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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 24-0011

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages

MA - Submission Package - MA2024MS00020 - (MA-24-0011) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 03, 2024

Kate Walsh
Secretary
Executive Office of Health and Human Services/Office of Medicaid
One Ashburton Place, 11th Floor
Boston, MA 02108

Re: Approval of State Plan Amendment MA-24-0011

Dear Secretary Walsh,

On March 29, 2024, the Centers for Medicare and Medicaid Services (CMS) received Massachusetts State Plan Amendment (SPA) MA-24-0011, in which the state proposed to eliminate the resource test for the following eligibility groups: Qualified Medicare Beneficiaries; Specified Low-Income Medicare Beneficiaries; and Qualifying Individuals.

We approve Massachusetts State Plan Amendment (SPA) MA-24-0011 with an effective date(s) of March 01, 2024.

If you have any questions regarding this amendment, please contact Ambrosia Watts at ambrosia.watts1@cms.hhs.gov

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

MA - Submission Package - MA2024MS0002O - (MA-24-0011) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS0002O | MA-24-0011

CMS-10434 OMB 0938-1188

Package Header

Package ID	MA2024MS0002O	SPA ID	MA-24-0011
Submission Type	Official	Initial Submission Date	3/29/2024
Approval Date	05/03/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Massachusetts

Medicaid Agency Name: Executive Office of Health and Human Services/Office of Medicaid

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

Package Header

Package ID MA2024MS00020
Submission Type Official
Approval Date 05/03/2024
Superseded SPA ID N/A

SPA ID MA-24-0011
Initial Submission Date 3/29/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID MA-24-0011

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	3/1/2024	MA-22-0019
Qualified Medicare Beneficiaries	3/1/2024	MA-22-0026
Specified Low Income Medicare Beneficiaries	3/1/2024	MA-22-0026
Qualifying Individuals	3/1/2024	MA-22-0026

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

Package Header

Package ID	MA2024MS00020	SPA ID	MA-24-0011
Submission Type	Official	Initial Submission Date	3/29/2024
Approval Date	05/03/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives A State Plan Amendment to eliminate the resource test for the Medicare Savings Programs

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

42 CFR 435.601(d)(1)(l) and SSA 1902(r)(2) to the extent they apply to 1902(a)(10)(E) and 1905(p)_

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

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Approval Date	05/03/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Not required under 42 CFR 430.12(b)(2) (i)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS0002O | MA-24-0011

CMS-10434 OMB 0938-1188

Package Header

Package ID	MA2024MS0002O	SPA ID	MA-24-0011
Submission Type	Official	Initial Submission Date	3/29/2024
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Superseded SPA ID	MA-22-0019		
	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

Package Header

Package ID	MA2024MS00020	SPA ID	MA-24-0011
Submission Type	Official	Initial Submission Date	3/29/2024
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Superseded SPA ID	MA-22-0019		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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MA - Submission Package - MA2024MS0002O - (MA-24-0011) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS0002O | MA-24-0011

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MA2024MS0002O	SPA ID	MA-24-0011
Submission Type	Official	Initial Submission Date	3/29/2024
Approval Date	05/03/2024	Effective Date	3/1/2024
Superseded SPA ID	MA-22-0026		
	System-Derived		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

Package Header

Package ID	MA2024MS00020	SPA ID	MA-24-0011
Submission Type	Official	Initial Submission Date	3/29/2024
Approval Date	05/03/2024	Effective Date	3/1/2024
Superseded SPA ID	MA-22-0026		
	System-Derived		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
 - Between the following percentages of the FPL: **FPL 100.00%**
 - Between the medically needy income limit and a percentage of the FPL: **and FPL 190.00%**
 - Between the SSI Federal Benefit Rate and:
 - Between other income standards:

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

Package Header

Package ID	MA2024MS00020	SPA ID	MA-24-0011
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C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

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F. Additional Information (optional)

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Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS0002O | MA-24-0011

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MA2024MS0002O	SPA ID	MA-24-0011
Submission Type	Official	Initial Submission Date	3/29/2024
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Superseded SPA ID	MA-22-0026		
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The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

Package Header

Package ID	MA2024MS00020	SPA ID	MA-24-0011
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Superseded SPA ID	MA-22-0026		
	System-Derived		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL: **FPL 120.00%**
- Between the medically needy income limit and a percentage of the FPL: **and**
- Between the SSI Federal Benefit Rate and: **FPL 210.00%**
- Between other income standards:

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

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C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

Package Header

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F. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS0002O | MA-24-0011

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MA2024MS0002O	SPA ID	MA-24-0011
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Superseded SPA ID	MA-22-0026		
	System-Derived		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

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Superseded SPA ID	MA-22-0026		
	System-Derived		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
 - Between the following percentages of the FPL: **FPL 135.00%**
 - Between the medically needy income limit and a percentage of the FPL: **and FPL 225.00%**
 - Between the SSI Federal Benefit Rate and:
 - Between other income standards:

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

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C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MA2024MS00020 | MA-24-0011

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