

Commonwealth of
Massachusetts

State Plan Under
Title XIX of the
Social Security Act

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

List of Attachments

<u>No.</u>	<u>Title of Attachment</u>
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
2.1-A	Definition of an HMO that Is Not Federally Qualified
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
	*Supplement 1: Reasonable Classification of Individuals under the Age of 21, 20, 19, and 18
	*Supplement 2: Definitions of Blindness and Disability (<u>Territories only</u>)
	*Supplement 3: Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
2.6-A	Eligibility Conditions and Requirements (<u>States only</u>)
	*Supplement 1: Income Eligibility Levels — Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries
	*Supplement 2: Resource Levels — Categorically Needy, including Groups with Incomes up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups
	*Supplement 3: Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
	*Supplement 4: Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

* Forms provided.

State Plan UNDER Title XIX of the Social Security Act
Medical Assistance Program
State: Massachusetts

List of Attachments

<u>No.</u>	<u>Title of Attachment</u>
	*Supplement 5: Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
	*Supplement 5a: Methodologies for Treatment of Resources for Individuals with Incomes Up to a Percentage of the Federal Poverty Level
	*Supplement 6: Standards for Optional State Supplementary Payments
	*Supplement 7: Income Levels for 1902(f) States — Categorically Needy Who Are Covered under Requirements More Restrictive than SSI
	*Supplement 8: Resource Standards for 1902(f) States — Categorically Needy
	*Supplement 8a: More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
	*Supplement 8b: More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act
	*Supplement 9: Transfer of Resources
	*Supplement 10: Consideration of Medicaid Qualifying Trusts — Undue Hardship
	*Supplement 11: Cost-Effective Methods for COBRA Groups (<u>States and Territories</u>)
*2.6-A	<u>Eligibility Conditions and Requirements (Territories only)</u>
	*Supplement 1: Income Eligibility Levels — Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries
	*Supplement 2: Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
	*Supplement 3: Resource Levels for Optional Groups with Incomes up to a Percentage of the Federal Poverty Level and Medically Needy
	*Supplement 4: Consideration of Medicaid Qualifying Trusts — Undue Hardship
	*Supplement 5: More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
	*Supplement 6: More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act

* Forms provided.

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

List of Attachments

<u>No.</u>	<u>Title of Attachment</u>
*3.1-A	Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy * Supplement 1 – Case Management Services Supplement 2 – Alternative Health Care Plans for Families Covered Under Section 1925 of the Act
*3.1-B	Amount, Duration, and Scope of Services Provided Medically Needy Groups
3.1-C	Standards and Methods of Assuring High Quality Care
3.1-D	Methods of Providing Transportation
*3.1-E	Standards for the Coverage of Organ Transplant Procedures
3.2-A	Coordination of Title XIX with Part B of Title XVIII
4.11-A	Standards for Institutions
4.14-A	Single Utilization Review Methods for Intermediate Care Facilities Multiple Utilization Review Methods for Intermediate Care Facilities
4.16-A	Cooperative Arrangements with State Health and State Vocational Rehabilitation Agencies and with Title V Grantees
4.17-A	Determining that an Institutionalized Individual Cannot be Discharged and Returned Home
*4.18-A	Charges Imposed on Categorically Needy
*4.18-B	Medically Needy - Premium
*4.18-C	Charges Imposed on Medically Needy and Other Optional Groups
*4.18-D	Premiums Imposed on Low Income Pregnant Women and Infants
*4.18-E	Premiums Imposed on Qualified Disabled and Working Individuals
4.19-A	Methods and Standards for Establishing Payment Rates – Inpatient Hospital Care

* Forms provided.

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

Table of Contents

<u>Section</u>	<u>Page Number</u>
State Plan Submittal Statement	1
Section 1 - Single State Agency Organization	2
1.1 Designation and Authority	2
1.2 Organization for Administration	7
1.3 Statewide Operation	8
1.4 State Medical Care Advisory Committee	9

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

Table of Contents

<u>Section</u>	<u>Page Number</u>
Section 2 - Coverage and Eligibility	10
2.1 Application, Determination of Eligibility and Furnishing Medicaid	10
2.2 Coverage and Conditions of Eligibility	12
2.3 Residence	13
2.4 Blindness	14
2.5 Disability	15
2.6 Financial Eligibility	16
2.7 Medicaid Furnished Out of State	18

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

Table of Contents

<u>Section</u>	<u>Page Number</u>
Section 3 – Services: General Provisions	19
3.1 Amount, Duration, and Scope of Services	19
3.2 Coordination of Medicaid with Medicare Part B	29
3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases	30
3.4 Special Requirements Applicable to Sterilization Procedures	31
3.5 Medicaid for Medicare Cost Sharing for Qualified Medicare Beneficiaries	31a
3.6 Ambulatory Prenatal Care for Pregnant Women during Presumptive Eligibility Period	31b

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

Table of Contents

<u>Section</u>	<u>Page Number</u>
Section 4 – General Program Administration	
4.1 Methods of Administration.....	32
4.2 Hearings for Applicants and Recipients.....	33
4.3 Safeguarding Information on Applicants and Recipients	34
4.4 Medicaid Quality Control	35
4.5 Medicaid Agency Fraud Detection and Investigation Program.....	36
4.6 Reports	37
4.7 Maintenance of Records	38
4.8 Availability of Agency Program Manuals	39
4.9 Reporting Provider Payments to the Internal Revenue Service	40
4.10 Free Choice of Providers	41
4.11 Relations With Standard-Setting and Survey Agencies.....	42
4.12 Consultation to Medical Facilities	44
4.13 Required Provider Agreement.....	45
4.14 Utilization Control	46
4.15 Inspections of Care in Skilled Nursing and Intermediate Care Facilities and Institutions for Mental Disease.....	51
4.16 Relations With State Health and Vocational Rehabilitation Agencies and Title V Grantees.....	52
4.17 Liens and Recoveries.....	53

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

Table of Contents

<u>Section</u>	<u>Page Number</u>
Section 4 – General Program Administration (cont.)	
4.34 Systemic Alien Verification for Entitlements.....	79a
4.35 Enforcement of Compliance for Nursing Facilities.....	79-c1
4.36 Required Coordination Between the Medicaid and WIC Programs	79-d
4.39 Preadmission Screening and Annual Resident Review in Nursing Facilities	79-s
4.42 Employee Education About False Claims Recoveries.....	79-x (1)

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

Table of Contents

<u>Section</u>	<u>Page Number</u>
Section 5 – Personnel Administration	80
5.1 Standards of Personnel Administration	80
5.2 RESERVED	81
5.3 Training Programs; Subprofessional and volunteer Programs	82

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

Table of Contents

<u>Section</u>	<u>Page Number</u>
Section 6 – Financial Administration	83
6.1 Fiscal Policies and Accountability	83
6.2 Cost Allocation	84
6.3 State Financial Participation	85

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

Table of Contents

<u>Section</u>	<u>Page Number</u>
Section 7 – General Provisions	86
7.1 Plan Amendments	86
7.2 Nondiscrimination	87
7.3 Maintenance of AFDC Effort	88
7.4 State Governor’s Review	89

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

Citation

As a condition for receipt of Federal funds under Title XIX of the Social Security Act the

42 CFR
430.10

Massachusetts Executive Office of Health and Human Services
(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of Titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

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

Citation

SECTION 1: SINGLE STATE AGENCY ORGANIZATION

1.1 Designation and Authority

42 CFR 431.10
AT-79-29

- (a) The Massachusetts Executive Office of Health and Human Services is the single State agency designated to administer or supervise the administration of the Medicaid program under Title XIX of the Social Security Act. (All references in this plan to “the Medicaid agency” mean the agency named in this paragraph.)

Attachment 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

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

Citation

1.1 Designation and Authority (cont.)

Sec. 1902 (a)
of the Act

(b) The state agency that administered or supervised the administration of the plan approved under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The state agency so designated is

This agency has a separate plan covering that portion of the State Plan under Title XIX for which it is responsible.

Not applicable. The entire plan under Title XIX is administered or supervised by the state agency named in paragraph 1.1 (a).

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

Citation

1.1 Designation and Authority (cont.)

Intergovernmental
Cooperation Act
of 1968

(c) Waivers of the single state agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. **Attachment 1.1-B** describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

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

Citation 1.1 Designation and Authority (cont.)

42 CFR 431.10
AT-79-29

- (d) The agency named in paragraph 1.1 (a) has responsibility for all determinations of eligibility for Medicaid under this plan.
- Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in **Attachment 2.2-A**. There is a written agreement between the agency named in paragraph 1.1 (a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

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

Citation

1.1 Designation and Authority (cont.)

42 CFR 431.10
AT-79-29

- (e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under Title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

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

Citation

1.2 Organization for Administration

42 CFR 431.11
AT-79-29

- (a) **Attachment 1.2-A** contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the state agency, the Division of Medical Assistance (DMA) has been designated as the medical assistance unit. **Attachment 1.2-B** contains a description of the medical assistance unit and an organization chart on the unit.
- (c) **Attachment 1.2-C** contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made both by DMA staff and by state or local staff of an agency other than the agency named in paragraph 1.1 (a). **Attachment 1.2-D** contains a description of the staff designated to make such determinations and the functions they will perform.
 - Not applicable. Only staff of the agency named in paragraph 1.1 (a) make such determinations.

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

Citation 1.3 Statewide Operation

42 CFR 431.50 (b)
AT-79-29

The plan is in operation on a statewide basis in accordance with all of 42 CFR 431.50.

- The plan is state administered.
- The plan is administered by the political subdivisions of the state and is mandatory on them.

AS OF 07/06/19
page superseded by TN-014-010/TN-015-005 MMDL

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section1: Single State Agency Organization

1.4 Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

While MassHealth has a long history of interaction with the two federally recognized tribes in the state (Mashpee Wampanoag Tribe and Wampanoag Tribe of Gay Head (Aquinnah)), the Commonwealth is now establishing quarterly meetings with the tribes, both in-person and by conference call, with email contact as needed between meetings. These quarterly meetings will serve as a formal mechanism to seek advice from and provide information to the tribes regarding State Plan Amendments, waiver proposals and the other program changes listed above that would impact tribe members.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 1: Single State Agency Organization

The consultation process used for the development and submission of this State Plan Amendment is described below.

Mashpee Wampanoag Tribe: The MassHealth Director of Outreach and Education sent an email on 7/28/10 to the tribe's Health Director, MassHealth Insurance Coordinator and Outreach and Enrollment Specialist, suggesting a consultation policy consisting of quarterly meetings (both in-person and by conference call) with email contact between meetings as needed. The Health Director, the Health and Human Services Liaison to the Tribal Council, the MassHealth Insurance Coordinator, and the Outreach and Enrollment Specialist, sent an email to the MassHealth Director of Outreach and Education on 8/2/10 confirming that the tribe agrees with this approach.

Wampanoag Tribe of Gay Head (Aquinnah): During a conference call on 9/15/10 with the Chairwoman and the Acting Health Director of the tribe, the MassHealth Director of Outreach and Education and the Member Education Clinical Coordinator suggested a consultation policy consisting of quarterly meetings (both in-person and by conference call) with email contact between meetings as needed. The Chairwoman and the Acting Health Director confirmed on the call that they agreed with this approach.

During quarterly consultation calls on January 19, 2011, the representatives from the Mashpee Wampanoag Tribe, the Wampanoag Tribe of Gay Head (Aquinnah) and the Indian Health Programs confirmed that they considered any State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects to have a direct effect on Tribal members. The Commonwealth will therefore seek advice and feedback from the Tribes and Indian Health Program on all such changes to be submitted to CMS.

Native American Lifelines of Boston: During a conference call on 10/27/11 with the Acting Site Director, the MassHealth Director of Outreach and Education suggested a consultation policy consisting of quarterly meetings (both in-person and by conference call) with email contact between meetings as needed. The Acting Site Director confirmed on the call that he agreed with this approach.

During quarterly consultation calls on January 19, 2011, the representatives from the Mashpee Wampanoag Tribe, the Wampanoag Tribe of Gay Head (Aquinnah) and the Indian Health Programs confirmed that the Commonwealth will raise issues identified as having a direct effect on the Tribes in the quarterly consultation calls or via email at least a month in advance of submission to CMS; and when notice is provided in calls or via email, the Tribes will have at least two weeks to respond with advice to the Commonwealth. For major initiatives the Commonwealth will notify the Tribes early in the process of development through the stakeholder processes associated with each initiative. These

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 1: Single State Agency Organization

stakeholder processes ask stakeholders, including the Tribes, to give us their advice and feedback on the initiatives.

During the call on October 27, 2011 with Native American Lifelines of Boston, the Acting Site Director indicated he agreed with the approach and timeframes for consultation as described above.

AS OF 10/6/11
page superseded by TN-014-010/TN-015-005 MMDL

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

Citation 1.5 Pediatric Immunization Program

1928 of the Act

1. The state has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The state program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The state will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the state will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The state will instruct program-registered providers to determine eligibility in accordance with section 1928 (b) and (h) of the Social Security Act.
 - e. The state will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The state will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The state will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under Section 1915 (b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the state will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

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

Citation 1.5 Pediatric Immunization Program (cont.)

1928 of the Act

2. The state has not modified or repealed any immunization law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The state Medicaid agency has coordinated with the state public health agency in the completion of this preprint page.
4. The state agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

- State Medicaid Agency
- State Public Health Agency

Susan M. Lett, M.D., M.P.H.
Medical Director
Division of Epidemiology and Immunization
Bureau of Communicable Disease Control
Massachusetts Department of Public Health

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

CERTIFICATION

I certify that the Massachusetts Executive Office of Health and Human Services is the single state agency responsible for administering the State Medicaid Plan. The legal authority under which the agency administers the plan on a statewide basis and makes rules and regulations that it follows in administering the Plan is section 16 of chapter 6A of the Massachusetts General Laws as amended by Section 15 of Chapter 26 of the Acts of 2003.

Dated:

8/10/03


Tom Reilly
Attorney General

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Waivers under the Intergovernmental Cooperation Act of 1968

Waiver #1.¹

- a. Waiver was granted on June 19th, 1973.
(date)
- b. The organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to Fraudulent Claims Commission, and the resources and/or services of such agency to be utilized in administration of the plan are described below:

See attached letters

- 1) June 25, 1972 to Secretary Richardson, HEW and
Reply of June 19th, 1973

¹ (Information on any additional waivers, which have been granted, is contained in attached sheets.)

**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Waivers under the Intergovernmental Cooperation Act of 1968**

- c. The methods for coordinating responsibilities among the several agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

See attached letters

- 1) June 25, 1972 to Secretary Richardson, HEW and
- 2) Reply of June 19th, 1973

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE DEPARTMENT
STATE HOUSE, BOSTON 02133

(6/25/72)

Dear Elliot:

As you know, Public Welfare in Massachusetts is one of the most controversial programs we administer. Its costs and problems, especially since the state takeover, are known to all of us, and they continue to be the source of great public concern.

The Department of Public Welfare has taken many steps to streamline procedures and revise its administrative structure to develop an efficient welfare administration. Even with these sound administrative steps more was felt necessary.

In order to assure the success of these administrative changes, to provide effective weapons to prevent and detect actual and potential fraud and to restore confidence in the integrity of the Department, legislative action was taken. Chapter 943, Acts of 1971 was enacted and signed into law. The Chapter is entitled "An Act establishing a Fraudulent Claims Commission and a Bureau of Welfare Auditing within the Executive Office for Administration and Finance and Abolishing the Fraudulent Claims Board of the Department of Public Welfare."

This letter is a request for a waiver of the Single State Agency provision as it applies to the Administration of the Public Assistance programs and the program of Medical Assistance, Titles I, IV, IV A, XIV and XIX, in the Commonwealth of Massachusetts. The request is made under the provisions of section 204 of the Intergovernmental Cooperation Act of 1968 (82 Stat. 1101) and in accordance with Circular No. A 102 dated October 19, 1971 and issued by the Office of Management and Budget, George P. Shultz, Director.

Chapter 943, Acts of 1971 was enacted and is now law. This Act established a Fraudulent Claims Commission. It is the opinion of all in authority that the provisions of this Act impose the administration of grants in aid to the Commonwealth, enable us to achieve the fullest cooperation and coordination of activities in Government and establish coordinated intergovernmental policy and administration of Federal Assistance programs.

Enclosed herewith is a brief in support of this request, which presents:

1. An adequate showing that the provisions of the Single State Agency requirement prevent the establishment of the most effective and efficient organizational arrangements within the State government and
2. The objectives of the Federal statutes authorizing the grant in aid programs will not be endangered by the use of mandated State structure.

I hope after viewing this material we may receive a favorable reply at your earliest convenience.

With best wishes.

Sincerely,

Frank Sargent

The Honorable Elliot L. Richardson
Secretary
Department of Health, Education and Welfare
Washington, D.C. 20201

VIA TELECOPIER TO MR. ED SIENICKI, SRS

June 19, 1973

Honorable Francis W. Sargent
Governor of Massachusetts
Boston, Massachusetts 02133

Dear Governor Sargent:

This is in further response to your letter of June 22, 1972 requesting a waiver of the single State agency requirement pursuant to Section 204 of the Intergovernmental Cooperation Act.

You had requested a waiver of the single State agency provision as it applies to the administration of the Public Assistance programs and the program of Medical Assistance, Titles I, IV, XIV, and XIX, in the Commonwealth of Massachusetts. The provisions of this waiver would allow the implementation of chapter 943 of the Acts of 1971 of the Massachusetts General Court establishing a Fraudulent Claims Commission and a Bureau of Welfare Auditing within the Executive Office for Administration and Finance, and abolishing the Fraudulent Claims Board in the Department of Public Welfare.

After examining the provisions of the law establishing the Fraudulent Claims Commission and the "Fraud Identification and Referral Procedures", I have determined that you have made an adequate showing that the single State agency requirement prevents the establishment of the most effective and efficient organizational arrangements in the State in this area. It is understood that if the State deems it essential to the efficiency of this organizational arrangement, the Fraudulent Claims Commission, as the single State agency responsible for the investigation and documentation of fraud within the State, shall have access to all records within the Department regarding the administration of public assistance. In addition, it is understood that the Fraudulent Claims Commission rather than the Department of Public Welfare has the power to decide whether a case should or should not be investigated for fraud. I have further determined that the objectives of the Public Assistance and Medical Assistance Programs, Titles I, IV, XIV, and XIX will not be endangered by the implementation of Chapter 943 of the Acts of 1971 of the Massachusetts General Court.

The waiver of the single State agency requirement requested in your letter of June 22 in reference to the establishment and functioning of the Fraudulent Claims Commission is hereby granted.

* facsimile of the original

Page 2 – Governor Sargent

The SRS Regional Office will continue to assist you in anyway possible to assure the adequate implementation of your programs and objectives.

Sincerely,

Secretary

Bcc: Regional Director, Region I
Regional Commissioner, Region I
W. Page
C. Botts
Bureau Commissioner, APA
Bureau Commissioner, MSA
J. Cohen
D. Lewis
Bea Moore
Reading

* facsimile of the original

Page 2 – Governor Sargent

The SRS Regional Office will continue to assist you in anyway possible to assure the adequate implementation of your programs and objectives.

Sincerely,

Secretary

Bcc: Regional Director, Region I
Regional Commissioner, Region I
W. Page
C. Botts
Bureau Commissioner, APA
Bureau Commissioner, MSA
J. Cohen
D. Lewis
Bea Moore
Reading

State Plan Under Title XIX Of The Social Security Act
State: Massachusetts

Massachusetts Executive Office of Health and Human Services

**Description of the Organization and Functions of the Single State Agency
and an Organization Chart**

The Executive Office of Health and Human Services (EOHHS) is the single state Medicaid agency responsible for administering the Title XIX program. EOHHS is headed by the Secretary of Health and Human Services, who is appointed by the Governor and serves as the executive and administrative head of all agencies, offices, departments and divisions within EOHHS, authorized to exercise general charge and supervision over the administration of each agency. Also within EOHHS and subject to its authority are the Commonwealth's health and human services agencies, which are organized under offices or departments within EOHHS as follows: (1) the Department of Elder Affairs, (2) the Office of Health Services, (3) the Office of Children, Youth and Family Services, (4) the Office of Disabilities and Community Services, and (5) the Department of Veterans' Services. EOHHS also includes the Managed Care Oversight Board and the Health Facilities Appeals Board.

The Secretary is vested with the authority to administer the Medicaid program, through any of the agencies within EOHHS.¹ Within EOHHS are all key offices and administrative personnel, including the Office of Medicaid, which serves as the medical assistance unit required by 42 CFR 431.11, and is headed by the Medicaid Director who along with other appropriate personnel participates in the development, analysis, and evaluation of the Medicaid program. In addition, the Undersecretary of EOHHS, who reports directly to the Secretary, oversees the Chief Financial Officer, the Director of MassHealth Operations, the Chief Administrative Officer, and the Director of Human Resources. The General Counsel and Chief Information Officer are also within the EOHHS, reporting directly to the Secretary. In addition to the Office of Medicaid and MassHealth Operations, the following EOHHS agencies, under the Secretary's direction, have Medicaid-related responsibilities: the Department of Elder Affairs, the Office of Disabilities and Community Services, and the Office of Health Services.

Prior to July 1, 2003, the Division of Medical Assistance (DMA) was designated by the legislature as the single state agency. Effective July 1, 2003, pursuant to Mass. Gen. Laws, c. 6A, § 16, as amended by Section 15 of Chapter 26 of the Acts of 2003, the Massachusetts legislature designated EOHHS as the single state agency.² It also amended Mass Gen. Laws. c. 118E (the state Medicaid operational statute) to provide in Section 1 to provide that EOHHS "shall be the single state agency responsible for the administration of programs of medical assistance and medical benefits established [under that chapter]...."

¹ In Massachusetts the health plans provided by the state Medicaid program are called MassHealth.
² M.G.L.c.6A, §16, as amended by St.2003, c.26, §15. The legislative change was one component of a comprehensive reorganization of EOHHS, the details of which are reflected in this attachment. The reorganization of EOHHS was proposed by the Governor to improve the efficiency and effectiveness of the executive office in providing services to Massachusetts's residents, including MassHealth members. The Division of Medical Assistance within EOHHS is grouped with other health agencies within the Office of Health Services.

State Plan Under Title XIX Of The Social Security Act
State: Massachusetts

I. The Secretary of EOHHS

The Secretary of EOHHS plans, organizes, staffs, directs, and controls the Medical Assistance (Medicaid) program, through the agencies described above, to provide high quality, necessary medical care to financially and medically needy individuals in the Commonwealth of Massachusetts in the most cost-effective manner, and has the authority to adopt rules and regulations for the administration of the Medicaid program, as well as the operations and administration of all EOHHS agencies. The Secretary directs the development and implementation of Medicaid cost reduction strategies to meet the challenge of the escalating cost of medical care. The Secretary also oversees MassHealth's extensive managed care program.

The Secretary of Elder Affairs, the Assistant Secretary for the Office of Disabilities and Community Services, the Assistant Secretary for the Office of Health Services, and the Medicaid Director report directly to the Secretary. Also reporting to the Secretary is the Undersecretary of the Executive Office of Health and Human Services, who is responsible for managing certain administrative, financial, and operational aspects of the Medicaid program. Following is a description of the Medicaid-related responsibilities of the units and personnel who report directly to the Secretary.

II. The Medicaid Director

The Medicaid Director, reporting to and under the direction of the EOHHS Secretary, manages the Office of Medicaid.³ The Office of Medicaid is the medical assistance unit required by 42 CFR 431.11 within EOHHS, the single state Medicaid agency. The Medicaid Director has primary oversight for the MassHealth program. Acting under the authority of the Secretary of EOHHS, the Medicaid Director is responsible for coordinating the overall administration and support of the MassHealth program across all EOHHS agencies, including the Office of the Undersecretary of EOHHS, Elder Affairs, the Office of Disabilities and Community Services, and the Office of Health Services. Staff reporting directly to the Medicaid Director manages waiver implementation and administration, Medicaid reimbursement and purchasing policies, and the Office of Clinical Affairs.⁴

³ For additional staffing and functional detail of the Office of Medicaid, see **Attachment 1.2-B**.

⁴ For additional staffing and functional detail of the Office of Clinical Affairs, see **Attachment 1.2-C**.

State Plan Under Title XIX Of The Social Security Act
State: Massachusetts

III. The Undersecretary of the Executive Office of Health and Human Services

The Undersecretary has responsibility for the administration and operation of the EOHHS. Directly reporting to the Undersecretary are the Chief Financial Officer, the Director of MassHealth Operations, the Chief Administrative Officer, and the Human Resources Director.

A. Chief Financial Officer

The Chief Financial Officer is responsible for the management and oversight of the budget, revenue, and accounting functions for EOHHS.

B. Chief Administrative Officer

The Chief Administrative Officer is responsible for managing the administrative needs of EOHHS, including, as pertains to Medicaid, facilities management, internal control and audit, contracts, including transportation contracts, and cultural competency initiatives.

C. MassHealth Chief Operating Officer

The MassHealth Chief Operating Officer has responsibility for Medicaid member services, claims operations, provider relations, and other Medicaid-related operational needs of the Secretariat. The COO is responsible for overseeing member services and eligibility operations, claims and provider operations, internal control and external audit, project management, hearings, security and privacy, and program evaluation including study and sampling activities in fulfillment of the federal Medicaid Eligibility Quality Control requirements.

D. Human Resources Director

The Human Resources Director is responsible for all personnel-related functions pertaining to EOHHS, including staffing, payroll administration, labor relations and professional development.

State Plan Under Title XIX Of The Social Security Act
State: Massachusetts

IV. The Secretary of Elder Affairs

The Secretary of Elder Affairs is responsible, under the direction of the EOHHS Secretary, for administering the Medicaid program with regard to non-acute services provided to eligible persons over 65. In the administration of these responsibilities, the Secretary of Elder Affairs works closely with the Assistant Secretary of Disabilities and Community Services.

V. The Assistant Secretary of Disabilities and Community Services

The Assistant Secretary of Disabilities and Community Services is responsible, under the direction of the EOHHS Secretary, for leading the policy direction of MassHealth long-term care services for the disabled, particularly policy affecting benefits and services provided in home-based and community-based settings. Working with the Secretary of Elder Affairs, the Director of Long Term Care and other EOHHS agencies, the Assistant Secretary guides the coordination of a comprehensive system of community-based long-term care for the disabled.

VI. The Assistant Secretary for the Office of Health Services

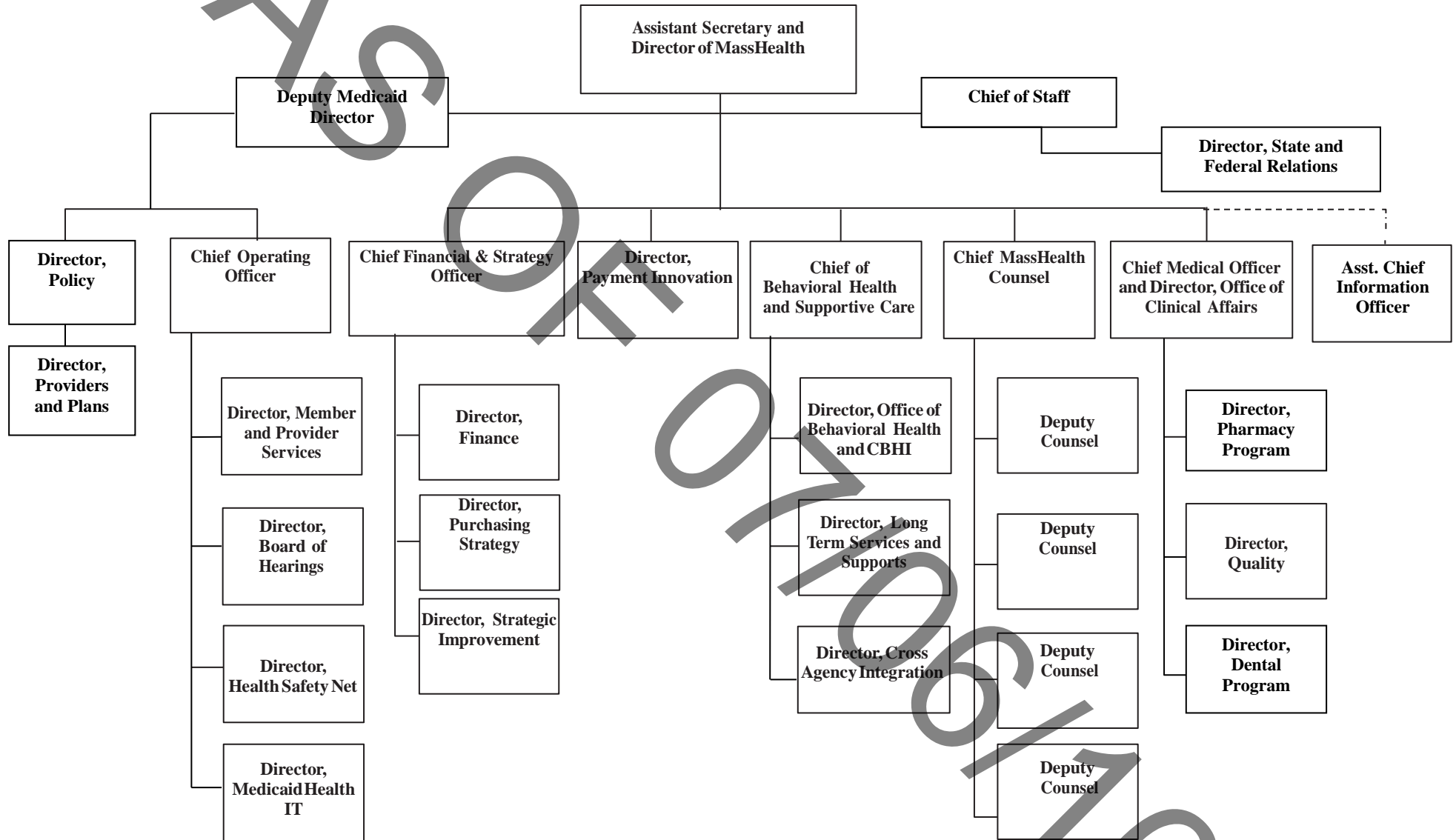
The Assistant Secretary for the Office of Health Services is responsible, under the direction of the EOHHS Secretary, for administering the Medicaid program with regard to all acute and ambulatory care. Reporting directly to the Assistant Secretary is the Commissioner of Mental Health and the Director for Acute and Ambulatory Care. The Director and her staff are primarily responsible for the development, management, and evaluation of a comprehensive system of acute and ambulatory services that provide improved health care for Medicaid clients and an improved health care system through the Primary Care Clinician Plan (PCC), the Managed Care Organization (MCO) program, fee-for-service hospital and ambulatory programs, and other initiatives to provide increased access to and availability of preventive and primary. The Commissioner of Mental Health is responsible for the Behavioral Health program. Reporting to the Commissioner is the Deputy Commissioner for Mental Health who manages the Behavioral Health Program.

VII. Other EOHHS Staff

Also reporting directly to the Secretary of EOHHS is a **Chief Information Officer and the General Counsel**. The **Chief Information Officer** is responsible for all functions related to the management information needs of the Secretariat. That responsibility extends to Medicaid-related needs, including management information reporting and analysis, systems maintenance for claims payment and provider support systems, and managing both the Medicaid Management Information System (MMIS) and office automation services.

The **General Counsel** provides legal advice to the Secretary and his staff on all legal issues relating to the administration of his responsibilities, including the administration of the Medicaid program. Legal staff provides Medicaid expertise to support the Medicaid program report to the General Counsel through the senior legal managers for that unit. The General Counsel acts as the EOHHS liaison to the Governor's Chief Legal Counsel and to the Attorney General.

MassHealth Leadership Team



State Plan Under Title XIX Of The Social Security Act
State: Massachusetts

Massachusetts Executive Office of Health and Human Services
Office of Medicaid

Description of the Organization and Functions of the Medical Assistance Unit
and an Organization Chart

The Office of Medicaid is the medical assistance unit required by 42 CFR 431.11 within the Executive Office of Health and Human Services (EOHHS), the single state Medicaid agency. The Director of the Office is the Medicaid and SCHIP Director and has primary oversight for the Medicaid program. Reporting directly to the Secretary of Health and Human Services, and acting under his authority, the Office is responsible for coordinating the overall administration and support of the Medicaid program across all EOHHS agencies, including primarily the Department of Elder Affairs, the Office of Disabilities and Community Services, the Office of Health Services, and the Office of Children, Youth and Families.¹

Prior to July 1, 2003, the Division of Medical Assistance (DMA) was designated as both the single state agency and the medical assistance unit. Effective July 1, 2003, pursuant to Mass. Gen. Laws c. 6A, § 16, as amended by Section 15 of Chapter 26 of the Acts of 2003, the Massachusetts legislature designated EOHHS as the single state agency.²

To ensure that the Medicaid program continues to function efficiently and effectively under the reorganized secretariat, the Office maintains strong ties and communications with EOHHS staff throughout the Secretariat.

Federal regulations require that the medical assistance unit be “staffed with a program director and other appropriate personnel who participate in the development, analysis and evaluation of the Medicaid program.” 42 CFR Section 431.11(b). Accordingly, the Office of Medicaid is staffed and functionally organized as follows:

I. The Medicaid Director

The Medicaid Director reports to the Secretary of Health and Human Services, chief executive officer of the single state agency for Medicaid. The Medicaid Director under Secretary’s direction manages the Office of Medicaid. The Medicaid Director has primary oversight for the Medicaid program. Staff reporting directly to the Medicaid Director manage waiver implementation and administration, Medicaid reimbursement and purchasing policies, as well as the Medical Director, who manages the Office of Clinical Affairs.³ The functions of the Office of Medicaid are set out below.

¹ For a full description of the organization and function of EOHHS and these agencies, see **Attachment 1.2-A**.

² That legislative change was one component of a comprehensive reorganization of EOHHS, the details of which are reflected in this attachment. The reorganization of EOHHS was proposed by the Governor to improve the efficiency and effectiveness of the executive office in providing services to Massachusetts residents, including Medicaid recipients.

³ For additional staffing and functional detail of the Office of Clinical Affairs, see **Attachment 1.2-C**.

State Plan Under Title XIX Of The Social Security Act
State: Massachusetts

II. Functions of the Office of Medicaid

The Office of Medicaid, consistent with federal requirements, has responsibility for the development, evaluation and analysis for the medical assistance program and SCHIP, acting on behalf of the Secretary of Health and Human Services, as follows:

A. Development

- Oversee the Medicaid program, including administration of the Title XIX state plan, Section 1115 Demonstration Project, Title XXI SCHIP plan, and Home and Community-Based Services waivers;
- Manage the drafting and filing of State Plan Amendments;
- Lead the design of and request for new waivers for the Medicaid program;
- Coordinate Medicaid policy strategy and development, in conjunction with Elder Affairs, the Offices of Disabilities and Community Services, Health Services;
- Integrate EOHHS responses to surveys and/or investigations of the Medicaid program by other states, interest or advocacy groups, Congressional committees, the Office of the Inspector General, and the General Accounting Office;
- Analyze federal Medicaid-related policy activities, including proposals being considered by Congress and national policy groups, and identify Medicaid policy changes in other states;
- Serve along with the Secretary of Health and Human Services as the primary point of contact with the state legislature on Medicaid policy issues, constituent affairs, and legislation;
- Convene the Medical Care Advisory Committee (MCAC) required by 42 CFR Section 431.12;
- Provide staff as project leaders or coordinators on complex projects that affect entire or a major component of the Medicaid program;
- Manage within EOHHS the promulgation of regulations for Title XIX or XXI eligibility, payments, rates, billing, service coverage, and provider participation policies;
- Develops and integrate Medicaid eligibility and health plan enrollment policy, working closely with eligibility policy implementation staff in the Office of the Undersecretary; and
- Maintain relationships with key federal contacts to help ensure that the Medicaid program operates within the framework of federal rules, regulations, and reporting requirements.

State Plan Under Title XIX Of The Social Security Act
State: Massachusetts

B. Evaluation

- Provide MassHealth program evaluation support and knowledge management by identifying key areas to evaluate and designing evaluation approaches;
- Coordinate and support evaluations of current and new Medicaid programs, including the annual reports required under 1115 Waivers and the SCHIP program; and
- Maintain a library of external reports and evaluations of Medicaid programs and ensure that key staff in EOHHS receives information in relevant reports.

C. Analysis

- Support Medicaid in purchasing high quality health services in a manner that promotes program goals, maximizes efficiency, and supports leveraging available federal and third-party funding;
- Conduct economic analysis on various purchasing and reimbursement policies and present policies and options to program staff for consideration;
- Monitor the academic literature and the purchasing methods of other states and payers to identify best practices and innovative approaches to purchasing health care services;
- Analyze Medicaid claims data, cost reports, and other industry data to support rate-making activities; and
- Coordinate with EOHHS and its agencies the process of Medicaid budget forecasting and the implementation and analysis of Medicaid purchasing strategies.

**Executive Office of Health and Human Services
Medicaid/MassHealth Organization for Single State Agency
(Effective 04/01/2015)**

Secretary of Health and Human Services

Under Secretary

General Counsel

Assistant Secretary
for Administration
and Finance

Chief Information
Officer

Chief Financial
Officer

Director of Purchase
of Service
Administration

Director of Facilities

Chief Compliance
Officer

Director of Human
Resources

Assistant Secretary
(Medicaid Director)

Secretary of Elder
Affairs Including
Long Term Care and
Disabilities

Constituent Agencies

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

**Description of the Kinds and Numbers of
Professional Medical Personnel and Supporting Staff
Used in the Administration of the State Plan and their Responsibilities**

I. Office of Clinical Affairs

The Office of Clinical Affairs (OCA) within the Office of Medicaid is responsible for establishing a proactive system of clinical accountability that assures the purchase and provision of clinically effective, high quality, and cost efficient health care for MassHealth members. The Medical Director serves as the leader/manager of OCA. This individual ensures the development and implementation of clinical policies, standards, and practices affecting the Medicaid health care community. The Medical Director must be a physician licensed by the Board of Registration in Medicine. The clinical staff and functions of the Office of Clinical Affairs are described in detail below.

A. Clinical Oversight and Consultation

In addition to the Medical Director, there are four part-time Associate Medical Directors who are physicians licensed by the Massachusetts Board of Medicine. They aid the Medical Director by recommending, developing, and implementing, as necessary, health policies and programs within the agency. They provide clinical support and supervision to the Prior Approval unit and other OCA units as well as consultation services to the Medicaid program within EOHHS. The medical specialty areas of these physicians should include pediatrics, psychiatry, general medicine, and obstetrics/gynecology, reflecting the majority of patients within MassHealth and supporting their healthcare requests and needs.

B. Managing Projects

A unit within OCA manages its projects, as well as other projects that require the participation of OCA are completed in a timely manner and meet professional standards.

C. Pharmacy

The Director of Pharmacy, who is a pharmacist with a PharmD, manages the pharmacy unit. S/he is responsible for the day-to-day management of the pharmacy program as well as development and consultation on pharmacy policy. The Director manages the Pharmacy on Line Processing System (POPS), oversees the Drug Utilization Review Program (DUR), and serves as an expert consultant in all areas pertaining to pharmacy. Staff under the direction of the Director of Pharmacy are responsible for educational interventions directed towards providers, including “academic detailing” to physicians and coordinating with the DUR program and others on the design and implementation of such programs.

**State Plan Under Title XIX of the Social Security Act
State: Massachusetts**

The pharmacy program has a Clinical Pharmacist with specialty education and training in evidence-based medical practice as it relates to drugs. This person assists with the design of the pharmacy benefit to help ensure clinical appropriateness and assists with guideline development to monitor drug utilization.

The POPS Program and Contract Manager is responsible for the direct and proximal management of the contract between the state and the pharmacy fiscal agent. S/he oversees day-to-day interface issues and monitors performance for contract compliance.

The program is assisted by a Project Manager, assigned and dedicated to the Pharmacy program by the Clinical Projects function in the Office of Clinical Affairs. The pharmacy program also has an administrative assistant.

D. Prior Approval (for Non-Pharmacy Services)

In certain instances EOHHS will not process a claim unless the Provider has obtained Prior Authorization (PA) to furnish the medical service for which payment is requested. The purpose of the Prior Authorization process is to determine medical necessity and medical appropriateness of a given service. Prior Authorization determines only the medical necessity of the authorized service and does not establish or waive any other pre-requisites for payment.

Only certain types of services within a category may require Prior Authorization. A consultant who has education and experience in the service area being requested reviews the Prior Authorization requests. These clinical reviewers include dentists, physicians, nurses, therapists - requests for dental services are reviewed by dentists, requests for physical therapy services are reviewed by physical therapists and so on. The Prior Authorization unit is managed by the Director of Prior Authorization.

E. Utilization Management

The Utilization Management and Program Integrity Unit is managed by the Director of Utilization Management, a Registered Nurse with a BSN and MBA. She is responsible for Provider Compliance across all Provider types as well as the development and consultation on Utilization policy. The Director oversees the program compliance for Institutional Providers (Acute and Chronic/Rehabilitation Hospitals) and Non-Institutional Providers (all other provider types with Medicaid contracts), Program Integrity activities as well as acting as an expert consultant in all areas pertaining to Provider Compliance. The Unit has 3 Program Managers who oversee a staff of 12 clinical and non-clinical personnel. There is also a Registered Nurse responsible for Special Projects audits that require considerable case development. The Unit is also responsible for recoveries for all provider types as well as serving as the Division liaison to the Medicaid Fraud Control Unit at the Attorney General's office.

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

II. Office of Health Services

Within the Executive Office of Health and Human Services' Office of Health Services, the Acute and Ambulatory Care Unit staff provides clinical support, as summarized below.

A. Primary Provider Network

The Primary Provider Network staff oversees program and reimbursement policy for the Acute Hospital, Physician and Community Health Center programs. The Physician Program is responsible for pricing and approving certain physician claims. Two RNs, one full-time and one a part-time consultant, review and price these claims. Clinical program staff also review new Healthcare Common Procedure Coding System (HCPCS) codes. The Manager of the Physician Program is also an RN who is able to use clinical skills in supervising the above-mentioned staff, as well as in advising the Director for Acute and Ambulatory Care and others about certain policies with clinical implications. The Manager of the Physician Program also sits on a number of Division workgroups where her clinical input is needed.

B. Primary Care Clinician Plan

The Primary Care Clinician (PCC) Plan clinical staff includes 6 nurses, 4 in the Quality Management Unit and 2 in the Preventive Health Services Unit.

These nurses perform the following functions:

- Provide clinical expertise and guidance in development of PCC Profile Reports;
- Develop materials designed to support PCCs in providing better care to members;
- Act as clinical project coordinators for Quality Improvement Projects;
- Support the MCO Program in the development of MCO Quality goals, and participate in evaluating MCO performance in reaching those goals;
- Coordinate with other state agencies to ensure that our policies and activities are supportive of each other's goals;
- Manage the EPSDT program; and
- Serve as clinical experts on matters related to the immunization program.

DESCRIPTION OF STAFF DESIGNATED TO MAKE
ELIGIBILITY DETERMINATIONS AND THE FUNCTIONS THEY PERFORM

Department of Public Welfare eligibility workers located within a statewide network of local offices make eligibility determinations for community (non-institutional) Medicaid cases and perform all eligibility-related activities including representing DMA at hearings involving eligibility-related issues. This activity will continue under Interagency Service Agreement (ISA) during a one-year transitional period only.

DMA eligibility workers located within regional long term care offices make eligibility determinations for all institutionalized cases and perform all eligibility-related activities for these cases.

TN93-14

approved 4/27/94

effective date; July 17, 1993

INTERAGENCY SERVICE AGREEMENT

BETWEEN

THE DEPARTMENT OF PUBLIC WELFARE

AND

THE DIVISION OF MEDICAL ASSISTANCE

I. Transfer of Certain Personnel, Functions and Resources

To reorganize the Department of Public Welfare (DPW) pursuant to legislation designated as H.5090 (hereafter H.5090), the Commissioner of the DPW and the Commissioner of the Division of Medical Assistance (DMA) hereby agree that all equipment, furnishings, personnel, and functions performed by such personnel, for which the Commissioner of DMA (then Deputy Commissioner of DPW) was responsible immediately prior to the effective date of this Interagency Service Agreement (ISA) shall be transferred to DMA upon the signing of this ISA.

II. Transfer of Certain Administrative Authority

All authority for the following functions, as they relate to administration of the medical assistance programs governed by H.5090, shall be transferred to DMA as of the effective date of H.5090: developing and submitting for federal approval any and all amendments to the State Medicaid Plan; adopting, promulgating, amending and rescinding any and all rules, regulations, policies and procedures; entering into contracts; and, issuing special payments, provided that any special payments issued by DPW subsequent to the effective date of H.5090 and prior to the signing of this ISA shall constitute authorized payments.

III. Transfer of Remaining Personnel, Functions and Resources

DPW shall transfer to DMA all responsibilities, functions, personnel, and resources not transferred under Paragraphs I and II of this ISA, in accordance with the provisions of Sections 34 through 40 of H.5090 and Paragraph IV of this ISA.

IV. Written Agreements for Transfer During Transition Period

In accordance with Section 40 of H.5090, there shall be a transition period extending until one year from the effective date of H.5090. The transfer, during this transition period,

revised 2/27/94

of all responsibilities, functions, personnel, or resources pursuant to Paragraph III of this ISA shall be effective only upon the written agreement, through amendment(s) to this ISA, of the Commissioner of DPW and the Commissioner of DMA, or as otherwise determined by the Secretary of the Executive Office of Health and Human Services.

V. Maintenance of Effort

Except as provided in Paragraphs I and II of this ISA, all powers and duties vested in DPW or any board, council or official of DPW and powers and duties vested in DMA under H.5090 shall be exercised by DPW during the transition period until such time as the transfer to DMA of such power or duty shall be effective pursuant to Paragraph IV of this ISA.

Bruce M. Bulle
Commissioner
Division of Medical Assistance

Joseph Mallon
Commissioner
Department of Public Welfare

Executed this 30th day of July, 1993.

JK-7/29/93

TN 93-14

approved 4/27/94

eff. 7/17/93