

## **Table of Contents**

**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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**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 30<sup>th</sup>, 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 1<sup>st</sup>, 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](mailto: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**

1. TRANSMITTAL NUMBER <u>2 2 - 0 0 2 0</u>	2. STATE <u>MA</u>
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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)  
a. FFY 22 \$ 280,000  
b. FFY 23 \$ 500,000

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

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)

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

**PLAN APPROVED - ONE COPY ATTACHED**

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

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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**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>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.