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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 18-016

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

December 6, 2018

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

Dear Secretary Sudders:

We are pleased to enclose via email a copy of approved Massachusetts State Plan Amendment (SPA) No. 18-016 submitted to CMS on September 28, 2018. This SPA was submitted to revise your approved Title XIX State plan to disregard the receipt of state veteran annuity payments as non-countable income for certain populations for the purposes of determining eligibility for MassHealth.

This SPA was approved on December 5, 2018, effective January 1, 2019.

Enclosed are copies of the following State plan pages.

- Supplement 8a to Attachment 2.6-A, page 1
- Supplement 8b to Attachment 2.6-A, page 1

If you have any questions regarding this matter you may contact Robert Cruz at (781) 335-3455 or by e-mail at Robert.Cruz@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal

Enclosure/s

CC (via -mail): Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 8 — 0 1 6

2. STATE

MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/19

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

~~42 CFR Part 447~~ Section 1902(r)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2018 \$ 802,000
b. FFY 2019 \$ 3,182,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Section 2 page 11e.1 11e.2~~

Supplement 8a to Attachment 2.6-A page 1
Supplement 8b to Attachment 2.6-A page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

~~Section 2 page 11e.1 11e.2~~

Supplement 8a to Attachment 2.6-A page 1
Supplement 8b to Attachment 2.6-A page 1

10. SUBJECT OF AMENDMENT

Veteran Annuity

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

- OTHER, AS SPECIFIED
Not required under 42 CFR 430.12(b)(2)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL

/s/

13. TYPED NAME

Marylou Sudders

14. TITLE

Secretary

15. DATE SUBMITTED

09/28/2018

16. RETURN TO

Kaela Konefal
State Plan Coordinator
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, 11th Floor
Boston, MA 02108

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 9/28/18

18. DATE APPROVED

12/5/18

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/19

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

CMS and the State agreed to the pen-and-ink change to the CMS-179 Box 6.

OFFICIAL

Revision: HCFA-PM-91- (BPD)
1991

Supplement 8a to Attachment 2.6-A
Page 1

State Plan under Title XIX of the Social Security Act

OMB No.: 0938

State: Massachusetts

Conditions and Requirements of Eligibility

More Liberal Methods of Treating Income under Section 1902 (r) (2) of the Act

Section 1902 (f) State Non-Section 1902 (f) State

See SPA 89-05 for 1902 (r) (2) submittal

For medically needy aged, disregard unearned monthly income equal to the monthly cost of authorized PCA services up to an amount equal to \$20 less than the difference between the medically needy income standard and 133% FPL.

For all non-MAGI population under the state plan, disregard state veteran annuity payments under Section 6b of Chapter 115 of Massachusetts General Law.

OFFICIAL

Revision: HCFA-PM-95- (BPD)
July 1995

Supplement 8b to Attachment 2.6-A
Page 1

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Conditions and Requirements of Eligibility

OMB No.: 0938

**More Liberal Methods of Treating Resources
under Section 1902 (r) (2) of the Act**

- Section 1902 (f) State
See SPA 89-05 for 1902 (r) (2)
- Non-Section 1902 (f) State

Disregard all assets for all AFDC related individuals in the following groups:

A. Categorically Needy and Other Required Special Groups

1902 (a) (10) (A) (i) (III)

B. Optional Groups Other Than the Medically Needy

1902 (a) (10) (A) (ii) (I)

1902 (a) (10) (A) (ii) (V)

1902 (a) (10) (A) (ii) (VII)

1902 (a) (10) (A) (ii) (VIII)

C. Optional Coverage of the Medically Needy

1902 (a) (10) (C) (i) (III)

For all non-MAGI population under the state plan, disregard state veteran annuity payments under Section 6b of Chapter 115 of Massachusetts General Law.

**Categorically needy children and pregnant women
superseded by TN 013-024 MMDL**