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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 13-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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 27, 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. 13-009 submitted to my office on July 26, 2013. This SPA transmitted a proposed amendment to the Massachusetts approved Title XIX State plan to change the definition of children, including lawfully present immigrants under the State Plan, to include individuals who are 19 and 20 years of age whose family income is up to 150%. This SPA has been approved effective December 31, 2013.

If you have any questions regarding this matter you may contact Robert Cruz at (617) 565-1257 or by e-mail at Robert.Cruz@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Kristin Thorn, 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: 013-009	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 12/31/13	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a)(10)(A)(ii)(I); 1902 (a)(10)(A)(ii)(VII); 1902 (a)(10)(A)(ii)(IX); 1902 (e) (13); 1905(a); 1905(a)(i); 42 CFR 435.210; 42 CFR 435.222; 42 CFR 435.308; 42 CFR 435.406; and 42 USC 1902A(ii)(V)	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$39,819,306 b. FFY 2015 \$56,544,477	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 2, page 11b Attachment 2.2-A, pages 9c, 11a, 12, 19, 25, Attachment 2.6-A, pages 2, 2a, 2b Supplement 8a to Attachment 2.6-A, page 2 Supplement 8b to Attachment 2.6-A, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Eligibility for Individuals who are 19 and 20 Years of age.		
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CMR 430.12(b)(2)(ii)		
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO:	
13. TYPED NAME: John Polanowicz	Michael P. Coleman State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11 th Floor Boston, MA 02108	
14. TITLE: Secretary		
15. DATE SUBMITTED: 07/27/13		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 7/26/13	18. DATE APPROVED: 3/27/14	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/31/13	20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office	
23. REMARKS: Massachusetts and CMS agreed to the following pen and ink changes to the Form 179, Box 8: - Removed Attachment 2.2-A pages 9c and 19 - Removed Attachment 2.6-A pages 2, 2a, and 2b - Removed Supplement 8b to Attachment 2.6-A page 1 It was determined during the SPA review that these pages do not need revisions.		

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Groups Covered and Agencies Responsible for Eligibility Determinations

OFFICIAL

Citation(s)

B. **Optional Groups Other Than the Medically Needy (cont.)**

1902 (a) (10)
(A) (ii) VII
of the Act

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in Section 1905 (o) of the act.
- The state covers all individuals as described above.
- The state covers only the following group or groups of individuals:
- Aged
 - Blind
 - Disabled
 - Individuals under the age of—
 - 21*
 - 20
 - 19
 - 18
 - Caretaker relatives
 - Pregnant women

* Prior to 12/31/13, applies to children under the age of 18.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 2 Coverage and Eligibility

OFFICIAL

Citation(s)

1902 (e) (13) of
the Act

2.1 Application, Determination of Eligibility and Furnishing Medicaid

- (e) Express Lane Option. The Medicaid State agency elects the option to rely on the finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013.

(1) The Express Lane Option is applied to:

- Initial determinations Redeterminations
- Both

(2) A child is defined as younger than age:

- 19 20 21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

The Massachusetts Department of Transitional Assistance in the administration of the Supplemental Nutrition Assistance Program (SNAP).

Groups Covered and Agencies Responsible for Eligibility Determinations

OFFICIAL

Citation(s)

B. Optional Groups Other Than the Medically Needy (cont.)

42 CFR 435.220

6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a state agency as a service expenditure. The state's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

- The state covers all individuals as described above.

1902 (a) (10) (A)
(ii) and 1905 (a)
of the Act

- The state covers only the following group or groups of individuals:

- Individuals under the age of —

- 21
 20
 19
 18

- Caretaker relatives
 Pregnant women

42 CFR 435.222
1902 (a) (10)(A) (ii)(I);
1902(a) (10) (A) (ii) (IV)
and 1905 (a) (i) of
the Act

7. a. All individuals who are not described in Section 1902 (a) (10) (A) (i) of the Act, who meet the income and resource requirements of the AFDC State Plan, and who are under the age of:

- 21*
 20
 19
 18 .

* Prior to 12/31/13, applies to children under age 18

Groups Covered and Agencies Responsible for Eligibility Determinations

OFFICIAL

Citation(s)

C. **Optional Coverage of the Medically Needy** (cont.)

1902 (e) (4) of
the Act

4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains or if pregnant would remain eligible and the child is a member of the woman's household.

42 CFR 435.308

5. a. Financially eligible individuals who are not described in Section C.3. above and who are under the age of —
- 21*
 - 20
 - 19
 - 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training
- b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:
- (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
 - (a) In foster homes (and are under the age of ____).
 - (b) In private institutions (and are under the age of ____).

* Prior to 12/31/13, applies to children under the age of 18.

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

OFFICIAL

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.

For optional reasonable classifications of children under age 21 covered under 42 CFR 435.222, §1902(a)(10)(A)(ii)(I), and §1902(a)(10)(A)(ii)(IV):

Disregard income between the state's AFDC payment standard as of 7/16/1996 (as specified on Supplement 1 to Attachment 2.6-A page 1) and 150 percent of the FPL using gross income for the family size involved as revised annually in the Federal Register