

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 2 Coverage and Eligibility

Citation

42 CFR
435.10 and
Subpart J

- 2.1 Application, Determination of Eligibility, and Furnishing Medicaid
- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J, for processing applications, determining eligibility, and furnishing Medicaid.

Superseded by TN-013-027 MMDL

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 2 Coverage and Eligibility

Citation	2.1	<u>Application, Determination of Eligibility, and Furnishing Medicaid (cont.)</u>
42 CFR 435.914 1902 (a) (34) of the Act	(b)	(1) Except as provided in items 2.1 (b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A .
1902 (e) (8) and 1905 (a) of the Act		(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902 (a) (10) (E) (i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
1902 (a) (47) and 1920 of the Act	<input checked="" type="checkbox"/>	(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
42 CFR 434.20	(c)	The Medicaid agency elects to enter into a risk contract with an HMO that is: <input checked="" type="checkbox"/> Qualified under title XIII of the Public Health Services Act or is provisionally qualified as an HMO pursuant to section 1930 (m) (3) of the Social Security Act. <input checked="" type="checkbox"/> Not Federally qualified, but meets the requirements of 42 CFR 434.20 (c) and is defined in Attachment 2.1-A . <input type="checkbox"/> Not applicable.

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

Citation 2.1 Application, Determination of Eligibility, and Furnishing Medicaid (cont.)

1902 (a) (52)
of the Act

- (d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902 (a) (10) (A) (i) (IV), (a) (10) (A) (i) (VI), (a) (10) (A) (i) (VII), and (a) (10) (A) (ii) (IX) at locations other than those used by the Title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the AFDC form except as permitted by HCFA instructions.

Superseded by TN-013-027 MMDL

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 2 Coverage and Eligibility

Citation(s)

1902 (e) (13) of
the Act

2.1 Application, Determination of Eligibility and Furnishing Medicaid

- (e) Express Lane Option. The Medicaid State agency elects the option to rely on the finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2027.

(1) The Express Lane Option is applied to:

- Initial determinations Redeterminations
 Both

(2) A child is defined as younger than age:

- 19 20 21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

The Massachusetts Department of Transitional Assistance in the administration of the Supplemental Nutrition Assistance Program (SNAP).

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 2 Coverage and Eligibility

Citation(s) **2.1 Application, Determination of Eligibility and Furnishing Medicaid**
(continued)

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express lane option.

The MassHealth agency uses the Express Lane option for annual redeterminations only. All members eligible for this process have completed an initial application and have been approved for both Medicaid and SNAP. The MassHealth agency will identify children eligible for both Medicaid and SNAP through a data match. The SNAP eligibility decision will verify residency and serve as a proxy for income. Medicaid benefits will be renewed based on the child's eligibility for SNAP. Parents and legal caretaker relatives who are part of the same family group as these children will be included in this process and will also have their coverage renewed if they are eligible for SNAP, pursuant to Section 1115 Demonstration authority.

SNAP households have a certification period that does not exceed 12 months, except that the certification period may be up to 36 months if all adult household members are elderly or disabled. Unless the household is certified for 36 months, the Department of Transitional Assistance must contact the household halfway into the certification period to determine continued eligibility. In most cases, recertification requires that the household submit a certification form, be interviewed, and provide requested verification in accordance with timeliness standards.

The following summarizes differences in methodology between Medicaid and SNAP:

Budget Unit:

For Medicaid

- The MassHealth agency uses Modified Adjusted Gross Income (MAGI) household composition subject to its state plan and 1115 demonstration waiver in determining eligibility.

For SNAP- the household consists of

- (1) the individual;
- (2) the individual's spouse if living with him or her;
- (3) the individual's natural, adopted, and stepchildren younger than 22 years old if living with him or her;
- (4) any child under 18 over whom the individual exercises care and control; and
- (5) a group of individuals living together who purchase food and prepare meals together.

Income Limit:

For Medicaid- MAGI household income at or below 150% of the federal poverty level (FPL) for children to age 21, except infants. Infants aged 0 to 1 are eligible to at or below 200% FPL but will be included in the Express Lane process only to at or below 150% FPL.

For SNAP- Gross income at or below 200% FPL for most households (see 106 CMR 365.180 for exceptions). Households that contain an elderly or senior member do not have a gross income limit.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 2 Coverage and Eligibility

Income Disregards:For Medicaid-

- The MassHealth agency uses Modified Adjusted Gross income subject to its state plan and 1115 demonstration waiver in determining eligibility, including all authorized income disregards and exclusions.

For SNAP-

- Income disregards are used to determine benefit level, not eligibility, for all SNAP households included in this process except for those with an elderly or disabled member and gross household income above 200% FPL.
- For households with an elderly or disabled member and gross income above 200% FPL, a 100% net income threshold must be met by using the following disregards:
 - Standard disregard determined according to household size;
 - Earned income deduction equal to 20% of gross monthly earned income;
 - Excess medical deduction for unreimbursed medical expenses in excess of \$35 a month for households with elderly or disabled members;
 - Amount of actual dependent care expenses;
 - Legally obligated child support payments;
 - If homeless, shelter/utility deduction of \$143 per month;
 - If not homeless, shelter expenses and utility costs in excess of 50% of the households income after all other deductions are allowed, up to a capped amount unless the household has an elderly/disabled member.

Income Exclusions:

For Medicaid- The MassHealth agency uses Modified Adjusted Gross Income (MAGI) subject to its state plan and 1115 demonstration waiver in determining eligibility, including all authorized income disregards and exclusions.

For SNAP-

- In-kind income and cash contributions;
- Vendor payments (money payment not payable directly to the household);
- Infrequent irregular incomes not in excess of \$30 per recipient per quarter;
- Educational loans, grants, and scholarships;
- Other loans including loans from private individuals and commercial institutions;
- Reimbursements for past or future expenses that do not exceed actual expenses and do not represent a gain or benefit to the household;
- Monies received and used for the care and maintenance of a third party beneficiary who is not a household member;
- Earnings of elementary or secondary school students;

**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 2 Coverage and Eligibility**

- Nonrecurring lump sum payments;
- Cost of producing self-employment income;
- Income excluded by law;
- Income of nonhousehold members, except when nonhousehold member has been disqualified per certain regulations;
- Payments made to SNAP/ET participants for education and/or training-related expenses;
- Income of SSI recipients necessary for fulfilment of PASS;
- Legally obligated child support payments.

**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 2 Coverage and Eligibility**

(5) Check off and describe the option used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

(a) Screening threshold established by the Medicaid agency as:

(i) percentage of the Federal poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: 180% FPL ; or

(ii) percentage of the FPL (describes how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency:):or

(b) Temporary enrollment pending screen and enroll:

**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section 2 Coverage and Eligibility**

Citation(s)

**2.1 Application, Determination of Eligibility and Furnishing Medicaid
(continued)**

(c) State's regular screen and enroll process for CHIP.

(6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollments.

(7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

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

Citation 2.2 Coverage and Conditions of Eligibility

42 CFR
435.10

Medicaid is available to the groups specified in **Attachment 2.2-A**.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically other needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in **Attachment 2.6-A**.

All applicable requirements of 42 CFR Part 435 and sections 1902 (a) (10) (A) (i) (IV), (V), and (VI); 1902 (a) (10) (A) (ii) (XI); 1902 (a) (10) (E); 1902 (l) and (m); 1905 (p), (q) and (s); 1920; and 1925 of the Act are met.

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

Citation

2.3 Residence

435.10 and
435.403, and
1902 (b) of the
Act, P.L. 99-272
(Section 9529)
and P.L. 99-509
(Section 9405)

Medicaid is furnished to eligible individuals who are residents of the state under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

Superseded by TN-013-018 MMDL

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

Citation 2.4 Blindness

42 CFR 435.530 (b)
42 CFR 435.531
AT-78-90
AT-79-29

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in **Attachment 2.2-A**.

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

Citation

2.5 Disability

42 CFR
435.121,
435.540 (b),
435.541

All of the requirements of 42 CFR 435.540 and 435.541 are met. The state uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of **Attachment 2.2-A** of this plan.

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

Citation (s) 2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902 (a) (10) (A) (i)
(III), (IV), (V),
(VI), and (VII)
1902 (a) (10) (A) (ii)
(IX), 1902 (a) (10)
(A) (ii) (X), 1902
(a) (10) (c),
1902 (f), 1902 (l)
and (m),
1905 (p) and (s),
1902 (r) (2),
and 1920

The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in **Attachment 2.6-A.**

OFF 12/31/19

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

Citation

2.7 Medicaid Furnished Out of State

431.52 and
1902 (b) of the
Act, P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the state while the individual is in another state, to the same extent that Medicaid is furnished to residents in the state.

**State Plan Under Title XIX of the Social Security Act
State: Massachusetts
Definition of an HMO that is not Federally Qualified**

The Massachusetts Department of Public Welfare also enters into risk contracts with the following types of health maintenance organizations:

- (1) health maintenance organizations that are licensed by the Massachusetts Division of Insurance, which defines “health maintenance organization” in Chapter 176G of the Massachusetts General Laws as “a company organized under the laws of the commonwealth, or organized under the laws of another state and qualified to do business in the commonwealth, which
 - (a) provides or arranges for the provision of health services to voluntarily enrolled members in exchange primarily for a prepaid per capita or aggregate fixed sum; and
 - (b) demonstrates to the satisfaction of the commissioner proof of its capability to provide its members protection against loss of prepaid fees or unavailability of covered health services resulting from its insolvency or bankruptcy or from other financial impairment of its obligations to its members”; and
- (2) other public or private organizations organized under state law that
 - (a) are organized primarily for the purpose of providing health care services;
 - (b) make the services provided to its Medicaid enrollees as accessible to them (in terms of timeliness, amount, duration, and scope) as those services are to nonenrolled Medicaid recipients within the area served by the HMO; and
 - (c) make provision, satisfactory to the Department of Public Welfare, against the risk of insolvency, and assure that Medicaid enrollees will not be liable for the organization’s debts if the organization does become insolvent.

Citation(s)

Group Covered and Agencies Responsible for Eligibility Determination

The following groups are covered under this plan.

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups**

42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

- Families with an unemployed parent for the mandatory 6-month period and an optional extension of 6 months. (12 months per calendar year – see A.3)
- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of **Attachment 2.6-A**.

42 CFR 435.115

2. Deemed Recipients of AFDC

- a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

Superseded by TN-013-024 MMDL

* Agency that determines eligibility for coverage.

Citation(s) **Group Covered and Agencies Responsible for Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

2. Deemed Recipients of AFDC

1902 (a) (10) (A) (i) (I)
of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC is there were no work supplementation program, in accordance with section 482 (e) (6) of the Act.

402 (a) (22) (A)
the Act

c. Individuals whose AFDC payments are reduced to zero by reason of of recovery of overpayment of AFDC funds.

406 (h) and
1902 (a) (10) (A)
(i) (I) of the Act

d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of Section 406 (h) of the Act.

1902 (a) of
the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of Section 473 (b) (1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

**A.2.b and A.2.c superseded by TN-013-024
MMDL**

* Agency that determines eligibility for coverage.

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Citation(s) **Group Covered and Agencies Responsible for Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

407 (b), 1902
(a) (10) (A) (i)
and 1905 (m) (1)
of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902 (a) (52)
and 1925 of
Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve the months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

A.3. superseded by TN-013-024 MMDL

* Agency that determines eligibility for coverage.

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

Citation(s) **Group Covered and Agencies Responsible for Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
- a. Families denied AFDC solely because of income and resources deemed to be available from –
 - (1) stepparents who are not legally liable for support of stepchildren under a state law of general applicability;
 - (2) grandparents;
 - (3) legal guardians; and
 - (4) individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

Superseded by TN-013-024

* Agency that determines eligibility for coverage.

AS OF 12/31/19

Citation(s) **Group Covered and Agencies Responsible for Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

42 CFR 435.114

6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this state's August 1972 plan).

Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this state's August 1972 plan).

Not applicable with respect to intermediate care facilities; state did or does not cover this service.

1902 (a) (10)
(A) (i) (III)
and 1905 (n) of
the Act

7. **Qualified Pregnant Women and Children.**

a. A pregnant woman whose pregnancy has been medically verified who --

(1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

Superseded by TN-013-024 MMDL

* Agency that determines eligibility for coverage.

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

Citation(s) **Group Covered and Agencies Responsible for Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the state had an AFDC-unemployed parents program; or
- (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the state's approved AFDC plan.

1902 (a) (10) (A)
(i) (III) and
1905 (n) of the

b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

- Children born after 10/01/81 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the state's approved AFDC plan.

Superseded by TN-013-024 MMDL

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

Citation(s)

Group Covered and Agencies Responsible for Eligibility Determination (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

1902 (a) (10) (A)
(i) (IV) and
1902 (l) (1) (A)
and (B) of the
Act

8. Pregnant woman and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in Section 1902 (a) (10) (A) (i) (IV) and 1902 (l) (1) (A) and (B) of the Act. The income level for this group is specified in **Supplement 1 to Attachment 2.6-A.**

- The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State Plan, state legislation, or state appropriations as of December 19, 1989.

9. Children:

1902 (a) (10) (A)
(i) (VI)
1902 (l) (1) (c)
of the Act

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902 (a) (10) (A) (i)
and 1902 (l)
(1) (D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age (VII) but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in **Supplement 1 to Attachment 2.6A.**

Superseded by TN-013-024 MMDL

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

OMB NO.: 0938-

Citation(s)

Group Covered and Agencies Responsible for Eligibility Determination (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

1902 (e) (5)
of the Act

10. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902 (e) (6)
the Act

11. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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

OMB NO.: 0938-

Citation(s)

Group Covered and Agencies Responsible for Eligibility Determination (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

1902 (e) (4)
of the Act

12. A child born to a woman who is eligible for and receiving Medicaid on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

42 CFR 435.120

13. Aged, Blind, and Disabled Individuals Receiving Cash Assistance

a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under Section 1619 (a) of the Act or considered to be receiving SSI under Section 1619 (b) of the Act.

Aged

Blind

Disabled

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

OMB NO.: 0938-

Citation(s)

Group Covered and Agencies Responsible for Eligibility Determination (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

435.121

1619 (b) (1)
of the Act

13. b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619 (a) of the Act or who meet the requirements for SSI status under section 1619 (b) (1) of the Act and who met the state's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619 (a) or met the requirements under Section 1619 (b) (1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619 (a) eligibility standard or the requirements of Section 1619 (b) of the Act.)

Aged

Blind

Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in **Attachment 2.6-A**).

* Agency that determines eligibility for coverage.

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

OMB NO.: 0938-

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

1902 (a)
(10) (A)
(i) (II)
and 1905
(q) of
the Act

14. Qualified severely impaired blind and disabled individuals under age 65, who –
- a. For the month preceding the first month of eligibility under the requirements of Section 1905 (q) (2) of the Act, received SSI, a State supplemental payment under Section 1616 of the Act or under Section 212 of P.L. 93-66 or benefits under Section 1619 (a) of the Act and were eligible for Medicaid; or
 - b. For the month of June 1987, were considered to be receiving SSI under Section 1619 (b) of the Act and were eligible for Medicaid. These individuals must –
 - (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;
 - (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
 - (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under Section 1611 (b) of the Act;

* Agency that determines eligibility for coverage.

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
 - (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
- Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

* Agency that determines eligibility for coverage.

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

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

1619 (b) (3)
of the Act

- The state applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435. 121. Individuals who qualify for benefits under Section 1619 (a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under Section 1619 (b) (1) of the Act and who met the state's more restrictive requirements in the month before the month they qualified for SSI under Section 1619 (a) or met the requirements of Section 1619 (b) (1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under Section 1619 (a) of the Act or meet the SSI requirements under Section 1619 (b) (1) of the Act.

* Agency that determines eligibility for coverage.

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

OMB NO.: 0938-

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

1634 (c) of
the Act

15. Except in states that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who —
- a. Are at least 18 years of age;
 - b. Lose SSI eligibility because they become entitled to OASDI child's benefits under Section 202 (d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.
 - c. The State applies more restrictive eligibility requirements than those under SSI, and part of all the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.
 - d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.

42 CFR 435.122

16. Except in states that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional state supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.

42 CFR 435.130

17. Individuals receiving mandatory state supplements.

* Agency that determines eligibility for coverage.

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

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

42 CFR 435.131

18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the state's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

 In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

 Aged Blind

 Disabled

 Not Applicable. In December 1973, the essential spouse was not eligible for Medicaid.

* Agency that determines eligibility for coverage.

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

42 CFR 435.132

19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they —

- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and
- b. Remain institutionalized; and
- c. Continue to need institutional care.

42 CFR 435.133

20. Blind and disabled individuals who —

- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and
- b. Were eligible for Medicaid in December 1973 as blind or disabled; and
- c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

* Agency that determines eligibility for coverage.

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

42 CFR 435.134

21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L.92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

 Includes persons who would have been eligible for cash assistance But had not applied in August 1972 (this group was included in this state's August 1972 plan).

 Includes persons who would have been eligible for cash assistance August, 1972 if not in a medical institution or intermediate care facility (this group was included in this state's August 1972 plan).

 Not applicable with respect to intermediate care facilities; the state did or does not cover this service.

* Agency that determines eligibility for coverage.

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

OMB NO.: 0938-

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

42 CFR 435.135

22. Individuals who —

a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and

b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under Section 215 (i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

Not applicable with respect to individuals receiving only SSP because the state either does not make such payments or does not provide Medicaid to SSP-only recipients.

Not applicable because the state applies more restrictive eligibility requirements than those under SSI.

The state applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

* Agency that determines eligibility for coverage.

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

OMB NO.: 0938-

Citation(s)

Group Covered And Agencies Responsible For Eligibility Determination (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

1634 of the
Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by Section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under Section 1634 (b) of the Act.

- Not applicable with respect to individuals receiving only SSP because the state either does not make these payments or does not provide Medicaid to SSP-only recipients.
- The state applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equaling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

* Agency that determines eligibility for coverage.

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

OMB NO.: 0938-

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (cont.)

1634 (d) of the
Act

24. Disabled widows and widowers who would be eligible for SSI except for receipt of early social security disability benefits, who are not entitled to hospital insurance under Medicare Part A and who are deemed, for purposes of title XIX, to be SSI beneficiaries under Section 1634 (d) of the Act.

- Not applicable with respect to individuals receiving only SSP because the state either does not make these payments or does not provide Medicaid to SSP-only recipients.
- Not applicable because the state applies more restrictive eligibility than those under SSI and the state chooses SSI/SSP ineligibility or subsequent cost-of-living increases.
- The state applies more restrictive eligibility requirements than those under SSI and part of all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

* Agency that determines eligibility for coverage.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Group Covered and Agencies Responsible For Eligibility Determinations

Citation(s)

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups
(cont.)

1902 (a) (10) (E) (i)
and 1905 (p) of
the Act

25. Qualified Medicare beneficiaries —

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under Section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare cost sharing as defined in item 3.2 of this plan.)

1902 (a) (10) (E) (ii),
1905 (s) and
1905 (p) (3) (A) (i)
of the Act

26. Qualified Disabled and Working Individuals —

- a. Who are entitled to hospital insurance benefits under Medicare Part A under Section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level;
- c. Whose resources do not exceed two times the SSI resource limit; and
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under Section 1818A of the Act.)

Superseded by TN 019-026 MACPRO

* Agency that determines eligibility for coverage.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Group Covered and Agencies Responsible For Eligibility Determinations

Citation(s)

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups
(cont.)

1902 (a) (10) (E) (iii)
and 1905 (p) (3) (A) (ii)
of the Act

27. Specified low-income Medicare beneficiaries —

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under Section 1818A of the Act);
- b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare Part B premiums under Section 1839 of the Act)

1902 (a) (10) (E) (iv)
and 1905 (p) (3) (A) (ii)
and 1860D-14(a) (3) (D)
of the Act

28. Qualifying Individuals —

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. whose income is at least 120 percent but less than 135 percent of the Federal poverty level; and
- c. whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

Superseded by TN 019-026 MACPRO

* Agency that determines eligibility for coverage.

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. Optional Groups Other Than the Medically Needy (cont.)

42 CFR
435.210
(a) (10)
(A) (ii) and
1905 (a) of
the Act

1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional state supplement as 1902 specified in 42 CFR 435.230, but who do not receive cash assistance.

The plan covers all individuals as described above

The plan covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Caretaker relatives
- Pregnant women
- Children under age of 21*

42 CFR
435.211

2. Individuals who would be eligible for AFDC, SSI or an optional state supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

* Effective 12/1/91, applies only to children under the age of 18.

B.1 for caretaker relatives, pregnant women and children superseded by TN-013-024 MMDL

* Agency that determines eligibility for coverage.

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. Optional Groups Other Than the Medically Needy (cont.)

42 CFR 435.212
1902 (e) (2)

3. The state deems as eligible those individuals who become otherwise and ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903 (m) (2) (B) (iii), (E), or (G) or 1903 (m) (6) of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20 (a). Coverage under this section is limited to HMO services and family planning services described in Section 1905 (a) (4) (C) of the Act.

The minimum enrollment period is _____ (not to exceed six months).

The state measures the minimum enrollment period from:

- The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
- The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section) with any intervening disenrollment.

* Agency that determines eligibility for coverage.

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

OMB NO.: 0938-

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. **Optional Groups Other Than the Medically Needy** (cont.)

- The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

42 CFR
435.217

- 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the state's Section 1915 (c) waiver under which this group(s) is covered. In the event an existing 1915 (c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

- PACE Enrollees

* Agency that determines eligibility for coverage.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Groups Covered and Agencies Responsible for Eligibility Determinations

Citation(s)

1902 (a) (10)
(A) (ii) VII
of the Act

B. **Optional Groups Other Than the Medically Needy** (cont.)

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in Section 1905 (o) of the act.
- The state covers all individuals as described above.
- The state covers only the following group or groups of individuals:
- Aged
 - Blind
 - Disabled
 - Individuals under the age of—
 - 21*
 - 20
 - 19
 - 18
 - Caretaker relatives
 - Pregnant women

* Prior to 12/31/13, applies to children under the age of 18.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Groups Covered and Agencies Responsible for Eligibility Determinations

Citation(s)

B. **Optional Groups Other Than the Medically Needy** (cont.)

42 CFR 435.220

6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a state agency as a service expenditure. The state's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

The state covers all individuals as described above.

1902 (a) (10) (A)
(ii) and 1905 (a)
of the Act

The state covers only the following group or groups of individuals:

Individuals under the age of —

- 21
 20
 19
 18

Caretaker relatives

Pregnant women

42 CFR 435.222
1902 (a) (10)(A) (ii)(I);
1902(a) (10) (A) (ii) (IV)
and 1905 (a) (i) of
the Act

7. a. All individuals who are not described in Section 1902 (a) (10) (A) (i) of the Act, who meet the income and resource requirements of the AFDC State Plan, and who are under the age of:

- 21*
 20
 19
 18.

* Prior to 12/31/13, applies to children under age 18

Superseded by TN 013-024 MMDL

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. Optional Groups Other Than the Medically Needy (cont.)

42 CFR 435.222

- b. Reasonable classifications of individuals described in (a) above, as follows:
 - (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
 - (a) In foster homes (and are under the age of ____).
 - (b) In private institutions (and are under the age of ____).
 - (c) In addition to the group under b. (1) (a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
 - (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
 - (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.
 - (4) In addition to the group under (b) (3), individuals in ICFs/MR (who are under the age of ____).

Superseded by TN-013-024 MMDL

* Agency that determines eligibility for coverage.

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

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. **Optional Groups Other Than the Medically Needy** (cont.)

- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of **Attachment 2.2-A**.

Superseded by TN-013-024 MMDL

* Agency that determines eligibility for coverage.

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

Citation(s) Group Covered And Agencies Responsible For Eligibility Determination (cont.)

B. **Optional Groups Other Than the Medically Needy** (cont.)

1902 (a) (10)
(A) (ii) (VIII)
of the Act

8. A child for whom there is in effect a state adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the state adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement —
- a. Was eligible for Medicaid under the state's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of —

- 21
 20
 19
 18* effective 12/1/91, applies to children under age 18

Superseded by TN 013-024 MMDL

* Agency that determines eligibility for coverage.

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

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. **Optional Groups Other Than the Medically Needy** (cont.)

42 CFR 435.223

1902 (a) (10)
(A) (ii) and
1905 (a) of
the Act

9. Individuals described below who would be eligible for AFDC if coverage under the state's AFDC plan were as broad as allowed under Title IV-A:

Individuals under the age of —

21

20

19

18

Caretaker relatives

Pregnant women

Superseded by TN 013-024 MMDL

* Agency that determines eligibility for coverage.

Citation(s)

Group Covered And Agencies Responsible For Eligibility Determination

B. Optional Groups Other Than the Medically Needy

42 CFR 345.230

10. States use SSI criteria with agreements under Section 1634 of the Act

The following groups of individuals who receive only a state supplementary payment (but no SSI payment) under an approved optional state supplementary payment program that meets the following conditions. The supplement is —

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the state.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. Optional Groups Other Than the Medically Needy (cont.)

42 CFR 435.230

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangement as defined under SSI.
- (7) Individuals receiving a Federally administered optional state supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a state administered optional state supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

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

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. **Optional Groups Other Than the Medically Needy** (cont.)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional state supplementary payments are listed in Supplement 6 of **Attachment 2.6-A**.

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

OMB NO.: 0938-

Citation(s)

Group Covered And Agencies Responsible For Eligibility Determination

B. Optional Groups Other Than the Medically Needy

42 CFR 435.120
435.121, 435.230
1902 (a) (10)
(A) (ii) (XI) of the Act

11. Section 1902 (f) states and SSI criteria states without agreements under Section 1616 of the Act

The following groups of individuals who receive a state supplementary payment under an approved optional state supplementary payment program that meets the following conditions. The supplement is —

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
 - (1) All aged individuals.
 - (2) All blind individuals.
 - (3) All disabled individuals.

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. Optional Groups Other Than the Medically Needy (cont.)

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional state supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a state administered optional state supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. Optional Groups Other Than the Medically Needy (cont.)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

- Yes
- No

The standards for optional state supplementary payments are listed in Supplement 6 of **Attachment 2.6-A**.

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

OMB NO.: 0938-

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. **Optional Groups Other Than the Medically Needy** (cont.)

42 CFR 435.231
1902 (a) (10)
(A) (ii) (V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in **Supplement 1 to Attachment 2.6-A**.

The state covers all individuals as described above.

The state covers only the following groups or groups of individuals:

1902 (a) (10) (A)
(ii) and 1905 (a)
of the Act

- Aged
 Blind
 Disabled
 Individuals under the age of —

21 *effective 12/1/91, applies to children under age 18

20

19

18

Caretaker relatives

Pregnant women

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. Optional Groups Other Than the Medically Needy (cont.)

1902 (e) (3)
of the Act

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the state has made a determination as required under Section 1902 (e) (3) (B) of the Act.

Supplement 3 to Attachment 2.2-A describes the method that is used to determine the cost effectiveness of caring of this group of disabled children at home.

1902 (a) (10)
(A) (ii) (IX)
and 1902 (l)
of the Act

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in **Supplement 1 to Attachment 2.6-A** for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in **Supplement 2 to Attachment 2.6-A**:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
 - b. Infants under one year of age.

B.14 superseded by TN 013-024 MMDL

Item 15 page is reserved for future use.

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12/31/19

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

OMB NO.: 0938-

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. **Optional Groups Other Than the Medically Needy** (cont.)

1902 (a) (10)
(A) (ii) (X)
and 1902 (m)
(1) and (3)
of the Act

16. Individuals —

- a. Who are 65 years age or older or are disabled, as determined under Section 1614 (a) (3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in **Supplement 1 to Attachment 2.6-A** for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the state's more restrictive financial criteria; or under the state's medically needy program as specified in **Attachment 2.6-A**.

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

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. **Optional Groups Other Than the Medically Needy** (cont.)

1902 (a) (47)
and 1920 of
the Act

17. Pregnant women who are determined by a “qualified provider” (as defined in Section 1920 (b) (2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under **Attachment 2.6-A** and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with Section 1920 of the Act.

Superseded by TN 013-024 MMDL

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

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

B. **Optional Groups Other Than the Medically Needy** (cont.)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based Act group health plans remain eligible for a minimum enrollment period of six months.

1902 (a) (10) (F)
and 1902 (u) (1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the state determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See **Supplement 11 to Attachment 2.6-A.**

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Groups Covered and Agencies Responsible for Eligibility Determinations

Citation(s)

B. **Optional Groups Other Than the Medically Needy** (cont.)

1902(a)(10)(A)(ii)(XVII) 20. All "Independent foster care adolescents" under 21 years of age (as defined in §1905(w) (1) of the Social Security Act) and 1905 (w) (1) of the Act

a) Reasonable classification of individuals as follows:

1) Individuals under the age of

19

20

2) Individuals to whom foster care maintenance payments or independent living services were furnished under a program funded under part E of Title IV before the date the individuals attained 18 years of age.

3) Other (please describe):

b) Financial requirements

1) Income test

There is no income test for this group

The income test for this group is

2) Resource test

There is no resource test for this group

The resource test for this group is

Note:

If there is an income or resource test, then the standards and methodologies used cannot be more restrictive than those used for the State's low-income families with children eligible under section 1931 of the Act as specified in Supplement 12 of Attachment 2.6-A.

Superseded by TN 013-024 MMDL

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

OMB NO.: 0938-

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

C. **Optional Coverage of the Medically Needy**

42 CFR 435.301

This plan includes the medically needy.

- No
 Yes. This plan covers:

1902 (e) of the
Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902 (a) (10)
(C) (ii) (I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under Section 1902 (a) (10) (A) (i) of the Act.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Groups Covered and Agencies Responsible for Eligibility Determinations

Citation(s)

1902 (e) (4) of
the Act

42 CFR 435.308

C. **Optional Coverage of the Medically Needy** (cont.)

4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains or if pregnant would remain eligible and the child is a member of the woman's household.

5. a. Financially eligible individuals who are not described in Section C.3. above and who are under the age of —

21*

20

19

18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

(1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

(a) In foster homes (and are under the age of ____).

(b) In private institutions (and are under the age of ____).

* Prior to 12/31/13, applies to children under the age of 18.

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

C. **Optional Coverage of the Medically Needy** (cont.)

- (c) In addition to the group under b. (1) (a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
- (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.
- (4) In addition to the group under (b) (3), individuals in ICFs/MR (who are under the age of ____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in **Supplement 1 of Attachment 2.2-A.**

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

C. **Optional Coverage of the Medically Needy** (cont.)

- | | | |
|-------------------------------|-------------------------------------|--|
| 42 CFR 435.310 | <input checked="" type="checkbox"/> | 6. Caretaker relatives. |
| 42 CFR 435.320
and 435.330 | <input checked="" type="checkbox"/> | 7. Aged individuals. |
| 42 CFR 435.322
and 435.330 | <input checked="" type="checkbox"/> | 8. Blind individuals. |
| 42 CFR 435.324
and 435.330 | <input checked="" type="checkbox"/> | 9. Disabled individuals. |
| 42 CFR 435.326 | <input type="checkbox"/> | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. |
| 435.340 | | 11. Blind and disabled individuals who:

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;

b. Were eligible as medically needy in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

* Agency that determines eligibility for coverage

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

Citation(s) **Group Covered And Agencies Responsible For Eligibility Determination** (cont.)

C. **Optional Coverage of the Medically Needy** (cont.)

1906 of the
Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of six months.

AS OF 12/31/19

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

Requirements Relating to Determining Eligibility for Medicare Prescription Drug
Low-Income Subsidies

Agency	Citation(s)	Group Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. <ol style="list-style-type: none"><li data-bbox="633 777 941 882">1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;<li data-bbox="633 903 941 1008">2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;<li data-bbox="633 1029 941 1180">3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.	

**Reasonable Classifications of Individuals under
the Age of 21, 20, 19, and 18**

(not applicable)

Superseded by TN 013-024 MMDL

AS
OFF
12/31/19

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

OMB NO.: 0938-

**Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children at Home**

For each applicant to the Kaileigh Mulligan Home Care for Disabled Children Program, the state estimates and compares expenditures for the child's care if Medicaid was to be the only payor in the institution or in the child's place of residence. The state must determine that the estimated cost of care that would be expended for medical assistance for the child for care outside an institution is not greater than the estimated amount that would otherwise be expended for medical assistance for the child within an appropriate institution. Each eligible child is reviewed annually in the same manner.

I. Estimating Institutional Costs

The Department has identified the medical institutions in Massachusetts in which severely disabled children would otherwise reside if home-based care were not available. These institutions can be categorized by the level of medical care provided as either acute hospital, chronic hospital or pediatric nursing care facility.

- (A) Acute Hospital – Data was retrieved from the primary hospitals statewide in which Medicaid-eligible children might reside on a long-term basis. Patient claims were reviewed for a fiscal year with the following characteristics: (a) birth to 18 years of age; (b) length of stay 30 days or more; (c) specific diagnostic codes common to severe disabling conditions; and (d) no other health insurance coverage present.

Calculation:

Total of all expenditures - total number of inpatient days
associated with hospitalization - days billed

= average amount spent per diem for each patient (inflated to next fiscal year)

- (B) Chronic Hospital – Data was retrieved from all chronic hospitals statewide for all patients for a fiscal year.

Calculation:

Total of all expenditures - total number of days billed
(per diem + ancillaries)

= average amount spent per diem for each patient (inflated to next fiscal year)

**Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children at Home (cont.)**

- (C) Pediatric Nursing Care Facility – Per diem rates were retrieved from the four pediatric nursing facilities statewide reflecting patients with the most complex nursing care needs for a fiscal year.

Calculation:

Total of 4 per diem rates - Number of pediatric facilities (i.e. 4)

= average amount spent per diem for each patient (inflated to next fiscal year)

II. Estimating Medical Care Outside an Institution

The Department is able to identify medical care needs for each program applicant through information received in the program application and medical records.

- (A) Specific services such as nursing (total hours), physician and/or therapy visits are identified. Estimated frequency of units to be used for each service and estimated costs associated with usage are recorded.
- (B) Need for medical equipment (items an average cost of \$100 or more per month) is identified and average costs are assigned to each item listed.
- (C) Average aggregate costs are assigned to general categories of pharmacy and medical supplies for each applicant at either the acute or chronic hospital, or pediatric nursing home levels of care. (Costs are based on the average usage of such specific items for children at each level of care as estimated over a fiscal year and then inflated in new fiscal years.)
- (D) All estimates of costs for services, equipment, and pharmacy items to be used by the applicant are totaled.

III. Comparing Costs

Estimated non-institutional costs for each applicant are compared to the estimated costs in the appropriate institution. Each applicant's medical care costs must be less in the non-institutional setting than the estimated costs in the appropriate institution.

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

Citation(s)

A. **General Conditions of Eligibility**

Each individual covered under the plan:

42 CFR Part 435,
Subpart G

1. is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.

42 CFR Part 435,
Subpart F

2. meets the applicable non-financial eligibility conditions.

a. For the categorically needy:

(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.

(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.

1902 (l) of the
Act

(iii) For financially eligible pregnant women, infants, or children covered under sections 1902 (a) (10) (A) (i) (IV), 1902 (a) (10) (A) (i) (VI), 1902 (a) (10) (A) (i) (VII), and 1902 (a) (10) (A) (ii) (IX) of the Act, meets the non-financial criteria of section 1902 (l) of the Act.

1902 (m) of the
Act

(iv) For financially eligible aged and disabled individuals covered under section 1902 (a) (10) (A) (ii) (X) of the Act, meets the non-financial criteria of section 1902 (m) of the Act.

**A.2.a(i) and (iii) superseded
by TN 013-024 MMDL**

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

OMB NO.: 0938-

Citation(s)

A. General Conditions of Eligibility (cont.)

- b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
- c. For financially eligible qualified Medicare beneficiaries covered under section 1902 (a) (10) (E) (i) of the Act, meets the non-financial criteria of section 1905 (p) of the Act.
- d. For financially eligible qualified disabled and working individuals covered under section 1902 (a) (10) (E) (ii) of the Act, meets the non-financial criteria of section 1905 (s).

1905 (p) of the Act

1905 (s) of the Act

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

OMB NO.:

Citation(s)	Condition or Requirement
42 CFR 435.406	<p>3. Is residing in the United States (U.S.), and--</p> <p>a. Is a citizen or national of the United States;</p> <p>b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;</p> <p>c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;</p> <p>d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;</p> <p>e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended. <input checked="" type="checkbox"/> State covers all authorized QAs. <input type="checkbox"/> State does not cover authorized QAs.</p> <p>f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:</p> <p>(1) A "Qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;</p> <p>(2) A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;</p> <p>(3) An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include:</p> <p>(a) An individual currently in temporary resident status as an Amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA);</p> <p>(b) An individual currently under Temporary Protected Status pursuant to section 244 of the INA;</p> <p>(c) A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554;</p>

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

OMB NO.:

- (d) An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and
- (e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and
- (4) An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA:
- A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(N) of the INA;
 - A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA;
 - A religious worker under section 101(a)(15)(R);
 - An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(S) of the INA;
 - A battered alien under section 101(a)(15)(U) (see also section 431 as amended by PRWORA); and
 - An individual with a petition pending for 3 years or more, as permitted under section 101(a)(15)(V) of the INA.

- Elected for pregnant women
- Elected for children under age 19

- g. The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

Item 3 Superseded by TN-013-028 MMDL

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

OMB NO.: 0938-

Citation(s)

A. General Conditions of Eligibility (cont.)

- d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
- e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).

42 CFR 435.403
1902 (b) of the
Act

4. Is a resident of the state, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
- State has interstate residency agreement with the following states:
 - State has open agreement(s).
 - Not applicable; no residency requirement.

Item 3d and 3e superseded by TN-013-028 MMDL

Item 4 Superseded by TN-013-018 MMDL

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

Citation(s)

A. **General Conditions of Eligibility** (cont.)

42 CFR 435.1008

5. a. Is not a inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

42 CFR 435.1008
1905 (a) of the
Act

b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.

Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.

42 CFR 433.145
the 1912 of the
Act

6. Is required, as a condition of eligibility, to assign his or her own rights, or rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

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

Citation(s)

A. **General Conditions of Eligibility** (cont.)

AS
An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself of herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902 (l) (1) (A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

CS
An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

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

OMB NO.: 0938-

Citation(s)

A. **General Conditions of Eligibility** (cont.)

1902 (c) (2)

8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902 (a) (10) (A) (i) (IV) and 1902 (a) (10) (A) (ii) (IX) of the Act.

1902 (e) (10) (A)
and (B) of the
Act

9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402 (a) (43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

Superseded by TN 013-024 MMDL

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

OMB NO.: 0938-

Citation(s)

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).

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

Citation(s)

B. Post-Eligibility Treatment of Institutionalized Individuals' Incomes

1. The following items are not considered in the post-eligibility process:

1902 (o) of
the Act

a. SSI and SSP benefits paid under § 1611 (e) (1) (E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.

Bondi v
Sullivan (SSI)

b. Austrian Reparation Payments (pension (reparation) payments made under § 500-506 of the Austrian General Social Insurance Act). Applies only if state follows SSI program rules with respect to the payments.

1902 (r) (1) of
the Act

c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).

105/206 of
P.L. 100-383

d. Japanese and Aleutian Restitution Payments.

1. (a) of
P.L. 103-286

e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).

10405 of
101-239

f. Payments from the Agent Orange Settlement Fund or any other P.L. fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)

6 (h) (2) of
P.L. 101-426

g. Radiation Exposure Compensation.

12005 of
P.L. 103-66

h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

Citation(s)

B. Post-Eligibility Treatment of Institutionalized Individual's Incomes (cont.)

1924 of the Act
435.725
435.733
435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 for individuals and \$60 for couples for all institutionalized persons.

- a. Aged, blind, disabled:

Individuals \$60.00
Couples \$120.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met

- b. AFDC related:

Children \$60.00
Adults \$60.00

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit that determines that a criterion is met.

- c. Individual under age 21 covered in the State Plan as specified in item B.7. of **Attachment 2.2-A**:

\$60.00.

Citation(s)

B. Post-Eligibility Treatment of Institutionalized Individual's Incomes (cont.)

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater needs; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:

- a. The monthly income allowance for the community spouse, calculated using the formula in section 1924 (d) (2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in section 1924 (d) (3) (C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.
- The poverty level component is calculated using the applicable percentage (set out section 1924 (d) (3) (B) of the Act) of the official poverty level.
 - The poverty level component is calculated using a percentage greater than the applicable percentage, equal to ____% of the official poverty level (still subject to maximum maintenance needs standard).
 - The maintenance needs standard for all community spouses is set at the maximum permitted by section 1924 (d) (3) (C).

Except that, when applicable, the state will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

Citation(s)

B. Post-Eligibility Treatment of Institutionalized Individual's Incomes (cont.)

In determining any excess shelter allowance, utility expenses are calculated using:

- the standard utility allowance under section 5 (e) of the Food Stamp Act of 1977; or
- the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

- one-third of the amount by which the poverty level component (calculated under section 1924 (d) (3) (A) (i) of the Act, using the applicable percentage specified in section 1924 (d) (3) (B)) exceeds the dependent family member's monthly income.
- a greater amount calculated as follows:

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under section 1924 (d) (1):

c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:

- (i) Medicaid, Medicare, and other health insurance premiums, deductibles, coinsurance charges, or copayments.
- (ii) Necessary medical or remedial cares recognized under state law but not covered under the State Plan*. (Reasonable limits on amounts are described in **Supplement 3 to Attachment 2.6-A**).

* These expenses include, but are not limited to guardianship services and related expenses that are essential to access or consent to medical treatment. See decision of Massachusetts' highest court in Rudow v. Commissioner, Division of Medical Assistance, 202 N.E.2d 339 (Mass. 1999).

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

Citation(s)

B. Post-Eligibility Treatment of Institutionalized Individual's Incomes (cont.)

435.725
435.733
435.832

4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:

a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:

- AFDC level; or
- Medically needy level:

(check one)

- AFDC levels in Supplement 1
- Medically needy level in Supplement 1
- Other: \$ _____

b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse) are incurred by and for the institutionalized individual or institutionalized couple and are not subject to the payment by a third party:

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under state law but not covered under the State Plan. (Reasonable limits on amount are described in **Supplement 3 to Attachment 2.6-A**)

435.725
from 435.733
435.832

5. At the option of the state, as specified below, the following is deducted any remaining monthly income of an institutionalized individual or an institutionalized couple:

A monthly amount for the maintenance of the home of the individual or couple for not longer than six months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:

- No
- Yes (the applicable amount is shown on page 5a.)

Citation(s)

B. Post-Eligibility Treatment of Institutionalized Individuals' Incomes (cont.)

- * Amount for maintenance of home is:
\$(100% of the federal-poverty-level for a single person)
- Amount for maintenance of home is the actual maintenance costs not to exceed \$_____.
- Amount for maintenance of home is deductible when countable income is determined under section 1924 (d) (1) of the Act only if the individual's home and the community spouse's home are different.
- Amount for maintenance of home is not deductible when countable income is determined under section 1924 (d) (1) of the Act.

* A deduction for maintenance of a home is allowed when a physician certifies in writing that a single individual, with no eligible dependents in the home, is likely to return home within six months from the month of admission. This income deduction terminates at the end of the sixth month following the month of admission regardless of the prognosis to return home at that time. The amount to be deducted shall be the federal-poverty-level income standard for one person.

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

Citation(s)

C. **Financial Eligibility**

42 CFR 435.711
435.721, 435.831

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902 (f) of the Act, or more liberal methods under section 1902 (r) (2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902 (f) state and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to Attachment 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the federal income poverty level—pregnant women and infants or children covered under sections 1902 (a) (10) (A) (i) (IV), 1902 (a) (10) (A) (i) (VI), 1902 (a) (10) (A) (i) (VII), and 1902 (a) (10) (A) (ii) (IX) of the Act and aged and disabled individuals covered under section 1902 (a) (10) (A) (ii) (X) of the Act—and for mandatory groups of qualified Medicare beneficiaries covered under section 1902 (a) (10) (E) (i) of the Act.

**Language related to categorically needy
AFDC recipients, pregnant women, infants
and children superseded by TN 013-024 MMDL**

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

Citation(s)

C. **Financial Eligibility** (cont.)

- Supplement 2 to Attachment 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
- Supplement 7 to Attachment 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
- Supplement 4 to Attachment 2.6-A specifies the methods for determining income eligibility used by states that have more restrictive methods than SSI, permitted under section 1902 (f) of the Act.
- Supplement 5 to Attachment 2.6-A specifies the methods for determining resource eligibility used by states that have more restrictive methods than SSI, permitted under section 1902 (f) of the Act.
- Supplement 8a to Attachment 2.6-A specifies the methods for determining income eligibility used by states that are more liberal than the methods of the cash assistance programs, permitted under section 1902 (r) (2) of the Act.
- Supplement 8b to Attachment 2.6-A specifies the methods for determining resource eligibility used by states that are more liberal than the methods of the cash assistance programs, permitted under section 1902 (r) (2) of the Act.

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

Citation(s)

C. **Financial Eligibility** (cont.)

1902 (r) (2)
of the Act

1. **Methods of Determining Income**

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable income for AFDC-related individuals, the following methods are used:

- (a) the methods under the state's approved AFDC plan only; or
- (b) the methods under the state's approved AFDC plan and/or any more liberal methods described in **Supplement 8a to Attachment 2.6-A.**

(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

1902 (e) (6)
the Act

(3) Agency continues to treat women eligible under the provisions of sections 1902 (a) (10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

1.a.(1) and (2) superseded by TN 013-024 MMDL

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

Citation(s)

C. **Financial Eligibility** (cont.)

42 CFR 435.721
435.831, and
1902 (m) (1) (B) (m) (4)
and 1902 (r) (2)
of the Act

- b. Aged individuals. In determining countable income for aged individuals including aged individuals with incomes up to the federal poverty level described in section 1902 (m) (1) of the Act, the following methods are used:
- The methods of the SSI program only.
 - The methods of the SSI program and/or any more liberal methods described in **Supplement 8a to Attachment 2.6-A**.

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

Citation(s)

C. Financial Eligibility (cont.)

- For individuals other than optional state supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902 (f) of the Act, as specified in **Supplement 4 to Attachment 2.6-A**; and any more liberal methods described in **Supplement 8a to Attachment 2.6-A**.
- For institutional couples, the methods specified under section 1611 (e) (5) of the Act.
- For optional state supplement recipients under section 435.230, income methods more liberal than SSI, as specified in **Supplement 4 to Attachment 2.6-A**.
- For optional state supplement recipients in section 1902 (f) states and SSI criteria states without section 1616 or 1634 agreements —
 - SSI methods only.
 - SSI methods and/or any more liberal methods than SSI described in **Supplement 8a to Attachment 2.6-A**.
 - Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in **Supplement 4 to Attachment 2.6-A** and more liberal method are described in **Supplement 8a to Attachment 2.6-A**.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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

Citation(s)

C. **Financial Eligibility** (cont.)

42 CFR 435.721
and 435.831
1902 (m) (1) (B),
(m) (4), and
1902 (r) (2)
of the Act

- c. Blind Individuals. In determining countable income for blind individuals, the following methods are used:
- The methods of the SSI program only.
 - SSI methods and/or any more liberal methods described in **Supplement 8a to Attachment 2.6-A**
 - For individuals other than optional state supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902 (f) of the Act, as specified in **Supplement 4 to Attachment 2.6-A**, any more liberal methods described in **Supplement 8a to Attachment 2.6-A**.
 - For institutional couples, the methods specified under section 1611 (e) (5) of the Act.
 - For optional state supplement recipients under §435.230, income methods more liberal than SSI, as specified in **Supplement 4 to Attachment 2.6-A**.
 - For optional state supplement recipients in section 1902 (f) states and SSI criteria states without section 1616 or 1634 agreements--
 - SSI methods only.
 - SSI methods and/or any more liberal methods than SSI described in **Supplement 8a to Attachment 2.6-A**.
 - Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in **Supplement 4 to Attachment 2.6-A** and more liberal methods are described in **Supplement 8a to Attachment 2.6-A**.

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

Citation(s)

C. **Financial Eligibility** (cont.)

In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

42 CFR 435.721,
and 435.831
1902 (m) (1) (B)
(m) (4), and
1902 (r) (2) of
the Act

d. Disabled individuals. In determining countable income of disabled individuals, including individuals with incomes up to the federal poverty level described in section 1902 (m) of the Act the following methods are used:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in **Supplement 8a to Attachment 2.6-A.**
- For institutional couples: the methods specified under section 1611 (e) (5) of the Act.
- For optional state supplement recipients under section 435.230: income methods more liberal than SSI, as specified in **Supplement 4 to Attachment 2.6-A.**
- For individuals other than optional state supplement recipients (except aged and disabled individuals described in section 1902 (m) (1), of the Act): more restrictive methods than SSI, applied under the provisions of section 1902 (f) of the Act, as specified in **Supplement 4 to Attachment 2.6-A;** and any more liberal methods described in **Supplement 8a to Attachment 2.6-A.**

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

Citation(s)

C. Financial Eligibility (cont.)

- For optional state supplement recipients in section 1902 (f) states and SSI criteria states without section 1616 or 1634 agreements—
- SSI methods only.
- SSI methods and/or any more liberal methods than SSI described in **Supplement 8a to Attachment 2.6-A.**
- Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902 (m) (l) of the Act. More restrictive methods are described in **Supplement 4 to Attachment 2.6-A** and more liberal methods are specified in **Supplement 8a to Attachment 2.6-A.**

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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

Citation(s)

1902 (l) (3) (E)
and 1902 (r) (2)
of the Act

C. **Financial Eligibility** (cont.)

e. Poverty level pregnant women, infants, and children. For pregnant women and infants or children covered under the provisions of sections 1902 (a) (10) (A) (i) (IV), (VI), and (VIII), and 1902 (a) (10) (A) (ii) (IX) of the Act —

(1) The following methods are used in determining countable income:

- The methods of the state's approved AFDC plan.
- The methods of the approved title IV-E plan.
- The methods of the approved AFDC State Plan and/or any more liberal methods described in **Supplement 8a to Attachment 2.6-A.**
- The methods of the approved Title IV-E plan and/or any more liberal methods described in **Supplement 8a to Attachment 2.6-A.**

Superseded by TN 013-024 MMDL

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

Citation(s)

C. **Financial Eligibility** (cont.)

- 1902 (e) (6) of the Act
- (2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
- (3) The agency continues to treat women eligible under provisions of sections 1902 (a) (10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
- 1905 (p) (1), 1902 (m) (4), and 1902 (r) (2) of the Act
- f. **Qualified Medicare Beneficiaries.** In determining countable income for qualified Medicare beneficiaries covered under section 1902 (a) (10) (E) (1) of the Act, the following methods are used:
- The methods of the SSI program only.
 - SSI methods and/or any more liberal methods than SSI described in **Supplement 8a to Attachment 2.6-A.**
 - For institutional couples, the methods specified under section 1611 (e) (5) of the Act.

C.1.e (2) superseded by TN 013-024 MMDL

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

Citation(s)

C. Financial Eligibility (cont.)

If an individual receives a Title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a Title II COLA is not counted as income during a "transition period" beginning with January, when the Title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual federal poverty level.

For individuals with Title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving Title II income, the revised poverty levels are effective no later than the date of publication.

1905 (s) of
the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902 (a) (10) (E) (ii) of the Act, the methods of the SSI program are used.

1905 (p) of

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902 (a) (10) (E) (iii) of the Act, the same method as in f. is used.

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

Citation(s)

C. **Financial Eligibility** (cont.)

1902 (u)
of the Act

h. COBRA Continuation Beneficiaries

In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

- The disregards of the SSI program;
- The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902 (u) (4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612 (b) (4) (B) (ii).

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

OMB No.: 0938-

Citation(s)

C. **Financial Eligibility** (cont.)

1902 (k) of
the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902 (k) (2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

- The agency does not count the funds in a trust as described above in any instance where the state determines that it would work an undue hardship. **Supplement 10 of Attachment 2.6-A** specifies what constitutes an undue hardship.

1902 (a) (10) (c)
of the Act

3. Medically needy income levels (MNILs) are based on family size.

Supplement 1 to Attachment 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902 (f) of the Act, **Supplement 1** so indicates.

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

OMB No.: 0938-

Citation(s)

C. **Financial Eligibility** (cont.)

42 CFR 435.732,
435.831

4. Handling of Excess Income – Spend-down for the Medically Needy in All States and the Categorically Needy in 1902 (f) States only

a. Medically Needy

(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either six or one month(s) (not to exceed six months) to determine the amount of excess countable income applicable to the cost of medical care and services.

(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:

(a) Health insurance premiums, deductibles, and coinsurance charges.

(b) Expenses for necessary medical and remedial care not included in the plan.

(c) Expenses for necessary medical and remedial care included in the plan.

Reasonable limits on amounts of expenses deducted from income under a. (2) (a) and (b) above are listed below.

1902 (a) (17) of
the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a state or local government.

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

Citation(s)

C. **Financial Eligibility** (cont.)

1903 (f) (2) of
the Act

a. Medically Needy (continued)

- (3) If countable income exceeds the MNIL standard, the agency deducts spend-down payments made to the state by the individual.

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

Citation(s)

C. **Financial Eligibility** (cont.)

42 CFR
435.732

b. Categorically Needy – Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902 (f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any state supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a state supplement 1902 (a) (10) (A) (ii) (XI) or the Act.
- (3) Increases in OASDI that are deducted under sections 435.134 and 435.135 for individuals specified in that section, in the manner elected by the state under that section.
- (4) Other deductions from income described in this State Plan at **Attachment 2.6-A, Supplement 4.**
- (5) Incurred expenses for necessary medical and remedial services recognized under state law.

1902 (a) (17) of the
Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a state or local government.

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

Citation(s)

C. **Financial Eligibility** (cont.)

4.b. Categorically Needy – Section 1902 (f) States (continued)

1903 (f) (2) of
of the Act

- (6) Spend down payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a state is paid a spenddown payment by the individual.

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

Citation(s)

C. **Financial Eligibility** (cont.)

5. Methods For Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the state's approved AFDC plan; and

(b) The methods under the state's approved AFDC plan and/or any more liberal methods described in **Supplement 8b to Attachment 2.6-A.**

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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

Citation(s)

C. **Financial Eligibility** (cont.)

5. Methods For Determining Resources (cont.)

1902 (a) (10) (A),
1902 (a) (10) (C),
1902 (m) (1) (B)
and (C), and 1902
of the Act

b. Aged individuals. For aged individuals covered under section 1902 (a) (10) (A) (ii) (X) of the Act, the agency used the following methods for treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in **Supplement 8b to Attachment 2.6-A**.
- Methods that are more restrictive (except for individuals described in section 1902 (m) (1) of the Act) and/or more liberal than those of the SSI program. **Supplement 5 to Attachment 2.6-A** describes the more restrictive methods and **Supplement 8b to Attachment 2.6-A** specifies the more liberal methods.

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

Citation(s)

C. Financial Eligibility (cont.)

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

c. Blind individuals. For blind individuals, the agency uses the following methods for treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in **Supplement 8b to Attachment 2.6-A**.
- Methods that are more restrictive and/or more liberal than those of the SSI program. **Supplement 5 to Attachment 2.6-A** describe the more restrictive methods and **Supplement 8b to Attachment 2.6-A** describe the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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

OMB No.: 0938-

Citation(s)

C. **Financial Eligibility** (cont.)

1902 (a) (10) (A),
1902 (a) (10) (C),
1902 (m) (1) (B)
and (C), and
1902 (r) (2) of
the Act

d. Disabled individuals, including individuals covered under section 1902 (a) (10) (A) (ii) (X) of the Act. The agency uses the following:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in **Supplement 8b to Attachment 2.6-A.**
- Methods that are more restrictive (except for individuals described in section 1902 (m) (1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in **Supplement 5 to Attachment 2.6-A** and more liberal methods are specified in **Supplement 8b to Attachment 2.6-A.**

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

1902 (1) (3)
and 1902 (r) (2)
of the Act

e. Poverty level pregnant women covered under sections 1902 (a) (10) (A) (i) (IV) and 1902 (a) (10) (A) (ii) (IX) (A) of the Act.

The agency uses the following methods in the treatment of resources.

- The methods of the SSI program only.
- The methods of the SSI program and/or any more liberal methods described in **Supplement 5a or Supplement 8b to Attachment 2.6-A.**

C.5.e superseded by TN 013-024 MMDL

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

OMB No.: 0938-

Citation(s)

C. **Financial Eligibility** (cont.)

- Methods that are more liberal than those of SSI. The more liberal methods are specified in **Supplement 5a or Supplement 8b to Attachment 2.6-A.**
- Not applicable. The agency does not consider resources in determining eligibility.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

1902 (l) (3) and
1902 (r) (2) of
the Act

f. Poverty level infants covered under section 1902 (a) (10) (A) (i) (IV) of the Act.

The agency uses the following methods for the treatment of resources:

- The methods of the state's approved AFDC plan.
- Methods more liberal than those in the state's approved AFDC plan (but not more restrictive), in accordance with section 1902 (l) (3) (C) of the Act, as specified in **Supplement 5a of Attachment 2.6-A.**

1902 (l) (3) (C)

- Methods more liberal than those in the state's approved AFDC plan (but no more restrictive), in accordance with section 1902 (l) (3) (C) of the Act, as specified in **Supplement 5a or Supplement 8b to Attachment 2.6-A.**

1902 (r) (2)
of the Act

- Not applicable. The agency does not consider resources in determining eligibility.

Superseded by TN 013-024 MMDL

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

Citation(s)

C. Financial Eligibility (cont.)

1902 (l) (3) and
1902 (r) (2) of
the Act

- g. 1. Poverty level children covered under section 1902 (a) (10) (A) (i) (VI) of the Act.

The agency uses the following methods for the treatment of resources:

1902 (l) (3) (C)
of the Act

- The methods of the state's approved AFDC plan.
- Methods more liberal than those in the state's approved AFDC plan (but not more restrictive), in accordance with section 1902 (l) (3) (C) of the Act, as specified in **Supplement 5a of Attachment 2.6-A.**

1902 (r) (2)
of the Act

- Methods more liberal than those in the state's approved AFDC plan (but not more restrictive), as described in **Supplement 8b to Attachment 2.6-A.**
- Not applicable. The agency does not consider resources in determining eligibility.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

Superseded by TN 013-024 MMDL

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

Citation(s)

C. **Financial Eligibility** (cont.)

1902 (l) (3) and
1902 (r) (2) of
the Act

- g. 2. Poverty level children under section 1902 (a) (10) (A) (i) (VII) of the Act.

The agency uses the following methods for the treatment of resources:

1902 (l) (3) (C)
of the Act

- The methods of the state's approved AFDC plan.
- Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as specified in **Supplement 5a of Attachment 2.6-A.**

1902 (r) (2)
of the Act

- Methods more liberal than those in the state's approved AFDC plan (but not more restrictive), as described in **Supplement 8b to Attachment 2.6-A.**
- Not applicable. The agency does not consider resources in determining eligibility.

In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

Superseded by TN 013-024 MMDL

Citation(s)

C. Financial Eligibility (cont.)

1905 (p) (1)
(C) and (D) and
1902 (r) (2) of
the Act

5. h. For Qualified Medicare beneficiaries covered under section 1902 (a) (10) (E) (i) of the Act the agency uses the following methods for treatment of resources:

- The methods of the SSI program only.
- The methods of the SSI program and/or more liberal methods as described in **Supplement 8b to Attachment 2.6-A.**

1905 (s) of the
Act

i. For qualified disabled and working individuals covered under section 1902 (a) (10) (E) (ii) of the Act, the agency uses SSI program methods for the treatment of resources.

1902 (u) of the
Act

j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:

- The methods of the SSI program only.
- More restrictive methods applied under section 1902 (f) of the Act as described in **Supplement 5 to Attachment 2.6-A.**

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

Citation(s)

C. **Financial Eligibility** (cont.)

1902 (a) (10) (E) (iii)
of the Act

- k. Specified low-income Medicare beneficiaries covered under section 1902 (a) (10) (E) (iii) of the Act--

The agency uses the same method as in C.5.h. of **Attachment 2.6-A**.

6. Resource Standard – Categorically Needy

- a. 1902 (f) states (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

Same as SSI resource standards.

More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

- b. Non-1902 (f) states (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to Attachment 2.6-A specifies for 1902 (f) states the categorically needy resource level for all covered categorically needy groups.

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

Citation(s)

C. Financial Eligibility (cont.)

1902 (l) (3) (A),
(B) and (C) of
the Act

c. For pregnant women and infants covered under the provisions of section 1902 (a) (10) (A) (i) (IV) and 1902 (a) (10) (A) (ii) (IX) of the Act, the agency applies a resource standard.

Yes. **Supplement 2 to Attachment 2.6-A** specifies the standard, which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the state's approved AFDC plan.

No. The agency does not apply a resource standard to these individuals.

1902 (l) (3) (A)
and (C) of the Act

d. For children covered under the provisions of section 1902 (a) (10) (A) (i) (VI) of the Act, the agency applies a resource standard.

Yes. **Supplement 2 to Attachment 2.6-A** specifies the standard, which is no more restrictive than the standard applied in the state's approved AFDC plan.

No. The agency does not apply a resource standard to these individuals.

Superseded by TN 013-024 MMDL

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

Citation(s)

C. Financial Eligibility (cont.)

1902 (m) (1) (C),
and (m) (2) (B)
of the Act

e. For aged and disabled individuals described in section 1902 (m) (1) of the Act who are covered under section 1902 (A) (10) (A) (ii) (X) of the Act, the resource standard is:

- Same as SSI resource standards.
- Same as the medically needy resource standards, which are higher than the SSI resource standards (if the state covers the medically needy).

Supplement 2 to Attachment 2.6-A specifies the resource levels for these individuals.

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

Citation(s)

C. **Financial Eligibility** (cont.)

7. Resource Standard – Medically Needy

1902 (a) (10) (C) (i)
of the Act

- a. Resource standards are based on family size.
- b. A single standard is employed in determining resource eligibility for all groups.
- c. In 1902 (f) states, the resource standards are more restrictive than in 7.b. above for--

- Aged
- Blind
- Disabled

Supplement 2 to Attachment 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., **Supplement 2 to Attachment 2.6-A** so indicates.

1902(a)(10)(E)
1905(p)(1)(D), 1905(p)(1)(D)
And 1860-D-14(a)(3)(D)
of the Act

8. Resource Standard – Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals

For Qualified Medicare Beneficiaries covered under section 1902 (a) (10) (E) (i) of the Act, Specified Low Income Medicare beneficiaries covered under section 1902 (a) (10) (E) (iii) of the Act, and Qualifying Individuals covered under 1902(a) (10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.

1902(a)(10)(E)(ii), 1905(s) 9.
And 1860D-14(a)(3)(D)
Of the Act

9. Resource Standard – Qualified Disabled and Working Individuals

For qualified disabled and working individuals covered under section 1902 (a) (10) (E) (ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource standard.

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

Citation(s)

C. **Financial Eligibility** (cont.)

1902 (u) of the
Act

10. For COBRA continuation beneficiaries, the resource standard is:

- Twice the SSI resource standard for an individual.
- More restrictive standard as applied under section 1902 (f) of the Act as described in **Supplement 8 to Attachment 2.6-A.**

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

Citation(s)

C. **Financial Eligibility** (cont.)

1902 (u) of the
Act

10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

- b. Categorically Needy Only

This state has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

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

Citation(s)

C. **Financial Eligibility** (cont.)

42 CFR
435.914

11. Effective Date of Eligibility

a. Groups Other Than Qualified Medicare Beneficiaries

(1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time during the month.

Aged, blind, disabled.

AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

Aged, blind, disabled.

AFDC-related.

(2) For the retroactive period.

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

Aged, blind, disabled.

AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if they following individuals would have been eligible at any time during that month, had they applied.

Aged, blind, disabled.

AFDC-related.

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

Citation(s)

C. Financial Eligibility (cont.)

1920 (b) (1) of
the Act

- (3) For a presumptive eligibility for pregnant women only.

Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in **Attachment 2.6-A** of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the state agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.

1902 (e) (8) and
1905 (a) of the
Act

- b. For qualified Medicare beneficiaries defined in section 1905 (p) (1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905 (p) (1). The eligibility determination is valid for--
- 12 months
 - 6 months
 - ___ months (no less than 6 months and no more than 12 months)

C.11.a (3) superseded by TN 013-024 MMDL

C.11.b. superseded by TN 019-026 MACPRO

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

Citation(s)

C. **Financial Eligibility** (cont.)

1902 (a) (18)
1902 (f) of
the Act

12. Pre-OBRA 93 Transfer of Resources – Categorically and Medically Needy, and Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals

The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.

Disposal of resources at less than fair market value affects eligibility for certain services as detailed in **Supplement 9 to Attachment 2.6-A**.

1917 (c)

13. Transfer of Assets – All Eligibility Groups

The agency complies with the provisions of section 1917 (c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.

Disposal of assets at less than fair market value affects eligibility for certain services as detailed in **Supplement 9(a) to Attachment 2.6-A**, except in instances where the agency determines that the transfer rules would work an undue hardship.

1917 (d)

14. Treatment of Trusts – All Eligibility Groups

The agency complies with the provisions of section 1917 (d) of the Act, as amended by OBRA 93, with regard to trusts.

- The agency uses more restrictive methodologies under section 1902 (f) of the Act, and applies those methodologies in dealing with trusts;
- The agency meets the requirements in section 1917 (d) (f) (B) of the Act for use of Miller trusts.

The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in **Supplement 10 to Attachment 2.6-A**.

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

Citation(s)

C. **Financial Eligibility** (cont.)

1924 of the Act

15. The agency complies with the provisions of section 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

- the maximum standard permitted by law;
- the minimum standard permitted by law; or
- \$ _____ a standard that is an amount between the minimum and the maximum

State Plan under Title XIX of the Social Security Act OMB No.: 0938-
State: Massachusetts
Income Eligibility Levels

A. Mandatory Categorically Needy

1. **AFDC-related groups** other than poverty level pregnant women and infants:

FAMILY SIZE	MONTHLY PAYMENT STANDARDS
1.	\$ 392.00
2.	\$ 486.00
3.	\$ 579.00
4.	\$ 668.00
5.	\$ 760.00
6.	\$ 854.00
7.	\$ 946.00
8.	\$ 1,037.00
9.	\$ 1,128.00
10.	\$ 1,220.00
Each Additional	\$ 95.00

2. **Pregnant Women and Infants** under Section 1902 (a) (10)(A) (i) (IV) of the Act: Effective April 1, 1990, based on the following percent of the official Federal income poverty guidelines: **185 percent.**

Superseded by TN 013-024 MMDL

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

A. Mandatory Categorically Needy

3. In accordance with Section 1902 (a)(10)(A)(i)(VI) of the Act and 42 U.S.C. Section 1396a (a)(10)(A)(i)(VI): **Children who have attained age 1 but have not attained age 6**, whose family income is at or below **133 percent** of the federal poverty level guidelines, as revised annually in the *Federal Register*.

Superseded by TN 013-024 MMDL

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

4. In accordance with Section 1902 (a)(10)(A)(i)(VII) of the Act and 42 U.S.C. Section 1396a (a)(10)(A)(i)(VII): Children born after September 30, 1983 who have **attained age 6 but have not attained age 19**, in families with incomes at or below **100 percent** the federal poverty level guidelines, as revised annually in the *Federal Register*.

Superseded by TN 013-024 MMDL

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

B. Optional Categorically Needy Groups with Incomes Related to Federal Poverty Level

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of **pregnant woman and infants** under the provisions of Sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on **185 percent** of the federal income poverty level (no less than 133 percent and no more than 185 percent).

FAMILY SIZE	MONTHLY INCOME STANDARD *
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Each Additional	

Not Applicable

Superseded by TN 013-024 MMDL

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by CMS as

duplicate material

See 07-005 Approval Letter

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

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**State Plan under Title XIX of the Social Security Act
State: Massachusetts
Income Eligibility Levels**

C. Income Eligibility Level - Mandatory Group of Qualified Disabled and Working Individuals (cont.)

1. Aged and Disabled Individuals

In accordance with Section 1902(m)(4) of the Act and 42 U.S.C.§1392a(m)(4): **Aged or disabled individuals** who have income at or below **100 percent** of the Federal poverty guidelines, as revised annually in the Federal Register.

For persons receiving Title II benefits:

- Any amount attributable to the most recent increase in the monthly insurance benefit, as a result of title II COLA is not counted as income during the transition period. The transition period begins in January, when the title II benefits for December are received and ends on the last day of the month following the month of publication of the revised annual Federal poverty level guidelines
- The revised poverty level guidelines are effective on the first day of the month following the end of the transition period

For persons not receiving title II benefits:

- The revised poverty level guidelines are effective no later than the beginning of the month following the date of publication.

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

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

AS OF 1/23/11

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

Income Eligibility Levels (cont.)

D. Medically Needy

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>12</u> months <input type="checkbox"/> urban only <input checked="" type="checkbox"/> urban & rural	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for <u> </u> months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
1	\$ 6,264	\$ 0	\$ N/A	\$ N/A
2	\$ 7,800	\$ 0	\$	\$
3	\$ 9,300	\$ 0	\$	\$
4	\$ 10,692	\$ 0	\$	\$
For each additional person add:	\$	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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

Income Eligibility Levels (cont.)

D. **Medically Needy** (cont.)

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>12</u> months <input type="checkbox"/> urban only <input type="checkbox"/> urban & rural	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for ___ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
5	\$ 12,192	\$ 0	\$ N/A	\$ N/A
6	\$ 13,692	\$ 0	\$	\$
7	\$ 15,192	\$ 0	\$	\$
8	\$ 16,596	\$ 0	\$	\$
9	\$ 18,096	\$ 0	\$	\$
10	\$ 19,956	\$ 0	\$	\$
For each additional person add:	\$ 1,596	\$ ²	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

² Column 2 exceeds 435.1007 limits by variable amounts beginning with family size of 11.

Resource Levels

A. Categorically Needy Groups with Incomes Related to Federal Poverty Level

1. **Pregnant Women**

a. **Mandatory Groups**

- Same as SSI resources levels.
- Less restrictive than SSI resource levels and is as follows:

Family Size

Resource Level

1

N/A

2

No resource level applied to pregnant women

b. **Optional Groups**

- Same as SSI resources levels.
- Less restrictive than SSI resource levels and is as follows:

Family Size

Resource Level

1

2

Superseded by TN 013-024 MMDL

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

OMB No.: 0938-

Resource Levels (cont.)

2. **Infants**

a. **Mandatory Group of Infants**

- Same as resource levels in the state's approved AFDC plan.
- Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

- No resource level applied, regardless of family size.

Superseded by TN 013-024 MMDL

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

OMB No.: 0938-

Resource Levels (cont.)

b. **Optional Group of Infant** N/A

- Same as resource levels in the state's approved AFDC plan.
- Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

Superseded by TN 013-024 MMDL

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

Resource Levels (cont.)

3. Children

a. **Mandatory Group of Children under Section 1902 (a) (10) (i) (VI) of the Act.**
(Children who have attained age 1 but have not attained age 6.)

Same as resource levels in the state's approved AFDC plan.

* Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

* No resource level applies

Superseded by TN 013-024 MMDL

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

Resource Levels (cont.)

- b. **Mandatory Group of Children under Section 1902 (a) (10) (i) (VII) of the Act.**
(Children born after September 30, 1983 who have attained age 6 but have not attained age 19.)

- Same as resource levels in the state's approved AFDC plan.
 Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
1	\$2,000
2	\$3,000
3	\$3,100
4	\$3,200
5	\$3,300
6	\$3,400
7	\$3,500
8	\$3,600
9	\$3,700
10	\$3,800

Superseded by TN 013-024 MMDL

Resource Levels (cont.)

4. **Aged and Disabled Individuals**

- Same as SSI resource levels.
- More restrictive than SSI levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
1	_____
2	_____
3	_____
4	_____
5	_____

- Same as medically needy resource levels (applicable only if state has a medically needy program)

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

Resource Levels (cont.)

b. **Medically Needy**

Applicable to all groups —

- Except those specified below under the provisions of section 1902 (f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
1	\$2,000
2	\$3,000
3	\$3,100
4	\$3,200
5	\$3,300
6	\$3,400
7	\$3,500
8	\$3,600
9	\$3,700
10	\$3,800
For each additional person	\$100

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

**Reasonable Limits on Amounts for Necessary Medical
or Remedial Care Not Covered under Medicaid**

Guardianship Fees and Related Expenses.

The Division allows deductions from a member's income for guardianship fees and related expenses when a guardian is essential to enable an incompetent applicant or member to gain access to or consent to medical treatment, as provided below.

(a) Expenses Related to the Appointment of a Guardian

- (i) The Division allows a deduction for fees and expenses related to the appointment of a guardian if the guardian's appointment is made for the purpose of:
 1. assisting an incompetent applicant to gain access to medical treatment through MassHealth; or
 2. consenting to medical treatment on behalf of a MassHealth member.
- (ii) The Division allows a deduction for reasonable costs, including attorney fees, as approved by the probate court, not to exceed \$500 for the appointment, except as provided in (a) (iii).
- (iii) The Division may allow a deduction, as approved by the probate court, of up to \$750 for the appointment when the medical issues before the court are more complex. An example of such complexities includes providing evidence of the need for anti-psychotic medications.
- (iv) The deduction is made from the member's monthly patient-paid amount over a 12-month period.

(b) Guardianship Services Related to the Application Process

- (i) The Division allows a deduction for fees for guardianship services related to the MassHealth application process when the guardian has been appointed by the probate court to assist an incompetent person with the MassHealth application when the securing of MassHealth benefits is essential for the member to gain access to medical treatment.
- (ii) The Division allows a deduction for reasonable costs related to the MassHealth application process, as approved by the probate court, not to exceed \$500. In cases where an administrative hearing is held, the total deduction may not exceed \$750 for the cost related to the application process and hearing.
- (iii) The deduction is made from the member's monthly patient-paid amount over a 12-month period.

(c) Guardianship Services Related to the Re-determination Process

**Reasonable Limits on Amounts for Necessary Medical
or Remedial Care Not Covered under Medicaid** (cont.)

- (i) The Division allows a deduction for fees for guardianship services related to the MassHealth redetermination process when the guardian has been appointed by the probate court to assist an incompetent person with securing continued access to medical treatment.
- (ii) The Division allows a deduction for reasonable costs related to the MassHealth redetermination process, as approved by the probate court, not to exceed \$250. In cases where an administrative hearing is held, the total deduction may not exceed \$375 for the costs related to the redetermination process and hearing.
- (iii) The deduction is made from the member's monthly patient-paid amount over a 12-month period.
- (d) Monthly Guardianship Services
- (i) The Division allows a deduction for monthly fees for a guardian to the extent the guardian's services are essential to consent to medical treatment on behalf of the member.
- (ii) The Division allows a deduction, as approved by the probate court, for up to 24 hours per year at a maximum of \$50 per hour for guardianship services.
- (iii) The Division allows the deduction only if the guardianship services provided include the attendance and participation of the guardian in quarterly care meetings held by the nursing facility where the member lives.
- (iv) The Division allows this deduction only if each year the guardian submits to the Division a copy of the affidavit that describes the guardianship services provided to the member.
- (v) The deduction is made from the member's monthly patient-paid amount over a 12-month period.
- (e) Expenses Incurred by the Guardian in Connection with Monthly Guardianship Services
- (i) The Division allows a deduction up to, but not exceeding, the member's monthly patient-paid amount for filing and court fees incurred by the guardian in connection with monthly guardianship services that are essential to consent to medical treatment for the member.
- (ii) If monthly guardianship services are provided, these expenses are included in the affidavit of services required under (d) (iv).
- (iii) The deduction is made from the member's monthly patient-paid amount in the month following receipt of the affidavit of services.
- (f) Hardship
- (i) If exceptional circumstances exist that make the deductions allowed for guardianship expenses insufficient to cover the expenses required for a guardian to provide essential guardianship services needed to gain access to or consent to medical treatment, the guardian, on behalf of the member, may appeal to the Board of Hearings for an increased deduction.

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

**Reasonable Limits on Amounts for Necessary Medicaid
or Remedial Care Not Covered under Medicaid** (cont.)

- (ii) A hearing officer may allow for an increased deduction for guardianship expenses only in circumstances where the issues surrounding the member's need to gain access to or consent to medical treatment are extraordinary.
- (iii) Extraordinary circumstances may exist when:
- (1) there is a need for a guardian to consistently spend more than 24 hours per year providing guardianship services to appropriately consent to medical treatment needed by the member; or
 - (2) the circumstances of a MassHealth member cause the guardian appointment or application process to be particularly complex and significantly more costly than the deduction allowed in (a) or (b).
- (g) Guardianship Services and Expenses that are not Deductible
- The following fees and costs are not allowed as a deduction.
- (i) Amounts that are also used to reduce a member's assets.
 - (ii) Amounts that are also used to meet a deductible or any other deduction allowed under Division regulations.
 - (iii) Expenses related to the appointment of a guardian for an applicant when the appointment is made more than six months before submission of a MassHealth application.
 - (iv) Expenses related to the appointment of a guardian for an applicant or member when the applicant or member does not request a deduction for the appointment within six months of the date of application or date of appointment, whichever is later.
 - (v) Expenses, fees, or costs for expenses that are not essential to obtain medical treatment for the ward including financial management, except when the management is necessary to accurately complete a MassHealth application or redetermination form.
 - (vi) Expenses, fees, or costs for transportation or travel time.
 - (vii) Attorney fees, except when payment of the fees is required for the appointment of the guardian.
 - (viii) Fees for guardianship services provided by a parent, spouse, sibling, or child, even if appointed by the probate court. However, the Division allows a deduction for guardianship expenses in accordance with (a) and (e).

Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid

Reasonable and necessary medical and remedial care expenses recognized under State law that are not covered by Medicaid or payable by a third party which are incurred in the three month period prior to the month of application may be allowable deductions. Expenses incurred prior to this three month period are not allowable deductions.

For medically necessary services and items not covered by the Medicaid State Plan, the actual paid amount will be used as the deduction, subject to the following limit: the highest of a payment/fee recognized by Medicaid, Medicare, or any commercial payers in the Commonwealth.

No deduction shall be allowed for medical and remedial care expenses that were incurred as a result of the imposition of a transfer of resources penalty.

**Section 1902 (f) Methodologies for Treatment of Income That
Differ from Those of the SSI Program**

(Section 1902 (f) more restrictive methods and criteria and state supplement criteria in SSI criteria states without Section 1634 agreements and in Section 1902 (f) states. Use to reflect more liberal methods only if you limit to state supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of Section 1902 (r) (2) of the Act. Use Supplement 8a for Section 1902 (r) (2) methods.)

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

More restrictive methods of treating resources
than those of the SSI Program - Section 1902 (f) States only

AS OF 12/31/19

**Methodologies for Treatment of Resources for Individuals
with Incomes up to a Percentage of the Federal Poverty Levels**

(Do not complete if you are electing more liberal methods under the authority of Section 1902 (r) (2) of the Act instead of the authority specific to federal poverty levels. Use Supplement 8b for Section 1902 (r) (2) methods.)

For pregnant women and children described in 1902 (a) (10) (i) (IV) and (VI), the agency does not consider resources in determining eligibility.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Standards for Optional State Supplementary Payments

PAYMENT CATEGORY (1)	ADMINISTERED BY (2)		INCOME LEVEL (3)				INCOME DISREGARD (5)
	Federal	State	Gross		Net		
Reasonable Classification							
AGED	INDIVIDUAL		INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	DISREGARD
Full Cost of Living Expenses	674.00	128.82	1690.64	2510.44	802.82	1212.72	First \$20 unearned income. If no unearned income, or less than \$20.00 this is deducted from earned income.
Shared Living Expenses	674.00	39.26	1511.52	2510.44	713.26	1212.72	
Household of Another	449.34	104.36	1192.40	1864.60	553.70	889.80	
Rest Home	674.00	293.00	20.19	-----	976.00	-----	
Nursing Facility	30.00	42.80	230.60	376.20	72.80	145.60	
Assisted Living	674.00	454.00	2341.00	3469.00	1128.00	1692.00	
DISABLED	INDIVIDUAL		INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	First \$65 earned income and ½ remaining earned income
Full Cost of Living Expenses	674.00	114.39	1661.78	2467.12	788.39	1191.06	
Shared Living Expenses	674.00	30.40	1493.80	2467.12	704.40	1191.06	
Household of Another	449.34	87.58	1158.84	1821.36	536.92	868.18	
Rest Home	674.00	293.00	2019.00	-----	967.00	-----	
Nursing Facility	30.00	42.80	230.60	376.20	72.80	145.60	
Assisted Living	637.00	454.00	2341.00	3469.00	1128.00	1692.00	
BLIND	INDIVIDUAL		INDIVIDUAL	COUPLE	INDIVIDUAL	COUPLE	
Full Cost of Living Expenses	674.00	149.74	1732.48	3379.96	823.74	1647.48	
Shared Living Expenses	674.00	149.74	1732.48	3379.96	823.74	1647.48	
Household of Another	449.34	374.40	1732.48	3379.96	823.74	1647.48	
Rest Home	674.00	149.74	1732.48	-----	823.74	-----	
Nursing Facility	30.00	42.80	230.60	376.20	72.80	145.60	
Assisted Living	674.00	454.00	2341.00	3469.00	1128.00	1692.00	

For Title XIX purposes, the limit is subject to the 300% cap, or \$ 2022.00

Income Levels for 1902 (f) States – Categorically Needy
Who Are Covered under Requirements More Restrictive Than SSI

AS OF 12/31/19

Resource Standards for 1902 (f) States – Categorically Needy

AS OF 12/31/19

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

More Liberal Methods of Treating Income under Section 1902 (r) (2) of the Act

- Section 1902 (f) State Non-Section 1902 (f) State

See SPA 89-05 for 1902 (r) (2) submittal

For medically needy aged, disregard unearned monthly income equal to the monthly cost of authorized PCA services up to an amount equal to \$20 less than the difference between the medically needy income standard and 133% FPL.

For all non-MAGI population under the state plan, disregard state veteran annuity payments under Section 6b of Chapter 115 of Massachusetts General Law.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Less Restrictive Methods of Treating Income under Section 1902 (r) (2) of the Act

For children who have attained one year of age but have not attained 6 years of age eligible at 133 percent of the Federal poverty level (FPL) under §1902(a)(10)(A)(i)(VI) and 1902(I)(I)(C) of the Social Security Act (the Act):

Disregard income between 133 percent and 150 percent of the FPL for the family size involved as revised annually in the Federal Register.

For children born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age eligible at 100 percent of the FPL under §1902(a)(10)(A)(i)(VII) and 1902(I)(I)(D) of the Act:

Disregard income between 100 percent and 150 percent of the FPL for the family size involved as revised annually in the Federal Register.

For optional reasonable classifications of children under age 21 covered under 42 CFR 435.222, §1902(a)(10)(A)(ii)(I), and §1902(a)(10)(A)(ii)(IV):

Disregard income between the state's AFDC payment standard as of 7/16/1996 (as specified on Supplement 1 to Attachment 2.6-A page 1) and 150 percent of the FPL using gross income for the family size involved as revised annually in the Federal Register

Superseded by TN 013-024 MMDL

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Less Restrictive Methods of Treating Income under Section 1902 (r) (2) of the Act

All wages paid by the U.S. Census Bureau for temporary employment related to decennial census activities are excluded. All federal unemployment benefits paid following the termination of U.S. Census Bureau employment related to decennial census activities are also excluded.

The exclusions apply to individuals in the following groups:

- Poverty level pregnant women and infants at §1902(a)(10)(A)(i)(IV) and described at § 1902(l)(1)(A) or (l)(1)(B), poverty level children who have attained one year of age but have not attained 6 years of age at 1902(a)(10)(A)(i)(VI) and described at 1902(l)(1)(C), and poverty level children who have attained age 6 but have not attained age 19 at §1902(a)(10)(A)(i)(VII) and described at §1902(l)(1)(D).
- 1902(a)(10)(A)(ii)(I), those who meet the income requirements for supplemental security income as described at 1905(a)(iii) aged, (a)(vii) blind, or disabled.
- 1902(a)(10)(A)(ii)(X), those described at 1902(m)(1) (poverty level group of aged and disabled)
- 1902(a)(10)(C)(i)(III), parents, children and disabled individuals described at § 1905 (a)(i) (children under the age of 18), 1905(a)(ii) (caretaker relatives), 1905(a)(iii) (individuals age 65 and older), 1905 (a)(vii)(blind or disabled individuals).

**More Liberal Methods of Treating Resources
under Section 1902 (r) (2) of the Act**

- Section 1902 (f) State
See SPA 89-05 for 1902 (r) (2)
- Non-Section 1902 (f) State

Disregard all assets for all AFDC related individuals in the following groups:

A. Categorically Needy and Other Required Special Groups

1902 (a) (10) (A) (i) (III)

B. Optional Groups Other Than the Medically Needy

1902 (a) (10) (A) (ii) (I)

1902 (a) (10) (A) (ii) (V)

1902 (a) (10) (A) (ii) (VII)

1902 (a) (10) (A) (ii) (VIII)

C. Optional Coverage of the Medically Needy

1902 (a) (10) (C) (i) (III)

For all non-MAGI population under the state plan, disregard state veteran annuity payments under Section 6b of Chapter 115 of Massachusetts General Law.

**Categorically needy children and pregnant women
superseded by TN 013-024 MMDL**

Transfer of Resources

1902 (f) and 1917
the Act

The agency provides for the denial of eligibility by reason of disposal of resources of for less than fair market value.

A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in Section 1613 (c) of the Social Security Act (Act).

1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.

- a. The agency uses a procedure, which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds \$12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value are described as follows:

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

OMB No.: 0938

Transfer of Resources (cont.)

- b. The period of ineligibility is less than 24 months, as specified below:

The number of months that result when the total value of the assets transferred is divided by the average monthly cost of care in Massachusetts.

- c. The agency has provisions for waiver of denial of eligibility in any instance where the state determines that a denial would work an undue hardship.

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

OMB No.: 0938

Transfer of Resources (cont.)

2. Transfer of the home of an individual who is an inpatient in a medical institution.
- A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under Section 1917 (c) (2) (B) (i).
 - a. Subject to the exceptions in Section 1917 of the Act, an individual is ineligible for 30 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 30 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

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

OMB No.: 0938-0673

Transfer of Resources (cont.)

- b. Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

The number of months that result when the total value of the assets transferred is divided by the average monthly costs of care in Massachusetts.

Transfer of Resources (cont.)

No individual is ineligible by reason of item A.2 if—

- (i) a satisfactory showing is made to the agency (in accordance with any regulations of the secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- (ii) title to the home was transferred to the individual's spouse or child who is under age 21, or (for states eligible to participate in the state program under Title XVI of the Social Security Act) is blind or permanently and totally disabled or (for states not eligible to participate in the state program under Title XVI of the Social Security Act) is blind or disabled as defined in Section 1614 of the Act;
- (iii) a satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or
- (iv) the agency determines that denial of eligibility would work an undue hardship.

Transfer of Resources (cont.)

3. 1902 (f) States

- Under the provisions of Section 1902 (f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under Section 1917 (c) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedure for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is \$12,000 or less:
2. If the uncompensated value of the transfer is more than \$12,000:

Transfer of Resources (cont.)

3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):
4. Other procedures:

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

Transfer of Assets

1917 (c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

- payments based on a level of care in a nursing facility;
- payments based on a nursing facility level of care in a medical institution; and
- home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

- The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905 (a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

home health services (section 1905 (a) (7));

home and community care for functionally disabled and elderly adults (section 1905 (a) (22)); and

personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905 (a) (24).

- The following other long-term care services for which medical assistance is otherwise under the agency plan:

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

Transfer of Assets (cont.)

3. Penalty Date – The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
- the first day of the month in which the asset was transferred;
 - the first day of the month following the month of transfer.
4. Penalty Period – Institutionalized Individuals – In determining the penalty for an institutionalized individual, the agency uses:
- the average monthly cost to a private patient of nursing facility services in the Commonwealth.
 - the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.
5. Penalty Period – Non-institutionalized Individuals – The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
- imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:
 - N/A
Does not impose a penalty period.

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

Transfer of Assets (cont.)

6. Penalty period for amounts of transfer less than cost of nursing facility care —
- a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:
- does not impose a penalty;
 - imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.
- b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:
- does not impose a penalty;
 - imposes a series of penalties, each for less than a full month.
7. Transfers made so that penalty periods would overlap —
- The agency:
- totals the value of all assets transferred to produce a single penalty period;
 - calculates the individual penalty periods and imposes them sequentially.
8. Transfers made so that penalty periods would not overlap —
- The agency:
- assigns each transfer its own penalty period;
 - uses the method outlined below:

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

Transfer of Assets (cont.)

9. Penalty periods – transfers by a spouse that results in a penalty period for the individual —

- (a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

When a transfer by an individual's spouse results in a period of ineligibility for the individual, and the spouse later becomes institutionalized and applies for medical assistance, the Division will apportion the remaining period of ineligibility equally between the spouses. If both spouses become nursing-facility residents in the same month, the Division will divide the period of ineligibility equally between them. When one spouse is no longer subject to a penalty, any remaining penalty must then be imposed on the remaining nursing-facility-resident spouse.

- (b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of income as an asset —

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

- The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

- For transfers of individual income payments, the agency will impose partial month penalty periods.

- For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.

- The agency uses an alternate method to calculate penalty periods, as described below:

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

Transfer of Assets (cont.)

11. Imposition of a penalty would work an undue hardship – The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determination:
- a. Where the Division has issued a notice of the period of ineligibility due to a disqualifying transfer of resources, the nursing-facility resident may request a hardship waiver.
 - b. If the nursing-facility resident feels the imposition of a period of ineligibility would result in undue hardship, the nursing-facility resident must submit a written request for consideration of undue hardship and any supporting documentation to the MassHealth Enrollment Center listed on the notice of the period of ineligibility within 15 days after the date on the notice. Within 30 days after the date of the nursing-facility resident's request, the Division will inform the nursing-facility resident in writing of the undue-hardship decision and of the right to a fair hearing. The Division will extend this 30-day period if the Division requests additional documentation or if extenuating circumstances as determined by the Division require additional time.
 - c. The nursing-facility resident may appeal the Division's undue-hardship decision and the imposition of a period of ineligibility by submitting a request for a fair hearing to the Division's Board of Hearings within 30 days after the nursing-facility resident's receipt of the Division's written undue-hardship notice, in accordance with 130 CMR 610.000.

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

Transfer of Assets (cont.)

- d. The nursing-facility resident's request for consideration of undue hardship does not limit his or her right to request a fair hearing for reasons other than undue hardship. The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship.
- (1) The Division may waive a period of ineligibility due to a disqualifying transfer of resources if ineligibility would cause the nursing-facility resident undue hardship. The Division may waive the entire period of ineligibility or only a portion when all of the following circumstances exist.
 - (a) The denial of MassHealth would deprive the nursing-facility resident of medical care such that his or her health or life would be endangered, or the nursing-facility resident would be deprived of food, shelter, clothing, or other necessities such that he or she would be at risk of serious deprivation.
 - (b) All appropriate attempts to retrieve the transferred resource have been exhausted, and the recipient of the transfer is unable or unwilling to return the resource or to provide adequate compensation to the nursing-facility resident.
 - (c) The institution has notified the nursing-facility resident of its intent to initiate a discharge of the resident because the resident has not paid for his or her institutionalization.
 - (d) There is no less costly noninstitutional alternative available to meet the nursing-facility resident's needs.
 - (2) Undue hardship does not exist when imposition of the period of ineligibility would merely inconvenience or restrict the nursing-facility resident without putting the nursing-facility resident at risk of serious deprivation.

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

TRANSFER OF ASSETS

1917(c) **FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006**, the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

- Nursing facility services;
- Nursing facility level of care provided in a medical institution;
- Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals:

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

- Home health services (section 1905(a)(7));
- Home and community care for functionally disabled elderly adults (section 1905(a)(22));
- Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

— The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

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

TRANSFER OF ASSETS

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:

- the first day of a month during or after which assets have been transferred for less than fair market value;

The State uses the first day of the month in which the assets were transferred

The State uses the first day of the month after the month in which the assets were transferred

or

- the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid:

AND

which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

4. Penalty Period - Institutionalized Individuals--
In determining the penalty for an institutionalized individual, the agency uses:

the average monthly cost to a private patient of nursing facility services in the State at the time of application;

the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.

5. Penalty Period - Non-institutionalized Individuals--
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

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

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care--

X Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.

X The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

(a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

“existing penalty period is divided in half and apportioned evenly between the spouses.”

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

8. Treatment of a transfer of income—

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

X For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.

X For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

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

TRANSFER OF ASSETS

9. Imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

- (a) Of medical care such that the individual's health or life would be endangered; or
- (b) Of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and
- (c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

_____ Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed _____ days (may not be greater than 30).

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

Trusts

- A. The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship. The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship.
1. If the applicant feels the denial or termination of MassHealth would result in undue hardship, the applicant must submit a written request for consideration of undue hardship and any supporting documentation to the MassHealth Enrollment Center listed on the notice of denial within 15 days after the date on the notice. Within 30 days after the date of the applicant's request, the Division will inform applicant in writing of the undue-hardship decision and of the right to a fair hearing. The Division will extend this 30-day period if the Division requests additional documentation or if extenuating circumstances as determined by the Division require additional time.
 2. The applicant may appeal the Division's undue-hardship decision by submitting a request for a fair hearing to the Division's Board of Hearings within 30 days after the applicant's receipt of the Division's written undue-hardship notice, in accordance with 130 CMR 610.000.
 3. The applicant's request for consideration of undue hardship does not limit his or her right to request a fair hearing for reasons other than undue hardship.
- B. The Division may waive or partially waive application of the trust provisions if the following circumstances exist:
1.
 - a. The denial of MassHealth would deprive the applicant of medical care such that his or her health or life would be endangered, or the applicant would be deprived of food, shelter, clothing, or other necessities such that he or she would be at risk of serious deprivation.
 - b. All appropriate attempts to retrieve the transferred resource have been exhausted, and the recipient of the transfer is unable or unwilling to return the resource or to provide adequate compensation to the applicant.
 - c. The institution has notified the applicant of its intent to initiate a discharge of the resident because the resident has not paid for his or her institutionalization.
 - d. There is no less costly noninstitutional alternative available to meet the applicant's needs.
 2. Undue hardship does not exist when imposition of the period of ineligibility would merely inconvenience or restrict the applicant without putting the applicant at risk of serious deprivation.

The maximum value of the exemption for an irrevocable burial trust shall not exceed a reasonable amount, as determined by the Division.

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

**Cost Effectiveness Methodology for
COBRA Continuation Beneficiaries**

1902 (u) of the
Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

- The methodology as described in SMM section 3598.
- Another cost-effective methodology as described below.

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

OMB No.: 0938-0193

2. The amount of life insurance proceeds that exceeds either \$1,500 or the amount expended by the beneficiary of the policy on the cost of the insured individual's last illness and burial, whichever is less, is countable income.

This applies only to SSI-related elderly or disabled applicants and recipients.

3. The income of any member of the filing unit who is an AFDC, RRP, GR, Pickle, or SSI recipient is noncountable.

**Categorically needy AFDC-related recipients
superseded by TN 013-024 MMDL**

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

OMB No.: 0938-0193

4. A parent, whether natural or adoptive, has the financial responsibility for the support of his or her unemancipated children under the age of 18. Parents do not have financial responsibility for the support of emancipated children or for the support of children who have reached the age of 18.

This policy has been in effect since 4/19/83.

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

OMB No.: 0938-0673

5. When the natural or adoptive parent of a child remarries, the assets and income of the stepparent are available to the spouse. The stepparent does not have financial responsibility for the child unless the child is adopted.

AS OF 1/23/19

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

OMB No.: 0938-0193

6. When spouses reside together, either in the community or in the same room in a long-term-care facility, the assets and income of each spouse are considered mutually available, whether or not actually contributed.

In the following circumstances, the assets and income of both spouses will not be considered mutually available.

- a. When an applicant or recipient meets all of the following criteria, only the assets and income of the applicant or recipient are considered in determining his or her eligibility for MA. The individual:
1. must be at least 60 years of age;
 2. must be certified by the Long Term Care Connection to be in need of the level of care provided in a skilled nursing facility (SNF) or intermediate care facility (ICF);
 3. would be institutionalized in an SNF or ICF, unless he or she receives at least one of the following home and community based services administered by the Department of Elder Affairs:
 - (a) Case Management Services;
 - (b) Homemaker Services;
 - (c) Chore Services;
 - (d) Social Day Care; and
 - (e) Respite Care Services; and
 4. must be otherwise eligible for MA.
- b. When an applicant is receiving hospice care, as described in 106 CMR 507.400, only the assets and income of the applicant or recipient are considered in determining his or her eligibility for MA.

The policy described in 11. a. has been in effect since August 15, 1985.

The policy described in 11. b. has been in effect since October 1, 1988.

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

OMB No.: 0938-0193

7. When an SSI-related child under the age of 18 a) who is absent from the parental home and is not expected to return to the parental home by the end of the calendar month of separation or the month immediately following; and b) is an applicant or recipient of Medicaid, the assets and income of the parents are not considered available to the child. For newborns who have never resided with their parents, the date of birth is considered the date of separation.

This policy has been in effect since April 1, 1988.

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

OMB No.: 0938-0193

8. The Home Care for Disabled Children Program allows a child age 18 or under who is severely disabled to remain at home without consideration of parental income and assets provided the child meets the following criteria.

(A) The basis criteria are:

- (1) the child's countable assets and income would be within the SSI standard, if he or she were in a medical institution (106 CMR 505.110 (B) and 506.420);
- (2) the child is a disabled individual as defined in Title XVI of the Social Security Act;
- (3) the state has determined that the child requires a level of care provided in an acute hospital, chronic hospital, or pediatric nursing home as described in 106 CMR 507.200 (B) (C), and (D); (see (B), (C), and (D) below for description of these levels of care);
- (4) it is appropriate to provide such care for the individual outside the institution; and
- (5) the estimated amount that would be expended for medical assistance for the individual for such care outside an institution is not greater than the estimated amount that would otherwise be expended for medical assistance for the individual within an appropriate institution.

(B) In an acute hospital the child would require the following care:

- (1) direct administration of skilled nursing services, seven days a week, 24 hours daily;
- (2) daily medical management under the direction and supervision of a physician; and
- (3) continued use of medical technology and/or invasive techniques to sustain life, such as ventilation and hyper alimentation; and at least one of the following:
 - a. assistance in some or all activities of daily living (ADL's); or
 - b. skilled therapeutic service (occupational therapy, physical therapy, or speech/language therapy) seven days a week.

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

- (C) In a chronic hospital the child would require the following care:
- (1) direct administration of skilled nursing services seven days a week; and
 - (2) weekly medical management under the direction and supervision of a physician; and at least one of the following:
 - a. skilled therapeutic services five days a week;
 - b. assistance in some or all ADL's; or
 - c. continued use of medical technology and/or invasive techniques to sustain life, such as ventilation or hyper alimentation.
- (D) To receive treatment in a pediatric nursing home, the child must be non-ambulatory and function at a cognitive level of 12 months or less as indicated by an approved developmental assessment performed by the child's primary care physician or by another professional prescribed by the primary care physician; and requires the following care:
- (1) supervision and direct skilled nursing care as provided by a registered nurse, seven days a week; or
 - (2) daily management and direct skilled nursing services as provided by a registered nurse at least weekly, and substantiated by the delivery of direct daily care by a licensed practical nurse or nurse's aide; and
 - (3) assistance in all ADL's; and
 - (4) skilled therapeutic services five days a week, or a combination of different skilled services on different days, but at least one skilled service every day; and
 - (5) treatment by a physician at least once every 30 days.

This policy has been in effect since 11/1/87.

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

OMB No.: 0938-0193

9. Treatment of Lump Sum Payments.

(A) Definitions

A lump sum payment is a one time only payment that represents either windfall payments such as inheritances or legacies; or the accumulation of recurring income such as retroactive Unemployment Compensation, Railroad Retirement, Federal VA benefits, or Social Security (RSDI).

A retroactive RSDI and/or SSI benefit payment is counted as unearned income in the month received, but does not become a countable asset until the first day of the seventh calendar month after the month of receipt;

Other lump sum payments are counted as unearned income in the calendar month received and as an asset in subsequent months except in the situations specified below:

1. proceeds reserved for the replacement or repair of an asset that is lost, damaged, or stolen and any interest earned on such proceeds subject to the provisions of 106 CMR 505.170 (I);
2. proceeds from the sale of a home used as the principal place of residence subject to the provisions of 106 CMR 505.170 (J);
3. proceeds from the sale of real estate other than a home subject to the provisions of 106 CMR 505.160 (H); or
4. proceeds from the sale of nonexempt vehicles subject to the provisions of 106 CMR 505.160 (G).

(B) Verifications

Verification of a lump sum payment is mandatory and shall be verified when received by one of the following:

- a. a benefit or settlement award letter;
- b. a retirement fund document indicating the amount of the lump sum payment;
- c. a written statement from the agency, company, or institution making the payment; or
- d. a copy of the payment document.

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

OMB No.: 0938-0193

10. A retroactive SSI and/or RSDI benefit payment is noncountable as income or assets for six-months after the month of receipt provided the payment is deposited in a separately identifiable account. Any amount of the benefit still retained on the first day of the seventh calendar month after the month of receipt becomes a countable asset.

AS OF 1/23/19

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

OMB No.: 0938-0193

11. When an institutionalized applicant or recipient has a spouse in the community, the institutionalized individual can reduce his or her countable income by an amount, which may be needed to ensure that the spouse in the community has income at least equal to the "Maintenance Needs Allowance." In determining the amount, if any, of the community spouse's "Maintenance Needs Allowance," the applicable categorically related disregards are allowed against his or her otherwise countable income.

If the community spouse is neither AFDC-related nor SSI-related, only the following earned income deductions are allowed:

- a. \$11, and
- b. any of the following work-related expenses when they are deducted from salary:
 1. Social Security taxes (FICA);
 2. federal and state income taxes;
 3. retirement and employee benefit plans;
 4. health or medical insurance premiums; and
 5. union dues.

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

Eligibility under Section 1931 of the Act

The state covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in secondary school or in the equivalent level of vocational or technical training.
- In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.
- In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications.
 - The agency applies lower income standards, which are no lower than the AFDC standards in effect on May 1, 1988, as follows:
 - The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
 - The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
 - The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
 1. The Division disregards all resources.
 2. The Division disregards all income at or below 133% of the federal poverty level for purposes of the 185% gross income test.
 3. To ensure that the 133% gross income test is always less restrictive, the Division will count rental income, when applying the 133% gross income test, by subtracting from the gross rental income any deductions allowed on the US Tax return..
 4. All wages paid by the U.S. Census Bureau for temporary employment related to decennial census activities are excluded. All federal unemployment benefits paid following the termination of U.S. Census Bureau employment related to decennial census activities are also excluded.
- The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

Income from temporary U.S. Census Bureau employment was not listed as excluded income in the Title IV-A State Plan in effect on July 16, 1996; therefore, temporary U.S. Census Bureau employment income was countable in determining eligibility for Title IV-A. Federal unemployment benefits paid following the termination of U.S. Census Bureau employment related to census activities was counted in determining eligibility for Title IV-A.

Superseded by TN-013-024 MMDL

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

Eligibility under Section 1931 of the Act (cont.)

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

1. The AFDC resource limit in effect on July 16, 1996 was \$2,500 per assistance unit.
2. The income test in effect on July 16, 1996 (and still used today by the Department of Transitional Assistance) is a two-part test that gives different results for different assistance units. The first step of the test is the 185% test of financial eligibility. This requires that the assistance unit's gross income not be greater than 185% of the applicable eligibility standard. For example, the income for a family of four may not be greater than \$1,235.80 to pass this first test. (Comparatively, 133% of the federal poverty level for a family of four is \$1,890.00)

Next DTA looks to see whether the need standard is met. The need standard, which is based on net income, is, for all family sizes, significantly below 133% gross of the federal poverty level. For example, the greatest income a family of four can have and still meet the need standard is \$668.00 per month. (Comparatively, as mentioned above, 133% of the federal poverty level for a family of four is \$1,890.00).

- The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
- The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Superseded by TN-013-024 MMDL

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

Variations from the Basic Personal Needs Allowance

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at five hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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

OMB No.: 0938-0193

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2. An inaccessible asset is an asset to which the applicant or recipient has no ready access and is not counted when determining eligibility for medical assistance. Inaccessible assets include, but are not limited to, property the ownership of which is the subject of legal proceedings (e.g., probate, divorce suits, etc.); and the cash surrender value of life insurance policies when the policy has been assigned to the issuing company for adjustment. An asset shall also be inaccessible while the applicant's or recipient's medical condition (mental or physical impairment) prevents him or her from taking action directly or through a third party to reduce the excess assets.

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

OMB No.: 0938-0193

3. AFDC-Related

One vehicle per filing unit shall be exempt from having its equity value counted as an asset, provided it is used primarily for transportation purposes. The equity value of all vehicles owned by the filing unit including vehicles that are used primarily for recreational purposes such as snowmobiles, boats, trailers, jeeps, vans and motorcycles shall be countable. The exempt vehicle shall be the one selected by the filing unit.

SSI-Related

- a. One vehicle is noncountable regardless of its value if, for the individual or a member of the individual's household:
 - it is necessary for employment; or
 - it is necessary for the medical treatment of a specific or regular medical problem; or
 - it is modified for operation by or transportation of a handicapped person; or
 - It is necessary because of climate, terrain, distance, or similar factors to provide necessary transportation to perform essential daily activities.
- b. If no vehicle is excluded under 106 CMR 505.160 (G) (1) a., one automobile is noncountable if its equity value does not exceed \$4,500. If the equity value of the automobile exceeds \$4,500, the excess is countable toward the applicant or recipient's asset limit.
- c. All vehicles other than those described in 106 CMR 505.160 (G) (1) a. or b. are countable assets.

Exemption for SSI-Related Vehicles

In an SSI-related filing unit, the value of nonexempt vehicles is noncountable for three months provided the applicant or recipient signs an agreement with the Department to dispose of the vehicle(s) at fair market value.

An additional three-month extension may be granted if good cause is found for the failure to dispose of the property within the initial three-month period.

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

4. Burial Funds

Coverage Groups:

- 1902 (a) (10)
 - (A) (i) (III)
 - (A) (i) (IV)
 - (A) (i) (VI)
 - (A) (i) (VII)
 - (A) (ii) (I)
 - (A) (ii) (V)
 - (A) (ii) (VI)
 - (A) (ii) (VII)
 - (A) (ii) (VIII)
 - (A) (ii) (IX)
 - (A) (ii) (X)
 - (C) (i) (III)

1905 (p)

Description: Individuals are allowed to set aside up to \$1,500 in funds for burial arrangements (previous policy allowed up to \$2,500). However, the amount of such funds is not reduced by the amount of funds set aside in a prepaid irrevocable burial plan as is required by 42 CFR 1231 (b) (5) (ii).

Categorically needy AFDC recipients, pregnant women, infants and children superseded by TN 013-024 MMDL

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

OMB No.: 0938-0193

5. Any burial space for the applicant, recipient, or family member; a separately identifiable amount not to exceed two thousand five hundred dollars (\$2,500) for each member of a filing unit, expressly reserved for funeral and burial expenses; the cash surrender value of burial insurance, so called; prepaid irrevocable burial contracts; and irrevocable trust accounts designated for funeral and burial expenses are non-countable resources. Appreciated value or interest earned or accrued and left to accumulate on any such contract or account shall also be noncountable. Use of any of these assets including the interest accrued for other than funeral or burial arrangements of a member of the filing unit shall make the asset available and countable under the appropriate provisions of 106 CMR 505.120 and 505.160.

The applicant or recipient has the right to establish or change the designation of funds owned by him or her to a separate, identifiable burial account not to exceed \$2,500, and it shall be the duty of the Department to inform him or her of the right to establish such a fund.

If the burial account is in existence at the time of application, it is deemed to be in existence for up to three months prior to application, provided that the account is separately identifiable, clearly designated for burial expenses, and no withdrawals have been made during the period for which retroactive coverage is requested.

This policy has been in effect since 3/3/83.

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

6. Former Home of Institutionalized Individuals

Coverage Groups:

- 1902 (a) (10)
 - (A) (i) (III)
 - (A) (i) (IV)
 - (A) (i) (VI)
 - (A) (i) (VII)
 - (A) (ii) (I)
 - (A) (ii) (V)
 - (A) (ii) (VII)
 - (A) (ii) (VIII)
 - (A) (ii) (IX)
 - (A) (ii) (X)
 - (C) (i) (III)
- 1905 (p)

Description: In addition to exemptions allowed at 20 CFR 416.1212 (c) and the undue hardship provision allowed at 20 CFR 416.1245, the former home of an institutionalized individual is exempt when:

- a sibling has an equity interest in the home and was residing there for a period of at least one year immediately before the applicant or recipient’s admission to the medical institution;
- a son or daughter was residing in the applicant or recipient’s home for a period of at least two years immediately before the date of the applicant’s admission to the medical institution, and establishes to the satisfaction of the Department that he or she provided care to the applicant or recipient that permitted the applicant or recipient to reside at home rather than an institution;
- the applicant or recipient owns long-term-care insurance whose coverage meets requirements of 211 CMR 65.00.

**Categorically needy AFDC recipients superseded
by TN 013-024 MMDL**

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

7. When the natural or adoptive parent of a child remarries, the assets and income of the stepparent are available to the spouse. The stepparent does not have financial responsibility for the child unless the child is adopted.

AS OF 1/23/19

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

OMB No.: 0938-0193

8. When spouses reside together, either in the community or in the same room in a long-term-care facility, the assets and income of each spouse are considered mutually available, whether or not actually contributed.

In the following circumstances, the assets and income of both spouses will not be considered mutually available.

- a. When an applicant or recipient meets all of the following criteria, only the assets and income of the applicant or recipients are considered in determining his or her eligibility for MA. The individual:
1. must be at least 60 years of age;
 2. must be certified by the Long Term Care Connection to be in need of the level of care provided in a skilled nursing facility (SNF) or intermediate care facility (ICF);
 3. would be institutionalized in an SNF or ICF, unless he or she receives at least one of the following home- and community-based services administered by the Department of Elder Affairs:
 - (a) Case Management Services;
 - (b) Homemaker Services;
 - (c) Chore Services;
 - (d) Social Day Care; and
 - (e) Respite Care Services; and
 4. must be otherwise eligible for MA.
- b. When an applicant is receiving hospice care, as described in 106 CMR 507.400, only the assets and income of the applicant or recipient are considered in determining his or her eligibility for MA.

The policy described in 11. a. has been in effect since August 15, 1985.

The policy described in 11. b. has been in effect since October 1, 1988.

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

OMB No.: 0938-0193

9. When an SSI-related child under the age of 18 a) who is absent from the parental home and is not expected to return to the parental home by the end of the calendar month of separation or the month immediately following; and b) is an applicant or recipient of Medicaid, the assets and income of the parents are not considered available to the child. For newborns who have never resided with their parents, the date of birth is considered the date of separation.

This policy has been in effect since April 1, 1988.

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

OMB No.: 0938-0193

10. The Home Care for Disabled Children Program allows a child age 18 or under who is severely disabled to remain at home without consideration of parental income and assets provided the child meets the following criteria.

(A) The basic criteria are:

- (1) the child's countable assets and income would be within the SSI standard, if he or she were in a medical institution (106 CMR 505.110 (B) and 506.420);
- (2) the child is a disabled individual as defined in Title XVI of the Social Security Act;
- (3) the state has determined that the child requires a level of care provided in an acute hospital, chronic hospital, or pediatric nursing home as described in 106 CMR 507.200 (B), (C), and (D); (see (B), (C), and (D) below for description of these levels of care)
- (4) it is appropriate to provide such care for the individual outside the institution;
- (5) the estimated amount that would be expended for medical assistance for the individual for such care outside an institution is not greater than the estimated amount that would otherwise be expended for medical assistance for the individual within an appropriate institution.

(B) In an acute hospital the child would require the following care:

- (1) direct, administration of skilled nursing services, seven days a week, 24 hours daily;
- (2) daily medical management under the direction and supervision of the physician; and
- (3) continued use of medical technology and/or invasive techniques to sustain life, such as ventilation and hyperalimentation; and at least one of the following:
 - a. assistance in some or all activities of daily living (ADL's); or
 - b. skilled therapeutic service (occupational therapy, physical therapy, or speech/language therapy) seven days a week.

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

(C) In a chronic hospital the child would require the following care:

- (1) direct administration of skilled nursing services seven days a week; and
- (2) weekly medical management under the direction and supervision of a physician; and at least one of the following:
 - a. skilled therapeutic services five days a week;
 - b. assistance in some or all ADL's; or
 - c. continued use of medical technology and/or invasive techniques to sustain life, such as ventilation or hyper alimentation.

(D) To receive treatment in a pediatric nursing home, the child must be non-ambulatory and function at a cognitive level of 12 months or less as indicated by an approved developmental assessment performed by the child's primary care physician or by another professional prescribed by the primary care physician; and require the following care:

- (1) supervision and direct skilled nursing care as provided by a registered nurse, seven days a week; or
- (2) daily management and direct skilled nursing services as provided by a registered nurse at least weekly, and substantiated by the delivery of direct daily care by a licensed practical nurse or nurse's aide; and
- (3) assistance in all ADL's; and
- (4) skilled therapeutic services five days a week, or a combination of different skilled services on different days, but at least one skilled service every day; and
- (5) treatment by a physician at least once every 30 days.

This policy has been in effect since 11/1/87.

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

OMB No.: 0938-0193

11. Treatment of Lump Sum Payments.

(A) Definitions

A lump sum payment is a one time only payment that represents either windfall payments such as inheritances or legacies; or the accumulation of recurring income such as retroactive Unemployment Compensation, Railroad Retirement, Federal VA benefits, or Social Security (RSDI).

A retroactive RSDI and/or SSI benefit payment is counted as unearned income in the month received, but does not become a countable asset until the first day of the seventh calendar month after the month of receipt:

Other lump sum payments are counted as unearned income in the calendar month received and as an asset in subsequent months except in the situations specified below:

1. proceeds reserved for the replacement or repair of an asset that is lost, damaged, or stolen and any interest earned on such proceeds subject to the provisions of 106 CMR 505.170 (I);
2. proceeds from the sale of a home used as the principal place of residence subject to the provisions of 106 CMR 505.170 (J);
3. proceeds from the sale of real estate other than a home subject to the provisions of 106 CMR 505.160 (H);
4. proceeds from the sale of nonexempt vehicles subject to the provisions of 106 CMR 505.160 (G).

(B) Verifications

Verification of a lump sum payment is mandatory and shall be verified when received by one of the following:

- (a) a benefit or settlement award letter;
- (b) a retirement fund document indicating the amount of the lump sum payment;
- (c) a written statement from the agency, company, or institution making the payment; or
- (d) a copy of the payment document.

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

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12. A retroactive SSI and/or RSDI benefit payment is noncountable as income or assets for six-months after the month of receipt provided the payment is deposited in a separately identifiable account. Any amount of the benefit still retained on the first day of the seventh calendar month after the month of receipt becomes a countable asset.

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

13. The home is treated as the principal place of residence and is non-countable for both community and institutionalized applicants and recipients.

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

ASSET VERIFICATION SYSTEM

1940(a)
of the Act

1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

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

ASSET VERIFICATION SYSTEM

2. System Development

- A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

- B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

- C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

- D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

- E. Other alternative not included in A. –D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Massachusetts emailed a solicitation to develop and implement an AVS under a statewide contract to qualified vendors in late December, 2015. We anticipate the AVS will be in place during the first quarter of calendar year 2016.

The vendor selected will implement a system that meets the requirements of Supplement 16 to Attachment 2.6-A page 1.

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

DISQUALIFICATIONS FOR LONG-TERM-CARE ASSISTANCE FOR
INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY

1917(f)

The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

\$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

The amount chosen by the State is 750,000.

This higher standard applies statewide.

This higher standard does not apply statewide. It only applies in the following areas of the State:

This higher standard applies to all eligibility groups.

This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.

OFFICIAL

Most Recent Updated Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan*

MASSACHUSETTS

05/05/2014

	Population Group A	Net standard as of 12/1/09 B	Converted standard for FMAP claiming C	Same as converted eligibility standard? (yes, no, or n/a) D	Source of information in Column C (New SIPP conversion or Part 1 of approved state MAGI conversion plan) E	Data source for Conversion (SIPP or state data) F
Conversions for FMAP Claiming Purposes						
1	Parents/Caretaker Relatives FPL %	300%	300%	n/a - gross standard	Income conversion plan template for Part 1 MAGI conversions	n/a
2	Noninstitutionalized Disabled Persons FPL %	133%	133%†	n/a	ABD conversion template	n/a
3	Institutionalized Disabled Persons SSI FBR%	300%	300%	n/a	ABD conversion template	n/a
4	Children Ages 19-20 FPL %	300%	300%	n/a - gross standard	Income conversion plan template for Part 1 MAGI conversions	n/a
5	Childless Adults FPL%	300%	300%	n/a - gross standard	Income conversion plan template for Part 1 MAGI conversions	n/a

The numbers in this summary chart will be updated automatically in the case of modification in the CMS approved MAGI Conversion Plan

Authorized under the MA 1115 waiver, the MassHealth CommonHealth program covers adults aged 19-64 who are totally and permanently disabled and not eligible for Standard coverage but who are employed or not employed and meet a one-time only deductible. There is no income limit for CommoHealth through the 1115 waiver.

†/a: Not applicable.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methodology for Identification of Applicable FMAP Rates

Attachment E: Transition Methodologies

In a letter dated March 5, 2014, CMS provided waiver approval under section 1902(e)(14)(A) of the Social Security Act for Massachusetts to enroll individuals previously covered under the MassHealth Section 1115 Demonstration or the Refugee Medical Assistance program into the new adult group without a prior MAGI determination, effective January 1, 2014. Massachusetts used the income and other information already in its eligibility system to identify non-pregnant adults ages 19 to 64 with incomes at or below 133 percent of the federal poverty level (FPL), including a five percent income disregard, who were not enrolled in Medicare and who were not already enrolled in Medicaid coverage as a parent or caretaker relative or on the basis of disability. The Commonwealth enrolled these individuals into coverage for the new adult group seamlessly as of January 1, 2014.

State Plan Under Title XIX of the Social Security Act

State: Massachusetts

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 05/28/2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Population Group	Covered Populations Within New Adult Group Relevant Population Group Income Standard For each population group, indicate the lower of: <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. If a population group was not covered as of 12/1/09, enter "Not covered".	Applicable Population Adjustment							
		Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments	C	D	E	F
A	B								
Parents/Caretaker Relatives	Attachment A, Column C, Line 1 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	N/A	N/A	N/A	N/A				N/A
Disabled Persons, non-institutionalized	Attachment A, Column C, Line 2 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	N/A	N/A	N/A	N/A				N/A
Disabled Persons, institutionalized	Attachment A, Column C, Line 3 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	N/A	N/A	N/A	N/A				N/A
Children Age 19 or 20	Attachment A, Column C, Line 4 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No				No
Childless Adults	Attachment A, Column C, Line 5 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No				No

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- Applies existing state data from periods before January 1, 2014.
- Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).

3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:

- Yes. The combined enrollment cap adjustment is described in Attachment C
- No.

4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:

- Applies a special circumstances adjustment(s).
- Does not apply a special circumstances adjustment.

2. The state:

- Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
- Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).

3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated 05/23/2014.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.