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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 23-0014

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

November 20, 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) 23-0014

Dear Secretary Walsh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0014. This amendment adds new coverage and payment methodologies for standard and intensive outpatient behavioral services under rehabilitative 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 Part 440 and 470. This letter is to inform you that Massachusetts' Medicaid SPA Transmittal Number 23-0014 was approved on November 20, 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.

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

2 3 — 0 0 1 4

2. STATE

M A

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

01/01/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Parts 440 and 470

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 6,910,000
b. FFY 24 \$ 8,870,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A p. 3a10-11
Supplement to Attachment 3.1-B p. 3a10-11
Attachment 4.19-B page 1mi

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

NEW
NEW
NEW

9. SUBJECT OF AMENDMENT

An amendment to add new coverage and payment methodologies for standard and intensive outpatient behavioral services under rehabilitative 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. OFFICIAL

12. TYPED NAME
Mike Levine

13. TITLE
Assistant Secretary for MassHealth

14. DATE SUBMITTED
03/30/2023

15. RETURN TO

Executive Office of Health and Human Services
The Commonwealth of Massachusetts
Office of Medicaid
One Ashburton Place
Boston, MA 02108

FOR CMS USE ONLY

16. DATE RECEIVED
03/30/2023

17. DATE APPROVED
11/20/2023

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
Limitations to Services Provided to the Categorically Needy

Item 13: Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

d. Rehabilitative services -

Rehabilitative Behavioral Health Services

1. Standard and Intensive Outpatient Services

The following standard outpatient behavioral health rehabilitative services are provided by Community Behavioral Health Centers (CBHCs) in the CBHC's community-based location, on a mobile basis in the community or in a nursing facility, and through telehealth modalities: intake services, diagnostic evaluation, treatment planning, case and family consultation, individual therapy, group therapy, couple therapy, family therapy, pharmacotherapy, point-of-care testing, withdrawal management for individuals with opioid use disorder who do not meet inpatient level of care, and medical screenings, crisis intervention services, peer services, and referral services. Case and Family Consultation and Therapy Services are provided for the direct benefit of the beneficiary and for the purposes of assisting in the beneficiary's treatment.

- Case Consultation: intervention, for behavioral and medical management purposes, on a member's behalf with agencies, employers, or institutions which may include the preparation of reports of the member's psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.
- Family Consultation: a scheduled meeting with one or more of the parents, legal guardian, or foster parents of a child who is being treated by clinical staff at the center, when the parents, legal guardian, or foster parents are not clients of the center.
- Point of Care testing: on-site collection, analysis, and interpretation of medical specimens, including rapid tests of urine and blood, to support medication initiation and ongoing treatment for both mental health and substance use disorders.
- Peer Services: services that promote empowerment, self-determination, self-advocacy, understanding, coping skills, and resiliency through a specialized set of activities and interactions when provided by a qualified Certified Peer Specialist to an individual with a mental health disorder

The following standard and intensive outpatient rehabilitative behavioral health services may also be provided by CBHCs in the CBHC's community-based location, on a mobile basis in the community or in a nursing facility, and through telehealth modalities: psychological testing, structured outpatient addiction program services, enhanced structured outpatient addiction program services, and intensive outpatient services.

- Structured Outpatient Addiction Program (SOAP): ASAM Level Intensive Outpatient Services – a substance use disorder treatment service that provides short-term, multidisciplinary, clinically intensive structured treatment to address the sub-acute needs of members with substance use disorders and/or co-occurring disorders.

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

- **Enhanced Structured Outpatient Addition Program Services:** program that provides short-term, clinically intensive, structured day and/or evening substance use disorder (SUD) services. E-SOAP services are provided to individuals requiring enhanced programming that targets more specific clinical needs. Services include individual, group, and family therapy, peer services, as well as care coordination services.
- **Intensive Outpatient Services:** Treatment service that provides time-limited, multi-disciplinary, multimodal structured treatment in an outpatient setting for individuals requiring a clinical intensity that exceeds outpatient treatment. Services include individual, group, and family therapy as well as care coordination services.

CBHCs provide standard and intensive outpatient rehabilitative behavioral health services through the following qualified clinicians, or their supervised trainees: board-certified or eligible psychiatrists, psychiatric clinical nurse specialists, physicians, nurse practitioners, registered nurses, physician assistants, medical assistants, licensed psychologists, licensed independent clinical social workers, licensed clinical social workers, licensed mental health counselors, licensed alcohol and drug counselor Is, licensed marriage and family therapists, licensed applied behavior analyst, certified peer specialists, peer recovery coaches and recovery support navigators. Non-licensed clinicians (including peers) or trainees provide services under the supervision of a licensed clinician or a certified peer supervisor. Clinicians and their supervised trainees may provide services to the extent permitted by their scope of practice under state law.

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Certified peer specialist, peer recovery coach and recovery support navigator qualifications are set forth in Attachment 3.1-A Page 3a12-3a13 and Supplement to Attachment 3.1-B Page 3a12-3a13.

MassHealth covers psychological testing in accordance with Supplement to Attachment 3.1-A, Item 6.d, and Supplement to Attachment 3.1-B, Item 6.d.

**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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d. Rehabilitative services. -

Rehabilitative Behavioral Health Services

1. Standard and Intensive Outpatient Services

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- Case Consultation: intervention, for behavioral and medical management purposes, on a member's behalf with agencies, employers, or institutions which may include the preparation of reports of the member's psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.
- Family Consultation: a scheduled meeting with one or more of the parents, legal guardian, or foster parents of a child who is being treated by clinical staff at the center, when the parents, legal guardian, or foster parents are not clients of the center.
- Point of Care testing: on-site collection, analysis, and interpretation of medical specimens, including rapid tests of urine and blood, to support medication initiation and ongoing treatment for both mental health and substance use disorders.
- Peer Services: services that promote empowerment, self-determination, self-advocacy, understanding, coping skills, and resiliency through a specialized set of activities and interactions when provided by a qualified Certified Peer Specialist to an individual with a mental health disorder.

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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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Certified peer specialist, peer recovery coach and recovery support navigator qualifications are set forth in Attachment 3.1-A Page 3a5-3a6 and Supplement to Attachment 3.1-B Page 3a5-3a6.

MassHealth covers psychological testing in accordance with Supplement to Attachment 3.1-A, Item 6.d, and Supplement to Attachment 3.1-B, Item 6.d.

State Plan under Title XIX of the Social Security Act
State: Massachusetts

Methods and Standards for Establishing Payment Rates – Other Types of Care

m. Other diagnostic, screening, preventive, and rehabilitative services (continued)

2. Rehabilitative Services

A. Standard and Intensive Outpatient Services

The fee-for-service rates are effective for standard and intensive outpatient rehabilitative services provided by Community Behavioral Health Centers are effective for services provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-30500-rates-for-behavioral-health-services-provided-in-community-behavioral-health-centers>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.