

## **Table of Contents**

**State Territory Name: MASSACHUSETTS**

**State Plan Amendment (SPA) #: 24-0037**

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  
Chicago, Illinois 60604



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**Financial Management Group**

March 5, 2025

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 24-0037

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 24-0037, which was submitted to CMS on December 30, 2024. This plan amendment updates Applied Behavior Therapy 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 October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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,

A solid black rectangular box redacting the signature of 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 4 — 0 0 3 7

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

10/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <sup>25</sup> \$ 0b. FFY <sup>26</sup> \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 2D

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-B page 2D

9. SUBJECT OF AMENDMENT

An amendment to update payment methodologies for applied behavioral analysis (ABA) services

10. GOVERNOR'S REVIEW (Check One)

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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 Levine13. TITLE  
Assistant Secretary for MassHealth14. DATE SUBMITTED  
12/31/2024

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  
December 30, 202417. DATE APPROVED  
March 5, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillon21. 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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Therapeutic Mentoring Services –The fee-for-service rates are effective for service provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Family Support and Training Services - The current fee-for-service rates are effective for service provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Applied Behavior Analyst Services – The current fee-for-service rates are effective for service provided on or after October 1, 2024. All rates are published on <https://www.mass.gov/regulations/101-CMR-35800-rates-of-payment-for-applied-behavior-analysis>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Preventive Behavioral Health Services – The current fee-for-service rates are effective for service provided on or after September 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-30600-rates-of-payment-for-mental-health-services-provided-in-community-health-and-mental-health-centers>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.