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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 23-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 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

September 29, 2023

Kathleen E. Walsh, 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) 23-0015

Dear Secretary Walsh:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0015. This amendment adds new coverage and payment methodologies for mobile crisis intervention services under rehabilitative services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Parts 440 and 470. This letter is to inform you that Massachusetts' Medicaid SPA Transmittal Number 23-0015 was approved on September 29, 2023, with an effective date of January 1, 2023.

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

James G. Scott, Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Parts 440 and 470 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.1-A p. 3a12-3a13(NEW) Supplement to Attachment 3.1-B p.3a12-3a13(NEW) Attachment 4.19-B page 1mii (NEW)	23-0013 MA
9. SUBJECT OF AMENDMENT An amendment to add new coverage and payment methodoligies for mobile crisis intervention services under rehabilitative 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)
11, SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
12. TYPED NAME Mike Levine 13. TITLE Assistant Secretary for MassHealth 14. DATE SUBMITTED	Executive Office of Health and Human Services The Commonwealth of Massachusetts Office of Medicaid One Ashburton Place Boston, MA 02108
03/30/2023 FOR CMS USE ONLY	
16 DATE RECEIVED	17. DATE APPROVED
March 30, 2023	September 29, 2023
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2023	19. SIGNATURE OF ARREOVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS	

State Plan under Title XIX of the Social Security Act State: Massachusetts Limitations to Services Provided to the Categorically Needy

2. Mobile Crisis Intervention Services

Mobile crisis intervention provides a short-term, mobile, on-site, face-to-face crisis assessment, intervention, and stabilization to identify, assess, treat and stabilize the situation and reduce the immediate risk of danger to the individual or others consistent with the individual's risk management/safety plan, if any. Services are available 24 hours a day, 7 days a week. Services are provided where the member is located, including community-based settings, at a designated Community Behavioral Health Center, or in emergency departments Services provided in emergency departments and at designated Community Behavioral Health Centers will not be eligible for enhanced FMAP under Section 1947. Phone contact and consultation may be provided as part of initial triage and intervention and services may be provided through telehealth modalities. Services provided solely through telehealth modalities will not be eligible for enhanced FMAP under Section 1947.

Mobile crisis intervention for individuals 21 years of age or older includes the following activities when performed to resolve the immediate crisis:

- Providing short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization
- Screening for substance intoxication and withdrawal, and access to medications for opioid use disorder for induction and urgent psychopharmacology
- Developing a risk management/safety plan;
- Providing continued crisis intervention and stabilization services, including follow-up care, as clinically indicated;
- Providing a disposition plan that includes referrals to the least-restrictive, clinically
 appropriate levels of care, and follow-up instructions, including facilitation of admission to
 24-hour level of care where clinically indicated; and
- Providing care coordination with existing medical and behavioral health providers and existing social services, as clinically indicated.

Mobile crisis intervention services for individuals younger than 21 years of age are provided as described in Supplement to Attachment 3.1-A, Item 4b, and Supplement to Attachment 3.1-B, Item 4b.

CBHCs provide mobile crisis intervention services through a multidisciplinary team-based approach to individuals 21 years of age or older, including through the following qualified clinicians, or their supervised trainees: board-certified or eligible psychiatrists, psychiatric nurses, psychiatric clinical nurse specialists, licensed physicians, nurse practitioners, registered nurses, physician assistants, licensed psychologists, licensed independent clinical social workers, licensed clinical social workers, licensed mental health counselors, licensed alcohol and drug counselor Is licensed marriage and family therapists, post-master's marriage and family therapists, certified peer specialists, peer recovery coaches or recovery support navigators. Mobile crisis intervention teams may include family partners in lieu of certified peer specialists when clinically indicated based on the needs of the member. Non-licensed clinicians (including peers) and trainees provide services under the supervision of a licensed clinician or a certified peer supervisor. The multidisciplinary team must be comprised of at least two individuals, including at least one clinician capable of completing a crisis assessment within their scope of practice under state law.

TN: 23-0015 Approval Date: 09/29/23 Effective Date: 01/01/23

State Plan under Title XIX of the Social Security Act State: Massachusetts Limitations to Services Provided to the Categorically Needy

Certified peer specialist provider qualifications: A certified peer specialist is an individual trained by an agency approved by the Massachusetts Department of Mental Health (DMH). Certified peer specialists are self-identified persons with lived experience of a mental health disorder and wellness who can effectively share their experiences and serve as a mentor, advocate, or facilitator for a member experiencing a mental health disorder.

Peer recovery coach provider qualifications: A peer recovery coach is an individual with at least two years of sustained recovery who holds, or is actively working to obtain, credentialing as a Certified Addiction Recovery Coach (CARC) through the Massachusetts Board of Substance Abuse Counselor Certification, or alternative licensure or certification process, as directed by EOHHS. Peer recovery coaches must have lived experience with substance use and other addictive disorders, and/or co-occurring mental health disorders and has been trained to help their peers with similar experiences to gain hope, explore recovery, and achieve life goals.

Recovery support navigator provider qualifications: A recovery support navigator is a paraprofessional who holds a bachelor's degree in social work, psychology, or a related field. Recovery support navigators receive specialized training in the essentials of substance use disorder and evidence-based techniques.

Family Partners are those that meet the qualifications of Family Support and Training Partners set forth in Supplement to Attachment 3.1-A, Page 1j, and Supplement to Attachment 3.1-B, Page 1j.

TN: 23-0015 Approval Date: 09/29/23 Effective Date: 01/01/23

State Plan under Title XIX of the Social Security Act State: Massachusetts Amount, Duration, and Scope of Medical And Remedial Care and Services Provided to the Medically Needy

2. Mobile Crisis Intervention Services

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

B. Mobile Crisis Intervention Services

The fee-for-service rates are effective for mobile crisis intervention rehabilitative services provided by Community Behavioral Health Centers are effective for services provided on or after January 1, 2023. All rates are published on https://www.mass.gov/regulations/101-CMR-30500-rates-for-behavioral-health-services-provided-in-community-behavioral-health-centers. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

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