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**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 13-0025-MM3**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Superseding Pages Notice
- 5) Approved SPA Pages

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



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

March 19, 2014

John Polanowicz, Secretary  
Executive Office of Health and Human Services  
One Ashburton Place, Room 1109  
Boston, Massachusetts 02108

Dear Mr. Polanowicz:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 13-0025-MM3 submitted to my office on December 31, 2013. This SPA was submitted to revise your approved Title XIX State plan to implement the Modified Adjusted Gross Income (MAGI) methodologies. This SPA has been approved effective January 1, 2014.

Enclosed are copies of the new State plan pages and attachments to be incorporated within a separate section at the end of your approved State plan.

- S10 template, including a description of the state's application of MAGI-based methodologies consistent with 42 CFR 435.603; and
- Superseding page document

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at [Julie.McCarthy@cms.hhs.gov](mailto:Julie.McCarthy@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure/s

cc: Kristin Thorn, Medicaid Director  
Michael Coleman, State Plan Coordinator

# Medicaid State Plan Eligibility: Summary Page (CMS 179)

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**State/Territory**

**name:**

**Massachusetts**

**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.**

**Proposed Effective Date**

*(mm/dd/yyyy)*

**Federal Statute/Regulation Citation**

**Federal Budget Impact**

Federal Fiscal Year	Amount
First Year	\$
Second Year	\$

**Subject of Amendment**

**Governor's Office Review**

**Governor's office reported no comment**

**Comments of Governor's office received**

Describe:

**No reply received within 45 days of submittal**

**Other, as specified**

Describe:

**Signature of State Agency Official**

**Submitted By:**

**Alison Kirchgasser**

**Last Revision Date:**

**Mar 17, 2014**

**Submit Date:**

**Dec 31, 2013**

DATE RECEIVED: 12/31/2013

PLAN APPROVED – ONE COPY ATTACHED

DATE APPROVED: 03/19/2014

EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2014

SIGNATURE OF REGIONAL OFFICIAL:

/s/

TYPED NAME: Richard R. McGreal

TITLE: Associate Regional Administrator,  
Division of Medicaid and Children's Health Operations  
Boston Regional Office

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

MA-13-0025MM3

**STATE:**

Massachusetts

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S10 - MAGI Income Methodology

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**

Notwithstanding any other provisions of the Massachusetts Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment MA-13-0025MM3 will apply to all MAGI-based eligibility groups covered under the Massachusetts Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.



# Medicaid Eligibility

# OFFICIAL

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## MAGI-Based Income Methodologies

S10

1902(e)(14)  
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- Yes  No



# Medicaid Eligibility

# OFFICIAL

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

### 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 40 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.