

Table of Contents

State Territory Name: MASSACHUSETTS

State Plan Amendment (SPA) #: 24-0008

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

September 6, 2024

Mike Levine, Assistant Secretary
The Commonwealth of Massachusetts Executive Office of
Health and Human Services Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108

RE: TN 24-0008

Dear Assistant Secretary Levine:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Massachusetts state plan amendment (SPA) to Attachment 4.19-B 24-0008, which was submitted to CMS on March 29, 2024. This plan amendment updates rates for Targeted Case Management for eligible members of Department of Children and Families Services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of March 1, 2024. 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 Debi Benson at 312-886-0360 or via email at Deborah.Benson@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

2 4 — 0 0 0 8

2. STATE

M A

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

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

4. PROPOSED EFFECTIVE DATE
03/01/2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 440.169 et seq.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 1,407,000
b. FFY25 \$ 2,400,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B p.2Aiv

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B p.2Aiv

9. SUBJECT OF AMENDMENT

Targeted Case Management for members eligible for Department of Children and Families services

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

12. TYPED NAME
Mike Levine

13. TITLE
Assistant Secretary for MassHealth

14. DATE SUBMITTED
3/29/2024

15. RETURN TO

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, 3rd Floor
Boston, MA 02108

FOR CMS USE ONLY

16. DATE RECEIVED
March 29, 2024

17. DATE APPROVED
September 6, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

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

b. Costs for TCM provided by DCF state staff are accumulated and recognized after expenses are incurred. These costs are accumulated and allocated based on the aforementioned Cost Allocation Plan and RMTS. The cost recognition process is based on an allocation of employee salaries and actual expenditures for overhead expenses according to the DCF Cost Allocation Plan, and does not include interim payments or cost settlement.

c. Certified Public Expenditure (CPE) – On a quarterly basis, DCF will submit a certification of public expenditures which includes the CMS approved Certification Statement, and describes the agency’s calculation of costs, and are completed in accordance with the principles and standards for determining costs as described in 2 CFR Part 200 and 45 CFR Part 75. The costs reflected in the CPE will only include costs for Medicaid services provided to Medicaid-eligible children. Payments to DCF will be made quarterly after the Commonwealth has claimed the cost for federal match.

4. Random Moment Time Study results. Three RMTS moments will be used for claiming purposes:

- a. Conducting/updating a family assessment and action plan; and
- b. Monitoring progress toward achieving goals in a family assessment and action plan.
- c. Referring children and families to services or resources outlined in the action plan.