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**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 21-0042**

**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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 25, 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 State Plan Amendment (SPA) 21-0042

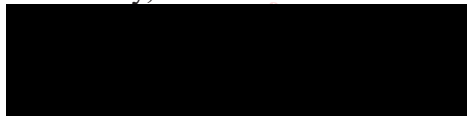
Dear Secretary Sudders:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0042. This amendment amends Attachment 3.1-D of the state plan to comply with the requirements for assurance of Medicaid coverage for non-emergency medically-related transportation in accordance with section 209 of the Consolidated Appropriations Act of 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447. This letter is to inform you that Massachusetts Medicaid SPA Transmittal Number 21-0042 was approved March 25, 2022, with an effective December 27, 2021.

If you have any questions, please contact Marie DiMartino at 617-565-9157 or via email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 1 - 0 0 4 2</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <del>XIX</del> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
12/27/2021

5. FEDERAL STATUTE/REGULATION CITATION  
42 U.S.C. 1396a(a)(87)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 22 \$ \$0  
b. FFY 23 \$ \$0


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 3.1-D p. 1-2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Attachment 3.1-D p. 1-2

9. SUBJECT OF AMENDMENT  
  
An amendment to confirm compliance with NEMT provider and driver provisions under the Consolidated Appropriations Act of 2021

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:  Not required under 42 CFR 430.12(b)(2)(i)
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Marylou Sudders

13. TITLE  
Secretary

14. DATE SUBMITTED  
12/30/2021

15. RETURN TO  
  
Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

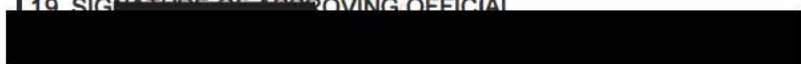
**FOR CMS USE ONLY**

16. DATE RECEIVED  
12/30/2021

17. DATE APPROVED March 25, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
12/27/2021

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director  
Division of Program Operations

22. REMARKS

**State Plan under Title XIX of the Social Security Act**  
**State: Massachusetts**  
**Transportation**

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MassHealth assures necessary transportation for eligible members to and from providers of medically necessary MassHealth covered services. MassHealth provides for cost-effective, suitable transportation as follows within a reasonable geographic area. For all non-emergency medical transportation, MassHealth has mechanisms to ensure that providers meet the following minimum standards:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

1. Brokered Transportation – see Attachment 3.1-A, item 24.a, and Attachment 3.1-B, item 23.a. for a description of brokered transportation

**State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Transportation**

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**2. Non-brokered Transportation**

MassHealth provides non-brokered in-state non-emergency and emergency transportation through MassHealth transportation providers, which is claimed as medical assistance. MassHealth also provides for non-brokered transportation to School-Based Medicaid services, which is claimed as an administrative expense. MassHealth claims school-based transportation expenditures only when the need for transportation is provided on a specially equipped or adapted vehicle. MassHealth uses an allocation method to approximate reasonable costs for time spent receiving transportation services to Medicaid-covered services. Delivery methods for in-state non-brokered, non-emergency transportation include chair car, ground ambulance, or other methods suitable to the member's condition. For in-state non-brokered non-emergency transportation claimed as medical assistance, all qualified and willing providers may participate as MassHealth providers. Such transportation is provided state-wide for any member eligible for non-emergency transportation services for whom such service is medically necessary and not otherwise furnished to such member under a selective broker contract. MassHealth makes direct payments to the MassHealth provider for such transportation services. Delivery methods for in-state non-brokered emergency transportation include ground ambulance, air ambulance, or other methods suitable to the member's condition.

MassHealth also provides for out-of-state non-brokered, non-emergency and emergency transportation by licensed carriers, which is claimed as an administrative expense. Delivery methods for out-of-state non-brokered, non-emergency transportation include airplane, bus, train, or other methods suitable to the member's condition. Prior authorization is required for out-of-state non-brokered, non-emergency transportation. Delivery methods for out-of-state non-brokered, emergency transportation include ground ambulance, air ambulance, or other methods suitable to the member's condition.

Members who use public transportation to MassHealth covered medically necessary services may receive reimbursement for their public transportation expenses. Members may also be reimbursed for expenses incurred for transportation other than public transportation. Personal reimbursement is claimed as an administrative expense.