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State Territory Name: MASSACHUSETTS

State Plan Amendment (SPA) #: 24-0022

This file contains the following documents in the order

listed: 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

August 14, 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 24-0022

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 24-0022, which was submitted to CMS on June 28, 2024. This plan amendment updates rates for Prosthetic 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 April 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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 TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 1h	2. STATE 2. 4 — 0 0 2 2 M A 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT 4. PROPOSED EFFECTIVE DATE 4/01/2024 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 24 \$ 622,000 b. FFY 25 \$ 1,240,000 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B page 1h
9. SUBJECT OF AMENDMENT An amendment to update the payment methodologies for prosthetic devices, including orthotics.	
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 6/28/2024	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	17. DATE APPROVED
June 28, 2024 PLAN APPROVED - O	August 14, 2024
	19. SIGNATURE OF APPROVING OFFICIAL
April 1, 2024	10. SIGNATORE STATE OF THE STATE
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	Director, Division of Reimbursement Review
22. REMARKS	2.100.01, DIVIDIO OF TOTAL DATE OF TOTAL OF TOTA

State Plan under Title XIX of the Social Security Act State: Massachusetts Methods and Standards for Establishing Payment Rates – Other Types of Care

1. Prescribed drugs, dentures, prosthetic devices, and eyeglasses (continued)

3. Prosthetic Devices

The fee-for-service rates are effective for services provided on or after April 1, 2024. All rates are published on https://www.mass.gov/regulations/101-CMR-33400-prostheses-prosthetic-devices-and-orthotic-devices. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

TN: 24-0022 Approval Date: August 14, 2024 Effective: 04/01/2024

Supersedes: 018-023