Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Eligibility Letter 229
January 12, 2018

TO: MassHealth Staff

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: **Revisions to Provisional Eligibility and Coverage Start Date Rules**

MassHealth is revising the regulations at 130 CMR 502.000 and 130 CMR 505.000

The proposed revision to 130 CMR 502.000 changes the eligibility requirement for provisional coverage consistent with our recent Section 1115 waiver request and to provides clarification of coverage start date rules. In addition, the citation at 130 CMR 502.003(D)(2)(b) is being revised and language is being added to update coverage date rules in130 CMR 502.006.

The revisions to 130 CMR 505.000 are being made to change the medical coverage date references to 130 CMR 502.000 for coverage type Standard, CommonHealth, Family Assistance, CarePlus and Limited to conform to the proposed clarification in 130 CMR 502.000.

These regulations are effective February 1, 2018.

MANUAL UPKEEP

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502.001: Application for Benefits

(A) Filing an Application. To apply for MassHealth, an individual or his or her authorized representative must file an application online at www.MAHealthConnector.org, complete a paper application, complete a telephone application, or apply in person at a MassHealth Enrollment Center (MEC).

(1) Date of Application.

(a) The date of application for an online, telephonic, or in-person application is the date the application is submitted to the MassHealth agency.

(b) The date of application for a paper application that is either mailed or faxed is the date the application is received by the MassHealth agency.

(2) Online or Telephone Application Requirements.

(a) Individuals, or their authorized representative, if applicable, completing an application for MassHealth online at www.MAHealthConnector.org or by telephone must be identity proofed pursuant to 130 CMR 502.001(A)(3). Eligibility based on an online or telephonic application cannot be determined until the identity is proven or a paper application is submitted.

(b) If an applicant submits a paper application or applies in person at a MassHealth Enrollment Center, identity proofing is not required.

(3) Identity Proofing Process. An individual or his or her authorized representative, if applicable, completing an online or telephonic application will be asked a series of questions to prove his or her identity.

(a) If the individual is successfully identity proofed, the application may be submitted and an eligibility determination will be performed.

(b) If the individual is not successfully identity proofed, the individual will be asked to provide one or two forms of acceptable documentation proving his or her identity.

(c) When identity proof is received, the individual can submit an application and the eligibility process commences. The MassHealth agency will determine

1. the coverage type providing the most comprehensive medical benefits for which the applicant is eligible and the application is considered submitted on the date of successful identity proofing; and

2. the need to request any corroborative information necessary to determine eligibility, as provided in 130 CMR 502.001(B) through (D).

(B) Corroborative Information. The MassHealth agency requests all corroborative information necessary to verify eligibility in accordance with 130 CMR 502.003. The applicant must supply such information within 90 days of the receipt of the Request for Information Notice, as described at 130 CMR 502.003(C).

(C) Corroborative Information Received. If all necessary information is received within 90 days of the receipt of the Request for Information Notice, as described at 130 CMR 502.003(C), the MassHealth agency will determine the most comprehensive medical benefits for which the applicant is eligible.

(D) Corroborative Information Not Received. If the necessary information is not received within 90 days of the receipt of the Request for Information Notice, as described at 130 CMR 502.003(C), with the exception of the individuals described at 130 CMR 502.001(D)(1) through (4), the MassHealth agency will attempt to redetermine eligibility using electronic data sources, if available, but if such information is not available from these sources, the applicant's MassHealth benefits will be denied or terminated, as described in 130 CMR 502.003(D)(2). The MassHealth agency will notify the applicant accordingly.

(1) If the only necessary information not received within the provisional eligibility period referenced in 130 CMR 502.003(E) is verification of breast or cervical cancer, the individual will not be considered as an individual with breast or cervical cancer and will be determined for the most comprehensive coverage for which the individual qualifies without this factor.

(2) If the only necessary information not received within the provisional eligibility period referenced in 130 CMR 502.003(E) is verification of HIV-positive status, the individual will not be considered as an individual with HIV-positive status and will be determined for the most comprehensive coverage for which the individual qualifies without this factor.

(3) If the only necessary information not received within the provisional eligibility period referenced in 130 CMR 502.003(E) is verification of disability status, the individual will not be considered as a disabled individual and will be determined for the most comprehensive coverage for which the individual qualifies without this factor.

(4) If immigration status information is not received within the reasonable opportunity period referenced in 130 CMR 502.003(F) and the immigration status cannot be verified using electronic data sources, the individual's eligibility will be determined as an "other noncitizen" as described in 130 CMR 504.003(D): *Other Noncitizens*.

502.002: Reactivating the Application

If all required information is received by the MassHealth agency after the period described in 130 CMR 502.001(D), or after a denial of eligibility, the MassHealth agency reactivates the application and considers it submitted as of the date the information is received, and the medical coverage date is established in accordance with 130 CMR 502.006. A new application must be completed if all required information is not received within one year of receipt of the previous application.

502.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements*, 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*, and 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

(A) Information Matches. The MassHealth agency initiates information matches with other agencies and information sources as described at 130 CMR 502.004 in the following order, when an application is received in order to verify eligibility

(1) the Federal Data Hub, which matches with the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service; and

(2) other federal and state agencies and other informational services.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required including corroborative information as described at 130 CMR 502.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.

(2) If the applicant or member fails to provide verification of information within 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.

(a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.

(b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).

(c) If the required verifications are received within one year from the date of the application or renewal form was received, coverage is reinstated to a date 10 days before the receipt of the verifications.

(d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

(E) Provisional Eligibility. The MassHealth agency will provide benefits while the applicant provides the MassHealth agency outstanding corroborative information in accordance with 130 CMR 502.003(D)(1), except for individuals described at 130 CMR 502.003(E)(2). Except as further set forth below, the MassHealth agency will accept self-attestation for all eligibility factors other than citizenship and immigration status, and make a provisional eligibility determination as

if the applicant had supplied the information. MassHealth applicants can receive only one provisional eligibility approval during a 12-month period, unless the individual is a pregnant woman. MassHealth members are required to enroll in managed care during the provisional eligibility period, if enrollment is otherwise required as described in 130 CMR 508.004: *Members Excluded from Participation in Various Managed Care Options*. MassHealth members who have been assessed a premium are subject to payment of premiums during the provisional eligibility period. Premium assistance is not awarded during the provisional eligibility period. It is only provided when all corroborative information has been received and the health-insurance investigation is complete, as described in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*. Provisional eligibility is subject to the following limitations.

(1) Coverage Date.

(a) Coverage for individuals younger than 21 years old and pregnant women who have been determined provisionally eligible begins 10 days before the date the application is received.

(b) Coverage for all other individuals who have been determined provisionally eligible begins on the date the notice of the provisional eligibility determination is sent.

(c) If all required verification are received before the end of the provisional eligibility period, retroactive coverage is provided for the verified coverage type in accordance with 130 CMR 505:000: *Health Care Reform: MassHealth: Coverage Types*.

(2) Limitations. Provisional eligibility is subject to the following limitations.

(a) Provisional eligibility is not available for adults 21 years of age or older who have not verified all income in their MAGI household, as described at 130 CMR 506.000: *Financial Requirements*, unless the individual is

1. a pregnant woman with attested MAGI income at or below 200% of the federal poverty level (FPL);
2. an individual 21 through 64 years of age who is HIV-positive with attested MAGI income at or below 200% of the FPL; or
3. an individual in active treatment for breast or cervical cancer who is younger than 65 years old with attested MAGI income at or below 250% of the FPL.

(b) The MassHealth agency will not accept self-attestation of disability. Disability must be verified as described in 130 CMR 505.002(E)(1): *Disabled Adults*. Eligibility for applicants who apply for benefits on the basis of disability will be determined as if they were not disabled until disability is verified as described in 130 CMR 505.002(E)(1): *Disabled Adults*.

(c) A member's coverage type will not be redetermined during the provisional eligibility period, except that members granted provisional eligibility who attest to pregnancy will be enrolled in MassHealth Standard.

(F) Reasonable Opportunity to Verify Citizenship and Identity or Immigration Status. The MassHealth agency provides applicants and members a reasonable opportunity period to provide satisfactory documentary evidence of citizenship and identity or immigration status if MassHealth's electronic data matches are unable to verify the applicant's citizenship or immigration status.

(1) Time Standards. The reasonable period begins on, and extends 90 days from, the date on which an applicant or member receives a reasonable opportunity notice.

502.005: Time Standards for an Eligibility Determination

(A) For applicants who do not apply on the basis of a disability, the MassHealth agency makes an eligibility determination

(1) within 60 days from the date of receipt of the complete application if the applicant is potentially eligible for MassHealth Family Assistance; or

(2) within 45 days from the date of receipt of the complete application for all other nondisabled applicants.

(B) For applicants who apply on the basis of a disability, the MassHealth agency makes an eligibility determination within 90 days from the date of receipt of the complete application.

(C) Households with one or more applicants aged 65 or older who are not eligible for benefits under the regulations in 130 CMR 501.000: *Health Care Reform: MassHealth: General Policies* through 508.000: *Health Care Reform: MassHealth: Managed Care Requirements* will be determined by the time standards described at 130 CMR 516.005: *Time Standards for Eligibility Determination* for the entire household.

(D) The time standards described in 130 CMR 502.005(A) through (C) may be extended by the amount of time used by the applicant to respond to requests for additional information needed to make the disability determination.

502.006: Coverage Dates

(A) Start Date of Coverage for Applicants. For individuals applying for coverage, the date of coverage for MassHealth is determined by the coverage type for which the applicant may be eligible. 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types* describes the rules for establishing this date, except as specified in 130 CMR 502.003(E)(1), (F)(2), and (H)(2).

(1) The start date of coverage for individuals approved for benefits under provisional eligibility is described at 130 CMR 502.003(E)(1).

(2) The start date of coverage for individuals who do not meet the requirements for provisional eligibility, as described at 130 CMR 502.003(E)(2)(a), is described at 130 CMR 502.006(A)(2)(a) through (c), except individuals described at 130 CMR 502.006(C).

(a) For individuals who submit all required verifications within the 90-day time frame, the start date of coverage is determined upon receipt of the requested verifications and coverage begins ten days prior to the date of application, except as specified in 130 CMR 506.006(C).

(b) For individuals who fail to provide verifications of information within 90 days of the receipt of the MassHealth agency's request and the MassHealth agency used information received from electronic data sources to determine eligibility, the start date of coverage is determined upon the agency's eligibility determination and coverage begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

(c) For individuals denied for failure to provide verification of requested information who then provide requested verifications or report changes after the denial, the start date of coverage is ten days prior to the date of receipt of all requested verifications or a reported change, except as specified in 130 CMR 502.003(D)(2)(d) and 502.006(C).

(B) Coverage Dates for Existing Members who Have a Change in Benefits. The date of coverage for existing members whose MassHealth coverage type changes due to a change in circumstances are:

(1) for existing members when an eligibility determination results in a more comprehensive benefit, except as described at 130 CMR 502.006(C), the start date of the new coverage is ten days prior to

(a) the receipt of the requested verifications;
(b) the receipt date of the annual renewal;
(c) the date of the eligibility determination for reported changes that do not result in request for verification; or
(d) the date of the MassHealth agency's eligibility determination due to information in the member's case file;

(2) for existing members when an eligibility determination results in a less comprehensive benefit, the end date of the existing coverage is no sooner than 14 days from the date of the notice unless the MassHealth member files an appeal in a timely manner and requests continued MassHealth benefits pending such an appeal or reinstatement of benefits as described at 130 CMR 610.036: *Continuation of Benefits Pending Appeal* and the start date of the new coverage is ten days prior to

(a) the receipt of the requested verifications;
(b) the receipt date of the annual renewal;
(c) the date of the eligibility determination for reported changes; or
(d) the date of the MassHealth agency's eligibility determination due to information in the member's case file;

(3) for existing members, effective dates for changes in premium payments are described at 130 CMR 506.011(C).

(C) Limitations. MassHealth coverage start dates are subject to the following limitations.

(1) The start date for Medicare premium payments for individuals determined eligible for MassHealth Standard, MassHealth CommonHealth, and MassHealth Senior Buy-in and Buy-in is described at 130 CMR 505.002(O), 505.004(L), and 505.007.

(2) The start date for Premium Assistance Payment for individuals eligible for MassHealth Standard, MassHealth CommonHealth, MassHealth Family Assistance, and MassHealth CarePlus is described at 130 CMR 506.012(F)(1)(d).

(3) The start date for MassHealth CommonHealth for persons described at 130 CMR 505.004(C) who have been notified by the MassHealth agency that they must meet a one-time deductible have their medical coverage start date established in accordance with 130 CMR 506.009(E): *Notification of the Deductible*.

(D) End Date of Coverage. Except as specified in 130 CMR 502.003(H)(2), MassHealth benefits terminate or downgrade no sooner than 14 days from the date of termination or downgrade notice unless the MassHealth member timely files an appeal and requests continued MassHealth benefits pending such appeal or reinstatement of benefits as described at 130 CMR 610.036: *Continuation of Benefits Pending Appeal*. MassHealth will extend coverage to the end of the month only for those individuals whose MassHealth eligibility is terminated and who become eligible for the Premium Tax Credit (PTC). If the effective date of the termination is on or before the 15th of the month, MassHealth coverage will end on the last day of that month. If the effective date of the termination is after the 15th of the month, MassHealth coverage will end on the last day of the following month.

502.007: Continuing Eligibility

(A) Annual Renewals. The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within requested time frames. The MassHealth agency updates eligibility based on information received as a result of such review. The MassHealth agency reviews eligibility

(1) by information matching with other agencies, health insurance carriers, and information sources;

(2) through a written update of the member's circumstances on a prescribed form;

(3) through an update of the member's circumstances in person, by telephone, or on the MAHealthConnector.org account; or

(4) based on information in the member's case file.

(B) Eligibility Determinations. The MassHealth agency determines, as a result of this review, if

(1) the member continues to be eligible for the current coverage type;

(2) the member's current circumstances require a change in coverage type, premium payment, or premium assistance payment; or

(3) the member is no longer eligible for MassHealth.

(C) Eligibility Reviews. MassHealth reviews eligibility in the following ways.

(1) Automatic Renewal. Households whose continued eligibility can be determined based on electronic data matches with federal and state agencies will have their eligibility automatically renewed.

(a) If the data match results in no change in benefits or in a more comprehensive benefit for all members of the household, the MassHealth agency will notify the head of household that eligibility has been reviewed using the automatic renewal process.

(b) In addition, if the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing him or her of the start date for the new coverage. The start date of the new coverage is described at 130 CMR 502.006, except that premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month that the insurance deduction begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).

(2) Prepopulated Renewal Application. Households whose continued eligibility cannot be determined based on electronic data matches with federal and state agencies and households whose eligibility would change to a less comprehensive benefit for at least one member of the household as a result of the data matches will be required to complete a prepopulated renewal application.

(a) The MassHealth agency will notify the head of the household of the need to complete the renewal application.

(b) The head of the household will be given 45 days from the date of the request to return the paper prepopulated renewal application, log onto his or her MAHealthConnector.org account to complete the renewal application online, or call the MassHealth agency to complete the renewal application telephonically.

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

1. If MassHealth determines the individual has access to employer-sponsored health insurance and the employer is contributing at least 50% of the premium cost and the insurance meets all other criteria described at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that he or she must enroll in this employer-sponsored coverage. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides MassHealth Standard Premium Assistance Payments as described in 130 CMR 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health insurance plan at the request of MassHealth will result in the loss or denial of eligibility for all individuals unless the individual is under age 21 or is pregnant.
2. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the individual is eligible for MassHealth Standard Direct Coverage.
3. Individuals described at 130 CMR 505.002(F) and (G) will not undergo an investigation.

(O) Medicare Premium Payment.

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

(a) the cost of the monthly Medicare Part B premiums;

(b) where applicable, the cost of hospital insurance under Medicare Part A for members who are entitled to Medicare Part A; and

(c) where applicable, for the deductibles and coinsurance under Medicare Parts A and B.

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

(P) Medical Coverage Date.

(1) The medical coverage date for Mass Health Standard is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.002(P)(2).

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

(130 CMR 505.003 Reserved)

(L) Medicare Premium Payment.

(1) MassHealth also pays the cost of the monthly Medicare Part B premium on behalf of members who meet the requirements of 130 CMR 505.004 and who have modified adjusted gross income of the MassHealth Disabled Adult household that is less than 135% of the FPL.

(2) The coverage described in 130 CMR 505.004(L)(1) begins on the first day of the month following the date of the MassHealth eligibility determination and may be retroactive up to three months prior to the date the application was received by MassHealth.

(M) Medical Coverage Date.

(1) The medical coverage date for CommonHealth is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.004(M)(2) and (3).

(2) Persons described in 130 CMR 505.004(C) who have been notified by the MassHealth agency that they must meet a one-time deductible have their medical coverage date established in accordance with 130 CMR 506.009(E): *Notification of the Deductible*.

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

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

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

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

(a) the individual is

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

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

(b) the individual receives EAEDC cash assistance.

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

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

(I) MassHealth Family Assistance Coverage Begin Date.

(1) The medical coverage date for MassHealth Family Assistance is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.005(B) and 505.005(I)(2) and (3).

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

(3) For those individuals eligible for MassHealth Family Assistance as described at 130 CMR 505.005(B), the begin date of the Premium Assistance is in accordance with 130 CMR 506.012(F)(1)(d).

(c) qualified noncitizens barred, as described in 130 CMR 504.003(A)(2): *Qualified Noncitizens Barred*, and nonqualified individuals lawfully present, as described in 130 CMR 504.003(A)(3): *Nonqualified Individuals Lawfully Present* who are

1. adults, including parents and caretaker relatives, 21 through 64 years of age with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL;
2. disabled adults 21 through 64 years of age with modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 133% of the FPL;
3. parents and caretakers who are 21 through 64 years of age who are receiving EAEDC; and
4. adults 21 through 64 years of age who are receiving EAEDC.

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

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

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

(D) Medical Coverage Date.

(1) The medical coverage date for MassHealth Limited is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.006(D)(2).

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

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

(E) MassHealth CarePlus Coverage Begin Date.

(1) The MassHealth CarePlus coverage start date is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.008(E)(2).

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

(F) Medically Frail. If an individual is determined medically frail or is an individual with special medical needs and has been determined to meet the eligibility criteria for MassHealth CarePlus as described in 130 CMR 505.008, the individual may elect at any time to receive MassHealth Standard benefits, as described in 130 CMR 505.002(J). If at any time after enrolling in MassHealth CarePlus an individual becomes medically frail or is determined to be medically frail, the individual may elect to receive MassHealth Standard benefits. The effective date of MassHealth Standard is the date of the reported change. To be considered medically frail or a person with special medical needs, an individual must be

(1) an individual with a disabling mental disorder (including children with serious emotional disturbances and adults with serious mental illness);

(2) an individual with a chronic substance use disorder;

(3) an individual with a serious and complex medical condition;

(4) an individual with a physical, intellectual, or developmental disability that significantly impairs his or her ability to perform one or more activities of daily living; or

(5) an individual with a disability determination based on Social Security criteria.

505.009: MassHealth Small Business Employee Premium Assistance

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

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

(1) The individual is eligible if

(a) the individual's modified adjusted gross income of the MassHealth MAGI household is greater than 133 and less than or equal to 300% of the federal poverty level (FPL);

(b) the individual is 19 through 64 years of age;

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