



Children and Adults Health Programs Group

August 2, 2023

Mike Levine
Assistant Secretary for MassHealth, Medicaid Director
Massachusetts Office of Medicaid
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Mr. Levine:

This letter is in response to Massachusetts's request, dated May 5, 2023, for a waiver under section 1902(e)(14)(A) of the Social Security Act (the Act), that will protect beneficiaries in addressing the challenges the state faces as part of a transition to routine operations upon the expiration of the Medicaid continuous enrollment condition. Section 1902(e)(14)(A) allows for waivers "as are necessary to ensure that states establish income and eligibility determination systems that protect beneficiaries." Such waivers are time-limited and are meant to promote enrollment and retention of eligible individuals by easing the administrative burden states may experience in light of systems limitations and challenges.

Massachusetts has requested that the Centers for Medicare & Medicaid Services (CMS) provide authority under section 1902(e)(14)(A) of the Act to temporarily permit applicants and beneficiaries to verbally designate an authorized representative via the telephone without requiring a signed designation from the applicant or beneficiary to be submitted to the state Medicaid agency. The state has expressed the need for this authority in order to address systems and operational issues related to supporting the enrollment and retention of eligible individuals during the unwinding period. Specifically, the state highlighted that it will not be able to ensure that all individuals seeking to apply or renew, including individuals who need an accommodation because they are unable to meet with an eligibility caseworker in person, have adequate assistance needed to complete and submit an application or renewal form. Implementing this strategy would provide greater protections for these applicants and beneficiaries, by allowing the state's Certified Application Counselors (CAC) authority to sign and submit applications or renewal forms on behalf of an individual to complete the application or renewal process.

Under Section 1902(e)(14)(A) of the Act, your request to temporarily permit applicants and beneficiaries to designate a Certified Application Counselor (CAC) as an authorized representative via the telephone without requiring a signed designation from the applicant or beneficiary to be submitted to the state Medicaid agency is approved, as described and subject to the conditions below.

Permit the Designation of an Authorized Representative for the Purposes of Signing an Application or Renewal Form via the Telephone without a Signed Designation from the Applicant or Beneficiary (Authorized Representative Designation):

The authority provided in accordance with this letter will enable the state, during the period of time specified below, to temporarily permit applicants or beneficiaries to verbally designate a Certified Application Counselor (CAC) as an authorized representative via the telephone without requiring a signed designation from the applicant or beneficiary to be submitted to the state Medicaid agency as required by 42 C.F.R. § 435.923(a)(1). The state will use this authority at application and renewal. This request is based on systems and/or workforce challenges and/or to accommodate applicants and beneficiaries, including those who remain uncomfortable with or are unable to meet in person with Certified Application Assistors (CACs). The authority provided in accordance with this letter does not waive 42 C.F.R. § 435.923(a)(2)-(e). Accordingly, individuals acting as authorized representatives under this authority must also abide by applicable confidentiality and conflict of interest requirements set out in regulation which may include 42 C.F.R. §§ 435.908(c) and 435.923(e), 45 C.F.R. §§ 155.210(d), 155.225(g)(2), 155.227, and 155.260, and the legal instrument establishing the assister's relationship with the Exchange or authorized representative's role with respect to the Exchange. This authority applies to Medicaid and CHIP populations.

In exercising the authority provided in this letter, the state will ensure that:

- The state will limit the scope of the authorized representative designated under this authority to signing and submitting an application and/or signing and submitting a renewal form, consistent with the applicant or beneficiary's request; and
- A record of such authorization must be submitted by the authorized representative, along with the application or renewal, and must be included in the applicant's or beneficiary's case record held by the state Medicaid agency.

The authority provided in this letter is effective May 12, 2023, and remain effective until 14 months after the end of the continuous enrollment condition (i.e. May 31, 2024).

The authority provided in this letter is subject to CMS receiving your written acknowledgement of this approval and acceptance of this new authority and the terms described herein within 30 days of the date of this letter.

We look forward to our continuing work together as part of a transition to routine operations. If you have questions regarding this award, please contact Joe Weissfeld and Jessika Douglas in the Division of Enrollment Policy and Operations, at josef.weissfeld@cms.hhs.gov and jessika.douglas@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sarah deLone".

Sarah deLone, Director,
Children and Adults Health Programs Group