State/Territory Name: Massachusetts

State Plan Amendment (SPA) MA-25-0025

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

December 10, 2025

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

RE: TN MA-25-0025

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-25-0025, which was submitted to CMS on September 30, 2025. The purpose of this plan amendment is to update the methods and standards used by Massachusetts for payment for adult day health 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 July 1, 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

	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	2 5 — 0 0 2 5 M A
STATE PLAN MATERIAL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	07/01/2025
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 25 - \$ 711,000
42 CFR Part 440	b. FFY 26 -\$ 2,823,000
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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 1I	Aller I
Attachment 4.10-b page 11	Attachment 4.19-B page 1I
9. SUBJECT OF AMENDMENT	
An amendment to the payment methodologies for	or adult day health services
10. GOVERNOR'S REVIEW (Check One)	
	COTUED AS ODESIED.
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECIFIED:
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
11 SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
TOTAL SOLICE OF TOTAL	TO METONIA TO
12. TYPED NAME	Commonwealth of Massachusetts
Mike Levine	Executive Office of Health and Human Services Office of Medicaid
13. TITLE	One Ashburton Place, 10th Floor
Undersecretary for MassHealth	Boston, MA 02108
14. DATE SUBMITTED 09/30/2025	
FOR CMS USE ONLY	
	17. DATE APPROVED
9/30/2025 PLAN APPROVED - O	December 10, 2025
	19. SIGNATURE OF APPROVING OFFICIAL
7/1/2025	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	Director, Division of Reimbursement Review
22. REMARKS	
EE. INDIVINIO	

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

m. Other diagnostic, screening, preventive, and rehabilitative services (continued)

1. Preventive Services

C. The fee-for-service rates for adult day health services are effective for services provided on or after July 01, 2025. All rates are published on https://www.mass.gov/regulations/101-CMR-31000-adult-day-health-services. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

TN: 25-0025 Approval Date: December 10, 2025 Effective: 07/01/25

Supersedes: 23-0044