
Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: MA-14-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Massachusetts consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

DEC 22 2014

Robin Callahan
Deputy Medicaid Director
Massachusetts Executive Office of Health and Human Services
Office of Medicaid
1 Ashburton Place, 11th Floor
Boston, MA 02108

Dear Ms. Callahan:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your Children's Health Insurance Program (CHIP) state plan amendment (SPA) number MA-14-0003, submitted on January 23, 2014, with additional information provided on December 10, 2014. This SPA relates to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

The SPA number MA-14-0003 indicates the state's coverage of children in its title XXI-funded Medicaid program by age group and MAGI-equivalent income standards. A copy of the approved state plan page (CS3) and an explanatory supporting document are attached, and both should be incorporated into the state's approved CHIP state plan in a new Section 4.0. These pages supersede the current Medicaid expansion information of the approved CHIP state plan, currently located in Section.6.

Your title XXI project officer is Mr. Martin Burian. He is available to answer questions concerning this amendment. Mr. Burian's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-3246
Facsimile: (410) 786-5882
E-mail: Martin.Burian@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Mr. Burian and to Mr. Richard McGreal, Associate Regional Administrator in our Boston Regional Office. Mr. McGreal's address is:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations

JFK Federal Building
15 New Sudbury St, Room 2325
Boston, MA 02203-0003

If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs, at (410) 786-0719. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,



Eliot Fishman
Director

Enclosures

cc:
Richard McGreal, ARA, CMS Region I

Control Panel

General Information

File Management

Tribal Input

Summary

Children's Health Insurance Program Eligibility: Summary Page

State/Territory Massachusetts

name: **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MA-14-0003

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 457.320(a)(2) and (3)

Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 450 out of 2000

This SPA confirms XXI Medicaid Expansion income eligibility. Authority for XXI claiming is through our 1115 demonstration waiver as well as the Title XXI State Plan. Note that the Title XXI income standards listed in the SPA are for children who are uninsured at time of application. Children at these income

Signature of State Agency Official

Submitted By: Alison Kirchgasser

Last Revision: Dec 11, 2014

Date:

Submit Date: Jan 23, 2014

BACK

CONTINUE



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MA - 14 - 0003

Expiration date: 10/31/2014

Eligibility for Medicaid Expansion Program **CS3**

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	<input type="text" value="0"/>	<input type="text" value="1"/>	185	200	X
+	<input type="text" value="1"/>	<input type="text" value="6"/>	133	150	X
+	<input type="text" value="6"/>	<input type="text" value="18"/>	114	150	X
+	<input type="text" value="18"/>	<input type="text" value="19"/>	0	150	X

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

V.20140415

Title XXI Claiming for Medicaid Expansion; Pre-CHIP Medicaid Upper Income Limit

TRANSMITTAL NUMBER:

CHIP SPA MA-14-0003

STATE:

Massachusetts

The age and income levels at which CMS authorizes Massachusetts to begin claiming enhanced match from the state's title XXI allotment for Medicaid expenditures are based on the historical operation of the Medicaid program in Massachusetts, including the MassHealth section 1115 demonstration, as of March 31, 1997.