Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 17-0021

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form
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

February 27, 2018

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

Dear Secretary Sudders:

On December 27, 2017, the Centers for Medicare and Medicaid Services (CMS) received Massachusetts State Plan Amendment (SPA), transmittal number 17-0021, to remove the authority for eligibility for former foster care youth up to age 26 who aged out of foster care in another state from the State Plan. This authority is included in the Massachusetts Section 1115 Demonstration waiver.

Based on the information provided, we are pleased to inform you SPA 17-0021 was approved on February 27, 2018 with an effective date of December 14, 2017. Enclosed is a copy of the CMS 179 form as well as the approved pages for incorporation into the Massachusetts State Plan.

If you have any questions regarding this amendment, please call Robert Cruz at 617-565-1257 or email at Robert.Cruz@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

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

CMS-10434 OMB 0938-1188

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard, Mail Stop S2-14-26

Baltimore, Maryland 21244-1850

Date: 02/27/2018

Head of Agency: Marylou Sudders

Title/Dept : Secretary

Address 1: One Ashburton Place, 11th Floor

Address 2:

City : Boston

State: MA

Zip: 02108

MACPro Package ID: MA2017MS0001O

SPA ID: MA-17-0021

Subject

SPA MA-17-0021

Dear Marylou Sudders

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for

SPA MA-17-0021 Former Foster Care Children

Reviewable Unit	Effective Date
Financial Eligibility Requirements for Non-MAGI Groups	12/14/2017
Mandatory Eligibility Groups	12/14/2017
Former Foster Care Children	12/14/2017

The purpose of this amendment to the Medicaid State Plan is to remove the authority for eligibility for former foster care youth up to age 26 who aged out of foster care in another state from the State Plan as it will now be included in the Massachusetts Section 1115 Demonstration waiver.

Sincerely,

Stephanie Kaminsky

Acting Division Director

Approval Documentation

Name	Date Created	Type
MA 17-0021 approval letter signed	3/6/2018 1:29 PM EST	PDF

Package Information

Package ID	MA2017MS0001O	**Submission Type**	Official
Program Name	N/A	**State**	MA
SPA ID	MA-17-0021	**Region**	Boston, MA
Version Number	1	**Package Status**	Closed-Approved
Submitted By	Kaela Konefal	**Submission Date**	12/27/2017
Package Disposition		**Approval Date**	2/27/2018 12:54 PM EST

Priority Code P2

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MA2017MS0001O | MA-17-0021

Not Started | In Progress | Complete

Package Header

Package ID MA2017MS0001O
SPA ID MA-17-0021
Submission Type Official
Initial Submission Date 12/27/2017
Approval Date 2/27/2018
Effective Date N/A
Superseded SPA ID N/A

State Information

State/Territory Name: Massachusetts
Medicaid Agency Name: Executive Office of Health and Human Services/Office of Medicaid

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Submission Type

- (•) Official Submission Package
- ( ) Draft Submission Package

Allow this official package to be viewable by other states?

- ( ) Yes
- (•) No

Key Contacts

Name	Title	Phone Number	Email Address
Konefal, Kaela	State Plan Coordinator	(617)573-1807	stateplanamendments@state.ma.us

SPA ID and Effective Date

SPA ID MA-17-0021

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Financial Eligibility Requirements for Non-MAGI Groups	12/14/2017	
Mandatory Eligibility Groups	12/14/2017	
Former Foster Care Children	12/14/2017	MA-13-0024

Executive Summary

Summary Description Including Goals and Objectives The purpose of this amendment to the Medicaid State Plan is to remove the authority for eligibility for former foster care youth up to age 26 who aged out of foster care in another state from the State Plan as it will now be included in the Massachusetts Section 1115 Demonstration waiver. The requested effective date for this amendment is December 14, 2017. Note: the only change we are making through this SPA is to confirm coverage of former foster care youth, effective 12/14/17. The only language that is being superseded through this SPA is for former foster care youth.

Dependency Description

Description of any dependencies between this submission package and any other submission package undergoing review None

Disaster-Related Submission

This submission is related to a disaster

- ○ Yes
- ◉ No

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	$0
Second	2019	$0

Federal Statute / Regulation Citation

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

Governor's Office Review

- ○ No comment
- ○ Comments received
- ○ No response within 45 days
- ◉ Other

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

Authorized Submitter

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Kaela Konefal
Phone number 6175731807
Email address kaela.konefal@state.ma.us
Authorized Submitter's Signature Kaela Konefal

☑ I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MA2017MS0001O | MA-17-0021

Not Started | In Progress | Complete

Package Header

Package ID MA2017MS0001O
SPA ID MA-17-0021
Submission Type Official
Initial Submission Date 12/27/2017
Approval Date 2/27/2018
Effective Date N/A
Superseded SPA ID N/A

Indicate whether public comment was solicited with respect to this submission.

- ◉ Public notice was not federally required and comment was not solicited
- ○ Public notice was not federally required, but comment was solicited
- ○ Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MA2017MS0001O | MA-17-0021

Not Started | In Progress | Complete

Package Header

Package ID MA2017MS0001O
SPA ID MA-17-0021
Submission Type Official
Initial Submission Date 12/27/2017
Approval Date 2/27/2018
Effective Date N/A
Superseded SPA ID N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- (●) Yes
- ( ) No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- (●) Yes
- ( ) No

[✓] The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

[✓] All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
11/8/2017	EOHHS consulted the Massachusetts Indian Tribes about this proposed amendment during its quarterly tribal consultation call on November 8, 2017. A synopsis of the call is enclosed. The Tribes were asked to respond with any advice or feedback by December 4, 2017. None was received.

[✓] All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
11/8/2017	EOHHS consulted the Massachusetts Indian Tribes about this proposed amendment during its quarterly tribal consultation call on November 8, 2017. A synopsis of the call is enclosed. The Tribes were asked to respond with any advice or feedback by December 4, 2017. None was received.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

[✓] All Indian Tribes

Date of consultation:	Method of consultation:
11/8/2017	EOHHS consulted the Massachusetts Indian Tribes about this proposed amendment during its quarterly tribal consultation call on November 8, 2017. A synopsis of the call is enclosed. The Tribes were asked to respond with any advice or feedback by December 4, 2017. None was received.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	Type
TN-017-021 (FFC Change) Follow up to 11_8_17 Tribal Consultation call (112017) 1	12/22/2017 11:06 AM EST	PDF
TN-017-021 (FFC Change) Follow up to 11_8_17 Tribal Consultation call (112017) 2	12/22/2017 11:07 AM EST	PDF

Indicate the key issues raised (optional)

[ ] Access

- [ ] Quality
- [ ] Cost
- [ ] Payment methodology
- [ ] Eligibility
- [ ] Benefits
- [ ] Service delivery
- [ ] Other issue

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | MA2017MS0001O | MA-17-0021

Not Started | In Progress | Complete

Package Header

Package ID MA2017MS0001O
SPA ID MA-17-0021
Submission Type Official
Initial Submission Date 12/27/2017
Approval Date 2/27/2018
Effective Date 12/14/2017
Superseded SPA ID N/A

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

- [x] The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- (•) SSA Eligibility Determination State (1634 State)

  The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

- ( ) State Eligibility Determination (SSI Criteria State)

  The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

- ( ) State Eligibility Determination (209(b) State)

  The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

- [x] The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MA2017MS0001O | MA-17-0021

Not Started | In Progress | Complete

Package Header

Package ID MA2017MS0001O
SPA ID MA-17-0021
Submission Type Official
Initial Submission Date 12/27/2017
Approval Date 2/27/2018
Effective Date 12/14/2017
Superseded SPA ID N/A

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		☑	☐	○	CONVERTED
Parents and Other Caretaker Relatives		☑	☐	○	CONVERTED
Pregnant Women		☑	☐	○	CONVERTED
Deemed Newborns		☑	☐	○	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		☑	☐	○	NEW
Former Foster Care Children		☑	☑	○	APPROVED
Transitional Medical Assistance		☑	☐	○	NEW
Extended Medicaid due to Spousal Support Collections		☑	☐	○	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		☑	☐	○	NEW
Individuals Receiving Mandatory State Supplements		☑	☐	○	NEW
Individuals Who Are Essential Spouses		☑	☐	○	NEW
Institutionalized Individuals Continuously Eligible Since 1973		☑	☐	○	NEW
Blind or Disabled Individuals Eligible in 1973		☑	☐	○	NEW
Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972		☑	☐	○	NEW
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977		☑	☐	○	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI		☑	☐	○	NEW
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security		☑	☐	○	NEW
Working Disabled under 1619(b)		☑	☐	○	NEW
Disabled Adult Children		☑	☐	○	NEW
Qualified Medicare Beneficiaries		☑	☐	○	NEW
Qualified Disabled and Working Individuals		☑	☐	○	NEW
Specified Low Income Medicare Beneficiaries		☑	☐	○	NEW
Qualifying Individuals		☑	☐	○	NEW

B. The state elects the Adult Group, described at 42 C.F.R. §435.219.

◉ Yes ○ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group		☑	☐	○	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | MA2017MS0001O | MA-17-0021

Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and were in foster care when they turned age 18 or aged out of foster care.

Not Started In Progress Complete

Package Header

Package ID MA2017MS0001O
SPA ID MA-17-0021
Submission Type Official
Initial Submission Date 12/27/2017
Approval Date 2/27/2018
Effective Date 12/14/2017
Superseded SPA ID MA-13-0024
System-Derived

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 26

2. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group

B. Individuals Covered

1. The state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) and were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act.

2. Additionally, the state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- [x] a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- [ ] b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- [x] c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Additional Information (optional)

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 0938-1188. The time required to complete this information collection is estimated to average 40 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.

This view was generated on 3/9/2018 7:48 AM EST