MassHealth and Disability

Massachusetts Health Care Training Forum
April 2019
Agenda

- MassHealth and Disability
  - How to Apply
- Determination of Disability
- MassHealth CommonHealth
- Resources
MASSHEALTH AND DISABILITY
MassHealth Eligibility

- For MassHealth eligibility purposes, disability is defined by the Social Security Administration.

- Social Security Administration disability definition:

  "An individual must not be able to engage in any substantial gainful activity (SGA) because of a medically-determinable physical or mental impairment(s), that is expected to result in death, or that has lasted or is expected to last for a continuous period of at least 12 months."
HOW TO APPLY
Who should use this application:

- Applicants 64 years and younger.
- Applicants over the age of 65, that are a parent/caretaker of a child(ren) under the age of 19.

https://www.mass.gov/lists/applications-to-become-a-masshealth-member
Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)

Who should use this application:

- Individuals and couples over the age of 65 who live in the community, individuals under the age of 65 in need of Long-Term Services and Supports (including Home and Community Based Services Waivers), or Long-Term Care services in a medical institution or nursing facility.

- **NEW:** Applicants who are age 65 and older disabled and working applying for CommonHealth (effective March 2019).
Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)

NEW in the SACA-2 starting March 1, 2019

- On the first page of the instructions:

- In the application:

  This is your application for health coverage if you live in Massachusetts and are
  
  - an individual 65 years of age or older and living at home and
    - not the parent of a child under 19 years of age who lives with you; or
    - not an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home; or
    - disabled and are either working 40 or more hours a month or are currently working and have worked at least 240 hours in the six months immediately before the month of the application;

**DISABILITY** Answer this question if you under age 65 or age 65 or older and working.

Do you have a disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months? (If legally blind, answer Yes.)  □ Yes  □ No Name: ________________________________
MassHealth Application Processing (cont.)

- Data matching:
  - Every effort is made to electronically verify an individual’s eligibility factors, i.e. disability, income.
  - When an application is processed and MassHealth does not have enough information to make a decision or the information MassHealth receives electronically is not reasonably compatible, MassHealth will request additional information to determine eligibility.

**Note:** Reasonable compatibility is a process used by MassHealth to decide if the information the applicant or member has attested to can be verified using electronic data.
MassHealth Application Processing (cont.)

• Individuals will receive a written request for information which explains:
  » what information is needed
  » examples of acceptable proofs
  » the latest date MassHealth can accept the proofs to establish eligibility

  – If all proofs are not received by the due date:
    • MassHealth will use information that was supplied through systematic matching, determine eligibility, and send a notice explaining eligibility.
    • If no information is available electronically, and proof is received at a later date, proof may be accepted, but the eligibility start date may be impacted.
Applicant will then receive a Request for Information (RFI), approval, or denial notice.

**Note:** Included in every approval or denial notice is information on How to Ask for a Fair Hearing and a Fair Hearing Request Form to appeal MassHealth’s eligibility decision. The applicant/member has **30 days** from the receipt of the notice to request a fair hearing.
DETERMINATION OF DISABILITY
Disability Determination

The determination of disability for MassHealth purposes can only be established by:

- **Social Security Administration (SSA)**
  - The Social Security Administration may determine that an individual is disabled.

- **Massachusetts Commission for the Blind (MCB)**
  - The Massachusetts Commission for the Blind oversees the process for the reporting of legal blindness and can provide a Certificate of Blindness.
Disability Determination (cont.)

- Disability Evaluation Services (DES)
  - Disability Evaluation Services may determine disability for a member or applicant who has not been determined disabled by SSA or MCB. DES uses the same criteria to determine disability as the Social Security Administration.
  - In addition to a complete MassHealth Application, MassHealth applicants/members* must submit a MassHealth Disability Supplement (adult or child) for clinical evaluation.
    - MassHealth Adult Disability Supplement – ages 18 and older
    - MassHealth Child Disability Supplement – ages 0 -17
Disability Determination (cont.)

- If an individual has been determined disabled by the SSA that disability status will be shared and verified electronically with MassHealth.

- If an individual has been determined disabled by the MCB, MassHealth will accept a copy of the Certificate of Legal Blindness as verification of disability.

- If an individual has not been determined disabled by the SSA or MCB, the individual, can initiate the disability evaluation process by answering specific questions in the online application, phone application, or paper application.

**Note**: A MassHealth member may submit a disability supplement at any time.
Disability Determination (cont.)

- In the paper application (ACA or SACA) the question:

  “Do you have an injury, illness, or disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months? If legally blind, answer Yes.”

  Yes □ No □

- This question is asked individually for each person on the application who is applying.

  - A ‘yes’ to this question will trigger an electronic request for information on file to verify the status.

    • If disability status cannot be verified electronically, the individual will begin the Disability Evaluation Services (DES) process.

    | STEP 2 | Person 1 (continued) |
    |--------|----------------------|
    | b.     | Did you use the same name on this application that you did to get your immigration status? □ Yes □ No |
    |         | If No, what name did you use? First, middle, last, and suffix |
    | c.     | Did you arrive in the U.S. after August 22, 1996? □ Yes □ No |
    | d.     | Are you an honorably discharged veteran or active-duty member of the U.S. military, or the spouse or child of an honorably discharged veteran or an active-duty member of the U.S. military? □ Yes □ No |
    | 10.    | Do you live with at least one child younger than age 19, and are you the main person taking care of this child(ren)? □ Yes □ No |
    |         | Name(s) and date(s) of birth of child(ren) |
    | 11.    | What is your race or ethnicity? (Optional) |
    | 12.    | Are you living in Massachusetts, and do you either intend to reside here, even if you do not have a fixed address, or have you entered Massachusetts with a job commitment or seeking employment? □ Yes □ No |
    |         | If you are visiting in Massachusetts for personal pleasure or for the purposes of receiving medical care in a setting other than a nursing facility, you must answer ‘no’ to this question. |
    | 13.    | Do you have an injury, illness, or disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months? If legally blind, answer Yes. □ Yes □ No |
    | 14.    | Do you need reasonable accommodation because of a disability or an injury? □ Yes □ No |
    |         | If Yes, complete the rest of this application, including Supplement C: Accommodation. |
Disability Determination (cont.)

- In the online application or phone application the question:
- “Does anyone in the household who is applying have an illness, injury or disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months? If legally blind, answer ‘yes.’”

- A ‘yes’ to this question will automatically trigger an electronic request for information on file to verify the status. If disability status cannot be verified electronically, the individual will begin the Disability Evaluation Services (DES) process.

More about this household

When you see a star (*), you must complete the field.
When you see an ☐, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

Answer the questions below to see if you can get additional financial assistance.

* Does anyone in the household who is applying have an injury, illness, or disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months? If legally blind, answer yes.

☐ Jennifer Lopez
☐ Alex Rodriguez
☐ Max Lopez
☐ Emme Lopez
☐ None of these people
Disability Determination (cont.)

- Eligibility Results Summary page at the end of the online application.

**2019 Eligibility Results**

**MassHealth Eligibility**

Based on your MassHealth income (FPL) you or some of your household members have been approved for coverage through MassHealth. Your MassHealth FPL may be different from the household FPL displayed on this page. You will get a letter from MassHealth in the next 3-5 days with more information about your coverage. You may also go to the [MassHealth website](https://www.masshealth.gov) for more information.

**Enroll in a MassHealth health plan**

- If you do not already have health insurance or a health plan through MassHealth, you must pick a plan.
- If you already have private health insurance, you do not need to pick a health plan through MassHealth.
- You may also call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

If you or some of your household members are disabled and have not been determined eligible for MassHealth Standard or CommonHealth, you or they may be eligible for MassHealth but your application requires additional processing. While MassHealth is processing your application, you have been determined eligible for the following coverage. You will be receiving a letter from MassHealth explaining any additional next steps you need to take. [Click here](https://www.masshealth.gov) to find out more about MassHealth coverage for disabled individuals.
Disability Determination (cont.)

On notices generated for individuals that have indicated they may have a disability, or have a verified disability, the notice will include language explaining next steps for individuals applying on the basis of a disability.

Date: January 16, 2019
Notice ID: 1111111111/510/APPR-XX-111111
Member ID: XXXXXXXXXXXX
SSN: XXX-XX-XXXX

Dear First Name Last Name,

MassHealth has approved the person listed below for MassHealth XXXXXXXXXX.

You told us or we got information that the person approved on this letter is disabled. We will send you another letter to tell you if they qualify for additional benefits because of a disability. Members of your family who applied for benefits but are not listed below may get another letter about their eligibility.
Example: Shannon, a 27 year old individual, applies for MassHealth on April 12, 2019. Shannon attests to being a legal permanent resident since 2003, and receiving rental income of $1,350 monthly. Shannon also attests to having an injury, illness, or disability that is expected to last longer than 12 months.

- MassHealth is able to verify her income using electronic data sources.
- MassHealth, however, is unable to match Shannon’s disability status using electronic data sources.
  - Shannon will be mailed an adult disability supplement and have 60 days to return the completed supplement to DES.
  - Shannon will have MassHealth CarePlus (MassHealth MAGI 129% FPL) effective April 2, 2019.
Since Shannon indicated a potential disability, she will see the following language on her CarePlus approval notice: “You told us or we got information that the person approved on this letter is disabled. We will send you another letter to tell you if they qualify for additional benefits because of a disability.”

• If Shannon is determined disabled per DES, she will be approved for MassHealth Standard, effective April 2, 2019.

• If DES determines that Shannon is not disabled, she will remain in MassHealth CarePlus.
DISABILITY EVALUATION SERVICES (DES)
Disability Evaluation Services (DES)

Disability Evaluation Services (DES) is part of the University of Massachusetts health care consulting division, called Commonwealth Medicine.

The DES organization conducts both medical and vocational reviews by gathering information, reviewing medical history, and applying SSI/SSDI federal guidelines to determine disability to each case as appropriate.

Clinical staff includes:
- Registered Nurses
- Physicians
- Psychologists
- Certified Vocational professionals
Disability Verification Process

1. Applicant/member indicates Disability on application or renewal
2. Electronic Match
   - Electronic match with SSA successful, determine eligibility based on verified disability
   - Electronic match unsuccessful
     - Begin Disability Evaluation Services (DES) process
       - DES determines individual is disabled
         - Determine eligibility based on verified disability
       - DES determines individual is not disabled
         - Appeal DES decision
Disability Evaluation Services (DES): Process

- Disability Process
  - An applicant or member may claim disability status at any time.
    - When an individual attests to an injury, illness or disability that will last more than 12 months online, by phone, or on a paper application or renewal, MassHealth will attempt to verify the status electronically.
    - If disability status cannot be verified using electronic data, MassHealth will begin the disability evaluation process. MassHealth sends the individual a MassHealth Disability Supplement.
Disability Supplements

- Applicants or members may claim disability status at any time.

- If the member or applicant has not been determined disabled by SSA or MCB, the individual will be sent a MassHealth Disability Supplement.

- Adult Disability Supplement (ages 18 and over).

Disability Supplements (cont.)

- Child Disability Supplement (ages 0-17)
Disability Supplements

- Complete the Disability Supplement in its entirety.
  - Critical elements for processing:
    - Print or write clearly and complete the supplement to the best of the applicant or member’s ability.
    - Sign and date a Medical Release Form for each medical and mental health provider that is listed on the supplement.
    - Provide complete applicant or member demographic information, including contact information.
    - Complete description of the applicant or member’s health problems and medications.
    - Information about the health care providers that have treated the applicant or member during the last 12 months.
Disability Supplements (cont.)

– Critical elements for processing:

• Language ability, preference, and educational attainment.

• Work history, including detailed information about the applicant or member’s most recent job.

• Appointment preferences, list more than two choices to best accommodate your schedule.

• Activities of Daily Living (ADL) information.

• Sign and dated by applicant, member, or authorized authority with accompanying document.
Disability Supplements (cont.)

- Completed supplements should be submitted to:
  
  Disability Evaluation Services  
  UMASS Medical DES  
  P. O. Box 2796  
  Worcester, MA 01613-27936

- For help completing the supplement, applicants or members can contact UMASS Disability Evaluation Services (DES) Help Line at:
  
  • 1-888-497-9890  
  • TTY: 1-866-693-1390
Processing the Disability Supplement

Once DES receives the disability supplement they will date stamp the supplement and the disability determination process will begin.

Processing Supplements:

– DES will send written requests to all of the applicant’s medical sources listed on the supplement.
  • DES will contact hospitals, physicians, and non-medical providers such as social workers and schools.
– Telephonic requests are made to those medical sources that do not respond to written requests.
Consultative Exams with DES clinicians:

- DES prefers to utilize the applicant’s medical providers for the evaluation.
  - If sufficient information is not received, or DES does not receive a response from the applicant’s medical providers, a consultative exam by DES doctors and clinicians may be necessary.

- Consultative exams are ordered if:
  - An applicant or member does not have a medical provider, or information received from the provider is insufficient or out of date.
  - 10-14 days prior to a consultative exam, applicants or members and authorized representatives are mailed an appointment letter.
    - This letter informs the applicant or member of date and time of appointment, availability of transportation, and availability of medical interpreters.

» These letters are mailed in English and Spanish.
Disability Decision Process

- **Disability Decisions:**
  - Applicant or member medical information is reviewed by qualified professionals:
    - RN
    - Vocational Rehabilitation Counselors
    - Physicians and Psychologists
  - Disability determinations are based on SSA Title II and Title XVI program guidelines.

- **Approvals:**
  - Approvals are sent directly to MassHealth.
  - MassHealth will notify the applicant or member if there is a change in their eligibility based on the disability approval.
Disability Decision Process (cont.)

Denials:

- Denial notices are sent directly to the member or applicant.
  - Decision is appealable.
- Denials are also sent to MassHealth.
- MassHealth will notify the applicant or member if there is a change in their eligibility based on the disability denial.

Note: MassHealth eligibility and DES disability decisions are appealable.
Notices from DES

As a part of DES processing the disability supplement, members may also receive the following types of notice:

- A notice informing the member was already determined disabled by SSA.
- A notice informing the member was already eligible for MassHealth based on a disability.
- A notice informing the member must apply for MassHealth:
  - No record of applicant applying for MassHealth, applicant is mailed their completed supplement and advised on the ways to apply for MassHealth.
- A notice of Incomplete Supplement:
  - Member is mailed this letter with the incomplete supplement and must return within 10 business days.
Notices from DES (cont.)

■ Member is over 65:
  - For members over the age of 65, DES will consult with MassHealth to determine if a disability decision is required for the applicant or member’s case. If a disability determination is not required, DES will return the supplement and advise the member to call MassHealth for assistance.

■ Copies of Medical Releases:
  - with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), DES will provide applicants or members with copies of their medical releases upon written request.

■ Denial notice*:
  - Applicants or members who have not been determined disabled will receive a disability denial notice.

*Note: The disability denial notice will include instructions on how to appeal the disability decision.
MASSHEALTH
COMMONHEALTH
MassHealth Coverage Types for Individuals with Disabilities

- Coverage types that an individual with a verified disability may be eligible for are:
  - Standard
  - CommonHealth
  - Family Assistance
  - Limited

- The individual factors that determine coverage types often change. MassHealth requires an individual to report any changes within 10 days of the change. This is to ensure that an individual receives the most comprehensive benefits available.

Note: When an individual has not yet been determined disabled or they have a one time deductible, they may be eligible for a MassHealth or Health Connector benefit not determined on the basis of a disability.
MassHealth CommonHealth

MassHealth CommonHealth offers health care benefits similar to MassHealth Standard to certain disabled adults and disabled children who cannot get MassHealth Standard. Eligibility requirements for MassHealth CommonHealth for ACA and Traditional populations can be found on the next slide.

Note: Individuals must have a disability determination to qualify for CommonHealth from one of the sources: Social Security Administration, Massachusetts Disability Evaluation Services or Massachusetts Commission for the Blind.
<table>
<thead>
<tr>
<th>Income</th>
<th>Categorical</th>
<th>Immigration Status</th>
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<tr>
<td>&gt; 200%</td>
<td>Disabled Children under age 1</td>
<td>Citizen Qualified Noncitizen Protected Noncitizen Qualified Noncitizen Barred Nonqualified Individual Lawfully Present Nonqualified PRUCOL</td>
</tr>
<tr>
<td>&gt; 150%</td>
<td>Disabled Children (ages 1–18)</td>
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<tr>
<td></td>
<td></td>
<td>Disabled Young Adults (ages 19-20) (must meet working requirement or spenddown)</td>
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<tr>
<td>&gt; 133%</td>
<td>Disabled Adults (21 and older) (must meet working requirement or spenddown)</td>
<td>Citizen Qualified Noncitizen Protected Noncitizen</td>
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<tr>
<td>&lt; 150%</td>
<td>Disabled Young Adults (ages 19-20)</td>
<td>Nonqualified PRUCOL</td>
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<tr>
<td></td>
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MassHealth CommonHealth Deductible

- Disabled adults* who are otherwise eligible for MassHealth CommonHealth and do not work a minimum of 40 hours per month must meet a one time only deductible.

- If an individual works less than 40 hours per month or is still working and has worked less than 240 hours in the 6 months immediately preceding the receipt of the application or eligibility review, they are subject to a one-time deductible.

- The deductible is the total dollar amount of medical expenses that an applicant/member, whose income exceeds MassHealth income standards, is responsible for before the applicant/member is eligible for MassHealth CommonHealth as described at 130 CMR 506.009.

*Note: Applies to individuals under 65 only
MassHealth will notify the applicant/member if they must meet a deductible to get MassHealth CommonHealth.

- A notice will be mailed explaining the amount of the deductible.

To meet the deductible, the applicant/member must have medical bills that equal or are more than the deductible amount. This includes the bills of any household member including the applicant/member, spouse, and children younger than 19 years of age, to meet the deductible. The applicant/member is responsible for paying the bills used to meet the deductible.
MassHealth CommonHealth
Deductible (cont.)

- The deductible period is a six-month period beginning on the date established in accordance with 130 CMR 505.004(M).

- If the deductible is not met within a six-month period, a new deductible period is established. The deductible calculation is re-set for each 6 month period. This process will continue until the deductible is satisfied or the individual’s eligibility changes.

  - Once the deductible has been met, the individual may be assessed a premium.

  - Once the deductible has been met, the person is not required to meet another deductible if there is a lapse in CommonHealth coverage.

- For more information about the notification of deductible, submission of bills to meet the deductible, or other specifics surrounding MassHealth deductibles please visit: 130 CMR 506.009.
Extended CommonHealth Coverage

- Extended CommonHealth Coverage for certain individuals:
  - CommonHealth members who are working and terminate their employment, continue to be eligible for MassHealth CommonHealth for up to three calendar months provided they continue to make timely payments of their monthly premium (if applicable).
RESOURCES
Resources

- **Disability Evaluation Services:**
  - 1-800-888-3420
  - TTY: 1-866-693-1390

- **Massachusetts Aging and Disabilities Information Locator (MADIL):**
  - An online Aging and Disability Information Locator, provided by the Massachusetts Executive Office of Health and Human Services. The MADIL is designed to help find information on services and programs that support seniors and people with disabilities in Massachusetts.

- **MassHealth Customer Service Phone:**
  - 1-800-841-2900
  - TTY: 1-800-497-4648
Resources

■ MassHealth Disability Ombudsman:
  • 1-617-847-3468
  • TTY: 1-617-847-3788

■ Program of All-inclusive Care for the Elderly (PACE):
  • 800-243-4636
  • TTY: MassRelay 711
    – To enroll, the PACE program must be contacted directly.

■ Senior Care Options (SCO):
  – To enroll contact MassHealth customer Service.
Resources

*MassOptions* is an organization that connects elders, individuals with disabilities and their caregivers with public and private agencies and organizations that can help meet their needs. For information:

- **Aging Disability Resource Consortia (ADRCs)** - provide a coordinated system of information and access to long-term services and supports (LTSS) for individuals, family members and providers, regardless of age, disability or income.

- **Aging Services Access Points (ASAP)** - 26 ASAPs statewide, each serving a specific geographic area, provide information and referral services; needs assessments; screening and clinical eligibility determinations for individuals seeking facility and community-based services and supports; care management; comprehensive service plan development and monitoring; and purchasing of services.

- **Area Agencies on Aging (AAAs)** - are responsible for assuring that nutrition, health, and human services are made available to individuals age 60 and over in the communities where they live.
Questions?