

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

January 16, 2025

Mike Levine
Assistant Secretary
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor, Room 1109
Boston, MA 02018

Dear Assistant Secretary Levine,

The Centers for Medicare & Medicaid Services (CMS) is approving the Health-Related Social Needs (HRSN) payment methodology document that the state submitted December 3, 2024, in accordance with special term and condition (STC) 15.17(l). This document reflects the fee-for-service payment methodologies Massachusetts will use for covering the Specialized Community Supports Program and the pre-procedure and post-hospitalization housing HRSN benefits, as authorized by the MassHealth Medicaid and Children's Health Insurance Plan (CHIP) Section 1115 Demonstration (Project Numbers 11-W-00030/1 and 21-W-00071/1).

This approval is conditioned upon compliance with the previously approved STCs, which set forth in detail the nature, character, and extent of anticipated federal involvement in the project.

We look forward to our continued partnership on the MassHealth demonstration. If you have any questions, please contact your CMS project officer, Rabia Khan, at Rabia.Khan1@cms.hhs.gov.

Sincerely,

Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

cc: Ambrosia Watts, State Monitoring Lead, Medicaid and CHIP Operations Group

Rates of Payment for Specialized Community Support Programs

Service	Rate effective 1/1/25 through 3/31/2025	Rate effective 4/1/2025
CSP-HI	\$27.72 per diem	\$28.35 per diem
CSP-JI	\$21.44 per diem	\$21.93 per diem
CSP-TPP	\$22.81 per diem	\$23.33 per diem

Further information is available at 101 CMR 362.00: <https://www.mass.gov/doc/proposed-regulation-date-filed-november-22-2024-6/download>

Rates of Payment for Short Term Pre-Procedure and/or Post Hospitalization Housing (STPHH)

Code	Rate	Service Description
H0043-UA	\$255.44	Supported housing, per diem (comprehensive pre-procedure medical respite services, short-term pre procedure housing)
H0043-UB	\$255.44	Supported housing, per diem (comprehensive post-hospitalization medical respite services, short-term post hospitalization housing)
H0043-UC	\$255.44	Supported housing, per diem (comprehensive post-hospitalization medical respite services medical leave of absence)
H0043-UD	\$255.44	Supported housing, per diem (comprehensive post hospitalization medical respite services non-medical leave of absence – planned)
H0043-U1	\$255.44	Supported housing, per diem (comprehensive post hospitalization medical respite services non-medical leave of absence – unplanned)

Further information is available at 101 CMR 321.00: <https://www.mass.gov/doc/rates-for-homeless-medical-respite-services-effective-january-3-2025-0/download>