



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
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MassHealth  
Eligibility Letter 101  
April 1, 2003

**TO:** Division Staff

**FROM:** Douglas S. Brown, Acting Commissioner

**RE: Changes to MassHealth Basic and MassHealth Buy-In Eligibility**

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The Massachusetts Legislature has enacted into law a change in the eligibility requirements for MassHealth Basic and MassHealth Buy-In for persons under the age of 65. Persons who are under the age of 65, and who are considered "long-term unemployed" will no longer be eligible for MassHealth Basic or MassHealth Buy-In unless they are:

- receiving services or are on a waiting list to receive services from the Department of Mental Health, are "long-term unemployed," and have income at or below 100 percent of the federal poverty level; or
- receiving Emergency Aid to the Elderly, Disabled and Children (EAEDC) through the Department of Transitional Assistance.

These regulations are effective April 1, 2003.

#### MANUAL UPKEEP

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(c) MassHealth Family Assistance, if they are children under age 19, persons under age 65 who are HIV positive, or certain employed adults under age 65 who meet the categorical requirements and financial standards of Family Assistance as described at 130 CMR 505.005. The Division will not pay the copays, coinsurance, and deductibles described in 130 CMR 505.005(B)(6) for children who receive premium assistance; or

(d) MassHealth Basic or Buy-In, if they meet the categorical requirements and financial standards of Basic or Buy-In as described at 130 CMR 505.006 and 505.007.

(3) Nonqualified aliens may only receive MassHealth Limited if otherwise eligible for MassHealth Standard.

(G) Verification of Immigration Status.

(1) A determination of eligibility is made as of the date the MBR and all required information, except verification of immigration status, is received by the Division.

(2) The Division submits the names of qualified aliens to the INS for confirmation of immigration status.

(3) The Division requests verification of immigration status subsequent to the eligibility determination from:

(a) qualified aliens who did not submit verification of their immigration status with the MBR, and for whom the INS has been unable to confirm their status as described at 130 CMR 504.002(G)(2); and

(b) aliens with special status who did not submit verification of their immigration status with the MBR.

(4) Aliens who fail to submit verification of their immigration status as described in 130 CMR 504.002(G)(3) within 60 days of the Division's Request for Information will subsequently be:

(a) eligible only for MassHealth Limited if they meet the categorical requirements and financial standards of MassHealth Standard; or

(b) ineligible for any MassHealth coverage type if not otherwise eligible for MassHealth Standard.

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**Rev. 04/01/03**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.

(A) The MassHealth coverage types are the following:

- (1) Standard – for families, pregnant women, children, and disabled individuals;
- (2) Prenatal – for pregnant women;
- (3) CommonHealth – for disabled adults and disabled children who are not eligible for MassHealth Standard;
- (4) Family Assistance – for children, certain employed adults, and persons who are HIV positive who are not eligible for MassHealth Standard or CommonHealth;
- (5) Basic or Buy-In – for the long-term unemployed who have income at or below 100 percent of the federal poverty level, and who are receiving services or are on a waiting list to receive services from the Department of Mental Health (DMH), as identified by the DMH to the Division, or for individuals or members of a couple who receive EAEDC cash assistance; and
- (6) Limited – for nonqualified aliens and aliens with special status.

(B) The financial standards referred to in 130 CMR 505.000 et seq. depend on the family group size, which may be composed of an individual, couple, or family, as defined in 130 CMR 501.001.

505.002: MassHealth Standard

(A) Overview.

- (1) 130 CMR 505.002 contains the categorical requirements and financial standards for MassHealth Standard serving families, children under 19, pregnant women, disabled individuals, and parents and caretaker relatives described in 130 CMR 519.005(C)(1).
- (2) Persons eligible for Standard coverage are eligible for medical benefits as described in 130 CMR 450.105(A) and 130 CMR 508.000.
- (3) 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.

(B) Extended Eligibility.

- (1) Members of a family group whose cash assistance terminates continue to receive four months of MassHealth Standard coverage beginning in the month the family group became ineligible if they are:

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(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 family group 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 family group continues to include a child who is under age 19, or if he or she has reached age 19, is expected to complete his or her secondary level studies before his or her 20th birthday; and

(b) a parent or caretaker relative continues to be employed.

(3) Members of a family group who receive MassHealth Standard (whether or not they receive TAFDC) and have increased earnings that raise the family group's gross income above 133 percent of the federal-poverty level, 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 family group continues to include a child who is under age 19; and

(b) a parent or caretaker relative continues to be employed.

(4) The Division independently reviews the continued eligibility of the family group at the end of the extended period described in 130 CMR 505.002(B)(1), (2), and (3).

(5) If a family group who receives MassHealth under 130 CMR 505.002(B)(1) or (2) had income at or below 133 percent of the federal-poverty level during their extended period, and now has increased earnings that raise the family group's gross income above that limit, the family group is eligible for another full 12-calendar month period that begins with the date on which the increase occurred if:

(a) the family group continues to include a child who is under age 19; and

(b) a parent or caretaker relative continues to be employed.

(6) If a family group's gross income decreases to 133 percent of the federal poverty level or below during its extended eligibility period, and the decrease is timely reported to the Division, the family group's eligibility for MassHealth Standard may be redetermined. If the family group's gross income later increases above 133 percent of the federal poverty level, the family group will be eligible for a new extended eligibility period.

(C) Eligibility Requirements for Children Under Age 19. Children under the age of 19 may establish eligibility for Standard coverage subject to the requirements described in 130 CMR 505.002(C).

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505.006: MassHealth Basic**(A) Overview.**

(1) 130 CMR 505.006 contains the categorical requirements and financial standards for MassHealth Basic. This coverage type is available to individuals or members of a couple who receive EAEDC cash assistance, or who are receiving services or are on a waiting list to receive services from the Department of Mental Health (DMH), as identified by the DMH to the Division, and are long-term unemployed.

(2) Persons eligible for Basic coverage are eligible for medical benefits as described in 130 CMR 450.105(B) and 130 CMR 508.000.

**(B) Eligibility Requirements.**

(1) Active DMH Clients as Identified by the DMH to the Division. Active DMH clients are those individuals or members of a couple who are receiving services or are on a waiting list to receive services from the DMH. These active DMH clients who are under age 65 are eligible for MassHealth Basic if they meet all of the following conditions.

(a) They are currently unemployed and:

(i) have been unemployed for more than one year; or

(ii) during the past 12 months have earned less than the minimum amount of earnings necessary to qualify for unemployment compensation.

(b) They are not eligible for unemployment compensation.

(c) They are not eligible for health insurance offered by the college or university that they attend.

(d) They have no health insurance, or they have health insurance that the Division has determined does not cover the applicant's chronic medical condition requiring frequent treatment and medical services, or is of significant cost to the applicant.

(e) They have family group gross income less than or equal to 100 percent of the federal-poverty level.

(f) Their spouse is:

(i) not employed more than 100 hours a month; or

(ii) employed 100 hours or less a month, and not eligible for premium assistance payments that provide couple or family coverage in accordance with 130 CMR 505.005(C).

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(2) EAEDC Recipients. Individuals and members of couples who receive EAEDC cash assistance are eligible for Basic coverage if they have no health insurance.

(C) Extended Eligibility for Basic when EAEDC Ends. Individuals or couples whose EAEDC cash assistance ends and who are determined to be potentially eligible for MassHealth continue to receive Basic coverage until a determination of ineligibility is made by the Division.

(D) Extended Basic Coverage. Basic members who are no longer eligible for Basic coverage due to employment will continue to receive Basic coverage for up to six calendar months after their date of employment if health insurance is not available to them from their employer or their spouse's employer.

(E) Medical Coverage Date. Members, after they have received notice from the Division stating that they meet the eligibility requirements for MassHealth Basic at 130 CMR 505.006, receive medical coverage effective on the date specified in the Division's notice of enrollment with a MassHealth managed care provider. There is no medical coverage for MassHealth Basic members before the member's effective enrollment date. Enrollment of a Basic member with a MassHealth managed care provider may occur only in accordance with 130 CMR 508.002(I).

**505.007: MassHealth Buy-In****(A) Overview.**

(1) 130 CMR 505.007 contains the categorical requirements and financial standards for MassHealth Buy-In. This coverage type is available to individuals or members of a couple who receive EAEDC cash assistance, or who are receiving services or are on a waiting list to receive services from the DMH, as identified by the DMH to the Division, and are long-term unemployed.

(2) MassHealth Buy-In coverage provides payment of all or part of the member's health insurance premium based on the Division's cost-effective analysis.

**(B) Eligibility Requirements.**

(1) Active DMH Clients as Identified by the DMH to the Division. Active DMH clients are those individuals or members of a couple who are receiving services or are on a waiting list to receive services from the DMH. These active DMH clients who are under age 65 are eligible for MassHealth Buy-In if they meet all of the following conditions.

(a) They are currently unemployed and:

(i) have been unemployed for more than one year; or

(ii) during the past 12 months have earned less than the minimum amount of earnings necessary to qualify for unemployment compensation.

(b) They are not eligible for unemployment compensation.

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- (c) They are not eligible for health insurance offered by the college or university that they attend.
- (d) They have health insurance for which they must pay a premium.
- (e) They have family group gross income less than or equal to 100 percent of the federal-poverty level.
- (f) Their spouse is:
  - (i) not employed more than 100 hours a month; or
  - (ii) employed 100 hours or less a month, and not eligible for premium assistance payments that provide couple or family coverage in accordance with 130 CMR 505.005(C).

(2) EAEDC Recipients. Individuals and members of couples who receive EAEDC cash assistance are eligible for Buy-In coverage if they have health insurance.

(C) Eligibility Date. Once the Division has determined eligibility, MassHealth Buy-In begins in the calendar month following the verification of the member's health insurance information.

(D) Extended Buy-In. Persons who are no longer eligible for MassHealth Buy-In due to earnings continue to have their premiums paid for a six-calendar-month period following their date of employment if they are not eligible for premium assistance payments in accordance with 130 CMR 505.005(C).

505.008: MassHealth Limited

(A) Eligibility Requirements.

(1) MassHealth Limited is available to persons who meet the financial and categorical requirements of MassHealth Standard and are:

- (a) nonqualified aliens described in 130 CMR 504.002(E) (nonqualified aliens are not required to furnish or apply for a social security number); or