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**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 21-0001-A**

**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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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February 04, 2022

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 Disaster Relief SPA 21-0001-A

Dear Secretary Sudders:

We have reviewed the proposed amendment to add section 7.4-B. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Massachusetts Medicaid state plan, as submitted under transmittal number (TN) 21-0001-A. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.


We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 21-0001-A is approved effective January 1, 2021.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Marie DiMartino at 617-565-9157 or by email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov) if you have any questions about this approval.

Sincerely,  
Alissa M.  
Deboy -S

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

 Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.02.04  
08:08:54 -05'00'

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>21-001-A</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>01/01/21</u>	

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  Title 19 of the Social Security Act, Section 1135 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 21 _____ \$ <u>0</u> b. FFY 22 _____ \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 7.4 Recissions to the State's Disaster Relief Policies or the COVID-19 National Emergency	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT

Recission of temporary rate increase for behavioral health services

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 REGIONAL ADMINISTRATOR 	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
13. TYPED NAME Marylou Sudders	
14. TITLE Secretary	
15. DATE SUBMITTED 11/17/21	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <u>11/17/21</u>	18. DATE APPROVED <u>2/04/22</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>1/1/21</u>	20. SIGNATURE OF REGIONAL ADMINISTRATOR Digitally signed by Alissa M. DeBoy -S Date: 2022.02.04 08:09:22 -05'00'
21. TYPED NAME <u>Alissa Mooney DeBoy</u>	22. TITLE <u>Alissa Mooney DeBoy</u> On behalf of AnneMarie Costello, Deputy Director Center for Medicaid and CHIP Services
23. REMARKS	

State/Territory: \_\_\_MA\_\_\_\_\_

#### 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective August 1, 2020, EOHHS rescinds the election at E.2.b.ii. of section 7.4 (approved on July 17, 2020 in SPA Number 20-0008) of the state plan to provide:

1. **Applied Behavior Analysis** service rates will temporarily receive a 10% rate increase based on projected increase in costs of operating during the emergency period associated with increased staffing, equipment and decreases in projected utilization.
2. **Certain Children and Behavioral Health Initiative** service rates will temporarily receive a 10% rate increase based on projected increase in costs of operating during the emergency period associated with increased staffing, equipment, and decreases in projected utilization.
3. **Early Intervention** service rates will temporarily receive a 10% rate increase based on projected increase in costs of operating during the emergency period associated with increased staffing, equipment and decreases in projected utilization.
4. **Psychologist service** rates will temporarily receive a 10% rate increase based on projected increase in costs of operating during the emergency period associated with the increase in equipment/tools and the decrease in utilization.
5. **SUD Clinic Service** rates will temporarily receive a 10% rate increase based on projected increase in costs of operating during the emergency period associated with the increase in equipment/tools and the decrease in utilization.