Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA)#: MA-25-0023

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

July 24, 2026

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) -25-0023

Dear Dr. Mahaniah:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0023. This amendment proposes to update the methods and standards used by Massachusetts for payment for the children's behavioral health initiative (CBHI) and to add descriptions related to MassHealth's new Family-based Intensive Treatment (FIT) Service.

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 440.130(d) and 42 CFR Part 440.169. This letter informs you that Massachusetts Medicaid SPA TN 25-0023 was approved on July 24, 2026, with an effective date of September 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 John Dedrick at (404) 562-7284 or via email at John.Dedrick@cms.hhs.gov.

Sincerely,

[redacted]

Falecia M. Smith
Acting Director, Division of Program Operations

Enclosures

cc: Kaela Konefal, State Plan Coordinator
Alison Kirchgasser, Federal Policy & CHIP Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0023

2. STATE: MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
09/01/2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR § 440.130(d), 42 CFR § 440.169

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 1h1(NEW)
Supplement 1 to Attachment 3.1-A pages ~~6-9~~ 17-19 (NEW)
Supplement to Attachment 3.1-B page 1h1(NEW)
Supplement 1 to Attachment 3.1-B pages ~~6-9~~ 17-19 (NEW)
Attachment 4.19-B pages 2C, 2D, 2A-2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
~~Supplement 1 to Attachment 3.1-A pages 6-9~~
~~Supplement 1 to Attachment 3.1-B pages 6-9~~
Attachment 4.19-B pages 2C, 2D, 2A-2

9. SUBJECT OF AMENDMENT

An amendment to the coverage and payment methodologies for the children's behavioral health initiative (CBHI) 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
[redacted]

12. TYPED NAME
Mike Levine

13. TITLE
Undersecretary for MassHealth

14. DATE SUBMITTED
09/30/2025

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
09/30/2025

17. DATE APPROVED
07/24/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
09/01/2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Falecia M. Smith

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS
7/16/26 State submitted amended CMS-179 in boxes 5,7, and 8 through the RAI response process.

Instructions on Back

f **Family-based Intensive Treatmen**t: (Services described in this section are effective September 1, 2025.)

Family-based Intensive Treatment (FIT) is delivered by a team consisting of professional and paraprofessional staff, and family support and training partner (FIT Team) offering a combination of medically necessary services to ameliorate the youth's mental health issues and strengthen the family structures and supports. FIT services must be recommended by a licensed physician or other licensed practitioner of the healing arts within their scope of practice under state law.

Family-based Intensive Treatment includes the following:

1. In Home Therapy Services (including Therapeutic Training & Support): The description of In Home Therapy Services is found in Supplement to Attachment 3.1-A page 1e-f under the heading *In Home Therapy Services*.
2. Family Support & Training Services: The description of Family Support & Training Services is found in Supplement 3.1-A page 1h under the heading *Family Support & Training*.

Settings: Family-based Intensive Treatment services may be provided in any setting where the youth is naturally located including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, child care centers, and other community settings.

Providers:

1. The following practitioners employed by or under contract with a FIT provider may provide the in-home therapy components of FIT as described above: LICSW, LCSW, LMFT, LMHC, Licensed psychologist, Master's level counselors, marriage and family therapy interns, mental health counselor interns, psychiatric nurse mental health clinical specialists, psychiatric nurse mental health clinic specialists trainee, psychiatric nurses, psychiatrists, psychiatry residents, psychology interns. Specific qualifications and supervisory requirements for the listed practitioners are found in Supplement to Attachment 3.1-A pages 1i-1m under the specific headings for each practitioner type.
2. The following practitioners employed by or under contract with a FIT provider may provide therapeutic training and support components of FIT as described above: Associate-level counselors/paraprofessionals, bachelor-level counselors/paraprofessionals. Specific qualifications and supervisory requirements for the listed practitioners are found in Supplement to Attachment 3.1-A page 1i under the specific headings for each practitioner type.
3. Family support and training services are delivered by a family support and training partner employed by or under contract with a FIT provider. Specific qualifications and supervisory requirements for family partners are found in Supplement to Attachment 3.1-A on page 1j under the heading "Family Support and Training Partner"

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

M. Targeted Case Management – Individuals under 21 with Serious Emotional Disturbance (SED) and who have required or who are at risk of requiring acute or urgent behavioral health services such as a crisis evaluation or an out-of-home placement

1. **Target Group:** The target group includes individuals under 21 with a Serious Emotional Disturbance (SED) and who have required or who are at risk of requiring acute or urgent behavioral health services such as a crisis evaluation or an out-of-home placement.

Target group includes individuals transitioning to a community setting. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

2. Areas of State in Which Services Will be Provided

Services are available state-wide

3. Comparability of Services

Services are not comparable in amount, duration and scope. (Authority of §1915(g)(1) of the Act is invoked to provide services without regard to the requirements of § 1902(a)(10)(B))

4. Definition of Services

Targeted Case Management Services is defined as follows:

1. Assessment: The care manager, working with the care team, may use multiple tools, including a strengths-based standardized assessment instrument, in conjunction with a comprehensive psychosocial assessment and other clinical information to organize and guide the development of an individualized care plan. The care team is a source for information needed to form a complete assessment of the child. The care team includes, as appropriate, the care manager, providers, case managers from state agencies that provide services to the child, family members, and natural supports such as neighbors, friends and clergy. Assessment activities include, without limitation: the care manager or care team 1) assisting the family to identify appropriate members of the care team; 2) facilitating the care team to identify strengths and needs of the child and strengths and needs of family in meeting the child's needs and 3) collecting background information and plans from other agencies. The assessment process will determine the needs of the child for any medical, educational, social or other services. Further assessments will be provided every 90 days or as medically necessary.

2. Development of an individualized care plan: Using the information collected through an assessment, the care team develops a person and family-centered, care plan that specifies the goals and actions to address the medical, social, educational and other services needed by the eligible individual. The care team works directly with the child, the family (or the child's authorized health care decision maker) and others to identify the strengths, needs and goals of the child and the strengths, needs and goals of

the family in meeting the child's needs.

3. Referral and Related Activities: Using the care plan, the care manager (1) convenes, coordinates and communicates with the care team to implement the care plan; (2) works directly with the child and family to implement elements of the care plan; (3) prepares, monitors and modifies the care plan in concert with the care team; (4) coordinates the delivery of available services, including services reimbursable under 42 USC 1396d(a) and educational, social or other services; (5) develops, in concert with the care team, a transition plan when the child has achieved the goals of the care plan; and (6) collaborates with other service providers on the child and family's behalf.

4. Monitoring and follow-up activities include reviewing the care plan as clinically indicated but at least monthly and convening the care team virtually or in person as clinically indicated, but at least weekly, to update the care plan to reflect the changing needs of the child. The care team performs such reviews and include (1) whether services are being provided in accordance with the care plan (2) whether the services in the care plan are adequate and (3) whether there are changes in the needs or status of the individual and if so, adjusting the care plan as necessary.

Services may include contact with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individuals to access services.

5. Qualifications of Providers:

Providers are agencies known as Community Service Agencies (CSAs) that meet requirements established by the single state Medicaid Agency. To meet such requirements, CSAs must have at least three years' experience providing behavioral health services to youth, from birth to 21 years old, and their families. CSAs are community based child and family service organizations such as community mental health centers, not-for-profit social service agencies and other service providing agencies. CSAs must employ or contract with licensed behavioral health clinicians or non-licensed staff or paraprofessionals supervised by licensed behavioral health clinicians to provide case management services. Non-licensed staff or paraprofessionals include staff members with a master's degree or a bachelor's degree or with an associates degree and at least five years of experience working with the target population.

6. Free Choice of Providers

a. Free choice of providers of case management services may be restricted in accordance with the provision of 1915(g)(1) of the Medicaid Act as amended by Section 4118(i) of the Omnibus Budget Reconciliation Act of 1987 and 42CFR 431.51.

b. Eligible members will have free choice of providers of other medical care under the plan.

7. Access to Services

The State assures that:

- 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 plan.

8. Non-Duplication of Payment

Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

9. Case Records (42 CFR 441.18(a)(7))

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.

10. Limitations on Qualified Providers

Providers are limited to regionally based, Community Service Agencies that MassHealth determines are most qualified to provide targeted case management services to members within the target group. These limitations will ensure that individuals within the target group receive needed services by establishing a defined group of providers who have and maintain expertise in the special service needs of this population.

11. Limitations

Case Management does not include the following:

- Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act.
- The direct delivery of an underlying medical, educational, social, foster care or other service to which an eligible individual has been referred.
- Activities for which third parties are liable to pay as described in 42 USC 1396n (4) (A).

f **Family-based Intensive Treatmen**t: (Services described in this section are effective September 1, 2025.)

Family-based Intensive Treatment (FIT) is delivered by a team consisting of professional and paraprofessional staff, and family support and training partner (FIT Team) offering a combination of medically necessary services to ameliorate the youth's mental health issues and strengthen the family structures and supports. FIT services must be recommended by a licensed physician or other licensed practitioner of the healing arts within their scope of practice under state law.

Family-based Intensive Treatment includes the following:

1. In Home Therapy Services (including Therapeutic Training & Support): The description of In Home Therapy Services is found in Supplement to Attachment 3.1-B page 1e-f under the heading *In Home Therapy Services*.
2. Family Support & Training Services: The description of Family Support & Training Services is found in Supplement 3.1-B page 1h under the heading *Family Support & Training*.

Settings: Family-based Intensive Treatment services may be provided in any setting where the youth is naturally located including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, child care centers, and other community settings.

Providers:

1. The following practitioners employed by or under contract with a FIT provider may provide the in-home therapy components of FIT as described above: LICSW, LCSW, LMFT, LMHC, Licensed psychologist, Master's level counselors, marriage and family therapy interns, mental health counselor interns, psychiatric nurse mental health clinical specialists, psychiatric nurse mental health clinic specialists trainee, psychiatric nurses, psychiatrists, psychiatry residents, psychology interns. Specific qualifications and supervisory requirements for the listed practitioners are found in Supplement to Attachment 3.1-B pages 1i-1m under the specific headings for each practitioner type.
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State Plan under Title XIX of the Social Security Act
State: Massachusetts
Case Management Services Provided to the Medically Needy

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Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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Case Management does not include the following:

- Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act.
- The direct delivery of an underlying medical, educational, social, foster care or other service to which an eligible individual has been referred.
- Activities for which third parties are liable to pay as described in 42 USC 1396n (4) (A).

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

XI. Case Management provided through Intensive Care Coordination for individuals under age 21 with a serious emotional disturbance –

The fee-for-service rates are effective for service provided on or after September 1, 2025. 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.

XII. Case Management provided through Family-based Intensive Treatment for individuals under age 21 with a serious emotional disturbance and who have required or who are at risk of requiring acute or urgent behavioral health services such as a crisis evaluation or an out-of-home placement.

The fee-for-service rates for targeted case management provided through Family-based Intensive Treatment shall be reimbursed using the same methodology as described in Attachment 4.19-B Page 2D, for Family-based Intensive Treatment.

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

t. Early and Periodic Screening, Diagnostic and Treatment services for individuals under 21 years of age, and treatment of conditions found.

The following fee schedules are developed based on a model budget that accounts for program costs and maximum productive time specific for the provision of each service. Program costs include direct and indirect costs and salary date that are derived from Bureau of Labor Statistics (BLS) State Occupational Employment and Wage Estimates for Massachusetts Wage Data and the most recent year of Uniform Financial Reports. Uniform Financial Reports include provider-reported direct and indirect costs, tax and fringe benefits, and salary data from providers of these and other similar behavioral health services. Indirect costs are applied as a percentage of total direct costs. The rates exclude costs related to room and board and other unallowable facility costs. Maximum productive time for each service was derived by assessing the time available for direct billable contacts by eligible direct care staff. Productivity time is calculated based on reviewing individual services requirements and expectations. Model budget components may be adjusted in response to public comments.

Mobile Crisis Intervention – The fee-for-service rates for Mobile Crisis Intervention Services shall be reimbursed using the same methodology as described in Attachment 4.19-B, for Mobile Crisis Intervention services reimbursement in Section 8.m.2.B.

Behavioral Management Therapy – The fee-for-service rates are effective for service provided on or after September 1, 2025. 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.

Behavioral Management Monitoring - The fee-for-service rates are effective for service provided on or after September 1, 2025. 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.

In-Home Therapy –The fee-for-service rates are effective for service provided on or after September 1, 2025. 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.

Therapeutic training and support –The fee-for-service rates are effective for service provided on or after September 1, 2025. 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-based Intensive Treatment – The fee-for-service rates are effective for service provided on or after September 1, 2025. 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.

Therapeutic Mentoring Services –The fee-for-service rates are effective for service provided on or after September 1, 2025. 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 September 1, 2025. 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 for Preventive Behavioral Health Services shall be reimbursed using the same methodology as described in Attachment 4.19-B, for mental health center services reimbursement in Section 8.h.9.