

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 21-0008

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 21-0008

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 CBHI 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,

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 1 - 0 0 8</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	4. PROPOSED EFFECTIVE DATE <u>01/01/21</u>	
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 <u>42 CFR Part 440 and 447</u>	7. FEDERAL BUDGET IMPACT a. FFY <u>21</u> \$ <u>0</u> b. FFY <u>22</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B pages 2C, 2D</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) <u>Attachment 4.19-B pages 2C, 2D</u>	
10. SUBJECT OF AMENDMENT <u>An amendment regarding Early and Periodic Screening, Diagnostic, and Treatment Services</u>		
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 <u>Not required under 42 CFR 430.12(b)(2)(i)</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, Room 1109 Boston, MA 02108	
13. TYPED NAME <u>Marylou Sudders</u>		
14. TITLE <u>Secretary</u>		
15. DATE SUBMITTED <u>03/31/21</u>		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED <u>March 31, 2021</u>	18. DATE APPROVED <u>June 14, 2021</u>	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2021</u>	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <u>Todd McMillion</u>	22. TITLE <u>Director, Division of Reimbursement Review</u>	
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

- t. Early and Periodic Screening, Diagnostic and Treatment services for individuals under 21 years of age, and treatment of conditions found.

The rate methodology used to create the following fee schedules for are based on a model budget that accounts for program costs (direct and indirect) and maximum productive time specific for the provision of each service. The data sources for program costs include cost reports and salary data from providers of these and other similar behavioral health services. Maximum productive time for each service was derived by assessing the time available for direct billable contacts by eligible direct care staff.

Mobile Crisis Intervention – The fee-for-service rates are effective for service provided on or after January 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Behavioral Management Therapy – The fee-for-service rates are effective for service provided on or after January 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Behavioral Management Monitoring - The fee-for-service rates are effective for service provided on or after January 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

In-Home Therapy –The fee-for-service rates are effective for service provided on or after January 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Therapeutic training and support –The fee-for-service rates are effective for service provided on or after January 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

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

Therapeutic Mentoring Services –The fee-for-service rates are effective for service provided on or after January 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Family Support and Training Services - The current fee-for-service rates are effective for service provided on or after January 1, 2021. All rates are published on <https://www.mass.gov/regulations/101-CMR-35200-rates-of-payment-for-certain-childrens-behavioral-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Applied Behavior Analyst Services – The current fee-for-service rates are effective for service provided on or after September 1, 2019. All rates are published on <https://www.mass.gov/regulations/101-CMR-35800-rates-of-payment-for-applied-behavior-analysis>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.