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State Plan Amendment (SPA) #: O C/42/2237

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DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850



Children and Adults Health Programs Group

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**



SPA: MA-20-0015

CHIP Eligibility

State Name: Massachusetts	OMB Control Number: 0938-1148
Transmittal Number: 00 - 20 - 0015	_
Separate Child Health Insurance Program General Eligibility - Presumptive Eligibility for Chil	dren CS28
42 CFR 457.355 and 435.1102, 2107(e)(1)(L) and 1920A of the St	SA
The CHIP Agency covers children when determined presumptivel	y eligible by a qualified entity. Yes
Describe the population of children to whom presumptive	eligibility applies:
	below 200% FPL who are not otherwise eligible for MassHealth ow-income children and disabled children with income above
■ Describe the duration of the presumptive eligibility period	and any limitations:
determinations under the state Medicaid program. The H determination until the end of the following month, or if	ospitals eligible to make hospital presumptive eligibility (HPE) PE period lasts from the time of the presumptive eligibility an individual submits a full application within that time period, until n. An individual is eligible for one presumptive eligibility period date of the initial presumptive eligibility period.
■ Describe the application process and eligibility determinate	ion factors used:
Certified Application Councilors (CACs) at hospitals quindividuals with the HPE determination.	alified to make presumptive eligibility determinations will assist
	f-attested information of the following factors: the individual's which the individual's presumptive eligibility is being determined; hip or immigration status.
■ The CHIP Agency uses qualified entities, as defined in sec	ction 1920A, to determine eligibility presumptively for children.
Separate Child Health Insurance Program General Eligibility - List of Qualified Entities	CS30
	ne agency to be capable of making presumptive eligibility acome and other requirements, and that meets at least one tities used to determine presumptive eligibility:
payments under the approved plan	under the approved plan and is eligible to receive
☐ Act	participate in a Head Start program under the Head Start
Is authorized to determine a child's eligibility to is provided under the Child Care and Development	receive child care services for which financial assistance ent Block Grant Act of 1990
	receive assistance under the Special Supplemental Food C) under section 17 of the Child Nutrition Act of 1966

Effective Date: July 1, 2019 Page 1 of 2 Approval Date: August 12, 2020



CHIP Eligibility

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					
A	ld Name of entity	Description	Remove		
A	Qualified Hospitals	A qualified hospital that has elected to make hospital presumptive eligibility determinations under 42 CFR 435.1110	Remove		
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.

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