



MassHealth Updates

MTF Winter 2024

Agenda

- Update: MassHealth 2023-2024 Redetermination Outreach Campaign
- NEW MassHealth Continuous Eligibility Coverage
- MassHealth Health Plans (ACOs/MCOs)
- MassHealth Perinatal and Maternal Health Updates
- 2024 Cost of Living Adjustment (COLA)
- New E-submission and Adobe Sign Forms to Report Changes
- Medicare Savings Program (MSP): QMB Balance Billing
- Apply for SNAP through MassHealth Check Box

UPDATE: MASSHEALTH 2023-2024 REDETERMINATION OUTREACH CAMPAIGN

Outreach Campaign

- Mid-December, MassHealth began robocalls in six languages (English, Spanish, Haitian Creole, Portuguese, Vietnamese, and Chinese-Mandarin and Cantonese)
- This effort is to inform members:
 - to complete their renewal
 - they will receive a Request for Information (RFI) or VC (verification request)
 - they may lose coverage because they have not returned their renewal package or RFI/VC
 - their mail was returned, and they need to contact MassHealth to update their address
- Depending on phone carrier, the incoming call should appear as MassHealth on the caller ID, or it may not display as MassHealth
 - MassHealth is working to ensure caller ID will display MassHealth for all carriers

MASSHEALTH CONTINUOUS ELIGIBILITY COVERAGE

Benefits of Continuous Eligibility (CE)



- Continuous eligibility (CE) means that members retain coverage for the appointed period even if they experience changes in their circumstances that would otherwise affect eligibility
- Continuous Eligibility (CE) is a valuable tool that helps states ensure that certain populations stay enrolled in the health coverage for which they are eligible and have consistent access to needed health care services
- CE promotes health equity by limiting gaps in coverage for low-income children and adults
- We are excited to extend CE to three important populations
 - Members released from jail or prison
 - Individuals verified chronically homeless
 - Children under the age of 19

Benefits of Continuous Eligibility

- Drives more efficient health care spending
- Improves health status and wellbeing in the short and longer term
- Mitigates the impact of income volatility on families
- Promotes health equity
- Reduces administrative burden and costs
- Enhances the ability to fully measure the quality of care
- Provides states with better tools to hold health plans accountable for quality and improved health outcomes

Continuous Eligibility Populations



- **Members released from jail or prison (April 2023)**
 - Provides 12-months continuous eligibility to adults under age 65 upon release from public institution for the first year they return to the community

Verified Chronically Homeless Adults (December 2023)

- Provides 24-months continuous eligibility to adults who are verified homeless under age 65
- **Children (January 2024)**
 - Provides 12-months continuous eligibility to children under age 19
- **Reasons for possible ineligibility for CE:**
 - Ages out
 - Moves out of state
 - Voluntarily withdraws
 - Deceased
 - Erroneous initial eligibility

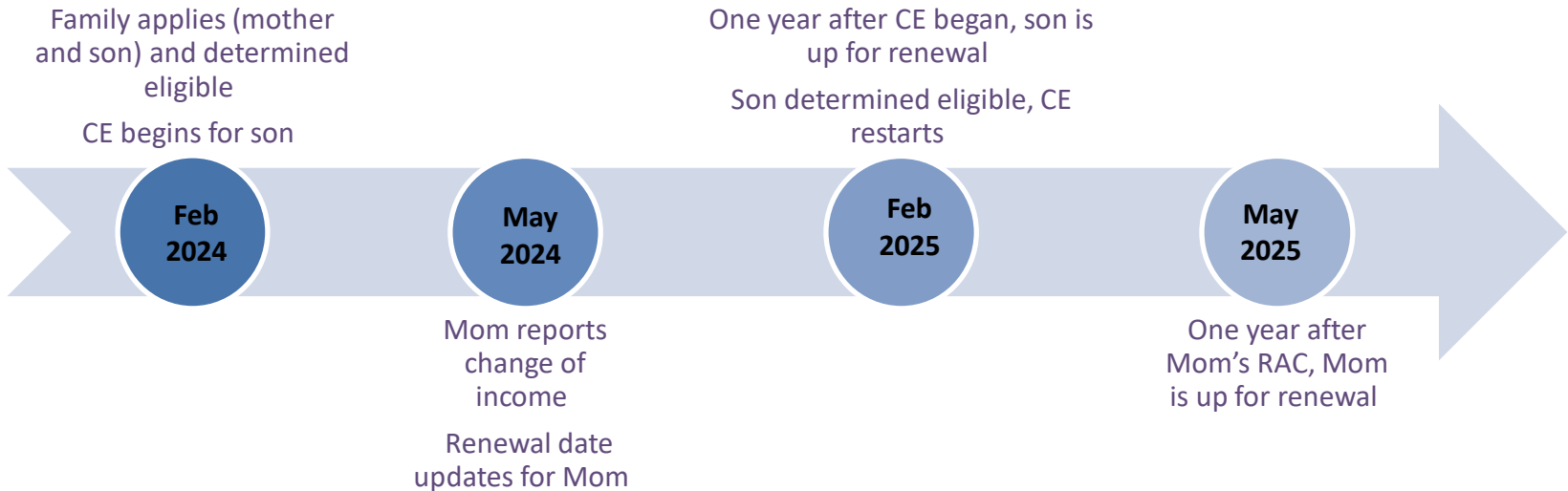
Continuous Eligibility: How it Applies



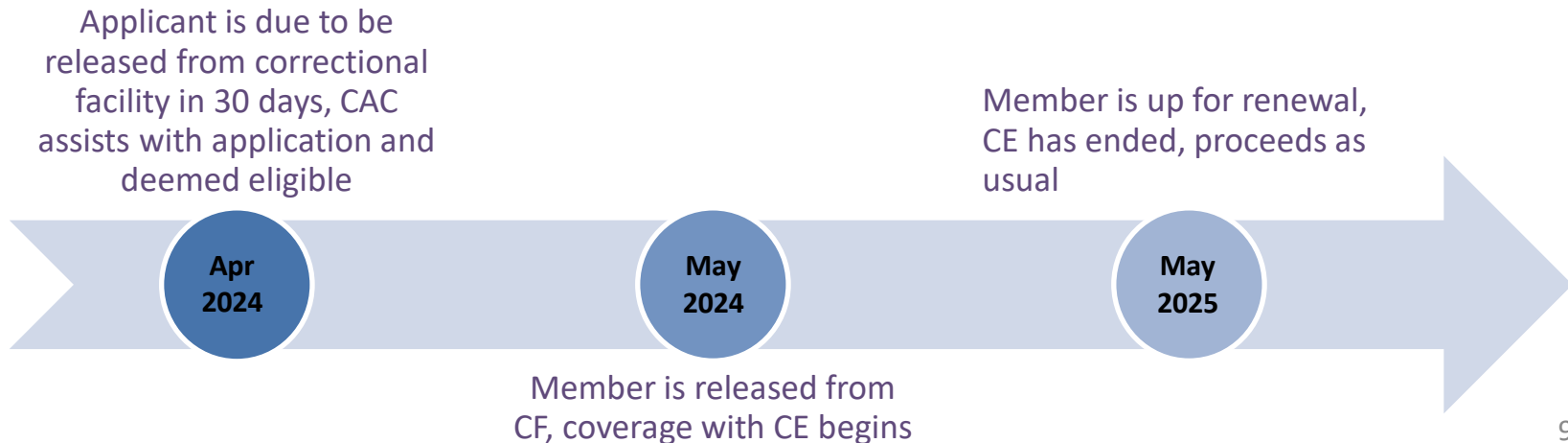
- The CE period for **new applicants** begins on the effective date of eligibility
 - Note: Chronically homeless needs to be verified from the state system, therefore the CE date will happen post eligibility
- Renewal and Redetermination: MassHealth will apply continuous eligibility for the appropriate time periods when a member is renewed
- Regardless of change(s) in circumstance, members with CE will not lose coverage during the designation time period
- CE is unique to the individual within the household and does not apply to the entire household
- Household members without CE still need to report changes, respond to RFIs, and complete renewals or they will risk losing coverage
- **Continuous Eligibility for children under the age of 19**
 - **As of January 1, 2024**, all children have had CE applied to their eligibility
 - Start date of their CE aligns with their last redetermination

CE Scenarios (slide 1 of 2)

Children

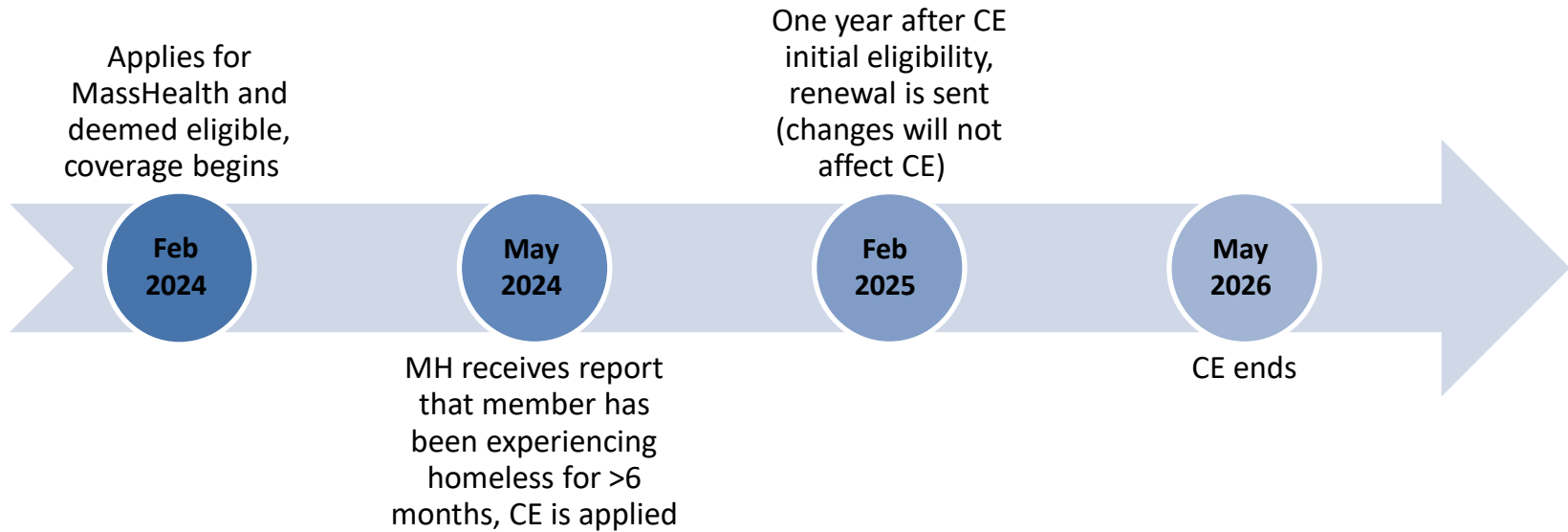


Released



CE Scenarios (slide 2 of 2)

Chronically Homeless



UPDATES: MASSHEALTH HEALTH PLAN (ACO PLANS)

Who's Eligible to Enroll?

MassHealth members eligible to enroll in a MassHealth ACO, MCO, or the PCC Plan:

- Under 65, no Third-Party Liability (TPL) (including Medicare)
- Live in the community (for example, not in a nursing facility)
- In the following MassHealth coverage types:
 - MassHealth Standard
 - MassHealth CommonHealth
 - MassHealth CarePlus
 - MassHealth Family Assistance

Note: For additional details see 130 CMR 508.001-002

MassHealth Health Plan (ACOs) Updates for 1/1/24



- **Hospital Changes**
 - Fallon 365 Care will no longer include Harrington Hospital in its provider network as of January 1, 2024
- **Provider Changes**
 - As of January 1, 2024, nine providers joined or moved in the MassHealth ACO program
 - The provider moves affected approximately 5,000 members
- [Changes to MassHealth's Accountable Care Organizations on January 1, 2024](#)

Service Area Update on 1/1/24

The following new service areas will be offered by MassHealth starting on January 1, 2024

WellSense Health Plan	Will be in the following service area
WellSense Community Alliance	Oak Bluffs
Boston Children’s ACO	Athol, Gloucester, Greenfield, and Pittsfield
East Boston Neighborhood Health WellSense Alliance	Lynn

The following health plan will no longer be offered by MassHealth in the following service area starting on January 1, 2024

WellSense Health Plan	Will no longer be in the following service area
WellSense Care Alliance	Wareham

MASSHEALTH PERINATAL AND MATERNAL HEALTH UPDATES

Background on MassHealth Pregnant and Birthing Members



- MassHealth covers about 40% of births in Massachusetts (roughly 25,000 births annually)
- About 85% of pregnant MassHealth members are in either an accountable care organization (ACO) or managed care organization (MCO)
- Pregnant MassHealth members are eligible for full benefits throughout their pregnancy, labor and delivery, and through 12 months postpartum
 - Members should self-report their pregnancy status to MassHealth to ensure full coverage
 - 12-month postpartum coverage is inclusive of all pregnancy outcomes (e.g., live births, stillbirths, abortions, miscarriages)
 - Immigration or citizenship status does NOT impact eligibility for pregnant members
- MassHealth aims to improve the health outcomes of our diverse pregnant and birthing members and their infants by providing equitable access to high quality health care services and supports

Information for Pregnant MassHealth Members



- MassHealth recently launched a webpage for pregnant members available in English, Spanish, Portuguese, Haitian Creole, Chinese, and Vietnamese: mass.gov/masshealthpregnancy
 - Find important information related to eligibility and coverage for pregnant members
 - Checklist with key activities (e.g., notifying MassHealth about pregnancy, scheduling prenatal care, enrolling with WIC, contacting their health plan)
 - Examples of MassHealth covered services
 - Information about MassHealth coverage for infants
 - Community resources and supports
 - Behavioral health (mental health and substance use disorder)
 - Home visiting programs
 - Social services



Doula Provider Enrollment

- As of December 8, 2023, MassHealth now covers doula services, subject to MassHealth coverage limitations, for MassHealth members while they are pregnant, during delivery, and up to 12 months after delivery
- In order to become a MassHealth doula provider, doulas need to meet the eligibility criteria outlined in [130 CMR 463.000](#) and submit a complete application package to MassHealth
- Over 200 Doula providers attended training sessions offered to introduce them to the MassHealth program
- **IMPORTANT:** While MassHealth doula coverage began on December 8, 2023, enrolling a network of MassHealth doula providers to meet the needs of members will take time. We anticipate that MassHealth doula providers will begin to enroll and be added to the MassHealth provider directory starting in Q1 2024 and that the network of MassHealth doula providers will continue to grow over time

MassHealth Webpage For Doulas

This webpage has important information for doulas including:

- Overview of the MassHealth doula program
- Summary of eligibility requirements for doulas
- Step-by-step instructions for enrolling as a MassHealth doula provider
- Links to important doula-related regulations
- Resources: [MassHealth Doula Services Program: Information for Doulas](#)
- The regulations have been promulgated and are publicly available:
 - [130 CMR 463.000: Doula Services](#)
 - [101 CMR 319.00: Rates for Doula Services](#)



2024 COST OF LIVING ADJUSTMENT (COLA)

Cost of Living Adjustment (COLA) 2024



- The Social Security Administration announced on October 12, 2023, that beneficiaries would be receiving an 3.2% COLA increase for 2024
 - On average, Social Security benefits will increase by more than \$50 per month as of January

2024	Individual	Couple
MassHealth asset limit	\$2,000	\$3,000
Medicare Part B premium (per month)	\$174.70	

Eligibility Figures for Community Residents Age 65

- Updated eligibility figures for: [Eligibility Figures for Community Residents Age 65 or Older, Figures Used to Determine Minimum-Monthly-Maintenance-Needs Allowance \(MMMNA\)](#)

* Note, federal poverty guidelines (FPL) changes in March



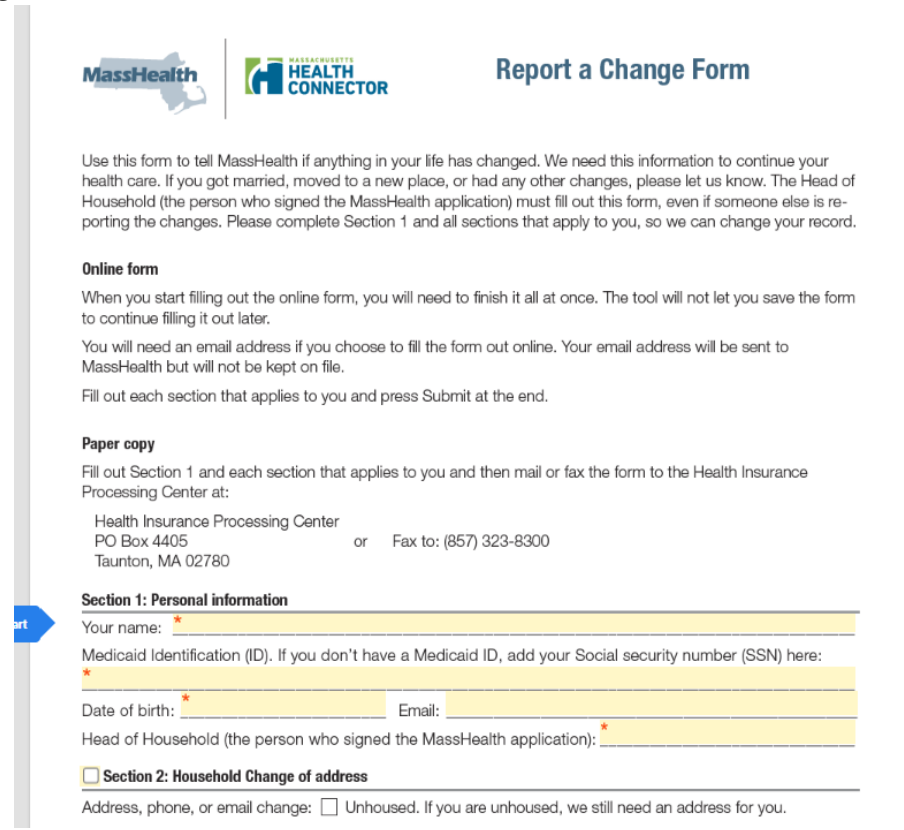
NEW E-SUBMISSION AND ADOBE SIGN FORMS TO REPORT CHANGES

How to Report Changes

Members must notify of certain changes **within 10 days of the changes** or as soon as possible to MassHealth. These include: changes in income, household size, employment, disability status, health insurance, and address

Ways to submit a Report a Change

- **NEW** Online form using Adobe Sign
 - The form is available at [Report changes to MassHealth](#)
 - Note: A **valid email address is required** to complete the form and verify your submission
- Online system at MAhealthconnector.org for members younger than 64, or
- Forms available at [MassHealth Member Forms](#)



MassHealth | **MASSACHUSETTS HEALTH CONNECTOR** | **Report a Change Form**

Use this form to tell MassHealth if anything in your life has changed. We need this information to continue your health care. If you got married, moved to a new place, or had any other changes, please let us know. The Head of Household (the person who signed the MassHealth application) must fill out this form, even if someone else is reporting the changes. Please complete Section 1 and all sections that apply to you, so we can change your record.

Online form
When you start filling out the online form, you will need to finish it all at once. The tool will not let you save the form to continue filling it out later.
You will need an email address if you choose to fill the form out online. Your email address will be sent to MassHealth but will not be kept on file.
Fill out each section that applies to you and press Submit at the end.

Paper copy
Fill out Section 1 and each section that applies to you and then mail or fax the form to the Health Insurance Processing Center at:
Health Insurance Processing Center
PO Box 4405 or Fax to: (857) 323-8300
Taunton, MA 02780

Section 1: Personal information
Your name: * _____
Medicaid Identification (ID). If you don't have a Medicaid ID, add your Social security number (SSN) here: * _____
Date of birth: * _____ Email: _____
Head of Household (the person who signed the MassHealth application): * _____

Section 2: Household Change of address
Address, phone, or email change: Unhoused. If you are unhoused, we still need an address for you.

MEDICARE SAVINGS PROGRAM: QUALIFIED MEDICARE BENEFICIARIES (QMB)

Medicare Savings Program (MSP)



The **Medicare Savings Program** (also known as MassHealth Buy-In) helps pay some of the out-of-pocket costs of Medicare. The MSP programs can also help get Medicare Part B for members who only have Medicare Part A. If members are in an MSP program, they will also be automatically enrolled in the Medicare Part D Extra Help program, which can help with pharmacy costs

Programs:

Qualified Medicare Beneficiaries (QMB) (formerly MassHealth Senior Buy-In)

May pay for Part B Medicare premiums (and for Part A premiums for those who have one) and for the deductibles and coinsurance under Part A and Part B

Specified Low Income Medicare Beneficiaries (SLMB)

Helps pay for Part B premiums (must have both Part A and B to qualify)

Qualifying Individuals (QI-1)

Helps pay for Part B premiums (must have both Part A and B to qualify)

MSP Renewal

- MSP members who applied with a Medicare Savings Programs Application (MHBI) will be renewed starting January 29, 2024
 - Members selected will receive a newly created renewal form, Renewal Application for the Medicare Savings Programs (MHBI-R), and cover letter
 - Option to submit renewal via E-submission
 - Cover letter will have the E-submission URL and reference number

Renewal for Assistance with Medicare Costs Medicare Savings Programs

This renewal application is to see if you are still eligible for help paying your Medicare Part B premiums, Medicare Part A premiums or Part A or B copays or deductibles.

What may be covered depends on your and your spouse's (if you are married) income and assets.

If you are still eligible for the Medicare Savings Program, you will also receive a Renewal Application for the Medicare Savings Programs (MHBI-R), and cover letter for the prescription drug program.

You can use this renewal application to apply for Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that provides food assistance to eligible individuals each month. If you are currently receiving SNAP, you are responsible for reporting your SNAP status on page 1 of the application. Your application will be reviewed by the Department of Transportation. You do not have to apply for SNAP separately. You are considered for the Medicare Savings Program.

How much can I have in income and assets?

Asset limits change each year on January 1.

There are some types of assets that MassHealth will count and some types we will not count. Examples of countable assets are bank accounts, securities, investments, a second car, and cash. Countable and noncountable assets are described in 130 CMR 520.007.

IMPORTANT—ACTION NEEDED

A Notice about Your Medicare Savings Program (MSP) Eligibility

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services | www.mass.gov/masshealth

EDMC PO Box 4405 Taunton, MA 02780-0968

Date: [DATE]
 SSN: [XXXXXXXXXX]
 PrId: [XXXXXXXX]
 NUM: [XXXXXXXXXX] type: MSP ANNUAL
 Medicaid ID: [XXXXXXXXXXXX]
 Reference number: [XXXXXXXXXX]

Attn: [FIRST NAME]
 Re: Notice sent to [LAST NAME, FIRST NAME] (review form not enclosed)

MassHealth needs to check whether you and your spouse (if you are married) still qualify for a Medicare Savings Program. A Renewal Application for Medicare Savings Programs is included with this notice. Fill out the form and send it back to us right away with as much information as you have.

Send back the filled-out, signed renewal form by [DATE]. If you do not send it back by the due date, your Medicare Savings Program benefits may end.

Instructions for completing the Renewal Application for Medicare Savings Program

1. Sign and date the renewal form.
2. Attach proof of citizenship/national status and identity for every family member who is a U.S. citizen/national. You do not have to do this if
 - you have given us this proof before; or
 - you receive Social Security or SSI income.
3. Fill out the MassHealth Authorized Representative Designation (ARD) Form if you want someone to act on your behalf as your authorized representative. If you have an authorized representative, we will send all eligibility notices to them as well as to your head of household. To get the ARD Form, call us at (800) 841-2900, TDD/TTY: 711, or go to <https://www.mass.gov/lists/hipaa-forms-for-masshealth-members>.
4. Send back the filled-out renewal form right away. We will only send you a letter if we need more information or if your current benefits change.

Illegal Billing of Qualified Medicare Beneficiary Members (slide 1 of 2)



- Formerly known as MassHealth Senior Buy-In, the Medicare Savings QMB program pays Medicare Part A and B premiums, deductibles, copays, and coinsurance. This protects individuals in the QMB program from cost sharing for Medicare covered services or items
- **Under federal law, it is illegal for Medicare providers and suppliers—even those that do not accept Medicaid (MassHealth)—to bill Qualified Medicare Beneficiary (QMB) beneficiaries for Medicare cost sharing for any Medicare Part A and B covered services**
- The Centers for Medicare & Medicaid Services (CMS) advises providers and suppliers to establish processes to routinely identify the QMB status of their patients before billing, including those enrolled in Original Medicare and Medicare Advantage plans. See [cms.gov/outreach-and-education/outreach/npc/downloads/2018-06-06-qmb-call-faqs.pdf](https://www.cms.gov/outreach-and-education/outreach/npc/downloads/2018-06-06-qmb-call-faqs.pdf)

Illegal Billing of Qualified Medicare Beneficiary Members (slide 2 of 2)



- **CMS also says that providers and suppliers that have mistakenly billed a person who is enrolled in the QMB program must recall the charges (including referrals to collection agencies) and refund the charges paid**
- Providers who violate these requirements may be subject to state or federal prosecution, including by the Massachusetts Attorney General and the U.S. Attorney
- QMB program billing protections apply regardless of whether a person is enrolled in Medicare fee-for-service or a Medicare Advantage Plan

Billing MassHealth

- Providers who serve QMB beneficiaries are responsible for billing the state MassHealth for any Medicare cost sharing amounts the state is responsible for covering
- Providers should check the eligibility verification system (EVS), the Medicare Provider Remittance Advice, and other sources for MSP eligibility, to determine whether a patient had MSP on the date a service was provided
- For more information, go to the [All Provider Bulletin 386: MassHealth Medicare Savings Program](#)

APPLY FOR SNAP THROUGH MASSHEALTH CHECK BOX

SNAP Outreach Unit,
Department of Transitional Assistance

How to Apply for SNAP Benefits through MassHealth Application



- Applicants and members can begin their apply for SNAP benefit by checking the SNAP check box on either their application
- If the box is checked, MassHealth will send the application to the Department of Transitional Assistance (DTA)

Massachusetts Application for Health and Dental Coverage and Help Paying Costs



Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month.

- Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on pages 23-25 and sign on page 26 to proceed with the application.

If you are applying for or getting long-term-care services at home under a Home- and Community-Based Services Waiver, or if you are in a nursing home or chronic hospital, please select which program. We will need more information and will contact you for additional processing

- Long-Term Care and/or
- Home- and Community-Based Services Waiver

Application for Health Coverage for Seniors and People Needing Long-Term-Care Services



Please Print Clearly. Be sure to answer all questions. Fill out all parts of the application, along with all supplements that apply. If you need more space, attach a separate piece of paper to the application. Put Person 1's name and social security number at the top of any attached paper. For each member in your household, please put the name(s) of the individual(s) under the program or programs they want to apply for. Please see the Senior Guide to learn more about coverage under these programs.

Please list the names of everyone who is applying for health coverage on this application.

MassHealth or the Health Safety Net (HSN)

(If living at home, or in a rest home, an assisted living facility, a continuing care retirement community, or life care community, fill out this application and any supplements that apply to you or any household member.) MassHealth will check if anyone applying for health coverage on this application is eligible for MassHealth or the HSN.

You: _____

Spouse: _____

Long-Term Care and/or

Home- and Community-Based Services Waiver

(If applying for or getting long-term-care services at home under an HCBS Waiver, or in a nursing home or chronic hospital, fill out this application and any supplements that apply to you or any household member, including all or part of the Long-Term-Care Supplement.)

You: _____

Spouse: _____

Health Connector Programs

Health coverage through the Massachusetts Health Connector is not MassHealth. If you have Medicare, you will not be eligible for any cost sharing or Advance Premium Tax Credits, and you cannot purchase a plan through the Health Connector, unless you were enrolled in a Health Connector plan when you became eligible for Medicare. The only time you should apply for Health Connector programs if you have Medicare is if you are not enrolled in Medicare yet but would have to pay for your Medicare Part A premium. In this case, you may be eligible for a Health Connector plan.

You: _____

Spouse: _____

NOTE: PACE – Program of All-inclusive Care for the Elderly

Some MassHealth members may be eligible to enroll in the Program of All-Inclusive Care for the Elderly (PACE), which provides members access to a wide range of medical, social, recreational, and wellness services through a center-based model. See page 10 of the Senior Guide for more information.

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month.

- Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on pages 18-23 and sign on page 24 to proceed with the application.



Medicare Savings Programs Application for people who are eligible for Medicare

Commonwealth of Massachusetts
EDHHS
www.mass.gov/masshealth

Who can use this application?

Individuals of any age who are receiving Medicare and are only seeking help with payment of their Medicare premiums and cost sharing. If you want to apply for other MassHealth benefits, or for assistance with Medicare costs, you can call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711 for people who are deaf or hard of hearing or have a speech disability, to ask for a different application. Or you can download the appropriate application at www.mass.gov/lists/applications-to-become-a-masshealth-member.

SNAP

SNAP is a federal program that helps you buy healthy food each month.

- Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on pages 3 through 7 and sign on page 2 to proceed with the application.

General Information

Who is applying? you you and your spouse

What is SNAP?



The Supplemental Nutritional Assistance Program (SNAP) can help clients expand their healthy food budget and explore opportunities to support their well being and education and employment goals.

SNAP benefits include:

- Monthly funds on an EBT card to buy food
- \$40, \$60 or \$80 a month put back on your EBT card when you use SNAP to buy local produce via the Healthy Incentives Program (HIP)
- SNAP Path to Work free education and training opportunities
- Free nutrition education classes and resources
- Connections to other kinds of help, like utility discounts, free school meals and discounted admissions to many Commonwealth museums and cultural institutions via EBT Card to Culture

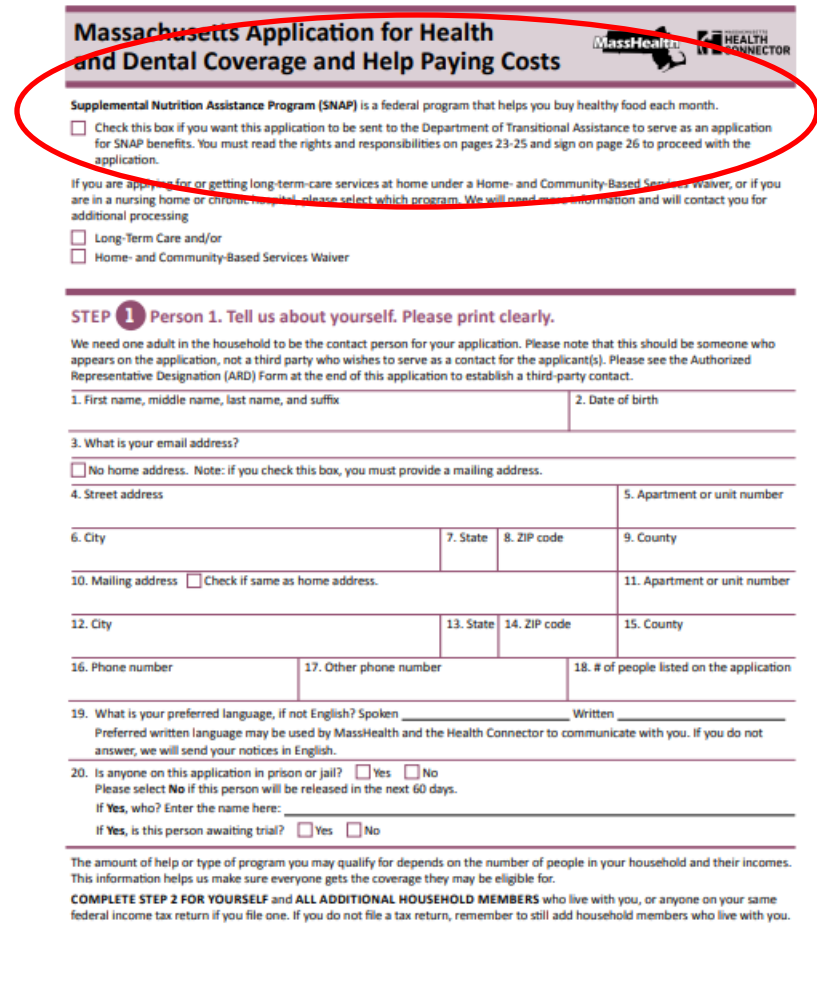
Sample Script

- Hi, my name is Kate, I'm here to help you with your MassHealth application. To get started, I also wanted to check and see if you want to apply for SNAP, formerly known as the food stamp program
- Response: Yes, I would like to apply for SNAP
- Kate: Okay, great, I'm going to check off the box at the beginning of the MassHealth application, then we'll go over your rights and responsibilities for SNAP at the end of this application. Once I submit your application, you can expect a call from the Department of Transitional Assistance (DTA) within 1-2 days. DTA is the state agency that runs SNAP. DTA will call you to complete an interview. If they don't reach you with the cold call, they will schedule a time for an interview, and you will receive a notice in the mail with the date and time. You may have to submit some verifications, such as pay stubs or medical expenses. Once you have completed the phone interview and submitted any mandatory verifications, DTA will make a determination, typically within 30-60 days. DTA will send your EBT card in the mail. Do you have any questions?

SNAP Application

- The client's SNAP will start from the date DTA receives the MassHealth application
- MassHealth data that is shared with DTA*:
 - Name
 - Gender
 - DOB
 - SSN
 - Address
 - Phone number
 - Race & Ethnicity
 - Language
 - Household size

*Not a comprehensive list



Massachusetts Application for Health and Dental Coverage and Help Paying Costs

Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month.

Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on pages 23-25 and sign on page 26 to proceed with the application.

If you are applying for or getting long-term-care services at home under a Home- and Community-Based Services Waiver, or if you are in a nursing home or chronic care unit, please select which program. We will need this information and will contact you for additional processing.

Long-Term Care and/or
 Home- and Community-Based Services Waiver

STEP 1 Person 1. Tell us about yourself. Please print clearly.

We need one adult in the household to be the contact person for your application. Please note that this should be someone who appears on the application, not a third party who wishes to serve as a contact for the applicant(s). Please see the Authorized Representative Designation (ARD) Form at the end of this application to establish a third-party contact.

1. First name, middle name, last name, and suffix _____ 2. Date of birth _____

3. What is your email address?
 No home address. Note: if you check this box, you must provide a mailing address.

4. Street address _____ 5. Apartment or unit number _____

6. City _____ 7. State _____ 8. ZIP code _____ 9. County _____

10. Mailing address Check if same as home address. _____ 11. Apartment or unit number _____

12. City _____ 13. State _____ 14. ZIP code _____ 15. County _____

16. Phone number _____ 17. Other phone number _____ 18. # of people listed on the application _____

19. What is your preferred language, if not English? Spoken _____ Written _____
 Preferred written language may be used by MassHealth and the Health Connector to communicate with you. If you do not answer, we will send your notices in English.

20. Is anyone on this application in prison or jail? Yes No
 Please select **No** if this person will be released in the next 60 days.
 If **Yes**, who? Enter the name here: _____
 If **Yes**, is this person awaiting trial? Yes No

The amount of help or type of program you may qualify for depends on the number of people in your household and their incomes. This information helps us make sure everyone gets the coverage they may be eligible for.

COMPLETE STEP 2 FOR YOURSELF and ALL ADDITIONAL HOUSEHOLD MEMBERS who live with you, or anyone on your same federal income tax return if you file one. If you do not file a tax return, remember to still add household members who live with you.

SNAP Check Box

To avoid submitting a duplicate SNAP application:

- Ask your client “do you receive SNAP (Supplemental Nutrition Assistance Program) formerly known as Food Stamps?”
- If they are not sure:
 - Ask if they have an EBT card, they can call the number on the back of the card to see if it is active, and if there is a balance
 - They may need to re-pin the card, to assist: [mass.gov/info-details/steps-to-re-pin-your-ebt-card](https://www.mass.gov/info-details/steps-to-re-pin-your-ebt-card)
- Applications submitted online should show up in our Beacon system next day
- Paper applications may take 1-2 days to show up in Beacon

SNAP Application: Next Steps



DTA worker receives MH SNAP application



Worker will make 3 cold calls to client to complete interview



If client is unavailable, worker will schedule an interview and send out interview request notice



Once interview is completed, a request for verifications (VC-1) is sent to the client



Client submits verifications either through DTA Connect, fax, mail or in person



DTA worker reviews verifications, wraps up case, issues Approval or Denial Notice to client

- **Frequently requested verifications:**
 - Pay stubs
 - Medical expenses (if 60+ or disabled)
 - Proof of child support payment
 - Noncitizen status
 - Permanent Resident Card,
 - Employment Authorization Card,
 - Temporary Resident Card,
 - Arrival-Departure Record
 - or other written documentation from **USCIS**.

Additional Support: SNAP

Submitting Verifications:

Clients can submit their verifications:

Via Fax:

DTA Document Processing Center
(617) 887-8765

Mail:

- DTA Document Processing Center
PO Box 4406
Taunton, MA 02780

Online:

- Upload in DTA Connect:
mass.gov/info-details/help-using-dta-connect

For Help with their Case:

- Go to: mass.gov/info-details/snap-outreach-partners for a list of outreach partners
- Call the DTA assistance line: 877-382-2363
- Go in person to their local office:
mass.gov/orgs/departments-of-transitional-assistance/locations

Thank You!