

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 14, 2024

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) 24-0034

Dear Secretary Walsh:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0034. This amendment updates the estate recovery hardship policies, specifically reducing estate recovery to the federal minimum requirements, to align with Massachusetts state law.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 U.S.C 1396a(a)(18) and 42 CFR 433.36. This letter informs you that Massachusetts' Medicaid SPA TN 24-0034 was approved on November 14, 2024, effective August 1, 2024.

Enclosed are copies of the Form CMS-179 and the approved SPA pages to be incorporated into the Massachusetts State Plan.

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

Sincerely,

A black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 3 4

2. STATE

M A3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

08/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 U.S.C 1396a(a)(18); 42 CFR 433.36

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 0

b. FFY 25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4 page 53a, 53a-i(NEW)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Section 4 page 53a

9. SUBJECT OF AMENDMENT

An amendment to update the policies for estate recovery

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.

15. RETURN TO

12. TYPED NAME

Mike Levine

13. TITLE

Assistant Secretary for MassHealth

14. DATE SUBMITTED

09/30/2024

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

09/30/2024

17. DATE APPROVED

11/14/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

08/01/2024

19. SIGNATURE OF

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director

Division of Program Operations

22. REMARKS

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

Citation

4.17 Liens and Adjustments or Recoveries (cont.)

(b) Adjustments or Recoveries

The state complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h) – (i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.
 - ☒ Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.
- (2) ☒ The state determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).
- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.
 - ☒ In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for all other medical assistance provided under the State Plan except as listed below:

Note: This section only applies to estates of individuals dying on or after April 1, 1995, and before August 1, 2024. For estates of individuals dying on or after August 1, 2024, pursuant to Massachusetts General Law Chapter 118E Section 31, there shall be no adjustments or recovery of medical assistance for payments made from an individual's estate for services for which estate recovery is not mandated under 42 U.S.C. 1396p(b)(1)(A) and 1396p(b)(1)(B)(i).

Medicare cost sharing identified at 4.17(b)(3)
(continued)

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

Pursuant to the Agreement between the State of Massachusetts and Centers for Medicare and Medicaid Services (“Demonstration of HHA Settlement for Dual Eligibles”) for any dually eligible individuals (i.e., Medicare and Medicaid dually eligible) who received medical assistance, the state will not make adjustments or recoveries of Medicaid home health services claims paid from the individual’s estate for dates of service from October 1, 1999 through September 30, 2007.