

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 23-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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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October 27, 2023

Kathleen E. Walsh, 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) 23-0007


Dear Secretary Walsh:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0007. This amendment adds new coverage and payment methodologies for mental health centers.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 440. This letter is to inform you that Massachusetts' SPA Transmittal Number 23-0007 is approved on October 27, 2023, with an effective date of January 1, 2023.

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,

  
James G. Scott, Director  
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER <u>23 - 0007</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE 01/01/2023	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <sup>23</sup> \$ <u>2,080,000</u> b. FFY <sup>24</sup> \$ <u>2,670,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement to Attachment 3.1-A page 3-viii Supplement to Attachment 3.1-B page 3-viii Attachment 4.19-B page 1a9	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Supplement to Attachment 3.1-A page 3-viii Supplement to Attachment 3.1-B page 3-viii Attachment 4.19-B page 1a9

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

5. FEDERAL STATUTE/REGULATION CITATION  
  
42 CFR Part 440

9. SUBJECT OF AMENDMENT  
  
An amendment to update coverage and payment methodologies for mental health centers


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  
Mike Levine

13. TITLE  
Assistant Secretary for MassHealth

14. DATE SUBMITTED  
03/30/23

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

**FOR CMS USE ONLY**

16. DATE RECEIVED 03/30/2023	17. DATE APPROVED 10/27/2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director Division of Program Operations

22. 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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(Item 9 Clinic Services, continued)

**i. Mental Health Centers**

MassHealth covers diagnosis and treatment of behavioral health disorders, and related services, at mental health centers.

MassHealth does not cover nonmedical services provided by mental health centers (e.g., vocational, educational, sheltered workshops, recreational, and life-enrichment services) or services provided at a mental health center as an integral part of a planned and comprehensive program (e.g., a residential, day activity, drop-in centers, and educational programs) that is organized to provide primarily non-medical or other nonreimbursable services. Play therapy, the use of play activities with a child in an identified treatment setting, as an alternative to strictly verbal expression, is not considered a recreational service and is covered.

Psychological assessment may be performed once every 6 months, or more often as clinically indicated.

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 Groups

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(Item 9 Clinic Services, continued)

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MassHealth covers diagnosis and treatment of behavioral health disorders, and related services at mental health centers.

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Psychological assessment may be performed once every 6 months, or more often as clinically indicated.

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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(Item h. Clinic Services, continued)

9. Mental Health Centers

The fee-for-service rates are effective for service provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-30600-rates-for-mental-health-services-provided-in-community-health-centers-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.