



**Eligibility Operations Memo 23-24**  
**October 2023**

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Director of Eligibility Policy

RE: **Applying for Home- and Community-Based Services Waivers**

**Background**

Home- and Community-Based Services (HCBS) Waivers provide access to long-term services and supports to help eligible seniors and people with disabilities live in the community. Participants receive both traditional MassHealth services and the additional services available through the specific waiver they are enrolled in while living in their own home or in a community-based setting.

MassHealth works to operate these waivers along with the Executive Office of Elder Affairs, the Department of Developmental Services (DDS), and the Massachusetts Rehabilitation Commission.

MassHealth currently offers the following 10 HCBS Waivers: Frail Elder Waiver, Community Living Waiver for Persons with an Intellectual Disability, Adult Supports Waiver for Persons with an Intellectual Disability, Intensive Supports Waiver for Persons with an Intellectual Disability, Children's Autism Spectrum Disorder Waiver, Acquired Brain Injury with Residential Habilitation Waiver, Acquired Brain Injury Non-Residential Habilitation Waiver, Moving Forward Plan Community Living Waiver, Moving Forward Plan Residential Supports Waiver, and Traumatic Brain Injury Waiver.

**Eligibility Requirements for HCBS Waivers**

To be a participant in one of the HCBS Waivers, applicants must meet the categorical and financial requirements to be eligible for MassHealth Standard and meet the clinical eligibility requirements of the specific waiver. Categorical and financial eligibility is determined by MassHealth. Applicants must have countable income less than or equal to 300% of the federal benefit rate (FBR) and countable assets within MassHealth limits. MassHealth counts the assets of both the waiver applicant and their spouse, but counts the income of only the waiver applicant.

Applicants for the Frail Elder Waiver and applicants for Waivers for Persons with an Intellectual Disability with income that exceeds the applicable income threshold may establish eligibility by meeting a deductible pursuant to 130 CMR 519.007(B) (*Individuals Who Would Be Institutionalized*) and 130 CMR 519.007(D) and 130 CMR 520.028 (*Eligibility for a Deductible*) through 520.035.

Clinical eligibility is determined by an assessment of an applicant's medical and functional needs by the state agency administering the waiver services and is documented on the HCBS Waiver Clinical Eligibility Notice.

MassHealth applicants or members may apply for an HCBS Waiver at any time.

## **How to Apply for a Home- and Community-Based Services Waiver**

### **New MassHealth Applicants**

New MassHealth applicants interested in applying for an HCBS Waiver should complete the Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2) and check off "Home- and Community-Based Services Waiver" on page 1. Applicants should also complete Supplement A: Long-Term Care / Home- and Community-Based Services Waiver.

To be eligible for an HCBS Waiver, applicants must be eligible for MassHealth Standard and meet the clinical eligibility requirements of the applicable waiver. It is not necessary to submit the HCBS Waiver Clinical Eligibility Notice with the completed application. If the HCBS Waiver Clinical Eligibility Notice is not submitted with the application, MassHealth will request it in the Request for Information process. If MassHealth does not receive the HCBS Waiver Clinical Eligibility Notice within the required time, we will determine eligibility for other MassHealth benefits based on verified eligibility factors on file.

An applicant can submit the HCBS Waiver Clinical Eligibility Notice at any time.

### **Current MassHealth Members**

Current MassHealth members can apply for an HCBS Waiver at any time by telling MassHealth they would like to apply, by submitting the HCBS Waiver Clinical Eligibility Notice to MassHealth, or by submitting a completed Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2) and Supplement A: Long-Term Care / Home- and Community-Based Services Waiver.

To be eligible for an HCBS Waiver, applicants must be eligible for MassHealth Standard and meet the clinical eligibility requirements of the applicable waiver. If a current member does not have a HCBS Waiver Clinical Eligibility Notice yet, MassHealth will request it in the Request for Information process. If MassHealth does not receive the HCBS Waiver Clinical Eligibility Notice within the required time, we will determine eligibility for other MassHealth benefits based on verified eligibility factors already on file. This may or may not result in a change in current eligibility.

Current MassHealth members can submit the HCBS Waiver Clinical Eligibility Notice at any time.

### **Post-Eligibility Treatment of Income (PETI)**

Pursuant to [EOM 19-13](#), MassHealth members 18 years of age and older who are enrolled in an HCBS Waiver and who had income at or below 300% of the FBR at the point of initial HCBS Waiver eligibility are part of a special income eligibility group established under 42 CFR 435.217.

Some members who initially establish MassHealth eligibility with income at or below 300% of the FBR, and are enrolled in an HCBS Waiver, may later experience an increase in countable income that causes their income to exceed 300% of the FBR. These members may stay financially eligible for continued MassHealth eligibility and participation in their HCBS Waiver services by spending down their income to 300% of the FBR. Then they may stay financially eligible, but they must contribute to the cost of their care in an amount equal to their excess income (the amount of their income that is over 300% of the FBR), minus any allowable deductions.

### **Questions**

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.