

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 16-0009**

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 27, 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. 16-009 submitted to CMS on March 31, 2016. This SPA was submitted to revise your approved Title XIX State plan to continue targeted case management benefits provided by the Department of Youth Services through a child's 22<sup>nd</sup> birthday. This SPA was approved effective January 1, 2016.

Enclosed are copies of the following approved State plan pages.

- Supplement 1 to Attachment 3.1-A, page 1q; and
- Supplement 1 to Attachment 3.1-B, page 1q.

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](mailto: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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center;"><b>016-009</b></div>	2. STATE  <div style="text-align: center;"><b>MA</b></div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE  <div style="text-align: right;">January 1, 2016</div>	
5. TYPE OF PLAN MATERIAL (Check One):  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  <div style="text-align: center;"><b>42 U.S.C. 1396n(g)</b></div>		7. FEDERAL BUDGET IMPACT: <div style="display: flex; justify-content: space-between;"> <div>a. FFY16</div> <div><b>\$1,000,000</b></div> </div> <div style="display: flex; justify-content: space-between;"> <div>b. FFY17</div> <div><b>\$1,000,000</b></div> </div>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 1 to Attachment 3.1-A page 1q</b> <b>Supplement 1 to Attachment 3.1-B page 1q</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Supplement 1 to Attachment 3.1-A page 1q</b> <b>Supplement 1 to Attachment 3.1-A page 1q</b>	

10. SUBJECT OF AMENDMENT:

Department of Youth Services

11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <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         </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:            Not required under  <b>42 CFR 430.12(b)(2)(i)</b> </div> </div>		16. RETURN TO:  <b>Daniel Cohen</b> <b>Interim State Plan Coordinator</b> <b>Executive Office of Health and Human Services</b> <b>Office of Medicaid</b> <b>One Ashburton Place, 11<sup>th</sup> Floor</b> <b>Boston, MA 02108</b>
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <div style="text-align: center;">/s/</div>	16. RETURN TO:  <b>Daniel Cohen</b> <b>Interim State Plan Coordinator</b> <b>Executive Office of Health and Human Services</b> <b>Office of Medicaid</b> <b>One Ashburton Place, 11<sup>th</sup> Floor</b> <b>Boston, MA 02108</b>	
13. TYPED NAME: <b>Marylou Sudders</b>		
14. TITLE: <b>Secretary</b>		
15. DATE SUBMITTED: <b>March 31, 2016</b>		

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 03/31/2016	18. DATE APPROVED: 04/27/2016
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2016	20. SIGNATURE OF REGIONAL OFFICIAL:  <div style="text-align: center;">/s/</div>
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA
23. REMARKS:	



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

**OFFICIAL****K. Children Provided Case Management Services by the Department of Youth Services****1. Target Group:**

The target group consists of Medicaid recipients who (1) are between the ages of 7 through 22, (2) are committed to the Department of Youth Services (DYS) by a court of competent jurisdiction in the Commonwealth until the age specified in their commitment (up to their 21<sup>st</sup> birthday), or voluntarily agree to the continuation of DHS case management services beyond their eighteenth birthday up to their 22<sup>nd</sup> birthday, and (3) as a result either of their original placement or conditional release from a public institution, reside in placements that include, but are not limited to, their own homes, the homes of relatives, community based residences, or residential treatment facilities.

**2. Definition of Services**

Targeted case management is a set of interrelated activities under which the responsibility for locating, coordinating, and monitoring appropriate services for an individual rests with a specific person within the case management provider agency. The purpose of case management is to assist individuals in gaining access to needed medical, social, educational and other services.

**3. Case Management will include:**

1. Collection of assessment data;
2. Development of an individualized plan of care;
3. Coordination of needed services and providers;
4. Home visits and collateral contacts as needed;
5. Maintenance of case records; and
6. Monitoring and evaluating client progress and service effectiveness.

**4. Qualifications of Providers:**

The case manager must have, or work directly under, the supervision of an individual with at least three years of full or equivalent part-time, professional or paraprofessional experience in social work, social casework, guidance, vocational counseling, employment counseling, or educational counseling, the major duties of which include providing such services to juveniles, or in a corrections institutions work, the major duties of which include the custodial care, treatment, counseling and/or rehabilitation of juveniles.

## State Plan under Title XIX of the Social Security Act

State: Massachusetts

Services: General Provisions

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