



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Eligibility Letter 146
April 15, 2006

TO: MassHealth Staff

FROM: Beth Waldman, Medicaid Director *BW*

RE: Expansion of Home- and Community-Based Services Waiver for Persons with Mental Retardation/Developmental Disability

MassHealth is revising the regulations to include eligibility guidelines for the home- and community-based services waiver for persons with mental retardation/developmental disability. The revised regulations establish the financial eligibility for this waiver at 300% of the SSI federal benefit rate (FBR) for an individual, currently at \$1809 per month.

These emergency regulations were effective January 1, 2006.

MANUAL UPKEEP

<u>Insert</u>	<u>Remove</u>	<u>Trans. By</u>
519.007 (1 of 5)	519.007 (1 of 4)	E.L. 117
519.007 (2 of 5)	519.007 (2 of 4)	E.L. 50
519.007 (3 of 5)	519.007 (3 of 4)	E.L. 138
519.007 (4 of 5)	519.007 (4 of 4)	E.L. 138
519.007 (5 of 5)	---	---

Trans. by E.L. 146**MASSHEALTH
COVERAGE TYPES****Rev. 01/01/06****Chapter 519
(1 of 5) Page 519.007**

(2) Pregnancy is verified by a written statement from a competent medical authority certifying the pregnancy.

519.007: Individuals Who Would Be Institutionalized

130 CMR 519.007 describes the eligibility requirements for MassHealth Standard coverage for individuals who would be institutionalized if they were not receiving home- and community-based services.

(A) The Kaileigh Mulligan Program. The Kaileigh Mulligan Program enables severely disabled children under the age of 18 years to remain at home. The income and assets of their parents are not considered in the determination of eligibility.

(1) Eligibility Requirements. Children under the age of 18 years may establish eligibility for the Kaileigh Mulligan Program by meeting the following requirements. They must:

- (a) (i) meet Title XVI disability standards in accordance with the definition of permanent and total disability for children under the age of 18 years in 130 CMR 515.001; or have been receiving SSI on August 22, 1996; and
 - (ii) continue to meet Title XVI disability standards that were in effect before August 22, 1996;
 - (b) have \$2,000 or less in countable assets;
 - (c) (i) have a countable-income amount of \$60 or less; or
 - (ii) if greater than \$60, meet a deductible in accordance with 130 CMR 520.028 et seq.; and
 - (d) require a level of care equivalent to that provided in a hospital or nursing facility in accordance with 130 CMR 519.007(A)(3) and (4).
- (2) Additional Requirements. The MassHealth agency must have determined:
- (a) that care provided outside an institution is appropriate; and
 - (b) that the estimated cost paid by the MassHealth agency would not be more than the estimated cost paid if the child were institutionalized.

Trans. by E.L. 146**MASSHEALTH
COVERAGE TYPES****Rev. 01/01/06****Chapter 519
(2 of 5) Page 519.007**

(3) Level of Care That Must Be Required in a Hospital. To require the level of care provided in a hospital, the child must have a medical need for the following:

- (a) direct administration of at least two discrete skilled-nursing services (as defined in 130 CMR 515.001) on a daily basis, each of which requires complex nursing procedures, such as administration of intravenous hyperalimentation, changing tracheotomy tubes, assessment or monitoring related to an uncontrolled seizure disorder, assessment or monitoring related to an unstable cardiopulmonary status, or other unstable medical condition;
- (b) direct management of the child's medical care by a physician or provided directly by someone who is under the supervision of a physician on at least a weekly basis;
- (c) ongoing use of invasive medical technologies or techniques to sustain life (such as ventilation, hyperalimentation, gastrostomy tube feeding), or dialysis, or both; and
- (d) at least one of the following:
 - (i) assistance in one or more activities of daily living (ADLs), as defined in 130 CMR 515.001, beyond what is required at an age-appropriate activity level; or
 - (ii) one or more skilled therapeutic services (occupational therapy, physical therapy, or speech and language therapy), provided directly by or under the supervision of a licensed therapist at least five times a week.

(4) Level of Care That Must Be Required in a Skilled-Nursing Facility. To require the level of care provided in a skilled-nursing facility, the child must be nonambulatory and meet the following requirements.

- (a) A child 12 months of age or older must have global developmental skills (as defined in 130 CMR 515.001) not exceeding those of a 12-month-old child as indicated by a developmental assessment performed by the child's physician or by another certified professional. In addition, the child's developmental skills level must not be expected to improve.
- (b) A child less than 12 months of age must have global developmental skills significantly below an age-appropriate level and such skills must not be expected to progress at an age-appropriate rate as indicated by a developmental assessment performed by the child's physician or by another certified professional.

Trans. by E.L. 146

MASSHEALTH
COVERAGE TYPES

Rev. 01/01/06

Chapter 519
Page 519.007
(3 of 5)

(c) Regardless of age, the child must also require all of the following:

- (i) direct administration of at least two discrete skilled-nursing services on a daily basis, each of which requires complex nursing procedures as described at 130 CMR 519.007(A)(3);
- (ii) direct management of the child's medical care by a physician or provided directly by someone who is under the supervision of a physician on a monthly basis;
- (iii) assistance in one or more ADLs beyond what is required at an age-appropriate activity level; and
- (iv) any combination of skilled therapeutic services (physical therapy, occupational therapy, speech and language therapy) provided directly by or under the supervision of a licensed therapist at least five times a week.

(B) Home- and Community-Based Services Waiver.

(1) Clinical and Age Requirements. The Home- and Community-Based Services Waiver allows an applicant or member who is certified by the MassHealth agency or its agents to be in need of nursing-facility services to receive certain waiver services at home if he or she

- (a) is 60 years of age or older, and, if under age 65, is permanently and totally disabled in accordance with Title XVI standards; and
- (b) would be institutionalized in a nursing facility, unless he or she receives one or more of the services administered by the Executive Office of Elder Affairs under the Home- and Community-Based Services Waiver authorized under Section 1915(c) of the Social Security Act.

(2) Eligibility Requirements. In determining eligibility for MassHealth Standard and for waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must:

- (a) meet the requirements of 130 CMR 519.007(B)(1)(a) and (b);
- (b) have a countable-income amount less than or equal to 300 percent of the federal benefit rate (FBR) for an individual; and
- (c) have countable assets of \$2,000 or less and have not transferred resources for the sole purpose of obtaining MassHealth as described at 130 CMR 520.018 and 520.019.

(3) Financial Standards Not Met. Individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.007(B)(2) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004, by meeting a deductible as described at 130 CMR 520.028 et seq., or by both.

Trans. by E.L. 146**MASSHEALTH
COVERAGE TYPES****Rev. 01/01/06****Chapter 519
(4 of 5) Page 519.007**

(C) Program of All-Inclusive Care for the Elderly (PACE).

(1) Overview. The PACE program is a comprehensive health program that is designed to keep frail, older individuals who are certified eligible for nursing-facility services living in the community.

(a) A complete range of health-care services is provided by one designated community-based program with all medical and social services coordinated by a team of health professionals.

(b) the MassHealth agency administers the program in Massachusetts as the Elder Service Plan (ESP).

(c) Persons enrolled in PACE have services delivered through managed care:

(i) in day-health centers;

(ii) at home; and

(iii) in specialty or inpatient settings, if needed.

(2) Eligibility Requirements. In determining PACE eligibility, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must meet all of the following criteria:

(a) be aged 55 or older;

(b) meet Title XVI disability standards if aged 55 through 64;

(c) be certified by the MassHealth agency or its agents to be in need of nursing-facility services;

(d) live in a designated service area;

(e) have medical services provided in a specified community-based PACE program;

(f) have countable assets whose total value does not exceed \$2,000 or, if assets exceed these standards, reduce assets in accordance with 130 CMR 520.004; and

(g) have a countable-income amount less than or equal to 300 percent of the federal benefit rate (FBR) for an individual.

(3) Income Standards Not Met. Individuals whose income exceeds the standards set forth in 130 CMR 519.007(C)(2) may establish eligibility for MassHealth Standard by meeting a deductible as described at 130 CMR 520.028 et seq.

Trans. by E.L. 146

**MASSHEALTH
COVERAGE TYPES**

Rev. 01/01/06

**Chapter 519
Page 519.007**

(D) Home- and Community-Based Services Waiver for Persons with Mental Retardation.

(1) Clinical Requirements. The Home- and Community-Based Services Waiver allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of inpatient care at an intermediate care facility for the mentally retarded to receive certain waiver services at home or in the community provided he or she:

- (a) has mental retardation/developmental disability in accordance with Department of Mental Retardation standards; and
- (b) would be institutionalized in an intermediate care facility for the mentally retarded unless he or she receives one or more of the services administered by the Department of Mental Retardation under the Home- and Community-Based Services Waiver authorized under Section 1915(c) of the Social Security Act.

(2) Eligibility Requirements. In determining eligibility for MassHealth Standard and for Waiver services, the MassHealth agency counts the income and assets of only the applicant or member regardless of his or her marital status. The applicant or member must meet all of the following criteria:

- (a) have countable income that is less than or equal to 300 percent of the federal benefit rate (FBR) for an individual;
- (b) have countable assets of \$2,000 or less; and
- (c) have not transferred resources for the sole purpose of obtaining MassHealth, as described in 130 CMR 520.018 and 520.019.

(3) Financial Eligibility Standards Not Met. Individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.007(B)(2) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004, by meeting a deductible as described in 130 CMR 520.028 et seq., or by both.

(130 CMR 519.008 Reserved)