

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

Application for Health and Dental Coverage and Help Paying Costs (ACA-3)


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>

Member Booklet
for Health and Dental Coverage and Help Paying Costs

This is your member booklet for MassHealth, ConnectorCare Plans and Advance Premium Tax Credits, the Children's Medical Security Plan, and the Health Safety Net.



Massachusetts Application for Health and Dental Coverage and Help Paying Costs

HOW TO APPLY

You can submit your application in any of the following ways.

- Sign on to your account at MAhealthconnector.org. You can create an online account if you do not already have one. **Applying online may be a faster way for you to get coverage than mailing a paper application.**
- Mail your filled-out, signed application to
Health Insurance Processing Center
PO Box 4405
Taunton, MA 02780.
- Fax your filled-out, signed application to (857) 323-8300.
- Call us at (800) 841-2900 (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled) or (877) MA ENROLL (877) 623-6765).
- Visit a MassHealth Enrollment Center (MEC) to apply in person. See the **Member Booklet for Help with Health and Dental Coverage and Help Paying Costs** for a list of MEC addresses.

USE THIS APPLICATION TO SEE WHAT COVERAGE CHOICES YOU MAY QUALIFY FOR.

- Affordable coverage from MassHealth, the Health Safety Net (HSN), the Children's Medical Security Plan (CMSP), or the Health Connector. You may qualify for one of these programs, even if you earn as much as \$103,000 a year (for a household of four).
- Affordable private health insurance plans that offer comprehensive coverage to help you stay well
- A tax credit that can help pay your premiums for health coverage right away

WHO CAN USE THIS APPLICATION?

This application is for people who need health or dental coverage and help paying for it, and who



- live in Massachusetts;
- are not living in or not about to go into a nursing facility; and
- are younger than age 65.

This application may also be used by people of any age who are

- parents of children younger than age 19, or
- adult relatives living with and taking care of children younger than age 19 when neither parent is living in the home.

If this application is not for you, call us at (800) 841-2900, TTY: (800) 497-4648.

This application is available in Spanish. Please call the number above to request one. Apply even if you or your child already has health coverage including coverage from MassHealth and the Health Connector. You could qualify for coverage. We need to know about all members of your household to make a decision on your eligibility. If someone is helping you fill out this application, you may need to fill out a separate form that gives that person permission to act on your behalf. See the **Authorized Representative Designation Form** at the end of this application.

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).

SENIOR GUIDE
to Health Care Coverage

MARCH 2019

MassHealth HEALTH CONNECTOR

Massachusetts Application for Health and Dental Coverage and Help Paying Costs—Additional Persons

Primary Contact From Step 1

STEP 2 Person ____ Use this Additional Persons form if you have more than four people to include with this application. When filling out the additional pages please be sure to tell us how each person is related to each other person on the application. We need this information to determine eligibility.

1. First name, middle name, last name, and suffix: _____

2. Relationship to Person 1: _____ Relationship to Person 2: _____ Relationship to Person 3: _____

Does this person live with Person 1? Yes No

If No, list address: _____

3. Date of birth (mm/dd/yyyy): _____ 4. Gender Male Female

5. Does this person have a social security number (SSN)? Yes No (optional if not applying)

We need a social security number (SSN) for every person applying for health coverage who has one. For important information on when SSN is optional, how we use SSN, and how to apply for SSN, please see instructions for Question 5 under Person 1.

If Yes, give us the number _____

If No, check one of the following reasons: Not applied Noncitizen exception Religious exception

Is the name on this application the same as the name on this person's social security card? Yes No

If No, what name is on this person's social security card? _____

First name, middle name, last name, and suffix: _____

6. If this person gets an Advance Premium Tax Credit (APTC), does this person agree to file a federal tax return for the tax year that the credits are received? Yes No

He or she may not have needed or chosen to file a tax return in the past, but this person will have to file a federal income tax return for any year that he or she gets an APTC. You must check Yes to question 6 to be eligible for ConnectorCare or APTCs to help pay for this person's health insurance. This person does NOT need to file a tax return to apply for or to get MassHealth, CMSR, or HSN, if he or she qualifies.

If Yes, please answer questions a–d. If No, skip to question d.

This person must file a joint federal tax return with a spouse for the year for which this person is applying to get certain programs (ConnectorCare or APTCs) unless this person is a victim of domestic abuse or abandonment or will file taxes as Head of Household. If this person will file taxes as Head of Household, he or she should answer No to question 6a ("Is this person legally married?"). One way this person may qualify as Head of Household is to live apart from his or her spouse and claim another person as a dependent. See IRS Publication 501 or consult a tax professional for tax filing information. This person will only need to include him- or herself and any dependents on this application.

a. Is this person legally married? Yes No

If Yes, list name of spouse and date of birth: _____

b. Does this person plan to file a joint federal tax return with a spouse for the tax year for which this person is applying? Yes No

c. Will this person claim any dependents on this person's federal income tax return for the year for which this person is applying? Yes No

This person will claim a personal exemption deduction on his or her federal income tax return for any individual listed on this application as a dependent who is enrolled in coverage through the Massachusetts Health Connector and whose premium for coverage is paid in whole or in part by advance payments. List the name(s) and date(s) of birth of dependents.

d. Will this person be claimed as a dependent on someone else's federal income tax return for the year for which this person is applying? Yes No

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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.

MassHealth Application Processing

MassHealth Decision Timeline

Eligibility Decision

MassHealth has **45 days** from the received date of the application to make an eligibility decision.

Exception

60 days for an application if potentially eligible for Family Assistance.

Exception

90 days for an application from an individual who is applying on the basis of a disability.

- *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) _____ Please see page 22.

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.) MassHealth

- 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.) MassHealth

- 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](#) 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](#) 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: XXXXXXXXXXXXX

SSN: XXX-XX-XXXX

Dear First Name Last Name,

MassHealth has approved the person listed below for MassHealth XXXXXXXXXXXX.

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.

Disability Determination (cont.)



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.

Disability Determination (cont.)



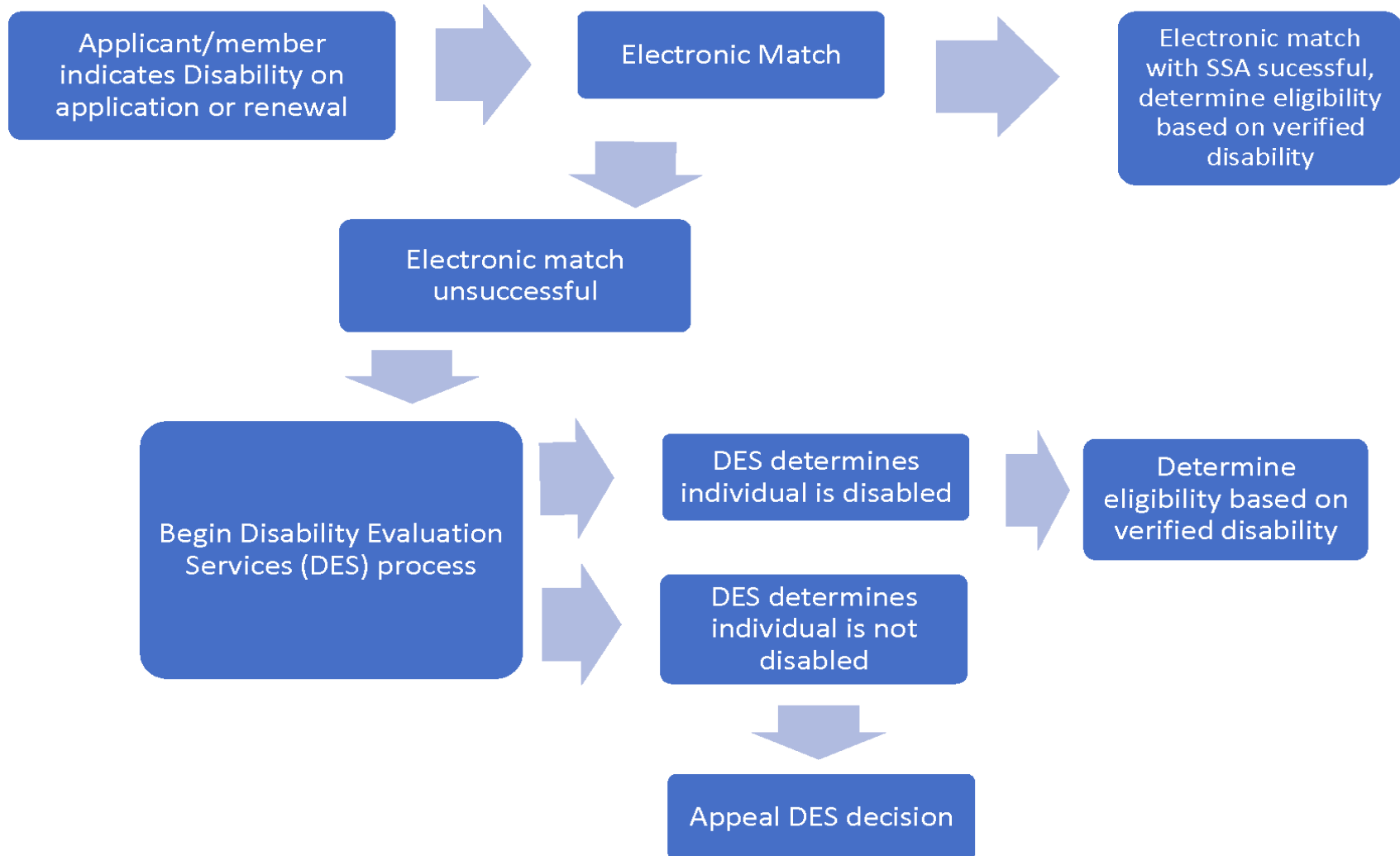
- Since Shannon indicated a potential disability, she will see the following language on her CarePlus approval notice:
“You told us or we got information that the person approved on this letter is disabled. We will send you another letter to tell you if they qualify for additional benefits because of 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



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).

https://www.mass.gov/files/document_s/2016/07/vf/mads-adult.pdf

MassHealth
Adult Disability Supplement
Commonwealth of Massachusetts | Executive Office of Health and Human Services

Instructions for Completing the Supplement

You have indicated on your MassHealth application that you have a disability. Disability standards require that the disability has lasted or is expected to last at least 12 months. UMass Disability Evaluation Services (DES) will review your disability application for MassHealth. It is very important that you complete this Disability Supplement.

To get MassHealth based on your disability, you need to tell us about

- your medical and mental health providers. These may include doctors, psychologists, therapists, social workers, physical therapists, chiropractors, hospitals, health centers, and clinics from whom you receive or have received treatment; and
- yourself: your work history for the past 15 years, your educational background, and your daily activities.

Completing the Disability Supplement will give us this information and will help us make a quick decision.

Please read the following instructions before beginning.

- Print, or write clearly and complete the supplement to the best of your ability.
- Sign and date a Medical Release Form for each medical and mental health provider you list on the supplement.
- After you have filled out the supplement, submit it to
 Disability Evaluation Services / UMASS Medical DES
 P.O. Box 2796
 Worcester, MA 01613-2796

DES will ask for your medical and treatment records from the providers you have listed. If you have any of your medical records, please send a copy with this form. If more information or tests are needed, a member of DES will get in touch with you. Your eligibility will be determined more quickly if all items on the supplement are filled in.

This is not an application for medical benefits. If you have not already completed a MassHealth application, you must fill one out in addition to this form. If you have any questions about how to apply, please call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

If you need help with this form, you can call the UMass Disability Evaluation Services (DES) Help Line at 1-888-497-9890. Fill in every section of this form. If you do not fill in every section, we may not be able to decide if you are disabled.

Information about you Male Female

Last name First name Middle initial	Social security number
Street address	Apt. #
City	State Zip code Date of birth (mm/dd/yyyy)
Home phone	Cell phone Work/other phone

We may need to schedule a doctor's appointment for you. What are the best times for you to go to an appointment?
 Please check all the times that are good for you.

Any time is ok
 Monday a.m.
 Tuesday a.m.
 Wednesday a.m.
 Thursday a.m.
 Friday a.m.
 Monday p.m.
 Tuesday p.m.
 Wednesday p.m.
 Thursday p.m.
 Friday p.m.

Did you apply for Social Security or SSI/SSDI benefits? yes no

If **yes**, did you see a doctor for an exam?
 Doctor's name _____ Date of exam ____/____/____



MADS-A/MR COMBO (Rev. 04/15)
1
Please go to the next page.

Disability Supplements (cont.)

- Child Disability Supplement (ages 0-17)
- <https://www.mass.gov/files/documents/2016/11/uz/mads-child.pdf>

MassHealth
Child Disability Supplement

Commonwealth of Massachusetts | Executive Office of Health and Human Services

Instructions for Completing the Supplement

You have indicated on your MassHealth application that your child has a disability. Disability standards require that the disability has lasted or is expected to last at least 12 months. UMass Disability Evaluation Services (DES) will review your child's disability application for MassHealth. It is very important that you complete this Disability Supplement.

For your child to get MassHealth based on his or her disability, you need to tell us about

- your child's medical and mental health providers. These providers may include doctors, psychologists, therapists, social workers, physical therapists, chiropractors, hospitals, health centers, and clinics from whom your child has gotten or is getting treatment; and
- your child's daily activities and his or her educational background.

Completing the Disability Supplement will give us this information and will help us make a quick decision.

Please read the following instructions before beginning.

- Print or write clearly and complete the supplement to the best of your ability.
- Sign and date a Medical Release Form for each medical and mental health provider you list on the supplement.
- After you have filled out the supplement, submit it to
Disability Evaluation Services / UMass Medical DES
P.O. Box 2796
Worcester, MA 01613-2796

DES will ask for your child's medical and treatment records from the providers you have listed. If you have any of the following, please send a copy with this form: your child's medical records, Individualized Family Services Plan (IFSP), Individualized Educational Plan (IEP), testing, or other records that describe your child's conditions. If more information or tests are needed, a member of DES will get in touch with you. Your child's eligibility will be decided more quickly if all items on the supplement are filled in.

This is not an application for medical benefits. If you have not already completed a MassHealth application for your child, you must fill one out in addition to this form. If you have any questions about how to apply, please call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

If you need help with this form, you can call the UMass Disability Evaluation Services (DES) Help Line at 1-888-497-9890. Fill in every section of this form. If you do not fill in every section, we may not be able to decide if your child is disabled.

Information about your child Male Female

Last name			First name			Middle initial			Social security number		
Street address									Apt. #		
City				State		Zip code		Date of birth (mm/dd/yyyy)			
Home phone				Cell phone				Work/other phone			

Does your child have a pending application with Social Security? yes no

Does your child get Social Security? yes no

Does your child get MassHealth? yes no

MADS-C/MR COMBO (Rev. 04/15) 1 Please go to the next page. ▶

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.

Processing the Disability Supplement (cont.)

- 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.

MassHealth CommonHealth For ACA and Traditional Population



Income	Categorical	Immigration Status
> 200%	Disabled Children under age 1	Citizen
> 150%	Disabled Children (ages 1–18)	Qualified Noncitizen Protected Noncitizen Qualified Noncitizen Barred Nonqualified Individual Lawfully Present Nonqualified PRUCOL
	Disabled Young Adults (ages 19-20) (must meet working requirement or spenddown)	Citizen Qualified Noncitizen Protected Noncitizen
> 133%	Disabled Adults (21 and older) (must meet working requirement or spenddown)	Citizen Qualified Noncitizen Protected Noncitizen
≤ 150%	Disabled Young Adults (ages 19-20)	Nonqualified PRUCOL
	Disabled Children (ages 1–18)	

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 CommonHealth Deductible (cont.)

- 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 Commonwealth Coverage

- Extended Commonwealth Coverage for certain individuals:
 - Commonwealth members who are working and terminate their employment, continue to be eligible for MassHealth Commonwealth 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.

<http://www.massdil.org/>

■ 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
- <https://www.mass.gov/program-of-all-inclusive-care-for-the-elderly-pace>
- To enroll, the PACE program must be contacted directly.

■ Senior Care Options (SCO):

- <https://www.mass.gov/service-details/enrolling-and-receiving-care-under-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?