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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 19-0026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form
- 3) Approved SPA Pages

Package Information

Package ID MA2019MS0001O
Program Name N/A
SPA ID MA-19-0026
Version Number 3
Submitted By Kaela Konefal
Package Disposition 
Priority Code P2

Submission Type Official
State MA
Region Boston, MA
Package Status Approved
Submission Date 10/16/2019
Approval Date 12/12/2019 6:29 PM EST



Division of Medicaid and Children's Health Operations

December 12, 2019

Marylou Sudders
Secretary
Executive Office of Health and Human Services/Office of Medicaid
One Ashburton Place, 11th Floor
Boston, MA 02108

Re: Approval of State Plan Amendment MA-19-0026

Dear Marylou Sudders:

On October 16, 2019, the Centers for Medicare and Medicaid Services (CMS) received Massachusetts State Plan Amendment (SPA) MA-19-0026 to increase the income and asset limits for the Qualified Medicare Beneficiary program, the Specified Low-Income Medicare Beneficiary program, and the Qualifying Individuals program.

We approve Massachusetts State Plan Amendment (SPA) MA-19-0026 on December 12, 2019 with an effective date(s) of January 01, 2020.

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

If you have any questions regarding this amendment, please contact Robert Cruz at robert.cruz@cms.hhs.gov.

Sincerely,

Francis T. McCullough, Director

Division of Medicaid Field Operations East
(Boston)

Division of Medicaid and Children's
Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Package Header

Package ID MA2019MS0001O
Submission Type Official
Approval Date 12/12/2019
Superseded SPA ID N/A

SPA ID MA-19-0026
Initial Submission Date 10/16/2019
Effective Date 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 - Summary

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Package Header

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|--------------------------|---------------|--------------------------------|------------|
| Package ID | MA2019MS0001O | SPA ID | MA-19-0026 |
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| Approval Date | 12/12/2019 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

SPA ID and Effective Date

SPA ID MA-19-0026

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|-------------------|
| Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability | 1/1/2020 | MA-17-0021 |
| Non-MAGI Methodologies | 1/1/2020 | New |
| Mandatory Eligibility Groups | 1/1/2020 | MA-17-0021 |
| Qualified Medicare Beneficiaries | 1/1/2020 | 10-001, 18-0016 |
| Specified Low Income Medicare Beneficiaries | 1/1/2020 | 10-001, 18-0016 |
| Qualifying Individuals | 1/1/2020 | 10,001, 18-0016 |
| Optional Eligibility Groups | 1/1/2020 | MA-13-0024 |

Page Number of the Superseded Plan Section or Attachment (if Applicable):

Submission - Summary

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| Superseded SPA ID | N/A | | |

Executive Summary

Summary Description Including Goals and Objectives This amendment increases the income and asset limits for the Medicare Savings Programs (MSPs), effective January 1, 2020.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|------------|
| First | 2019 | \$0 |
| Second | 2020 | \$27674000 |

Federal Statute / Regulation Citation

42 CFR Part 447

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

Submission - Summary

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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)

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

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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

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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, as described in the state consultation plan.

- ☒ 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, and in accordance with the state consultation plan, 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: |
|------------------------------------|---|
| 8/15/2019 | EOHHS convened its quarterly tribal consultation call on August 15, 2019, to consult the Massachusetts Indian Tribes about this proposed amendment. Due to limited attendance, the consultation was completed by email on August 22, 2019. A copy of the email is enclosed. The Tribes were asked to respond with any advice or feedback by September 5, 2019. None was received. |

- ☒ All Urban Indian Organizations


| Date of solicitation/consultation: | Method of solicitation/consultation: |
|------------------------------------|---|
| 8/15/2019 | EOHHS convened its quarterly tribal consultation call on August 15, 2019, to consult the Massachusetts Indian Tribes about this proposed amendment. Due to limited attendance, the consultation was completed by email on August 22, 2019. A copy of the email is enclosed. The Tribes were asked to respond with any advice or feedback by September 5, 2019. 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

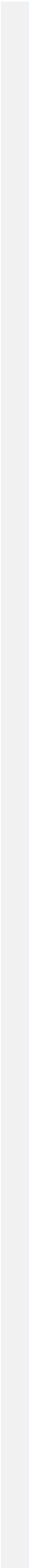
| Date of consultation: | Method of consultation: |
|-----------------------|---|
| 8/15/2019 | EOHHS convened its quarterly tribal consultation call on August 15, 2019, to consult the Massachusetts Indian Tribes about this proposed amendment. Due to limited attendance, the consultation was completed by email on August 22, 2019. A copy of the email is enclosed. The Tribes were asked to respond with any advice or feedback by September 5, 2019. 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 | |
|---|-----------------------|---|
| 09. TN-019-026 (MSP) Tribal Notice (081519) | 9/30/2019 2:52 PM EDT |  |

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue



Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

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| Superseded SPA ID | MA-17-0021 | | |
| | User-Entered | | |

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

☒ 1. 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 age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

☐ 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

☐ 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

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| | User-Entered | | |

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

☒ Yes

☐ No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

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| Superseded SPA ID | New | | |
| | User-Entered | | |

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- ☒ (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- ☐ (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

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| | User-Entered | | |

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- ☐ Yes
- ☒ No

Non-MAGI Methodologies

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| | User-Entered | | |

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

☐ Yes

☒ No

Non-MAGI Methodologies

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| | User-Entered | | |

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

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| | User-Entered | | |

G. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS00010 | MA-19-0026









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| Superseded SPA ID | MA-17-0021 | | |
| | User-Entered | | |








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 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Parents and Other Caretaker Relatives |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Pregnant Women |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Deemed Newborns |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Former Foster Care Children |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Transitional Medical Assistance |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Extended Medicaid due to Spousal Support Collections |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | 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 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Closed Eligibility Groups |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Deemed To Be Receiving SSI |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Working Individuals under 1619(b) |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualified Medicare Beneficiaries |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/> | APPROVED |
| Qualified Disabled and Working Individuals |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Specified Low Income Medicare Beneficiaries |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/> | APPROVED |

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|------------------------|---|-------------------------------------|-------------------------------------|--|---------------|
| Qualifying Individuals |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/> | APPROVED |

Mandatory Eligibility Groups

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| | User-Entered | | |

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ 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 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | 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

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

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| Superseded SPA ID | 10-001, 18-0016 | | |
| | User-Entered | | |

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
☐ No

The less restrictive income methodologies are:

- ☒ The difference between one income standard and another is disregarded.
- ☒ Between the following percentages of the FPL:
 - ☐ Between the medically needy income limit and a percentage of the FPL:
 - ☐ Between the SSI Federal Benefit Rate and:
 - ☐ Between other income standards:

FPL 100.00%

and

FPL 130.00%

- ☒ A specified type of income is disregarded:

| Name of income type: | Description: |
|----------------------|--|
| Vet Annuity | Disregard state veteran annuity payments under Section 6b of Chapter 115 of Massachusetts General Law. |

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

- ☒ General resource disregard:

| Name of disregard: | Description: |
|------------------------|--|
| MSP Resource Disregard | Disregard amount equal to the full-benefit of Medicare Part D Extra Help resource limit and the effective resource standard is two times the MSP resource limit. |

- ☒ A specified type of resource is disregarded:

| Name of resource type: | Description: |
|------------------------|--|
| Veteran Annuity | Disregard state veteran annuity payments under Section 6b of Chapter 115 of Massachusetts General Law. |

Qualified Medicare Beneficiaries

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C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Individuals with income greater than 100% and less than or equal to 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

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| Superseded SPA ID | 10-001, 18-0016 | | |
| | User-Entered | | |

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income and resources at or below the standard for this group.

Specified Low Income Medicare Beneficiaries

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
☐ No

The less restrictive income methodologies are:

- ☒ The difference between one income standard and another is disregarded.
- ☒ Between the following percentages of the FPL:
FPL 120.00%
and
FPL 150.00%
 - ☐ Between the medically needy income limit and a percentage of the FPL:
 - ☐ Between the SSI Federal Benefit Rate and:
 - ☐ Between other income standards:

- ☒ A specified type of income is disregarded:

| Name of income type: | Description: |
|----------------------|---|
| Veteran Annuity | Disregard state veteran annuity payments under Section 6b of Chapter 115 of Massachusetts General Law |

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

- ☒ General resource disregard:

| Name of disregard: | Description: |
|------------------------|--|
| MSP Resource Disregard | Disregard amount equal to the full-benefit of Medicare Part D Extra Help resource limit and the effective resource standard is two times the MSP resource limit. |

- ☒ A specified type of resource is disregarded:

| Name of resource type: | Description: |
|------------------------|--|
| Veteran Annuity | Disregard state veteran annuity payments under Section 6b of Chapter 115 of Massachusetts General Law. |

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Package Header

| | | | |
|--------------------------|-----------------|--------------------------------|------------|
| Package ID | MA2019MS0001O | SPA ID | MA-19-0026 |
| Submission Type | Official | Initial Submission Date | 10/16/2019 |
| Approval Date | 12/12/2019 | Effective Date | 1/1/2020 |
| Superseded SPA ID | 10-001, 18-0016 | | |
| | User-Entered | | |

C. Income Standard Used

Family income must be above 100% FPL and at or below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Package Header

| | | | |
|--------------------------|-----------------|--------------------------------|------------|
| Package ID | MA2019MS0001O | SPA ID | MA-19-0026 |
| Submission Type | Official | Initial Submission Date | 10/16/2019 |
| Approval Date | 12/12/2019 | Effective Date | 1/1/2020 |
| Superseded SPA ID | 10-001, 18-0016 | | |
| | User-Entered | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Individuals with income between 120% and 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

| | | | |
|--------------------------|-----------------|--------------------------------|------------|
| Package ID | MA2019MS0001O | SPA ID | MA-19-0026 |
| Submission Type | Official | Initial Submission Date | 10/16/2019 |
| Approval Date | 12/12/2019 | Effective Date | 1/1/2020 |
| Superseded SPA ID | 10,001, 18-0016 | | |
| | User-Entered | | |

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income and resources at or below the standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Package Header

Package ID MA2019MS0001O
Submission Type Official
Approval Date 12/12/2019
Superseded SPA ID 10,001, 18-0016
User-Entered

SPA ID MA-19-0026
Initial Submission Date 10/16/2019
Effective Date 1/1/2020

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
☐ No

The less restrictive income methodologies are:

- ☒ The difference between one income standard and another is disregarded.
- ☒ Between the following percentages of the FPL:
 - ☐ Between the medically needy income limit and a percentage of the FPL:
 - ☐ Between the SSI Federal Benefit Rate and:
 - ☐ Between other income standards:

FPL 135.00%

and

FPL 165.00%

- ☒ A specified type of income is disregarded:

| Name of income type: | Description: |
|----------------------|---|
| Veteran Annuity | Disregard state veteran annuity payments under Section 6b of Chapter 115 of Massachusetts General Law |

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

- ☒ General resource disregard:

| Name of disregard: | Description: |
|------------------------|--|
| MSP Resource Disregard | Disregard an amount equal to the full-benefit Medicare Part D Extra Help resource limit and the effective resource standard is two times the MSP resource limit. |

- ☒ A specified type of resource is disregarded:

| Name of resource type: | Description: |
|------------------------|--|
| Veteran Annuity | Disregard for state veteran annuity payments under Section 6b of Chapter 115 of Massachusetts General Law. |

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Package Header

| | | | |
|--------------------------|-----------------|--------------------------------|------------|
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| Submission Type | Official | Initial Submission Date | 10/16/2019 |
| Approval Date | 12/12/2019 | Effective Date | 1/1/2020 |
| Superseded SPA ID | 10,001, 18-0016 | | |
| | User-Entered | | |

C. Income Standard Used

Family income must be above 120% FPL and at or below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Package Header

| | | | |
|--------------------------|-----------------|--------------------------------|------------|
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| | User-Entered | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS00010 | MA-19-0026

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
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| Submission Type | Official | Initial Submission Date | 10/16/2019 |
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| Superseded SPA ID | MA-13-0024 | | |
| User-Entered | | | |











A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.



☒ Yes ☐ No














The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|---|-------------------------------------|--------------------------|--|---------------|
| Optional Coverage of Parents and Other Caretaker Relatives |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Reasonable Classifications of Individuals under Age 21 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Children with Non-IV-E Adoption Assistance |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Independent Foster Care Adolescents |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Optional Targeted Low Income Children |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals above 133% FPL under Age 65 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Needing Treatment for Breast or Cervical Cancer |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Eligible for Family Planning Services |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals with Tuberculosis |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Electing COBRA Continuation Coverage |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|---|-------------------------------------|--------------------------|--|---------------|
| Individuals Eligible for but Not Receiving Cash Assistance |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Eligible for Cash Except for Institutionalization |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|---|-------------------------------------|--------------------------|--|---------------|
| Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Optional State Supplement Beneficiaries |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals in Institutions Eligible under a Special Income Level |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| PACE Participants |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving Hospice |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Children under Age 19 with a Disability |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Age and Disability-Related Poverty Level |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Work Incentives |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Basic |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Medical Improvements |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Family Opportunity Act Children with a Disability |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving State Plan Home and Community-Based Services |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Package Header

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User-Entered

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Initial Submission Date 10/16/2019
Effective Date 1/1/2020

B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy.

☒ Yes ☐ No


The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---------------------------------------|---|-------------------------------------|--------------------------|--|---------------|
| Medically Needy Pregnant Women |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Medically Needy Children under Age 18 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|---|-------------------------------------|--------------------------|--|---------------|
| Protected Medically Needy Individuals Who Were Eligible in 1973 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

2. Optional Medically Needy:

Families and Adults

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|---|-------------------------------------|--------------------------|--|---------------|
| Medically Needy Reasonable Classifications of Individuals under Age 21 |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Medically Needy Parents and Other Caretaker Relatives |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|---|-------------------------------------|--------------------------|--|---------------|
| Medically Needy Populations Based on Age, Blindness or Disability |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MA2019MS0001O | MA-19-0026

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | MA2019MS0001O | SPA ID | MA-19-0026 |
| Submission Type | Official | Initial Submission Date | 10/16/2019 |
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| | User-Entered | | |

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