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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 15-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

March 22, 2016

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 a copy of approved Massachusetts State Plan Amendment (SPA) No. 15-017, which was submitted to my office on December 31, 2015. This SPA was submitted to revise your approved Title XIX State plan to describe the State's Asset Verification System (AVS) that will be used to verify assets for determining or re-determining Medicaid eligibility for the aged, blind and disabled populations. This SPA has been approved effective January 1, 2016.

Enclosed are copies of the following approved State plan pages.

- Supplement 16 to Attachment 2.6-A, pages 1-2.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Daniel Cohen, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 015-017	2. STATE MA
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE January 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. § 1396w		7. FEDERAL BUDGET IMPACT: a. FFY16 (\$4,820,000) b. FFY17 (\$9,640,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 16 to Attachment 2.6-A, Pages 1-2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New	
10. SUBJECT OF AMENDMENT: Asset Verification System			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CFR 430.12(b)(2)(i)			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO: Daniel Cohen Interim State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11 th Floor Boston, MA 02108	
13. TYPED NAME: Marylou Sudders		FOR REGIONAL OFFICE USE ONLY	
14. TITLE: Secretary			
15. DATE SUBMITTED: December 31, 2015			
17. DATE RECEIVED: 12/31/2015		18. DATE APPROVED: 03/22/2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2016		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA	
23. REMARKS: CMS and MA agreed by email dated 03/22/2016 to make a pen&ink change to Box #8 to reflect the correct page numbers. A corresponding change was also made to the header of Supplement 16 to Attachment 2.6-A page 2 to correct that page number.			

State Plan Under Title XIX of the Social Security Act
State: Massachusetts

OFFICIAL

ASSET VERIFICATION SYSTEM

1940(a)
of the Act

1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

State Plan Under Title XIX of the Social Security Act
State: Massachusetts

OFFICIAL

ASSET VERIFICATION SYSTEM

2. System Development

- ☐ A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

- ☒ B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

- ☐ C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

- ☐ D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

- ☐ E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Massachusetts emailed a solicitation to develop and implement an AVS under a statewide contract to qualified vendors in late December, 2015. We anticipate the AVS will be in place during the first quarter of calendar year 2016.

The vendor selected will implement a system that meets the requirements of Supplement 16 to Attachment 2.6-A page 1.