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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 21-0031

This file contains the following documents in the order listed:

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

December 21, 2021

MaryLou Sudders, 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) 21-0031

Dear Secretary Sudders:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0031. This amendment updates the state plan to allow physician assistant, nurse practitioner, clinical nurse specialist to prescribe/order durable medical equipment (DME) 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 440.70. This letter is to inform you that Massachusetts Medicaid SPA Transmittal Number 21-0031 was approved December 15, 2021 and effective August 6, 2021.

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

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

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

1. TRANSMITTAL NUMBER
21-031

2. STATE
MA

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

4. PROPOSED EFFECTIVE DATE
08/06/2021

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.70

7. FEDERAL BUDGET IMPACT
a. FFY 21 \$ 0
b. FFY 22 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

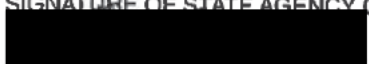
Supplement to Attachment 3.1-A, Page 2A and Supplement to Attachment 3.1-B, Page 2a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A, Page 2A and Supplement to Attachment 3.1-B, Page 2a

10. SUBJECT OF AMENDMENT
An amendment regarding the durable medical equipment program.

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
Not required under 42 CFR 430.12(b)(2)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Marylou Sudders
14. TITLE
Secretary
15. DATE SUBMITTED
09/30/21

16. RETURN TO

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108


FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 09/30/3031

18. DATE APPROVED 12/15/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
08/06/2021

20. SIGNATURE OF REGIONAL OFFICIAL


21. TYPED NAME
James G. Scott

22. TITLE Director
Division of Program Operations

23. REMARKS

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

Item 7: Home Health Services

- c. Medical supplies, equipment, and appliances must be prescribed or ordered by the recipient's physician, physician assistant, nurse practitioner, clinical nurse specialist and must be furnished and claimed directly by appropriate vendors in accordance with the MassHealth Agency's regulations relative to drugs, restorative services, and rehabilitative services. Home health agencies must transmit such prescriptions and orders to vendors who are providers in the MassHealth Program.
Medical supplies, equipment and appliances are provided in accordance with 42 CFR 440.70.

Item 8: Private Duty Nursing Services

- a. Private duty nursing services are provided in accordance with 42 CFR 440.80
- b. Private duty nursing services are not provided in a hospital or skilled nursing facility.
- c. Private duty nursing services are subject to prior authorization

State Plan under Title XIX of the Social Security Act
State: Massachusetts
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