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State/Territory Name: Massachusetts

State Plan Amendment (SPA)#: 23-0065

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

February 16, 2024

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) 23-0065

Dear Secretary Walsh:

Please find enclosed a corrected approval package for your Massachusetts State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0065. This amendment proposes to establish coverage and payment methods for doula services and was originally approved on February 6, 2024.

The approval package sent to Massachusetts included the following error:

- The SPA approval package included the incorrect year for the Effective Date in the footers of Supplement to Attachment 3.1-A, page 3a3-i and page 3a3-ii.

The enclosed corrected package contains the original signed approval letter, the approved CMS-179 summary form, and the corrected approved SPA pages.

If you have any questions, please contact Ambrosia Watts at (667) 414-0089 or via email at Ambrosia.Watts1@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

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

February 7, 2024

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) 23-0065

Dear Secretary Walsh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0065. This amendment proposes to establish coverage and payment methods for doula 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 440 and 470. This letter is to inform you that Massachusetts' Medicaid SPA 23-0065 was approved on February 6, 2024, with an effective date of December 8, 2023.

Enclosed are copies of the approved CMS-179 summary form and the approved SPA pages to be incorporated into the Massachusetts State Plan.

If you have any questions, please contact Ambrosia Watts at (667) 414-0089 or via email at Ambrosia.Watts1@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 6 5

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

12/08/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440 and 470

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

a. FFY 24 \$ 715,000

b. FFY 25 \$ 715,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A page 6
Supplement to Attachment 3.1-A pp. 3a3-i, 3a3-ii (NEW)
Attachment 3.1-B page 5
Supplement to Attachment 3.1-B pp. 3a3-i, 3a3-ii (NEW)
Attachment 4.19-B page 1ii (NEW)

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

Attachment 3.1-A page 6
Attachment 3.1-B page 5

9. SUBJECT OF AMENDMENT

An amendment to establish coverage and payment methods for doula 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

[Redacted Signature]

12. TYPED NAME

Mike Levine

13. TITLE

Assistant Secretary for MassHealth

14. DATE SUBMITTED

12/29/2023

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

12/29/2023

17. DATE APPROVED

2/6/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

12/8/2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director
Division of Program Operations

22. REMARKS

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 Categorically Needy

OMB No.: 0938-0673

b. Screening services.

- Provided: No limitations With limitations*
 Not provided.

c. Preventive services.

- Provided: No limitations With limitations*
 Not provided.

The state covers and reimburses all USPSTF grade A and B preventive services and approved vaccines recommended by ACIP, and their administration, without cost-sharing. The state has documentation available to support the claiming of federal match for such services and has a method to ensure that, as changes are made to USPSTF or ACIP recommendations, it will update coverage and billing codes to comply with those revisions.

d. Rehabilitative services.

- Provided: No limitations With limitations*
 Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

- Provided: No limitations With limitations*
 Not provided.

b. Skilled nursing facility services.

- Provided: No limitations With limitations*
 Not provided.

c. Intermediate care facility services.

- Provided: No limitations With limitations*
 Not provided.

* Description provided on **Supplement to Attachment 3.1-A.**

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 Categorically Needy

In addition to all other medically necessary services covered for individuals under age 21, the services described in Item 1 below are covered as preventive services as defined in 42 USC 1396d(a)(13). These services are provided to, or directed exclusively toward, the Medicaid eligible individual:

Item 1: Doula Services

A. Definitions

The following terms used in this Item 1 have the meanings below unless the context clearly requires a different meaning:

Doula - A qualified professional who provides non-medical emotional, informational, and physical support to individuals and families during pregnancy, delivery, and the post-pregnancy period.

Labor and Delivery. Childbirth or delivery of a fetus following pregnancy, inclusive of all pregnancy outcomes.

Perinatal. The period encompassing pregnancy and labor and delivery, through 12 months following delivery, inclusive of all pregnancy outcomes.

B. Provider Qualifications

The state has established the following minimum qualifications for Doulas. Prior to rendering doula services to Medicaid beneficiaries, a doula must:

- a. be at least 18 years old.
- b. complete trainings related to the state Medicaid agency doula services program, as required by the state Medicaid agency.
- c. demonstrate competency in the areas described in subsection c.i below. Such competency may be demonstrated either through submitting proof of formal training to the state Medicaid agency as described in subsection c.ii below or submitting proof of experience to the state Medicaid agency as described in subsection c.iii below. Whether such proof demonstrates the competencies described in subsection c.i is subject to the review and approval of the state Medicaid agency.
 - i. Required Competences: Doulas must demonstrate a basic understanding of the following topics:
 1. maternal anatomy and physiology during the perinatal period;
 2. common medical interventions during the perinatal period;
 3. common potential complications associated with the perinatal period;
 4. labor and delivery comfort measures;
 5. best practices for supporting Medicaid beneficiaries in advocating for their needs and making informed decisions using a trauma-informed approach; and
 6. basic newborn care.

**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 Categorically Needy**

- ii. Required proof of formal training. Doulas must provide:
 - 1. A certificate of completion or other proof of doula training(s) attended and/or proof of doula certification by a doula certifying organization; and
 - 2. An attestation, in a manner and format determined by the state Medicaid agency, stating that the completed doula training(s) covered the required competencies listed in subsection c.i. above.
- iii. Required proof of experience. In a manner and format determined by the state Medicaid agency, doulas must provide:
 - 1. Recommendations from at least three different former clients for whom the doula provided doula services within the last five years; and
 - 2. Recommendations from at least two different licensed health care providers, such as physicians, midwives, social workers, or nurses, who observed the doula providing doula services within the last five years.

C. Covered Services

Doula services are preventative services as defined in 42 USC 1396d(a)(13) and must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under state law. The state covers the following doula services:

- a. up to eight hours of perinatal visits per perinatal period per Medicaid beneficiary without prior authorization. Perinatal visits above these limits require prior authorization.
- b. labor and delivery support, one per perinatal period.

The state does not cover doula services for purposes other than those identified in this Section C. Any services requiring clinical or medical licensure are not covered.

Amount, Duration and Scope of Services Provided Medically Needy Groups

Aged, Disabled, AFDC and Under 21 (cont.)

c. Prosthetic devices.

- Provided: No limitations With limitations*
 Not provided.

d. Eyeglasses.

- Provided: No limitations With limitations*
 Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

- Provided: No limitations With limitations*
 Not provided.

b. Screening services.

- Provided: No limitations With limitations*
 Not provided.

c. Preventive services.

- Provided: No limitations With limitations*
 Not provided.

The state covers and reimburses all USPSTF grade A and B preventive services and approved vaccines recommended by ACIP, and their administration, without cost-sharing. The state has documentation available to support the claiming of federal match for such services and has a method to ensure that, as changes are made to USPSTF or ACIP recommendations, it will update coverage and billing codes to comply with those revisions.

d. Rehabilitative services.

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a. Inpatient hospital services.

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* Description provided on attachment.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical
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State Plan under Title XIX of the Social Security Act
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Amount, Duration, and Scope of Medical
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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

m. Other diagnostic, screening, preventive, and rehabilitative services (continued)

1. Preventive Services

- E. The fee-for-service rates for doula services are effective for services provided on or after December 8, 2023. All rates are published at <https://www.mass.gov/regulations/101-CMR-31900-rates-for-doula-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.