

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



*CENTERS for MEDICARE & MEDICAID SERVICES*

**Division of Medicaid and Children's Health Operations / Boston Regional Office**

December 16, 2011

JudyAnn Bigby, M.D., Secretary  
Executive Office of Health and Human Services  
One Ashburton Place, Room 1109  
Boston, Massachusetts 02108

Dear Dr. Bigby:

We have reviewed Massachusetts' State Plan Amendment (SPA) No. 11-008, received in the Boston Regional Office on September 29, 2011. This amendment implements Section 2302 of the Affordable Care Act, which removes the prohibition of receiving curative treatment upon the election of the hospice benefit by or on behalf of a Medicaid eligible child.

Based on the information provided, we are pleased to inform you that Massachusetts SPA 11-008 is approved, effective July 1, 2011. Enclosed is a copy of the CMS-179 form which identifies changes to the amendment mutually agreed to by CMS and the Commonwealth, as well as the approved page for incorporation in the Massachusetts Medicaid State Plan.

If you have any questions, please contact Aaron Wesolowski of my staff. Aaron Wesolowski can be reached at (617) 565-1325 or by email at [aaron.wesolowski@cms.hhs.gov](mailto:aaron.wesolowski@cms.hhs.gov).

Sincerely,

s

Richard R. McGreal  
Associate Regional Administrator

cc: Julian Harris, M.D., Medicaid Director  
Michael Coleman, State Plan Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  011-008	2. STATE  MA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  07/01/11	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
		a. FFY11      \$ 9,261.65 b. FFY12      \$ 44,55.92	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, page 7 Attachment 3.1-B, page 7		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Same	
10. SUBJECT OF AMENDMENT:  Hospice Coverage			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CFR 430.12(b)(2)(ii)	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Judy Ann Bigby, M. D.		Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11 <sup>th</sup> Floor Boston, MA 02108	
14. TITLE: Secretary			
15. DATE SUBMITTED: 09/28/11			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 29, 2011		18. DATE APPROVED: December 16, 2011	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2011		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Boston Division of Medicaid & Children's Health Operations	
23. REMARKS: The Centers for Medicare & Medicaid Services and the Massachusetts Executive Office of Health & Human Services mutually agreed to amend Box 7.b so that the Federal budget impact for FFY 2012 is "\$44,455.92."			

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Amount, Duration, and Scope of Medical  
and Remedial Care and Services Provided to the Categorically Needy

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15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902 (a) (31) (A) of the Act, to be in need of such care.

Provided:             No limitations             With limitations\*  
 Not provided.

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided:             No limitations             With limitations\*  
 Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided:             No limitations             With limitations\*  
 Not provided.

17. Nurse-midwife services.

Provided:             No limitations             With limitations\*  
  
 Not provided

18. Hospice care (in accordance with section 1905 (o) of the Act).

Provided:             No limitations             With limitations\*  
 Not provided.  
  
 Provided in accordance with section 2302 of the Affordable Care Act

\* Description provided on Supplement to Attachment 3.1-A.

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Amount, Duration and Scope of Services Provided Medically Needy Groups  
OMB No.: 0938-0193

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**Aged, Disabled, AFDC and Under 21 (cont.)**

- c. Intermediate care facility services.
- Provided:       No limitations       With limitations\*  
 Not provided.
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with Section 1902 (a) (31) (a) of the Act, to be in need of such care.
- Provided:       No limitations       With limitations\*  
 Not provided.
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- Provided:       No limitations       With limitations\*  
 Not provided.
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- Provided:       No limitations       With limitations\*  
 Not provided.
17. Nurse-midwife services.
- Provided:       No limitations       With limitations\*  
 Not provided.
18. Hospice care (in accordance with Section 1905 (o) of the Act).
- Provided:       No limitations       With limitations\*  
 Provided in accordance with section 2302 of the Affordable Care Act  
 Not provided

\* Description provided on attachment.