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**State/Territory Name:** Massachusetts

**State Plan Amendment (SPA) #:** MA-20-0015

This file contains the following documents in the order listed:

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2) State Plan Pages
August 12, 2020

Daniel Tsai
Deputy Secretary
Commonwealth of Massachusetts
Executive Office of Health and Human Services
1 Ashburton Place, 11th Floor
Boston, MA 02108

Dear Mr. Tsai:

Your title XXI Children’s Health Insurance Program (CHIP) State Plan Amendment (SPA) number MA-20-0015, submitted on June 30, 2020, has been approved. This SPA has an effective date of July 1, 2019.

This amendment provides presumptive eligibility for all children in the state’s separate CHIP program. Previously, the state only provided presumptive eligibility for unborn children of pregnant women. A copy of the approved CS28 state plan page is attached to be incorporated into the state’s approved CHIP state plan. This page supersedes the previous CS28 that was approved on September 22, 2014.

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:

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: mary.hines@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Acting Division 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
Acting Deputy Director
CHIP Eligibility

State Name: Massachusetts
Transmittal Number: 00 - 20 - 0015

Separate Child Health Insurance Program
General Eligibility - Presumptive Eligibility for Children

The CHIP Agency covers children when determined presumptively eligible by a qualified entity. Yes

Describe the population of children to whom presumptive eligibility applies:

Unborn children of pregnant women with incomes at or below 200% FPL who are not otherwise eligible for MassHealth Standard, CHIP Medicaid Expansion children, targeted low-income children and disabled children with income above MassHealth Standard limits and at or below 300% FPL.

Describe the duration of the presumptive eligibility period and any limitations:

Presumptive eligibility will be determined by qualified hospitals eligible to make hospital presumptive eligibility (HPE) determinations under the state Medicaid program. The HPE period lasts from the time of the presumptive eligibility determination until the end of the following month, or if an individual submits a full application within that time period, until the state Medicaid agency can make a final determination. An individual is eligible for one presumptive eligibility period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Describe the application process and eligibility determination factors used:

Certified Application Councilors (CACs) at hospitals qualified to make presumptive eligibility determinations will assist individuals with the HPE determination.

The presumptive eligibility determination is based on self-attested information of the following factors: the individual’s categorical or non-financial eligibility for the group for which the individual’s presumptive eligibility is being determined; household size and income; state residency; and citizenship or immigration status.

The CHIP Agency uses qualified entities, as defined in section 1920A, to determine eligibility presumptively for children.

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual’s household income and other requirements, and that meets at least one of the following requirements. Select the types of entities used to determine presumptive eligibility:

- Furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan
- Is authorized to determine a child’s eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child’s eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child’s eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
Is authorized to determine a child’s eligibility under the Medicaid state plan or for child health assistance under the Children’s Health Insurance Program (CHIP)

☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)

☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs

☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act

☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act

☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act

☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)

☐ Any other entity the state so deems, as approved by the Secretary

<table>
<thead>
<tr>
<th>Add</th>
<th>Name of entity</th>
<th>Description</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>Qualified Hospitals</td>
<td>A qualified hospital that has elected to make hospital presumptive eligibility determinations under 42 CFR 435.1110</td>
<td>Remove</td>
</tr>
</tbody>
</table>

The CHIP Agency assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

**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 50 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.