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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 22-0017

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 18, 2022

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) 22-0017

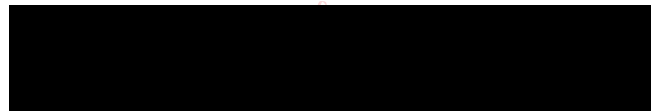
Dear Secretary Sudders:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0017. This amendment updates the state plan to add mandatory coverage of routine patient costs furnished in connection with participation in qualifying clinical trials.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 447. This letter is to inform you that Massachusetts Medicaid SPA Transmittal Number 22-0017 was approved on July 18, 2022, with an effective date of June 1, 2022.

If you have any questions, please contact Marie DiMartino at 617-565-9157 or via email at Marie.DiMartino@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations


<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 7</u></p>	<p>2. STATE <u>MA</u></p>
	<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>4. PROPOSED EFFECTIVE DATE 06/01/2022</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>22</u> \$ <u>61,000</u> b. FFY <u>23</u> \$ <u>183,000</u></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-D p. 1-2</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-D p. 1-2</p>	

9. SUBJECT OF AMENDMENT
An amendment regarding transportation 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

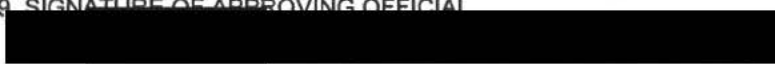
OTHER, AS SPECIFIED:
Not required under 42 CFR 430.12(b)(2)(i)

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, Room 1109 Boston, MA 02108</p>
<p>12. TYPED NAME Marylou Sudders</p>	
<p>13. TITLE Secretary</p>	
<p>14. DATE SUBMITTED 06/30/2022</p>	

FOR CMS USE ONLY

<p>16. DATE RECEIVED 06/30/22</p>	<p>17. DATE APPROVED 07/18/22</p>
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PLAN APPROVED - ONE COPY ATTACHED

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL 06/01/22</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>
<p>20. TYPED NAME OF APPROVING OFFICIAL James G. Scott</p>	<p>21. TITLE OF APPROVING OFFICIAL Director Division of Program Operations</p>

22. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Transportation

MassHealth assures necessary transportation for eligible members to and from providers of medically necessary MassHealth covered services. MassHealth provides for cost-effective, suitable transportation as follows within a reasonable geographic area.

1. Brokered Transportation – see Attachment 3.1-A, item 24.a, and Attachment 3.1-B, item 23.a. for a description of brokered transportation

**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Transportation**

2. Non-brokered Transportation

MassHealth provides non-brokered in-state non-emergency and emergency transportation through MassHealth transportation providers, which is claimed as medical assistance. MassHealth also provides for non-brokered transportation to School-Based Medicaid services, which is claimed as an administrative expense. MassHealth claims school-based transportation expenditures only when the need for transportation is provided on a specially equipped or adapted vehicle. MassHealth uses an allocation method to approximate reasonable costs for time spent receiving transportation services to Medicaid-covered services. Delivery methods for in-state non-brokered, non-emergency transportation include ground ambulance or other methods suitable to the member's condition. For in-state non-brokered non-emergency transportation claimed as medical assistance, all qualified and willing providers may participate as MassHealth providers. Such transportation is provided state-wide for any member eligible for non-emergency transportation services for whom such service is medically necessary and not otherwise furnished to such member under a selective broker contract. MassHealth makes direct payments to the MassHealth provider for such transportation services. Delivery methods for in-state non-brokered emergency transportation include ground ambulance, air ambulance, or other methods suitable to the member's condition.

MassHealth also provides for out-of-state non-brokered, non-emergency and emergency transportation by licensed carriers, which is claimed as an administrative expense. Delivery methods for out-of-state non-brokered, non-emergency transportation include airplane, bus, train, or other methods suitable to the member's condition. Prior authorization is required for out-of-state non-brokered, non-emergency transportation. Delivery methods for out-of-state non-brokered, emergency transportation include ground ambulance, air ambulance, or other methods suitable to the member's condition.

Members who use public transportation to MassHealth covered medically necessary services may receive reimbursement for their public transportation expenses. Members may also be reimbursed for expenses incurred for transportation other than public transportation. Personal reimbursement is claimed as an administrative expense.