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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 19-008

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



Boston Regional Operations Group

June 19, 2019

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. 19-008, submitted to CMS on March 29, 2019. This SPA was submitted to revise your approved Title XIX State plan to update the payment methodology for Community Health and Mental Health Center services. This SPA was approved on June 17, 2019, with an effective date of January 26, 2019.

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

- Attachment 4.19-B, page 1a9.

If you have any questions regarding this matter you may contact Julie McCarthy at (781) 961-1070 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Francis T. McCullough, Director
Division of Medicaid Field Operations East (Boston)

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1</u> <u>9</u> — <u>0</u> <u>0</u> <u>8</u>	2. STATE MA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/26/2019	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447		7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>2,678,000</u> b. FFY <u>2020</u> \$ <u>3,942,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 1a9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B page 1a9	
10. SUBJECT OF AMENDMENT Community Health and Mental Health Center Rates			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED Not required under 42 CFR 430.12(b)(2)(i)	
12. SIGNATURE OF STATE AGENCY OFFICIAL /s/		16. RETURN TO Kaela Konefal State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108	
13. TYPED NAME Marylou Sudders			
14. TITLE Secretary			
15. DATE SUBMITTED 03/29/2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 03/29/2019		18. DATE APPROVED 06/17/2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 01/26/2019		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Francis T. McCullough		22. TITLE Division of Medicaid Field Operations East (Boston)	
23. REMARKS			

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

(Item h. Clinic Services, continued)

9. Mental Health Centers

The fee-for-service rates are effective for service provided on or after January 26, 2019. All rates are published on <https://www.mass.gov/regulations/101-CMR-30600-rates-of-payment-for-mental-health-services-provided-in-community-health>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.