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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 21-0007

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

June 14, 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) Transmittal Number 21-0007

Dear Secretary Sudders:

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 March 31, 2021. This plan amendment updated the methods and standards used by Massachusetts to set payment rates for SUD clinic services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. 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,

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 2. STATE
	2 1 - 0 0 7 MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
	SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	01/01/21
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	7. FEDERAL BUDGET IMPACT
42 CFR Part 440 and 447	a. FFY <u>21</u> \$ <u>315,000</u> b. FFY <u>22</u> \$ <u>388,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
	OR ATTACHMENT (If Applicable)
Attachment 4.19-B page 1a10	Attachment 4.19-B page 1a10
Automited 4.10-b page 1a10	madiment 4.10-b page 1a10
10. SUBJECT OF AMENDMENT	
10. SUBJECT OF AMENDMENT	
An amendment regarding SUD Clinic Services	
11. GOVERNOR'S REVIEW (Check One)	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECIFIED
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
■ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Not required under 42 CFR 430.12(b)(2)(i)	
12. SIGNATURE OF CTATE ADENICY OFFICIAL	16. RETURN TO
13. TYPED NAME Marylou Sudders	The Commonwealth of Massachusetts Executive Office of Health and Human Services
14. TITLE	Office of Medicaid One Ashburton Place, Room 1109
Secretary	Boston, MA 02108
15. DATE SUBMITTED 03/31/21	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 3/31/2021	18. DATE APPROVED
3/31/2021 June 14, 2021 PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
1/1/2021	
21. TYPED NAME	22. TITLE
Todd McMillion	Director, Division of Reimbursement Review
23. REMARKS	

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

(Item h. Clinic Services, continued)

10. Substance Use Disorder Treatment Clinics

The fee-for-service rates published https://www.mass.gov/doc/rates-for-certain-substance-related-and-addictive-disorders-programs-effective-january-1-2021-0/download are effective for services provided on or after January 1, 2021.

The fee-for-service rates published on https://www.mass.gov/files/documents/2019/02/14/101-cmr-444.pdf are effective on January 25, 2019 previous published rates for identical procedure codes billed by Substance Use Disorder Treatment Clinics are superseded by the rates displayed in this fee schedule.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

TN: 021-007 Approval Date: 6/14/21 **Effective Date:** 01/01/21

Supersedes: 019-022