

## **Table of Contents**

**State Territory Name: MASSACHUSETTS**

**State Plan Amendment (SPA) #: 24-0021**

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



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**Financial Management Group**

September 16, 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 24-0021

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 24-0021, which was submitted to CMS on June 28, 2024. This plan amendment establishes a supplemental payment for Mental Health Centers.

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 June 19, 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](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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>2 4 - 0 0 2 1</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>06/19/2024</b>
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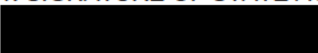
5. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR Part 440</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <sup>24</sup> \$ <u>4,597,000</u> b. FFY <sup>25</sup> \$ <u>4,597,000</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B page 1a9</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Attachment 4.19-B page 1a9</b>
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9. SUBJECT OF AMENDMENT  
  
**An amendment to update payment methodologies for mental health centers**

10. GOVERNOR'S REVIEW (Check One)

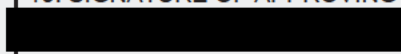
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	<b>Not required under 42 CFR 430.12(b)(2)(i)</b>
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO  Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place Boston, MA 02108
12. TYPED NAME <b>Mike Levine</b>	
13. TITLE <b>Assistant Secretary for MassHealth</b>	
14. DATE SUBMITTED <b>06/28/24</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>June 28, 2024</b>	17. DATE APPROVED <b>September 16, 2024</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>June 19, 2024</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>

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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(Item h. Clinic Services, continued)

9. Mental Health Centers

The fee-for-service rates are effective for service provided on or after January 1, 2023. All rates are published on <https://www.mass.gov/regulations/101-CMR-30600-rates-for-mental-health-services-provided-in-community-health-centers-and-mental-health-centers>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Effective June 19, 2024, mental health center providers that fall into one of the defined Supplemental Payment Groups described below will be eligible for a supplemental payment, subject to EOHHS reporting requirements. The aggregate amount of funding available for these supplemental payments is \$15.6 million. This supplemental payment will expire by its own terms upon the expenditure of all funds as described below. Supplemental payments will be made in two installments prior to December 31, 2024 and will be determined using the following methodology:

- (1) **Eligibility.** Supplemental payments for mental health centers will be made by establishing Group A and Group B supplemental payments with two separate eligibility criteria:
  - a. Group A will consist of the mental health centers affiliated with the thirty (30) provider organizations with the highest unduplicated member count served in Calendar Year 2023, as determined by EOHHS.
  - b. Group B will consist of the mental health centers affiliated with an organization that receives a threshold composite score of two (2) points out of a maximum of eight (8) points. The composite score will be determined from points awarded to organizations as follows: Operation of the only mental health center within that geographic area (3 points); Operation of a mental health center designated as a behavioral health urgent care center (2 points); Operation of a mental health center within the geographic areas with the greatest utilization of emergency department services (1 point) and/or behavioral health inpatient services (1 point); and registration in the Massachusetts Supplier Diversity Program Directory of Certified business prior to June 1, 2024 (1 point).Eligible mental health centers may only receive payment under either Group A or Group B. If an eligible mental health center receives either Group A or Group B funding, no other mental health center associated with the organization of providers under the same tax identification number may receive a supplemental payment.
- (2) **Group A Supplemental Payments.** Supplemental payments to Group A mental health centers will equal a total aggregate amount of \$7.8 million. Each Group A mental health center will receive a minimum of \$120,000 with the remainder of funding distributed according to calculation by EOHHS across the eligible Group A mental health centers based proportionally on the number of unduplicated members who received behavioral health outpatient services during calendar year 2023.
- (3) **Group B Supplemental Payments.** Supplemental payments to Group B mental health centers will equal a total aggregate amount of \$7.8 million. Each Group B mental health center will receive a minimum of \$120,000, with the remainder of funding distributed according to calculation by EOHHS across the eligible Group B mental health centers based proportionally on the number of unduplicated members who received behavioral health outpatient services during calendar year 2023.