

## **Table of Contents**

**State Territory Name: MASSACHUSETTS**

**State Plan Amendment (SPA) #: 23-0043**

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



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**Financial Management Group**

October 11, 2023

Mike Levine, Assistant Secretary  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, Massachusetts 02108

**RE: Massachusetts State Plan Amendment (SPA) Transmittal Number 23-0043**

Dear Assistant Secretary Levine:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B of Massachusetts's state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2023. This plan amendment updates the methods and standards used to determine the rates of payment for Adult Foster Care.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1<sup>st</sup>, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@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 3 — 0 0 4 3

2. STATE  
M A

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**07/01/2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR Part 440**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 450,000  
b. FFY 24 \$ 1,713,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 4.19-B page 3b**


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Attachment 4.19-B page 3b**

9. SUBJECT OF AMENDMENT  
  
**An amendment to the payment methodologies for adult foster care 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  


12. TYPED NAME  
**Mike Levine**

13. TITLE  
**Assistant Secretary for MassHealth**

14. DATE SUBMITTED  
**09/29/2023**

15. RETURN TO  
  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, 3rd Floor  
Boston, MA 02108


**FOR CMS USE ONLY**

16. DATE RECEIVED **September 29, 2023**

17. DATE APPROVED  
**October 11, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**July 1, 2023**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**TODD MCMILLION**

21. TITLE OF APPROVING OFFICIAL  
**DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW**

22. REMARKS

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

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**Adult Foster Care (AFC)**

Adult Foster Care (AFC) - The fee-for-service rates for Adult Foster Care Services, inclusive of Group Adult Foster Care services, are effective for services provided on or after July 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-35100-rates-for-certain-adult-foster-care-services>.