

Daniel Tsai
Assistant Secretary, MassHealth
Executive Office of Health and Human Services
One Ashburton Place
Boston, MA 02108

DEC 14 2017

Dear Mr. Tsai:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved your request to amend Massachusetts' section 1115(a) Medicaid demonstration, entitled "MassHealth" (Project Number 11-W-00030/1). This approval is effective as of the date of this letter through June 30, 2022.

This amendment revises parameters for individuals who may self-attest to certain eligibility factors at the time of application for a 90 day provisional eligibility period. Children under 21 will not be impacted by this change and will continue to receive provisional eligibility. The following individuals will be able to self-attest to any eligibility factor, except disability, immigration and citizenship:

- Pregnant women with attested MAGI income at or below 200% FPL;
- Adults 21 through 64 years of age who are HIV positive and have attested income at or below 200% FPL; and
- Individuals with breast and cervical cancer who are under 65 years of age and have attested income at or below 250% FPL.

With this demonstration amendment, Massachusetts is also authorized to provide coverage to former foster care youth under age 26 who were in foster care under the responsibility of another state or tribe from any state when they "aged out" of foster care at age 18 (or such higher age as elected by the state) and were enrolled in Medicaid at that time.

Consistent with the objectives of Medicaid, the amendment promotes health and well-being among low-income and vulnerable populations in Massachusetts, by continuing Medicaid coverage for former foster care youth, and also promotes program integrity by reducing Medicaid expenditures for applicants not ultimately found eligible for Medicaid.

CMS' approval of this demonstration amendment is subject to the limitations specified in the approved waiver and expenditure authorities, and compliance with the enclosed STCs defining the nature, character, and extent of federal involvement in this project. The state may deviate from the Medicaid State Plan requirements only to the extent those requirements have been waived or specifically listed as not applicable to the expenditure authorities. The approval is subject to CMS receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter. A copy of the revised STCs, waivers, and expenditure authorities are enclosed.

Your project officer for this demonstration is Eli Greenfield. He is available to answer any questions concerning your amendment. Mr. Greenfield's contact information is:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-03-17
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-6157
E-mail: Eli.Greenfield@cms.hhs.gov

Official communications regarding this demonstration should be sent simultaneously to Mr. Greenfield and Mr. Richard McGreal, Associate Regional Administrator (ARA) in our Boston Regional Office. Mr. McGreal's contact information is as follows:

Centers for Medicare & Medicaid Services
JFK Federal Building
Room 2325
Boston, MA 02203
Telephone: (617) 565-1226
E-mail: Richard.McGreal@cms.hhs.gov

If you have any questions regarding this approval, please contact Mrs. Judith Cash, Acting Director, State Demonstrations Group, Center for Medicaid & CHIP Services at (410) 786-9686.

Sincerely,



Brian Neale
Director

cc: Richard McGreal, Associate Regional Administrator, CMS Boston Regional Office