



# MassHealth Updates

**Massachusetts Health Care Training Forum  
October 2020**

# Agenda

- MassHealth's Response to COVID-19 Operations Update
- MassHealth Family Assistance: Covered Service Expansion
- Notice of Birth Update
- Home and Community Based Service Waiver (HCBS)
- Medicare Savings Program (MSP) for Home and Community Based Service Waiver (HCBS)
- MassHealth Renewal Updates
- Reporting Income Change
- IRS Economic Impact Payments for non-filers Update
- COVID-19 Resources

# MassHealth Operations Update: Response to COVID-19

# Response to COVID-19 Health Emergency

**The Secretary of Health and Human Services, Alex Azar, extended the COVID-19 national public health emergency declaration, effective October 23, 2020. This extension is for 90 days.**

In response to COVID-19, and to support the health and safety of our members and staff:

- All MassHealth Enrollment Centers (MECs) will be closed for walk-in visitors until the federal emergency is lifted.
- The MassHealth Customer Service Center has maintained regular business hours, though wait times may vary.

# Response to COVID-19 Health Emergency

## **MassHealth will maintain coverage for individuals who have:**

- MassHealth (Medicaid/CHIP) coverage, Children's Medical Security Plan (CMSP), or Health Safety Net (HSN) as of March 18, 2020
- been newly approved during the COVID-19 public health national emergency, and through the end of the month in which such national emergency period ends

## **Individuals will not lose coverage or have a decrease in benefits during the public health national emergency. Coverage will end only if an individual:**

- requests termination of eligibility
- is no longer a resident of Massachusetts
- is deceased

[MassHealth Eligibility Flexibilities for COVID-19](#)

# MassHealth Family Assistance: Covered Service Expansions

# Current Eligibility Summary



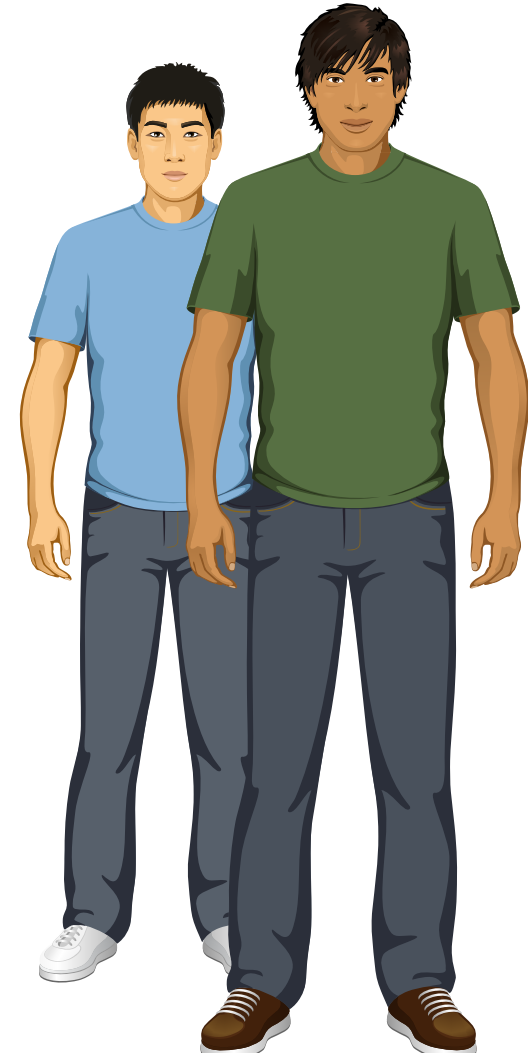
## Member Categories

Children and Young Adults

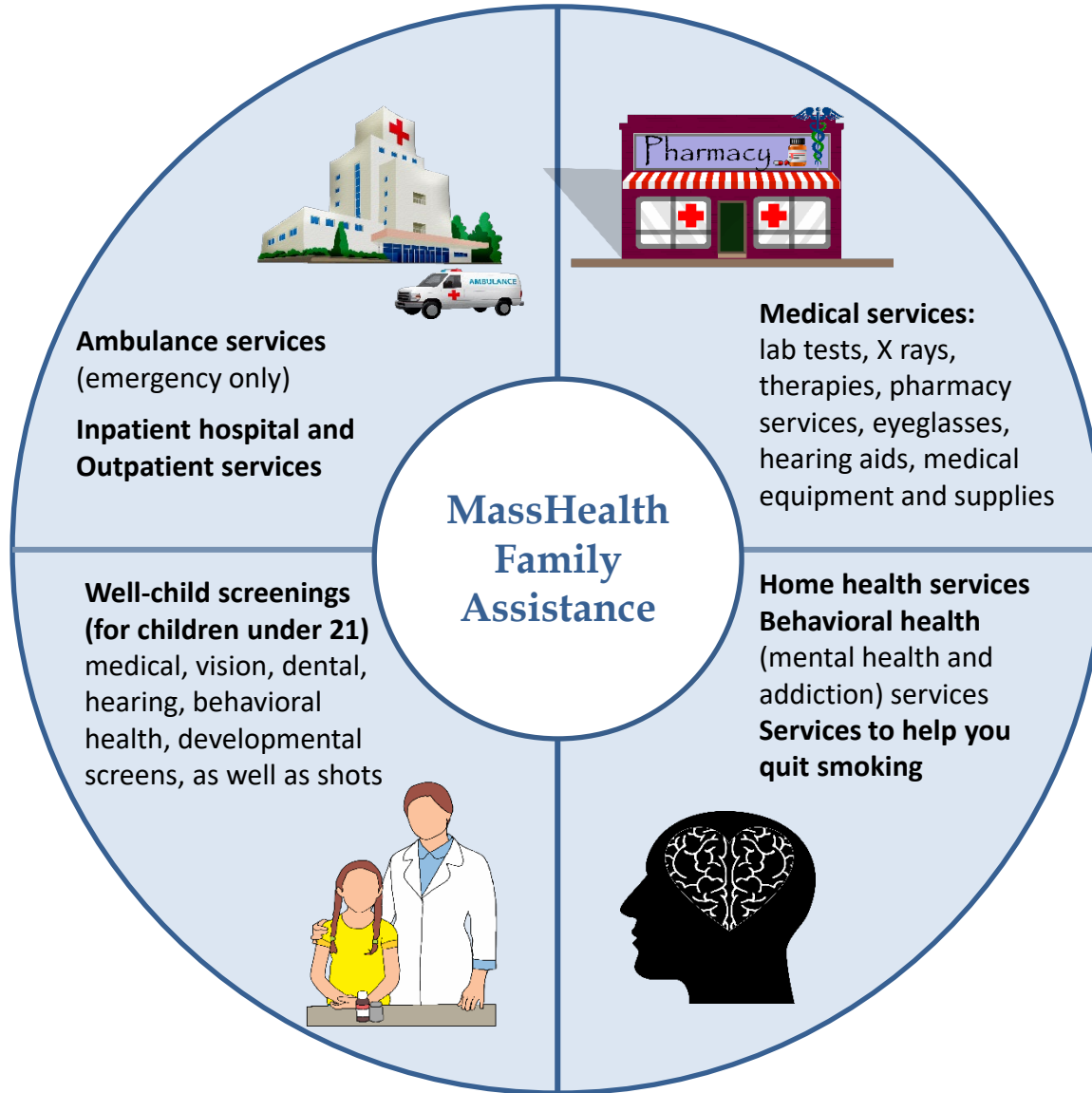
Adults

HIV Positive Adults

Disabled Adults



# Current Covered Services





# Covered Services Expansion

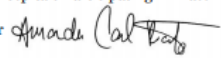
The Executive Office of Health and Human Services (EOHHS) is expanding MassHealth Family Assistance coverage for chronic disease and rehabilitation hospital (CDRH) services.

Effective July 10, 2020 and applies to all MassHealth CDRH for dates of service beginning March 11, 2020.



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

MassHealth  
Chronic Disease and Rehabilitation  
Inpatient Hospital Bulletin 90  
July 2020

**TO:** Chronic Disease and Rehabilitation Inpatient Hospitals Participating in MassHealth  
**FROM:** Amanda Cassel Kraft, Acting Medicaid Director   
**RE:** Family Assistance Coverage Expansion for MassHealth Chronic Disease and Rehabilitation Hospitals

#### Background

The Executive Office of Health and Human Services (EOHHS) is expanding MassHealth Family Assistance coverage for chronic disease and rehabilitation hospital (CDRH) services.

This bulletin is effective July 10, 2020, and applies to all MassHealth CDRH providers for dates of service beginning March 11, 2020.

#### Changes to MassHealth Family Assistance Coverage

For dates of service beginning March 11, 2020, and notwithstanding 130 CMR 435.418: *Service Limitations*, the MassHealth Family Assistance benefit will include coverage of chronic disease and rehabilitation inpatient services up to a maximum of 100 days per admission to a CDRH for MassHealth Family Assistance members.

Under this coverage, if after admission to a CDRH, a member with MassHealth Family Assistance coverage is discharged or transferred to any other setting and does not return to a CDRH for more than 30 days, EOHHS will consider a subsequent admission to a CDRH to be a separate admission, and the 100 days of CDRH coverage will begin from the first date of the subsequent admission. However, if after admission to a CDRH, a member is discharged or transferred to any other setting, but returns to a CDRH within 30 days, EOHHS will consider the return to the CDRH a continuation of the initial CDRH admission, and the 100 days of CDRH coverage will begin from the date of initial admission to the CDRH.

MassHealth members with Family Assistance coverage must receive the necessary level of care and pre-admission screenings applicable to all CDRH admissions, including but not limited to, 130 CMR 435.408: *Screening Program for Chronic Disease and Rehabilitation Hospitals*, 130 CMR 435.409: *Level-of-Care for Members in Chronic Disease and Massachusetts Department of Public Health Hospitals*, and 130 CMR 435.410: *Level-of-Care for Rehabilitation Hospitals*.

CDRHs must meet all other federal and state statutory and regulatory requirements, including but not limited to requirements for admission, provision of services, residents' rights, and discharge notice and planning requirements, with respect to members admitted with MassHealth Family Assistance coverage.

# Covered Services Expansion

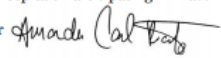
The Executive Office of Health and Human Services (EOHHS) is expanding MassHealth Family Assistance coverage for nursing facility services.

Effective July 10, 2020 and applies to all MassHealth nursing facility providers for dates of service beginning March 11, 2020.



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

MassHealth  
Chronic Disease and Rehabilitation  
Inpatient Hospital Bulletin 90  
July 2020

**TO:** Chronic Disease and Rehabilitation Inpatient Hospitals Participating in MassHealth  
**FROM:** Amanda Cassel Kraft, Acting Medicaid Director   
**RE:** Family Assistance Coverage Expansion for MassHealth Chronic Disease and Rehabilitation Hospitals

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CDRHs must meet all other federal and state statutory and regulatory requirements, including but not limited to requirements for admission, provision of services, residents' rights, and discharge notice and planning requirements, with respect to members admitted with MassHealth Family Assistance coverage.

# CDRH and Nursing Facility Operations Process



## Inpatient services for up to 100 days per admission

1. The facility needs to send both an SC-1 form that is marked short-term and is signed by a physician, along with the clinical eligibility approval form stating short-term approval, to MassHealth at: [mhpp.ops@state.ma.us](mailto:mhpp.ops@state.ma.us)
2. A CDRH/nursing facility payment segment is established in MMIS for the individual at the facility
3. The long-term care segment is closed

# CDRH and Nursing Facility Operations Process



## Inpatient services over 100 days per admission

If the 100-day short-term period expires and the member is still a patient at the facility or is no longer on a short-term stay, the following process will take place:

1. The payment segment is closed by MassHealth
2. MassHealth will send the Expiration of Short-Term Stay and Home Maintenance Needs Allowance (ST-CL) cover letter and a SACA-2 to be completed by the facility on behalf of the member. (If the member is under the age of 65, a SACA-2 form will also be sent to the nursing facility.)

# CDRH and Nursing Facility Operations Process



## Inpatient services over 100 days per admission

If the 100-day short-term period expires and the member is still a patient at the facility or is no longer on a short-term stay, the following process will take place:

3. The completed forms must be returned to MassHealth with an SC-1 form, stating that the member is transitioning from short-term to a stay of more than 100-days
4. A new level-of-care determination form is not needed
5. If this process is not completed by the nursing facility, the member will not be coded for payment

# CDRH and Nursing Facility Operations Process



## Inpatient services over 100 days per admission

If the 100-day short-term period expires and ***the member does not have a verified immigration status on file*** that would allow them to be found eligible for MassHealth Standard for long-term-care residents, the following process will happen:

1. The payment segment will close
2. MassHealth will send the member a “Benefit Expiration Notice with appeal rights” stating that the member’s verified immigration status does not allow the member to be found eligible for MassHealth Standard for long-term-care residents

# CDRH and Nursing Facility Operations Process



## Inpatient services over 100 days per admission

If the 100-day short-term period expires and ***the member does not have a verified immigration status on file*** that would allow them to be found eligible for MassHealth Standard for long-term-care residents, the following process will happen:

3. The notice will state that the member will remain in the Family Assistance benefit and that a change of circumstances affecting eligibility, including immigration status, should be reported within ten days.

# Resource



**For more information, go to:**

[MassHealth Eligibility Operations Memo:](#)

- [EOM 20-15: Permanent Family Assistance Coverage Expansion for MassHealth Chronic Disease and Rehabilitation Hospitals and Nursing Facilities](#)

[All Provider Bulletin:](#)

- [Nursing Facility Bulletin 149: Family Assistance Coverage Expansion for Nursing Facility Services](#)
- [Chronic Disease and Rehabilitation Inpatient Hospital Bulletin 90: Family Assistance Coverage Expansion for MassHealth Chronic Disease and Rehabilitation Hospitals](#)



# Home and Community Based Service Waiver (HCBSW)

# Home and Community Base Service Waiver



MassHealth works with other state agencies to administer the Home and Community Based Services Waivers (HCBSW).

Home and Community Based Services Waivers are:

Acquired Brain Injury (ABI) – Non-Residential Waiver	Acquired Brain Injury (ABI) –Residential Habilitation Waiver
Adult Supports Waiver	Children’s Autism Spectrum Disorders Waiver
Community Living waiver	Frail Elders Waiver
HCBS Waiver for Adults with an Intellectual Disability	Moving Forward Plan (renamed from Money Follows the Person) (MFP) Residential Support Waiver
Moving Forward Plan (MFP) Community Living Waiver	Traumatic Brain Injury Waiver

# Home and Community Base Service Waiver



To participate in any of the HCBS waivers individuals must be eligible for MassHealth Standard and meet **clinical and financial eligibility** requirements.

Waiver applicants and members must have countable income less than or equal to 300% FPL.

MassHealth will count the assets of the waiver applicant and the spouse but counts the income of waiver applicant only.

# Home and Community Base Service Waiver



Eligible individuals may enroll in only one HCBS waiver at a time and waiver participants are not permitted to enroll in PACE, One Care, or SCO (except for participants who are 65 years and older and enrolled in the Frail Elder Waiver).

Individuals pending a complete application review for HCBS Waivers or PACE may qualify for HSN Presumptive Determination through a qualified hospital or Community Health Center for the interim period.

# Home and Community Base Service Waiver



To apply for MassHealth through the Home and Community Based Services Waiver, only fill out the “Resource Transfers” section of the **Supplement A: Long-Term-Care form** (found in the Senior Application, SACA-2).

Mail to: MassHealth Enrollment Center  
P.O. Box 290794  
Charlestown, MA 02129-0214  
Fax to: (617) 887-8799

# Medicare Savings Program (MSP) Update: HCBSW

# Medicare Savings Programs (MSP) Update

- Medicare Savings Programs (MSP) (Phase 1) expansion implemented on January 1, 2020 included applying higher income and asset guidelines for applicants/members who are eligible for Buy-In **only**.
- Updates have been made to include approximately 3,500 individuals who participate in a Home and Community Base Service Waiver (HCBSW) and are within the new guidelines.
- Start dates will be applied **retroactively if appropriate**, please note the earliest retroactive start date is 1/1/2020. The impacted members will be re-determined, and retroactive coverage will be applied.
- Members will be notified of their enhanced benefits.

# MassHealth Renewals Update



# MassHealth Auto-Renewals

## Auto-Renewals

Certain MassHealth members meet the criteria for autorenewal and are not required to complete a renewal application.

This includes the following:

- Express Lane Renewal
- Administrative Renewal
- Members over 65



# MassHealth Auto-Renewals Updates

## **Administrative and Express Lane Review process, and reviews for members over 65 have been restarted.**

For Administrative and Express Lane reviews, a total of 11,000 families were picked up for renewal the last weeks of September 2020.

Members who meet the criteria for autorenewal will have their review dates extended by 12 months and do not need to take any action, assuming they do not have changes to report.

Members should report changes in circumstances to MassHealth.



# MassHealth Auto-Renewals Updates

**Administrative and Express Lane Review process, and reviews for members over 65 have been restarted.**

Households that qualify for auto-renewal will receive notices to inform them that they have been autorenewed and qualify for the same or richer benefits.

# MassHealth Renewals Update

## Renewals

Certain members will meet criteria for renewals

### This includes the following:

- Children 19 years old in the Children's Health Insurance Program (CHIP)
- Women who are no longer eligible due to no longer being pregnant



# MassHealth Renewals Updates

**The following populations are not subject to the COVID-19 continuous coverage requirements, and can experience a downgrade or loss of benefits:**

Children who turn 19 years old and are in Children's Health Insurance Program (CHIP): CommonHealth, and Family Assistance will be selected for review.

Depending on household composition and their FPL, these members maybe downgraded or lose benefits.



# MassHealth Renewals Updates

**The following populations are not subject to the COVID-19 continuous coverage requirements, and can experience a downgrade or loss of benefits:**

For the CommonHealth CHIP children who will be downgraded or lose benefits, some may be eligible for MassHealth Standard due to the disabled adult household composition rules.

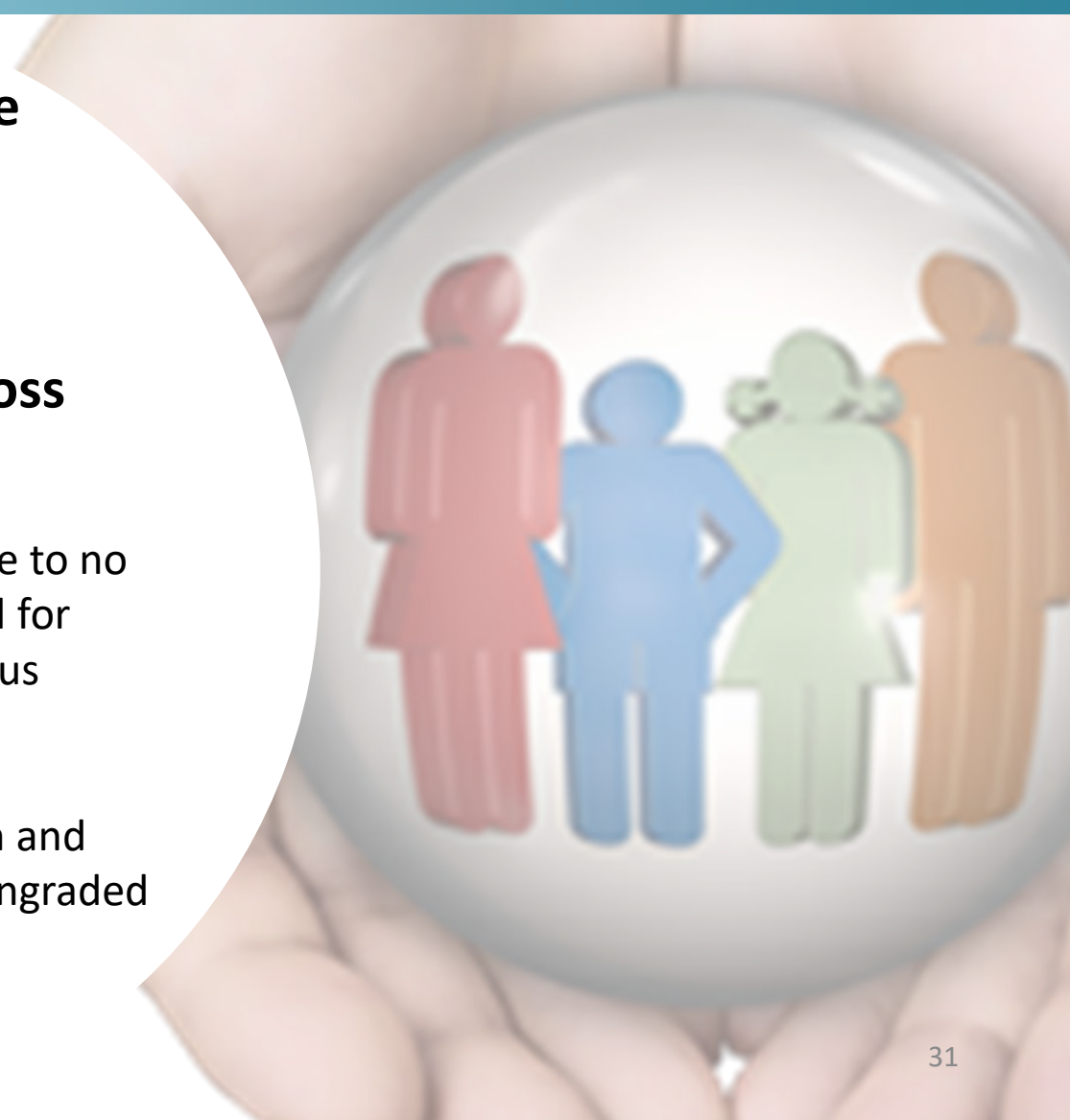


# MassHealth Renewals Updates

**The following populations are not subject to the COVID-19 continuous coverage requirements, and can experience a downgrade or loss of benefits:**

Women who are no longer eligible due to no longer being pregnant will be selected for review, and are ineligible for continuous coverage.

Depending on household composition and their FPL, these members will be downgraded or lose benefits.



REMINDER:

# Reporting Income Change



# Reporting Income Change

During the COVID-19 national emergency applicants and members may experience sudden changes in income. Members are reminded it's important to report any change in circumstance such as a job, income, or household within 10 days of the change.

In response to the economic impacts of COVID-19, the federal government started sending “recovery rebate” or “stimulus” payments to qualifying individuals and families. MassHealth or Health Connector applicants or members who receive this money **should not** enter it as income in their application.



# Reporting Income Change

During the COVID-19 national emergency applicants and members may experience sudden changes in income. Members are reminded it's important to report any change in circumstance such as a job, income, or household within 10 days of the change.

For the purpose of MassHealth eligibility, one-time recovery rebates will be treated in the same way as a tax refund, and as such, they will not impact MassHealth eligibility, either as income or assets.



# Reporting Unemployment Income

## Income from Unemployment

- Enter the current gross unemployment income (the amount before taxes are taken out) that should be available on the award letter or most recent unemployment stub.

Unemployment Income 1

How much does John Doe get?

Amount \*

\$ 632

How often does John Doe get this amount? \*

One time only ▼

Which month and year did John Doe earn this income?

Month \*      Year \*

January ▼      2019 ▼

[Add Another](#)

# FEMA Disaster Funding for Lost Wages Assistance (LWA) Benefit



Massachusetts was recently awarded FEMA disaster funding to provide enhanced unemployment benefits through the Lost Wages Assistance (LWA) program.

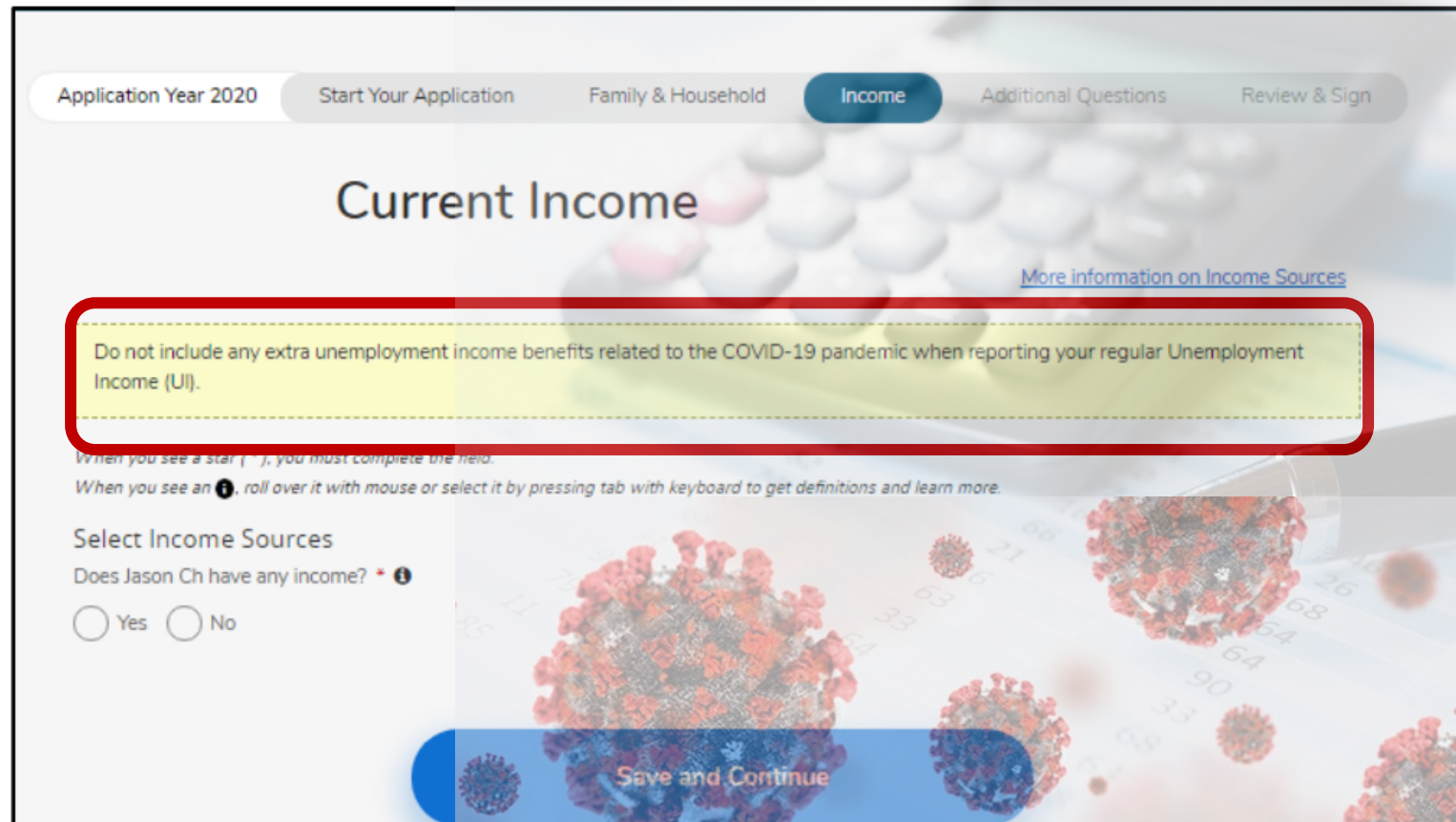
The Division of Unemployment Assistance has dispersed these funds. In summary, a \$300 supplemental benefit went to eligible claimants for the weeks ending 8/1/20 through 9/5/20.

For the purpose of eligibility, these dollars are not countable for MassHealth (under 65 or over 65) eligibility. However, this supplemental benefit amount is countable when determining projected income for the Health Connector.



# Reporting Current Income

If someone received the extra \$300 supplemental LWA benefit or the \$600 FPUC amount per week, **DO NOT** include these extra amounts when entering current unemployment income when applying or updating an application.



Application Year 2020   Start Your Application   Family & Household   **Income**   Additional Questions   Review & Sign

## Current Income

[More information on Income Sources](#)

Do not include any extra unemployment income benefits related to the COVID-19 pandemic when reporting your regular Unemployment Income (UI).

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

Select Income Sources

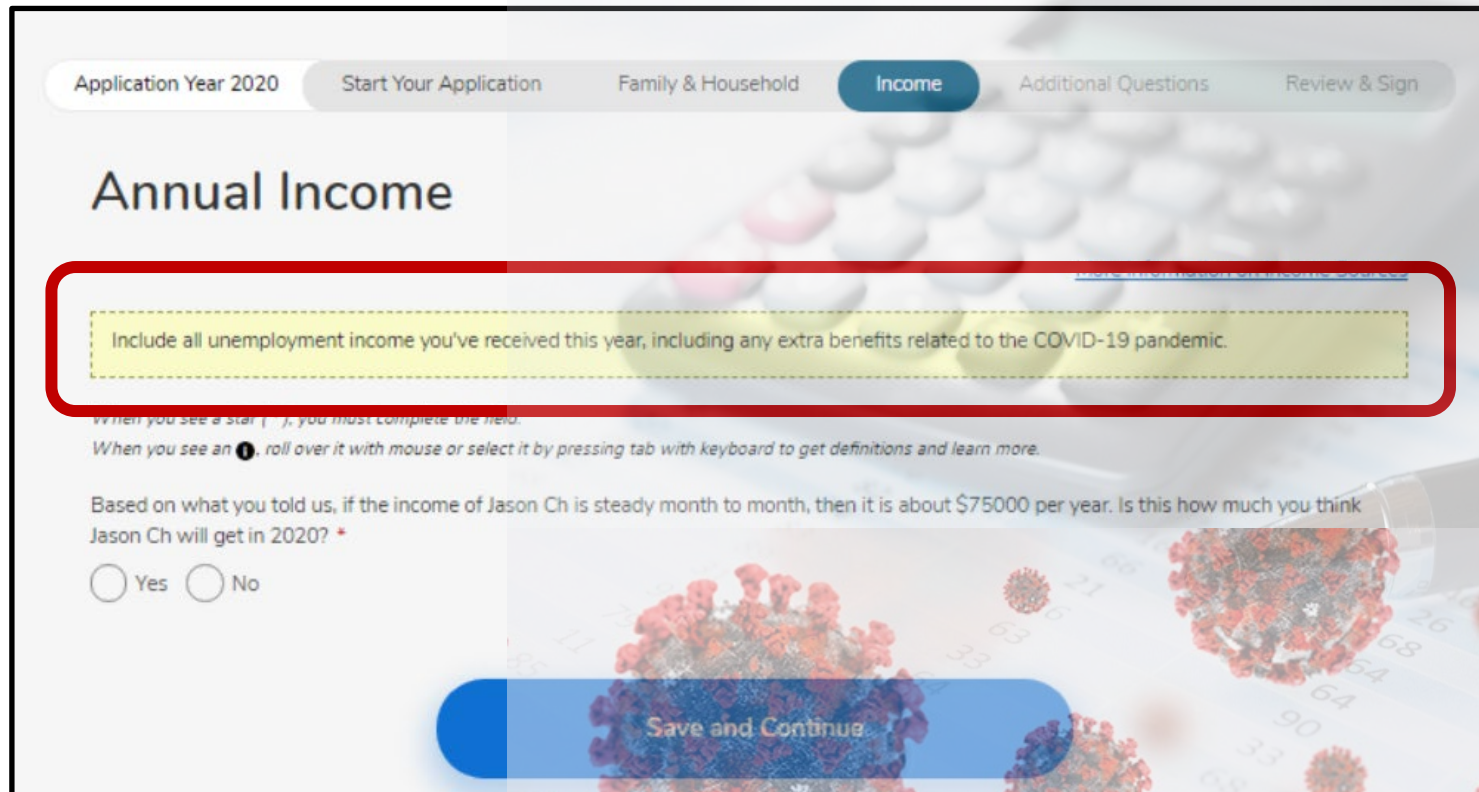
Does Jason Ch have any income? \* **i**

Yes    No

**Save and Continue**

# Reporting Annual Income

**DO** include the extra \$300 supplemental LWA benefit and the \$600 FPUC amount per week as a part of the total expected annual income for 2020 here.



Application Year 2020   Start Your Application   Family & Household   **Income**   Additional Questions   Review & Sign

## Annual Income

[Learn more about reporting income sources](#)

Include all unemployment income you've received this year, including any extra benefits related to the COVID-19 pandemic.

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.

Based on what you told us, if the income of Jason Ch is steady month to month, then it is about \$75000 per year. Is this how much you think Jason Ch will get in 2020? \*


Yes    No

**Save and Continue**

# Reporting Annual Income

## Annual Income Include:

- Money already earned this year
- All the unemployment income someone expects for the remainder of 2020, including the \$600 per week FPUC through July 25. As well as the \$300 LWA benefit for the weeks ending 8/1/20 through 9/5/20
- Any other income the member anticipates receiving later this year



Application Year 2020   Start Your Application   Family & Household   **Income**   Additional Questions   Review & Sign

## Annual Income

[More information on Income Sources](#)

*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.*

Based on what you told us, if the income of John Q Public is steady month to month, then it is about \$10919.16 per year. Is this how much you think John Q Public will get in 2020? \*

Yes    No

*Based on what you know today, how much do you think John Q Public will make in 2020?*

*List income below according to who receives it (e.g. job income). If there is any income you receive together (e.g. sale of shared property), only list it once.*

Total Yearly Amount \*

\$ 22150.00

# Key Takeaways

Type of Income	Include in Current Income?	Include in Projected Annual Income?
Unemployment extension to up to 39 weeks of benefits	Yes, regular unemployment should be reported as long as it is received.	Yes, make your best prediction about your yearly income accounting for how long you expect to receive unemployment.
\$600 unemployment “bump” (Federal Pandemic Unemployment Compensation)	No, do not include this amount in the unemployment benefits you report.	Yes! Do add the \$600 per week in when reporting expected yearly income. Someone on unemployment from early April through July 25 will earn about \$10,000 from this bump.
One-time “recovery rebate” or “stimulus payment” of \$1,200 per adult and \$500 per qualifying child	No, do not include this income.	No, do not include this income.
\$300 supplemental Lost Wages Assistance (LWA) FEMA disaster funding benefit	No, do not include this amount in the unemployment benefits you report.	Yes! Do add the \$300 per week in for the weeks of 8/1-9/5 when reporting expected yearly income.



# Reminders

- During the COVID-19 national emergency period, MassHealth is reminding members to **respond to mail they receive** from MassHealth, such as Request for Information (RFI) and Renewal forms, as soon as possible. This will ensure MassHealth has the latest information on file and that applicants and members are getting the best benefit they are eligible for.

# Reminders

**Members are reminded to submit changes in circumstance to MassHealth within 10 days of the change by:**



MAhealthconnector.org: For individuals under 65, account holders, can submit a change using the Report a Change option.



Health Insurance Processing Center  
P.O. Box 4405  
Taunton, MA 02780



1-857-323-8300



1-800-841-2900 (TTY: 1-800-497-4648) Monday-Friday  
8:00 am - 5:00 pm

# Scenario

James was furloughed 2 days a week from his job starting on April 4<sup>th</sup>. Then, his company laid him off in August and he lost access to his health insurance. He applied for unemployment benefits and also received the “recovery rebate” and the FEMA disaster fund. At the end of August, he applied for health care coverage through [MAhealthconnector.org](http://MAhealthconnector.org).

# Notice of Birth (NOB) Update

# Notice of Birth Form

**Coming January 1, 2021!**

MassHealth's Notice of Birth (NOB) form **will now** include fields for MassHealth health plan and PCP voluntary selection.

**Assignment of all newborns to Fee for Service (FFS) when a voluntary managed care plan selection is not made on the NOB.**

In cases where the family has not made a health plan selection on the NOB form:

- The newborn will be placed into FFS coverage for 14-days once MassHealth eligibility has been established.
- The family can voluntarily enroll the newborn in a plan sooner than 14-days by visiting [MassHealthchoices.com](http://MassHealthchoices.com) or calling MassHealth Customer Services.

**MassHealth**  
Commonwealth of Massachusetts  
COHHS • www.mass.gov/masshealth

**EDM COVER SHEET**

**MASSACHUSETTS HEALTH CONNECTOR**

### NOTIFICATION OF BIRTH

**Instructions:**

- Complete form and print it out.
- **Sign form and fax it to (617) 887-8777.**
- Fields explained on back of form.

**Purpose of Notification of Birth (NOB-1) Form**

- Process MassHealth eligibility for newborns
- Enroll a newborn into a health plan
- Provide hospitals with a way to receive a newborn member ID to submit claims

**Section I: Mother's Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ MassHealth Member ID: \_\_\_\_\_

Primary/Commercial Insurance: \_\_\_\_\_ Connector/Care  Yes  No

Policy Holder or Guardian: \_\_\_\_\_ Relationship to Newborn: \_\_\_\_\_

**Section II: Child's Information** – Please Note: You **must** include the child's name (Last, First, and Middle), Date of Birth, and Gender. Please list additional children on a separate sheet.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F PCP (eg: Jane F. Doe): \_\_\_\_\_  
Street: \_\_\_\_\_

Health Plan: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F PCP (eg: Jane F. Doe): \_\_\_\_\_  
Street: \_\_\_\_\_

Health Plan: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please avoid using "BABY GIRL" or "BABY BOY" as a substitute for the newborn's name, and use these terms only as a last resort. If you enter "BABY GIRL" or "BABY BOY" on this form, it will take MassHealth longer to process it.

Has an application for the child's social security number been made through the hospital?  Yes  No

I certify that the above-named child was born to the mother listed above.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_

NOB-1 (Rev. 05/20)

# Notice of Birth Form

**Assignment of all newborns to Fee for Service (FFS) when a voluntary managed care plan selection is not made on the NOB.**

In cases where the family has not made a health plan selection on the NOB form:

- If the family does not voluntarily enroll the newborn in a plan after 14-days, MassHealth will automatically assign the newborn into a managed care plan as their next-youngest sibling, if present **OR** a health plan in their geographic area.

**MassHealth**  
Commonwealth of Massachusetts  
CONTACT: www.mass.gov/masshealth

**EDM COVER SHEET**

**MASSACHUSETTS HEALTH CONNECTOR**

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- Process MassHealth eligibility for newborns
- Enroll a newborn into a health plan
- Provide hospitals with a way to receive a newborn member ID to submit claims

Hospital Name  
Hospital Address  
Contact Name  
Phone

**Section I: Mother's Information**

Last Name First Name  
Address  
Date of Birth Phone MassHealth Member ID  
Primary/Commercial Insurance Connector/Care  Yes  No  
Policy Holder or Guardian Relationship to Newborn

**Section II: Child's Information** – Please Note: You **must** include the child's name (Last, First, and Middle), Date of Birth, and Gender. Please list additional children on a separate sheet.

Last Name First Name Middle Name  
Date of Birth Gender  M  F PCP (eg: Jane F. Doe)  
Health Plan Street City State Zip Phone  
Last Name First Name Middle Name  
Date of Birth Gender  M  F PCP (eg: Jane F. Doe)  
Health Plan Street City State Zip Phone

Please avoid using "BABY GIRL" or "BABY BOY" as a substitute for the newborn's name, and use these terms only as a last resort. If you enter "BABY GIRL" or "BABY BOY" on this form, it will take MassHealth longer to process it.

Has an application for the child's social security number been made through the hospital?  Yes  No

I certify that the above-named child was born to the mother listed above.  
Signature Title  
Date

NOB-1 (Rev. 05/20)

# MassHealth Electronic Notification of Birth (MeNOB) Application



## MassHealth Electronic Notification of Birth (MeNOB) Application

Hospital facilities interested in submitting NOBs electronically should contact Sam Evans at [samuel.evans@mass.gov](mailto:samuel.evans@mass.gov) for more information.

# **IRS Economic Impact Payments for Non-Filers Update**



# IRS Economic Impact Payments For Non-Filers Update



A screenshot of the IRS Free File website's "Non-Filers: Enter Payment Info" page. The page has a blue header with the title "Non-Filers: Enter Payment Info". Below the header is the "freefile" logo and the slogan "IT'S FAST. IT'S SAFE. IT'S FREE." followed by the text "This is a Free File Fillable Forms product." The main content area is white with a blue border. It features a heading: "If you don't usually file a tax return, submit your information here to get the Economic Impact Payment". Below this is a paragraph explaining that if you receive veterans disability compensation, a pension, or survivor benefits from the Department of Veterans Affairs, or your income level does not require you to file a tax return, then you need to submit information to the IRS. It then says "Complete this free online form" and lists instructions. A "Do NOT continue here if:" section lists four conditions: 1. You have already filed a 2019 federal income tax return. 2. Your 2019 gross income exceeded \$12,200 (\$24,400 for a married couple) or other reasons require you to file a 2019 federal tax return. 3. You were married at the end of 2019 and are not submitting information here with your spouse. 4. You were not a U.S. citizen, permanent resident or qualifying resident alien in 2019. At the bottom of the main content area is a large blue "Get Started" button. The footer contains links for "Terms of Service" and "Privacy Statement", a TRUSTe Certified Privacy logo, and a Security Certification logo with the text "Security Certification has been performed by C-Level Security".

**Low-income people and others who aren't required to file a tax return.**

**UPDATE:** Need to [register](#) for a payment by **November 21, 2020**. Register by November 21, 2020 to receive payment by the end of the year.

Can easily register for a payment by using the free [Non-Filers tool](#), available only on IRS.gov. The tool will not be available after November 21.

# COVID-19 RESOURCES

# MassHealth and COVID-19: Resource for Applicants and Members



- [COVID-19 and MassHealth](#)
  - Find resources and information related to the coronavirus for MassHealth applicants, members, and providers.
- [MassHealth: COVID-19 – Applicants and Members](#)
  - Information for members on:
    - Coverage for testing and treatment for all coverage types and health plans
    - Coverage for telehealth services
    - Information about pharmacy
    - Frequently Asked Questions

# Stop the Spread

## Stop the Spread of Germs

Help prevent the spread of respiratory diseases like the flu and COVID-19:



**Wash your hands often** with soap and warm water, or use an alcohol-based hand sanitizer.



**Avoid touching** your eyes, nose and mouth.



**Clean things that are frequently touched** (like doorknobs and countertops) with household cleaning spray or wipes.



**Cover your mouth** when you cough or sneeze. Use a tissue or your inner elbow, not your hands.



**Stay home if you are sick** and avoid close contact with others.



**Think ahead** about how to take care of yourself and your loved ones. Visit [mass.gov/KnowPlanPrepare](https://www.mass.gov/KnowPlanPrepare) for preparedness tips.

The Commonwealth is launching a strategic testing program in communities across Massachusetts that have continued to see a higher number of residents testing positive for COVID-19.

The Stop the Spread program is intended to provide low barrier, free, and easy to access testing to all Massachusetts residents.

- Open to all Massachusetts residents
- Testing is not restricted to residents of the cities where sites are located
- You don't need to have any symptom(s)
- No cost to you
- Out-of-state residents are not eligible for free testing under the Stop the Spread program

# Stop the Spread Initiative

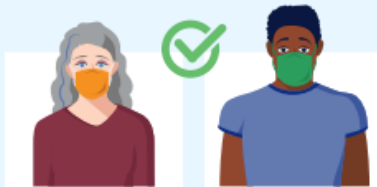
## Stop the Spread of COVID-19

### Wear a mask or face covering

Always wear a mask or face covering when you can't stay 6 feet away from others. You could have COVID-19, have no symptoms, and still infect other people. Masks can help prevent the spread of the virus. Masks protect other people.



Wash your hands before putting your mask on and after taking it off. Don't touch the front of the mask. Handle it only by the ear loops or ties.



Cover your nose and mouth with the mask. Pull the bottom down under your chin. Adjust it until it fits snugly against the sides of your face. Your mask should not restrict breathing.



Remember, your mask must cover your nose and mouth at all times.

The Baker-Polito Administration announced that the state's **"Stop the Spread"** initiative has extended free COVID-19 testing through October 31.

Testing is available in high priority communities across the Commonwealth. For more information and to find testing locations go to: <https://www.mass.gov/info-details/stop-the-spread>

For printable flyers and fact sheets: <https://www.mass.gov/info-details/covid-19-printable-fact-sheets#wear-a-mask->

# Resources for Renters, Homeowners, and Landlords



- Massachusetts recently announced a **new Eviction Diversion Initiative** to help households as the eviction moratorium in Massachusetts expires.
- There are now resources available for individuals and families struggling to make rent or mortgage payments due to COVID-19. Click [here](#) to learn more or call 2-1-1 from any phone.
- You can also download and share multilingual resources that's been created. The public information flyers are available in [English](#), [Spanish](#), [Chinese](#), [Haitian Creole](#), [Khmer](#), [Portuguese](#), [Russian](#), or [Vietnamese](#).
- There is funding available **NOW** and the earlier households apply for aid, the quicker they will receive it.



