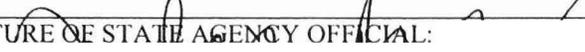


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>08-004</b>	2. STATE <b>MA</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>04/01/09</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 U.S.C. 1396a(a)(43), 1396d(r), 1396a(a)(10), 1396d(a)(13), 42 CFR 440.130; 42 CFR 441 subpart B,</b>		7. FEDERAL BUDGET IMPACT:  <b>a. FFY09 \$ 17,254,500. b. FFY10 \$ 90,744,500.</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Supplement to Attachment 3.1-A page 1a, 1b, 1c, and 1d Supplement to Attachment 3.1-B page 1a, 1b, 1c, and 1d Attachment 4.19-B page 2c</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): <b>Supplement to Attachment 3.1-A page 1a Supplement to Attachment 3.1-B page 1a</b>	
10. SUBJECT OF AMENDMENT: <b>Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <b>42 CMR 430.12(b)(2)(ii)</b>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11<sup>th</sup> Floor Boston, MA 02108</b>	
13. TYPED NAME: <b>Dr. Judy Ann Bigby</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>03/24 /08</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>03/25/2008</b>		18. DATE APPROVED: <b>06/04/2009</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>04/01/2009</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Richard R. McGreal</b>		22. TITLE: <b>Associate Regional Administrator, DMCHO</b>	
23. REMARKS: <b>During CMS' review of this SPA, changes to the State plan language submitted by EOHHS required changes to the information originally submitted on this CMS-179. These changes were mutually agreed to by CMS and EOHHS. These changes are: Item 7 changed to read "a. FFY09 \$1,900,000" and "b. FFY10 \$59,400,000"; Item 8 changed so that the page numbers of of the plan attachment are Supplement to Attachment 3.1-A pages 1a-1n, Supplement to Attachment 3.1-B pages 1a-1n, and Attachment 4.19-B pages 2e-2d.</b> Item 19 indicates that the overall effective date of this SPA is 04/01/2009, but the effective dates of the individual services are as follows: Mobile Crisis Intervention - 07/01/2009; In-Home Behavioral Services - 10/01/2009; In-Home Therapy Services - 11/1/2009; Therapeutic (continued)			

(continued) Mentoring Services - 10/01/2009; and Family Support and Training - 07/01/2009.

At the request of EOHHS, Crisis Stabilization services were removed from this SPA.