

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA)#: MA-25-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) Form CMS-179
- 4) 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

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November 20, 2025

Dr. Kiame Mahaniah, 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) - 25-0003

Dear Dr. Mahaniah:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003. This amendment proposes to conform with the requirements of section 5121 of the Consolidated Appropriations Act, 2023, including mandatory coverage of eligible juveniles who are inmates of a public institution post-adjudication of charges, and screening and diagnostic services and targeted case management services for eligible juveniles.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing Section 5121 Consolidated Appropriations Act, 2023. This letter informs you that Massachusetts' Medicaid SPA TN 25-0003 was approved on November 20, 2025, effective January 1, 2025.

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

If you have any questions, please contact Ambrosia Watts at (410) 786-1562 or via email at [Ambrosia.Watts1@cms.hhs.gov](mailto:Ambrosia.Watts1@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director  
Division of Program Operations

Enclosures

**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

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November 20, 2025

Dr. Kiame Mahaniah, 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) – MA-25-0003

Dear Dr. Mahaniah:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to MA-25-0003 approved on November 20, 2025. This State Plan Amendment (SPA) amends the Medicaid State Plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and State Plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the State Plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and

services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid State Plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress that has been made as well as the complexities associated with full implementation. However, during the review of MA-25-0003, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed, the state should submit a SPA to remove the sunset date from the State Plan.

**1. Standardize Eligibility and Enrollment Processes:** Massachusetts will implement relevant eligibility processes, including new bi-directional data sharing between MassHealth and correctional facilities to identify and screen incarcerated eligible juveniles for the mandatory Medicaid eligibility group for former foster care children. MassHealth will standardize processes for correctional facilities to screen individuals for Medicaid or CHIP eligibility, provide application assistance to those not yet enrolled, and communicate incarceration status and release information to effectuate coverage suspension during incarceration and reactivation upon release. The state will revise its data sharing agreements and processes with correctional facilities to facilitate data exchange and will implement system changes that will allow for the state's eligibility systems (HIX and MA-21) and payment systems (MMIS) to ensure that an individual's Medicaid coverage includes the authorized pre-release services in the pre-release period.

**2. Support Medicaid Provider Enrollment:** Massachusetts will implement provider enrollment pathway and process changes to support correctional facilities with enrolling in Medicaid. Specifically, MassHealth will establish a provider type for correctional facilities that plan to enroll in MassHealth and will establish provider enrollment processes. The state will develop comprehensive guidance for correctional facilities and will offer technical assistance as they navigate the enrollment process.

**3. Standup Billing and Claiming Processes in Correctional Facilities:** Massachusetts will implement systems and administrative changes to support correctional facility Medicaid billing. Specifically, MassHealth will work with correctional facilities to implement billing processes, and over time move to formal claims processing practices that can be scaled across facilities. MassHealth will offer technical assistance to facilities and will support the development of these billing and claims practices across facilities.

**4. Develop and implement training:** Massachusetts will train correctional facilities' staff on the review of clinical guidance, processes for eligible juvenile identification, facility enrollment in Medicaid, and billing processes. MassHealth will provide training opportunities for correctional facility Certified Application Counselors via an existing

workgroup convened through the Massachusetts Health Care Training Forum (MTF) and will continue to meet regularly with correctional facilities to provide technical assistance.

**5. Maintain clear documentation of facility participation:** Massachusetts will document each facility's delivery of screening and diagnostic services and targeted case management services, including circumstances where MassHealth has determined that it is not feasible to provide the required services during the pre-release period. MassHealth will develop a tracking document to monitor correctional facilities' provision of screening and diagnostic and targeted case management services and to identify which facilities need additional technical assistance and in what areas.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, please contact Ambrosia Watts at (410) 786-1562 or via email at [ambrosia.watts1@cms.hhs.gov](mailto:ambrosia.watts1@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director  
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 5 - 0 0 0 3

2. STATE

MA3. 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

01/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

Section 5121 Consolidated Appropriations Act, 2023

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <sup>25</sup> \$ 209,000b. FFY <sup>26</sup> \$ 279,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 3.1-M pp. 1-2 (NEW)  
Supplement 1 to Attachment 3.1-A pp. 10-16 (NEW)  
Supplement 1 to Attachment 3.1-B pp. 10-16 (NEW)

9. SUBJECT OF AMENDMENT

An amendment to conform with the requirements of Section 5121 of the Consolidated Appropriations Act, 2023

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, ASSPECIFIED:

Not required under 42 CFR 430.12(b)(2)(i)

11. AGENCY OFFICIAL

12. NAME

Mike Levine

13. TITLE

Assistant Secretary for MassHealth

14. DATE SUBMITTED

03/31/2025

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

03/31/2025

17. DATE APPROVED

11/20/2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act  
State/Territory: Massachusetts

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

☐ Post Release TCM Period beyond 30 day post release minimum requirement:  
State will provide TCM beyond the 30 day post release requirement. **[explain]:**

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0003  
Supersedes TN: (NEW)

Approval Date: 11/20/2025  
Effective Date: 01/01/2025

State Plan under Title XIX of the Social Security Act  
State/Territory: Massachusetts

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months
- ☒ Other frequency **[explain]:**

Periodic reassessment will be conducted according to each individual's needs.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:  
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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**State Plan under Title XIX of the Social Security Act**  
**State/Territory: Massachusetts**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

☒ Telephonic. Frequency: Telephonic monitoring will be conducted at least once in the 30-day post-release period. Additional telephonic monitoring will be conducted according to each individual's needs.

☒ In-person. Frequency: In-person monitoring will be conducted at least once in the 30-day post-release period. Additional in-person monitoring will be conducted according to each individual's needs.

☒ Other: Any other type of monitoring deemed appropriate for each eligible juvenile will be conducted at least once in the 30-day post-release period. Additional monitoring will be conducted according to the individual's needs.

☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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State Plan under Title XIX of the Social Security Act  
State/Territory: Massachusetts

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

**[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]**

The case manager must have, or work under the supervision of an individual with, at minimum a bachelor's degree in a related field or two years of professional or paraprofessional experience in human services, criminal justice, social work, social casework, guidance, vocational counseling, employment counseling, educational counseling, or correctional facility work.

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TN: 25-0003  
Supersedes TN: (NEW)

Approval Date: 11/20/2025  
Effective Date: 01/01/2025

**State Plan under Title XIX of the Social Security Act****State/Territory:** Massachusetts**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

**[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]**

Click or tap here to enter text.

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TN: 25-0003

Supersedes TN: (NEW)

Approval Date: 11/20/2025

Effective Date: 01/01/2025

**State Plan under Title XIX of the Social Security Act****State/Territory: Massachusetts****TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):**×** The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

**×** The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

**×** The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

**×** The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398#85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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**State Plan under Title XIX of the Social Security Act****State/Territory:** Massachusetts**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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State Plan under Title XIX of the Social Security Act  
State/Territory: Massachusetts

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☐ State will provide TCM beyond the 30 day post release requirement. **[explain]:** Click or tap here to enter text.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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**State Plan under Title XIX of the Social Security Act****State/Territory:** Massachusetts**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

The periodic reassessment is conducted every (check all that apply):

- ☐ 1 month  
☐ 3 months  
☐ 6 months  
☐ 12 months  
☒ Other frequency **[explain]:** Click or tap here to enter text.

Periodic reassessment will be conducted according to each individual's needs.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:
 

activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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**State Plan under Title XIX of the Social Security Act**  
**State/Territory: Massachusetts**

**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

- ☒ Telephonic. Frequency: Telephonic monitoring will be conducted at least once in the 30-day post-release period. Additional telephonic monitoring will be conducted according to each individual's needs.
- ☒ In-person. Frequency: In-person monitoring will be conducted at least once in the 30-day post-release period. Additional in-person monitoring will be conducted according to each individual's needs.
- ☒ Other: Any other type of monitoring deemed appropriate for each eligible juvenile will be conducted at least once in the 30-day post-release period. Additional monitoring will be conducted according to the individual's needs.

☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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**State Plan under Title XIX of the Social Security Act****State/Territory:** Massachusetts**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):**[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]**

The case manager must have, or work under the supervision of an individual with, at minimum a bachelor's degree in a related field or two years of professional or paraprofessional experience in human services, criminal justice, social work, social casework, guidance, vocational counseling, employment counseling, educational counseling, or correctional facility work.

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**State Plan under Title XIX of the Social Security Act****State/Territory: Massachusetts****TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

**[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]**

Click or tap here to enter text.

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**State Plan under Title XIX of the Social Security Act****State/Territory: Massachusetts****TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):**x** The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

**x** The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

**x** The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

**x** The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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**Mandatory Coverage for  
Eligible Juveniles who are  
Inmates of a Public Institution  
Post Adjudication of Charges**

**State/Territory: Massachusetts**

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(n) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

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Additional information provided (optional):

☐ No

☒ Yes [provide below]

Massachusetts is partially ready to provide Section 5121 CAA services to eligible juveniles. As part of the state's readiness efforts, Massachusetts has determined that the majority of CAA eligible post-disposition youth in Massachusetts correctional facilities already receive screening and diagnostic services at intake and case management throughout their incarceration period.

In accordance with State Health Official letter 24-006, Massachusetts will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Massachusetts is developing processes to ensure these services are provided as soon as practicable post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges under a partial readiness framework, as set forth in this SPA, will cease on December 31, 2026.

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