



Commonwealth of Massachusetts
Executive Office of Health and Human Services
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MassHealth
Eligibility Letter 162
June 1, 2007

TO: MassHealth Staff

FROM: Tom Dehner, Acting Medicaid Director

TD

RE: MassHealth Standard Coverage for Independent Foster Care Adolescents

The regulations are being revised for adolescents who were in the care and custody of the Department of Social Services on their 18th birthday, to extend MassHealth Standard coverage until they reach age 21. They are exempt from paying copayments and their income is noncountable.

These emergency regulations are effective June 1, 2007.

MANUAL UPKEEP

<u>Insert</u>	<u>Remove</u>	<u>Trans. By</u>
505.003	505.003	E.L. 120
506.004	506.004	E.L. 131
520.000	520.000	E.L. 119
520.035	520.035	E.L. 123

Trans. by E.L. 162**MASSHEALTH
COVERAGE TYPES****Chapter 505
Page 505.003****Rev. 06/01/07**

(K) Independent Foster Care Adolescents. An adolescent who was in the care and custody of the Department of Social Services on his or her 18th birthday is eligible for MassHealth Standard until he or she reaches age 21.

505.003: MassHealth Prenatal**(A) Overview.**

(1) 130 CMR 505.003 contains the categorical requirements and financial standards for Prenatal coverage.

(2) Persons eligible for Prenatal coverage are eligible for medical benefits as described in 130 CMR 450.105(F).

(B) Eligibility Requirements. A pregnant woman whose self-declared family group gross income is less than or equal to 200 percent of the federal-poverty level is eligible for Prenatal coverage.

(C) Medical Coverage Date. Prenatal coverage begins 10 days before the date a Medical Benefit Request is received at any MassHealth Enrollment Center or received by a MassHealth outreach worker at a designated outreach site. Coverage continues for 60 days from the begin date or until MassHealth makes an eligibility determination, whichever is earlier.

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).

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

(1) be aged 19 through 64 (For those aged 65 and older, see 130 CMR 519.012.);

(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 MBR 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;

Trans. by E.L. 162**MASSHEALTH
FINANCIAL REQUIREMENTS****Chapter 506
Page 506.004**

Rev. 06/01/07**506.004: Noncountable Income**

The following types of income are noncountable in the determination of eligibility:

- (A) income received by a TAFDC, EAEDC, or SSI recipient;
- (B) sheltered workshop earnings;
- (C) the portion of federal veterans' benefits identified as aid and attendance benefits, unreimbursed medical expenses, housebound benefits, enhanced benefits, or veterans' benefits that are based on need and are provided by municipalities to resident veterans;
- (D) income-in-kind;
- (E) roomer and boarder income derived from persons residing in the applicant's or member's principal place of residence;
- (F) any other income that is excluded by federal laws other than the Social Security Act; and
- (G) income received by independent foster care adolescents described at 130 CMR 505.002(K).

506.005: Verification of Income

(A) Verification of gross monthly earned income is mandatory and shall include, but not be limited to, the following:

- (1) two recent paystubs;
- (2) a signed statement from the employer; or
- (3) the most recent U.S. Tax Return.

(B) Verification of gross monthly unearned income is mandatory and shall include, but not be limited to, the following:

- (1) a copy of a recent check or paystub showing gross income from the source;
- (2) a statement from the income source, where matching is not available; or
- (3) the most recent U.S. Tax Return.

(C) Verification of gross monthly income may also include any other reliable evidence of the applicant's or member's earned or unearned income.

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FINANCIAL ELIGIBILITY****Chapter 520
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520.035: Conclusion of the Deductible Process

When the total of submitted bills is equal to or greater than the deductible and all other eligibility requirements continue to be met, the MassHealth agency notifies the applicant that he or she is eligible. The member is eligible for payment of all covered medical expenses incurred during that deductible period, other than those submitted to meet the deductible, as long as the member continues to meet all other eligibility requirements during the balance of the deductible period.

520.036: Copayment Requirements

MassHealth members must make the copayments described in 130 CMR 520.038, up to the calendar-year maximum described in 130 CMR 520.040, except as excluded in 130 CMR 520.037. If the usual and customary fee for the service or product is less than the copayment amount, the member must pay the amount of the service or product.

520.037: Copayment Requirement Exclusions

(A) Excluded Individuals.

(1) The following individuals do not have to pay the copayments described in 130 CMR 520.038:

- (a) members under 19 years of age;
- (b) members who are pregnant or in the postpartum period that extends through the last day of the second calendar month following the month in which their pregnancy ends (for example, if the woman gave birth May 15, she is exempt from the copayment requirement until August 1);
- (c) MassHealth Limited members;
- (d) MassHealth Senior Buy-In members or MassHealth Standard members for Medicare-covered drugs only, when provided by a Medicare-certified provider;
- (e) members who are inpatients in nursing facilities, chronic-disease or rehabilitation hospitals, or intermediate-care facilities for the mentally retarded or are admitted to hospitals from such facilities;
- (f) members receiving hospice services;
- (g) persons receiving medical services through the Emergency Aid to the Elderly, Disabled and Children Program pursuant to 130 CMR 450.106, if they do not receive MassHealth Standard or MassHealth Essential; and
- (h) independent foster care adolescents described at 130 CMR 505.002(K).