

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA)#: 25-0017

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

September 16, 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) 25-0017

Dear Secretary Mahaniah:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0017. This amendment proposes to add licensed mental health counselor and licensed marriage and family therapist to the other practitioners' service provider types.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation 42 CFR Part 440.60. This letter informs you that Massachusetts' Medicaid SPA TN 25-0017 was approved on September 16, 2025, effective April 1, 2025.

Enclosed are copies of Form CMS-179 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.

Sincerely,



Shantrina Roberts, Acting 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 5 — 0 0 1 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

04/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

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

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A page 2iii
Supplement to Attachment 3.1-B page 2iii8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Supplement to Attachment 3.1-A page 2iii
Supplement to Attachment 3.1-B page 2iii

9. SUBJECT OF AMENDMENT

An amendment to add licensed mental health counselor and licensed marriage and family therapist to the
other practitioner services

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Mike Levine

13. TITLE

Assistant Secretary for MassHealth

14. DATE SUBMITTED

06/27/2025

15. RETURN TO

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, 10th floor
Boston, MA 02108**FOR CMS USE ONLY**

16. DATE RECEIVED

06/27/2025

17. DATE APPROVED

09/16/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

04/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF AP

Acting Director
Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Categorically Needy

d. **Other Practitioners' Services –**

Other practitioners' services also include psychologists' services, including psychological assessment, case consultation and family consultation, diagnostic services evaluation, individual therapy, couple therapy, family therapy, and group therapy; licensed independent clinical social worker, licensed mental health counselor, and licensed marriage and family therapist services, including case consultation and family consultation, diagnostic services evaluation, individual therapy, couple therapy, family therapy, and group therapy; hearing instrument specialist services; public health dental hygienist services; and acupuncturist services. Psychological assessment may be performed once every 6 months, or more often as clinically indicated.

State Plan under Title XIX of the Social Security Act

State: Massachusetts

Limitations to Services Provided to the Medically Needy

d. **Other Practitioners' Services –**

Other practitioners' services also include psychologists' services, including psychological assessment, case consultation and family consultation, diagnostic services evaluation, individual therapy, couple therapy, family therapy, and group therapy; licensed independent clinical social worker, licensed mental health counselor, and licensed marriage and family therapist services, including case consultation and family consultation, diagnostic services evaluation, individual therapy, couple therapy, family therapy, and group therapy; hearing instrument specialist services; public health dental hygienist services; and acupuncturist services. Psychological assessment may be performed once every 6 months, or more often as clinically indicated.