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State/Territory Name: Massachusetts

State Plan Amendment (SPA)#: MA-25-0040

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Page

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

March 13, 2026

Dr. Kiame Mahaniah, 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) - 25-0040

Dear Dr. Mahaniah:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0040. This amendment imposes, as a condition of Medicaid eligibility, that Medicaid applicants and beneficiaries who may be eligible for Medicare must apply for Medicare as a condition of their Medicaid eligibility.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing Section 1902 of the Social Security Act. This letter informs you that the Massachusetts Medicaid SPA TN 25-0040 was approved on March 13, 2026, with an effective date of October 1, 2025.

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

If you have any questions, please contact Ambrosia Watts at (410) 786-1562 or via email at Ambrosia.Watts1@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, 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 <u>2 5 — 0 0 4 0</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <u>10/01/2025</u>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>26</u> \$ <u>0</u> b. FFY <u>27</u> \$ <u>0</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 U.S.C. § 1906</u> Section 1902 of the Social Security Act	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 2.6-A p. 3c</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 2.6-A p. 3c</u>	

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

9. SUBJECT OF AMENDMENT

An amendment to clarify that as a condition of eligibility, members and applicants are required to apply for Medicare if it is likely that they would meet the eligibility criteria and are eligible for help paying for premiums and cost sharing

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:

13. TITLE
Undersecretary for MassHealth

14. DATE SUBMITTED
12/30/2025

15. RETURN TO

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, 10th Floor
Boston, MA 02108

FOR CMS USE ONLY

16. DATE RECEIVED
12/30/2025

17. DATE APPROVED
03/13/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2025

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

Box 5: State authorized pen and ink change on 03/10/2026

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Conditions and Requirements of Eligibility

<u>Citation(s)</u>	A. General Conditions of Eligibility (cont.)
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).
<i>New York State Department of Social Services v. Dublino, 413 U.S. (1973)</i>	11. Is required to apply for coverage under Medicare Parts A, B and /or D if it is likely that the individual would meet the eligibility criteria for any or all of those programs. The state agrees to pay any applicable premiums and cost sharing (except those applicable under Part D) for individuals required to apply for Medicare. Application for Medicare is a condition of eligibility unless the state does not pay the Medicare premiums, deductibles, or co-insurance (except those applicable under Part D) for persons covered by the Medicaid eligibility group under which the individual is applying.