Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 18-010

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 JFK Federal Building, Government Center Room 2275 Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations/Boston Regional Office

June 13, 2018

Marylou Sudders, Secretary Executive Office of Health and Human Services One Ashburton Place, Room 1109 Boston, Massachusetts 02108

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No.18-010 submitted to CMS on March 30, 2018. This SPA was submitted to revise your approved Title XIX State plan to update the payment regulation citations and effective dates for substance use disorder clinic services. This SPA has been approved effective January 1, 2018.

Enclosed is a copy of the following approved State plan page.

• Attachment 4.19-B, page 1a10.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal Associate Regional Administrator

Enclosure/s

Cc (via e-mail): Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB No. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	<u>1 8 0 1 0</u>	STATE 1A THE SOCIAL	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01/01/18		
5. TYPE OF PLAN MATERIAL <i>(Check One)</i>	_		
NEW STATE PLAN AMENDMENT TO BE CON		NDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI		nent)	
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447	7. FEDERAL BUDGET IMPACT a. FFY <u>2018</u> \$ <u>10,100</u> b. FFY <u>2019</u> \$ <u>0</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 1a10	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
	Attachment 4.19-B page 1a10		
10. SUBJECT OF AMENDMENT			
SUD Reg Citation			
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED Not required under 42 CFR 430.12(b))(2)(i)	
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO		
/s/ 13. TYPED NAME Marylou Sudders 14. TITLE Secretary 15. DATE SUBMITTED 03/30/18	aela Konefal ate Plan Coordinator cecutive Office of Health and Human Services fice of Medicaid ne Ashburton Place, 11th Floor oston, MA 02108		
	DFFICE USE ONLY		
17. DATE RECEIVED 03/30/2018	18. DATE APPROVED 06/13/2018		
19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2018	20. SIGNATURE OF REGIONAL OFFICIAL /s.	/	
21. TYPED NAME Richard R. McGreal	22. TITLE Associate Regional Administrator, Division of Health Operations, Boston, MA	Associate Regional Administrator, Division of Medicaid & Children's	
23. REMARKS	<u> </u>		

SPA 18-010

OFFICIAL

(Item h. Clinic Services, continued)

<u>10. Substance Use Disorder Treatment Clinics</u> The fee-for-service rates published on <u>http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-</u> <u>cmr-346-00.pdf</u> are effective for services provided on or after **January 1, 2018**.

The fee-for-service rates published on <u>https://www.mass.gov/files/documents/2018/02/02/101-</u> <u>cmr-444.pdf</u> are effective on **February 9, 2018**. All 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.