

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

September 9, 2011

JudyAnn Bigby, M.D., Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Dr. Bigby:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-001 with an effective date of March 1, 2011, as requested by your Agency.

This SPA transmitted a proposed amendment to the Massachusetts approved Title XIX State plan to increase the Federal poverty guidelines (FPGs) for various poverty level groups. This amendment reflects the increase in the FPGs as published in the Federal Register (FR) on January 20, 2011.

Beginning with this SPA, we changed how we process the annual Federal Poverty Level (FPL) updates. States are no longer required to include tables with the actual dollar amounts in the plan pages. State plan pages that only include the applicable percentages of the FPL for each eligibility group is sufficient. There will be no need to submit SPAs every year thereafter unless the FPL percentage changes for an eligibility group. Although we will not be requiring States to submit SPAs every year after 2011, we will continue to review the FPL amounts that have been calculated by each State. We will ask the States to verify these amounts shortly after the guidelines are published by the U.S. Department of Health and Human Services.

We also took this opportunity to update corresponding State plan pages for poverty level groups that are no longer applicable. All the changes to this SPA that were agreed upon by CMS and your Department are noted in Section 23 (Remarks) on the Form 179.

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Julian Harris, M.D., Medicaid Director
Michael Coleman, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 011-001	2. STATE MA
	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 03/01/11	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42CFR 435.10 and Subparts G&H 1902 (a) (10) (A) (i) (III-VII) 1902 (a) (10) (A) (ii) (x)	7. FEDERAL BUDGET IMPACT: a. FFY11 \$ 3.13M b. FFY12 \$ 3.29M
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.6A Pages 1, 2, 2a, 4a, 5, and 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same
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10. SUBJECT OF AMENDMENT:

Massachusetts Medicaid Income Eligibility Levels

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CFR 430.12(b)(2)(ii)

12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Judy Ann Bigby, M. D. 14. TITLE: Secretary 15. DATE SUBMITTED: 03/31/11	16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11 th Floor Boston, MA 02108
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/31/11	18. DATE APPROVED: 9/9/11
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/11	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS: EOHHS and CMS agreed to the following changes to this SPA:
Form CMS-179:

1) Box 6: Replaced this box with the following statutory citations:

- 1902(a)(10)(A)(i)(IV), (VI), and (VII)
- 1902(a)(10)(A)(ii)(X)
- 1902(a)(10)(E)(i)
- 1902(a)(10)(E)(ii)

2) Box 8: Added the following plan pages:

- Attachment 2.2-A, page 21
- Supplement 1 to Attachment 2.6-A, page 7
- Supplement 8a to Attachment 2.6-A, page 2

Continued on Next Page

State Plan Pages

- 3) Removed FPL tables with dollar amounts in Supplement 1 to Attachment 2.6-A, pages 1 (Pregnant Women and Infants only), 2, 2a, and 5.
- 4) Deleted the text in Supplement 1 to Attachment 2.6-A, page 4a because these Qualified Disabled and Working Individual (QDWI) figures are already specified in the State plan in Attachment 2.2-A, page 9b.
- 5) Deleted the text in Supplement 1 to Attachment 2.6-A, page 6 because these Qualified Medicare Beneficiary (QMB) figures are already specified in the State plan in Attachment 2.2-A, page 9b.
- 6) Deleted the text in Supplement 1 to Attachment 2.6-A, page 7 because this QMB page is not applicable.
- 7) Deleted the text in Attachment 2.2-A, page 21 from State Plan since this page is no longer applicable. These kids are covered under the mandatory groups described in Attachment 2.2-A, pages 4-5.
- 8) Supplement 8a to Attachment 2.6-A, page 2 (the 1902 (r)(2) income disregards section) has the incorrect citations for children. The current page has 1902(a)(10)(A)(ii)(IX) for children aged 1-5 and 1902(a)(10)(A)(ii)(IX) for children aged 6-18. These citations are for optional groups that are no longer applicable. These children are now covered as a mandatory group so the citations should change to 1902(a)(10)(A)(i)(VI) for children aged 1-5, and 1902(a)(10)(A)(i)(VII) for children aged 6-18.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Income Eligibility Levels

A. Mandatory Categorically Needy

1. AFDC-related groups other than poverty level pregnant women and infants:

FAMILY SIZE	MONTHLY PAYMENT STANDARDS
1.	\$ 392.00
2.	\$ 486.00
3.	\$ 579.00
4.	\$ 668.00
5.	\$ 760.00
6.	\$ 854.00
7.	\$ 946.00
8.	\$ 1,037.00
9.	\$ 1,128.00
10.	\$ 1,220.00
Each Additional	\$ 95.00

2. **Pregnant Women and Infants** under Section 1902 (a) (10)(A) (i) (IV) of the Act: Effective April 1, 1990, based on the following percent of the official Federal income poverty guidelines: 185 percent.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Income Eligibility Levels

A. Mandatory Categorically Needy

3. In accordance with Section 1902 (a)(10)(A)(i)(VI) of the Act and 42 U.S.C. Section 1396a (a)(10)(A)(i)(VI): **Children who have attained age 1 but have not attained age 6, whose family income is at or below 133 percent of the federal poverty level guidelines, as revised annually in the *Federal Register*.**

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Income Eligibility Levels

4. In accordance with Section 1902 (a)(10)(A)(i)(VII) of the Act and 42 U.S.C. Section 1396a (a)(10)(A)(i)(VII): Children born after September 30, 1983 who have **attained age 6 but have not attained age 19**, in families with incomes at or below **100 percent** the federal poverty level guidelines, as revised annually in the *Federal Register*.

**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Income Eligibility Levels**

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State Plan under Title XIX of the Social Security Act
State: Massachusetts
Income Eligibility Levels

C. Income Eligibility Level - Mandatory Group of Qualified Disabled and Working Individuals (cont.)

1. Aged and Disabled Individuals

In accordance with Section 1902(m)(4) of the Act and 42 U.S.C.§1392a(m)(4): **Aged or disabled individuals** who have income at or below **100 percent** of the Federal poverty guidelines, as revised annually in the Federal Register.

For persons receiving Title II benefits:

- Any amount attributable to the most recent increase in the monthly insurance benefit, as a result of title II COLA is not counted as income during the transition period. The transition period begins in January, when the title II benefits for December are received and ends on the last day of the month following the month of publication of the revised annual Federal poverty level guidelines
- The revised poverty level guidelines are effective on the first day of the month following the end of the transition period

For persons not receiving title II benefits:

- The revised poverty level guidelines are effective no later than the beginning of the month following the date of publication.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Income Eligibility Levels

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State Plan under Title XIX of the Social Security Act
State: Massachusetts
Income Eligibility Levels

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**Revision: HCFA-PM-91-4 (BPD)
August 1991**

**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Coverage and Eligibility**

**Attachment 2.2-A
Page 21
OMB NO.: 0938-**

Item 15 page is reserved for future use.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Less Restrictive Methods of Treating Income under Section 1902 (r) (2) of the Act

For children who have attained one year of age but have not attained 6 years of age eligible at 133 percent of the Federal poverty level (FPL) under §1902(a)(10)(A)(i)(VI) and 1902(I)(I)(C)of the Social Security Act (the Act):

Disregard income between 133 percent and 150 percent of the FPL for the family size involved as revised annually in the Federal Register.

For children born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age eligible at 100 percent of the FPL under §1902(a)(10)(A)(i)(VII) and 1902(I)(I)(D)of the Act:

Disregard income between 100 percent and 150 percent of the FPL for the family size involved as revised annually in the Federal Register.