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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 23-0051

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

May 7, 2024

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) 23-0051

Dear Secretary Walsh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0051. This amendment establishes a Coordinating, Aligned, Relationship-centered, Enhanced Support (CARES) Targeted Case Management (TCM) benefit for children. This new CARES TCM will provide intensive support in care planning and coordination of services for eligible medically complex MassHealth members younger than 21 years of age.

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 440.169. This letter informs you that Massachusetts' Medicaid SPA TN 23-0051 was approved on May 7, 2024, with an effective date of July 1, 2023.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Massachusetts State Plan.

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

Sincerely,

[redacted]

Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 23 - 0051

2. STATE: MA

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
07/01/2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 440.169

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 23 $ 81,900
b. FFY 24 $ 4,214,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Attachment 3.1-A page 1a-1e
Supplement 1 to Attachment 3.1-B page 1a-1e

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Supplement 1 to Attachment 3.1-A page 1a -1e
Supplement 1 to Attachment 3.1-B page 1a-1e

9. SUBJECT OF AMENDMENT

An amendment to establish Targeted Case Management services for CARES for Kids program

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
[redacted]

12. TYPED NAME
Mike Levine

13. TITLE
Assistant Secretary for MassHealth

14. DATE SUBMITTED
09/29/2023

15. RETURN TO
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, 3rd Floor
Boston, MA 02108

FOR CMS USE ONLY

16. DATE RECEIVED
09/29/2023

17. DATE APPROVED
05/07/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2023

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director
Division of Program Operations

22. REMARKS

FORM CMS-179 (09/24)

Instructions on Back

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

F. Coordinating Aligned, Relationship-centered, Enhanced Support for Kids (CARES) Targeted Case Management (TCM)

1. Target Group

The target group for CARES TCM consists of Medicaid beneficiaries meeting the following criteria:

a. The member is under 21 years of age;

b. The member requires ongoing medical management by at least two pediatric subspecialists;

c. At least one of the member's pediatric subspecialists must treat a medical condition that meets criteria i. and ii., below, as well as either criteria iii. or criteria iv.:
   i. Medical condition results in functional impairment that substantially interferes with or limits the member's achievement or maintenance of developmentally appropriate, social, behavioral, cognitive, communicative or adaptive skills, and limits the member's functioning in family, school, and community activities. Functional impairment may be episodic, recurrent, or continuous unless they are temporary and expected responses to stressful events in the member's environment.
   ii. Medical condition is one of the following:
      1. Progressive, associated with persistent deteriorating health;
      2. A chronic medical condition, expected to last at least a year, be episodically or continuously debilitating, and require ongoing treatment for control of the condition that will use health care resources above the level of a healthy child; or
      3. A progressive or metastatic malignancy.
   iii. Medical condition results in both of the following;
      1. At the time the member begins receiving CARES TCM, the member is at high risk for adverse outcomes due to two or more unplanned emergency department visits within the previous 180 days; a documented pattern of multiple missed primary care physician (PCP) or subspecialty appointments; or chronic absenteeism from school; and
      2. Demonstrated health-related social needs, including homelessness or housing insecurity, food insecurity, parent/caregiver experiencing employment instability, lack of access to basic resources (heat, electricity, internet, transportation, education, etc.) or unsafe/violent living conditions, impacting the management of the member's medical condition.
   iv. Medical condition results in member being clinically eligible for more than two continuous hours of skilled nursing services to remain safely at home.

☒ Target group may include individuals transitioning to a community setting and CARES TCM will be made available for up to 180 consecutive days of the covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

2. Areas of state in which services will be provided (§1915(g)(1) of the Act)

☒ Entire state.

☐ Only in the following geographic areas (authority of Section 1915 (g) (1) of the Act is invoked to provide services less than statewide)

3. Comparability of services

☐ Services are provided in accordance with Section 1902 (a) (10) (B) of the Act.

☒ Services are not comparable in the amount, duration, and scope. Authority of Section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a) (10) (B) of the Act.

4. Definition of Services (42 CFR 440.169)

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

CARES TCM Services Include:

a. Comprehensive assessment of individual needs to determine the need for any medical educational, social or other services. Assessments and/or reassessments are conducted at least annually to determine if the individual's needs, conditions, or preferences have changed. These assessment activities include:
   i. Taking member history:
   ii. Identifying the member's needs and completing related documentation; and
   iii. Gathering information from other sources such as the parent/guardian, medical providers, state agencies social services providers, and educators (if necessary), to form a complete assessment of the individual.

b. Development (and periodic revision) of an individualized care plan driven by the member and based on the information collected through the assessment. The care plan includes:
   i. Activities that ensure the active participation of the eligible individual, and that involve working with the individual (or the individual's authorized health care decision maker) and others to develop goals;
   ii. Specific goals and actions to address the medical, social, educational, and other services needed by the individual;
   iii. A course of action to respond to the assessed needs of the eligible individual; and
   iv. An emergency plan.

c. Care coordination and family supports, including, but not limited to:
   i. Having a designated CARES team contact person, who provides regular contact with the member and their parent/guardian;

ii. Maintaining relationships and open communication with other individuals, providers, and support services involved in the member's care;
iii. Coordinating with early intervention providers, school-based, and early childhood providers, as applicable;
iv. Providing necessary referrals and coordination of care for necessary health and other support needs, including assessing and maintaining enrollment/eligibility for public benefits;
v. Intensive supports for transitions of care between different health care and community settings, including the member's home; and
vi. Intensive supports, beginning when the member is 16 years old, for transitions into adult care.

d. Monitoring and follow-up activities to ensure that the individual care plan is effectively implemented and adequately addresses the member's needs. Monitoring and follow-up activities may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and include at least one annual monitoring session, to determine whether the following conditions are met:
   i. services are being furnished in accordance with the individual's care plan;
   ii. services in the care plan are adequate; and
   iii. changes in the needs or status of the individual are reflected in the care plan.

   Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Monitoring may involve either face-to-face or telephone contact, at least annually.

e. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
   i. Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

f. Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e)).

5. Qualifications of Providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

The state Medicaid agency must approve a provider as qualified to render CARES TCM services before such provider may render such services. In order for the state to approve a provider as qualified to render CARES TCM services, a provider must submit documentation to the state Medicaid agency demonstrating it has the capacity to provide CARES TCM services, as described above and must have a designated CARES team meeting the staffing requirements described below.

The CARES team must include:

a. A program director, who must be a physician, nurse practitioner or physician assistant with at least 5 years of clinical experience, at least 2 years of experience working with the target group, and at least 1 year of administrative experience;
b. Senior care managers, who may be registered nurses, a nurse practitioners, social workers, or masters-level practitioners with at least 2 years of experience working with the target population;
c. Care coordinators, who have a high school diploma or equivalent and a minimum of 3 years of experience working with the target population, an associate's degree in any field with a minimum of 2 years of experience working with the target population, or a bachelor's degree in any field with a minimum of 1 year of experience working with the target population;
d. Family support staff, who are strength-based and culturally and linguistically responsive paraprofessionals providing CARES TCM under appropriate supervision;
e. At least one member of the CARES team must be a registered nurse and at least one must be a licensed social worker;
f. The CARES team must have access to a senior medical professional, including a physician, nurse practitioner or physician assistant, available to provide consultation during all normal business hours; and
g. The CARES team must provide 24/7 on-call capacity to triage and respond to medical and care coordination needs.

The senior care manager or the care coordinator will be the practitioner directly rendering the targeted case management CARES services to each member.

6. Freedom of Choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of CARES TCM services will not restrict a member's free choice of providers in violation of section 1902(a) (23) of the Act.

A. Eligible recipients will have free choice to receive CARES TCM services from any qualified Medicaid provider, as described in Section F.5, above, within the state.
B. Eligible recipients will have free choice of any qualified Medicaid providers of other medical care under the plan.

7. Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures that:

a. CARES TCM services will not be used to restrict a member's access to other services under the plan;
b. Members will not be compelled to receive CARES TCM services,
c. Receipt of CARES TCM services will not be conditioned on the receipt of other Medicaid services, and receipt of other Medicaid services will not be conditioned on receipt of CARES TCM services; and

d. Providers of CARES TCM services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

8. Payment (42 CFR 441.18(a)(4)):

Payment for CARES TCM services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

9. Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that documents for all members receiving CARES TCM as follows: (i) The name of the member; (ii) The dates of the CARES TCM services; (iii)The name of the provider agency (if relevant) and the person providing the CARES TCM service; (iv) The nature, content, units of the CARES TCM services received and whether goals specified in the care plan have been achieved; (v) Whether the member has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

10. Limitations:

Targeted case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the targeted case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Targeted case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the targeted case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred to including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; assessing guardianship placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for targeted case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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