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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 24-0040

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 12, 2025

Kathleen E. Walsh, Secretary
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108

Re: Massachusetts State Plan Amendment (SPA) 24-0040

Dear Ms. Walsh:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0040. This amendment adds doula service coverage for adoptive parents of infants.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 440. This letter informs you that Massachusetts' Medicaid SPA TN 24-0040 was approved on March 12, 2025, effective November 8, 2024.

Enclosed are copies of the Form CMS 179 and approved SPA pages to be incorporated into the Massachusetts State Plan.

If you have any questions, please contact Marie DiMartino at (617) 565-9157 or via email at Marie.DiMartino@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 4 0

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

11/08/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 0
b. FFY 26 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A page 3a3-i - 3a3-ii
Supplement to Attachment 3.1-B page 3a3-i - 3a3-ii8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Supplement to Attachment 3.1-A page 3a3-i - 3a3-ii
Supplement to Attachment 3.1-B page 3a3-i - 3a3-ii

9. SUBJECT OF AMENDMENT

An amendment to establish doula service coverage for adoptive parents of an infant

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 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, Room 1109
Boston, MA 02108**FOR CMS USE ONLY**16. DATE RECEIVED
12/30/202417. DATE APPROVED
03/12/2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
11/08/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott21. TITLE OF APPROVING OFFICIAL
Director
Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical
And Remedial Care and Services Provided to the Categorically Needy

Item 13. Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in the plan.

c. Preventive Services

Doula Services

A. Definitions

The following terms used in this Item I have the meanings below unless the context clearly requires a different meaning:

Doula - A qualified professional who provides non-medical emotional, informational, and physical support to individuals and families during pregnancy, delivery, and the post-pregnancy period. For adoptive parents and adoptive families, doulas provide services in the period in which the adopted infant is younger than 12 months of age.

Labor and Delivery. Childbirth or delivery of a fetus following pregnancy, inclusive of all pregnancy outcomes.

Perinatal. The period encompassing pregnancy and through 12 months following the end of pregnancy, inclusive of all pregnancy outcomes and/or the period in which an adopted infant is younger than 12 months of age.

B. Provider Qualifications

The state has established the following minimum qualifications for Doulas. Prior to rendering doula services to Medicaid beneficiaries, a doula must:

- a. be at least 18 years old.
- b. complete trainings related to the state Medicaid agency doula services program, as required by the state Medicaid agency.
- c. demonstrate competency in the areas described in subsection c.i below. Such competency may be demonstrated either through submitting proof of formal training to the state Medicaid agency as described in subsection c.ii below or submitting proof of experience to the state Medicaid agency as described in subsection c.iii below. Whether such proof demonstrates the competencies described in subsection c.i is subject to the review and approval of the state Medicaid agency.
 - i. Required Competencies: Doulas must demonstrate a basic understanding of the following topics:
 1. maternal anatomy and physiology during the perinatal period;
 2. common medical interventions during the perinatal period;
 3. common potential complications associated with the perinatal period;
 4. labor and delivery comfort measures;

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5. best practices for supporting Medicaid beneficiaries in advocating for their needs and making informed decisions using a trauma-informed approach; and
6. basic newborn care.
- ii. Required proof of formal training. Doulas must provide:
 1. A certificate of completion or other proof of doula training(s) attended and/or proof of doula certification by a doula certifying organization; and
 2. An attestation, in a manner and format determined by the state Medicaid agency, stating that the completed doula training(s) covered the required competencies listed in subsection c.i. above.
- iii. Required proof of experience. In a manner and format determined by the state Medicaid agency, doulas must provide:
 1. Recommendations from at least three different former clients for whom the doula provided doula services within the last five years; and
 2. Recommendations from at least two different licensed health care providers, such as physicians, midwives, social workers, or nurses, who observed the doula providing doula services within the last five years.

C. Covered Services

Doula services are preventative services as defined in 42 USC 1396d(a)(13) and must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under state law. The state covers the following doula services:

- a. up to eight hours of perinatal visits per perinatal period per Medicaid beneficiary without prior authorization. Perinatal visits above these limits require prior authorization.
- b. labor and delivery support, one per perinatal period.

The state does not cover doula services for purposes other than those identified in this Section C. Any services requiring clinical or medical licensure are not covered.

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