

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 23-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

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November 16, 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) 23-0008

Dear Secretary Walsh:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0008. This amendment updates the coverage and payment methodologies for substance use disorder clinic 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 Part 440. This letter is to inform you that Massachusetts' Medicaid SPA Transmittal Number 23-0008 was approved on November 15, 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](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by  
James G. Scott -S  
Date: 2023.11.16  
13:34:37 -06'00'

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 <u>2 3 — 0 0 0 8</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <b>01/01/2023</b>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>23</u> \$ <u>0</u> b. FFY <u>24</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement to Attachment 3.1-A page 3-ix Supplement to Attachment 3.1-B page 3-ix Attachment 4.19.B page 1a10	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Supplement to Attachment 3.1-A page 3-ix Supplement to Attachment 3.1-B page 3-ix Attachment 4.19-B page 1a10

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

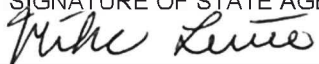
5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR Part 440**

9. SUBJECT OF AMENDMENT  
An amendment to update the coverage and payment methodologies for substance use disorder clinic 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  
03/30/23

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

**FOR CMS USE ONLY**

16. DATE RECEIVED 03/30/23	17. DATE APPROVED 11/15/23
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/23	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.11.16 13:35:07 -06'00'
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

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(Item 9 Clinic Services, continued)

**j. Substance Use Disorder Treatment Clinics**

MassHealth covers diagnosis and treatment of behavioral health disorders, and related services, at substance use disorder treatment clinics.

MassHealth covers medication assisted treatment for opioid dependency at opioid treatment programs, in accordance with applicable clinical standards.

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 Groups

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(Item 9 Clinic Services, continued)

**j. Substance Use Disorder Treatment Clinics**

MassHealth covers diagnosis and treatment of behavioral health disorders, and related services, at substance use disorder treatment clinics.

MassHealth covers medication assisted treatment for opioid dependency at opioid treatment programs, in accordance with applicable clinical standards.

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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(Item h. Clinic Services, continued)

10. Substance Use Disorder Treatment Clinics

The fee-for-service rates published <https://www.mass.gov/regulations/101-CMR-34600-rates-for-certain-substance-related-and-addictive-disorders-programs> are effective for services provided on or after **January 1, 2023**.

The fee-for-service rates published on <https://www.mass.gov/regulations/101-CMR-44400-rates-for-certain-substance-use-disorder-services-0> are effective on January 1, 2023 previous published rates for identical procedure codes billed by Substance Use Disorder Treatment Clinics are superseded by the rates displayed in this fee schedule.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.