

## **Table of Contents**

**State/Territory Name: MA**

**State Plan Amendment (SPA) #: 22-0034**

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



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**Financial Management Group**

March 2, 2023

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 22-0034**

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 December 30<sup>th</sup>, 2022. This plan amendment revises the payment rates for adult day health services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1<sup>st</sup>, 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](mailto: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 - 0034</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>10/01/2022</b>
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5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR Part 440</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <sup>23</sup> \$ <u>16,440,000</u> b. FFY <sup>24</sup> \$ <u>15,480,000</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B page 11	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 4.19-B page 11
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9. SUBJECT OF AMENDMENT  
  
An amendment regarding adult day health

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

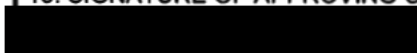
OTHER, AS SPECIFIED:  
 Not required under 42 CFR 430.12(b)(2)(i)

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

**FOR CMS USE ONLY**

16. DATE RECEIVED 12/30/2022	17. DATE APPROVED March 2, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2022	19. SIGNATURE OF APPROVING OFFICIAL 
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20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review
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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

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**m. Other diagnostic, screening, preventive, and rehabilitative services (continued)**

1. Preventive Services

C. The fee-for-service rates for adult day health services are effective for services provided on or after October 1, 2022. All rates are published on <https://www.mass.gov/regulations/101-CMR-31000-adult-day-health-services>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.