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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 23-0034

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 2, 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) 23-0034

Dear Secretary Walsh:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0034. This amendment proposes to temporarily disregard monies received by any member or applicant as part of a settlement agreement with residents of the Holyoke Soldier's Home for the purposes of determining eligibility originally approved in Disaster Relief SPA 23-0001.

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 23-0034 is approved effective May 12, 2023.

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

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.06.02
07:39:28 -04'00'

Alissa Mooney DeBoy
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
2 3 — 0 0 3 4

2. STATE
MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
05/12/2023

5. FEDERAL STATUTE/REGULATION CITATION
Title 19 of the Social Security Act, Section 1135 of the Social Security Act;

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY ²³ \$ 0
b. FFY ²⁴ \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7.4.B., Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

An amendment to disregard monies received by any member or applicant as part of a settlement agreement with residents of the Holyoke Soldier's Home for the purposes of determining eligibility

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)

12. TYPED NAME
Mike Levine

13. TITLE
Assistant Secretary for MassHealth

14. DATE SUBMITTED
05/11/23

15. RETURN TO

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108

FOR CMS USE ONLY

16. DATE RECEIVED
05/11/2023

17. DATE APPROVED
06/02/2023

Alissa M. Deboy -S

Digitally signed by Alissa M. Deboy -S
Date: 2023.06.02 07:39:48 -04'00'

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
05/12/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy on Behalf of Anne Marie Costello

21. TITLE OF APPROVING OFFICIAL
Deputy Director
Center for Medicaid and CHIP Services

22. REMARKS

05/31/23: State authorized pen and ink change to Box 5 to strike-through Section 1135 reference.

Section 7.4.B., “Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency”

Effective May 12, 2023 until March 31, 2024, the agency temporarily extends the following election(s) in section 7.4 (approved on 5/5/2023 in SPA Number MA-23-0001) of the state plan.

Section A – Eligibility

3. X The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

In determining income eligibility for the non-MAGI eligibility groups described in section 1902(a)(10)(A) of the Act, 1902(a)(10)(C), and 1902(a)(10)(E) (i), (iii), (iv) of the Act, disregard monies received, in a lump sum, by any member or applicant as part of a settlement agreement with residents of the Holyoke Soldiers Home, their next of kin, or their designated beneficiaries.

Less restrictive resource methodologies:

In determining asset eligibility for the non-MAGI eligibility groups described in section 1902(a)(10)(A) of the Act, 1902(a)(10)(C), and 1902(a)(10)(E) (i), (iii), (iv) of the Act, disregard monies received, in a lump sum, by any member or applicant as part of a settlement agreement with residents of the Holyoke Soldiers Home, their next of kin, or their designated beneficiaries.

Section F – Post-Eligibility Treatment of Income

2. X The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

In addition to the basic personal needs allowance, the personal needs allowance is increased by the amount of monies received, in a lump sum, by any member or applicant as part of a settlement agreement with residents of the Holyoke Soldiers Home, their next of kin, or their designated beneficiaries.