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State/Territory Name: Ocucej wugwu

State Plan Amendment (SPA) #: OC/43/2238

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



Children and Adults Health Programs Group

August 30, 2021

Amanda Cassel Kraft
Assistant Secretary for MassHealth
Commonwealth of Massachusetts,
Department of Health and Human Services, Office of Medicaid
1 Ashburn Place, 11th Floor Room 1109
Boston, MA 02108

Dear Ms. Kraft:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) MA-21-0016 submitted on June 30, 2021 has been approved. This SPA aligns the strategic objectives and goals in section 9 of the state plan with those reported in Massachusetts' CHIP Annual Report, as described below. SPA MA-21-0016 has a July 1, 2020 effective date.

Through this SPA, Massachusetts updates its strategic objectives related to CHIP enrollment and reducing the number of uninsured children. The corresponding goals set by the state in order to meet these objectives are to maintain an overall children's uninsurance rate of no more than 1.5 percent, maintain or reduce the uninsurance rate for Hispanic children under the age of 19 at or below 1.5 percent, maintain or increase the number of Affordable Care Act Certified Application Counselor Assistants at 1,000 or more individuals across 100 or more Assister sites statewide, and maintain or increase the percentage of CHIP children enrolled in premium assistance at 2.5 percent or more of overall CHIP enrollment. To measure progress on these goals, the state will utilize data from the American Community Survey, eligibility and enrollment data, and state records. This SPA also removes outdated objectives and goals from section 9 of the state plan that Massachusetts no longer includes in the CHIP Annual Report.

Your title XXI project officer is Tess Hines. Tess is available to answer questions concerning this amendment and other CHIP-related issues. Tess's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-0435
Mary.Hines@cms.hhs.gov

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If you have any questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Amy Lutzky/

Amy Lutzky
Deputy Director

**State Plan under title XXI of the Social Security Act
Children's Health Insurance Program
Commonwealth of Massachusetts**

Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements

1.1. The state will use funds provided under Title XXI primarily for (Check appropriate box) (Section 2101(a)(1)); (42 CFR 457.70):

Guidance: Check below if child health assistance shall be provided primarily through the development of a separate program that meets the requirements of Section 2101, which details coverage requirements and the other applicable requirements of Title XXI.

1.1.1 Obtaining coverage that meets the requirements for a separate child health program (Sections 2101(a)(1) and 2103); OR

Guidance: Check below if child health assistance shall be provided primarily through providing expanded eligibility under the State's Medicaid program (Title XIX). Note that if this is selected the State must also submit a corresponding Medicaid SPA to CMS for review and approval.

1.1.2. Providing expanded benefits under the State's Medicaid plan (Title XIX) (Section 2101(a)(2)); OR

Guidance: Check below if child health assistance shall be provided through a combination of both 1.1. and 1.2. (Coverage that meets the requirements of Title XXI, in conjunction with an expansion in the State's Medicaid program). Note that if this is selected the state must also submit a corresponding Medicaid state plan amendment to CMS for review and approval.

1.1.3. A combination of both of the above. (Section 2101(a)(2))

1.1-DS The State will provide dental-only supplemental coverage. Only States operating a separate CHIP program are eligible for this option. States choosing this option must also complete sections 4.1-DS, 4.2-DS, 6.2-DS, 8.2-DS, and 9.10 of this SPA template. (Section 2110(b)(5))

1.2 Check to provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 Check to provide an assurance that the State complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age

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Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

- 1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

[SPA #24 \(Conforming Edits #2\) \(TN 021-016\)](#)

[Submission date: June 30, 2021](#)

[Approval date:](#)

[Effective date: July 1, 2020](#)

[Implementation date: July 1, 2020](#)

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Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements

1.4 Superseding Pages of MAGI CHIP State Plan Material

State: Massachusetts

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
MA-14-0013 Approval Date: 09/22/2014 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS7	Eligibility – Targeted Low Income Children	Supersedes sections Geographic Area 4.1.1, Age 4.1.2, all but the “transfer of income” language in Income 4.1.3 and the prenatal language in 4.1.9
		CS9	Eligibility - Coverage From Conception to Birth	
		CS15	MAGI-Based Income Methodologies	
MA-14-0003 Approval Date: 12/22/2014 Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes Medicaid Expansion eligibility information in section 6
MA-14-0005 Approval Date: 04/15/2014 Effective/Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	A reference to this SPA is included in the Medicaid Expansion eligibility portion of section 6
MA-13-0026 Approval Date: 05/05/2014 Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes all of section 4.3 except for the precedence language pertaining to Medicaid and the richest benefits and all of section 4.4 except for the Express Lane Renewal language

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Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
MA-14-0006 Approval Date: 09/22/2014 Effective/Implementation Date: January 1, 2014	Non-Financial Eligibility	CS17	Non-Financial Eligibility – Residency	Supersedes section 4.1.5, with the exception of the 2 scenario examples
		CS18	Non-Financial Eligibility – Citizenship	Supersedes the citizenship and immigration language in 4.1.9
		CS19	Non-Financial Eligibility – Social Security Number	Supersedes the social security number language in 4.1.9
		CS20	Non-Financial Eligibility – Substitution of Coverage	Supersedes section 4.4.4
		CS21	Non-Financial Eligibility – Non-Payment of Premiums	Supersedes section 8.7
		CS28	Non-Financial Eligibility – Presumptive Eligibility for Children	Supersedes the language on Presumptive Eligibility for Standard and Family Assistance in sections 4.1.9 and 4.3

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Verification of Tribal Consultation is attached.

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Section 9. Strategic Objectives and Performance Goals and Plan Administration

Guidance: States should consider aligning its strategic objectives with those discussed in Section II of the CHIP Annual Report.

9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

Objective 1 - Reduce the number of uninsured children

Objective 2 – Objective Related to CHIP Enrollment

Guidance: Goals should be measurable, quantifiable and convey a target the State is working towards.

- ~~• Develop programs to expand health coverage while maximizing employer-sponsored health insurance to low-income children.~~
- ~~• Expand access to health coverage for low-income uninsured children.~~
- ~~• Improve the efficiency of the eligibility determination process.~~
- ~~• Improve the health status and well-being of children enrolled in MassHealth direct coverage programs.~~
- ~~• Coordinate with other health care programs—specifically the state-funded Children's Medical Security Plan (CMSP), to create a seamless system for low-income children in need of health care.~~

9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

Objective 1, Goal 1 - Maintain an overall children's uninsurance rate of no more than 1.5%. Data source is American Community Survey/census data.

Objective 1, Goal 2 - Maintain or reduce the uninsurance rate for Hispanic children under the age of 19 at or below 1.5%. Data source is American Community Survey/census data.

Objective 2, Goal 1 - Maintain or increase the number of Affordable Care Act (ACA) Certified

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Application Counselor (CAC) Assister sites at 100 or higher statewide. Data source is state records.

Objective 2, Goal 2 - Maintain or increase the percentage of CHIP children enrolled in premium assistance at 2.5% or more of overall MassHealth CHIP child enrollment. Data source is eligibility/enrollment data.

Objective 2, Goal 3 - Maintain or increase the number of ACA Certified Application Counselor (CAC) Assistants at 1,000 individuals or more statewide. Data source is state records.

Guidance: The State should include data sources to be used to assess each performance goal. In addition, check all appropriate measures from 9.3.1 to 9.3.8 that the State will be utilizing to measure performance, even if doing so duplicates what the State has already discussed in Section 9.

It is acceptable for the State to include performance measures for population subgroups chosen by the State for special emphasis, such as racial or ethnic minorities, particular high-risk or hard to reach populations, children with special needs, etc.

HEDIS (Health Employer Data and Information Set) 2008 contains performance measures relevant to children and adolescents younger than 19. In addition, HEDIS 3.0 contains measures for the general population, for which breakouts by children's age bands (e.g., ages < 1, 1-9, 10-19) are required. Full definitions, explanations of data sources, and other important guidance on the use of HEDIS measures can be found in the HEDIS 2008 manual published by the National Committee on Quality Assurance. So that State HEDIS results are consistent and comparable with national and regional data, states should check the HEDIS 2008 manual for detailed definitions of each measure, including definitions of the numerator and denominator to be used. For states that do not plan to offer managed care plans, HEDIS measures may also be able to be adapted to organizations of care other than managed care.

- ~~• Develop programs to expand health coverage while maximizing employer-sponsored health insurance to low-income children.

 - ~~▪ Implement MassHealth Family Assistance Expansion for Children in SFY 2006.~~~~
- ~~• Expand access to health coverage for low-income children.

 - ~~▪ Reduce the number of uninsured children in the Commonwealth.~~~~
- ~~• Improve the efficiency of the eligibility determination process.~~

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- ~~▪ Develop a streamlined eligibility process by eliminating certain verifications.~~
- ~~▪ Further enhance the fully automated eligibility determination system.~~
- ~~• Improve the health status and well being of children enrolled in MassHealth direct coverage programs.~~
 - ~~▪ Improve the delivery of well child care by measuring the number of well child visits and implementing improvement activities as appropriate.~~
 - ~~▪ Improve the immunization rates by measuring the rate of immunization administration and implementing improvement activities as appropriate.~~
- ~~• Coordinate with other health care programs, specifically the state funded Children's Medical Security Plan (CMSP) to create a seamless system for low income children in need of health care.~~
 - ~~▪ Enroll all CMSP members eligible for MassHealth prior to July 1, 1998.~~

9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the State's performance, taking into account suggested performance indicators as specified below or other indicators the State develops: (Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

~~As described in (.5), an independent annual evaluation of the state plan will be conducted by the University of Massachusetts Medical Center (UMMC).~~

The state will determine progress towards the objectives and goals listed above by reviewing ACS/census data, eligibility/enrollment data and state records to determine the state's performance in meeting the objectives and goals and the measures checked below.

Check the applicable suggested performance measurements listed below that the State plans to use: (Section 2107(a)(4))

- 9.3.1. The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.
- 9.3.2. The reduction in the percentage of uninsured children.
- 9.3.3. The increase in the percentage of children with a usual source of care.
- 9.3.4. The extent to which outcome measures show progress on one or more of the health problems identified by the state.
- 9.3.5. HEDIS Measurement Set relevant to children and adolescents younger than 19.
- 9.3.6. Other child appropriate measurement set. List or describe the set used.
- 9.3.7. If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:

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- 9.3.7.1. Immunizations
- 9.3.7.2. Well childcare
- 9.3.7.3. Adolescent well visits
- 9.3.7.4. Satisfaction with care
- 9.3.7.5. Mental health
- 9.3.7.6. Dental care
- 9.3.7.7. Other, list:

9.3.8. Performance measures for special targeted populations.

~~1. Develop programs to expand health coverage while maximizing employer sponsored health insurance to low income children.~~

~~Implement MassHealth Family Assistance Expansion for Children in State Fiscal Year 2006.~~

~~MassHealth will measure the number of applicants with access to employer sponsored health insurance that enrolled in their employer sponsored health insurance plan. MassHealth will also measure the increase in children who are insured through employer sponsored health insurance, and the reduction in the number of children in the free care pool.~~

~~2. Expand access to health coverage for low income uninsured children.~~

~~Reduce the number of uninsured children in the Commonwealth.~~

~~Decrease in the ratio of uninsured to insured children from 2:3 to 1:9.~~

~~3. Improve the efficiency of the eligibility determination process.~~

~~Develop a streamlined eligibility process by enhancing matching activities.~~

~~Expand Virtual Gateway capabilities.~~

~~Determine 90% of applicants the eligibility status within 15 days receipt of a completed MassHealth Benefit Request (MBR).~~

~~4. Improve the health status and well being of children enrolled in MassHealth direct coverage programs.~~

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~~Improve the delivery of well child care by measuring the number of well child visits and implementing improvement activities as appropriate.~~

~~Improve the immunization rates by measuring the rate of immunization administration and implementing improvement activities as appropriate.~~

~~MassHealth will measure improvements in well child visits rate and immunization status rates through the use of HEDIS data, encounter data and PCC Profile Reports.~~

~~5. Coordinate with other health care programs—specifically the state-funded Children’s Medical Security Plan (CMSP), to create a seamless system for low income children in need of health care.~~

~~Automatically enroll all newly eligible CMSP members eligible for MassHealth July-September 2006. Provide advance notice and information about new comprehensive benefits. Expedite enrollment into health plans.~~

~~MassHealth will measure the number of children who were enrolled in CMSP prior to July 1, 2006 to those who enroll with MassHealth after July 1, 2006.~~

9.4. The State assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1)) (42CFR 457.720)

Guidance: The State should include an assurance of compliance with the annual reporting requirements, including an assessment of reducing the number of low-income uninsured children. The State should also discuss any annual activities to be undertaken that relate to assessment and evaluation of the program.

9.5. The State assures it will comply with the annual assessment and evaluation required under Section 10. Briefly describe the State’s plan for these annual assessments and reports. (Section 2107(b)(2)) (42CFR 457.750)

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MassHealth will conduct an annual assessment and evaluation of the effectiveness of the state plan by measuring the decrease in the uninsurance rate for children, the increase in the number of children with premium assistance for employer-sponsored (ESI) health coverage as well as the numbers of Certified Application Counselors (CACs) and CAC Sites. MassHealth will use census data including the Current Population Survey (CPS) and the American Community Survey (ACS) to calculate the baseline and measurement number of uninsured/covered low-income children in the state. MassHealth will use eligibility and enrollment data to calculate the baseline and measurement number of MassHealth enrolled children with premium assistance for ESI. MassHealth will use state records to calculate the baseline and measurement numbers of CACs and CAC sites. This information will be included in the annual CHIP report.

~~An independent annual evaluation of the state plan will be coordinated by the University of Massachusetts Medical Center (UMMC). This evaluation will:~~

- ~~• measure the effectiveness of the state plan according the goals and measurements described in sections 9.1, 9.2 and 9.3.~~
- ~~• evaluate the characteristics of the children and families assisted in the state plan. These characteristics include age, family income, health insurance status before and after implementation.~~
- ~~• assess the length of time a member is eligible for the Family Assistance as compared to the length of time the member is enrolled in the plan.~~
- ~~• measure the quality of health coverage for members of MassHealth Family Assistance and MassHealth Standard along with MassHealth's overall quality assurance program, described in section 7.1.~~
- ~~• collect and evaluate summary information from employer sponsored health insurance plans for those members who receive premium assistance from MassHealth.~~

9.6. The State assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3)) (42CFR 457.720)

Guidance: The State should verify that they will participate in the collection and evaluation of data as new measures are developed or existing measures are revised as deemed necessary by

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CMS, the states, advocates, and other interested parties.

- 9.7. The State assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed. (42CFR 457.710(e))
- 9.8. The State assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a State under Title XIX: (Section 2107(e)) (42CFR 457.135)
- 9.8.1. Section 1902(a)(4)(C) (relating to conflict of interest standards)
- 9.8.2. Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)
- 9.8.3. Section 1903(w) (relating to limitations on provider donations and taxes)
- 9.8.4. Section 1132 (relating to periods within which claims must be filed)

Guidance: Section 9.9 can include discussion of community-based providers and consumer representatives in the design and implementation of the plan and the method for ensuring ongoing public involvement. Issues to address include a listing of public meetings or announcements made to the public concerning the development of the children's health insurance program or public forums used to discuss changes to the State plan.

- 9.9. Describe the process used by the State to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c)) (42CFR 457.120(a) and (b))

MassHealth involved the public in the design and implementation of the Title XXI State Plan at various forums. The state legislative process which authorized the basic design and funding for Massachusetts's Health Care Reform of 2006 included robust public exchange allowing various constituencies to voice their concerns.

To implement the 2006 changes MassHealth conducted a number of meetings throughout the state to obtain feedback on: the proposed benefit packages, the cost sharing proposal, the coordination strategy with the Children's Medical Security Plan, and various outreach activities. These groups included:

- Children's health care advocates such as: Health Care For All, Mass. Law Reform Legal Services, and other advocacy organizations;
- Health care providers such as: the Massachusetts Medical Society, the Massachusetts Hospital Association, and Primary Care Clinicians (PCCs) at various regional

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meetings;

- EOHHS's Child and Adolescent workgroup (consisting of representatives from: Department of Public Health, Department of Youth Services, Massachusetts Chapter of the Academy of Pediatrics, Alliance for Young Families, Boston Medical Center, Department of Social Services, Mass. Advocacy, Martha Elliot Health Center, Boston Department of Health and Hospitals, Children's League of Massachusetts, and Children's Hospital);
- School nurses;
- State agencies such as: the Department of Public Health, the Division of Health Care Finance and Policy, the Executive Office of Health and Human Services, and the Executive Office of Administration and Finance.

Since implementing the CHIP program in August 1998, MassHealth has continued to involve the public in the program, [including as described above for changes implemented in 2006](#). MassHealth also holds a quarterly meeting of its Medical Care Advisory Committee to discuss pertinent issues regarding Medicaid and CHIP and hosts a monthly meeting of health care advocates. In addition, MassHealth continues to actively involve the provider community in the MassHealth program. For example, MassHealth is part of the Massachusetts Health Quality Partners, and meets as needed with the Massachusetts Medical Society and the Massachusetts [Health and](#) Hospital Association. MassHealth continues to sponsor and provide leadership for the Massachusetts Health Care Training Forum (MTF) program, which provides an opportunity to share information on MassHealth operations and policy changes and health care reform program and policy updates to health care organizations and community agencies that serve MassHealth members, the uninsured, and underinsured.

- 9.9.1** Describe the process used by the State to ensure interaction with Indian Tribes and organizations in the State on the development and implementation of the procedures required in 42 CFR 457.125. States should provide notice and consultation with Tribes on proposed pregnant women expansions. (Section 2107(c)) (42CFR 457.120(c))

Mashpee Wampanoag Tribe: The MassHealth Director of Outreach and Education sent an email on 7/28/10 to the tribe's Health Director, MassHealth Insurance Coordinator and Outreach and Enrollment Specialist, suggesting a consultation policy consisting of quarterly meetings (both in-person and by conference call)

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with email contact between meetings as needed. The Health Director, the Health and Human Services Liaison to the Tribal Council, the MassHealth Insurance Coordinator, and the Outreach and Enrollment Specialist, sent an email to the MassHealth Director of Outreach and Education on 8/2/10 confirming that the tribe agrees with this approach.

Wampanoag Tribe of Gay Head (Aquinnah): During a conference call on 9/15/10 with the Chairwoman and the Acting Health Director of the tribe, the MassHealth Director of Outreach and Education and the Member Education Clinical Coordinator suggested a consultation policy consisting of quarterly meetings (both in-person and by conference call) with email contact between meetings as needed. The Chairwoman and the Acting Health Director confirmed on the call that they agreed with this approach.

During quarterly consultation calls on January 19, 2011, the representatives from the Mashpee Wampanoag Tribe, the Wampanoag Tribe of Gay Head (Aquinnah) and the Indian Health Programs confirmed that they considered any State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects to have a direct effect on Tribal members. The Commonwealth will therefore seek advice and feedback from the Tribes and Indian Health Program on all such changes to be submitted to CMS.

Native American Lifelines of Boston: During a conference call on 10/27/11 with the Acting Site Director, the MassHealth Director of Outreach and Education suggested a consultation policy consisting of quarterly meetings (both in-person and by conference call) with email contact between meetings as needed. The Acting Site Director confirmed on the call that he agreed with this approach.

During quarterly consultation calls on January 19, 2011, the representatives from the Mashpee Wampanoag Tribe, the Wampanoag Tribe of Gay Head (Aquinnah) and the Indian Health Programs confirmed that the Commonwealth will raise issues identified as having a direct effect on the Tribes in the quarterly consultation calls or via email at least a month in advance of submission to CMS; and when notice is provided in calls or via email, the Tribes will have at least two weeks to respond with advice to the Commonwealth. For major initiatives the Commonwealth will notify the Tribes early in the process of development through the stakeholder processes associated with each initiative. These stakeholder processes ask stakeholders, including the Tribes, to give us their advice and feedback on the initiatives.

During the call on October 27, 2011 with Native American Lifelines of Boston, the

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Acting Site Director indicated he agreed with the approach and timeframes for consultation as described above.

In addition, MassHealth attends "consultation model" regional meetings that states, CMS, and the local tribes and tribal organizations attend. These meetings have been very beneficial to convey and address current issues and tribal needs. Also, MassHealth has a designated staff member in our Member Services Unit who deals with and is responsible for Indian and tribal issues.

~~MassHealth is also committed to consulting with the Tribes in Massachusetts to share its goals of increasing retention. MassHealth will solicit the Tribes' input on how to make their members aware of the Express Lane Renewal process. The Tribes will be provided with updates on Express Lane Renewal during quarterly conference calls. In addition, MassHealth will remain in full compliance with this State Plan Amendment by obtaining the Tribes' advice and responding to their concerns within the required timelines. MassHealth will work cooperatively with the Tribes on Express Lane Renewal.~~

- 9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), describe how and when prior public notice was provided as required in 42 CFR457.65(b) through (d).

~~MassHealth provided talking points on applied behavior analysis (ABA) coverage to customer service staff, to Navigators and to advocates to help get notice out to parents that medically necessary ABA services were available to their children. MassHealth's managed care entities will begin coverage of ABA in October of 2015~~

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~~and the plan materials will include information about ABA coverage.~~

9.9.3 Describe the State's interaction, consultation, and coordination with any Indian tribes and organizations in the State regarding implementation of the Express Lane eligibility option.

MassHealth is also committed to consulting with the Tribes in Massachusetts to share its goals of increasing retention. MassHealth will solicited the Tribes' input on how to make their members aware of the Express Lane Renewal process. The Tribes will be were provided with updates on Express Lane Renewal during quarterly conference calls. In addition, MassHealth will remain in full compliance with this State Plan Amendment by obtaining the Tribes' advice and responding to their concerns within the required timelines. MassHealth will work cooperatively with the Tribes on Express Lane Renewal.

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9.10 Provide a 1-year projected budget.

A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
 - projected expenditures for the separate child health plan, including but not limited to expenditures for targeted low income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc. All cost sharing, benefit, payment, eligibility need to be reflected in the budget.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
 - Total 1-year cost of adding prenatal coverage
 - Estimate of unborn children covered in year 1

Table 9-1 on page 11 provides projected CHIP expenditures for FFY 2021. The non-federal share of the funds is all state funds, with one exception: The Commonwealth received a four-year grant on February 17, 2009 from the Robert Wood Johnson (RWJ) Foundation to support MassHealth's increased enrollment and retention of children. The Commonwealth will use the RWJ grant as state matching funds. The state funds are

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appropriated annually from the Commonwealth's General Fund.

CHIP Amendment #24	CHIP Conforming Edits #2	Cost Projections of Approved CHIP Plan	Total
	FFY2021	FFY 2021	FFY 2021
State's enhanced FMAP rate	65.00%	65.00%	65.00%
Benefit Costs			
Insurance payments	\$0	\$26,315,116	\$26,315,116
Managed Care	\$0	\$378,344,136	\$378,344,136
per member/per month rate @ # of eligible	\$0	\$292	\$292
Fee for Service	\$0	\$436,672,513	\$436,672,513
Total Benefit Costs	\$0	\$841,331,766	\$841,331,766
(offsetting beneficiary cost sharing payments)	\$0	\$0	\$0
Net Benefit Costs	\$0	\$841,331,766	\$841,331,766
Administrative Costs			
Personnel	\$0	\$0	\$0
General Administration	\$0	\$26,219,285	\$26,219,285
Contractors/Brokers	\$0	\$0	\$0
Claims Processing	\$0	\$0	\$0
Outreach/marketing costs	\$0	\$0	\$0
Other (H.S.I.)	\$0	\$58,000,000	\$58,000,000
Total Administrative Costs	\$0	\$84,219,285	\$84,219,285
10% Administrative Cap	\$0	\$93,481,307	\$93,481,307
Federal Share	\$0	\$601,608,183	\$601,608,183
State Share	\$0	\$323,942,868	\$323,942,868

State Plan under title XXI of the Social Security Act
Children's Health Insurance Program
Commonwealth of Massachusetts

Section 9. Strategic Objectives and Performance Goals and Plan Administration

TOTAL COSTS OF APPROVED CHIP PLAN	\$0	\$925,551,051	\$925,551,051
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Note: MassHealth will not claim administrative costs for approved Health Service Initiative programs in excess of the 10% cap. The H.S.I. expenditures are direct services and the administrative costs directly related to provision of services.

As with all collections, MassHealth will reduce the expenditures by the amount collected for premiums by returning to CMS the FFP associated with the premiums for children in Family Assistance direct coverage.