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State/Territory Name: MA

State Plan Amendment (SPA) #: 22-0020

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 Page
Financial Management Group

September 14, 2022

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

RE: Massachusetts State Plan Amendment (SPA) Transmittal Number 22-0020

Dear Secretary Sudders:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B of Massachusetts’s state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30th, 2022. This plan amendment makes updates to restorative services rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1st, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
</tr>
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<tbody>
<tr>
<td>22-0020</td>
<td>MA</td>
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**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT**

**TO: CENTER DIRECTOR**
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**4. PROPOSED EFFECTIVE DATE**
04/01/2022

**5. FEDERAL STATUTE/REGULATION CITATION**
42 CFR Part 447

**6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)**

<table>
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<th>Fiscal Year</th>
<th>Impact</th>
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<tr>
<td>FFY 22</td>
<td>$280,000</td>
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<tr>
<td>FFY 23</td>
<td>$500,000</td>
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**7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**
Attachment 4.19-B page 1d

**8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**
Attachment 4.19-B page 1d

**9. SUBJECT OF AMENDMENT**
An amendment regarding restorative services

**10. GOVERNOR’S REVIEW (Check One)**

- [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
- [x] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
- [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

**NOTER, AS SPECIFIED:**
Not required under 42 CFR 430.12(b)(2)(i)

**11. SIGNATURE OF STATE AGENCY OFFICIAL**

**12. TYPED NAME**
Marylou Sudders

**13. TITLE**
Secretary

**14. DATE SUBMITTED**
06/30/2022

**15. RETURN TO**
Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108

**FOR CMS USE ONLY**

**16. DATE RECEIVED**
06/30/22

**17. DATE APPROVED**
September 14, 2022

**18. EFFECTIVE DATE OF APPROVED MATERIAL**
April 1st, 2022

**19. SIGNATURE OF APPROVING OFFICIAL**

**20. TYPED NAME OF APPROVING OFFICIAL**
Todd McMillion

**21. TITLE OF APPROVING OFFICIAL**
Director, Division of Reimbursement Review

**22. REMARKS**

**Instructions on Back**
k. **Physical therapy and related services** — The fee-for-service rates are effective for services provided on or after April 1, 2022. All rates are published on [https://www.mass.gov/regulations/101-CMR-33900-rates-for-restorative-services-0](https://www.mass.gov/regulations/101-CMR-33900-rates-for-restorative-services-0). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.