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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 21-0009

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 14, 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) Transmittal Number 21-0009

Dear Secretary Sudders:

We have reviewed the proposed Massachusetts State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2021. This plan amendment updated the methods and standards used by Massachusetts to set payment rates for Home Health services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or James.Moreth@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>21-009</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 01/01/21
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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 42 CFR Part 440 and 447	7. FEDERAL BUDGET IMPACT a. FFY 21 \$ 4,270,000 b. FFY 22 \$ 5,240,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 2a-7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B page 2a-7
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10. SUBJECT OF AMENDMENT

An amendment regarding Home 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

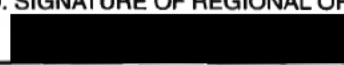
Not required under 42 CFR 430.12(b)(2)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL 	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 03/31/21	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 31, 2021	18. DATE APPROVED June 14, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

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

7. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Home Health Services. The agency's fee schedule rate was set as of January 1, 2021 and is effective for services provided on or after that date. All rates are published at <https://www.mass.gov/regulations/101-CMR-35000-home-health-services>.

B. Alternative Prospective Payment System

In accordance with Chapter 236 of the Act of 2000, which authorizes the Division of Medical Assistance (the Division) to enter into contracts with certain home health agencies to provide prospective payments for services. The payment structure is a 30-day episodic all-inclusive fee for all home health services provided to an eligible MassHealth member, which includes skilled nursing, home health aide, physical therapy, occupational therapy and speech/language therapy. The rate per episode is based on applicable class rates applied to the provider's average course of treatment provided to members over the course of 30-day initial and subsequent episodes. EOHHS, having subsumed the Division's authority, will pay providers under this alternative system if:

1. they are organized as a not-for-profit entity;
2. in fiscal year 1999, they delivered more than 10% of all Massachusetts Medicaid reimbursed skilled nursing visits and more than 15% of all such home health aide services; and
3. in the determination of EOHHS, provide services that are essential to ensure access to home health services for medical assistance recipients.