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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: MA 20-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



February 12, 2021

MaryLou Sudders, 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) 20-0017

Dear Secretary Sudders:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 20-0017. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Massachusetts also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Massachusetts also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

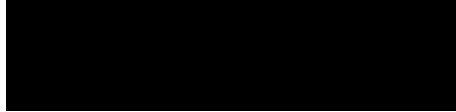
These waivers or modifications of the requirements related to SPA submission timelines, public notice, and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that Massachusetts's Medicaid SPA Transmittal Number 20-0017 is approved effective March 1, 2020. Please note that effective dates for certain payment provisions, as specified in Section E of this state plan amendment, are different from the effective date of this SPA. This SPA is in addition to Disaster Relief SPA 20-0008 approved on July 16, 2020, Disaster Relief SPA 20-0007 approved on July 20, 2020, Disaster Relief SPA 20-0006 approved on August 18, 2020, Disaster Relief SPA 20-0018 approved on October 27, 2020, Disaster Relief SPA 20-0020 approved on December 10, 2020 and Disaster Relief SPA 20-0025 approved January 19, 2021 and does not supersede anything approved in those SPAs.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Marie DiMartino at 978-330-8063 or by email at Marie.Dimartino@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Massachusetts and the health care community.

Sincerely,



Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Acting Director
Center for Medicaid and CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>20-017</u>	2. STATE <u>MA</u>
	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	03/01/2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION Title 19 of the Social Security Act; Section 1135 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 226,790,000 b. FFY 2021 \$ 7,285,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>)	

Payment methodologies for certain hospital, community health centers, physician, and transportation services during the COVID-19 emergency period

11. GOVERNOR'S REVIEW (<i>Check One</i>) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under 42 CFR 430.12(b)(2)(i) <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
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12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO
13. TYPED NAME Daniel Tsai	
14. TITLE Deputy Secretary	
15. DATE SUBMITTED 7/31/2020	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED July 31, 2020	18. DATE APPROVED February 12, 2021
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL March 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Alissa Mooney DeBoy	22. TITLE On Behalf of Anne Marie Costello, Acting Director Center for Medicaid and CHIP Services
23. REMARKS	

State/Territory: Massachusetts

Section 7 – General Provisions

7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

Except as provided in Sections D and E, the policies and procedures described below shall be effective during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These

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requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

- c. Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in Massachusetts Medicaid state plan, as described below:

Please describe the modifications to the timeline.

The timeframe for tribal consultation in the State Plan is at least 30 days prior to SPA submission and an allowance of at least 14 days for feedback. We request to change the tribal consultation timeframe during the emergency period to conduct consultation the same date as submission of the SPA with an allowance of a week for feedback.

EOHHS consulted with the Massachusetts Indian Tribes by email on July 31, 2020 about the proposed state plan amendments included in this COVID-19 Disaster SPA Template. The Tribes were asked to respond with any advice or feedback regarding this state plan amendment by August 7, 2020.

(Effective 3/1/20)

Section A – Eligibility

1. The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

2. The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. Individuals described in the following categorical populations in section 1905(a) of the Act:

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Income standard: _____

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive resource methodologies:

4. _____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).
5. _____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. _____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

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2. ____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. ____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. ____ The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. ____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. ____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a. ____ The agency uses a simplified paper application.
 - b. ____ The agency uses a simplified online application.
 - c. ____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. ____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

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Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

2. The agency suspends enrollment fees, premiums and similar charges for:
- a. All beneficiaries
 - b. The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. The agency makes the following adjustments to benefits currently covered in the state plan:

The agency will provide coverage for COVID-19 mobile testing services provided by emergency medical technicians (EMTs) under the Other Licensed Practitioner (OLP) benefit. Covered services will be on-site specimen collection for purposes of COVID-19. The services of EMTs will

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be limited to the scope of practice authorized by state law and must be provided in accordance with applicable state licensure and other applicable federal and state requirements.

(Effective: 3/20/20 for stand-alone specimen collection for COVID-19 testing provided by EMTs; 4/10/20 for COVID-19 mobile-testing bundle services provided by EMTs.)

3. The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
4. Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
 - a. The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
 - b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

5. The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe.

Drug Benefit:

6. The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

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7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:
 - a. Published fee schedules – (paid to transportation providers)

1. Specimen Collection for COVID-19 testing

Effective date (enter date of change): 03/20/2020

Location (list published location):

<https://www.mass.gov/doc/administrative-bulletin-20-12-101-cmr-32700-rates-of-payment-for-ambulance-and-wheelchair-van-0/download>
and <https://www.mass.gov/doc/administrative-bulletin-20-29-101-cmr-32700-rates-of-payment-for-ambulance-and-wheelchair-van-0/download>;
<https://www.mass.gov/doc/emergency-adoption-date-filed-july-31-2020-3/download>

2. Mobile Testing Bundle

Effective date (enter date of change): 04/10/2020 through 7/31/20

Location (list published location): <https://www.mass.gov/doc/administrative-bulletin-20-18-101-cmr-32700-rates-of-payment-for-ambulance-and-wheelchair-van-0/download>

- b. Other:

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Describe methodology here.

Increases to state plan payment methodologies:

2. X The agency increases payment rates for the following services:

Please list all that apply.

1. Acute Inpatient Hospital (AIH) Rates
2. Acute Outpatient Hospital (AOH) Rates
3. Ambulance and Wheelchair Services Rates
4. Community Health Center (CHC)/Federally Qualified Health Center (FQHC) Rates
5. Physician, Certified Nurse-Midwife, Certified Pediatric and Family Nurse Practitioner, and other Midlevel Practitioner services
6. Psychiatric Inpatient Rates
7. Acute Inpatient and Outpatient Hospital Supplemental Payment
8. Acute Inpatient Hospital Supplemental Payments
9. Community Health Centers (CHC)/Federally Qualified Health Center (FQHC) Supplemental Payments
10. Psychiatric Inpatient Supplemental Payments
11. Chronic Disease and Rehabilitation Inpatient (CDRI) Hospital Supplemental Payment
12. Boston Hope CDRI Supplemental Payment

- a. X Payment increases are targeted based on the following criteria:

Please describe criteria.

Rate increases described below apply to rates established through the Medicaid State Plan.

1. All Acute Inpatient Hospitals (AIH), including Critical Access Hospitals, will receive a 7.5% increase in base rates for inpatient stays reimbursed through the Adjudicated Payment Amount per Discharge (APAD) payment methodology. Also, all AIHs, including Critical Access Hospitals, will receive a 20% increase in APR-DRG weights for the following APR-DRGs (which includes all severity of illness (SOI)):

004*	130*	137*	142
005*	131	138	143
113	133	139	144
120	134	140	145
121	136	141	720*

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Finally, AIHs with Department of Mental Health (DMH)-licensed beds may receive an increase to their state plan Psychiatric Per Diem and Administrative Day Per Diem rates based on the following eligibility criteria:

- Tier One – AIHs with DMH-licensed beds that have been designated as Tier 1 facilities by DMH by \$94 per diem above current State Plan Psychiatric Per Diem and Administrative Day Per Diem rates;
- Tier Two - AIHs with DMH-licensed beds that have been designated as Tier 2 facilities by DMH by \$188 per diem above current State Plan Psychiatric Per Diem and Administrative Day Per Diem rates.

Any increase to Administrative Day Per Diem rates pursuant to this section shall apply only to Members discharged to Administrative Day status from a DMH-Licensed Bed following an inpatient BH admission. All other Administrative Day stays shall be paid at the current Administrative Day Per Diem rates.

(Increase to APAD base rates effective 4/1/20 through 7/31/20; Increase to DRG weights effective 3/10/20 through 10/31/20, except for the DRGs identified with an asterisk, for which the increase is effective 3/10/20 through the earlier of the expiration of the Presidential and Secretarial emergency declarations or the expiration of the Governor's March 10, 2020 Declaration of State of Emergency within the Commonwealth due to the 2019 novel coronavirus; Increase to Psychiatric Per Diem and Administrative Day Per Diem rates effective on or after the later of May 27, 2020, or the date DMH designated such hospital as a Tier 1 or Tier 2 facility, through July 31, 2020)

2. All Acute Outpatient Hospitals (AOH), including Critical Access Hospitals, will receive a 7.5% increase in base rates for services reimbursed through the Adjudicated Payment per Episode of Care (APEC) payment methodology. (Effective 4/1/20 through 7/31/20)

3. Ambulance services will temporarily receive a 50% rate increase. (Effective 4/1/20 through 7/31/20) <https://www.mass.gov/doc/administrative-bulletin-20-29-101-cmr-32700-rates-of-payment-for-ambulance-and-wheelchair-van-0/download>

4. Community Health Center (CHC) and Federally Qualified Health Center (FQHC) alternative payment methodology (APM) for CHC/FQHCs that are providing medical services at COVID-19 isolation and recovery sites. The APM payments for each participating CHC/FQHC is greater than or equal to what would have been paid to the facilities for CHC/FQHC services provided at isolation and recovery sites under an applicable PPS rate. These CHC/FQHCs agreed to the APM through a special conditions amendment to their MassHealth provider contract. The APM is paid as a weekly, facility-specific, all-inclusive rate sufficient to cover a) direct labor costs necessary to staff the isolation and recovery site, b) the cost of acquiring and maintaining sufficient medical supplies necessary to provide medical services at the isolation and recovery site, and c)

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agreed upon set-up and one-time costs necessary to enable the provision of medical services at the isolation and recovery sites. (Effective 4/22/20)

<https://www.mass.gov/doc/administrative-bulletin-20-30-101-cmr-30400-rates-for-community-health-centers-alternative-0/download>;

<https://www.mass.gov/doc/emergency-adoption-date-filed-july-31-2020-3/download>

5. Certain Physician, Certified Nurse-Midwife, Certified Pediatric and Family Nurse Practitioner, and other Midlevel Practitioner services will temporarily receive a 15% rate increase to account for, among other things, financial pressure on these providers resulting from social distancing protocols, changes in utilization patterns, and the need for alternative methods of care delivery resulting from the COVID-19 public health emergency. The selected services are (1) the top 100 Current Procedure Terminology (CPT) codes with established rates/fees in these regulations (excluding CPT Category II tracking codes, codes with a state-supplied vaccine modifier, and certain drug codes) by state fiscal year 2019 MassHealth expenditures (identified in the first URL at the end of this section), and (2) all home-based evaluation and management services for new and established patients. (Effective 4/1/20 through 7/31/20)

<https://www.mass.gov/doc/administrative-bulletin-20-27-101-cmr-31600-surgery-and-anesthesia-101-cmr-31700-medicine-101-0/download>;

<https://www.mass.gov/doc/emergency-adoption-date-filed-july-31-2020-3/download>

6. Department of Mental Health (DMH) licensed Psychiatric Inpatient Hospital providers may receive a rate increase based on the following eligibility criteria:

- Tier One – DMH-licensed psychiatric hospitals that have been designated as Tier 1 facilities by DMH by \$94 per diem above current State Plan Inpatient and Administrative Day per diem rates;

- Tier Two - DMH-licensed psychiatric hospitals that have been designated as Tier 2 facilities by DMH by \$188 per diem above current State Plan Inpatient and Administrative Day per diem rates.

The effective date for the rate increases described in this section will vary by hospital, and will apply to dates of service on or after the later of May 27, 2020, or the date DMH designated such hospital as a Tier 1 or Tier 2 facility, through 7/31/20.

Except as described above, each of these temporary rate increases will end at the end of the nationally declared public health emergency.

b. Payments are increased through:

i. X A supplemental payment or add-on within applicable upper payment limits:

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Please describe.

7. An acute inpatient and outpatient hospital is eligible for a Supplemental Payment for Hospitals Financially At-Risk Due to the COVID-19 Emergency if it is not a Critical Access Hospital, enters into a separate payment agreement with EOHHS relating to receipt of a Supplemental Payment for Hospitals Financially At-Risk Due to the COVID-19 Emergency, and either:

- (1) is identified as a Group 1 or a Group 2 safety net hospital in Appendix N to the MassHealth 1115 Demonstration waiver;
- (2) is a High Medicaid Volume Freestanding Pediatric Hospital; or
- (3) has received (a) more than 20% of its gross patient service revenue (GPSR) in FY18 from MassHealth and free care, and (b) less than 50% of its GSPR in FY18 from commercial payers, with both figures determined by EOHHS based on the Hospital's FY18 Massachusetts Hospital Cost Report.

For purposes of this Section E.2.b.i.7, the term "GPSR" shall have the meaning ascribed to that term in Attachment 4.19-A(1) of the Commonwealth's State Plan, and the term NPSR shall mean "the Hospital's GPSR less contractual allowances for those services."

Subject to compliance with all applicable federal rules and payment limits, EOHHS will make up to \$181,106,939 in total aggregate supplemental payments to the hospitals meeting the eligibility criteria set forth above, with each eligible hospital receiving, whether as a lump sum or in installments, an amount up to such hospital's average Medicaid net patient service revenue (NPSR) in FY18, as determined by EOHHS based on each such Hospital's FY18 Massachusetts Hospital Cost Report, multiplied by a group- or hospital-specific factor, as follows:

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Group/Hospital	Maximum Supplemental Payment
Hospitals identified as Group 1 safety net hospitals in Appendix N to the MassHealth 1115 waiver that are not High Medicaid Volume Safety Net Hospitals.	Each such hospital's average monthly Medicaid NPSR in FY18 multiplied by .875.
The Hospital identified as a Group 1 safety net hospital in Appendix N to the MassHealth 1115 waiver that is a High Medicaid Volume Safety Net Hospital.	Such hospital's average monthly Medicaid NPSR in FY18 multiplied by .525.
Hospitals identified as Group 2 safety net hospitals in Appendix N to the MassHealth 1115 waiver.	Each such hospital's average monthly Medicaid NPSR in FY18 multiplied by .250.
The High Medicaid Volume Freestanding Pediatric Acute Hospital	Such hospital's average monthly Medicaid NPSR in FY18 multiplied by .117.
Each hospital that received (a) more than 20% of its gross patient service revenue (GPSR) in FY18 from MassHealth and free care, and (b) less than 50% of its GPSR in FY18 from commercial payers, with both figures determined by EOHHS based on the Hospital's FY18 Massachusetts Hospital Cost Report	Each such hospital's average monthly Medicaid NPSR in FY18 multiplied by .250.

(Effective 4/1/20)

8. Acute Inpatient Hospitals (AIHs) with Department of Mental Health (DMH)-licensed beds that meet the following criteria will be eligible for a supplemental payment:

- The hospital attests to meeting DMH's Tier 1 or Tier 2 Infection Control Competencies / Standards and the other requirements as outlined by DMH in DMH Bulletin 20-05: COVID-19 Infection Control and Other Requirements in Response to the COVID-19 Pandemic by May 27, 2020, at 11:59 p.m., as determined by DMH;
- The hospital's attestation and supporting documentation is accepted by DMH;
- The hospital is designated Tier 1 or Tier 2 by DMH;

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- The hospital returns an executed copy of the amended acute hospital contract, along with any additional documentation required therein; and
- The hospital complies with all applicable programmatic requirements, as determined by MassHealth.

Subject to compliance with all applicable federal rules and payment limits, each hospital meeting the eligibility criteria set forth above will receive a supplemental payment (whether as a lump sum or through installments) equal to \$94 for each Medicaid state plan fee-for-service date of service between April 1, 2020 and May 26, 2020 on which the Hospital (1) properly rendered services reimbursed through the Psychiatric Per Diem rate to an eligible member, or (2) properly rendered services reimbursed through the Administrative Day Per Diem rate to an eligible member discharged to AD status from a DMH-Licensed Bed following an inpatient BH admission, with both figures as determined by EOHHS. (Effective 4/1/20)

9. Subject to compliance with all applicable federal rules and effective for the months of April, May, June, and July of 2020 (the “effective period”), each CHC/FQHC that accepts the APM payment will be paid through a new APM that is greater than or equal to its applicable PPS rate, totaling the CHC/FQHC’s encounter rate for CHC/FQHC services that is otherwise applicable under the Medicaid state plan (the “existing encounter rate”), plus an add-on.

a. The add-on is a CHC/FQHC-specific amount, as specified in the table below, divided by the corresponding CHC/FQHC’s total Medicaid FFS and managed care encounters for CHC/FQHC services covered under the Medicaid state plan for the effective period, excluding any COVID-19 isolation and recovery services furnished by CHC/FQHCs that were paid through the APM under Section E.2.a.4.

b. CHC/FQHC-Specific Add-on Table

Community Health Center/Federally Qualified Health Center Name	Add-on Total
Health Services For The Homeless Health Center	\$170,340
South End Community H C	\$987,123
Family Health Center Of Worcester, Inc	\$2,680,795
Fenway Health	\$1,623,169
Lynn Community Health Inc	\$4,353,564
Greater Lawrence Hlth Ctr	\$4,070,747
Boston Health Care For The Homeless Pine Men	\$2,516,396
Edward M Kennedy Community Health Center	\$1,901,460
Uphams Corner Health Center	\$887,924

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Charles River Community Health, Inc	\$788,281
North End Waterfront Health	\$351,087
Healthfirst Family Care Center Inc	\$728,327
Holyoke Health Center Inc	\$2,813,390
Community Health Center Cape Cod	\$901,825
Manet Community Health Center Inc	\$741,280
Community Health Center Of Franklin County Inc	\$512,490
Dimock Comm Health Center	\$1,075,159
Harbor Community Health Center Hyannis	\$1,924,580
Island Health Care	\$43,924
Mattapan Community H C	\$467,969
South Cove Comm Health Ctr	\$2,367,023
Worthington Health Center	\$405,128
Outer Cape Health Services Inc	\$600,919
Salem Family Health Center	\$943,019
Community Healthlink Inc	\$2,776,344
Harvard Street Neighborhood Health Center	\$503,343
Greater New Bedford Chc	\$1,445,749
Lowell Comm Health Ctr	\$2,959,028
Sstar-Community Health	\$1,155,567
Brockton Neighbrhd Hlt Ctr	\$3,330,483
Caring Health Center Inc	\$1,549,391
Chp Adams Internists	\$1,018,081
Duffy Health Center, Inc	\$361,822
Community Health Connections Family Health Center	\$1,599,155
Whittier Street Health Center	\$1,302,557

- a. The quotient calculated in Section E.2.b.9.a for each CHC/FQHC plus the existing encounter rate is the new encounter rate for each CHC/FQHC under this APM for all CHC/FQHC services covered under the Medicaid state plan that occurred during the effective period, excluding those paid through the APM for COVID-19 isolation and recovery services provided by CHC/FQHCs as described under Section E.2.a.4.
- b. The state will also make wrap payments, no less frequently than every four months, for managed care encounters during the effective period. The wrap payments equal the difference between these new APMs and the amount the managed care entities are obliged to pay CHC/FQHCs directly.
- c. The add-on portion of this new APM is paid to each CHC/FQHC in a monthly installment for each month of the effective period, inclusive of both FFS encounters and the managed care wrap payments. (Effective 4/1/20)

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10. DMH-licensed Psychiatric Inpatient Hospitals that meet the following criteria will be eligible for a supplemental payment:

- The hospital attests to meeting DMH’s Tier 1 or Tier 2 Infection Control Competencies / Standards and the other requirements as outlined by DMH in DMH Bulletin 20-05: COVID-19 Infection Control and Other Requirements in Response to the COVID-19 Pandemic by May 27, 2020, at 11:59 p.m., as determined by DMH;
- The hospital’s attestation and supporting documentation is accepted by DMH;
- The hospital is designated Tier 1 or Tier 2 by DMH;
- The hospital returns an executed copy of the amended psychiatric hospital contract, along with any additional documentation required therein; and
- The hospital complies with all applicable programmatic requirements, as determined by MassHealth.

Subject to compliance with all applicable federal rules and payment limits, each hospital meeting the eligibility criteria set forth above will receive a supplemental payment (whether as a lump sum or through installments) equal to \$94 for each Medicaid state plan fee-for-service date of service between April 1, 2020 and May 26, 2020 on which the hospital renders Inpatient or Administrative Day Services to an eligible member, as determined by EOHHS. (Effective 4/1/20)

11. Subject to compliance with all applicable federal rules and payment limits, a supplemental payment to Pediatric CDR Hospitals of \$800,000 a month for the months of April, May, June, and July 2020 in order to maintain services for pediatric CDRH patients. (Effective 4/1/20)

12. Subject to compliance with all applicable federal rules and payment limits, payment to temporary field hospital, Boston Hope (CDRI), set up to care for COVID patients. Payments were made for patients present in the field hospital during the months of April, May, and June 2020. (Effective 4/1/20)

ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –

Effective date (enter date of change):

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Location (list published location):

Up to the Medicare payments for equivalent services.

By the following factors:

Please describe.

Payment for services delivered via telehealth:

3. For the duration of the emergency, the state authorizes payments for telehealth services that:
- a. Are not otherwise paid under the Medicaid state plan;
 - b. Differ from payments for the same services when provided face to face;
 - c. Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

The agency will temporarily reimburse at a contracted rate for certain physician services via Telehealth when rendered by a Telehealth Network Provider, supporting member triage related to COVID-19. (Effective 3/1/20)

- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
 - i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. Other payment changes:

a. Acute Outpatient Hospitals (AOH) rendering Emergency Service Program (ESP) services, a type of AOH service, to members presenting to AOH emergency departments during behavioral health crises will be reimbursed in accordance with clinic ESP rates in Attachment 4.19-B of the State Plan. (Effective 4/01/20)

b. AOHs rendering Isolation and Recovery (I&R) services, a type of AOH Observation Service rendered to COVID-19-positive individuals lodging in safe, isolated sites, such as

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hotels and motels (I&R Sites), will be reimbursed for rendering those services pursuant to the following alternative payment methodology. Effective for dates of service on or after April 18, 2020, AOHs rendering I&R services (I&R Hospitals) will receive a weekly, hospital-specific, all-inclusive rate that shall be sufficient to cover the following allowable costs associated with the provision of I&R Services:

- i. The direct labor costs for the hospital's clinical care team, staffed appropriately to meet the clinical and administrative needs of the I&R Site.
- ii. The costs to acquire and maintain sufficient quantities of medical supplies necessary to provide I&R Services at the I&R Site.
- iii. Appropriate set-up and other one-time costs associated with the provision of I&R Services at the I&R Site, which may include information technology equipment and services, and office supplies.

To constitute an allowable cost, the costs described in paragraphs (i), (ii), and (iii) must, at a minimum, be reasonable, directly related to the provision of I&R Services, and identified in an addendum to the I&R Hospital's provider contract. No additional payment shall be made for any physician service provided in connection with an I&R Hospital's provision of I&R Services at an I&R Site. Payment pursuant to this section represents payment in full for all I&R Services rendered by an I&R Hospital at an I&R Site. (Effective for dates of service on or after April 18, 2020)

c. Eligible providers rendering remote patient monitoring services, a type of physician, acute outpatient hospital, and community health center service provided in a Member's home or residence to evaluate the Member's condition and determine the need for a higher level of care, will be reimbursed in accordance with the fee schedule available at <https://www.mass.gov/doc/administrative-bulletin-20-40-establishment-of-bundled-rate-for-remote-patient-monitoring/download>. (Effective 5/09/20); <https://www.mass.gov/doc/emergency-adoption-date-filed-july-31-2020-3/download> (Effective 8/1/2020)

d. New transportation code for wheelchair van providers transporting persons under investigation for or known to have COVID-19, with a rate that reflects the special costs of transporting individuals with COVID-19 in the emergency period, will be reimbursed in accordance with the fee schedule available at <https://www.mass.gov/doc/administrative-bulletin-20-36-101-cmr-32700-rates-of-payment-for-ambulance-and-wheelchair-van-0/download> (Effective 4/1/20 through 7/31/20); <https://www.mass.gov/doc/administrative-bulletin-20-75-101-cmr-32700-rates-of-payment-for-ambulance-and-wheelchair-van-0/download> (Effective 8/1/2020)

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Section F – Post-Eligibility Treatment of Income

1. ___ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ___ The individual’s total income
 - b. ___ 300 percent of the SSI federal benefit rate
 - c. ___ Other reasonable amount: _____

2. ___ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection

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burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

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