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State Territory Name: MASSACHUSETTS

State Plan Amendment (SPA) #: 24-0029

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
Center for Medicaid & CHIP Services
230 South Dearborn Street
Chicago, Illinois 60604



Financial Management Group

October 17, 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, MA 02108

RE: TN 24-0029

Dear Assistant Secretary Levine:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Massachusetts state plan amendment (SPA) to Attachment 4.19-B 24-0029, which was submitted to CMS on September 30, 2024. This plan amendment updates rates for Personal Care Services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of September 20, 2024. 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 312-886-0360 or via email at Deborah.Benson@cms.hhs.gov.

Sincerely,

[Redacted Signature]

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 4 — 0 0 2 9

2. STATE

M A3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

9/20/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY ²⁴ \$ 1,085,000b. FFY ²⁵ \$ 4,304,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 3b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B page 3b

9. SUBJECT OF AMENDMENT

An amendment to update payment methodologies for adult foster care inclusive of group adult foster care

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

09/30/2024

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

September 30, 2024

17. DATE APPROVED

October 17, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

September 20, 2024

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

Adult Foster Care (AFC)

Adult Foster Care (AFC) - The fee-for-service rates for Adult Foster Care Services, inclusive of Group Adult Foster Care services, are effective for services provided on or after September 20, 2024. All rates are published on <https://www.mass.gov/regulations/101-CMR-35100-rates-for-certain-adult-foster-care-services>.