

## **Table of Contents**

**State Territory Name: MASSACHUSETTS**

**State Plan Amendment (SPA) #: 24-0033**

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



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**Financial Management Group**

November 4, 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 24-0033

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 24-0033, which was submitted to CMS on September 30, 2024. This plan amendment updates Private Duty Nursing rates.

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 August 1, 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](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>3</u> <u>3</u>	2. STATE <u>MA</u>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  08/01/2024	
5. FEDERAL STATUTE/REGULATION CITATION  42 U.S.C. 1396d(a)(8) / 42 CFR s. 440.80		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>2,604,000</u> b. FFY <u>25</u> \$ <u>15,582,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B page 1aii		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 4.19-B page 1aii	
9. SUBJECT OF AMENDMENT  An amendment to update private duty nursing payment methodologies			
10. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CFR 430.12(b)(2)(i)	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO  Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place Boston, MA 02108	
12. TYPED NAME Mike Levine			
13. TITLE Assistant Secretary for MassHealth			
14. DATE SUBMITTED 09/30/2024			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED September 30, 2024		17. DATE APPROVED November 4, 2024	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL August 1, 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

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- g. The fee-for-service rates for private duty nursing services are effective for services provided on or after August 1, 2024. All rates are subject to a public notice and hearing process and published at [101 CMR 361.00: Rates for Continuous Skilled Nursing Agency and Independent Nursing Services | Mass.gov](#). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.