

## **Table of Contents**

**State/Territory Name:** **Massachusetts**

**State Plan Amendment (SPA) #:** **23-0031**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



August 3, 2023

Kathleen E. Walsh, Secretary  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, Room 1109  
Boston, MA 02108

Re: Massachusetts State Plan Amendment (SPA) 23-0031

Dear Secretary Walsh:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0031. This amendment proposes to temporarily extend availability of Hospital Presumptive Eligibility (HPE) to non-MAGI individuals originally approved in Disaster Relief SPA 20-0006 with the following modifications: Adds HPE eligibility to the Medically Needy Aged, Blind and Disabled eligibility group. Removes the allowance for more than one hospital presumptive eligibility period in a twelve-month period for all eligible individuals.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Massachusetts' Medicaid SPA Transmittal Number 23-0031 is approved effective May 12, 2023.

If you have any questions, please contact Marie DiMartino at 617-565-9157 or via email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

Courtney L.  
Miller -S

Digitally signed by  
Courtney L. Miller -S  
Date: 2023.08.03  
06:12:45 -05'00'

Courtney Miller  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 3 1</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>05/12/2023</u>
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5. FEDERAL STATUTE/REGULATION CITATION Title 19 of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <sup>23</sup> <u>\$ 284,000</u> b. FFY <sup>24</sup> <u>\$ 365,000</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT "Section 7.4.C., "Temporary <del>Extension to the Disaster Relief Policies for</del> Policies in Effect Following the COVID-19 National Emergency"	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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9. SUBJECT OF AMENDMENT

An amendment to extend availability of hospital presumptive eligibility (HPE) to non-MAGI individuals.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Not required under 42 CFR 430.12(b)(2)(i)

11. APPROVING OFFICIAL 	15. RETURN TO  Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, Room 1109 Boston, MA 02108
12. NAME Mike Levine	
13. TITLE Assistant Secretary for MassHealth	
14. DATE SUBMITTED 05/11/23	

**FOR CMS USE ONLY**

16. DATE RECEIVED 05/11/23	17. DATE APPROVED 08/03/2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 05/12/2023	19. SIGNATURE OF APPROVING OFFICIAL Courtney L. Miller <small>Digitally signed by Courtney L. Miller -S Date: 2023.08.03</small>
20. TYPED NAME OF APPROVING OFFICIAL Courtney Miller on Behalf of Anne Marie Costello	21. TITLE OF APPROVING OFFICIAL Deputy Director, Center for Medicaid and CHIP Services

22. REMARKS

8/1/23: CMS made pen and ink change to Box 7 to correct page information per email with state.

**Section 7.4.C., “Temporary Policies in effect following the COVID-19 National Emergency”**

Effective May 12, 2023 until March 31, 2024, the agency temporarily extends the following election(s) of section 7.4 (approved on 08/18/2020 in SPA Number MA-20-0006) of the state plan, with modifications.

**Section B – Enrollment**

1.   X   The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

*Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.*

Allow Hospital Presumptive Eligibility (HPE) for the following eligibility groups:

- Age and Disability-Related Poverty Level; Sections 1902(a)(10)(A)(ii)(X)
- Medically Needy Aged, Blind or Disabled; 42 CFR 435.320, 435.322, 435.324, and 435.330; Section 1902(a)(10)(C)