relevant experience working with children/adolescents/transition age youth; or, a high school diploma or General Educational Development (GED) and a minimum of two (2) years of experience working with children/adolescents/transition age youth. If the bachelor's or associate's degree is not in a human services field, additional life or work experience may be considered in place of the human services degree. Therapeutic mentors must be supervised by a LICSW, LMFT, LMHC, LCSW, LADC I, Psychologist, Psychiatric Nurse or Nurse Clinical Specialist.

In addition to all other medically necessary services covered for individuals under age 21, the following services are covered as services provided by Other Licensed Practitioners as defined in 42 USC 1396d (a) (6).

Applied Behavior Analyst Services

Coverage is for services for individuals under age 21 that are provided by a licensed applied behavior analyst or licensed physician, psychologist or psychiatrist working under the scope of his or her practice, or provided directly by a licensed assistant applied behavior analyst or non-licensed paraprofessional under the supervision of a licensed applied behavior analyst or licensed physician, psychologist or psychiatrist working under the scope of his or her practice.

Non-licensed paraprofessionals must be 18 years old and must have either: (1) a high school diploma or a General Education Development (GED) and have 12 months experience working with persons with developmental disabilities/children/adolescents/transition age youth and families; or (2) must have either an associate's degree in either a human, social, or educational services discipline, or a degree or certification related to behavior management, from an accredited community college or educational institution, and have six months experience working with persons with developmental disabilities/ children/adolescents/transition age youth and families.

The supervising provider ensures that all ABA staff under their supervision completes training related to the clinical and psychosocial needs of the target population upon employment and annually thereafter.

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

OFFICIAL

Pursuant to MGL Chapter 112 §165, applied behavior analysts must be licensed by the Commonwealth of Massachusetts Board of Registration of Allied Mental Health and Human Services Professions. Licensed applied behavior analysts or licensed physicians, psychologists or psychiatrists working under the scope of their practices may bill for applied behavior analyst services provided directly by a licensed assistant applied behavior analysts or a non-licensed para-professional, when the services are performed under the supervision of the licensed applied behavior analyst or licensed physician, psychologist or psychiatrist working under the scope of his or her practice and the provided services are within the scope of practice for a licensed applied behavior analyst.

Item 5: Physician's Services

See Supplement to Attachment 3.1-A, P.1, Item 1, #1.

State Plan under Title XIX of the Social Security Act
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