

130 CMR 505.000: HEALTH CARE REFORM: MASSHEALTH: COVERAGE TYPES

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505.001: Introduction

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

(A) The MassHealth coverage types are the following:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance for adults or young adults who
  - (a) work for small employers;
  - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
  - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
  - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

(B) The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition*.

505.002: MassHealth Standard

(A) Overview.

- (1) 130 CMR 505.002 contains the categorical requirements and financial standards for MassHealth Standard serving children, young adults, parents, caretaker relatives, pregnant women, disabled individuals, certain individuals with breast or cervical cancer, certain individuals who are HIV positive, independent foster-care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F).
- (2) Persons who receive Supplemental Security Income (SSI) benefits from the Social Security Administration (SSA) are eligible for MassHealth Standard.
- (3) Persons who receive Transitional Aid to Families with Dependent Children (TAFDC) cash assistance from the Department of Transitional Assistance (DTA) are eligible for MassHealth Standard.

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(4) Children, young adults, and parents and caretaker relatives who receive Emergency Aid to the Elderly, Disabled and Children (EAEDC) cash assistance are eligible for MassHealth Standard if they meet the citizenship and immigration requirements described at 130 CMR 504.002: *U.S. Citizens* and 504.003(A)(1): *Qualified Noncitizens*, (2): *Qualified Noncitizens Barred*, and (3): *Nonqualified Individuals Lawfully Present*.

(5) Persons who do not otherwise meet the requirements of 130 CMR 505.002, but who meet the AFDC rules that were in effect on July 16, 1996, are eligible for MassHealth Standard.

(6) Persons eligible for MassHealth Standard coverage are eligible for medical benefits as described at 130 CMR 450.105(A): *MassHealth Standard* and 508.000: *Health Care Reform: MassHealth: Managed Care Requirements*.

(B) Eligibility Requirements for Children and Young Adults. Children and young adults may establish eligibility for Standard coverage subject to the requirements described in 130 CMR 505.002(B).

(1) Children Younger than One Year Old.

(a) A child younger than one year old born to a woman who was not receiving MassHealth Standard on the date of the child's birth is eligible if

1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 200% of the federal poverty level (FPL) and
2. the child is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as described in 130 CMR 504.003(A).

(b) A child born to a woman who was receiving MassHealth on the date of the child's birth is automatically eligible for one year and is exempt from the requirement to provide verification of citizenship and identity.

(c) A child receiving MassHealth Standard who receives inpatient services on the date of his or her first birthday remains eligible until the end of the stay for which the inpatient services are furnished.

(2) Children One through 18 Years of Age.

(a) A child one through 18 years of age is eligible if

1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level; and
2. the child is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as described in 130 CMR 504.003(A).

(b) Eligibility for a child who is pregnant is determined under 130 CMR 505.002(D).

(3) Young Adults.

(a) A young adult is eligible if

1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level (FPL); and
2. the young adult is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as described in 130 CMR 504.003(A).

(b) A young adult receiving MassHealth Standard who receives inpatient services on the date of his or her 21<sup>st</sup> birthday remains eligible until the end of the stay for which the inpatient services are furnished.

(c) Eligibility for a young adult who is pregnant is determined under 130 CMR 505.002(D).

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(c) 1. the parent lives with his or her children, and assumes primary responsibility for the child's care in the case of a parent who is separated or divorced, has custody of his or her children, or has children who are absent from home to attend school; or

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2. the caretaker relative lives with children to whom he or she is related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care, if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

(D) Eligibility Requirements for Pregnant Women.

(1) A pregnant woman is eligible if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 200% of the federal poverty level (FPL); and

(b) the individual is a citizen as described in 130 CMR 504.002: *U.S. Citizens*, lawfully present immigrant, nonqualified PRUCOL, or an other noncitizen as described in 130 CMR 504.003: *Immigrants*.

(2) In determining the MassHealth MAGI household size, the unborn child or children are counted as if born and living with the mother.

(3) Eligibility, once established, continues for the duration of the pregnancy. Eligibility for postpartum care continues for 60 days following the termination of the pregnancy plus an additional period extending to the end of the month in which the 60-day period ends.

(E) Disabled Individuals.

(1) Disabled Adults. A disabled adult 21 through 64 years of age is eligible for MassHealth Standard coverage if he or she meets the following requirements:

(a) the individual is permanently and totally disabled as defined in 130 CMR 501.001: *Definition of Terms*;

(b) the modified adjusted gross income of the MassHealth Disabled Adult household as described in 130 CMR 506.002(C): *MassHealth Disabled Adult Household Composition* is less than or equal to 133% of the federal poverty level (FPL), or the individual is eligible under § 1634 of the Social Security Act (42 U.S.C. § 1383c) as a disabled adult child or as a disabled widow or widower, or is eligible under the provisions of the Pickle Amendment as described at 130 CMR 519.003: *Pickle Amendment Cases*;

(c) the individual is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(d) the individual complies with 130 CMR 505.002(M).

(2) Determination of Disability. Disability is established by

(a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);

(b) a determination of disability by the SSA; or

(c) a determination of disability by the MassHealth Disability Determination Unit (DDU).

(3) Extended MassHealth Eligibility. Disabled persons whose SSI disability assistance has been terminated and who are determined to be potentially eligible for MassHealth continue to receive MassHealth Standard until the MassHealth agency makes a determination of ineligibility.

(F) Individuals with Breast or Cervical Cancer.

(1) Eligibility Requirements. An individual with breast or cervical cancer is eligible for MassHealth Standard coverage if he or she meets all of the following requirements:

(a) the individual is younger than 65 years old;

(b) the individual has been certified by a physician to be in need of treatment for breast or cervical cancer, including precancerous conditions;

(c) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 250% of the federal poverty level (FPL);

(d) the individual is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(e) the individual does not otherwise meet the requirements for MassHealth Standard described at 130 CMR 505.002(B) through (E).

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(2) Availability of Health Insurance.

(a) Individuals with breast or cervical cancer whose MassHealth MAGI household modified adjusted gross income is greater than 133% of the federal poverty level (FPL), but does not exceed 250% of the FPL, may receive benefits described at 130 CMR 505.002(F)(1) if they meet the following requirements:

1. are uninsured; or
2. have insurance that does not provide creditable coverage. An individual is not considered to have creditable coverage when the individual is in a period of exclusion for treatment of breast and cervical cancer, has exhausted the lifetime limit on all benefits under the plan, including treatment for breast and cervical cancer, or has limited scope coverage or coverage only for specified illness; or
3. are American Indians or Alaska Natives who are provided care through a medical care program of the Indian Health Service or of a tribal organization.

(b) Individuals with breast or cervical cancer whose MassHealth MAGI household modified adjusted gross income is at or below 133% of the FPL

1. will undergo a health-insurance investigation in regards to the health insurance the individual is enrolled in as described in 130 CMR 505.002(N)(1); or
2. will not undergo an access to employer-sponsored health insurance investigation as described in 130 CMR 505.002(M)(1)(b).

(3) Premiums. Individuals who meet the requirements of 130 CMR 505.002(F) are assessed a monthly premium in accordance with 130 CMR 506.011: *MassHealth and the Children's Medical Security Plan (CMSP) Premiums.*

(4) Duration of Eligibility. Individuals meeting the requirements of 130 CMR 505.002(F) are eligible for MassHealth Standard for the duration of their cancer treatment.

(G) Eligibility Requirements for Individuals Who Are HIV Positive.

(1) Eligibility Requirements. An individual who is HIV positive is eligible for MassHealth Standard coverage if

- (a) the individual is younger than 65 years old;
- (b) the individual has verified his or her HIV positive status by providing a letter from doctor, qualifying health clinic, laboratory, or AIDS service provider or organization. The letter must indicate the individual's name and his or her HIV-positive status;
- (c) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);
- (d) the individual is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and
- (e) the individual does not meet the requirements for MassHealth Standard described at 130 CMR 505.002(B) through (E).

(2) Availability of Health Insurance. For individuals to receive benefits under 130 CMR 505.002(G) an individual

- (a) will undergo a health-insurance investigation in regards to the health insurance the individual is enrolled in as described in 130 CMR 505.002(N)(1); or
- (b) will not undergo an access to employer-sponsored health insurance investigation as described in 130 CMR 505.002(M)(1)(b).

(H) Eligibility Requirements for Former Foster-care Individuals.

(1) An individual who was in foster care under the responsibility of a state or tribe and enrolled in Medicaid coverage on his or her 18<sup>th</sup> birthday, or later date of aging out, receives MassHealth Standard coverage until

- (a) his or her 26<sup>th</sup> birthday if the individual is a citizen, as described at 130 CMR 504.002: *U.S. Citizens*, or qualified noncitizen, as described at 130 CMR 504.003(A)(1): *Qualified Noncitizens*; or
- (b) his or her 21<sup>st</sup> birthday if the individual is a qualified noncitizen barred, as described at 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, or an nonqualified individual lawfully present, as described at 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present*.

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(2) An individual who was in foster care under the responsibility of a state or tribe on his or her 18<sup>th</sup> birthday and not enrolled in Medicaid coverage receives MassHealth Standard coverage until his or her 21<sup>st</sup> birthday if the individual is a citizen, as described at 130 CMR 504.002: *U.S. Citizens*, a qualified noncitizen, as described at 130 CMR 504.003(A)(1): *Qualified Noncitizens*, a qualified noncitizen barred, as described at 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, or an nonqualified individual lawfully present, as described at 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present*.

(I) Eligibility Requirements for Department of Mental Health (DMH) Members. An individual who receives services from the Department of Mental Health, or has been determined eligible for such services and is on a waiting list, is eligible for MassHealth Standard if the individual

- (1) is younger than 65 years old;
- (2) has modified adjusted gross income of the MassHealth MAGI household of less than or equal to 133% of the federal poverty level;
- (3) is a citizen as described at CMR 504.002: *U.S. Citizens* or qualified noncitizen as described at 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and
- (4) is not otherwise eligible for MassHealth Standard.

(J) Eligibility Requirements for Individuals who Are Medically Frail. An individual who is medically frail is eligible for MassHealth Standard if the individual

- (1) is younger than 65 years old;
- (2) is medically frail as defined at 130 CMR 505.008(F);
- (3) has modified adjusted gross income of the MassHealth MAGI household of less than or equal to 133% of the federal poverty level;
- (4) is a citizen as described at 130 CMR 504.002: *U.S. Citizens* or qualified noncitizen as described at 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and
- (5) has been determined to meet the eligibility criteria for MassHealth CarePlus and has elected to receive MassHealth Standard benefits.

(K) Eligibility Requirements for Certain EAEDC Recipients.

(1) Eligibility Requirements. Individuals are eligible for Standard for certain EAEDC recipients if

- (a) the individual is:
  1. a child and is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as defined in 130 CMR 504.003(A);
  2. the individual is a young adult and is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as defined in 130 CMR 504.003(A);
  3. the individual is a parent or caretaker relative and is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as defined in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and
- (b) the individual receives EAEDC cash assistance.

(2) Eligibility End Date. Individuals whose EAEDC cash assistance terminates and who are determined to be potentially eligible for MassHealth continue to receive medical benefits under MassHealth Standard until a determination of ineligibility is made by MassHealth.

(L) Extended Eligibility.

(1) Members of an EAEDC or TAFDC household whose cash assistance terminates continue to receive four months of MassHealth Standard coverage beginning in the month the household became ineligible if they are

- (a) terminated from EAEDC or TAFDC and are determined to be potentially eligible for MassHealth; or
- (b) terminated from TAFDC because of receipt of or an increase in spousal or child support payments.

(2) Members of a TAFDC household who become ineligible for TAFDC for employment-related reasons continue to receive MassHealth Standard for a full 12-calendar-month period beginning with the date on which they became ineligible for TAFDC if

- (a) the household continues to include a child;
- (b) a parent or caretaker relative continues to be employed; and
- (c) the parent or caretaker relative complies with 130 CMR 505.002(M).

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(3) Members of a MassHealth MAGI household who receive MassHealth Standard (whether or not they receive TAFDC) and have increased earnings that raise the MassHealth MAGI household's modified adjusted gross income above 133% of the federal poverty level (FPL) continue to receive MassHealth Standard for a full 12-calendar-month period that begins with the date on which the increase occurred if

- (a) the MassHealth household continues to include a child younger than age 19 living with the parent or caretaker;
- (b) a parent or caretaker relative continues to be employed; and
- (c) the parent or caretaker relative complies with 130 CMR 505.002(M).

(4) MassHealth independently reviews the continued eligibility of the TAFDC, EAEDC, and MassHealth MAGI households at the end of the extended period described in 130 CMR 505.002(L)(1) through (3).

(5) If an individual in a MassHealth MAGI household who receives MassHealth under 130 CMR 505.002(L)(1) or (2) had income at or below 133% of the FPL during their extended period, and now has increased earnings that raise the MassHealth MAGI modified adjusted gross income above that limit, the MassHealth MAGI household is eligible for another full 12-calendar-month period that begins with the date on which the increase occurred if

- (a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;
- (b) a parent or caretaker relative continues to be employed; and
- (c) the parent or caretaker relative complies with 130 CMR 505.002(M).

(6) If a MassHealth MAGI household's modified adjusted gross income decreases to 133% of the FPL or below during its extended eligibility period, and the decrease is timely reported to MassHealth, the MassHealth MAGI household's eligibility for MassHealth Standard may be redetermined. If the MassHealth MAGI household's gross income later increases above 133% of the FPL, the MassHealth MAGI household is eligible for a new extended eligibility period.

(M) Use of Potential Health Insurance Benefits. With the exception of individuals described at 130 CMR 505.002(F), applicants and members must use potential health-insurance benefits in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than he or she would pay without access to health insurance, or if purchased by MassHealth in accordance with 130 CMR 505.002(O) or 506.012: *Premium Assistance Payments*. Members must access other health-insurance benefits and must show their private health-insurance card and their MassHealth card to providers at the time services are provided.

(N) Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Standard.

(1) With the exception of individuals described at 130 CMR 505.002(F)(2)(a), MassHealth may perform an investigation to determine if individuals receiving MassHealth Standard

- (a) have health insurance that MassHealth may help pay for; or
- (b) have access to employer-sponsored health insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay, as described at 130 CMR 506.012: *Premium Assistance Payments*.

(2) During the investigation, the individual receives MassHealth Standard fee-for-service benefits for a time-limited period while MassHealth investigates the insurance.

(a) Investigations for Individuals Who Have Health Insurance.

1. If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth Standard Premium Assistance Payments as described at 130 CMR 506.012: *Premium Assistance Payments*.

2. If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her continued eligibility for MassHealth Standard.

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(b) Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance.

1. If MassHealth determines the individual has access to employer-sponsored health insurance and the employer is contributing at least 50% of the premium cost and the insurance meets all other criteria described at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that he or she must enroll in this employer-sponsored coverage. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health-insurance plan, MassHealth provides MassHealth Standard Premium Assistance Payments as described in 130 CMR 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health-insurance plan at the request of MassHealth will result in the loss or denial of eligibility for all individuals unless the individual is under age 21 or is pregnant.

2. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the member is notified in writing of his or her continued eligibility for MassHealth Standard.

(O) Medicare Premium Payment.

(1) MassHealth also pays the following on behalf of members who meet the requirements of 130 CMR 505.002(E) and 519.005(C): *Parents and Caretaker Relatives of Children Younger than 19 years old*:

- (a) the cost of the monthly Medicare Part B premiums;
- (b) where applicable, the cost of the hospital insurance under Medicare Part A for members who are entitled to Medicare Part A; and
- (c) where applicable, for the deductibles and coinsurance under Medicare Parts A and B.

(2) The coverage described in 130 CMR 505.002(O)(1) begins on the first day of the month following the date of the MassHealth eligibility determination.

(P) Medical Coverage Date.

(1) The medical coverage date for MassHealth Standard begins on the tenth day before the date of application, if MassHealth receives all required verifications, including a completed disability supplement, within 90 days of the applicant's receipt of MassHealth's Request for Information Notice.

(2) If these required verifications listed on the Request for Information Notice are received after the 90-day period referenced in 130 CMR 505.002(P)(1), the begin date of medical coverage is ten days before the date on which the verifications were received, if such verifications are received within one year of receipt of the application.

(3) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.

505.004: MassHealth CommonHealth(A) Overview.

(1) 130 CMR 505.004 contains the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults.

(2) Persons eligible for CommonHealth coverage are eligible for medical benefits as described in 130 CMR 450.105(E): *MassHealth CommonHealth*.

(B) Disabled Working Adults. Disabled working adults must meet the following requirements:

(1) be 21 through 64 years of age (For those 65 years of age and older, *see* 130 CMR 519.012: *MassHealth CommonHealth*);

(2) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth's eligibility review;

(3) be permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001: *Definition of Terms*;

(4) be a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*;

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- (5) be ineligible for MassHealth Standard; and
  - (6) comply with 130 CMR 505.004(J).
- (C) Disabled Adults. Disabled adults must meet the following requirements:
- (1) be 21 through 64 years of age;
  - (2) be permanently and totally disabled, as defined in 130 CMR 501.001: *Definition of Terms*;
  - (3) be ineligible for MassHealth Standard;
  - (4) be a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*;
  - (5) (a) meet a one-time-only deductible in accordance with 130 CMR 506.009: *The One-time Deductible*; or  
 (b) have modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 200% of the federal poverty level (FPL) and provide verification that they are HIV positive; and
  - (6) comply with 130 CMR 505.004(J).
- (D) Disabled Working Young Adults. Disabled working young adults are eligible for CommonHealth if they meet the following requirements:
- (1) be permanently and totally disabled (except for engagement in substantial gainful activity), as defined in 130 CMR 501.001: *Definition of Terms*;
  - (2) be ineligible for MassHealth Standard;
  - (3) (a) be a citizen as described at 130 CMR 504.002: *U.S. Citizens* or qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens* and be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth eligibility review; or  
 (b) be a nonqualified PRUCOL as described in 130 CMR 504.003(C): *Nonqualified Persons Residing Under Color of Law (Nonqualified PRUCOLs)* with a modified adjusted gross income of the MassHealth Disabled Adult household income that is less than or equal to 150% of the FPL; and
  - (4) comply with 130 CMR 505.004(J).
- (E) Disabled Young Adults. Disabled young adults are eligible for CommonHealth if they meet the following requirements:
- (1) be permanently and totally disabled, as defined in 130 CMR 501.001: *Definition of Terms*;
  - (2) be ineligible for MassHealth Standard;
  - (3) (a) be a citizen as described at 130 CMR 504.002: *U.S. Citizens* or qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*, and either
    - 1. meet a one-time-only deductible in accordance with 130 CMR 506.009: *The One-time Deductible*; or
    - 2. have modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 200% of the FPL and provide verification that they are HIV positive; or
 (b) be a nonqualified PRUCOL as described in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)* with a modified adjusted gross income of the MassHealth Disabled Adult household income that is less than or equal to 150% of the FPL; and
  - (4) comply with 130 CMR 505.004(J).
- (F) Disabled 18-year-olds. Disabled 18-year-olds must meet the following requirements:
- (1) be ineligible for MassHealth Standard;
  - (2) be a citizen as described at 130 CMR 504.002: *U.S. Citizens* or lawfully present immigrant or a nonqualified PRUCOL, as described in 130 CMR 504.003: *Immigrants*, and either
    - (a) if not working, be permanently and totally disabled, as defined in 130 CMR 501.001: *Definition of Terms*; or
    - (b) if working, be permanently and totally disabled (except for engagement in substantial gainful activity), as defined in 130 CMR 501.001: *Definition of Terms*.

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(G) Disabled Children Younger than 18 Years Old. Disabled children younger than 18 years old must meet the following requirements:

- (1) be permanently and totally disabled, as defined in 130 CMR 501.001: *Definition of Terms*;
- (2) be ineligible for MassHealth Standard; and
- (3) be a citizen as described at 130 CMR 504.002: *U.S. Citizens*, lawfully present immigrant, or a nonqualified PRUCOL, as described in 130 CMR 504.003: *Immigrants*.

(H) Determination of Disability. Disability is established by:

- (1) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
- (2) a determination of disability by the SSA; or
- (3) a determination of disability by the MassHealth Disability Determination Unit (DDU).

(I) MassHealth CommonHealth Premium. Disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). No premium is assessed during a deductible period.

(J) Use of Potential Health Insurance Benefits. Individuals who meet the requirements of 130 CMR 505.004 must use potential health-insurance benefits, including Medicare, in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance if purchased by the MassHealth agency in accordance with 130 CMR 505.002(O), 505.005, and 506.012: *Premium Assistance Payments*. Members must access those other health-insurance benefits and must show their private health-insurance card and their MassHealth card to providers at the time services are provided.

(K) Access to Employer-sponsored Health Insurance and Premium-assistance Investigations for Individuals Who Are Eligible for MassHealth CommonHealth.

(1) MassHealth may perform an investigation to determine if individuals receiving MassHealth CommonHealth

- (a) have health insurance that MassHealth may help pay for; or
- (b) have access to employer-sponsored health insurance that MassHealth wants the individual to enroll and will help pay for, as described in 130 CMR 506.012: *Premium Assistance Payments*.

(2) During the investigation period, the individual receives MassHealth CommonHealth fee-for-service benefits for a time-limited period while MassHealth investigates the insurance.

(a) Investigations for Individuals Who Have Health Insurance.

1. If MassHealth determines that the health insurance that the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth CommonHealth Premium Assistance as described at 130 CMR 506.012: *Premium Assistance Payments*.

2. If MassHealth determines that the health insurance that the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her continued eligibility for MassHealth CommonHealth.

(b) Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance.

1. If MassHealth determines that the individual has access to employer-sponsored health insurance, the employer is contributing at least 50 % of the premium cost, and the insurance meets all other criteria described in 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that he or she must enroll in this employer-sponsored coverage. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health-insurance plan, MassHealth provides premium assistance payments as described in 130 CMR 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health-insurance plan at the request of MassHealth will result in the loss or denial of eligibility for all individuals unless the individual is younger than 19 years old, the individual is 19 or 20 years of age, and has household income less than or equal to 150% of the federal poverty level, or is pregnant.

505.004: continued

2. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the member is notified in writing of his or her continued eligibility for MassHealth CommonHealth.

(L) Medicare Premium Payment.

- (1) MassHealth also pays the cost of the monthly Medicare Part B premium on behalf of members who meet the requirements of 130 CMR 505.004 and who have modified adjusted gross income of the MassHealth Disabled Adult household that is less than 135% of the FPL.
- (2) The coverage described in 130 CMR 505.004(L)(1) begins on the first day of the month following the date of the MassHealth eligibility determination and may be retroactive up to three months prior to the date the application was received by MassHealth.

(M) Medical Coverage Date.

- (1) The medical coverage date for CommonHealth begins on the tenth calendar day before the date of application, if MassHealth receives all required verifications, including a completed disability supplement, within 90 days of the date the applicant's receipt of MassHealth's Request for Information Notice.
- (2) If required verifications listed on the Request for Information are received after the 90-day period referenced in 130 CMR 505.004(M)(1), the begin date of medical coverage is ten calendar days before the date on which the verifications were received, provided such verifications are received within one year of receipt of the application.
- (3) Persons described in 130 CMR 505.004(C) who have been notified by the MassHealth agency that they must meet a one-time deductible have their medical coverage date established in accordance with 130 CMR 506.009(E): *Notification of the Deductible*.
- (4) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.

(N) Extended CommonHealth Coverage. CommonHealth members (described in 130 CMR 505.004(B)) who terminate their employment, continue to be eligible for CommonHealth for up to three calendar months after termination of employment provided they continue to make timely payments of monthly premiums.

505.005: MassHealth Family Assistance

(A) Overview. 130 CMR 505.005 contains the categorical requirements and financial standards for MassHealth Family Assistance.

- (1) Children who are citizens, as defined in 130 CMR 504.002: *U.S. Citizens*, lawfully present immigrants, as defined in 130 CMR 504.003(A): *Lawfully Present Immigrants*, or nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, whose modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300% of the federal poverty level (FPL) are eligible for MassHealth Family Assistance.
- (2) Children and young adults who are nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, whose modified adjusted gross income of the MassHealth MAGI household is at or below 150% of the FPL are eligible for MassHealth Family Assistance. Children under age one who are nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing Under Color of Law (Nonqualified PRUCOLs)*, whose modified adjusted gross income of the MassHealth MAGI household is at or below 200% of the FPL, are eligible for MassHealth Family Assistance. Young adults who are nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing Under Color of Law (Nonqualified PRUCOLs)*, whose modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300% of the FPL, are eligible for MassHealth Family Assistance.
- (3) Adults who are nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, whose modified adjusted gross income of the MassHealth MAGI household is at or below 300% of the FPL are eligible for MassHealth Family Assistance.

505.005: continued

(4) HIV-positive individuals who are citizens as defined in 130 CMR 504.002: *U.S. Citizens* and qualified noncitizens as defined in 130 CMR 504.003(A)(1): *Qualified Noncitizens*, whose modified adjusted gross income of the MassHealth MAGI household is greater than 133 and less than or equal to 200% of the FPL are eligible for MassHealth Family Assistance.

(5) Disabled adults who are qualified noncitizens barred, as defined in 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, nonqualified individuals lawfully present, as defined in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present*, or nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, whose modified adjusted gross income of the MassHealth Disabled Adult household is at or below 100% of the FPL are eligible for MassHealth Family Assistance.

(6) Certain Emergency Aid to the Elderly, Disabled and Children (EAEDC) recipients are eligible for MassHealth Family Assistance.

(7) Persons eligible for MassHealth Family Assistance must obtain and maintain all available health insurance as described in 130 CMR 503.007: *Potential Sources of Health Care*.

(B) Eligibility Requirements for Children with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 150% and Less than or Equal to 300% of the Federal Poverty Level. Children younger than 19 years old are eligible for Family Assistance coverage described in 130 CMR 505.005(B) if they meet the following criteria.

(1) Eligibility Requirements. A child is eligible if

(a) the child is younger than 19 years old;

(b) the child's modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300% of the federal poverty level (FPL);

(c) the child is ineligible for MassHealth Standard or CommonHealth;

(d) the child is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as defined in 130 CMR 504.003(A), or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*;

(e) the child complies with 130 CMR 505.005(B)(2) and meets one of the following criteria:

1. the child is uninsured; or

2. the child has health insurance that meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*.

(2) Health Insurance and Access to Employer-sponsored Insurance Investigation. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance have health insurance that MassHealth can help pay for or if an individual has access to employer-sponsored insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay, as described at 130 CMR 506.012: *Premium Assistance Payments*.

(a) Investigations for Individuals Who Are Enrolled in Health Insurance. When MassHealth determines an individual should have an investigation because they are currently enrolled in health insurance, the individual will be ineligible for a MassHealth benefit until the investigation is complete.

1. MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): *Covered Services* and 506.012: *Premium Assistance Payments*.

2. If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her ineligibility for MassHealth.

(b) Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance (ESI). When MassHealth determines an individual should be investigated for potential access to ESI, the individual will receive MassHealth Family Assistance for up to a 60-day period while MassHealth investigates the potential access to ESI.

505.005: continued

1. If MassHealth determines the individual has access to employer-sponsored health insurance, the employer is contributing at least 50% of the premium cost, and the insurance meets all other criteria described at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that he or she must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: *Premium Assistance Payments*. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health-insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(G)(1): *Covered Services* and 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health-insurance plan at the request of MassHealth will result in the loss or denial of eligibility.
2. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the member is notified in writing of his or her continued eligibility for MassHealth Family Assistance as described in 130 CMR 450.105(H)(3): *Covered Services for Members Who Are Not Receiving Premium Assistance* and 508.000: *Managed Care Requirements*.

(C) Eligibility Requirements for Children and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 150% of the Federal Poverty Level. Children and young adults who are nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, are eligible for Family Assistance coverage described in 130 CMR 505.005(C) if they meet the following criteria.

- (1) Eligibility Requirements. The individual is eligible if
  - (a) the individual is younger than 19 years old and the individual's modified adjusted gross income of the MassHealth MAGI household is at or below 300% of the federal poverty level (FPL);
  - (b) the individual is a young adult and individual's modified adjusted gross income of the MassHealth MAGI household is at or below 150% of the FPL;
  - (c) the individual is ineligible for MassHealth Standard or CommonHealth;
  - (d) the individual is a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*; and
  - (e) the individual complies with 130 CMR 505.005(C)(2).
- (2) Health Insurance and Access to Employer-sponsored Insurance Investigation. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance have health insurance that MassHealth can help pay for or if an individual has access to employer-sponsored insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay, as described at 130 CMR 506.012: *Premium Assistance Payments*.
  - (a) Investigations for Individuals Who Are Enrolled in Health Insurance. When MassHealth determines an individual should have an investigation because they are currently enrolled in health insurance, the individual will receive MassHealth Family Assistance benefits for up to a 60-day time-limited period while MassHealth investigates the insurance.
    1. If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): *Covered Services* and (2): *Organ Transplants* and 506.012: *Premium Assistance Payments*.
    2. If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her continued eligibility for MassHealth Family Assistance, as described in 130 CMR 450.105(G)(3): *Managed Care Member Participation*.
  - (b) Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance (ESI). When MassHealth determines an individual should have a potential access to ESI investigation, the individual will receive MassHealth Family Assistance for up to a 60-day time-limited period while MassHealth investigates the potential access to ESI.

505.005: continued

1. If MassHealth determines the individual has access to employer-sponsored health insurance, the employer is contributing at least 50% of the premium cost, and the insurance meets all other criteria described at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that he or she must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: *Premium Assistance Payments*. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health-insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(H)(1): *Premium Assistance* and (2): *Payment of Copayments, Coinsurance, and Deductibles for Certain Children Who Receive Premium Assistance* and 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health-insurance plan at the request of MassHealth will result in the loss or denial of eligibility.

2. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the member is notified in writing of his or her continued eligibility for MassHealth Family Assistance as described in 130 CMR 450.105(G)(4): *Managed Care Participation* and 508.000: *Managed Care Requirements*.

(D) Eligibility Requirement for Adults and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 300% of the Federal Poverty Level. Individuals who are nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, are eligible for Family Assistance coverage described in 130 CMR 505.005(D) if they meet the following criteria.

(1) The individual is eligible if

(a) the individual is a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*;

(b) the individual is ineligible for MassHealth Standard or CommonHealth;

(c) the individual is uninsured;

(d) the individual does not have access to affordable Minimum Essential Coverage as defined in § 1401 of the Patient Protection and Affordable Care Act; and

(e) the individual is either

1. Younger than 21 years old with modified adjusted gross income of the MassHealth MAGI household greater than 150 and less than or equal to 300% of the federal poverty level (FPL); or

2. is 21 through 64 years of age with modified adjusted gross income of the MassHealth MAGI household at or below 300% of the FPL.

(2) Members eligible for benefits described in 130 CMR 505.005(D) receive MassHealth Family Assistance benefits described in 130 CMR 450.105(G)(4): *Managed Care Participation* and 508.000: *Managed Care Requirements*.

(E) Eligibility Requirement for HIV-positive Individuals Who Are Citizens or Qualified Noncitizens with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 133 and Less than or Equal to 200% of the Federal Poverty Level. Individuals who are HIV positive are eligible for Family Assistance coverage described in 130 CMR 505.005(E) if they meet the following criteria.

(1) The individual is eligible if

(a) the individual is younger than 65 years old;

(b) the individual is ineligible for MassHealth Standard or CommonHealth;

(c) the individual's modified adjusted gross income of the MassHealth MAGI household is greater than 133 and less than or equal to 200% of the FPL;

(d) the individual is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or qualified noncitizen, as defined in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(e) the individual has verified his or her HIV-positive status by providing a letter from a doctor, qualifying health clinic, laboratory, or AIDS service provider or organization. The letter must indicate the individual's name and his or her HIV-positive status.

505.005: continued

(2) Health Insurance Investigation. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance are enrolled in health insurance that MassHealth may help pay for, as described at 130 CMR 506.012: *Premium Assistance Payments*. When MassHealth determines an individual should have an investigation because he or she is currently enrolled in health insurance, the individual will receive MassHealth Family Assistance benefits for up to a 60-day time-limited period while MassHealth investigates the insurance.

(a) If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): *Covered Services* and (2): *Organ Transplants* and 506.012: *Premium Assistance Payments*.

(b) If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her continued eligibility for MassHealth Family Assistance, as described in 130 CMR 450.105(G)(4): *Managed Care Participation*.

(3) Unless otherwise indicated in 130 CMR 505.005(E)(2), individuals determined eligible for MassHealth Family Assistance as described in 130 CMR 505.005(E) will receive benefits as described in 130 CMR 450.105(G)(4): *Managed Care Participation* and 508.000: *Managed Care Requirements*.

(F) Eligibility Requirement for Disabled Adults Who Are Qualified Noncitizens Barred, Nonqualified Individuals Lawfully Present, and Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth Disabled Adult Household at or below 100% of the Federal Poverty Level. Individuals who are disabled adults are eligible for Family Assistance coverage described in 130 CMR 505.005(F) if they meet the following criteria.

(1) Eligibility Requirements. The individual is eligible if

(a) the individual is totally and permanently disabled as defined in 130 CMR 501.001: *Definition of Terms*;

(b) the individual is younger than 65 years old;

(c) the individual is ineligible for MassHealth Standard or CommonHealth;

(d) the individual's modified adjusted gross income of the MassHealth Disabled Adult household is at or below 100% of the FPL; and

(e) the individual is a qualified noncitizen barred as described in 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, nonqualified individual lawfully present, as defined in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present*, or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*.

(2) Determination of Disability. Disability is established by

(a) certification of legal blindness by the Massachusetts Commission of the Blind (MCB);

(b) a determination of disability by the Social Security Administration (SSA); or

(c) a determination of disability by the MassHealth Disability Determination Unit (DDU).

(3) Health Insurance and Access to Employer-sponsored Insurance Investigation. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance are enrolled in health insurance that MassHealth can help pay for or if an individual has access to employer-sponsored insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay, as described at 130 CMR 506.012: *Premium Assistance Payments*.

(a) Investigations for Individuals Who Are Enrolled in Health Insurance. When MassHealth determines an individual should have an investigation because he or she is currently enrolled in health insurance, the individual will receive MassHealth Family Assistance benefits for up to a 60-day time-limited period while MassHealth investigates the insurance.

1. If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): *Covered Services* and (2): *Organ Transplants* and 506.012: *Premium Assistance Payments*.

505.005: continued

2. If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing of his or her continued eligibility for MassHealth Family Assistance, as described in 130 CMR 450.105(G)(4): *Managed Care Participation*.

(b) Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance (ESI). When MassHealth determines an individual should be investigated for a potential access to ESI, the individual will receive MassHealth Family Assistance for up to a 60-day time-limited period while MassHealth investigates the potential access to ESI.

1. If MassHealth determines the individual has access to employer-sponsored health insurance and the employer is contributing at least 50% of the premium cost and the insurance meets all other criteria described at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that he or she must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: *Premium Assistance Payments*. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health-insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(G)(1): *Covered Services* and (2): *Organ Transplants* and 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health-insurance plan at the request of MassHealth will result in the loss or denial of eligibility.

2. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the member is notified in writing of his or her continued eligibility for MassHealth Family Assistance as described in 130 CMR 450.105(G)(4): *Managed Care Participation* and 508.000: *Managed Care Requirements*.

(G) Eligibility Requirements for Certain Emergency Aid for Elderly, Disabled and Children (EAEDC) Recipients.

(1) Eligibility Requirements. Certain EAEDC recipients are eligible for Family Assistance if

(a) the individual is

1. a child or a young adult and is a nonqualified PRUCOL as described at 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*; or

2. a parent, caretaker relative or adult 21 through 64 years of age who is a qualified noncitizen barred, as described in 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, nonqualified individual lawfully present, as defined in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present*, or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*; and

(b) the individual receives EAEDC cash assistance.

(2) Extended Eligibility. Individuals whose EAEDC cash assistance ends and who are determined to be potentially eligible for MassHealth continue to receive medical benefits under MassHealth Family Assistance until a determination of ineligibility is made by MassHealth.

(H) MassHealth Family Assistance Premiums. Individuals who meet the requirements of 130 CMR 505.005 may be assessed a premium in accordance with the premium schedule provided at 130 CMR 506.011(B)(3) through (5).

(I) MassHealth Family Assistance Coverage Begin Date.

(1) With the exception of those described at 130 CMR 505.005(B)(2)(a)1., the medical coverage date for MassHealth Family Assistance begins on the tenth day before the date of the application, if MassHealth receives all required verifications within 90 days of the applicant's receipt of MassHealth's Request for Information Notice.

505.005: continued

- (2) If the required verifications listed on the Request for Information Notice are received after the 90-day period referenced in 130 CMR 505.005(I)(1), the begin date of MassHealth Family Assistance coverage is ten days before the date on which the verifications were received, if such verifications are received within one year of receipt of the application.
- (3) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.
- (4) For those individuals eligible for MassHealth Family Assistance as described at 130 CMR 505.005(B)(2)(a)1., the begin date of the Premium Assistance is in accordance with 130 CMR 506.012(F)(1)(d).

505.006: MassHealth Limited

(A) Overview. 130 CMR 505.006 contains the categorical requirements and financial standards for MassHealth Limited coverage for children, young adults, and adults aged 21 through 64 who are parents, caretakers, adults, and disabled adults.

(B) Eligibility Requirements.

- (1) MassHealth Limited is available to the following:
  - (a) other noncitizens as described in 130 CMR 504.003(D): *Other Noncitizens* who are
    1. children younger one year old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 200% of the federal poverty level (FPL);
    2. children one through 18 years of age with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
    3. young adults 19 and 20 years of age with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150 % of the FPL;
    4. adult 21 through 64 years of age who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL; and
    5. disabled adults 21 through 64 years of age with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133% of the FPL;
  - (b) nonqualified PRUCOLs as described in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)* who are
    1. children younger than one year old with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 200% of the federal poverty level (FPL);
    2. children one through 18 years of age with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
    3. young adults 19 and 20 years of age with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 150% of the FPL;
    4. adult 21 through 64 years of age who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL; and
    5. disabled adults 21 through 64 years of age with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133% of the FPL;
  - (c) qualified noncitizens barred, as described in 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, and nonqualified individuals lawfully present, as described in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present*, who are
    1. adults, including parents and caretaker relatives, 21 through 64 years of age with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL;
    2. disabled adults 21 through 64 years of age with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133% of the FPL;
    3. parents and caretakers who are 21 through 64 years of age who are receiving EAEDC; and
    4. adults 21 through 64 years of age who are receiving EAEDC.

505.006: continued

(2) Nonqualified PRUCOLs eligible for MassHealth Limited in 130 CMR 505.006(B)(1)(b) and qualified noncitizens barred and nonqualified individuals lawfully present eligible for MassHealth Limited in 130 CMR 505.006(B)(1)(c) may also be eligible for MassHealth CommonHealth if they meet the categorical and financial requirements in 130 CMR 505.004 or MassHealth Family Assistance if they meet the categorical and financial requirements in 130 CMR 505.005.

(3) Persons eligible for Limited coverage are eligible for medical benefits as described in 130 CMR 450.105(G): *MassHealth Limited*. These individuals are eligible for medical benefits under Limited only to the extent that such benefits are not covered by their health insurance.

(C) Use of Potential Health Insurance Benefits. All individuals who meet the requirements of 130 CMR 505.006, must use potential health insurance benefits in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than he or she would pay without access to health insurance. Members must access those other health-insurance benefits and must show both their private health-insurance card and their MassHealth card to providers at the time services are provided.

(D) Medical Coverage Date.

(1) The medical coverage date for MassHealth Limited begins on the tenth day before the date of application, if MassHealth receives all required verifications, within 90 days of the applicant's receipt of MassHealth's Request for Information Notice.

(2) If these required verifications listed on the Request for Information are received after the 90-day period referenced in 130 CMR 505.006(D)(1), the begin date of MassHealth Limited coverage is ten days before the date on which the verifications were received, if such verifications are received within one year of receipt of the application.

(3) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.

(E) Referral to Children's Medical Security Plan. MassHealth submits the names of children who are eligible for MassHealth Limited coverage to the Children's Medical Security Plan.

505.007: MassHealth Senior Buy-in and Buy-in

(A) MassHealth Senior Buy-in and Buy-in coverage are available to Medicare beneficiaries who are not eligible for MassHealth Standard, in accordance with 130 CMR 519.010: *MassHealth Senior Buy-in* and 519.011: *MassHealth Buy-in*. MassHealth Standard members receive this benefit under 130 CMR 505.002(O). MassHealth CommonHealth members receive this benefit in accordance with 130 CMR 505.004(L).

(B) Income and assets for benefits provided under 130 CMR 519.010: *MassHealth Senior Buy-in* and 519.011: *MassHealth Buy-in* are determined in accordance with 130 CMR 520.000: *Financial Eligibility*.

505.008: MassHealth CarePlus

(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years of age.

(2) Persons eligible for MassHealth CarePlus direct coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *Managed Care Requirements* and must meet the following conditions.

(a) The individual is an adult 21 through 64 years of age.

(b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.

(c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

505.008: continued

(3) Provisional eligibility is described in 130 CMR 502.003(E): *Post-Eligibility Verification*.

(F) Medically Frail. If an individual is determined medically frail or is an individual with special medical needs and has been determined to meet the eligibility criteria for MassHealth CarePlus as described in 130 CMR 505.008, the individual may elect at any time to receive MassHealth Standard benefits. If at any time after enrolling in MassHealth CarePlus an individual becomes medically frail or is determined to be medically frail, the individual may elect to receive MassHealth Standard benefits. The effective date of MassHealth Standard is the date of the reported change. To be considered medically frail or a person with special medical needs, an individual must be

- (1) an individual with a disabling mental disorder (including children with serious emotional disturbances and adults with serious mental illness);
- (2) an individual with a chronic substance use disorder;
- (3) an individual with a serious and complex medical condition;
- (4) an individual with a physical, intellectual or developmental disability that significantly impairs his or her ability to perform one or more activities of daily living; or
- (5) an individual with a disability determination based on Social Security criteria.

505.009: MassHealth Small Business Employee Premium Assistance

(A) Overview. 130 CMR 505.009 contains the categorical requirements and financial standards for MassHealth Small Business Employee Premium Assistance. This coverage type provides coverage to individuals 19 to 64 years of age through premium assistance payments.

(B) Eligibility Requirements. An individual is eligible for MassHealth Small Business Employee Premium Assistance if they meet the following criteria.

- (1) The individual is eligible if
  - (a) the individual's modified adjusted gross income of the MassHealth MAGI household is greater than 133 and less than or equal to 300% of the federal poverty level (FPL);
  - (b) the individual is 19 through 64 years of age;
  - (c) the individual is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or qualified noncitizen as defined in 130 CMR 504.003(A)(1): *Qualified Noncitizens*;
  - (d) the individual is ineligible for MassHealth Standard, CommonHealth, CarePlus, Family Assistance, or for a Qualified Health Plan with Premium Tax Credits;
  - (e) the individual works for a small employer that employs 50 or fewer full-time employees;
  - (f) the individual has access to an employer-sponsored health-insurance (ESI) plan that meets the rules described in 130 CMR 506.013(B): *Premium Assistance Eligibility Criteria*; and
  - (g) the individual is either
    1. uninsured; or
    2. if insured, the individual was a member of the former MassHealth Insurance Partnership program on November 15, 2013.
- (2) Access to Employer-sponsored Insurance Investigation. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Small Business Employee Premium Assistance have access to employer-sponsored insurance that MassHealth wants the individual to enroll in and will help pay for, as described in 130 CMR 506.013: *MassHealth Small Business Employee (SBE) Premium Assistance Program*.
  - (a) Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance (ESI). When MassHealth determines an individual should have an investigation for potential access to ESI, the individual will be ineligible for a MassHealth benefit until the investigation is complete.
  - (b) Determination of Accessibility. MassHealth will determine the individual has access to employer-sponsored insurance from an employer if
    1. the employer offers an individual health-insurance plan for which the employee contribution costs less than 9.5% of the policyholder's MassHealth MAGI household income but more than the minimum monthly member contribution amount as described in 130 CMR 506.013(C): *Required Member Contribution*;

505.008: continued

(3) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.

(F) Medically Frail. If an individual is determined medically frail or is an individual with special medical needs and has been determined to meet the eligibility criteria for MassHealth CarePlus as described in 130 CMR 505.008, the individual may elect at any time to receive MassHealth Standard benefits. If at any time after enrolling in MassHealth CarePlus an individual becomes medically frail or is determined to be medically frail, the individual may elect to receive MassHealth Standard benefits. The effective date of MassHealth Standard is the date of the reported change. To be considered medically frail or a person with special medical needs, an individual must be

- (1) an individual with a disabling mental disorder (including children with serious emotional disturbances and adults with serious mental illness);
- (2) an individual with a chronic substance use disorder;
- (3) an individual with a serious and complex medical condition;
- (4) an individual with a physical, intellectual or developmental disability that significantly impairs his or her ability to perform one or more activities of daily living; or
- (5) an individual with a disability determination based on Social Security criteria.

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  - (c) the individual is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or qualified noncitizen as defined in 130 CMR 504.003(A)(1): *Qualified Noncitizens*;
  - (d) the individual is ineligible for MassHealth Standard, CommonHealth, CarePlus, Family Assistance, or for a Qualified Health Plan with Premium Tax Credits;
  - (e) the individual works for a small employer that employs 50 or fewer full-time employees;
  - (f) the individual has access to an employer-sponsored health-insurance (ESI) plan that meets the rules described in 130 CMR 506.013(B): *Premium Assistance Eligibility Criteria*; and
  - (g) the individual is either
    1. uninsured; or
    2. if insured, the individual was a member of the former MassHealth Insurance Partnership program on November 15, 2013.
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505.009: continued

2. the employer is contributing at least 50% of the premium cost; and
  3. the insurance meets all other criteria described in 130 CMR 506.013: *MassHealth Small Business Employee (SBE) Premium Assistance Program*.
- (c) If the health-insurance plan meets all of the criteria in 130 CMR 505.011(B)(2)(b), the individual is notified in writing that they must enroll in employer-sponsored coverage that meets the criteria described in 130 CMR 506.013(B): *Premium Assistance Eligibility Criteria*.
- (d) If MassHealth determines the individual has access to employer-sponsored insurance from an employer
1. MassHealth will allow the individual up to 60 days to enroll in this coverage.
  2. once enrolled in the health insurance plan, MassHealth will provide MassHealth Small Business Employee Premium Assistance Payments as described at 130 CMR 506.013: *MassHealth Small Business Employee (SBE) Premium Assistance Program* and 130 CMR 450.105: *Coverage Types*; and
  3. failure to enroll in the employer sponsored health insurance plan at the request of MassHealth will result in denial of eligibility for MassHealth.

(C) Enrollment Limits. The MassHealth agency may limit the number of people who can be enrolled in MassHealth Small Business Premium Assistance. When the MassHealth agency imposes such a limit, no new adult applicants (19 years of age or older) subject to these limitations will be added to this coverage type, and current adult members in this coverage type who have lost eligibility for more than 30 days for any reason will not be allowed to reenroll until the MassHealth agency is able to reopen enrollment for adults in this coverage type.

REGULATORY AUTHORITY

130 CMR 505.000: M.G.L. c. 118E, §§ 7 and 12.