

State/Territory Name: Massachusetts

State Plan Amendment (SPA) MA-26-0005

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

June 5, 2026

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

RE: TN MA-26-0005

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-26-0005, which was submitted to CMS on March 27, 2026. The purpose of this plan amendment is updates payment rates for psychiatric day treatment services under Attachment 4.19-B. The SPA maintains a fee-for-service methodology using a state-developed fee schedule. Rates are increased by 2.77% using an economic forecast based on Massachusetts Economic Indicators from S&P Global Market Intelligence. No changes are made to the underlying payment structure or provider eligibility, only to the rate amounts.

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 13, 2026. 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,

A solid black rectangular box redacting the signature of Todd McMillion.

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 <u>2 6 — 0 0 0 5</u>	2. STATE <u>M A</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 03/13/2026
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5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 440.130	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>26</u> \$ <u>21,000</u> b. FFY <u>27</u> \$ <u>35,000</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B p. 1k	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B p. 1k
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9. SUBJECT OF AMENDMENT

An amendment to the payment methodologies for psychiatric day treatment 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:
 Not required under 42 CFR 430.12(b)(2)(i)

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 10th Floor Boston, MA 02108
12. TYPED NAME Mike Levine	
13. TITLE Undersecretary for MassHealth	
14. DATE SUBMITTED 03/27/2026	

FOR CMS USE ONLY

16. DATE RECEIVED 3/27/26	17. DATE APPROVED June 5, 2026
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 3/13/26	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, DRR

22. REMARKS

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

B. The fee-for-service rates for psychiatric day treatment services are effective for services provided on or after March 13, 2026. All rates are published on <https://www.mass.gov/regulations/101-CMR-30700-rates-for-psychiatric-day-treatment-center-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.