




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Eligibility Letter 197  
March 1, 2010

**TO:** MassHealth Staff

**FROM:** Terence G. Dougherty, Medicaid Director 

**RE: Revisions to the Regulations-Children's Health Insurance Program  
Reauthorization Act**

---

MassHealth is revising its regulations to comply with the Children's Health Insurance Program Reauthorization Act (CHIPRA) that was signed into law in February 2009.

The following are the changes to the regulations.

- Five-year barred aliens with special status (AWSS) who are under the age of 19 or who are pregnant will get federally funded benefits.
- Documentation issued by a federally recognized Indian tribe showing membership or enrollment in or affiliation with such tribe has been added as an acceptable Level 1 document for verification of citizenship and identity.
- Benefits will be provided to individuals who have unverified citizenship or identity during the verification period if citizenship or identity is the only outstanding verification.
- Infants who are born to women who are receiving MassHealth in any category of assistance are automatically eligible for one year and are exempt from providing verification of citizenship and identity.
- The requirement that the infant must be living in the same household as the mother to receive automatic benefits has been removed.
- The limit on outpatient behavioral-health visits for MassHealth members on the Healthy Start Program has been removed.

These emergency regulations are effective September 1, 2009.

**MANUAL UPKEEP**

<b><u>Insert</u></b>	<b><u>Remove</u></b>	<b><u>Trans. By</u></b>
502.001	502.001	E.L. 156
504.001	504.001	E.L. 175
504.002 (1 of 8)	504.002 (1 of 8)	E.L. 175
504.002 (2 of 8)	504.002 (2 of 8)	E.L. 175
504.002 (4 of 8)	504.002 (4 of 8)	E.L. 181
504.002 (7 of 8)	504.002 (7 of 8)	E.L. 181
504.002 (8 of 8)	504.002 (8 of 8)	E.L. 181
505.002 (2 of 6)	505.002 (2 of 6)	E.L. 120
505.002 (4 of 6)	505.002 (4 of 6)	E.L. 120
505.005 (2 of 12)	505.005 (2 of 12)	E.L. 193
505.005 (7 of 12)	505.005 (7 of 12)	E.L. 190
505.005 (8 of 12)	505.005 (8 of 12)	E.L. 150
505.008	505.008	E.L. 180
516.001	516.001	E.L. 156
518.001	518.001	E.L. 175
518.002 (1 of 8)	518.002 (1 of 7)	E.L. 175
518.002 (2 of 8)	518.002 (2 of 7)	E.L. 175
518.002 (3 of 8)	518.002 (3 of 7)	E.L. 181
518.002 (4 of 8)	518.002 (4 of 7)	E.L. 181
518.002 (5 of 8)	518.002 (5 of 7)	E.L. 181
518.002 (6 of 8)	518.002 (6 of 7)	E.L. 181
518.002 (7 of 8)	518.002 (7 of 7)	E.L. 181
518.002 (8 of 8)	--	--
519.009	519.009	E.L. 117
522.005	522.005	E.L. 149

Trans. by E.L. 197

MASSHEALTH  
THE REQUEST FOR BENEFITS

Chapter 502  
Page 502.001

---

Rev. 09/01/09

502.001: Medical Benefit Request (MBR)

(A) Filing an Application. To apply for MassHealth, a person or his or her eligibility representative must file a Medical Benefit Request (MBR) at a MassHealth Enrollment Center or MassHealth outreach site. All members of the family group, as defined in 130 CMR 501.001, must be listed on the MBR whether or not they are applying for MassHealth.

(B) Corroborative Information. The MassHealth agency requests all corroborative information necessary to determine eligibility. The applicant must supply such information within 60 days of the date of the Request for Information.

(C) Corroborative Information Received. If all necessary information is received, except verification of citizenship and identity, immigration status, or verification of a person's HIV-positive status, within the 60-day period referenced in 130 CMR 502.001(B), the MBR is considered complete. The completed MBR activates the MassHealth eligibility process for determining the coverage type providing the most comprehensive medical benefits for which the applicant is eligible.

(D) Corroborative Information Not Received. If the necessary information is not received within the 60-day period referenced in 130 CMR 502.001(B), the MassHealth agency notifies the applicant of the deactivation of the MBR.

(E) Missing or Inconsistent Information on the MBR.

- (1) If an MBR is received at a MassHealth Enrollment Center or a MassHealth outreach site and the applicant did not answer all required questions on the MBR, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.
- (2) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 14 days of the date of the request for the information.
- (3) If responses to all unanswered questions necessary to determine eligibility are received within 14 days of the date of the notice referenced in 130 CMR 502.001(E)(2), the MBR activates the MassHealth eligibility process for determining
  - (a) the coverage type providing the most comprehensive medical benefits for which the applicant is eligible, based on the date the MBR was received by the MassHealth agency; or
  - (b) the need to request any corroborative information necessary to determine eligibility, as provided in 130 CMR 502.001(B), (C), and (D).
- (4) If responses to all unanswered questions necessary for determining eligibility are not received within the 14-day period referenced in 130 CMR 502.001(E)(2), the MassHealth agency notifies the applicant that it is unable to determine eligibility for medical benefits and returns the incomplete MBR to the applicant with the notice. The date that the incomplete MBR was received will not be used in any subsequent eligibility determinations.
- (5) Inconsistent answers are treated as unanswered.

Trans. by E.L. 197

MASSHEALTH  
CITIZENSHIP AND IMMIGRATION

Chapter 504  
Page 504.001

Rev. 09/01/09

504.001: Introduction

Persons applying for or receiving MassHealth must verify their citizenship and identity or immigration status. Citizens and nationals who receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) based upon disability, or Medicare (including those who are entitled to Medicare), and children in receipt of either Title IV-B services or Title IV-E adoption assistance or foster care payments do not need to submit verification.

504.002: Requirements

(A) Citizen.

(1) Definition of Citizen. A citizen of the United States is

(a) an individual who was born in the United States or its territories, including Puerto Rico, the Virgin Islands, Guam, and the Northern Mariana Islands, except those born to a foreign diplomat, and who otherwise qualifies for U.S. citizenship under § 301 et seq. of the Immigration and Nationality Act;

(b) an individual born of a parent who is a U.S. citizen or who otherwise qualifies for U.S. citizenship under § 301 et seq. of the Immigration and Nationality Act;

(c) a naturalized citizen; or

(d) a national (both citizen and non-citizen national) as defined in 130 CMR 504.002(A)(1)(d)(i) or (ii).

(i) Citizen National. A citizen national is an individual who otherwise qualifies as a U.S. citizen under § 301 et seq. of the Immigration and Nationality Act (INA).

(ii) Non-Citizen National. A non-citizen national is an individual who was born in one of the outlying possessions of the United States, including American Samoa and Swain's Island, to a parent who is a non-citizen national.

(2) Acceptable Proof of Citizenship and Identity (Level 1-Primary Verifications). Primary verifications satisfy both citizenship and identity requirements. Verification from 130 CMR 504.002(A)(2) must be submitted if available during the eligibility-determination process. Applicants and MassHealth members who were not U.S. citizens at birth must submit verification from 130 CMR 504.002(A)(2). Children born outside the United States and adopted by U.S. citizens may establish citizenship using the process established by the Child Citizenship Act of 2000. The following documents may be accepted as proof of both citizenship and identity because each contains a photograph of the individual named in the document, and the citizenship and identity of the individual have been established by one of the following:

(a) U.S. passport;

(b) Certificate of Naturalization (DHS form N-550 or N-570);

(c) Certificate of U.S. Citizenship (DHS form N-560 or N-561); or

(d) a document issued by a federally recognized Indian tribe showing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood).

(3) Acceptable Proof of Citizenship (Levels 2 through 4). The following documents are acceptable as proof of citizenship, but not identity. These verifications of citizenship are listed in descending order. Identity must also be verified with one of the verifications listed in 130 CMR 504.002(A)(4). Verification from 130 CMR 504.002(A)(3)(a) can be submitted only if verification from 130 CMR 504.002(A)(2) cannot be obtained during the eligibility-determination period. Verification from 130 CMR 504.002(A)(3)(b) can be submitted only if verification from 130 CMR 504.002(A)(2) cannot be obtained during the eligibility-determination period and verification from 130 CMR 504.002(A)(3)(a) does not exist or cannot be obtained. Verification from 130 CMR 504.002(A)(3)(c) can be submitted only if verification from 130 CMR 504.002(A)(2) cannot be obtained during the eligibility-determination period and verification from 130 CMR 504.002(A)(3)(a) and (b) does not exist or cannot be obtained.

(a) Level 2. The following documents may be accepted as proof of citizenship, but not identity:

(i) U.S. public record of birth showing birth in one of the fifty states (including the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam (if born on or after April 10, 1899), the U.S. Virgin Islands (if born on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (if born after November 4, 1986, NMI local time)). However, if the document shows the individual was born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen under 42 CFR § 435.407(b)(1). The birth record must have been recorded before the individual's fifth birthday;

(ii) Report of Birth Abroad of a U.S. Citizen (Form FS-545, Form FS-240, or DS-1350);

(iii) U.S. Citizen I.D. card (INS Form I-197 or INS Form I-179);

(iv) American Indian Card I-872 issued by the Department of Homeland Security with the classification code KIC (issued by DHS to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S/Mexican border);

(v) final adoption decree showing child's name and U.S. place of birth (if adoption is not finalized statement from state-approved adoption agency);

(vi) evidence of U.S. civil service employment prior to June 1976;

(vii) official military record showing a U.S. place of birth;

(viii) Northern Mariana Identification Card I-873 (issued by the INS to a collectively naturalized citizen of the United States who was born in the Northern Mariana Islands before November 4, 1986, NMI local time);

(ix) verification with the Department of Homeland Security Systematic Alien Verification for Entitlements (SAVE) database; or

(x) evidence of meeting the automatic criteria for U.S. citizenship outlined in the Child Citizenship Act of 2000.

(b) Level 3. The following documents may be accepted as proof of citizenship, but not identity:

(i) extract of a U.S. hospital record of birth issued on hospital letterhead that was created at least five years before the initial application date (except that for children under age 16, the document can be issued near the time of birth or five years before the application date) and indicates a U.S. place of birth. A souvenir birth certificate is not acceptable;

(ii) life, health, or other insurance record showing a U.S. place of birth that was created at least five years before the initial application date. For children under age 16, the document must have been created near the time of birth;

(iii) religious record that was recorded in the U.S. within three months of birth showing the birth occurred in the U.S. and showing either the date of birth or the individual's age at the time the record was made. The record must be an official record of the religious organization. Entries in a family Bible are not considered religious records; or

(iv) early school records showing a U.S. place of birth. The school record must show the name of the child, the date of admission into the school, the date of birth, a U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents.

(c) Level 4. The following documents may be accepted as proof of citizenship, but not identity:

(i) federal or state census record showing U.S. citizenship or U.S. place of birth and the applicant's age;

(ii) admission papers indicating a U.S. place of birth from a nursing facility, skilled nursing facility, or other institution that were created at least five years before the initial date of application for MassHealth;

(iii) medical (clinic, doctor, or hospital) records indicating a U.S. place of birth that was created at least five years before the initial date of application for MassHealth (except that for children under age 16, the document can be issued near the time of birth or five years before the application date);

(iv) one of the following documents created at least five years before the initial date of application for MassHealth and that shows a U.S. place of birth: Seneca or Navajo Indian tribal census records, U.S. vital statistics official notification of birth registration, a delayed U.S. public record of birth that was recorded more than five years after the person's birth, a statement of a physician or midwife who was in attendance at the birth, or the Bureau of Indian Affairs Roll of Alaska Natives; or

(j) for children under age 16, the following are also acceptable documentation of identity:

(i) school records, including report cards, or nursery-school or day-care records;

(ii) clinic, doctor, or hospital records; or

(iii) an affidavit, signed by a parent, guardian, or caretaker relative, attesting to the child's date and place of birth signed under penalty of perjury (cannot be used if affidavit was provided for citizenship); or

(k) for a disabled individual in a residential-care facility, an attestation of identity by the facility director or administrator when the individual does not have or cannot get any document listed in 130 CMR 504.002(A)(4)(a) through (j).

(5) Reasonable Opportunity Extension. Applicants or members who need additional time to obtain verification of citizenship and identity may receive a 60-day extension. Requests for a reasonable opportunity extension must be made before the expiration of the verification time period.

(6) Child Born to a MassHealth-Eligible Woman. Regardless of the mother's immigration status, a child born to a woman who is eligible for MassHealth on the date of the child's birth will be exempt from providing citizenship and identity verification.

(B) Qualified Aliens. Aliens described in 130 CMR 504.002(B)(1), (2), and (3) are considered qualified aliens if they either entered the United States on or after August 22, 1996, and five years have passed from the date they attained an immigration status described in 130 CMR 504.002(B)(1), (2), or (3); they attained such status before August 22, 1996; or they have been continually present since before August 22, 1996. Date of entry into the United States is not considered for aliens qualified under 130 CMR 504.002(B)(4) through (12), even if they are also described in 130 CMR 504.002(B)(1), (2), or (3). The following persons are considered qualified aliens for the purposes of MassHealth eligibility:

(1) persons admitted for legal permanent residence (LPR) under the Immigration and Nationality Act (INA);

(2) persons granted parole for at least one year under section 212(d)(5) of the INA;

(3) conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980;

(4) persons granted asylum under section 208 of the INA;

(5) refugees admitted under section 207 of the INA;

(6) persons whose deportation has been withheld under section 243(h) or 241(b)(3) of the INA, as provided by section 5562 of the federal Balanced Budget Act of 1997;

Trans. by E.L. 197

	<b>MASSHEALTH</b>		
	<b>CITIZENSHIP AND IMMIGRATION</b>	<b>Chapter</b>	<b>504</b>
<b>Rev. 09/01/09</b>	<b>(7 of 8)</b>	<b>Page</b>	<b>504.002</b>

(2) persons who are not otherwise defined as qualified aliens under 130 CMR 504.002(B), as follows:

- (a) persons admitted for legal permanent residence (LPR) under the INA;
- (b) persons granted parole for at least one year under section 212(d)(5) of the INA; and
- (c) conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980.

(E) Nonqualified Aliens. Aliens whose status is not described in 130 CMR 504.002(B), (C), or (D) are considered nonqualified aliens.

(F) Applicable Coverage Types.

(1) Citizens, qualified aliens, and protected aliens may receive MassHealth under any coverage type if they meet the eligibility requirements described in 130 CMR 505.000 et seq.

(2) Aliens with special status may receive the following coverage:

- (a) MassHealth CommonHealth, if they are under age 19 and meet the categorical requirements and financial standards as described at 130 CMR 505.004;
- (b) MassHealth Family Assistance, if they are aliens with special status as described at 130 CMR 504.002(D)(1) and are children under age 19, parents under age 19, or pregnant women under age 19 who meet the categorical requirements and financial standards of MassHealth Standard as described at 130 CMR 505.002(C), (D), or (E). If they meet these requirements and have health insurance, they are also eligible for MassHealth Limited;
- (c) MassHealth Family Assistance, if they are children under age 19 or persons under age 19 who are HIV positive, who meet the categorical requirements and financial standards of Family Assistance, as described at 130 CMR 505.005;
- (d) MassHealth Limited, if they are adults who are parents, pregnant, or disabled and meet the categorical requirements and financial standards of MassHealth Standard, as described in 130 CMR 505.002(D) and (F);
- (e) MassHealth Essential with MassHealth Limited, if they are long-term unemployed, disabled adults aged 19 through 64, and meet the eligibility requirements of 130 CMR 505.007(E); or
- (f) MassHealth Standard, if they are aliens with special status as described in 130 CMR 504.002(D)(2) and are children under age 19, parents under age 19, or pregnant women and who meet the eligibility requirements described in 130 CMR 505.002(C), (D), or (E).



Trans. by E.L. 197

**MASSHEALTH  
CITIZENSHIP AND IMMIGRATION**

**Chapter 504  
Page 504.002**

Rev. 09/01/09

---

(8 of 8)

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

(4) Aliens with special status are not eligible for MassHealth Basic.

(G) Verification of Citizenship, Identity, and Immigration Status.

(1) A determination of eligibility is made as of the date the MassHealth application and all required information, except verification of citizenship, identity, and immigration status, is received by the MassHealth agency.

(2) The MassHealth agency submits the names of qualified aliens to the DHS for confirmation of immigration status.

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

(a) qualified aliens who did not submit verification of their immigration status with the MBR, and for whom the DHS 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(A), (B), and (G), within 60 days of the MassHealth agency's information request 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.

(5) The MassHealth agency requests verification of citizenship subsequent to the eligibility determination from U.S. citizens or nationals who did not submit acceptable verification of their citizenship status with the MassHealth application as described in 130 CMR 504.002(A)(2) or (3).

(6) The MassHealth agency requests verification of identity subsequent to the eligibility determination from U.S. citizens or nationals who did not submit acceptable verification of their identity with the MassHealth application as described in 130 CMR 504.002(A)(2) or (4).

(7) Citizens who fail to submit verification of their citizenship and identity, as described in 130 CMR 504.002(A) and (G), within 60 days of the MassHealth agency's information request will subsequently be ineligible for any MassHealth coverage type.

(8) Applicants and members who need additional time to obtain verification of citizenship and identity may receive a 60-day extension. Requests for a reasonable opportunity extension must be made before the expiration of the verification time period.

Trans. by E.L. 197

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 505  
Page 505.002**

Rev. 09/01/09

---

(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;
- (b) a parent or caretaker relative continues to be employed; and
- (c) the parent or caretaker relative complies with 130 CMR 505.002(I) and 507.003.

(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 MassHealth, 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 is 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).

(1) Children Under Age One.

- (a) A child under age one born to a woman who was not receiving MassHealth Standard on the date of the child's birth is eligible if the gross income of the family group is less than or equal to 200 percent of the federal-poverty level.
- (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.

(E) Eligibility Requirements for Pregnant Women.

- (1) A pregnant woman whose family group gross income is less than or equal to 200 percent of the federal-poverty level is eligible for MassHealth Standard coverage. In determining the family group size, the unborn child or children are counted as if born and living with the mother.
- (2) 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.
- (3) The MassHealth agency notifies pregnant women who are nonqualified aliens of their potential eligibility for the Healthy Start Program.

(F) Disabled Individuals.

- (1) 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 coverage until the MassHealth agency makes a determination of ineligibility.
- (2) Disabled Adults. A disabled adult under age 65 may establish eligibility 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;
  - (b) the family group gross income is less than or equal to 133 percent of the federal-poverty level, or the individual is eligible under section 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; and
  - (c) the individual complies with 130 CMR 505.002(I) and 507.003.

(c) Persons eligible for premium assistance payments, in accordance with 130 CMR 505.005(B) and (C), are eligible for payment of part of the policyholder's employer-sponsored health insurance premium in accordance with the MassHealth premium assistance payment formula described in 130 CMR 506.012(D) and (E).

(d) Children eligible for premium assistance payments, in accordance with 130 CMR 505.005(B), receive dental services as described in 130 CMR 420.000.

(3) (a) The purchase of medical benefits under MassHealth Family Assistance is available to

(i) children under the age of 19 who are uninsured at the time of the MassHealth eligibility determination and do not have access to employer-sponsored health insurance; and

(ii) persons under the age of 65 who are HIV positive and who have no health insurance, or do not have health insurance that the MassHealth agency has determined to be cost effective.

(b) Persons eligible for the purchase of medical benefits are eligible for the services described in 130 CMR 450.105(H)(3).

(B) Premium Assistance for Children.

(1) Eligibility Requirements.

(a) Premium assistance under MassHealth Family Assistance is available to children under age 19 who meet all the following conditions:

(i) the child has or has access to employer-sponsored health insurance where the employer contributes at least 50 percent of the premium cost, and the insurance meets the basic-benefit level, as defined at 130 CMR 501.001;

(ii) the child's family group gross income is above 150 percent but does not exceed 300 percent of the federal-poverty level for citizens, qualified aliens, and aliens with special status as described in 130 CMR 504.002(D)(2);

(iii) the child's family group gross income does not exceed 200 percent of the federal-poverty level for aliens with special status as described in 130 CMR 504.002(D)(1);

(iv) the child is ineligible for MassHealth Standard and MassHealth CommonHealth; and

(v) for children whose family group income is above 200 percent but does not exceed 300 percent of the federal-poverty level, the child does not have employer-sponsored health insurance and has not had employer-sponsored health insurance during the six months before application, as provided in 130 CMR 505.005(H).

(2) Cost Effectiveness Determination. The MassHealth agency determines the cost effectiveness of the available insurance plan to establish the appropriate premium assistance payment amount, and notifies the applicant or member of its decision.

(3) Premium Assistance Payment. Except as provided in 130 CMR 501.003(E)(2)(a), the MassHealth agency makes monthly premium payments on behalf of members. Health insurance premium payments are made directly to the insurance carrier, the employer, or to the most appropriate party, as determined by the MassHealth agency. If a direct payment is made to a family group member, proof of health-insurance payments may be required from the parent or member.

(4) Premium Assistance Payment Amount. The MassHealth agency provides premium assistance in accordance with 130 CMR 506.012(F).

(5) Eligibility Date.

(a) Premium assistance payments begin in the month of the MassHealth eligibility determination for Premium Assistance or the month in which the insurance deduction begins, whichever is later. Each monthly payment is for coverage in the following month.

(b) Persons eligible under the provisions of 130 CMR 505.005(D) are also eligible for services provided under the purchase of medical benefits as described in 130 CMR 450.105(H)(3) to the extent these services are not covered by the individual's employer-sponsored health insurance. The medical coverage date for these services is established in accordance with 130 CMR 505.005(F)(3).

(6) Premium Assistance for Persons Who Have Not Yet Verified HIV-Positive Status. The MassHealth agency also provides premium assistance, in accordance with 130 CMR 505.005(D), to persons meeting the requirements of 130 CMR 505.005(G)(1)(a) who would otherwise be eligible for premium assistance under 130 CMR 505.005(C).

(E) The Purchase of Medical Benefits for Children.

(1) Eligibility Requirements. Children under the age of 19 are eligible for the purchase of medical benefits under MassHealth Family Assistance if they meet all of the following requirements:

(a) the child's family group gross income is above 150 percent but does not exceed 300 percent of the federal-poverty level for citizens, qualified aliens, and aliens with special status as described in 130 CMR 504.002(D)(2);

(b) the child's family group gross income does not exceed 200 percent of the federal-poverty level for aliens with special status as described in 130CMR 504.002(D)(1);

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

(d) the child is uninsured and does not have access to employer-sponsored health insurance; and

(e) for children between 200 and 300 percent of the federal-poverty level, the child has not had employer-sponsored health insurance during the six months before application, as provided in 130 CMR 505.005(H).

(2) Presumptive Eligibility Requirements. The MassHealth agency may determine uninsured children presumptively eligible for medical benefits under MassHealth Family Assistance in accordance with the requirements of 130 CMR 502.003 if:

(a) the self-declared gross income of the family group is above 150 percent but does not exceed 300 percent of the federal-poverty level for citizens, qualified aliens, and aliens with special status as described in 130 CMR 504.002(D)(2); or

(b) the self-declared gross income of the family group is above 150 percent but does not exceed 200 percent of the federal-poverty level for aliens with special status as described in 130 CMR 504.002(D)(1).

(3) Premium. Families of children who meet the requirements of 130 CMR 505.005(E)(1) and (2) are assessed a monthly premium in accordance with 130 CMR 506.011(J). Children who are eligible for a limited period of time, as described at 130 CMR 505.005(B)(3), and children who meet the requirements at 130 CMR 501.006 are also assessed a monthly premium in accordance with 130 CMR 506.011(J).

(4) Medical Coverage Date.

(a) The medical coverage date for the purchase of medical benefits under MassHealth Family Assistance begins on the 10<sup>th</sup> day 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 if all required verifications have been received within 60 days of the date of the Request for Information.

(b) If required verifications listed on the Request for Information are received after the 60-day period referenced in 130 CMR 505.005(E)(4)(a), the begin date of medical coverage is 10 days before the date on which the verifications were received if these verifications are received within one year of receipt of the Medical Benefit Request.

(c) The begin and end dates for medical coverage under presumptive eligibility are described in 130 CMR 502.003.

Trans. by E.L. 197

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 505  
Page 505.008**

---

Rev. 09/01/09

505.008: MassHealth Limited

(A) Eligibility Requirements.

(1) MassHealth Limited is available to persons who meet the financial and categorical requirements of MassHealth Standard, except women described at 130 CMR 505.002(H), 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);

(b) aliens with special status described in 130 CMR 504.002(D)(1) who are under age 19 and are eligible for premium assistance under MassHealth Family Assistance; or

(c) aliens with special status who are adults described in 130 CMR 504.002(F)(2)(d).

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

(3) Aliens lawfully admitted for a temporary purpose such as students, visitors, and diplomats are eligible for Limited coverage if they meet all other eligibility requirements including residence.

(4) A child born to a woman who was receiving MassHealth Limited on the date of the child's birth is automatically eligible for MassHealth Standard for one year.

(5) Aliens with special status who are eligible for MassHealth Essential in accordance with 130 CMR 505.007(E) are automatically eligible for MassHealth Limited.

(B) Medical Coverage Date.

(1) The medical coverage date for MassHealth Limited begins on the 10<sup>th</sup> day 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, if all required verifications, including a completed disability supplement, have been received within 60 days of the date of the Request for Information.

Trans. by E.L. 197

MASSHEALTH  
THE ELIGIBILITY PROCESS

Chapter 516  
Page 516.001

---

Rev. 09/01/09

516.001: Overview

(A) Eligibility Process. The eligibility process consists of the activities conducted for the purpose of determining, redetermining, and maintaining eligibility.

(B) Filing an Application. To apply for MassHealth, a person or his or her eligibility representative must file a Senior Medical Benefit Request (SMBR) at a MassHealth Enrollment Center or MassHealth outreach site.

(C) Corroborative Information. The MassHealth agency requests all corroborative information necessary to determine eligibility.

(1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of the receipt of the SMBR.

(2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

(D) Receipt of Corroborative Information. If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the SMBR is considered complete. The completed SMBR activates the MassHealth eligibility process for determining the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

(1) Except as provided in 130 CMR 515.003(C), if the requested information is received within 30 days of the date of the denial, the date of receipt of one or more of the verifications is considered the date of reapplication.

(2) The date of reapplication replaces the date of the denied SMBR. The applicant's earliest date of eligibility for MassHealth is based on the date of reapplication.

(3) If a reapplication is subsequently denied and not appealed, the applicant must submit a new SMBR to pursue eligibility for MassHealth. The earliest date of eligibility for MassHealth is based on the date of the new SMBR.

(E) Missing or Inconsistent Information on the SMBR.

(1) If an SMBR is received at a MassHealth Enrollment Center or MassHealth outreach site and the applicant did not answer all required questions on the SMBR, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.

(2) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 14 days of the date of the request for the information.



Trans. by E.L. 197

**MASSHEALTH  
CITIZENSHIP AND IMMIGRATION**

**Chapter 518  
Page 518.001**

Rev. 09/01/09

518.001: Introduction

Persons applying for or receiving MassHealth must verify their citizenship and identity or immigration status. Citizens and nationals who receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) based upon disability, or Medicare (including those who are entitled to Medicare), and children in receipt of either Title IV-B services or Title IV-E adoption assistance or foster care payments do not need to submit verification.

518.002: Requirements

(A) Citizen.

(1) Definition of Citizen. A citizen of the United States is

(a) an individual who was born in the United States or its territories, including Puerto Rico, the Virgin Islands, Guam, and the Northern Mariana Islands, except those born to a foreign diplomat, and who otherwise qualifies for U.S. citizenship under § 301 et seq. of the Immigration and Nationality Act (INA);

(b) an individual born of a parent who is a U.S. citizen or who otherwise qualifies for U.S. citizenship under § 301 et seq. of the Immigration and Nationality Act;

(c) a naturalized citizen; or

(d) a national (both citizen and non-citizen national) as defined in 130 CMR 518.002(A)(1)(d)(i) or (ii).

(i) Citizen National. A citizen national is an individual who otherwise qualifies as a U.S. citizen under § 301 et seq. of the Immigration and Nationality Act.

(ii) Non-Citizen National. A non-citizen national is an individual who was born in one of the outlying possessions of the United States, including American Samoa and Swain's Island, to a parent who is a non-citizen national.

(2) Acceptable Proof of Citizenship and Identity (Level 1-Primary Verifications). Primary verifications satisfy both citizenship and identity requirements. Verification from 130 CMR 518.002(A)(2) must be submitted if available during the eligibility-determination process. Applicants and MassHealth members who were not U.S. citizens at birth must submit verification from 130 CMR 518.002(A)(2). Children born outside the United States and adopted by U.S. citizens may establish citizenship using the process established by the Child Citizenship Act of 2000. The following documents may be accepted as proof of both citizenship and identity because each contains a photograph of the individual named in the document, and the citizenship and identity of the individual have been established by one of the following:

(a) U.S. passport;

(b) Certificate of Naturalization (DHS form N-550 or N-570);

(c) Certificate of U.S. Citizenship (DHS form N-560 or N-561); or

(d) a document issued by a federally recognized Indian tribe showing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood).

(3) Acceptable Proof of Citizenship (Levels 2 through 4). The following documents are acceptable as proof of citizenship, but not identity. These verifications of citizenship are listed in descending order. Identity must also be verified with one of the verifications listed in 130 CMR 518.002(A)(4). Verification from 130 CMR 518.002(A)(3)(a) can be submitted only if verification from 130 CMR 518.002(A)(2) cannot be obtained during the eligibility-determination period. Verification from 130 CMR 518.002(A)(3)(b) can be submitted only if verification from 130 CMR 518.002(A)(2) cannot be obtained during the eligibility-determination period and verification from 130 CMR 518.002(A)(3)(a) does not exist or cannot be obtained. Verification from 130 CMR 518.002(A)(3)(c) can be submitted only if verification from 130 CMR 518.002(A)(2) cannot be obtained during the eligibility-determination period and verification from 130 CMR 518.002(A)(3)(a) and (b) does not exist or cannot be obtained.

(a) Level 2. The following documents may be accepted as proof of citizenship, but not identity:

(i) U.S. public record of birth showing birth in one of the fifty states (including the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam (if born on or after April 10, 1899), the U.S. Virgin Islands (if born on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (if born after November 4, 1986, NMI local time)). However, if the document shows the individual was born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen under 42 CFR § 435.407(b)(1). The birth record must have been recorded before the individual's fifth birthday;

(ii) Report of Birth Abroad of a U.S. Citizen (Form FS-545, Form FS-240, or DS-1350);

(iii) U.S. Citizen I.D. card (INS Form I-197 or INS Form I-179);

(iv) American Indian Card I-872 issued by the Department of Homeland Security with the classification code KIC (issued by DHS to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border);

(v) final adoption decree showing child's name and U.S. place of birth (if adoption is not finalized, statement from a state-approved adoption agency);

(vi) evidence of U.S. civil service employment prior to June 1976;

(vii) official military record showing a U.S. place of birth;

Trans. by E.L. 197

	<b>MASSHEALTH</b>	<b>Chapter</b>	<b>518</b>
	<b>CITIZENSHIP AND IMMIGRATION</b>	<b>Page</b>	<b>518.002</b>
<b>Rev. 09/01/09</b>	<b>(2 of 8)</b>		

(viii) Northern Mariana Identification Card I-873 (issued by the INS to a collectively naturalized citizen of the United States who was born in the Northern Mariana Islands before November 4, 1986, NMI local time);

(ix) verification with the Department of Homeland Security Systematic Alien Verification for Entitlements (SAVE) database; or

(x) evidence of meeting the automatic criteria for U.S. citizenship outlined in the Child Citizenship Act of 2000.

(b) Level 3. The following documents may be accepted as proof of citizenship, but not identity:

(i) extract of a U.S. hospital record of birth issued on hospital letterhead that was created at least five years before the initial application date (except that for children under age 16, the document can be issued near the time of birth or five years before the application date) and indicates a U.S. place of birth. A souvenir birth certificate is not acceptable;

(ii) life, health, or other insurance record showing a U.S. place of birth that was created at least five years before the initial application date. For children under age 16, the document must have been created near the time of birth;

(iii) religious record that was recorded in the U.S. within three months of birth showing the birth occurred in the U.S. and showing either the date of birth or the individual's age at the time the record was made. The record must be an official record of the religious organization. Entries in a family Bible are not considered religious records; or

(iv) early school records showing a U.S. place of birth. The school record must show the name of the child, the date of admission into the school, the date of birth, a U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents.

(c) Level 4. The following documents may be accepted as proof of citizenship, but not identity:

(i) federal or state census record showing U.S. citizenship or a U.S. place of birth and the applicant's age;

(ii) admission papers indicating a U.S. place of birth from a nursing facility, skilled nursing facility, or other institution that were created at least five years before the initial date of application for MassHealth and which shows a U.S. place of birth;

(iii) medical (clinic, doctor, or hospital) records indicating a U.S. place of birth that was created at least five years before the initial date of application for MassHealth (except that for children under age 16, the document can be issued near the time of birth or five years before the application date);

Trans. by E.L. 197

	<b>MASSHEALTH</b>	<b>Chapter</b>	<b>518</b>
	<b>CITIZENSHIP AND IMMIGRATION</b>	<b>Page</b>	<b>518.002</b>
<b>Rev. 09/01/09</b>	<b>(3 of 8)</b>		

(iv) one of the following documents created at least five years before the initial date of application for MassHealth and that shows a U.S place of birth: Seneca or Navajo Indian tribal census records, U.S. vital statistics official notification of birth registration, a delayed U.S. public record of birth that was recorded more than five years after the person's birth, a statement of a physician or midwife who was in attendance at the birth, or the Bureau of Indian Affairs Roll of Alaska Natives; or

(v) written affidavit when there is no other verification. An affidavit should be used only in rare circumstances. Two affidavits must be submitted, which can be combined on a joint affidavit. One of the two affidavits must be from an individual who is not related to the applicant or member. Each individual providing an affidavit must have personal knowledge of the event or events establishing the applicant's or member's claim of U.S citizenship or national status (for example, the date and place of the applicant's or member's birth in the United States, if applicable). The individuals providing the affidavits must also provide proof of both their own U.S. citizenship or national status and identity for the affidavit to be accepted. If the individuals making the affidavit also know why the documentary evidence of the applicant's or member's claim of U.S. citizenship or national status cannot be provided, this should be included in the affidavit. The applicant or member or other knowledgeable individual (guardian or representative) must provide a separate affidavit explaining why the evidence cannot be provided.

(4) Acceptable Proof of Identity. Acceptable documentation includes the following, as well as any other verification allowed under federal law as determined by the MassHealth agency:

- (a) state driver's license bearing the individual's picture or other identifying information;
- (b) government-issued identity card bearing the individual's picture or other identifying information;
- (c) Certificate of Degree of Indian Blood or other U.S. tribal document bearing individual's picture or other identifying information;
- (d) U.S. military card or draft record;
- (e) school identity card with picture;
- (f) military dependent identity card;
- (g) U.S. Coast Guard Merchant Mariner card;
- (h) cross-match with a federal or state government, public assistance, law enforcement, or correction agency data system;

Trans. by E.L. 197

	<b>MASSHEALTH</b>		
	<b>CITIZENSHIP AND IMMIGRATION</b>	<b>Chapter</b>	<b>518</b>
<b>Rev. 09/01/09</b>	<b>(4 of 8)</b>	<b>Page</b>	<b>518.002</b>

(i) three or more corroborating documents, such as marriage licenses, divorce decrees, high school diplomas, employer identification cards, or property deeds or titles. These corroborating documents can be used only if the individual submitted different Level 2 or Level 3 documentation for citizenship. These corroborating documents are not acceptable if a Level 4 document has been submitted;

(j) for children under age 16, the following are also acceptable documentation of identity:

(i) school records, including report cards, or nursery-school or day-care records;

(ii) clinic, doctor, or hospital records; or

(iii) an affidavit, signed by a parent, guardian, or caretaker relative, attesting to the child's date and place of birth signed under penalty of perjury (cannot be used if affidavit was provided for citizenship); or

(k) for a disabled individual in a residential-care facility, an attestation of identity by the facility director or administrator when the individual does not have or cannot get any document listed in 130 CMR 518.002(A)(4)(a) through (j).

(5) Reasonable Opportunity Extension. Applicants or members who need additional time to obtain verification of citizenship and identity may receive a 30-day extension. Requests for a reasonable opportunity extension must be made before the expiration of the verification time period.

(6) Child Born to a MassHealth-Eligible Woman. Regardless of the mother's immigration status, a child born to a woman who is eligible for MassHealth on the date of the child's birth will be exempt from providing citizenship and identity verification.

(B) Qualified Aliens. Aliens described in 130 CMR 518.002(B)(1), (2), and (3) are considered qualified aliens if they either entered the United States on or after August 22, 1996, and five years have passed from the date they attained an immigration status described in 130 CMR 518.002(B)(1), (2), or (3); they attained such status before August 22, 1996; or they have been continuously present since before August 22, 1996. Date of entry into the United States is not considered for aliens qualified under 130 CMR 518.002(B)(4) through (12), even if they are also described in 130 CMR 518.002(B)(1), (2), or (3). The following persons are considered qualified aliens for the purposes of MassHealth eligibility:

(1) persons admitted for legal permanent residence (LPR) under the Immigration and Nationality Act (INA);

(2) persons granted parole for at least one year under section 212(d)(5) of the INA;

(3) conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980;

Trans. by E.L. 197

	<b>MASSHEALTH</b>	<b>Chapter</b>	<b>518</b>
	<b>CITIZENSHIP AND IMMIGRATION</b>	<b>Page</b>	<b>518.002</b>
<b>Rev. 09/01/09</b>	<b>(5 of 8)</b>		

---

- (4) persons granted asylum under section 208 of the INA;
- (5) refugees admitted under section 207 of the INA;
- (6) persons whose deportation has been withheld under section 243(h) or 241(b)(3) of the INA, as provided by section 5562 of the federal Balanced Budget Act of 1997;
- (7) (a) veterans of the United States Armed Forces with an honorable discharge not related to their alien status;
  - (b) Filipino war veterans who fought under U.S. command during WWII;
  - (c) Hmong and Highland Lao veterans who are admitted for legal permanent residence (LPR) and who fought under U.S. command during the Vietnam War;
  - (d) persons with alien status on active duty in the U.S. Armed Forces, other than active duty for training; or
  - (e) the spouse, unremarried surviving spouse, or unmarried dependent children of the alien described in 130 CMR 518.002(B)(7)(a) through (d);
- (8) aliens or their unmarried dependent children, as defined in federal law, who have been subjected to battery or extreme cruelty by their spouse, parent, sponsor, or a member of their household, and who no longer live in the same household as the batterer;
- (9) persons who entered as Cuban/Haitian entrants under section 501(e) of the Refugee Education Assistance Act of 1980;
- (10) native Americans with at least 50 percent American Indian blood who were born in Canada pursuant to section 289 of the INA or other tribal members born in territories outside of the U.S. pursuant to 25 U.S.C. 450b(e);
- (11) Amerasians admitted pursuant to section 584 of Public Law 100-202;
- (12) victims of severe forms of trafficking;
- (13) Iraqi Special Immigrants granted special immigrant status under Section 101(a)(27) of the Immigration and Nationality Act, pursuant to Section 1244 of Public Law 110-181 or Section 525 of Public Law 110-161, for a period not to exceed eight months; or
- (14) Afghan Special Immigrants granted special immigrant status under Section 101(a)(27) of the Immigration and Nationality Act, pursuant to Section 525 of Public Law 110-161, for a period not to exceed six months.

Trans. by E.L. 197

MASSHEALTH  
CITIZENSHIP AND IMMIGRATION

Chapter 518  
(6 of 8) Page 518.002

---

Rev. 09/01/09

(C) Protected Aliens. Aliens who are not qualified aliens but who are aliens with special status or nonqualified aliens, as described at 130 CMR 518.002(D) and (E), are considered protected aliens and may receive MassHealth regardless of immigration status, if they meet one of the following conditions and are otherwise eligible. This status continues until a determination of ineligibility due to failure to meet categorical or financial eligibility requirements has been made.

- (1) They were receiving medical assistance on June 30, 1997.
- (2) They had a long-term-care application pending on July 1, 1997.
- (3) They lived in a long-term-care facility on June 30, 1997, but had not yet applied for MassHealth.

(D) Aliens with Special Status. Certain aliens who are not qualified aliens are afforded eligibility for MassHealth based on provisions of state law as described in 130 CMR 518.002(D). The following are aliens with special status:

- (1) persons permanently living in the United States under color of law (PRUCOLs) as described in 42 CFR 435.408(b)(3) through (7), (b)(10) through (14), and (b)(16), which includes the following:
  - (a) aliens living in the United States in accordance with an indefinite stay of deportation;
  - (b) aliens living in the United States in accordance with an indefinite voluntary departure;
  - (c) aliens and their families who are covered by an approved immediate relative petition, who are entitled to voluntary departure, and whose departure the United States Department of Homeland Security (DHS) does not contemplate enforcing;
  - (d) aliens who have filed applications for adjustment of status that the DHS has accepted as "properly filed," and whose departure the DHS does not contemplate enforcing;
  - (e) aliens granted stays of deportation by court order, statute, or regulation, by individual determination of the DHS, or relevant DHS instructions, and whose departure the DHS does not contemplate enforcing;
  - (f) aliens granted voluntary departure by the DHS or an Immigration Judge, and whose deportation the DHS does not contemplate enforcing;
  - (g) aliens granted deferred action status;

Trans. by E.L. 197

	<b>MASSHEALTH CITIZENSHIP AND IMMIGRATION</b>	<b>Chapter 518</b>
<b>Rev. 09/01/09</b>	<b>(7 of 8)</b>	<b>Page 518.002</b>

- (h) aliens living under orders of supervision;
- (i) aliens who have entered and continuously lived in the United States since before January 1, 1972;
- (j) aliens granted suspension of deportation, and whose departure the DHS does not contemplate enforcing;
- (k) aliens granted temporary protected status (TPS);
- (l) aliens who are asylum applicants; and
- (m) any other aliens living in the United States with the knowledge and consent of the DHS, and whose departure the DHS does not contemplate enforcing. (These include permanent nonimmigrants as established by Public Law 99-239, and persons granted Extended Voluntary Departure due to conditions in the alien's home country based on a determination by the Secretary of State.); or

(2) persons who are not otherwise defined as qualified aliens under 130 CMR 518.002(B), as follows:

- (a) persons admitted for legal permanent residence (LPR) under the INA;
- (b) persons granted parole for at least one year under section 212(d)(5) of the INA; and
- (c) conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980.

(E) Nonqualified Aliens. Aliens whose status is not described in 130 CMR 518.002(B), (C), or (D) are considered nonqualified aliens.

(F) Applicable Coverage Types.

- (1) Citizens, qualified aliens, and protected aliens may receive MassHealth under any coverage type for which they are eligible.
- (2) Aliens with special status may not receive coverage under MassHealth Standard, Buy-In, Senior Buy-In, or CommonHealth. However, they may be eligible for MassHealth Essential if they meet the eligibility requirements in 130 CMR 519.013 and MassHealth Limited if they meet the eligibility requirements of Essential at 130 CMR 519.013.
- (3) Nonqualified aliens may receive only MassHealth Limited if they meet the eligibility requirements at 130 CMR 519.009.
- (4) Aliens with special status, as described in 130 CMR 518.002(D)(2), who are children under age 19 or pregnant may receive MassHealth under any coverage type for which they are eligible.



Trans. by E.L. 197

**MASSHEALTH  
CITIZENSHIP AND IMMIGRATION**

**Chapter 518  
Page 518.002**

Rev. 09/01/09

---

(8 of 8)

(G) Verification of Citizenship, Identity, and Immigration Status.

- (1) A determination of eligibility is made as of the date the application and all required information, except verification of immigration status, is received by the MassHealth agency.
- (2) The MassHealth agency submits the names of qualified aliens to the DHS for confirmation of immigration status.
- (3) The MassHealth agency requests verification of immigration status subsequent to the eligibility determination from the following:
  - (a) qualified aliens who did not submit verification of their immigration status with the application, and for whom the DHS has been unable to confirm their status as described at 130 CMR 518.002(G)(2); and
  - (b) aliens with special status who did not submit verification of their immigration status with the application.
- (4) Aliens who fail to submit verification of their immigration status, as described in 130 CMR 518.002(A), (B), and (G), within 30 days of the MassHealth agency's information request 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.
- (5) The MassHealth agency requests verification of citizenship subsequent to the eligibility determination from U.S. citizens or nationals who did not submit acceptable verification of their citizenship status with the application as described in 130 CMR 518.002(A)(2) or (3).
- (6) The MassHealth agency requests verification of identity subsequent to the eligibility determination from U.S. citizens or nationals who did not submit acceptable verification of their identity with the MassHealth application as described in 130 CMR 518.002(A)(2) or (4).
- (7) Citizens who fail to submit verification of their citizenship and identity, as described in 130 CMR 518.002(A) and (G), within 30 days of the MassHealth agency's information request will subsequently be ineligible for any MassHealth coverage type.
- (8) Applicants or members who need additional time to obtain verification of citizenship and identity may receive a 30-day extension. Requests for a reasonable opportunity extension must be made before the expiration of the verification time period.

Trans. by E.L. 197

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.009**

---

Rev. 09/01/09

519.009: MassHealth Limited

(A) Eligibility Requirements.

(1) MassHealth Limited is available to community residents aged 65 and older meeting the financial and categorical requirements of MassHealth Standard coverage as described at 130 CMR 519.005(A) and (B) and who are

(a) nonqualified aliens described in 130 CMR 518.002(E); or

(b) aliens with special status as described in 130 CMR 518.002(D) who are not categorically eligible as a child age 19 or a pregnant woman..

(2) Persons eligible for MassHealth Limited coverage are eligible for medical benefits described at 130 CMR 450.105(G).

(3) Nonqualified aliens and aliens with special status must meet all other requirements of MassHealth Standard with the exception of furnishing or applying for a social security number.

(4) Aliens lawfully admitted for a temporary purpose such as students, visitors, and diplomats are eligible for MassHealth Limited coverage provided they meet all other eligibility requirements including residence.

(B) Coverage Date. The begin date of medical coverage is established in accordance with 130 CMR 516.005.

Trans. by E.L. 197

**MASSHEALTH  
OTHER DIVISION PROGRAMS**

**Chapter 522  
Page 522.005**

---

Rev. 09/01/09

(2) Once eligibility has been established, benefits for an eligible member will continue throughout the pregnancy, and 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 provided eligibility requirements continue to be met. An increase in income above 200% FPL will not cause loss of coverage. A temporary absence from the state will not cause loss of coverage.

(E) Calculation of Financial Eligibility. Financial eligibility for HSP is determined by comparing the family group's gross monthly income with the applicable income standard.

(F) Benefits Provided. Benefits provided are described at M.G.L. c. 118E, § 10E and include all medical care necessary to maintain health during the course of the pregnancy and delivery. Benefits include the following:

- (1) primary and specialty visits;
- (2) outpatient behavioral health visits;
- (3) radiology and laboratory visits;
- (4) amniocentesis;
- (5) durable medical equipment and supplies, up to \$300 per pregnancy;
- (6) home nursing visits (two visits for pregnancies without complications and five visits for pregnancies with complications or C-sections);
- (7) office visits (including family planning);
- (8) inpatient delivery and services (covered by MassHealth Limited);
- (9) postpartum obstetric and gynecological care;
- (10) newborn hospital and outpatient care, including one postpartum pediatric ambulatory visits;
- (11) prescription drugs; and
- (12) emergency services (covered by MassHealth Limited).

(G) Provider Regulations. Except as otherwise provided under contract or applicable law, all provisions of 130 CMR 450.000 apply to the Healthy Start Program, including provisions about payment in full (130 CMR 450.203) and medical necessity (130 CMR 450.204).