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State/Territory Name: MA

State Plan Amendment (SPA) #: 22-0031

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 Page

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

December 20, 2022

Marylou Sudders, Secretary
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

RE: Massachusetts State Plan Amendment (SPA) Transmittal Number 22-0031

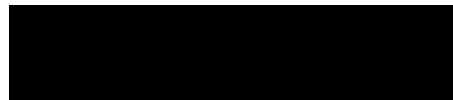
Dear Secretary Sudders:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B of Massachusetts's state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30th, 2022. This plan amendment updates payment methodology to revise the rates for home health services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1st, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,



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>22-0031</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <u>07/01/2022</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR Part 440</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>22</u> \$ <u>758,700</u> b. FFY <u>23</u> \$ <u>2,783,700</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B page 2a-07</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B page 2a-07</u>

9. SUBJECT OF AMENDMENT

An amendment regarding home health services

10. GOVERNOR'S REVIEW (Check One)

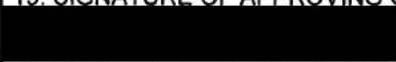
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CFR 430.12(b)(2)(i)
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
12. TYPED NAME <u>Marylou Sudders</u>	<u>The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, Room 1109 Boston, MA 02108</u>
13. TITLE <u>Secretary</u>	
14. DATE SUBMITTED <u>09/30/2022</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>09/30/22</u>	17. DATE APPROVED <u>December 19, 2022</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>07/01/22</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>

22. 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 for base rates was set as of January 1, 2021 and is effective for services provided on or after that date. All base rates are published at <https://www.mass.gov/regulations/101-CMR-35000-home-health-services>. Add-on rates for home health aide services were set as of July 1, 2022 and are effective for services provided on or after July 1, 2022 through June 30, 2023. Add-on rates are published at <https://www.mass.gov/doc/emergency-adoption-date-filed-september-2-2022-0/download>.

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.