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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 19-0025

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
John F. Kennedy Federal Building
Boston, Massachusetts 02203



Boston Regional Operations Group

November 21, 2019

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. 19-0025, submitted to my office on September 30, 2019. This SPA was submitted to revise your approved Title XIX State plan to update the Express Lane Eligibility methodologies, budget units, and sunset date. This SPA was approved on November 11, 2019, effective July 1, 2019.

If there are questions, please contact Robert Cruz. He can be reached at (781) 335-3455 or at robert.cruz@cms.hhs.gov.

Sincerely,

/s/

Francis T. McCullough, Director
Division of Medicaid Field Operations East (Boston)

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>1 9 — 0 2 5</u> | 2. STATE <u>MA</u> |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |

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| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE <u>07/01/19</u> |
|---|---|

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 <u>42 USC 1396a(e)(13)</u> | 7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>0</u> b. FFY <u>2020</u> \$ <u>0</u> |
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|---|---|
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Section 2, pages 11b, 11c, 11c.1-11c.2</u> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) <u>Section 2, pages 11b, 11c, 11c.1-11c.2</u> |
|---|---|

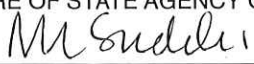
AMENDMENT

Express Lane Eligibility Services

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Not required under 42 CFR 430.12(b)(2)(i)

| | |
|---|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 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 |
| 13. TYPED NAME <u>Marylou Sudders</u> | |
| 14. TITLE <u>Secretary</u> | |
| 15. DATE SUBMITTED <u>9/30/2019</u> | |

FOR REGIONAL OFFICE USE ONLY

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|----------------------------------|-----------------------------------|
| 17. DATE RECEIVED <u>9/30/19</u> | 18. DATE APPROVED <u>11/11/19</u> |
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PLAN APPROVED - ONE COPY ATTACHED

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|---|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL <u>7/1/19</u> | 20. SIGNATURE OF REGIONAL OFFICIAL <u>/s/</u> |
| 21. TYPED NAME <u>Francis T. McCullough</u> | 22. TITLE <u>Director, Division of Medicaid Field Operations East</u> |

23. REMARKS

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

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, 2027.

(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).

State Plan under Title XIX of the Social Security Act
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Citation(s) **2.1 Application, Determination of Eligibility and Furnishing Medicaid**
(continued)

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express lane option.

The MassHealth agency uses the Express Lane option for annual redeterminations only. All members eligible for this process have completed an initial application and have been approved for both Medicaid and SNAP. The MassHealth agency will identify children eligible for both Medicaid and SNAP through a data match. The SNAP eligibility decision will verify residency and serve as a proxy for income. Medicaid benefits will be renewed based on the child's eligibility for SNAP. Parents and legal caretaker relatives who are part of the same family group as these children will be included in this process and will also have their coverage renewed if they are eligible for SNAP, pursuant to Section 1115 Demonstration authority.

SNAP households have a certification period that does not exceed 12 months, except that the certification period may be up to 36 months if all adult household members are elderly or disabled. Unless the household is certified for 36 months, the Department of Transitional Assistance must contact the household halfway into the certification period to determine continued eligibility. In most cases, recertification requires that the household submit a certification form, be interviewed, and provide requested verification in accordance with timeliness standards.

The following summarizes differences in methodology between Medicaid and SNAP:

Budget Unit:

For Medicaid

- The MassHealth agency uses Modified Adjusted Gross Income (MAGI) household composition subject to its state plan and 1115 demonstration waiver in determining eligibility.

For SNAP- the household consists of

- (1) the individual;
- (2) the individual's spouse if living with him or her;
- (3) the individual's natural, adopted, and stepchildren younger than 22 years old if living with him or her;
- (4) any child under 18 over whom the individual exercises care and control; and
- (5) a group of individuals living together who purchase food and prepare meals together.

Income Limit:

For Medicaid- MAGI household income at or below 150% of the federal poverty level (FPL) for children to age 21, except infants. Infants aged 0 to 1 are eligible to at or below 200% FPL but will be included in the Express Lane process only to at or below 150% FPL.

For SNAP- Gross income at or below 200% FPL for most households (see 106 CMR 365.180 for exceptions). Households that contain an elderly or senior member do not have a gross income limit.

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Income Disregards:For Medicaid-

- The MassHealth agency uses Modified Adjusted Gross income subject to its state plan and 1115 demonstration waiver in determining eligibility, including all authorized income disregards and exclusions.

For SNAP-

- Income disregards are used to determine benefit level, not eligibility, for all SNAP households included in this process except for those with an elderly or disabled member and gross household income above 200% FPL.
- For households with an elderly or disabled member and gross income above 200% FPL, a 100% net income threshold must be met by using the following disregards:
 - Standard disregard determined according to household size;
 - Earned income deduction equal to 20% of gross monthly earned income;
 - Excess medical deduction for unreimbursed medical expenses in excess of \$35 a month for households with elderly or disabled members;
 - Amount of actual dependent care expenses;
 - Legally obligated child support payments;
 - If homeless, shelter/utility deduction of \$143 per month;
 - If not homeless, shelter expenses and utility costs in excess of 50% of the households income after all other deductions are allowed, up to a capped amount unless the household has an elderly/disabled member.

Income Exclusions:

For Medicaid- The MassHealth agency uses Modified Adjusted Gross Income (MAGI) subject to its state plan and 1115 demonstration waiver in determining eligibility, including all authorized income disregards and exclusions.

For SNAP-

- In-kind income and cash contributions;
- Vendor payments (money payment not payable directly to the household);
- Infrequent irregular incomes not in excess of \$30 per recipient per quarter;
- Educational loans, grants, and scholarships;
- Other loans including loans from private individuals and commercial institutions;
- Reimbursements for past or future expenses that do not exceed actual expenses and do not represent a gain or benefit to the household;
- Monies received and used for the care and maintenance of a third party beneficiary who is not a household member;
- Earnings of elementary or secondary school students;

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- Nonrecurring lump sum payments;
- Cost of producing self-employment income;
- Income excluded by law;
- Income of nonhousehold members, except when nonhousehold member has been disqualified per certain regulations;
- Payments made to SNAP/ET participants for education and/or training-related expenses;
- Income of SSI recipients necessary for fulfilment of PASS;
- Legally obligated child support payments.