

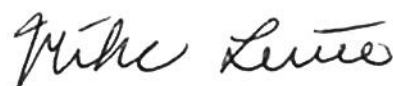


**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Eligibility Letter 244  
May 2023

**TO:** MassHealth Staff

**FROM:** Mike Levine, Assistant Secretary for MassHealth 

**RE:** **Updates to 130 CMR 505.000 and 130 CMR 519.000: MassHealth: Coverage Types to Clarify Medicare Savings Programs**

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The Medicare Savings Programs (MSP), are federally funded programs administered by individual states that pay for some or all of their low-income Medicare recipients' premiums, deductibles, copayments, and co-insurance.

Massachusetts offers three different MSP coverage types.

- Qualified Medicare Beneficiaries (QMB)
- Specified Low-Income Medicare Beneficiaries (SLMB)
- Qualifying Individuals (QI)

130 CMR 505.000 and 130 CMR 519.000 have been updated to clarify eligibility, income and asset limits, and coverage start dates for MSP.

These regulations are effective as of May 12, 2023.

**MANUAL UPKEEP**

<u>Insert</u>	<u>Remove</u>	<u>Trans. By</u>
505.000	505.000	E.L. 221
505.002 (9 of 9)	505.002 (9 of 9)	E.L. 229
505.004 (5 of 5)	505.004 (5 of 5)	E.L. 229
505.007	505.007	E.L. 221
519.000	519.000	E.L. 236
519.001	519.001	E.L. 213
519.002	519.002	E.L. 217

<u>Insert</u>	<u>Remove</u>	<u>Trans. By</u>
519.003	519.003	E.L. 217
519.004	519.004	E.L. 217
519.006	519.006	E.L. 217
519.007 (3 of 13)	519.007 (3 of 13)	E.L. 217
519.007 (11 of 13)	519.007 (11 of 13)	E.L. 217
519.007 (12 of 13)	519.007 (12 of 13)	E.L. 217
519.007 (13 of 13)	519.007 (13 of 13)	E.L. 217
519.009	519.009	E.L. 213
519.010	519.010	E.L. 236
519.011	519.011	E.L. 236
519.012	519.012	E.L. 217
519.013 (1 of 2)	519.013 (1 of 2)	E.L. 217

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH: COVERAGE TYPES**

**Chapter 505**  
**Page 505.000**

---

**TABLE OF CONTENTS**

Section

- 505.001: Introduction
- 505.002: MassHealth Standard
- (130 CMR 505.003 Reserved)
- 505.004: MassHealth CommonHealth
- 505.005: MassHealth Family Assistance
- 505.006: MassHealth Limited
- 505.007: Medicare Savings Program (MSP, also called Buy-In)
- 505.008: MassHealth CarePlus
- 505.009: MassHealth Small Business Employee Premium Assistance

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH: COVERAGE TYPES**

Chapter 505  
Page 505.002 (9 of 9)

---

(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) The MassHealth agency, in accordance with 130 CMR 519.010 and 519.011, pays the following for members who meet the requirements of 130 CMR 505.002(C) and (E).
  - (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 begins in accordance with 130 CMR 519.010 and 519.011.

(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)

Trans. by E.L. 244

Rev. 05/12/2023

**MASSHEALTH: COVERAGE TYPES**

Chapter 505

Page 505.004 (5 of 5)

---

(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 or equal to 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.

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH: COVERAGE TYPES**

Chapter 505  
Page 505.007

---

505.007: Medicare Savings Program (MSP, also called Buy-In)

Medicare Savings Program coverage is available to Medicare beneficiaries in accordance with 130 CMR 519.010: *Medicare Savings Program (MSP) – for Qualified Medicare Beneficiaries (QMB)* and 130 CMR 519.011: *Medicare Savings Program (MSP) – Specified Low Income Medicare Beneficiaries and Qualifying Individuals*. MassHealth Standard members receive this benefit under 130 CMR 505.002(O). MassHealth CommonHealth members receive this benefit in accordance with 130 CMR 505.004(L).

505.008: MassHealth CarePlus

(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years of age.
- (2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *Health Care Reform: MassHealth: Managed Care Requirements* and must meet the following conditions.
  - (a) The individual is an adult 21 through 64 years of age.
  - (b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.
  - (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.
  - (d) The individual is ineligible for MassHealth Standard.
  - (e) The adult complies with 130 CMR 505.008(C).
  - (f) The individual is not enrolled in or eligible for Medicare Parts A or B.

(B) Eligibility Requirements for Certain EAEDC Recipients.

- (1) Eligibility Requirements. Individuals are eligible for CarePlus for certain EAEDC recipients if
  - (a) the individual is an adult 21 through 64 years of age;
  - (b) the individual receives EAEDC cash assistance; and
  - (c) the individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.
- (2) Eligibility End Date. Individuals whose EAEDC cash assistance ends and who are determined to be potentially eligible for MassHealth continue to receive medical benefits under MassHealth CarePlus until a determination of ineligibility is made by the MassHealth agency.

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.000**

---

**TABLE OF CONTENTS**

Section

- 519.001: Introduction
- 519.002: MassHealth Standard
- 519.003: Pickle Amendment Cases
- 519.004: Disabled Adult Children
- 519.005: Community Residents 65 Years of Age and Older
- 519.006: Long-term-care Residents
- 519.007: Individuals Who Would Be Institutionalized
- (130 CMR 519.008 Reserved)
- 519.009: MassHealth Limited
- 519.010: Medicare Savings Program (MSP) – Qualified Medicare Beneficiaries (QMB)
- 519.011: Medicare Saving Program (MSP) – Specified Low Income Medicare Beneficiaries and Qualifying Individuals
- 519.012: MassHealth CommonHealth
- 519.013: MassHealth Family Assistance

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.001**

---

519.001: Introduction

(A) Categorical Requirements and Financial Standards. 130 CMR 519.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and the calculation of financial eligibility are detailed in 130 CMR 520.000: *MassHealth: Financial Eligibility*.

(B) MassHealth Coverage Types. The MassHealth coverage types available to individuals 65 years of age and older, institutionalized individuals, and those who would be institutionalized without community-based services are the following:

- (1) MassHealth Standard;
- (2) MassHealth Limited;
- (3) Medicare Savings Programs (MSP) for Qualified Medicare Beneficiaries (QMB) (Buy-In);
- (4) Medicare Savings Programs (MSP) for Specified Low Income Medicare Beneficiaries and Qualifying Individuals (Buy-In);
- (5) MassHealth CommonHealth; and
- (6) MassHealth Family Assistance.

(C) Determining Eligibility. The MassHealth agency determines eligibility for the most comprehensive coverage available to the applicant, although the applicant has the right to choose to have eligibility determined only for MSP for Qualified Medicare Beneficiaries (QMB) or MSP for Specified Low Income Medicare Beneficiaries and Qualifying Individuals coverage. If no choice is made by the applicant, the MassHealth agency determines eligibility for all available coverage types.

519.002: MassHealth Standard

(A) Overview.

- (1) 130 CMR 519.002 through 130 CMR 519.007 contain the categorical requirements and asset and income standards for MassHealth Standard, which provides coverage for individuals 65 years of age and older, institutionalized individuals, and those who would be institutionalized without community-based services.
- (2) Individuals eligible for MassHealth Standard are eligible for medical benefits on a fee-for-service basis as defined in 130 CMR 515.001: *Definition of Terms*. The medical benefits are described in 130 CMR 450.105(A): *MassHealth Standard*.
- (3) The begin date of medical coverage for MassHealth Standard is established in accordance with 130 CMR 516.005: *Coverage Date*.



Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.002**

---

(4) The MassHealth agency pays the Medicare Part B premiums for members with countable income that is less than or equal to 165% of the federal poverty level who are eligible for MassHealth Standard who meet the requirements of 130 CMR 519.010(A)(1) and (2):

- (a) Medicare Part B premiums for members with countable income that is less than or equal to 165% of the federal poverty level;
- (b) Medicare Part A premiums for adult members of MassHealth Standard who are entitled to Medicare Part A with a countable income that is less than or equal to 130% of the federal poverty level; and
- (c) the deductibles and coinsurance under Medicare Parts A and B for members with a countable income that is less than or equal to 130% of the federal poverty level.

(B) Automatic Eligibility for SSI Recipients.

- (1) Individuals described in 130 CMR 519.002(A)(1) who meet basic, categorical, and financial requirements under the Supplemental Security Income (SSI) program are automatically eligible to receive MassHealth Standard coverage.
- (2) Eligibility for retroactive coverage must be established by the MassHealth agency in accordance with 130 CMR 516.005: *Coverage Date*.

(C) Extended Eligibility for SSI Recipients. An individual whose SSI assistance has been terminated, and who is determined to be potentially eligible for MassHealth, continues to receive MassHealth Standard coverage until a determination of ineligibility is made by the MassHealth agency.

(D) Automatic and Extended Eligibility for EAEDC Recipients 65 Years of Age and Older.

- (1) Automatic Eligibility. Individuals 65 year of age and older who meet the requirements of the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program administered by the Department of Transitional Assistance and who are United States citizens as described in 130 CMR 518.002: *U.S. Citizens* or qualified noncitizens, as described in 130 CMR 518.003(A)(1): *Qualified Noncitizens*, are automatically eligible for MassHealth Standard benefits.
- (2) Extended Eligibility. Individuals described in 130 CMR 519.002(D)(1) whose EAEDC cash assistance ends will continue to receive MassHealth Standard benefits until the MassHealth agency determines that the member is ineligible.

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.003**

---

519.003: Pickle Amendment Cases

- (A) Eligibility Requirements. Under the Pickle Amendment, former SSI recipients whose income exceeds 100% of the federal poverty level are eligible for MassHealth Standard provided they
- (1) or their spouse or both are receiving Retirement, Survivors, and Disability Insurance (RSDI) benefits;
  - (2) were eligible for and received SSI benefits after April 1977;
  - (3) would be currently eligible for SSI, in accordance with SSI payment standards at 130 CMR 519.003(B), if the incremental amount of RSDI cost-of-living increases paid to them since the last month subsequent to April 1977, for which they were both eligible for and receiving SSI and entitled to (but not necessarily receiving) RSDI were deducted from the current amount of RSDI benefits. Cost-of-living increases referred to in 130 CMR 519.003 include increases received by the applicant or member or by the spouse. The spouse need not be otherwise eligible for SSI; and
  - (4) have countable assets that are \$2,000 or less for an individual, and \$3,000 or less for a married couple.
- (B) SSI Payment Standards. The RSDI amount, as described in 130 CMR 519.003(A)(3), and any other countable-income amount, as defined in 130 CMR 520.009: *Countable-income Amount*, of the individual or couple is compared to the SSI payment standards to determine Pickle eligibility. Each calendar year, the SSI Payment Standards shall be made available on MassHealth's website.
- (C) Financial Standards Not Met. Individuals whose income, assets, or both exceed the standards in 130 CMR 519.003 may establish eligibility by reducing assets in accordance with 130 CMR 520.004: *Asset Reduction*, meeting a deductible as described in 130 CMR 520.028: *Eligibility for a Deductible* through 520.035: *Conclusion of the Deductible Process*, or both.

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.004**

---

519.004: Disabled Adult Children

(A) Eligibility Requirements. Individuals who lose eligibility for Supplemental Security Income (SSI) benefits may retain eligibility for MassHealth Standard provided that they

- (1) are 18 years old or older;
- (2) became blind or disabled before attaining the age of 22;
- (3) receive or received SSI based on their blindness or disability;
- (4) received an increase in child's insurance benefits under section 202(d) of the Social Security Act, or became entitled to those benefits on the basis of blindness or disability, on or after July 1, 1987;
- (5) lose or lost SSI as a result of this entitlement or increase in child's insurance benefits under section 202(d) of the Social Security Act; and
- (6) would still be eligible for SSI in the absence of such RSDI benefits or increase in benefits.

(B) Financial Standards Not Met. Individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.004(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004: *Asset Reduction*, meeting a deductible as described at 130 CMR 520.028: *Eligibility for a Deductible* through 520.035: *Conclusion of the Deductible Process*, or both.

519.005: Community Residents 65 Years of Age and Older

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

- (1) the countable-income amount, as defined in 130 CMR 520.009: *Countable-income Amount*, of the individual or couple is less than or equal to 100% of the federal poverty level; and
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

(B) Financial Standards Not Met. Except as provided in 130 CMR 519.005(C), individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004: *Asset Reduction*, meeting a deductible as described at 130 CMR 520.028: *Eligibility for a Deductible* through 520.035: *Conclusion of the Deductible Process*, or both.

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.006**

---

(C) Parents and Caretaker Relatives of Children Younger Than 19 Years Old.

(1) Eligibility Requirements. Adults who are 65 years of age and older and are the parents or caretaker relatives of a child younger than 19 years old receive MassHealth Standard if they meet the requirements of 130 CMR 505.002(C): *Eligibility Requirements for Parents and Caretaker Relatives* or (L): *Extended Eligibility*.

(2) Other Provisions. The following provisions apply to adults described in 130 CMR 519.005(C)(1) and 130 CMR 505.002(A)(6), (M): *Use of Potential Health Insurance Benefits*, (O): *Medicare Premium Payment*, and (P): *Medical Coverage Date*.

(3) Countable Income. Eligibility for adults described in 130 CMR 519.005(C)(1) is based on the individual's modified adjusted gross income of the MassHealth MAGI household and the income rules described at 130 CMR 506.002: *Household Composition*, 506.003: *Household Income*, and 506.004: *Noncountable Household Income*.

(4) Exemption from Asset Limits. The asset limits in 130 CMR 520.003: *Asset Limit* do not apply to applicants or members described in 130 CMR 519.005(C)(1).

519.006: Long-Term-Care Residents

(A) Eligibility Requirements. Institutionalized individuals may establish eligibility for MassHealth Standard coverage subject to the following requirements. They must

(1) be younger than 21 years old or 65 years of age or older or, for individuals 21 through 64 years of age meet Title XVI disability standards or be pregnant;

(2) be determined medically eligible for nursing-facility services by the MassHealth agency or its agent as a condition for payment, in accordance with 130 CMR 456.000: *Long Term Care Services*;

(3) contribute to the cost of care as defined at 130 CMR 520.026: *Long-term-care General Income Deductions*;

(4) have countable assets of \$2,000 or less for an individual and, for married couples where one member of the couple is institutionalized, have assets that are less than or equal to the standards at 130 CMR 520.016(B): *Treatment of a Married Couple's Assets When One Spouse Is Institutionalized*; and

(5) not have transferred resources for less than fair market value, as described at 130 CMR 520.018: *Transfer of Resources Regardless of Date of Transfer* and 520.019: *Transfer of Resources Occurring on or after August 11, 1993*.

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.007 (3 of 13)**

---

- (c) Regardless of age, the child must also require all of the following:
  - 1. direct administration of at least two discrete skilled-nursing services on a daily basis, each of which requires complex nursing procedures as described at 130 CMR 519.007(A)(3);
  - 2. direct management of the child's medical care by a physician or provided directly by someone who is under the supervision of a physician on a monthly basis;
  - 3. assistance in one or more ADLs beyond what is required at an age-appropriate activity level; and
  - 4. any combination of skilled therapeutic services (physical therapy, occupational therapy, speech and language therapy) provided directly by or under the supervision of a licensed therapist at least five times a week.
- (5) Premium Assistance for Standard Kaileigh Mulligan. Individuals eligible for MassHealth Standard in 130 CMR 519.007(A) may be eligible for Premium Assistance if they meet the requirements described in 130 CMR 505.002(N): Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Standard and 506.012: *Premium Assistance Payments*.

**(B) Home- and Community-based Services Waiver–Frail Elder.**

- (1) Clinical and Age Requirements. The Home- and Community-based Services Waiver allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing-facility services to receive certain waiver services at home if he or she
  - (a) is 60 years of age or older and, if younger than 65 years old, is permanently and totally disabled in accordance with Title XVI standards; and
  - (b) would be institutionalized in a nursing facility, unless he or she receives one or more of the services administered by the Executive Office of Elder Affairs under the Home- and Community-Based Services Waiver-Frail Elder authorized under section 1915(c) of the Social Security Act.
- (2) Eligibility Requirements. In determining eligibility for MassHealth Standard and for waiver services, the MassHealth agency determines income eligibility based solely on the applicant's or member's income regardless of his or her marital status. The applicant or member must
  - (a) meet the requirements of 130 CMR 519.007(B)(1)(a) and (b);
  - (b) have a countable-income amount less than or equal to 300% of the federal benefit rate (FBR) for an individual; and
  - (c) have countable assets of \$2,000 for an individual and, for a married couple if the initial Waiver eligibility determination was on or after January 1, 2014, have assets that are less than or equal to the standards at 130 CMR 520.016(B): *Treatment of a Married Couple's Assets When One Spouse Is Institutionalized*; and
  - (d) have not transferred resources for less than fair market value, as described at 130 CMR 520.018: *Transfer of Resources Regardless of the Transfer Date* and 520.019: *Transfer of Resources Occurring on or After August 11, 1993*.

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.007 (11 of 13)**

---

4. needs one or more of the services under the Non-Residential Habilitation Waiver; and

5. is able to be safely served in the community within the terms of the Non-Residential Habilitation Waiver.

(b) Eligibility Requirements. In determining eligibility for MassHealth Standard and for these waiver services, the MassHealth agency determines income eligibility based solely on the applicant's or member's income regardless of his or her marital status.

The applicant or member must

1. meet the requirements of 130 CMR 519.007 (G)(2)(a);

2. have countable income that is less than or equal to 300% of the federal benefit rate (FBR) for an individual;

3. have countable assets of \$2,000 or less for an individual and, for a married couple, if the initial Waiver eligibility determination was on or after January 1, 2014, have assets that are less than or equal to the standards at 130 CMR 520.016(B): *Treatment of a Married Couple's Assets When One Spouse Is Institutionalized*; and

4. not have transferred resources for less than fair market value, as described in 130 CMR 520.018: *Transfer of Resources Regardless of Date of Transfer* and 520.019: *Transfer of Resources Occurring on or after August 11, 1993*.

(c) Enrollment Limits. Enrollment in the Non-Residential Habilitation Waiver is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in this waiver may be limited in a manner determined by the MassHealth agency.

(d) Waiver Services. Eligible members who are enrolled as waiver participants in the Non-Residential Habilitation Waiver are eligible for the waiver service described in 130 CMR 630.405(B): *Acquired Brain Injury Non-residential Habilitation (ABI-N) Waiver*.

(H) Money Follows the Person Home- and Community-based Services Waivers.

(1) Money Follows the Person (MFP) Residential Supports Waiver.

(a) Clinical and Age Requirements. The MFP Residential Supports Waiver, as authorized under section 1915(c) of the Social Security Act, allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing facility services, chronic disease or rehabilitation hospital services, or, for participants 18 through 21 years of age or 65 years of age and older, psychiatric hospital services to receive residential support services and other specified waiver services in a 24-hour supervised residential setting if he or she meets all of the following criteria:

1. is 18 years of age or older and, if younger than 65 years old, is totally and permanently disabled in accordance with Title XVI standards;

2. is an inpatient in a nursing facility, chronic disease or rehabilitation hospital, or, for participants 18 through 21 years of age or 65 years of age and older, psychiatric hospital with a continuous length of stay of 90 or more days, excluding rehabilitation days;

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.007 (12 of 13)**

---

3. must have received MassHealth benefits for inpatient services, and be MassHealth eligible at least the day before discharge;
  4. must be assessed to need residential habilitation, assisted living services, or shared living 24-hour supports services within the terms of the MFP Residential Supports Waiver;
  5. is able to be safely served in the community within the terms of the MFP Residential Supports Waiver; and
  6. is transitioning to the community setting from a facility, moving to a qualified residence, such as a home owned or leased by the applicant or a family member, an apartment with an individual lease, or a community-based residential setting in which no more than four unrelated individuals reside.
- (b) Eligibility Requirements. In determining eligibility for MassHealth Standard and for these waiver services, the MassHealth agency determines income eligibility based solely on the applicant's or member's income regardless of his or her marital status. The applicant or member must
1. meet the requirements of 130 CMR 519.007 (H)(1)(a);
  2. have countable income that is less than or equal to 300% of the federal benefit rate (FBR) for an individual;
  3. have countable assets of \$2,000 or less for an individual and, for a married couple, if the initial Waiver eligibility determination was on or after January 1, 2014, have assets that are less than or equal to the standards at 130 CMR 520.016(B): *Treatment of a Married Couple's Assets When One Spouse Is Institutionalized*; and
  4. not have transferred resources for less than fair market value, as described in 130 CMR 520.018: *Transfer of Resources Regardless of Date of Transfer* and 520.019: *Transfer of Resources Occurring on or after August 11, 1993*.
- (c) Enrollment Limits. Enrollment in the MFP Residential Supports Waiver is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in this waiver may be limited in a manner determined by the MassHealth agency.
- (d) Waiver Services. Eligible members who are enrolled as waiver participants in the MFP Residential Supports Waiver are eligible for the waiver services described in 130 CMR 630.405(C): *Moving Forward Residential Supports (MFP-RS) Waiver*.
- (2) Money Follows the Person (MFP) Community Living Waiver.
- (a) Clinical and Age Requirements. The MFP Community Living Waiver, as authorized under section 1915(c) of the Social Security Act, allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing facility services, chronic disease or rehabilitation hospital services, or, for participants 18 through 21 years of age or 65 years of age and older, psychiatric hospital services to receive specified waiver services, other than residential support services in the home or community, if he or she meets all of the following criteria:

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.007 (13 of 13)**

---

1. is 18 years of age or older and, if younger than 65 years old, is totally and permanently disabled in accordance with Title XVI standards;
  2. is an inpatient in a nursing facility, chronic disease or rehabilitation hospital, or, for participants 18 through 21 years of age or 65 years of age and older, psychiatric hospital with a continuous length of stay of 90 or more days, excluding rehabilitation days;
  3. must have received MassHealth benefits for inpatient services, and be MassHealth eligible at least the day before discharge;
  4. needs one or more of the services under the MFP Community Living Waiver;
  5. is able to be safely served in the community within the terms of the MFP Community Living Waiver; and
  6. is transitioning to the community setting from a facility, moving to a qualified residence, such as a home owned or leased by the applicant or a family member, an apartment with an individual lease, or a community-based residential setting in which no more than four unrelated individuals reside.
- (b) Eligibility Requirements. In determining eligibility for MassHealth Standard and for these waiver services, the MassHealth agency determines income eligibility based solely on the applicant's or member's income regardless of his or her marital status. The applicant or member must
1. meet the requirements of 130 CMR 519.007(H)(2)(a);
  2. have countable income that is less than or equal to 300% of the federal benefit rate (FBR) for an individual;
  3. have countable assets of \$2,000 or less for an individual and, for a married couple, if the initial Waiver eligibility determination was on or after January 1, 2014, have assets that are less than or equal to the standards at 130 CMR 520.016(B): *Treatment of a Married Couple's Assets When One Spouse Is Institutionalized*; and
  4. not have transferred resources for less than fair market value, as described in 130 CMR 520.018: *Transfer of Resources Regardless of Date of Transfer* and 520.019: *Transfer of Resources Occurring on or after August 11, 1993*.
- (c) Enrollment Limits. Enrollment in the MFP Community Living Waiver is subject to a limit on the total number of waiver participants. The number of participants who can be enrolled in this waiver may be limited in a manner determined by the MassHealth agency.
- (d) Waiver Services. Eligible members who are enrolled as waiver participants in the MFP Community Living Waiver are eligible for the waiver services described in 130 CMR 630.405(D): *Moving Forward Plan Community Living (MFP-CL) Waiver*.



Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.009**

---

519.009: MassHealth Limited

(A) Eligibility Requirements.

- (1) MassHealth Limited is available to community residents 65 years of age 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) other noncitizens described in 130 CMR 518.003(D): *Other Noncitizens*;
  - (b) qualified noncitizens barred as described in 130 CMR 518.003(A)(2): *Qualified Noncitizens Barred*;
  - (c) nonqualified individuals lawfully present as described in 130 CMR 518.003(A)(3): *Nonqualified Individuals Lawfully Present*; or
  - (d) nonqualified PRUCOLs as described in 130 CMR 518.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*.
- (2) Community residents 65 years of age and older who are qualified noncitizens barred, as described in 130 CMR 518.003(A)(2): *Qualified Noncitizens Barred*, nonqualified individuals lawfully present, as described in 130 CMR 518.003(A)(3): *Nonqualified Individuals Lawfully Present*, and nonqualified PRUCOLs, as described in 130 CMR 518.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, may also be eligible for MassHealth Family Assistance if they meet the categorical and financial requirements of 130 CMR 519.013.
- (3) Persons eligible for MassHealth Limited coverage are eligible for medical benefits described at 130 CMR 450.105(F): *MassHealth Limited*.

(B) Use of Potential Benefits. All individuals who meet the requirements of 130 CMR 519.009 must use potential health-insurance benefits in accordance with 130 CMR 517.008: *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.

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

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.010**

---

519.010: Medicare Savings Program (MSP) –Qualified Medicare Beneficiaries (QMB)

(A) Eligibility Requirements. MSP (Buy-in) QMB coverage is available to Medicare beneficiaries who

- (1) are entitled to hospital benefits under Medicare Part A;
- (2) are applying for only MSP benefits and not full Medicaid, and have a countable income amount (including the income of the spouse with whom he or she lives) that is less than or equal to 190% of the federal poverty level;
- (3) have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare & Medicaid Services. Each calendar year, the allowable asset limits shall be made available on MassHealth's website; and
- (4) meet the universal requirements of MassHealth benefits in accordance with 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements* or 130 CMR 517.000: *MassHealth: Universal Eligibility Requirements*, as applicable.

(B) Benefits. The MassHealth agency pays for Medicare Part A and Part B premiums and for deductibles and coinsurance under Medicare Parts A and B for members who establish eligibility for MSP coverage in accordance with 130 CMR 519.010(A).

(C) Begin Date. The begin date for MSP coverage is the first day of the calendar month following the date of the MassHealth eligibility determination.

519.011: Medicare Savings Program (MSP)– Specified Low Income Medicare Beneficiaries and Qualifying Individuals

(A) MSP (Buy-in) for Specified Low Income Medicare Beneficiaries (SLMB).

- (1) Eligibility Requirements. MSP is available for Specified Low Income Beneficiaries who
  - (a) are entitled to hospital benefits under Medicare Part A;
  - (b) have a countable income amount (including the income of the spouse with whom they live) greater than 190% and less than or equal to 210% of the federal poverty level;
  - (c) are applying only for MSP benefits, and have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers & Medicare and Medicaid Services. Each calendar year, the allowable asset limits will be made available on MassHealth's website; and
  - (d) meet the universal requirements of MassHealth benefits in accordance with 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements* or 130 CMR 517.000: *MassHealth: Universal Eligibility Requirements*, as applicable.

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.011**

---

(2) Benefits. The MassHealth agency pays the cost of the monthly Medicare Part B premium for members who establish eligibility for MSP for SLMB coverage in accordance with 130 CMR 519.011(A).

(3) Begin Date. MSP for SLMB coverage, in accordance with 130 CMR 519.011(A), begins with the month of application and may be retroactive up to three calendar months before the month of application.

**(B) MSP for Qualifying Individuals (QI).**

(1) Eligibility Requirements. MSP for Qualifying Individuals (QI) coverage is available to Medicare beneficiaries who

- (a) are entitled to hospital benefits under Medicare Part A;
- (b) have a countable income amount (including the income of the spouse with whom he or she lives) that is greater than 210% of the federal poverty level and less than or equal to 225% of the federal poverty level;
- (c) are applying only for MSP benefits, and have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare & Medicaid Services. Each calendar year, the allowable asset limits will be made available on MassHealth's website; and
- (d) meet the universal requirements of MassHealth benefits in accordance with 130 CMR 503.000 or 130 CMR 517.000, as applicable.

(2) Benefits. The MassHealth agency pays the entire Medicare Part B premium, in accordance with section 1933 of the Social Security Act (42 U.S.C. § 1396u-3), for members who establish eligibility for MSP for QI coverage in accordance with 130 CMR 519.011(B).

(3) Eligibility Coverage Period.

(a) MSP for QI coverage, in accordance with 130 CMR 519.011(B), begins with the month of application. Coverage may be retroactive up to three months before the month of application provided

- 1. the retroactive date does not extend into a calendar year in which the expenditure cap described at 130 CMR 519.011(B)(4) has been met; and
- 2. the applicant was not receiving MassHealth benefits under the Medicaid state plan during the retroactive period.

(b) Once determined eligible, a member who continues to meet the requirements of 130 CMR 519.011(B) is eligible for the balance of the calendar year. Such members are not adversely impacted by the provisions of 130 CMR 519.011(B)(4).

(4) Cap on Expenditures.

(a) The MassHealth agency does not extend eligibility to individuals who meet the requirements of MSP for QI in accordance with 130 CMR 519.011(B), if the MassHealth agency estimates the amount of assistance provided to these members during the calendar year will exceed the state's allocation, as described in section 1933 of the Social Security Act.

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.012**

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(b) The MassHealth agency gives preference to members who were eligible for MSP for Specified Low Income Medicare Beneficiaries, as described in 130 CMR 519.011, or MSP for Qualified Medicare Beneficiaries, as described in 130 CMR 519.010, in December of the previous calendar year when determining an individual's eligibility for MSP for QI, as described in 130 CMR 519.011(B), in the subsequent calendar year.

519.012: MassHealth CommonHealth

(A) Working Disabled Adults.

(1) Eligibility Requirements. MassHealth CommonHealth for working disabled adults is available to community residents 65 years of age and older in the same manner as it is available to those younger than 65 years old. This means that eligible applicants must meet the requirements of 130 CMR 505.004(B)(2), (3), and (5) to be eligible for CommonHealth.

(2) Other Provisions. The following provisions apply to CommonHealth applicants and members 65 years of age and older: 130 CMR 505.004(A)(2), (H) through (J), (M)(1) and (2), and (N).

(B) Certain Disabled Institutionalized Children Who Are Noncitizens.

(1) Eligibility Requirements. MassHealth CommonHealth is available to institutionalized disabled children who meet the requirements of 130 CMR 505.004(G): *Disabled Children Younger Than 18 Years Old* and 519.006(A)(2), and who

(a) have attained the immigration status described in 130 CMR 518.003(A)(2): *Qualified Noncitizens Barred*, and five years have not passed from the date they attained such status;

(b) are noncitizens under the Immigration and Nationality Act (INA); or

(c) are noncitizens paroled into the United States under section 212(d)(5) of the INA for less than one year.

(2) Other Provisions. The following provisions apply to CommonHealth applicants and members who are described above in 130 CMR 519.012(B)(1), 130 CMR 505.004(A)(2), (H), and (J), and (M)(1) and (2).

(C) Financial Eligibility. Financial eligibility for all MassHealth CommonHealth applicants and members is based on the regulations in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. 130 CMR 520.000: *MassHealth: Financial Eligibility* does not apply.

(D) Medicare Premium Payment.

(1) MassHealth also pays the cost of the monthly Medicare Part B premium through the Qualifying Individual program under 130 CMR 519.011(B) on behalf of members who meet the requirements of 130 CMR 505.004: *MassHealth CommonHealth* and who have modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 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.

Trans. by E.L. 244  
Rev. 05/12/23

**MASSHEALTH  
COVERAGE TYPES**

**Chapter 519  
Page 519.013 (1 of 2)**

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519.013: MassHealth Family Assistance

(A) Eligibility Requirements. MassHealth Family Assistance is available to community residents 65 years of age and older who meet the following requirements:

(1) are qualified noncitizens barred, as described in 130 CMR 518.003(A)(2): *Qualified Noncitizens Barred*, nonqualified individual lawfully present, as described in 130 CMR 518.003(A)(3): *Nonqualified Individuals Lawfully Present*, or a nonqualified PRUCOL, as described in 130 CMR 518.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*,

(a) with the countable-income amount, as defined in 130 CMR 520.009: *Countable-income Amount*, of the individual or married couple living together is less than or equal to 100% of the federal poverty level (FPL);

(b) with the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less; and

(c) without health insurance, or access to health insurance; or

(2) are nonqualified PRUCOLs, as described in 130 CMR 518.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*,

(a) with modified adjusted gross income of the MassHealth MAGI household as described in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements* between 100 and 300% of the federal poverty level (FPL); and

(b) without health insurance, or access to health insurance.

(B) Financial Standards Not Met. Individuals described in 130 CMR 519.013(A)(1) whose income, assets, or both exceed the standards set forth in 130 CMR 519.013(A) may establish eligibility for MassHealth Family Assistance by reducing their assets in accordance with 130 CMR 520.004: *Asset Reduction*, meeting a deductible as described at 130 CMR 520.028: *Eligibility for a Deductible* through 520.035: *Conclusion of the Deductible Process*, or both.

(C) Automatic Eligibility for EAEDC Recipients 65 Years of Age and Older.

(1) Individuals 65 years of age and older who meet the requirements of the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program administered by the Department of Transitional Assistance and who are qualified noncitizens barred, as described in 130 CMR 518.003(A)(2): *Qualified Noncitizens Barred*, nonqualified individuals lawfully present, as described in 130 CMR 518.003(A)(3): *Nonqualified Individuals Lawfully Present*, or nonqualified PRUCOLs, as described in 130 CMR 518.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, are automatically eligible for benefits under 130 CMR 519.013.

(2) 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 the MassHealth agency.