Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 19-0033

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Financial Management Group

July 30, 2020

Daniel Tsai, Deputy Secretary & Acting 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) Transmittal Number 19-0033**

Dear Deputy Secretary & Acting Secretary Tsai:

We have reviewed the proposed Massachusetts State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2019. This plan amendment incorporates Targeted Case Management for members eligible for Department of Children and Families services.

Based upon the information provided by the State, we have approved the amendment with an effective date of December 20, 2019. 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 James Moreth at 206-615-2043 or James.Moreth@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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: 19-033

2. STATE: MA

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
12/20/2019

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

7. FEDERAL BUDGET IMPACT
a. FFY 2020 $ 10,932,000
b. FFY 2021 $ 14,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 3.1-A pages 1k, 1l, 1m, 1n
Supplement 1 to Attachment 3.1-B pages 1 k, 1l, 1 m, 1 n
Attachment 4.19-B pages ~~2A-2Aiii~~ 2Aiii - 2Aiv

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Supplement 1 to Attachment 3.1-A pages 1k, 1l, 1m, 1n
Supplement 1 to Attachment 3.1-B pages 1k, 1l, 1m, 1n
Attachment 4.19-B pages 2A-00 - 2Aii

10. SUBJECT OF AMENDMENT

Targeted Case Management for memebers eligible for Department of Children and Families services

11. 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)

12. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

13. TYPED NAME
Marylou Sudders

14. TITLE
Secretary

15. DATE SUBMITTED
12/31/2019

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
12/31/2019

18. DATE APPROVED
7/30/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
12/20/2019

20. SIGNATURE OF REGIONAL OFFICIAL
[redacted]

21. TYPED NAME
Todd McMillion

22. TITLE
Director, Division of Reimbursement Review

23. REMARKS

State authorizes pen n ink change to box 7a: $10,932,000 FY 2020 due to being non-legible and to box 8.

FORM CMS 179 (07/92)

Instructions on Back

Case Management Services (cont.)

H. **Children Served by the Department of Children and Families**

1. Target Group

The target group consists of Medicaid beneficiaries under 22 years of age who have been reported to the Department of Children and Families (DCF) as potentially abused or neglected, or are receiving services from the Department of Children and Families after being determined to either be at risk of abuse or neglect or substantiated as being abused or neglected children.

☒ Target group includes individuals transitioning to a community setting and targeted case management services will be made available for up to 180 consecutive days of the covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are in Institutions for Mental Disease or individuals who are inmates of public institutions.

2. Areas of state in which services will be provided

☒ Entire state.

☐ Only in the following geographic areas (authority of Section 1915 (g) (1) of the Act is invoked to provide services less than statewide)

3. Comparability of services

☐ Services are provided in accordance with Section 1902 (a) (10) (B) of the Act.

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

4. Definition of Services

Targeted case management are comprehensive services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, and other services. Targeted case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. Targeted case management services are coordinated with, and do not duplicate activities, provided as part of institutional services and discharge planning activities.

Targeted Case management includes the following activities:

A. Comprehensive assessment of individual needs to determine the need for any medical educational, social or other services. Reassessments are conducted at least annually, or more frequently if necessary, to address changes in an individual's condition. These assessment activities include:

- Taking client history:
- Identifying the individual's needs and completing related documentation; and
- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

B. Development of and periodic revision of an individualized care plan that may be reevaluated at any time to address changes in an individual's condition. The care plan includes:

- Information collected through the assessment;
- Specific goals and actions to address the medical, social, educational, and other services needed by the individual;
- Activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- A course of action to respond to the assessed needs of the eligible individual.

C. Coordinating and referral and related activities to assist the individual in gaining access to:

- Needed services including activities that help link and individual with:
  - Medical and social providers; and
  - Other programs and services required to address identified needs and achieve goals specified in the care plan.

D. Monitoring and follow-up activities to adequately address the needs of the eligible individuals. Monitoring and follow-up activities will occur as frequently as needed to determine whether the following conditions are met, and include at least one annual monitoring meeting. The monitoring and follow up activities include:

- Activities and contacts necessary to ensure the care plan is implemented and adequately addresses the individual's needs; and
- Determining whether the following conditions are met:
  - Services are being furnished in accordance with the individual's care plan;
  - Services in the care plan are adequate; and
  - Making necessary adjustments in the care plan and service arrangements with providers.

5. Qualifications of Providers

The case manager must be a qualified social worker according to the requirements of the Massachusetts Department of Children and Families. Social workers must have (A) a

bachelor's degree or higher in social work, psychology, sociology, counseling, counseling education or criminal justice or a relevant human services degree and (B) a current and valid Licensures as a Licensed Social Work Associate, Licensed Social Worker, Licensed Certified Social Worker or Licensed Independent Clinical Social Worker issued by the Massachusetts Board of Registration.

6. Freedom of Choice:

☒ The State assures that the provision of targeted case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

A. Eligible recipients will have free choice of any qualified Medicaid provider of targeted case management services within the specified geographic area identified in this plan.
B. Eligible recipients will have free choice of the providers of any qualified Medicaid providers of other medical care under the plan.

7. Access to Services:

The State assures that:

- 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 targeted case management services, condition receipt of targeted case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of targeted case management services; and
- Providers of targeted case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

8. Payment (42 CFR 441.18(a)(4)):

Payment for targeted case management services under the plan does 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 documents for all individuals receiving targeted case management as follows: (i) The name of the individual; (ii) The dates of the targeted case management services; (iii)The name of the provider agency (if relevant) and the person providing the targeted case management service; (iv) The nature, content, units of the targeted 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:

Targeted case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the targeted case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

11. Targeted case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the targeted case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred to including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; assessing guardianship placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation;; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for targeted case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

H. **Children Served by the Department of Children and Families**

1. Target Group

The target group consists of Medicaid beneficiaries under 22 years of age who have been reported to the Department of Children and Families (DCF) as potentially abused or neglected, or are receiving services from the Department of Children and Families (DCF) after being determined to either be at risk of abuse or neglect or substantiated as being abused or neglected children.

☒ Target group includes individuals transitioning to a community setting and targeted case management services will be made available for up to 180 consecutive days of the covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are in Institutions for Mental Disease or individuals who are inmates of public institutions.

2. Areas of state in which services will be provided

☒ Entire state.

☐ Only in the following geographic areas (authority of Section 1915 (g) (1) of the Act is invoked to provide services less than statewide)

3. Comparability of services

☐ Services are provided in accordance with Section 1902 (a) (10) (B) of the Act.

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

4. Definition of Services

Targeted case management are comprehensive services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, and other services. Targeted case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. Targeted case management services are coordinated with, and do not duplicate activities, provided as part of institutional services and discharge planning activities.

Targeted case management includes the following activities:

A. Comprehensive assessment of individual needs to determine the need for any medical, educational, social or other services. Reassessments are conducted at least annually, or more frequently if necessary, to address changes in an individual's condition. These assessment activities include:

- Taking client history;
- Identifying the individual's needs and completing related documentation; and
- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

B. Development of, and periodic revision of an individualized care plan that may be reevaluated at any time to address changes in an individual's condition. The care plan includes:

- Information collected through the assessment;
- Specific goals and actions to address the medical, social, educational, and other services needed by the individual;
- Activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- A course of action to respond to the assessed needs of the eligible individual.

C. Coordinating and referral and related activities to assist the individual in gaining access to:

- Needed services including activities that help link an individual with:
    - Medical and social providers; and
    - Other programs required to address identified needs and achieve goals specified in the care plan.

D. Monitoring follow-up activities adequately address the needs of eligible individuals. Monitoring and follow-up activities will occur as frequently as needed to determine whether the following conditions are met, and include at least one annual monitoring meeting. The monitoring and follow up activities include:

- Activities and contacts necessary to ensure the care plan is implemented and adequately addresses the individual's needs; and
- Determining whether the following conditions are met:
    - Services are being furnished in accordance with the individual's care plan;
    - Services in the care plan are adequate; and
    - Making necessary adjustments in the care plan and service arrangements with providers.

5. Qualifications of Providers

The case manager must be a qualified social worker according to the requirements of the Massachusetts Department of Children and Families. Social workers must have (A) a bachelor's degree or higher in social work, psychology, sociology, counseling, counseling education or criminal justice or a relevant human services degree and (B) a current and valid Licensures as a Licensed Social Work Associate, Licensed Social Worker, Licensed Certified Social Worker or Licensed Independent Clinical Social Worker issued by the Massachusetts Board of Registration.

6. Freedom of choice:

☒ The State assures that the provision of targeted case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

A. Eligible recipients will have free choice of any qualified Medicaid provider of targeted case management services within the specified geographic area identified in this plan.
B. Eligible recipients will have free choice of the providers of any qualified Medicaid providers of other medical care under the plan.

7. Access to Services:

The State assures that:

- 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 targeted case management services, condition receipt of targeted case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of targeted case management services; and
- Providers of targeted case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

8. Payment (42 CFR 441.18(a)(4)):

Payment for targeted case management services under the plan does 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 documents for all individuals receiving targeted case management as follows: (i) The name of the individual; (ii) The dates of the targeted case management services; (iii)The name of the provider agency (if relevant) and the person providing the targeted case management service; (iv) The nature, content, units of the targeted 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:

Targeted case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the targeted case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

11. Targeted case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the targeted case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; assessing guardianship placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for targeted case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for targeted case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

Methods and Standards for Establishing Payment Rates – Other Types of Care (cont.)

(q. Case Management Services, cont'd)

III. Reimbursement for Targeted Case Management Services provided by the Department of Children and Families (DCF) are claimed based on actual expenditures of employee salaries and associated overhead expenditures. Cost for TCM provided by state employed social workers are accumulated and recognized after expenses are incurred. The expenditures are captured via DCF's cost allocation plan (CAP) as described in the *Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Children and Families Cost allocation plan narrative*. The CAP utilizes a Random Moment Time Study (RMTS) to isolate expenditures associated with Targeted Case Management Services.

a) Definitions and Cost Reimbursement Methodology:

1. Governmental providers – The Department of Children and Families state staff.

2. Claiming Period – The state fiscal year beginning July 1 and ending June 30 each year.

3. Cost Reimbursement Methodology – Payment is based on cost reimbursement of actual statewide expenditures for the service during the claiming period. The expenditures include costs for non-Medicaid children. MassHealth will step down costs to only account for Medicaid TCM services provided to Medicaid-eligible children through a quarterly data match of the children in DCF care to determine the appropriate Medicaid eligibility percentage. Only expenditures for Medicaid TCM services are included in the claim, based upon the Medicaid eligibility match.

a. Agency Expenditures include:

i. Targeted case management governmental providers salary and other personnel expenses;

ii. Supervisory salary and other personnel expenses in support of Targeted Case Management Services;

iii. Indirect costs, including administrative costs, allocated pursuant to an agency specific cost allocation plan;

iv. Room and Board costs are excluded.

b. Costs for TCM provided by DCF state staff are accumulated and recognized after expenses are incurred. These costs are accumulated and allocated based on the aforementioned Cost Allocation Plan and RMTS. The cost recognition process is based on an allocation of employee salaries and actual expenditures for overhead expenses according to the DCF Cost Allocation Plan, and does not include interim payments or cost settlement.

c. Certified Public Expenditure (CPE) – On a quarterly basis, DCF will submit a certification of public expenditures which includes the CMS approved Certification Statement, and describes the agency's calculation of costs, and are completed in accordance with the principles and standards for determining costs as described in 2 CFR Part 200 and 45 CFR Part 75. The costs reflected in the CPE will only include costs for Medicaid services provided to Medicaid-eligible children. Payments to DCF will be made quarterly after the Commonwealth has claimed the cost for federal match.

4. Random Moment Time Study results. Two RMTS moments will be used for claiming purposes:

a. Conducting/updating a family assessment and action plan; and
b. Monitoring progress toward achieving goals in a family assessment and action plan.