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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 19-009

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. 19-009, submitted to CMS on March 29, 2019. This SPA was submitted to revise your approved Title XIX State plan to update the payment methodology and coverage provisions for Substance Use Disorder Treatment Clinic services. This SPA was approved on June 17, 2019, with an effective date of January 1, 2019.

Enclosed are copies of the following approved State plan pages.

- Supplement to Attachment 3.1-A, page 3-ix;
- Supplement to Attachment 3.1-B, page 3-ix; and
- Attachment 4.19-B, page 1a10.

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 9 — 0 0 9</u>	2. STATE <u>MA</u>
	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 <u>01/01/2019</u>
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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 <u>42 CFR Part 440 and 42 CFR Part 447</u>	7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>404,000 - \$503,000</u> b. FFY <u>2020</u> \$ <u>536,000 - \$672,000</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement to Attachment 3.1-A page 3-ix Supplement to Attachment 3.1-B page 3-ix Attachment 4.19-B page 1a10</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) <u>Supplement to Attachment 3.1-A page 3-ix Supplement to Attachment 3.1-B page 3-ix Attachment 4.19-B page 1a10</u>
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10. SUBJECT OF AMENDMENT

Substance Use Disorder Clinics Services and Rates

11. GOVERNOR'S REVIEW (*Check One*)

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

12. SIGNATURE OF STATE AGENCY OFFICIAL <u>/s/</u>	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 <u>Marylou Sudders</u>	
14. TITLE <u>Secretary</u>	
15. DATE SUBMITTED <u>03/29/2019</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <u>03/29/2019</u>	18. DATE APPROVED <u>06/17/2019</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>01/01/2019</u>	20. SIGNATURE OF REGIONAL OFFICIAL <u>/s/</u>
21. TYPED NAME <u>Francis T. McCullough</u>	22. TITLE <u>Director, Division of Medicaid Field Operations East (Boston)</u>

23. 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

(Item 9 Clinic Services, continued)

j. Substance Use Disorder Treatment Clinics

MassHealth covers individual, group, and family/couple substance abuse rehabilitative counseling, case consultation, and acupuncture detoxification at substance abuse outpatient counseling programs.

MassHealth covers medication assisted treatment for opioid dependency at opioid treatment service centers, in accordance with applicable clinical standards. Prior authorization is required for buprenorphine.

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

(Item 9 Clinic Services, continued)

j. Substance Use Disorder Treatment Clinics

MassHealth covers individual, group, and family/couple substance abuse rehabilitative counseling, case consultation, and acupuncture detoxification at substance abuse outpatient counseling programs.

MassHealth covers medication assisted treatment for opioid dependency at opioid treatment service centers, in accordance with applicable clinical standards. Prior authorization is required for buprenorphine.

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)

10. Substance Use Disorder Treatment Clinics

The fee-for-service rates published on <https://www.mass.gov/files/documents/2018/12/13/101-cmr-346.pdf> are effective for services provided on or after **January 1, 2019**.

The fee-for-service rates published on <https://www.mass.gov/files/documents/2019/02/14/101-cmr-444.pdf> are effective on **January 25, 2019** 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.