# **Table of Contents**

## **State/Territory Name: Massachusetts**

## State Plan Amendments (SPA) #: MA-20-0010

This file contains the following documents in the order listed:

Approval Letter
 State Plan Pages



### **Children and Adults Health Programs Group**

December 18, 2020

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

Dear Ms. Sudders,

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number MA-20-0010, submitted on June 30, 2020, with additional information submitted on December 18, 2020, has been approved. This SPA has an effective date of March 18, 2020.

This amendment, as it applies to the COVID-19 public health emergency (PHE), makes the following changes beginning March 18, 2020, unless otherwise specified below, and through the duration of the federally-declared PHE, or at state discretion, a shorter period of time:

- Increase the number of presumptive eligibility (PE) periods from one to two within a 12month period, beginning with the start date of the first PE period; and,
- Waive premiums and the premium lock-out period for those who apply for a hardship waiver, effective April 7, 2020.

The state will also use the regulatory timeliness exception for timely processing of CHIP renewals under 42 CFR 457.340(d)(1) and delay acting on changes in circumstances for CHIP beneficiaries, other than the required changes in circumstances described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d). The state will follow CMS-issued guidance regarding resuming the timely processing of renewals and changes in circumstance.

In the event of a future disaster, Massachusetts may implement the aforementioned temporary policy adjustments related to premiums and premium lock-out periods by simply notifying CMS of its intent, the effective date and duration of the provision, and a list of applicable state or federally-declared disaster or emergency areas. While the state must provide notice to CMS, this option provides an administratively streamlined pathway for the state to effectively respond to an evolving disaster event.

Your title XXI project officer is Ms. Tess Hines. She is available to answer your questions concerning this amendment and other CHIP-related issues. Ms. Hines' contact information is as follows:

Page 2 - Ms. Marylou Sudders

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850 Telephone: (410) 786-0435 E-mail: <u>mary.hines@cms.hhs.gov</u>

If you have additional questions, please contact Meg Barry, Acting Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/signed Amy Lutzky/

Amy Lutzky Deputy Director

### TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Massachusetts (Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b)) (Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name:	Amanda Cassel Kraft <u>Dan Tsai</u>	Position/T	itle: <u> </u>	eting Medicaid
DirectorA	ssistant Secretary for MassHealth			
Name:	Mike Levine	Position/Title:	Chief Fin	ancial and Strategy Officer
Name:	Alison Kirchgasser	Position/Title: _D	eputy Poli	icy Director for Federal Policy
		& (	CHIP Dire	ector

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Commented [KC1]: Note to CMS: Updating to reflect official titles, no longer using the acting roles

1

Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements

Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA #20 (TN 020-010) (Disaster Relief)

Purpose of SPA: To implement provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in <u>Governor-State</u> or <u>FEMAFederally</u> declared disaster areas. In the event of a natural disaster, the State will notify CMS that it intends to provide temporary adjustments to its enrollment and/or redetermination policies and cost sharing requirements, the effective and duration date of such adjustments, and the applicable <u>Governor-State</u> or <u>FEMAFederally</u> declared disaster areas.

Submission date: June 30, 2020
Approval date:
Effective date: Varies by item (effective date listed after each item)March 18,
2020
Implementation dates for COVID-19 public health emergency (PHE): Same as
effective date for each item
<ul> <li>Effective March 18, 2020 through the duration of the COVID-19 public</li> </ul>
health emergency only, the state will use the regulatory timeliness
exception for timely processing of CHIP renewals under 42 CFR
457.340(d)(1), and follow CMS-issued guidance regarding resuming the
timely processing of renewals. At the State's discretion, requirements
related to timely processing of renewals and/or deadlines for families to
respond to renewal requests may be temporarily waived for CHIP
beneficiaries: March 18, 2020
<ul> <li>The state will have discretion to allow two Hospital Presumptive</li> </ul>
Eligibility periods within a 12-month period: March 18, 2020
- Allow continuous coverage for separate CHIP members who experience
certain changes in circumstances: March 18, 2020
- Waive premiums for those who apply for a hardship waiver: April 7, 2020

TN: 020-010 (3/18/20<del>, 4/7/20, 5/4/20)</del> CHIP #20

1.4

Approval Date: December 18, 2020

Effective Date: <del>Varied</del>

Formatted: Highlight

Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements

-	At state discretion, CHIP coverage is available regardless of whether the
	family has paid their premium for existing beneficiaries who reside and/or
	work in a State or Federally declared disaster area: March 18, 2020.
-	Waive premium balance to reactivate coverage following a termination
	due to non-payment of premiums for those who apply for a hardship

- waiver: April 7, 2020
- **1.4- TC Tribal Consultation (Section 2107(e)(1)(C))** Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

EOHHS convened its quarterly tribal consultation call on May 15, 2020 to consult the Massachusetts Indian Tribes about this CHIP Disaster Relief SPA, and a follow-up email was sent on May 21, 2020. The Tribes were asked to respond with any advice or feedback regarding this state plan amendment by June 4, 2020. None was received.

Verification of Tribal Consultation is attached.

TN: 020-010 (3/18/20<del>, 4/7/20, 5/4/20)</del> CHIP #20 Approval Date: December 18, 2020

Effective Date: Varied

Section 4. Eligibility Standards and Methodology (Section 2102)(b)

4.3. Methodology Describe the methods of establishing eligibility and continuing enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102)(b)(2)) (42CFR, 457.350) (Section 2102)(b)(2))

> Effective March 18, 2020 through the duration of the COVID-19 public health emergency only, the state will use the regulatory timeliness exception for timely processing of CHIP renewals under 42 CFR 457.340(d)(1), and follow CMS-issued guidance regarding resuming the timely processing of renewals. At the State's discretion, additional time may be allowed for beneficiaries living and/or working in Governor or FEMA requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests may be temporarily waived for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area, to complete the renewal process. Implementation date is 3/18/20 for COVID 19 public health emergency (PHE).

During Governor or FEMA declared disaster periods, the state will have discretion to allow for self attestation of eligibility factors other than citizenship/immigration status. Effective date and implementation date of 4/7/20 for COVID-19 emergency.

During Governor or FEMA declared disaster periods the COVID-19 PHE only, the state will have discretion to temporarily increase the number of allow two Hospital Presumptive Eligibility (PE) periods for CHIP members from one to two within a 12-month period, beginning with the start date of the first PE period. Effective date and Limplementation date is 3/18/20 for COVID-19 public health emergency.

During the COVID-19 PHE and Only for the period through the last day of the month in which the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof) end, the State will temporarily delay acting on certain

TN: 020-010 (3/18/20<del>, 4/7/20, 5/4/20)</del> CHIP #20 Approval Date: December 18, 2020

Effective Date: Varied

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Section 4. Eligibility Standards and Methodology (Section 2102)(b)

changes in circumstances for CHIP beneficiaries whom the state determines are impacted by the COVID-19 PHE such that processing the change in a timely manner is not feasible. The state will continue to act on the required changes in circumstance described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d)."allow for continuous coverage during the COVID 19 emergency to CHIP members as of March 18, 2020 and those who become CHIP members during the emergency, including: those who experience a change in circumstance, those who fail to take an action such as respond to renewal or verification requests, and those whose time-limited benefit expires. All CHIP members will remain enrolled during the emergency period described in the first sentence of this paragraph with the exception of those who become eligible for Medicaid, age out of CHIP, voluntarily terminate coverage, no longer reside in the state, have erroneous eligibility determinations or are deceased. All Medicaid Expansion CHIP members will receive the continuous coverage pursuant to the MOE under the Families First Coronavirus Response Act. Effective date and Iimplementation date is 3/18/20 for COVID-19 public health emergency.

TN: 020-010 (3/18/20<del>, 4/7/20, 5/4/20)</del> CHIP #20 Approval Date: December 18, 2020

Effective Date: Varied

Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)

The state elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

#### Covered services for MassHealth Family Assistance Direct Coverage (including FAEC)

Non-disabled children who are not eligible for MassHealth Standard and who are in families with income up to 300% FPL are enrolled in MassHealth Family Assistance. Those who do not have cost effective Employer Sponsored Insurance (ESI) receive direct coverage. This coverage is equivalent to the MassHealth Standard (Medicaid benefit package) covered services with the following exceptions: non-emergency transportation, long term community based services, personal care services, day habilitation, and adult day health services are not covered. Long term care is limited to 100 days. <u>The 100 day limit for inpatient chronic disease and rehabilitation hospital and nursing facility services is removed for the COVID 19 public health energency only for Family Assistance members. Effective date and implementation date of 5/4/20 for COVID-19 emergency. Certain services listed below are covered only following prior authorization based on medical necessity.</u>

6.2.24. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (Section 2110(a)(24))

Inpatient chronic or rehabilitation limited to 100 days<u>(the 100 day limit is</u> removed for the COVID 19 public health emergency only for Family Assistance members-Effective date and implementation date of 5/4/20 for COVID 19 emergency), early intervention services, oxygen and respiratory therapy services, podiatry services, vision care services.

TN: 020-010 (3/18/20<del>, 4/7/20, 5/4/20)</del> CHIP #20 Approval Date: December 18, 2020

Effective Date: Varied

**Commented [L2]:** Note to CMS – we are withdrawing the request to remove the 100 day limit for inpatient CDRH and nursing facility during the COVID PHE so are deleting this section from the SPA

Section 8. Section 8. Cost Sharing and Payment (Section 2103 (e))

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or time period for the charge, as appropriate (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c)).

8.2.1. Premiums:

During a State or Federally declared disaster period, Aat State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in a <u>Governor State</u> or <u>FEMA-Federally</u> declared disaster areas and who apply for request a hardship waiver. for a specified period of time.

During a Governor or FEMA declared disaster period, the state will waive premiums for those who apply for a hardship waiver. Effective date and iImplementation date is 4/7/20 for COVID-19 public health emergency.

8.7

Provide a description of the consequences for an enrollee or applicant who does not pay a charge (42CFR 457.570 and 457.505(c)).

Exception to Disenrollment for Failure to Pay Premiums — At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of time. The premium balance will be waived if the family is determined to have been living or working in FEMA or Governor declared disaster areas based on selfdeclared application information or other documentation provided by the family.

During a State or Federally declared disaster period, at state discretion, CHIP coverage is available regardless of whether the family has paid their premium for existing beneficiaries who reside and/or work in a State or Federally declared disaster area, Implementation date is 3/18/20 for COVID-19 PHE.

TN: 020-010 (3/18/20<del>, 4/7/20, 5/4/20)</del> CHIP #20 Approval Date: December 18, 2020

Effective Date: <del>Varied</del>

**Commented** [L3]: Internal comment – this was in the CMS template but it duplicates other language so we are deleting

Section 8. Section 8. Cost Sharing and Payment (Section 2103 (e))

During a <u>Governor-State</u> or <u>FEMA-Federally</u> declared disaster period, at state discretion, the state <u>willmay</u> waive premium balance to reactivate coverage following a termination due to non-payment of premiums for those who <u>apply for-request</u> a hardship waiver. <u>Effective date and iI</u>mplementation date is 4/7/20 for COVID-19 <u>emergencyPHE</u>.

Formatted: Highlight

Page 8

TN: 020-010 (3/18/20<del>, 4/7/20, 5/4/20)</del> CHIP #20 Approval Date: December 18, 2020

Effective Date: Varied

Section 8. Section 8. Cost Sharing and Payment (Section 2103 (e))

9.10 Provide a 1 year projected budget (Section 2107(d)) (42CFR 457.140).

If the State's proposed disaster event provisions pose a significant budget impact, please include an updated budget. If the proposed changes do not make any notable impact to the budget, please include a statement with that assumption.

STATE: Massachusetts	FFY Budget
Federal Fiscal Year	<del>2020</del>
State's enhanced FMAP rate	<del>76.5%</del>
-	
Benefit Costs	
Insurance payments	<del>21,103,932</del>
Managed care	<del>299,900,400</del>
per member/per month rate	<del>254.49</del>
Fee for Service	4 <del>31,593,589</del>
Total Benefit Costs	752,597,921
(Offsetting beneficiary cost sharing payments)	
Net Benefit Costs	752,597,921
Cost of Proposed SPA Changes Benefit	<del>\$0</del>
-	
Administration Costs	
Personnel	
General administration	<del>29,099,153</del>
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	
Health Services Initiatives	<del>49,090,613</del>
Other	
Total Administration Costs	<del>78,189,766</del>
10% Administrative Cap	<del>83,621,991</del>
Cost of Proposed SPA Changes	<del>\$15,235,939.80</del>

TN: 020-010 (3/18/20<del>, 4/7/20, 5/4/20)</del> CHIP #20 Approval Date: December 18, 2020

Effective Date: Varied

### Page 10

#### State Plan under title XXI of the Social Security Act Children's Health Insurance Program Commonwealth of Massachusetts

Section 8. Section 8. Cost Sharing and Payment (Section 2103 (e))

STATE: Massachusetts	FFY Budget
Federal Share	<del>635,552,581</del>
State Share	<del>195,235,106</del>
<b>Total Costs of Approved CHIP Plan</b>	<del>830,787,687</del>

**NOTE: Include the costs associated with the current SPA.** \$15,235,939.80

The Source of State Share Funds: General Appropriations

TN: 020-010 (3/18/20<del>, 4/7/20, 5/4/20)</del> CHIP #20 Approval Date: December 18, 2020

Effective Date: Varied