# **State/Territory Name: Massachusetts**

# State Plan Amendment (SPA) MA-25-0009

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



## Financial Management Group

November 4, 2025

Mike Levine Assistant Secretary Executive Office of Human and Health Services MassHealth One Ashburton Place Room 1109 Boston, MA 2108

RE: TN MA-25-0009

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 MA-25-0009, which was submitted to CMS on March 31, 2025. The purpose of this plan amendment is to update the methods and standards used by Massachusetts for payment for substance use disorder (SUD) clinic services.

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 March 28, 2025. 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 Robert Bromwell at 410-786-5914 or via email at robert.bromwell@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	1. TRANSMITTAL NUMBER 2. STATE
	<u> </u>
	3. PROGRAM IDENTIFICATION: TITLEXIX OF THE SOCIAL
TON CENTERS FOR MEDICARE & MEDICARE CENTRES	SECURITY ACT
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3/28/2025
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 25 \$ 2,000-4,000
42 CFR Part 440	b. FFY 26 \$ 5,000-7,000
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B page 1a10	Attachment 4.19-B page 1a10
9. SUBJECT OF AMENDMENT	
An amendment to update payment methodologies for substance use disorder clinic services	
10. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Not required under 42 CFR 430.12(b)(2)(i)
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
E AGENCY OFFICIAL	15. RETURN TO
12. TYPED NAME	Commonwealth of Massachusetts
Mike Levine	Executive Office of Health and Human Services Office of Medicaid
13. TITLE Assistant Secretary for MassHealth	One Ashburton Place Boston, MA 02108
14. DATE SUBMITTED	503to11, NIA 02100
03/31/2025 FOR CMS	USE ONLY
16. DATE RECEIVED	17. DATE APPROVED
March 31, 2025	November 4, 2025
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
March 28, 2025	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	21. TITLE OF APPROVING OFFICIAL  Director Division of Reimbursement Review
Todd McMillion	
Todd McMillion	
Todd McMillion	

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

## (Item h. Clinic Services, continued)

## 10. Substance Use Disorder Treatment Clinics

The fee-for-service rates published <a href="https://www.mass.gov/regulations/101-CMR-34600-rates-for-certain-substance-related-and-addictive-disorders-programs">https://www.mass.gov/regulations/101-CMR-34600-rates-for-certain-substance-related-and-addictive-disorders-programs</a> are effective for services provided on or after January 1, 2023.

The fee-for-service rates published at <a href="https://www.mass.gov/regulations/101-CMR-44400-rates-for-certain-substance-use-disorder-services">https://www.mass.gov/regulations/101-CMR-44400-rates-for-certain-substance-use-disorder-services</a> are effective for services provided on or after March 28, 2025. Previously published rates for identical procedure codes billed by Substance Use Disorder Treatment Clinics are superseded by the rates displayed in this fee schedule.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

TN: 25-0009 Approval Date: November 4, 2025 Effective Date: 03/28/25

Supersedes: 23-0008