

April 19, 2024

Mike Levine
Assistant Secretary
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor, Room 1109
Boston, MA 02018

Dear Assistant Secretary Levine:

The Centers for Medicare & Medicaid Services (CMS) is approving Massachusetts's request to amend to its Medicaid section 1115(a) demonstration entitled, "MassHealth Medicaid and Children's Health Insurance Plan (CHIP) Section 1115 Demonstration" (Project Numbers 11-W-00030/1 and 21-00071/1), which is effective with the date of approval and will remain in effect throughout the demonstration approval period, which is set to expire December 31, 2027. Approval of this demonstration amendment will allow the Commonwealth to provide additional health-related social needs (HRSN) services and infrastructure support, expand Marketplace subsidies and cost-sharing assistance, provide pre-release services for eligible incarcerated beneficiaries, and expand continuous eligibility.

This amendment to the demonstration is likely to promote Medicaid objectives by increasing access to high-quality medical assistance, expanding on the coverage of health care services that would otherwise not be available, and promoting stable coverage for Medicaid beneficiaries. In addition, the provision of this additional coverage may lower program costs through improved beneficiary health, making it possible for the state to expand other coverage with the dollars saved, further promoting the coverage objective of the Medicaid statute.

Extent and Scope of the Demonstration Amendment

Massachusetts submitted an amendment request to its current demonstration on October 16, 2023 to expand current features within the MassHealth demonstration, including Marketplace subsidies and cost sharing assistance to promote affordable coverage and care, continuous eligibility to additional populations to support stable coverage, and HRSN services and infrastructure to help individuals stay connected to coverage and access needed care. This application further expands Medicaid coverage and access by removing the waiver of retroactive eligibility from the demonstration effective no later than January 1, 2026. Additionally, the amendment application included a request to cover certain pre-release services for qualifying incarcerated individuals.

HRSN

HRSN Services

Today, CMS is approving expansion of HRSN housing supports and related services including : (1) rent/temporary housing with room and board for up to six months for the demonstration period, for Medicaid-eligible pregnant individuals and families with children who are experiencing homelessness, participating in the Massachusetts Emergency Assistance (EA) Family Shelter Program, and demonstrate qualified clinical criteria; (2) up to two days of pre-procedure housing and board for Medicaid-eligible individuals that are experiencing homelessness and are scheduled for a colonoscopy that has been indicated as needing preparation by a medical professional; and (3) up to six months of post-hospitalization housing, board and supportive services for Medicaid-eligible individuals who are transitioning out of institutions and are at risk of utilizing other state plan services, such as inpatient hospitalization and emergency department visits. Each of these services are within the scope considered allowable under specific Medicaid and CHIP authorities outlined in the HRSN framework published in November 2023.¹

Subject to CMS approval, states must define clinically focused, needs-based criteria for each service. State-defined social and clinical criteria for eligibility of HRSN services are submitted later for CMS approval in a post-approval implementation protocol. Typical examples of clinical criteria are diagnoses of specific conditions, such as diabetes, repeated Emergency Department use and crisis encounters, or individuals with complex behavioral health needs. The clinical criteria may be assessed and documented by a non-medical provider depending on the state's implementation protocol. For example, pregnant and postpartum individuals can meet the clinical criteria for a high-risk pregnancy if they are experiencing homelessness or nutrition insecurity, without a specific high-risk diagnosis from a medical provider, given the well-established adverse health outcomes, such as low birthweight.

The Massachusetts EA Family Shelter Program includes high-risk pregnant and postpartum individuals, domestic violence survivors, and families with infants and children who are eligible for full-scope Medicaid. There is robust academic-level research supporting that individuals, including pregnant and postpartum individuals, who are homeless have a much higher risk for a wide range of serious health conditions and increased use of acute health care. Studies show that nutritional insecurity leads to increased risk of complications for pregnant individuals, such as gestational diabetes and hypertension, and for babies, such as low birth weight and congenital abnormalities. Research demonstrates that EA Family Shelter Program services likely have a stabilizing effect on the health of families who enter the program.² Therefore, certain individuals in the EA Family Shelter Program may be assessed as high-risk and receive appropriate HRSN services, without a specific high-risk diagnosis from a medical provider.

Medicaid-eligible pregnant individuals and families with children experiencing homelessness and participating in the EA Family Shelter Program who receive temporary housing services will receive necessary supportive services (e.g., case management, assessments, and pre-tenancy supports). Housing arrangements include a variety of settings, such as homes, apartments, motels, hotels, and dorm-like settings involving multiple units with shared common areas within a single building. Congregate sleeping space, and facilities that have been temporarily converted

¹ <https://www.medicaid.gov/media/166291>

² Clark, R., Weinreb L., Flahive J., Seifert R., "Health Care Utilization and Expenditures of Homeless Family Members Before and After Emergency Housing," *American Journal of Public Health* 108 No. 6 (June 2018): 808-814, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5944874/>

to shelters (e.g. gymnasiums or convention centers), facilities where sleeping spaces are not available to residents 24 hours a day, and facilities without private sleeping space are excluded from the demonstration. All families must have a housing stabilization plan developed where they meet with case managers and receive assistance with obtaining and maintaining permanent housing. Temporary housing and supportive services promoting housing placement are essential to safeguard the well-being of the high-risk individuals enrolled in the EA Family Shelter program, and this demonstration authority will enable the Commonwealth to easily engage and connect individuals with supportive services and other healthcare needs.

With this approval, CMS will permit up to six months of short-term pre-procedure and post-hospitalization housing, which may be renewed per year (on a rolling 12-month basis) during the approved demonstration period limited to a clinically appropriate time period. Pre-procedure housing will be limited to two days in preparation for colonoscopies for eligible individuals without access to a private bathroom to prevent unnecessary use of inpatient or facility services. As indicated above, the totality of the combined services would be six months per 12-month period.

CMS also expects the state to maintain existing state funding and efforts for HRSN services, without this demonstration authority supplanting existing efforts, and to have in place partnerships with other state and local entities to coordinate possible pathways to permanency for services to be provided without demonstration authorities.

HRSN Infrastructure

In this approval, CMS is authorizing the Commonwealth's request for \$17 million in expenditure authority for the HRSN Integration Fund. The Commonwealth currently has \$8 million in expenditure authority for HRSN-related infrastructure investments, awarded as part of the demonstration extension approval in September 2022. This amendment will increase the total HRSN Integration funding during the demonstration period to \$25 million. Massachusetts originally submitted its infrastructure request prior to knowledge of CMS's broader HRSN framework and associated requirements. The additional expenditure authority will be used to transition the Flexible Services Program (FSP) into the current HRSN framework, including shifting payment for HRSN services into risk-based managed care arrangements over time, in accordance with the HRSN Glide Path described in STC 15.1. Also, the infrastructure expenditure authority will be used to combine certain legacy FSP services with its Specialized Community Support Programs (CSP) to create a unified HRSN framework. Finally, the Commonwealth will be implementing a statewide HRSN electronic referral platform, which will be used by its HRSN providers. Activities to support the HRSN electronic referral platform may include acquiring and integrating electronic referral platforms, support with enrolling as and meeting qualifications to be a MassHealth provider (e.g., undergoing enrollment and credentialing processes, submitting claims), and workflow updates (e.g., changing invoicing and reporting practices).

Marketplace Subsidy Expansion

CMS is approving an expansion of the Commonwealth's existing 1115 demonstration expenditure authority for marketplace subsidies to include eligible individuals above 300 percent of the Federal Poverty Level (FPL), up to 500 percent of the FPL. This expenditure authority

expansion aligns with the Commonwealth's two-year pilot program to extend marketplace subsidies, through the ConnectorCare program, to eligible individuals with incomes up to 500 percent of the FPL, beginning with the 2024 plan year.³ As a result of this approval, Massachusetts may claim as allowable expenditures under the demonstration the payments made through its state-operated program to provide premium and cost sharing subsidies for individuals with incomes at or below 500 percent of the FPL who purchase health insurance through the Health Connector, the Commonwealth's health insurance Marketplace. Subsidies will be provided on behalf of individuals who: (1) are not Medicaid or CHIP eligible; and (2) whose income is at or below 500 percent of the FPL; and (3) who are eligible to purchase subsidized health insurance through the Health Connector under state regulations.

The Commonwealth may implement an income threshold above 300 percent but below 500 percent of the FPL following 90 days advance notice to CMS of any changes to the income limit and comply with Marketplace notification requirements at 45 CFR 155.310(g), 45 CFR 156.1255, and 45 CFR 147.106.

Medicare Savings Programs Cost-Sharing Assistance Expansion

CMS is also approving expenditure authority to expand Medicare cost sharing assistance by increasing the income standards to be consistent with the Medicare Savings Programs (MSP) income limits authorized in State Plan Amendment (SPA) #MA-22-0026.⁴ Currently, Massachusetts has expenditure authority for Medicare cost sharing assistance that allows the Commonwealth to pay monthly (1) Medicare Part A and Part B premiums, coinsurance, and deductibles for MassHealth Standard members whose incomes are at or below 133 percent of the FPL (without an asset test) and (2) Medicare Part B premiums, including through the Qualifying Individual (QI) program, for MassHealth Standard members whose incomes are at or below 165 percent of the FPL (without an asset test). Massachusetts has authority under the demonstration to disregard assets in determining the Medicare cost-sharing assistance.

The new expenditure authority upper income standard for MassHealth Standard members eligible for Medicare Part A and Part B cost sharing assistance is increasing from 133 percent to 190 percent of the FPL (without applying an asset test). The new upper income standard for MassHealth Standard members eligible for Medicare Part B cost sharing assistance is increasing from 165 percent to 225 percent of the FPL (without applying an asset test).

Section 1902(a)(10)(E)(iv) of the Social Security Act (therein referred to as "the Act") prohibits individuals to be served in the QI group who are eligible under a separate eligibility group covered under a state's plan, including the medically needy group. CMS is also approving continued expenditure authority so coverage under QI and another eligibility group under the state plan can be provided simultaneously. Waiving the QI eligibility group prohibition of being eligible in another state plan eligibility group will not effectuate a change in the funding authorized under section 1933 of the Act.

³ <https://www.mahealthconnector.org/pilot-expansion-of-connectorcare-release>

⁴ <https://www.medicaid.gov/sites/default/files/2023-06/MA-22-0026.pdf>

Removal of Waiver for Retroactive Eligibility and Continuous Eligibility Expansion

CMS is approving the Commonwealth's request to remove its waiver of retroactive eligibility in the demonstration. Effective no later January 1, 2026, the Commonwealth will provide full retroactive coverage for all eligible populations. As a result, all Medicaid beneficiaries will have up to three months of retroactive coverage available upon confirmation of eligibility by the Commonwealth. Previously in the 2022 demonstration extension, CMS approved the removal of the waiver of retroactive eligibility for pregnant persons and children up to age 19 only, effective July 1, 2023.

CMS is approving the Commonwealth's request to expand the continuous eligibility expenditure authority in the demonstration to include two additional populations. First, effective no sooner than July 1, 2025, 12 months of continuous eligibility for all adults aged 19 and over whose Medicaid eligibility is based on either Modified Adjusted Gross Income (MAGI) or non-MAGI eligibility criteria. Second, CMS is also approving authority for 24 months of continuous eligibility for members experiencing homelessness who are aged 65 and over, effective no sooner than July 1, 2025. Commonwealth has existing authority to provide 24 months of continuous eligibility for members experiencing homelessness under age 65.

CMS is authorizing additional continuous eligibility authorities to support consistent coverage and continuity of care by keeping beneficiaries enrolled, regardless of income fluctuations or other changes that would affect eligibility (except for death or ceasing to be a resident of the state). This continuous eligibility policy is likely to assist in promoting the objectives of Medicaid by minimizing coverage gaps and helping to maintain continuity of access to program benefits for the populations of focus, thereby improving health outcomes. Continuous coverage also is an important driver of reducing the rate of uninsured and underinsured individuals.

Pre-Release Services under the Reentry Demonstration Initiative

CMS is providing expenditure authority to the Commonwealth to provide limited coverage for a targeted set of services furnished to certain incarcerated individuals for up to 90 days immediately prior to the beneficiary's expected date of release. The state's proposed approach closely aligns with CMS's "Reentry Demonstration Opportunity" as described in the State Medicaid Director Letter (SMDL) released April 17, 2023.⁵ The Commonwealth will test, and comprehensively evaluate through robust hypotheses testing, the effectiveness of the extended full 90-day period for covered services before the beneficiary's expected date of release on achieving the articulated goals of the initiative, including whether returning members will be more likely to establish connections with community providers prior to release and have appointments scheduled soon after release.

Eligible Individuals

The Commonwealth will cover a set of pre-release Medicaid benefits for "qualified individuals," that is, individuals in certain public institutions who, but for the Medicaid Inmate Exclusion Policy (MIEP), would otherwise be eligible for Medicaid and CHIP,⁶ including:

⁵ <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>

⁶ This includes: all individuals in County Correctional Facilities (CCFs) and state Department of Corrections (DOC) facilities; individuals under a civil commitment order who are currently excluded under MIEP; and eligible youth

- All individuals in County Correctional Facilities (CCFs) and state Department of Corrections (DOC) facilities; and
- Eligible youth committed to the care and custody of the state Department of Youth Services (DYS) who are currently excluded under MIEP.

These qualified individuals would receive certain pre-release/pre-discharge covered services that are included in the benefit plan for which they would be eligible but for MIEP (e.g., MassHealth Standard or MassHealth Limited). Individuals residing in state prisons, county jail or house of correction, and youth correctional facilities must be eligible for Medicaid or CHIP (if not for their incarceration status) as determined pursuant to an application filed before or during incarceration. Individuals must also have an expected release date not later than 90 days after initiation of demonstration-covered services to qualify for pre-release services.

Medicaid Eligibility and Enrollment

CMS is requiring, as a condition of approval of this demonstration amendment, that the Commonwealth make pre-release outreach, along with eligibility and enrollment support, available to all individuals incarcerated in the facilities where the pre-release demonstration coverage will be available. Upon an individual who already is enrolled in Medicaid or CHIP entering a correctional facility, the Commonwealth will suspend Medicaid or CHIP eligibility. If an individual is not enrolled in Medicaid or CHIP when entering a correctional facility, the Commonwealth will ensure that, during the period of incarceration, the individual receives assistance with completing and submitting a Medicaid or CHIP application sufficiently prior to their anticipated release date, such that the individual can receive the full duration of pre-release services, unless the individual voluntarily refuses such assistance.

Scope of Pre-Release Benefit Package

The pre-release benefit package is designed to support the proactive identification of both physical and behavioral health needs and includes development of a plan to address HRSN for beneficiaries participating in the Reentry Demonstration Initiative, while seeking to promote coverage and quality of care to improve transitions for such beneficiaries. It also addresses the overarching demonstration goals, to ensure that participating carceral facilities can feasibly provide all pre-release benefits to qualifying incarcerated beneficiaries.

CMS is authorizing the Commonwealth to provide coverage for the three minimum services outlined in the SMDL. CMS is also authorizing the phasing in of additional services described in the SMDL and the phase-in approach will be detailed in the implementation plan.

Minimum Services

- Case management to assess and address physical and behavioral health needs, and HRSN;
- Medication-assisted treatment (MAT) for all types of SUD as clinically appropriate, with accompanying counseling; and

committed to the care and custody of the state Department of Youth Services (DYS) who are currently excluded under MIEP.

- A minimum of a 30-day supply of all prescription medications and prescribed over-the-counter drugs (as clinically appropriate) and durable medical equipment and supplies, provided to the beneficiary immediately upon release from the correctional facility, consistent with approved Medicaid or CHIP state plan coverage authority and policy.

Additional Services

- Physical and behavioral health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Medications and medication administration; and
- Laboratory and radiology services.

CMS recognizes that many individuals exiting prisons and jails and other correctional facilities may not have received sufficient health care to address all of their physical and/or behavioral health care needs while incarcerated. However, as described above, the purpose of this demonstration opportunity is to improve care transitions for incarcerated individuals exiting a public institution. Therefore, CMS is approving a demonstration benefit package in the Commonwealth that is designed to improve identification of health and HRSN and facilitate connections to providers with the capacity to meet those needs in the community during the period immediately before an individual's expected release from a correctional facility. Once a beneficiary is released, the coverage for which the beneficiary is otherwise eligible must be provided consistent with all requirements applicable to such coverage.

Implementation and Reinvestment Plans

As described in the STCs of the demonstration, the Commonwealth is required to submit for CMS approval a Reentry Initiative Implementation Plan (Implementation Plan) and Reinvestment Plan documenting how the Commonwealth will operationalize coverage and provision of pre-release services and how existing state funding for carceral health services will continue to support access to necessary care and achievement of positive health outcomes for the justice-involved population.

The Implementation Plan must describe the new key policies being tested under this demonstration amendment and provide operational details not captured in the STCs regarding implementation of those demonstration policies. At a minimum, the Implementation Plan is expected to include definitions and parameters related to the implementation of the reentry pre-release services. The Implementation Plan must also outline how the Commonwealth will anticipate potential operational challenges and resolve the challenges the state is likely to encounter in implementing the reentry demonstration initiative. The Implementation Plan will further detail the levels of services implementation, including the approach to facilities opting into levels of services, associated timelines, including, if applicable, how intervals of change will support evaluation, and how the state will encourage and support the take up overtime of more comprehensive service levels.

The Commonwealth agrees to reinvest the total amount of new federal matching funds for the reentry demonstration initiative received under this demonstration amendment into activities and/or initiatives that increase access to or improve the quality of health care services for

individuals who are incarcerated (including individuals who are soon-to-be released) or were recently released from incarceration, or for HRSN that may help prevent or reduce the likelihood of criminal justice system involvement. Consistent with this requirement, the Commonwealth is required to develop and submit a Reinvestment Plan to CMS outlining how the federal matching funds under the demonstration will be reinvested. The Reinvestment Plan should align with the goals of the state's reentry demonstration initiative. It should detail the Commonwealth's plans to increase access to or improve the quality of health care services, as well as address HRSN of individuals who are incarcerated (including those who are soon-to-be released), those who have recently been released, and those who may be at higher risk of future criminal justice system involvement, particularly due to untreated behavioral health conditions. The Reinvestment Plan should describe the activities and/or initiatives selected by the Commonwealth for investment and a timeline for implementation. Any investment in carceral health care must add to and/or improve the quality of health care services and resources for individuals who are incarcerated and those who are soon to be released from carceral settings, and not supplant existing state or local spending on such services and resources.

Budget Neutrality

Under section 1115(a) demonstrations, states can test innovative approaches to operating their Medicaid programs if CMS determines that the demonstration is likely to assist in promoting the objectives of the Medicaid statute. CMS has long required, as a condition of demonstration approval, that demonstrations be "budget neutral," meaning the federal costs of the state's Medicaid program with the demonstration cannot exceed what the federal government's Medicaid costs in that state likely would have been without the demonstration. In requiring demonstrations to be budget neutral, CMS is constantly striving to achieve a balance between its interest in preserving the fiscal integrity of the Medicaid program and its interest in facilitating state innovation through section 1115 approvals. In practice, budget neutrality generally means that the total computable (i.e., both state and federal) costs for approved demonstration expenditures are limited to a certain amount for the demonstration approval period. This limit is called the budget neutrality expenditure limit and is based on a projection of the Medicaid expenditures that could have occurred absent the demonstration, the "without waiver" (WOW) cost. Historically, if a state's "with waiver" (WW) costs for a demonstration approval period were less than the expenditure limit for that period, the unspent funds or "savings" rolled over into the next approval period, which mean the state could incur higher WW costs during the new approval period.

Although the demonstration amendment increases the income limit for a WW only expenditure authority, authorizes a new reentry initiative hypothetical, and increases other hypothetical expenditures, such as HRSN services, these modifications are projected to be budget neutral to the federal government. Additionally, the Commonwealth remains within the HRSN hypothetical expenditure cap. Massachusetts will be held to the budget neutrality monitoring and reporting requirements in accordance with the STCs.

Requests Not Being Approved at This Time

CMS and the Commonwealth are continuing discussions of the pending requests to expand Medicare cost sharing assistance expenditure authority for CommonHealth members and clarify interactions of CommonHealth member enrollment in One Care Plans as the Commonwealth

transitions the current 1115A Duals Demonstration to a Medicare Advantage Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). CMS recognizes the importance and value of these and will continue to work with the Commonwealth on these requests.

Additionally, CMS continues to consider the Commonwealth's request to apply presumptive eligibility for inmates with short-term stays (less than 30 days). CMS is generally supportive of efforts in making successful transitions for inmates from the carceral system back into the community and will continue to work with the Commonwealth on this request.

Monitoring and Evaluation

The state is required to conduct systematic monitoring and robust evaluation of the demonstration amendment in accordance with the STCs. The state must submit its demonstration Monitoring Protocol to incorporate how it will monitor the amendment components, including relevant metrics data as well as narrative details describing progress with implementing the amendment. In addition, the state is required to conduct an independent Mid-Point Assessment of the reentry initiative, as per the reentry SMDL, to support identifying risks and vulnerabilities and subsequent mitigation strategies.

The state is required to incorporate the amendment into its evaluation activities to support a comprehensive assessment of whether the initiatives are effective in producing the desired outcomes for the beneficiaries and the state's overall Medicaid program. Evaluation of the reentry initiative must align with the requirements outlined in the SMDL, which are detailed in the STCs, including examining impacts on Medicaid coverage, continuity of care, access to and quality and efficiency of care, utilization of services, health outcomes, and carceral and community coordination in service provision, among others. The state must also evaluate the overall impact of the expanded HRSN services (e.g., housing supports), including assessing hypotheses that address the program's effect on utilization of care, beneficiary physical and mental health outcomes, and cost-effectiveness. Additionally, hypotheses related to the continuous eligibility policy and removal of the waiver of retroactive eligibility should focus on the impacts on coverage and enrollment, as well as population-specific appropriate measures of service utilization and health outcomes. Finally, evaluation of the cost-sharing assistance and marketplace subsidy expansion components of the amendment should assess the impact of these initiatives on beneficiary enrollment, access, and health outcomes. The state's monitoring and evaluation efforts must facilitate understanding the extent to which the amendment might support reducing existing disparities in access to and quality of care and health outcomes.

Consideration of Public Comments

The federal comment period was open from October 30, 2023, to November 29, 2023, for the demonstration amendment application submitted on October 16, 2023. There were 17 public comments received during the federal comment period. All comments were supportive of the amendment; however, some comments also offered proposed changes. The most prevalent themes in the comments supporting the demonstration amendment were that it increases the affordability of coverage, improves the continuity of care, addresses HRSNs, and reduces health disparities.

A number of commenters opined on the Commonwealth's request to provide pre-release services to justice-involved populations and encouraged alignment with the April 17, 2023 SMDL #23-003, entitled "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated."⁷ One commenter recommended that CMS not approve the Commonwealth's proposal to allow the Commonwealth to not require some pre-release providers to enroll as Medicaid providers, as required by Medicaid law including §§ 1902(a)(27) and (a)(78). The Commonwealth has subsequently withdrawn this request during discussions with CMS. Another commenter encouraged the Commonwealth to place a special focus on pregnant and postpartum individuals and those with behavioral and reproductive health needs. One commenter suggested the Commonwealth ensure access to medications for opioid use disorder. Another commenter suggested that CMS and the Commonwealth focus on efforts to reduce and mitigate HIV as part of the re-entry proposal and services to address homelessness. CMS notes that the STCs for pre-release services require the Commonwealth to assess and address physical and behavioral health needs, and HRSN.

For the HRSN services requests, one commenter encouraged monitoring and reporting on health outcomes and health care utilization. CMS recognizes the importance of robust reporting of health outcomes and utilization metrics aligned with the demonstration's policies and objectives. As part of our demonstration monitoring, CMS will work with the state to collect the appropriate data and track progress for the HRSN initiative, as outlined in the monitoring and reporting requirements in the STCs. Additionally, a couple of commenters suggested the temporary housing assistance and supportive services request should include broader eligibility criteria while another commenter suggested extra consideration for pregnant and postpartum individuals.

After carefully reviewing the demonstration proposal and the public comments received during the federal comment period, CMS has concluded that the demonstration is likely to promote the objectives of the Medicaid program by increasing access to services for beneficiaries as well as expanding on the coverage of health care services that would otherwise not be available.

Other Information

CMS' approval of this amendment is conditioned upon compliance with the enclosed amended set of expenditure authorities and the STCs defining the nature, character, and extent of anticipated federal involvement in the demonstration. The award is subject to our receiving your acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter. Your project officer, Rabia Khan, is available to answer any questions concerning this amendment, and her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
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7500 Security Boulevard
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Email: Rabia.Khan1@cms.hhs.gov

⁷ <https://www.medicaid.gov/sites/default/files/2023-12/smd23003.pdf>

If you have any questions regarding this approval, please contact Jacey Cooper, Director, State Demonstrations Group, Center for Medicaid and CHIP Services, at (410) 786-9686.

Sincerely,

A handwritten signature in black ink, appearing to be 'D. Tsai', with a stylized, flowing script.

Daniel Tsai
Deputy Administrator and Director

Enclosure

cc: Ambrosia Watts, State Monitoring Lead, Medicaid and CHIP Operations Group