

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 21-0026**

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

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 16, 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) 21-0026

Dear Secretary Sudders:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0026. This amendment proposes to add Early and Periodic Screening, Diagnostic and Treatment (EPSDT) preventive behavioral health services and establish the methods and standards used by Massachusetts to set payment rates for those services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440 and 447. This letter is to inform you that Massachusetts Medicaid SPA Transmittal Number 21-0026 was approved December 16, 2021 and effective September 1, 2021.

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

Sincerely,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 - 0 2 6

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

09/01/2021

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 Part 440 and 447

7. FEDERAL BUDGET IMPACT

a. FFY 21 \$ 7,000

b. FFY 22 \$ 20,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A, page 1n1a (NEW)  
Supplement to Attachment 3.1-B, page 1n1a (NEW)  
Attachment 4.19-B, page 2D

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, page 2D

10. SUBJECT OF AMENDMENT

An amendment regarding preventive behavioral health services.

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)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Marylou Sudders

14. TITLE

Secretary

15. DATE SUBMITTED

09/30/21

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED 09/30/2021

18. DATE APPROVED 12/16/2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

09/1/2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Division of Program Operations

23. REMARKS

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

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In addition to all other medically necessary services covered for individuals under age 21, the following services are covered as preventive services as defined in 42 USC 1396d (a) (13). These services are provided to, or directed exclusively toward, the Medicaid eligible individual:

**Preventive Behavioral Health Services:**

Preventive behavioral health services include short-term group, individual, or family counseling, recommended by a physician or other licensed practitioner, practicing within their scope of licensure, that cultivate coping skills and strategies for symptoms of depression, anxiety, and other social/emotional concerns, to prevent the development of behavioral health conditions for children and adolescents under the age of 21.

Providers: Preventive behavioral health services are delivered by the following qualified behavioral health clinicians or their supervised trainees: LICSW, LCSW, LMFT, LMHC, Licensed psychologist, Master's level counselors, psychiatric nurses, psychiatrists. Non-licensed clinicians or trainees provide services under supervision of a licensed behavioral health clinician.

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

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Providers: Preventive behavioral health services are delivered by the following qualified behavioral health clinicians or their supervised trainees: LICSW, LCSW, LMFT, LMHC, Licensed psychologist, Master's level counselors, psychiatric nurses, psychiatrists. Non-licensed clinicians or trainees provide services under supervision of a licensed behavioral health clinician.

**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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Therapeutic Mentoring Services –The fee-for-service rates are effective for service provided on or after January 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Family Support and Training Services - The current fee-for-service rates are effective for service provided on or after January 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. 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 – The current fee-for-service rates are effective for service provided on or after September 1, 2019. All rates are published on <https://www.mass.gov/regulations/101-CMR-35800-rates-of-payment-for-applied-behavior-analysis>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Preventive Behavioral Health Services – The current fee-for-service rates are effective for service provided on or after September 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-30600-rates-of-payment-for-mental-health-services-provided-in-community-health-and-mental-health-centers>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.