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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 22-0043

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

January 24, 2023

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) 22-0043

Dear Secretary Sudders:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0043. This amendment adds provider qualifications to indicate that private duty nursing services may be provided by either independent nurses or agency-based providers.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 447. This letter is to inform you that Massachusetts' Medicaid SPA Transmittal Number 22-0043 was approved on January 20, 2023, with an effective date of October 1, 2022. Enclosed is a copy of the approved CMS-179 summary form, as well as the approved SPA pages for incorporation into the Massachusetts State Plan.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 2 - 0 0 4 3</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
10/01/2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 23 \$ 0
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A page 2a
Supplement to Attachment 3.1-B page 2a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)


Supplement to Attachment 3.1-A page 2a
Supplement to Attachment 3.1-B page 2a

9. SUBJECT OF AMENDMENT

An amendment to add continuous skilled nursing as a qualified provider type under private duty nursing

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
12/30/2022

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


FOR CMS USE ONLY

16. DATE RECEIVED
12/30/2022

17. DATE APPROVED
01/20/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2022

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
Limitations to Services Provided

Item 7: Home Health Services

- c. Medical supplies, equipment, and appliances must be prescribed or ordered by the recipient's physician, physician assistant, nurse practitioner, clinical nurse specialist and must be furnished and claimed directly by appropriate vendors in accordance with the MassHealth Agency's regulations relative to drugs, restorative services, and rehabilitative services. Home health agencies must transmit such prescriptions and orders to vendors who are providers in the MassHealth Program.
Medical supplies, equipment and appliances are provided in accordance with 42 CFR 440.70.

Item 8: Private Duty Nursing Services

- a. Private duty nursing services are provided in accordance with 42 CFR 440.80
- b. Private duty nursing services are not provided in a hospital or skilled nursing facility
- c. Private duty nursing services are subject to prior authorization
- d. Private duty nursing services may be provided by either independent nurses or agency-based providers

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