

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 14-0010-MM4**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages
- 5) Additional Attachments that are part of the state plan

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**

June 11, 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. 14-0010-MM4 submitted to CMS on March 28, 2014. This SPA was submitted to revise your approved Title XIX State plan to affirm your State plan administration designation and authority. This SPA has been approved effective January 1, 2014.

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

- A1-A3 – Medicaid Administration: Single State Agency, pages 1-7;
- Section 1, page 9;
- Attachment 1.1-A, page 1;
- EOHHS and Office of Medicaid Organizational Charts; and
- Superseding Pages Notice.

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**

	<b>Federal Fiscal Year</b>	<b>Amount</b>
<b>First Year</b>	\$	
<b>Second Year</b>	\$	

**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:**

**Jun 11, 2014**

**Submit Date:**

**Mar 28, 2014**

DATE RECEIVED: 03/28/2014

PLAN APPROVED – ONE COPY ATTACHED

DATE APPROVED: 06/11/2014

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 & Children's Health Operations  
Boston Regional Office

## SUPERSEDING PAGES OF STATE PLAN MATERIAL

**TRANSMITTAL NUMBER:**

TN-MA-14-0010

**STATE:**

MASSACHUSETTS

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

A1 – A3

**COMPLETE PAGES  
SUPERSEDED:**Section 1, pages 1-8  
Attachment 1.1-A  
Attachment 1.2A  
Attachment 1.2-B  
Attachment 1.2C  
Attachment 1.2-D**PARTIAL PAGES  
SUPERSEDED:**Section 1, pages 9 (related to  
the State Medical Care  
Advisory Committee).

A2

Notwithstanding any other provisions of the Medicaid State Plan,  
the agencies designated in A2 will determine eligibility for  
coverage to the extent specified in A2.



# Medicaid Administration

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

<b>State Plan Administration Designation and Authority</b>	<b>A1</b>
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42 CFR 431.10

**Designation and Authority**

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes  No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

**An attachment is submitted.**

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes  No



# Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes  No

## State Plan Administration

### Organization and Administration

A2

42 CFR 431.10  
42 CFR 431.11

### Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Executive Office of Health and Human Services (EOHHS) is the single state agency designated to administer the Medicaid program under Title XIX of the Social Security Act. EOHHS is headed by the Secretary of Health and Human Services (Secretary), who is appointed by the Governor and serves as the executive and administrative head of all agencies, offices, departments and divisions within EOHHS.

The Secretary is vested with the authority to administer the Medicaid program as described in MGL Chapter 6A Section 16. The



# Medicaid Administration

Medicaid program in Massachusetts is known as “MassHealth.” Within EOHHS are all key offices and administrative personnel, including the Office of Medicaid, which serves as the medical assistance unit, and is headed by the Medicaid Director who along with other appropriate personnel participates in the development, analysis, and evaluation of the Medicaid program. In addition to the Office of Medicaid, other EOHHS agencies, under the Secretary’s direction, have Medicaid-related responsibilities, including the Department of Elder Affairs and the Office of Disabilities and Community Services.

Prior to July 1, 2003, the Division of Medical Assistance was designated by the legislature as the single state agency. Effective July 1, 2003, pursuant to Mass. Gen. Laws, c. 6A, § 16, as amended by Section 15 of Chapter 26 of the Acts of 2003, the Massachusetts legislature designated EOHHS as the single state agency. It also amended Mass Gen. Laws, c. 118E (the state Medicaid operational statute) to provide in Section 1 to provide that EOHHS “shall be the single state agency responsible for the administration of programs of medical assistance and medical benefits established [under that chapter]....”

## I. The Secretary of EOHHS

The Secretary plans, organizes, staffs, directs, and controls the medical assistance (Medicaid) program, through the agencies described above, to provide high quality, necessary medical care to financially and medically needy individuals in the Commonwealth of Massachusetts in the most cost-effective manner, and has the authority to adopt rules and regulations for the administration of the Medicaid program, as well as the operations and administration of all EOHHS agencies. The Secretary directs the development and implementation of Medicaid cost reduction strategies to meet the challenge of the escalating cost of medical care. The Secretary also oversees MassHealth’s extensive managed care program.

The Secretary of Elder Affairs, the Assistant Secretary for the Office of Disabilities and Community Services, and the Medicaid Director report directly to the Secretary. Also reporting to the Secretary is the Assistant Secretary of Administration and Finance for EOHHS, the General Counsel and the Chief Information Officer. Following is a description of the Medicaid-related responsibilities of the units and personnel who report directly to the Secretary.

## II. The Medicaid Director

Reporting directly to and under the direction of the Secretary, the Medicaid Director manages the Office of Medicaid, the medical assistance unit within the EOHHS. Acting under the authority of the Secretary, the Medicaid Director is also responsible for coordinating the overall administration and support of the Medicaid program across all EOHHS agencies, including the Department of Elder Affairs and the Office of Disabilities and Community Services.

Senior staff reporting directly to the Medicaid Director include the Chief of Staff, Deputy Medicaid Director for Administration, Deputy Director for Policy & Programs, Chief Operating Officer, Chief Financial Officer, Chief MassHealth Counsel, and Chief Medical Officer and Director for Office of Clinical Affairs. Together they assist the Medicaid Director in managing the functions of the Office of Medicaid, including participating in the development, analysis and evaluation of the Medicaid program as described below.

The Office of Medicaid is responsible for conducting all Medicaid eligibility determinations. This function is coordinated by the Director of Member and Provider Services, who reports directly to the Medicaid Chief Operating Officer.

The Office of Medicaid is also responsible for conducting all Medicaid fair hearings except for certain fair hearings under four 1915(c) Home and Community Based Services (HCBS) Waivers operated by the Department of Developmental Services (DDS) and one 1915(c) HCBS waiver operated by the Executive Office of Elder Affairs (EOEA). Specifically, DDS is the designated operating agency for four 1915(c) HCBS waivers for individuals with intellectual disabilities (the Adult Residential Waiver, the Adult Community Living waiver, the Adult Supports waiver, and the Autism waiver). DDS conducts the fair hearings related to clinical eligibility for enrollment in these 1915(c) HCBS waivers, and also conducts the fair hearings related to appeals of service plans for these waivers. The Executive Office of Elder Affairs (EOEA) is the designated operating agency for the Frail Elder waiver, a 1915(c) HCBS waiver for the aged and disabled individuals over age 60. While the Office of Medicaid conducts the fair hearings for clinical eligibility for the Frail Elder waiver, EOEA is responsible for conducting fair hearings related to service plans for the Frail Elder waiver. Fair hearings handled by EOEA and DDS under the HCBWs are conducted in accordance with the Massachusetts Administrative Procedure Act (M.G.L. c. 30A) and state fair hearing regulations described at 801 CMR 1.00.

All other fair hearings are conducted by the Office of Medicaid in accordance with the procedures described at 130 CMR 610.00 and are coordinated by the Board of Hearings Director, who reports directly to the Medicaid Chief Operating Officer.



# Medicaid Administration

The Office of Medicaid, consistent with federal requirements, has responsibility for the development, evaluation and analysis for the medical assistance program and SCHIP, acting on behalf of the Secretary, as follows:

## Development

- o Oversee the Medicaid program, including administration of the Title XIX state plan, Section 1115 Demonstration Project, Title XXI SCHIP plan, and Home and Community-Based Services waivers;
- o Manage the drafting and filing of State Plan Amendments;
- o Lead the design of and request for new waivers for the Medicaid program;
- o Coordinate Medicaid policy strategy and development, in conjunction with Elder Affairs and the Office of Disabilities and Community Services
- o Integrate EOHHS responses to surveys and/or investigations of the Medicaid program by other states, interest or advocacy groups, congressional committees, the Office of the Inspector General, and the General Accounting Office;
- o Analyze federal Medicaid-related policy activities, including proposals being considered by Congress and national policy groups, and identify Medicaid policy changes in other states;
- o Serve along with the Secretary as the primary point of contact with the state legislature on Medicaid policy issues, constituent affairs, and legislation;
- o Convene the Medical Care Advisory Committee (MCAC) required by 42 CFR Section 431.12;
- o Provide staff as project leaders or coordinators on complex projects that affect entire or a major component of the Medicaid program;
- o Manage within EOHHS the promulgation of regulations for Title XIX or XXI eligibility, payments, rates, billing, service coverage, and provider participation policies;
- o Develops and integrate Medicaid eligibility and health plan enrollment policy; and
- o Maintain relationships with key federal contacts to help ensure that the Medicaid program operates within the framework of federal rules, regulations, and reporting requirements.

## Evaluation

- o Provide Medicaid program evaluation support and knowledge management by identifying key areas to evaluate and designing evaluation approaches;
- o Coordinate and support evaluations of current and new Medicaid programs, including the annual reports required under 1115 Waivers and the SCHIP program; and
- o Maintain a library of external reports and evaluations of Medicaid programs and ensure that key staff in EOHHS receives information in relevant reports.

## Analysis

- o Support Medicaid in purchasing high quality health services in a manner that promotes program goals, maximizes efficiency, and supports leveraging available federal and third-party funding;
- o Conduct economic analysis on various purchasing and reimbursement policies and present policies and options to program staff for consideration;
- o Monitor the academic literature and the purchasing methods of other states and payers to identify best practices and innovative approaches to purchasing health care services;
- o Analyze Medicaid claims data, cost reports, and other industry data to support rate-making activities; and
- o Coordinate with EOHHS and its agencies the process of Medicaid budget forecasting and the implementation and analysis of Medicaid purchasing strategies.

## III. The Assistant Secretary of Administration and Finance

The Assistant Secretary of Administration and Finance has responsibility for the administration and operation of the EOHHS. Directly reporting to the Assistant Secretary of Administration and Finance are the Chief Financial Officer, Director of Purchase of Service Administration, the Director of Facilities, the Director of Human Resources, and the Chief Compliance Officer.

### A. Chief Financial Officer

The Chief Financial Officer is responsible for the management and oversight of the budget, revenue, and accounting functions for EOHHS.

### B. Director of Purchase of Service Administration





# Medicaid Administration

The Director of Purchase of Service Administration is responsible for managing the administrative needs of EOHHS, including, as pertains to Medicaid, transportation contracts.

#### C. Director of Facilities

The Director of Facilities is responsible for managing the administrative needs of EOHHS, including, as it pertains to Medicaid facilities management.

#### D. Director of Human Resources

The Director of Human Resources is responsible for all personnel-related functions pertaining to EOHHS, including staffing, payroll administration, labor relations and professional development.

#### E. Chief Compliance Officer

The Chief Compliance Officer is responsible for managing the internal control and audits for EOHHS.

#### IV. The Secretary of Elder Affairs

The Secretary of Elder Affairs is responsible, under the direction of the Secretary, for administering the Medicaid program with regard to non-acute services provided to eligible persons over 65. In the administration of these responsibilities, the Secretary of Elder Affairs works closely with the Assistant Secretary of Disabilities and Community Services.

#### V. The Assistant Secretary of Disabilities and Community Services

The Assistant Secretary of Disabilities and Community Services is responsible, under the direction of the Secretary, for leading the policy direction of MassHealth long-term care services for the disabled, particularly policy affecting benefits and services provided in home-based and community-based settings. Working with the Secretary of Elder Affairs, the Director of Long Term Care and other EOHHS agencies, the Assistant Secretary guides the coordination of a comprehensive system of community-based long-term care for the disabled.

#### VI. Other EOHHS Staff

Also reporting directly to the Secretary is a Chief Information Officer and the General Counsel. The Chief Information Officer is responsible for all functions related to the management information needs of the Secretariat. That responsibility extends to Medicaid-related needs, including management information reporting and analysis, systems maintenance for claims payment and provider support systems, and managing both the Medicaid Management Information System (MMIS) and office automation services.

The General Counsel provides legal advice to the Secretary and his staff on all legal issues relating to the administration of his responsibilities, including the administration of the Medicaid program. Legal staff provides Medicaid expertise to support the Medicaid program report to the General Counsel through the senior legal managers for that unit. The General Counsel acts as the EOHHS liaison to the Governor's Chief Legal Counsel and to the Attorney General.

Upload an organizational chart of the Medicaid agency.

**An attachment is submitted.**

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The executive branch of the Commonwealth consists of independently elected constitutional officers – the Governor, Lieutenant Governor, Attorney General, Auditor, Secretary of the Commonwealth, Treasurer, the Governor's Council – as well as several independent agencies and commissions.

The Executive Office of Health and Human Services (EOHHS), the single state agency designated to administer the Medicaid program under Title XIX of the Social Security Act, is a cabinet level agency reporting directly to the Governor. EOHHS is headed by the Secretary of Health and Human Services (Secretary), who is appointed by the Governor and serves as the executive and administrative head of all agencies, offices, departments and divisions within EOHHS. Within EOHHS and subject to its authority are the Commonwealth's health and human services agencies, which includes its Medicaid, child welfare, transitional assistance,



# Medicaid Administration

supplemental nutrition assistance programs (SNAP), public health and disabilities programs as well as veterans' affairs and elder affairs.

The Office of Medicaid within EOHHS is the medical assistance unit. To ensure that the Medicaid program functions efficiently and effectively within EOHHS, the Office of Medicaid maintains strong ties and communications with EOHHS staff and coordinates the overall administration and support of the Medicaid program across all EOHHS agencies, including the Department of Elder Affairs and the Office of Disabilities and Community Services. Additional information regarding EOHHS, the Office of Medicaid, the Department of Elder Affairs, and the Office of Disabilities and Community Services is provided under the description of the organization and functions of the Medicaid agency.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes
- No

**State Plan Administration Assurances**

A3

42 CFR 431.10  
42 CFR 431.12  
42 CFR 431.50



# Medicaid Administration

**Assurances**

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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.

V.20130917

State Plan Under Title XIX of the Social Security Act  
State: Massachusetts

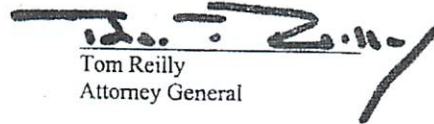
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CERTIFICATION

I certify that the Massachusetts Executive Office of Health and Human Services is the single state agency responsible for administering the State Medicaid Plan. The legal authority under which the agency administers the plan on a statewide basis and makes rules and regulations that it follows in administering the Plan is section 16 of chapter 6A of the Massachusetts General Laws as amended by Section 15 of Chapter 26 of the Acts of 2003.

Dated:

8/16/03

  
Tom Reilly  
Attorney General

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TN: 03-019

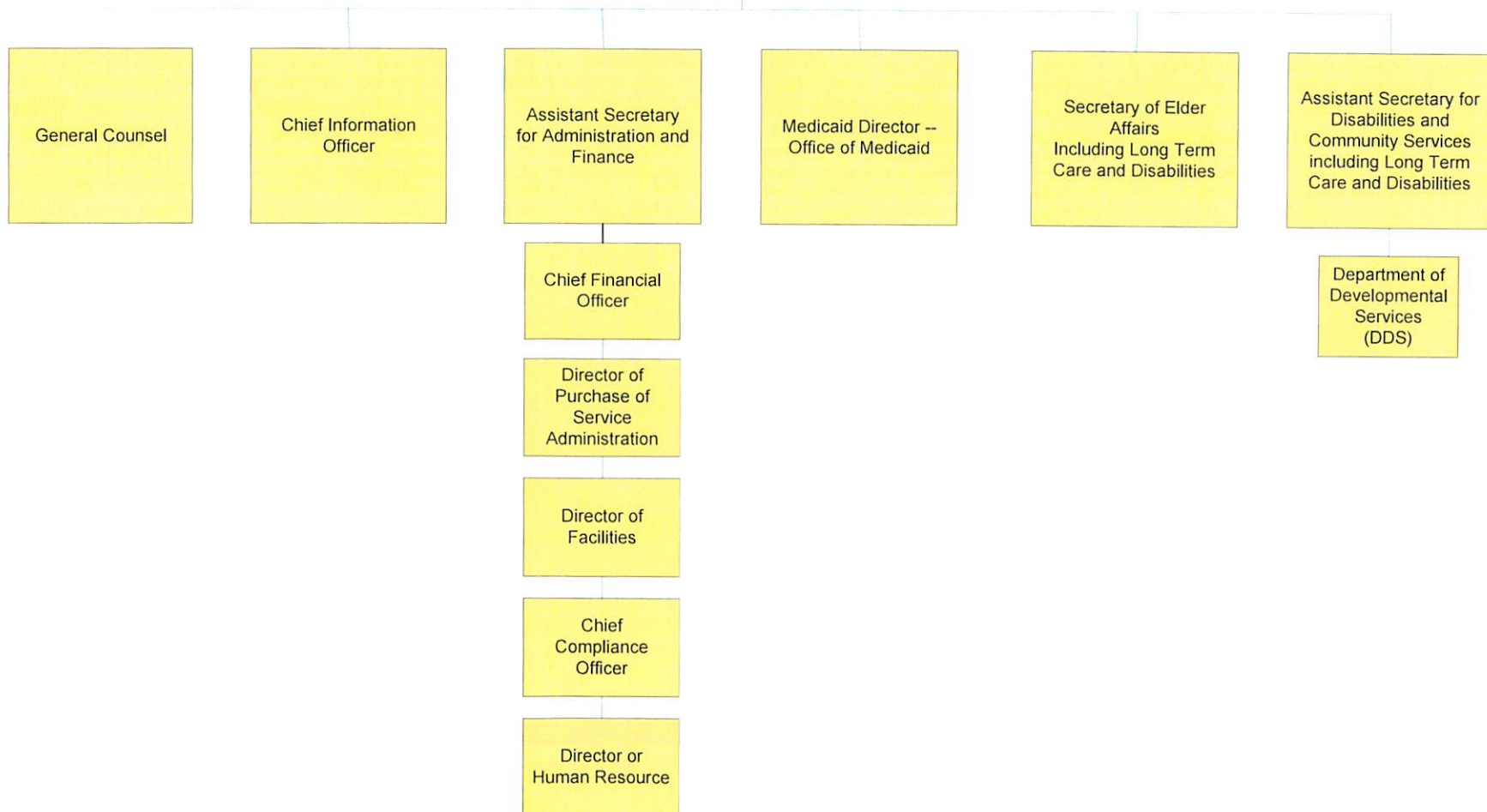
Supersedes: 93-014

Approval Date: 8/2/04

Effective Date: 07/01/03

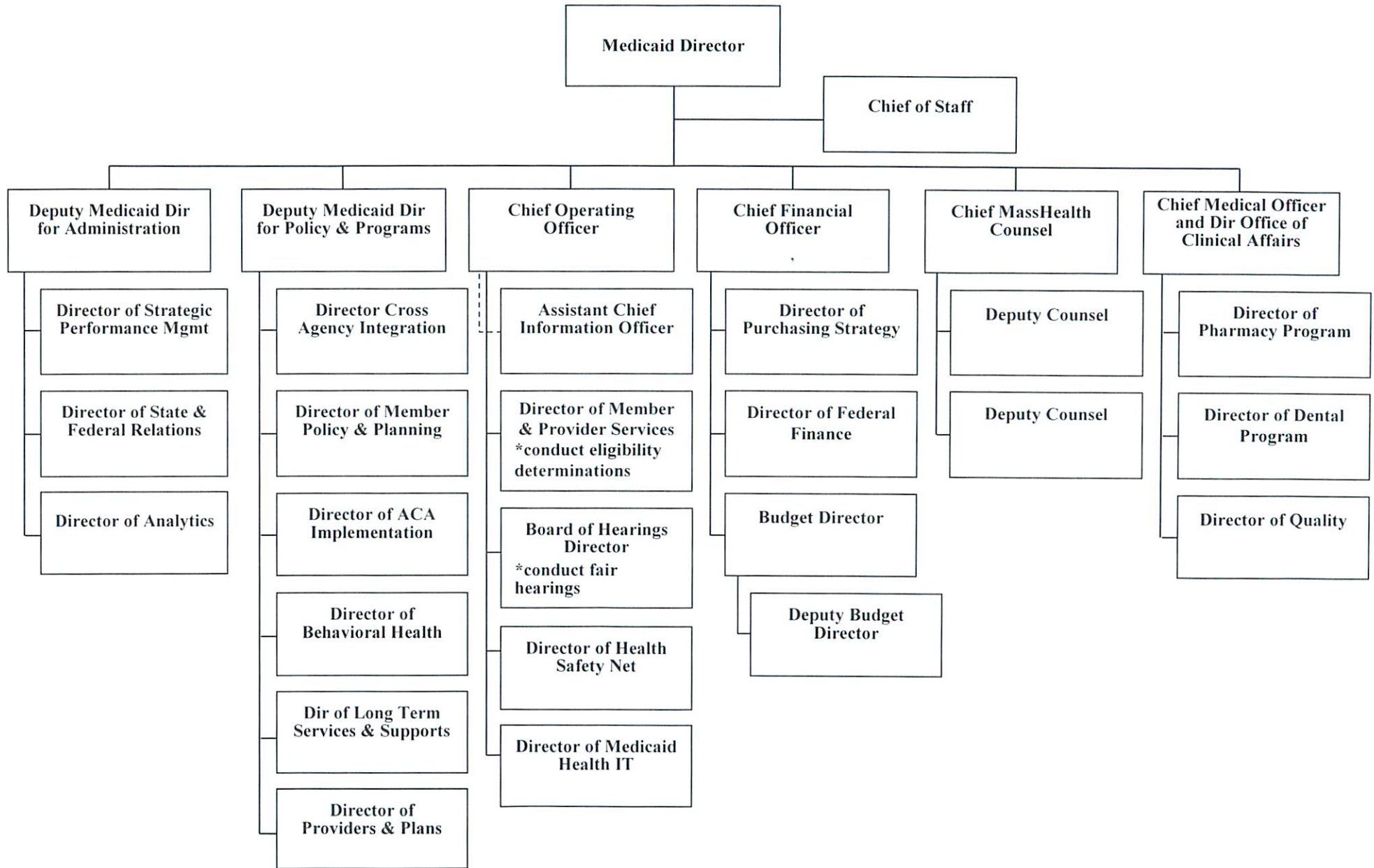
Executive Office of Health and Human Services  
Medicaid/MassHealth Organization for Single State Agency (Effective 01/01/2014)

Secretary of Health and Human Services



# Office of Medicaid

**OFFICIAL**



State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Section 1: Single State Agency Organization

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1.4 Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

While MassHealth has a long history of interaction with the two federally recognized tribes in the state (Mashpee Wampanoag Tribe and Wampanoag Tribe of Gay Head (Aquinnah)), the Commonwealth is now establishing quarterly meetings with the tribes, both in-person and by conference call, with email contact as needed between meetings. These quarterly meetings will serve as a formal mechanism to seek advice from and provide information to the tribes regarding State Plan Amendments, waiver proposals and the other program changes listed above that would impact tribe members.