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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 23-0029

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 30, 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) 23-0029

Dear Secretary Walsh:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0029. This amendment proposes to temporarily extend payment methodologies originally approved in Disaster Relief SPA 23-0027 for Adult Foster Care and Continuous Skilled Nursing through June 30, 2023.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Massachusetts' Medicaid SPA Transmittal Number 23-0029 is approved effective May 12, 2023.

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

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.06.30
08:24:29 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 2 9

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

5/12/2023

5. FEDERAL STATUTE/REGULATION CITATION

Title 19 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY ²³ \$ 1,440,000

b. FFY ²⁴ \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 7.4-B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

An amendment to extend payment methodologies included in 23-0027 for Adult Foster Care and Continuous Skilled Nursing through 6/30/23

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
05/11/23

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
05/11/23

17. DATE APPROVED 6/30/23

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
5/12/23

19. SIGNATURE OF APPROVING OFFICIAL
Alissa M. Deboy -S

Digitally signed by Alissa M. Deboy -S
Date: 2023.06.30 08:24:50 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

22. REMARKS

**Section 7.4.B., “Temporary Extension to the Disaster Relief Policies for the COVID-19 National
Emergency”**

Effective the day after the end of the PHE until June 30, 2023, the agency temporarily extends the following election(s) in section 7.4 (submitted on 4/3/2023 in SPA Number MA-TN-23-0027) of the state plan.

Section E – Payments

Increases to state plan payment methodologies:

1. The agency increases payment rates for the following services:

Adult Foster Care Services and Continuous Skilled Nursing (Private Duty Nursing)

- a. Payment increases are targeted based on the following criteria:

Please describe criteria.

- b. Payments are increased through:

- i. A supplemental payment or add-on within applicable upper payment limits:

Please describe.

- ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –

Effective date (enter date of change):
May 12, 2023 – June 30, 2023

TN: MA-23-0029
Supersedes TN: NEW

Approval Date: 06/30/2023
Effective Date: 05/12/2023

Location (list published location):

- [101 CMR 453.00: Enhanced Rates for Certain Home- and Community-Based Services Related to Section 9817 of the American Rescue Plan Act | Mass.gov](#)

TN: MA-23-0029
Supersedes TN: NEW

Approval Date: 06/30/2023
Effective Date: 05/12/2023