Table of Contents

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
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.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>23-0015</th>
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<tr>
<td>2. STATE</td>
<td>MA</td>
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**TO:** CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**3. PROGRAM IDENTIFICATION: TITLE xix OF THE SOCIAL SECURITY ACT**

**4. PROPOSED EFFECTIVE DATE**

01/01/2023

**5. FEDERAL STATUTE/REGULATION CITATION**

42 CFR Parts 440 and 470

**6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)**

- a. FFY 23 $1,640,000
- b. FFY 24 $2,150,000

**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 3mii (NEW)

**8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**

**9. SUBJECT OF AMENDMENT**

An amendment to add new coverage and payment methodologies 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

**11. SIGNATURE OF STATE AGENCY OFFICIAL**

[Redacted]

**12. TYPED NAME**

Mike Levine

**13. TITLE**

Assistant Secretary for MassHealth

**14. DATE SUBMITTED**

03/30/2023

**15. RETURN TO**

Executive Office of Health and Human Services  
The Commonwealth of Massachusetts  
Office of Medicaid  
One Ashburton Place  
Boston, MA 02108

**FOR CMS USE ONLY**

<table>
<thead>
<tr>
<th>16. DATE RECEIVED</th>
<th>March 30, 2023</th>
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<tbody>
<tr>
<td>17. DATE APPROVED</td>
<td>September 29, 2023</td>
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**PLAN APPROVED - ONE COPY ATTACHED**

<table>
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<tr>
<th>18. EFFECTIVE DATE OF APPROVED MATERIAL</th>
<th>January 1, 2023</th>
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**19. SIGNATURE OF APPROVING OFFICIAL**

[Redacted]

**20. TYPED NAME OF APPROVING OFFICIAL**

James G. Scott

**21. TITLE OF APPROVING OFFICIAL**

Director, Division of Program Operations

**22. REMARKS**

Instructions on Back
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 counselors, 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.
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.
2. Mobile Crisis Intervention Services

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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.