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State Territory Name: MASSACHUSETTS

State Plan Amendment (SPA) #: 23-0063

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
John C. Kluczynski Federal Building
230 S Dearborn Street, Suite 330F
Chicago, IL 60604-1505



FINANCIAL MANAGEMENT GROUP

February 26, 2024

Mike Levine, Assistant 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 23-0063

Dear Assistant Secretary Levine:

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 December 29, 2023. This plan amendment updates the methods and standards used to determine the rates of Hearing Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of November 1, 2023. 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 Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,
Todd McMillion
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

2 3 — 0 0 6 3

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

11/01/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 114,000
b. FFY 25 \$ 124,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 1a-i

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B page 1a-i

9. SUBJECT OF AMENDMENT

An amendment to the payment methodologies for hearing 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
Mike Levine

13. TITLE
Assistant Secretary for MassHealth

14. DATE SUBMITTED
12/29/2023

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
December 29, 2023

17. DATE APPROVED
February 26, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
November 1, 2023

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

- e. Medical or other type of remedial care recognized under the laws of the Commonwealth furnished by licensed practitioners within the scope of their practice as defined by the laws of the Commonwealth:

1. Audiological Services, including Hearing Instrument Specialist Services

The fee-for-service rates are effective for services provided on or after November 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-32300-hearing-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.