

## Table of Contents

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 21-0013**

**This file contains the following documents in the order listed:**

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages



Medicaid and CHIP Operations Group

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November 12, 2021

MaryLou Sudders, Secretary  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

Re: Massachusetts State Plan Amendment (SPA) 21-0013

Dear Secretary Sudders:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0013. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Connecticut's Medicaid SPA Transmittal Number 21-0013 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

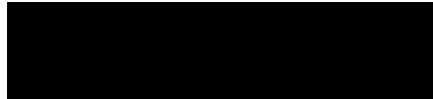
Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 12, 2021 allowing

Massachusetts to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020 and was approved November 10, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Marie DiMartino 617-565-9157 or via email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>21-013</u>	2. STATE MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/20
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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 USC 1396a(a)(13); 42 CFR Part 447; 42 CFR 440.10	7. FEDERAL BUDGET IMPACT a. FFY 21 \$ <u>0</u> b. FFY 22 \$ <u>0</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement to Attachment 3.1-A page 3a9 (NEW) Supplement to Attachment 3.1-B page 3a9 (NEW) Attachment 4.19-B page 1r (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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10. SUBJECT OF AMENDMENT

Medication Assisted Treatment (MAT) Benefit

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Not required under 42 CFR 430.12(b)(2)(i)

13. TYPED NAME Marylou Sudders	16. RETURN TO  The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, Room 1109 Boston, MA 02108
14. TITLE Secretary	
15. DATE SUBMITTED 03/31/21	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED    03/31/21	18. DATE APPROVED    11/10/21
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
10/1/20

21. TYPED NAME James G. Scott	22. TITLE Director Division of Program Operations
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23. REMARKS

**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**

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**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(29) \_\_x\_\_MAT as described and limited in Supplement \_\_0\_\_ to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

**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**

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**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage of all current and future formulations of drugs prescribed or administered for MAT that are approved for the treatment of OUD under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all current and future formulations of biological drugs prescribed or administered for MAT that are licensed for the treatment of OUD under section 351 of the Public Health Service Act (42 U.S.C. 262), including all formulations of Naltrexone, Buprenorphine, and Methadone prescribed or administered for MAT.

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

**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**

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- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act. Members have access to the following counseling services and behavioral health therapies as a part of MAT:

Medication Administration – Medication administration through opioid treatment program includes medical assessment and dispensing of medication to opiate-addicted individuals who require support of MAT.

Biopsychosocial Assessment - A comprehensive, diagnostic assessment of presenting problem, medical and behavioral health conditions, social functioning and determinants of health that results in recommendations for treatment. Service requires active involvement of beneficiary.

Family Counseling — Therapeutic counseling of more than one member of a family at the same time in the same session, where the primary complaint or concern is disruption of the family due to opioid use disorder. Family Counseling may involve the participation of a non-Medicaid eligible for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

Group Counseling — Therapeutic counseling to an unrelated group of people having a common problem or concern that is associated with opioid use disorder.

Individual Counseling — A therapeutic meeting between the staff of an eligible provider and an individual whose primary complaint or concern is his or her opioid use disorder or that of a significant other. Individual counseling includes diagnostic evaluation and assessment, treatment plan development psychotherapy for crisis, and care coordination. Individual Counseling may involve the participation of a non-Medicaid eligible for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

**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**

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- b) Please include each practitioner and provider entity that furnishes each service and component service.

Please refer to iii.c below.

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Opioid Treatment Programs must be licensed by the Bureau of Substance Addiction Services, and practice in accordance with the terms of licensure for Substance Abuse Treatment programs through the Massachusetts Department of Public Health.

Practitioners within opioid treatment programs, requirements, and coverable services can be found below:

<b>Provider/Practitioner</b>	<b>License/Certification/Requirements</b>	<b>Coverable MAT Related Services</b>
Physician	Working within scope of practice under state law	Medication Administration
Physician Assistant	Working within scope of practice under state law	Medication Administration
APRN	Working within scope of practice under state law	Medication Administration



**State Plan under Title XIX of the Social Security Act**  
**State: Massachusetts**  
**Amount, Duration, and Scope of Medical**  
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Registered Nurse or Practical Nurse	Working within scope of practice under state law	Medication Administration
Licensed Independent Clinical Social Worker Licensed Clinical Social Worker	Working within scope of practice under state law	Family Counseling Group Counseling Individual Counseling Biopsychosocial Assessment
Licensed Mental Health Counselor	Working within scope of practice under state law	Family Counseling Group Counseling Individual Counseling Biopsychosocial Assessment
Licensed Alcohol and Drug Counselor	Working within scope of practice under state law  LADC II and LADC III are supervised by LADC I or other independently licensed practitioner	Family Counseling Group Counseling Individual Counseling Biopsychosocial Assessment
Masters Level Clinicians Working Towards Licensure	Supervision by independently licensed practitioner.  This practitioner type must hold a Master's Degree in social work, psychology, counseling or a related field.  Clinicians must be pursuing independent licensure as a social worker, psychologist, mental health counselor, and/or addictions counselor.	Family Counseling Group Counseling Individual Counseling Biopsychosocial Assessment

## iv. Utilization Controls

**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**

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The state has drug utilization controls in place. (Check each of the following that apply)

Generic first policy

Preferred drug lists

Clinical criteria

Quantity limits

The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

Limitations on amount, duration, and scope are based on clinical necessity. The state has a generic first policy, but may prefer a brand-name drug based on net cost information.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**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 Medically Needy**

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**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
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**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 Medically Needy**

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Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

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iii. Service Package

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**State Plan under Title XIX of the Social Security Act**  
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**Amount, Duration, and Scope of Medical**  
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**State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Amount, Duration, and Scope of Medical  
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- b) Please include each practitioner and provider entity that furnishes each service and component service.

Please refer to iii.c below.

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**State Plan under Title XIX of the Social Security Act**  
**State: Massachusetts**  
**Amount, Duration, and Scope of Medical**  
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Physician Assistant	Working within scope of practice under state law	Medication Administration
APRN	Working within scope of practice under state law	Medication Administration
Registered Nurse or Practical Nurse	Working within scope of practice under state law	Medication Administration
Licensed Independent Clinical Social Worker Licensed Clinical Social Worker	Working within scope of practice under state law	Family Counseling Group Counseling Individual Counseling Biopsychosocial Assessment
Licensed Mental Health Counselor	Working within scope of practice under state law	Family Counseling Group Counseling Individual Counseling Biopsychosocial Assessment
Licensed Alcohol and Drug Counselor	Working within scope of practice under state law  LADC II and LADC III are supervised by LADC I or other independently licensed practitioner	Family Counseling Group Counseling Individual Counseling Biopsychosocial Assessment
Masters Level Clinicians Working Towards Licensure	Supervision by independently licensed practitioner.	Family Counseling Group Counseling Individual Counseling Biopsychosocial Assessment

**State Plan under Title XIX of the Social Security Act**  
**State: Massachusetts**  
**Amount, Duration, and Scope of Medical**  
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## iv. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits

The state does not have drug utilization controls in place.

## v. Limitations

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

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**1905(a)(29) Medication-Assisted Treatment (MAT)**

Unbundled prescribed drugs for MAT shall be reimbursed using the same methodology as described in Attachment 4.19-B, for covered outpatient drug reimbursement in sections 8.h. and 8.i. for prescribed drugs that are dispensed or administered.

Counseling services and behavioral therapy for MAT shall be reimbursed using the same methodology as described in Attachment 4.19-B, for covered substance use disorder treatment clinics services reimbursement section 8.h.