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State Territory Name: MASSACHUSETTS

State Plan Amendment (SPA) #: 24-0035

This file contains the following documents in the order

listed: 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

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 24-0035

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 24-0035, which was submitted to CMS on October 28, 2024. This plan amendment updates the rates for Day Habilitation.

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 October 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.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447; 42 CFR Part 440.182 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 1m	2 4 — 0 0 3 5 M A
9. SUBJECT OF AMENDMENT An amendment to update payment methodologies for day habilitation	
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 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mike Levine 13. TITLE Assistant Secretary for MassHealth	OTHER, AS SPECIFIED: Not required under 42 CFR 430.12(b)(2)(i) 15. RETURN TO Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place Boston, MA 02108
14. DATE SUBMITTED 10/28/2024	
16. DATE RECEIVED	USE ONLY 17. DATE APPROVED
October 28, 2024	November 4, 2024
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
October1, 2024	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	Division of Reimburgement Review
22. REMARKS	Division of Reimbursement Review

State Plan under Title XIX of the Social Security Act State: Massachusetts Methods and Standards for Establishing Payment Rates – Other Types of Care

m. Other diagnostic, screening, preventive, and rehabilitative services (continued)

2. Rehabilitative Services

A. The fee-for-service rates for rehabilitative services provided in a day setting are effective for services provided on or after October 1, 2024. All rates are published on https://www.mass.gov/regulations/101-CMR-34800-day-habilitation-program-services
Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

TN: 24-0035 Approval Date: November 4, 2024 Effective: 10/01/2024

Supersedes: 23-0045