




Eligibility Operations Memo 15-07
July 15, 2015

TO: MassHealth Eligibility Operations Staff

FROM: Timothy P. Cahill, Deputy Director, Member Services 

RE: **MassHealth Responsibilities under the National Voter Registration Act and the Help America Vote Act**

Introduction

This memo outlines the procedures MassHealth must use to ensure that MassHealth applicants and members are offered the opportunity to register to vote, and assistance in doing so, as required by the National Voter Registration Act (NVRA), the Help America Vote Act, and related state law. This memo also identifies the appropriate forms to be used in association with the voter registration process and related retention requirements.

This memo replaces Eligibility Operations Memo 12-07, issued November 1, 2012.

Voter Registration

Under federal law, MassHealth is required to offer applicants and members an opportunity to register to vote, and assistance in doing so, and to maintain records verifying this process. MassHealth is responsible for offering voter registration opportunities and assistance to applicants and members at application, annual redetermination, or change of address. In addition, MassHealth must provide the same degree of help in filling out the voter registration form as is offered with a MassHealth application or review form.

MassHealth may not coerce anyone to register to vote or attempt to persuade anyone to make any particular voting choices. No statements or actions by MassHealth should lead the individual to believe MassHealth benefits or services will be affected by the individual's decision about whether to register to vote.

Voter Eligibility

MassHealth is not responsible for determining an individual's eligibility for voter registration. The local election official determines the registration status and mails an Acknowledgement Notice to every applicant with information that may include registration status and location of the polling place.

(continued on next page)

Voter Registration Materials

Each MassHealth Enrollment Center (MEC) must have the following voter registration material:

- In-Office Declination Forms;
- Voter Preference (Declination) Forms;
- Massachusetts Official Voter Registration forms (sometimes referred to as voter registration affidavits);
- Massachusetts Official Mail-in Voter Registration forms;
- Secretary of the Commonwealth's Voter Registration Workbook; and
- Secretary of the Commonwealth's Agency Voter Registration Order Sheet.

Posting Requirement

The following items must be posted at all MECs:

- A copy of M.G.L., chapter 56, sections 7, 8, and 9; and
- A "Register to Vote Here" poster.

In-Office Declination Form

An In-Office Declination Form provided by the Secretary of the Commonwealth's Office is required by the NVRA, and MEC staff must offer it to every individual who applies for coverage, redetermination of coverage, or a change of address at a MEC. MassHealth must keep In-Office Declination Forms for at least 22 months after the first federal election that occurs following the date on which the form is submitted, and thereafter as specified by applicable state document retention policies.

Part A: This part states the individual's choice about voter registration, such as if he or she would like to register or is already registered. If the individual needs to change a registered name, address, or party enrollment, he or she should answer "Yes."

Part B: This part of the form does not record the name of the applicant or member, but the eligibility worker records the applicant or member's response to the question in Part A. Part B becomes an agency record.

Part C: This is the copy for the applicant or member. If meeting with the applicant or member in person at a MEC office, the MEC staff must detach and give it to every individual who applies for coverage, redetermination of coverage, or a change of address, regardless of whether the individual completes Part A.

Voter Preference (Declination) Form

The Voter Preference (Declination) Form is required by the NVRA, and MassHealth will include it with every mailing of voter registration materials following telephone applications and changes of address, and accompanying notices about redeterminations of coverage.

(continued on next page)

Voter Registration Forms

There are two official voter registration forms.

The Massachusetts Official Voter Registration form (also referred to as the voter registration affidavit) is currently a two-part form. It is offered to and completed by an individual who wants to register to vote or change a name, address, or party enrollment in person while in the MEC. The Massachusetts Official Voter Registration form is available in English, Spanish, and Chinese.

The Massachusetts Official Mail-in Registration form is available in English, Spanish, Russian, Chinese, Vietnamese, Portuguese, Haitian Creole, Cape Verdean Creole, and Khmer. Each MEC must maintain sufficient supplies of each, depending on the needs of the communities served.

The Massachusetts Official Mail-in Registration forms available at each MEC will be pre-coded with MassHealth's agency code.

Voter Registration Process at the MEC

If the individual completes the two-part Massachusetts Official Voter Registration form, MEC staff must give the individual the second page (yellow sheet) along with Part C of the In-Office Declination Form. The yellow sheet is the only proof that the individual has filled out the registration form until the local election official receives the original copy from MassHealth.

Information to help individuals complete specific sections of the Massachusetts Official Voter Registration Form

- Section 1 – If you have knowledge that an individual is not a U.S. Citizen, inform the individual that only U.S. citizens can register to vote and do not provide assistance in completing the voter registration application.
- Sections 2 and 3 – self-explanatory
- Section 4 – must not provide a post office box. If the individual has no traditional address, e.g. is homeless, he or she should refer to the map at the top of the form to indicate the location at which he or she usually spends the night.
- Sections 5 and 6 – self-explanatory
 - **Note:** A post office box may be provided for Section 5.
- Section 7 – identification number
 - federal law requires a valid and current Massachusetts driver's license to register to vote; or
 - if no license, the last four digits of the social security number; or
 - if neither, "none" must be entered in the box.
- Sections 8 and 9 – self-explanatory
 - **Note:** It is not appropriate for MEC staff to explain or help the individual choose the party enrollment.
- Section 10 – if never registered to vote, leave this section blank.

(continued on next page)

Information to help individuals complete specific sections of the Massachusetts Official Voter Registration Form (cont.)

- Section 11 — if physically unable to complete the form, the assisting person must complete the form, sign it, and record his or her name on the form. A telephone number is optional.
- Sections 12 through 14 — self-explanatory
- Agency Designation Code — enter the code **BBA**.

MassHealth staff must enter the code **BBA** in the Agency Designation Code section in the lower right of the two-part Massachusetts Official Voter Registration form. The Massachusetts Official Mail-in Registration form is pre-printed with MassHealth's Agency Designation Code.

MEC staff must mail the Massachusetts Official Voter Registration form to the appropriate city or town local election official within five calendar days after the individual completes the form. The mailing address for each city and town is listed on the Massachusetts City and Town Directory page of the Secretary of the Commonwealth's Elections Division website at www.sec.state.ma.us/ele/electk/clkidx.htm.

Voter Registration Process for Remote Transactions

Individuals who apply for coverage, annual redetermination of coverage, or change of address through remote means (online, telephone, mail, or fax) must also receive voter registration services from MassHealth. For those applying for coverage online, MassHealth now offers voter registration opportunities through the online application portal at www.mahealthconnector.org. All paper MassHealth application packets contain a Massachusetts Official Mail-in Voter Registration form and information contained on the Voter Preference (Declination) Form. Annual renewal mailings include a Massachusetts Official Mail-in Voter Registration form and Voter Preference (Declination) Form. And, whenever an individual submits a telephone application or requests a change of address by any means, MassHealth will automatically mail the member or applicant a Massachusetts Official Mail-in Voter Registration form and the Voter Preference (Declination) Form.

The attached job aid contains detailed Voter Registration processes for Maximus and the MECs for serving walk-in customers, taking phone applications, processing paper applications, and taking incoming phone calls with address changes. The job aid includes specific steps for MEC receptionists and specific steps for MEC eligibility workers and Maximus CSRs. Also attached are scripts that MEC staff and Maximus staff must follow when interacting with members and applicants regarding the voter registration process.

Recordkeeping

Each MEC must mail the **original** completed In-Office Declination Forms to the Electronic Document Management Center (EDMC) and must also mail **copies** of completed voter registration forms to the EDMC on a weekly basis. EDMC staff will scan and store them electronically.

(continued on next page)

Attachments

The following documents are included with this memo:

- A: In-Office Declination Form;
- B: Voter Preference (Declination) Form
- C: Massachusetts Official Voter Registration form (sometimes referred to as the Voter Registration Affidavit);
- D: Massachusetts Official Mail-in Voter Registration form;
- E: Job aid;
- F: Scripts for Maximus and MECs; and
- G: Copy of M.G.L., chapter 56, sections 7, 8, and 9.

Questions

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline e-mail at MassHealthHelp@MassMail.State.MA.US.

Declination Form



William Francis Galvin
Secretary of the Commonwealth

CONFIDENTIAL - NOT A PUBLIC RECORD
(CONFIDENCIAL - NO REGISTRO PÚBLICO)

PART A (PARTE A)

If you are not registered to vote where you live now and you are eligible to register to vote would you like to apply to register to vote here today? (Si no está registrado para votar donde usted vive actualmente, pero es elegible para registrarse para votar, ¿le gustaría registrarse para votar aquí hoy?)

☐ Yes (Sí) ☐ No (No) ☐ Already registered where I live now (Ya estoy registrado donde vivo actualmente)

(If you are registered to vote where you live now and have not changed your address it is **not** necessary to register to vote again.)

(Si usted está registrado para votar donde vive actualmente y no ha cambiado su dirección, **no** es necesario que se registre nuevamente).

Please, sign your name here (Por favor firme con su nombre aquí): _____

Date (Fecha): _____

If you do not check any box, you will be considered to have decided not to register to vote at this time. (Si no marca ninguna casilla, se supondrá que ha decidido no registrarse para votar en este momento.)

OPTIONAL
AGENCY RECORD

PART B: Use is optional

☐ Registered to vote ☐ Did not register to vote ☐ Already registered where I live now

For agency use only:

Agency staff signature: _____ Date: _____

Tear along this perforated line and give to applicant.

PART C / APPLICANT COPY: Please keep this for your personal records. (PARTE C / COPIA PARA EL SOLICITANTE: Por favor, guarde esto para su archivo personal.)

- Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. (Solicitar registrarse o rechazar registrarse para votar no afectará la cantidad de asistencia que esta agencia le proveerá.)
- If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Si desea recibir ayuda para llenar la solicitud de registro de votante, con gusto le ayudaremos. La decisión de buscar o aceptar la ayuda es suya. Usted puede llenar la solicitud en privado.)

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, Elections Division, One Ashburton Place, Room 1705, Boston, MA 02108; telephone 617-727-2828 or toll free 1-800-462-8683. (Si cree que alguien ha interferido con su derecho a registrarse o rechazar registrarse para votar, con su derecho a la privacidad para decidir registrarse o solicitar registrarse para votar, o con su derecho a elegir su propio partido político u otra preferencia política, puede presentar una queja ante el Secretario del Commonwealth, División de Elecciones, One Ashburton Place, Room 1705, Boston, MA 02108; o al teléfono 617-727-2828 o al número gratuito 1-800-462-8683.)

IMPORTANT INFORMATION ABOUT VOTER REGISTRATION

Dear Applicant or Member:

The National Voter Registration Act of 1993 requires MassHealth to give you the opportunity to register to vote. A voter registration application is enclosed. This letter itself is not a voter registration application. If you are not a U.S. citizen, you are not eligible to vote and you should not fill out a voter registration application.

To register to vote, fill out the enclosed Massachusetts voter registration application and send it to the local election official in your city or town, or bring it into any MassHealth Enrollment Center.

If you have any questions about registering to vote, or if you need help filling out the voter registration application, call the telephone numbers listed below or speak with a customer service representative.

MassHealth Customer Service Center at 1-800-841-2900
(TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled)

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Secretary of the Commonwealth, Elections Division, One Ashburton Place, Room 1705, Boston, MA 02108, Tel: 617-727-2828 or 1-800-462-8683.

If you need additional voter registration applications, please contact one of the numbers above.

IN-OFFICE VOTER PREFERENCE FORM: This portion of the form is to be completed during in-office transactions only.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes ☐ No ☐

Signature: _____ Date: _____

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

To register to vote in Massachusetts you must be: **A U.S. CITIZEN**, a resident of Massachusetts and at least 18 years old on or before the next election. If you are registering to vote at an agency, the fact that you register or refuse to register to vote will remain confidential and will be used only for voter registration purposes and the office at which you register will remain confidential and be used only for voter registration purposes. **Penalty for Illegal Registration:** Fine of not more than \$10,000 or imprisonment for not more than five years or both (MGL c56 s8).



Massachusetts Official Voter Registration Form • William Francis Galvin, Secretary of the Commonwealth

1	Check all that apply: Are you a Citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years of age or older on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No			NOTE: If you checked “no” to either of these questions, do not complete this form.				
2	Full name: <i>Miss Ms. Mrs. Mr.</i>		<i>last name</i>	<i>first name</i>	<i>middle name or initial</i>	<i>Jr. Sr. II III IV</i> (circle one if appropriate)		
3	Former name (if applicable): <i>Miss Ms. Mrs. Mr.</i>		<i>last name</i>	<i>first name</i>	<i>middle name or initial</i>	<i>Jr. Sr. II III IV</i> (circle one if appropriate)		
4	Address where you live now (street number, street name, rural route number and box number): <i>street number / street name / rural route number and box number</i> <i>apartment number</i> <i>city or town</i> <i>zip code + 4-digit</i>							
5	Address where you receive all your mail (if different from #4): <i>street number / street name / rural route number and box number</i> <i>apartment number</i> <i>city or town</i> <i>zip code + 4-digit</i>							
6	Date of birth: <i>month day year</i>		7	Identification #: <i>license # or last four digits of your Social Security #</i>		8	Telephone (optional): <input type="checkbox"/> <i>Check if unlisted</i> () —	
9	Party enrollment or designation (check one): <input type="checkbox"/> <i>Democratic</i> <input type="checkbox"/> <i>Republican</i> <input type="checkbox"/> <i>Green-Rainbow</i> <input type="checkbox"/> <i>United Independent Party</i> <input type="checkbox"/> <i>No Party (unenrolled)</i> <input type="checkbox"/> <i>Political Designation (not a political party):</i>							
10	Address at which you were last registered to vote: <i>street number / street name / rural route number and box number / post office box</i> <i>apartment number</i> <i>city or town</i> <i>state</i> <i>zip code + 4-digit</i>							
11	If the applicant is unable to sign this form, give the name, address and telephone number (optional) of the person helping the applicant: <i>name</i> <i>address</i> <i>telephone number (optional)</i>							
12	I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES , that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury.							
13	Today's date: <i>month day year</i>			14	Signed: <i>Sign your name here.</i>			<div>Agency Designation:</div>

Massachusetts Official**Mail-In Agency Voter Registration Form****How to use this form**

1. Check all the boxes that apply to you.
2. Print your name: last name, first name, middle name or initial.
3. Print your former name, if applicable.
4. Print the address where you live now: number and street name or rural route number and box number (do not provide a post office box number), apartment number, city or town and full zip code. Use the map[†] at right if you cannot otherwise identify your address.
5. Print the address where you receive all your mail, if it is different from the address entered on #4.
6. Print your date of birth: month, day and year.
7. Federal law requires that you provide your driver's license number to register to vote. If you do not have a current and valid Massachusetts driver's license, you must provide the last four digits of your social security number. If you have neither, you must write "none" in the box.
8. It is optional to provide your telephone number. If you include your telephone number and do not check "unlisted" it will be a public record.
9. Check a party, 'no party' or print a political designation (not a party).
10. Print the address where you were last registered to vote.
11. If a person is helping you because you are physically unable to sign this form, that assisting person must print his or her name and address and has the option to print his or her telephone number.
12. Read the oath.
13. Print today's date.
14. Sign your name.

This form may be mailed or hand-delivered to your city or town hall. If mailed, fold the form, tape it closed, place a first class stamp on it, print your city or town name and zip code for that city or town hall and drop into any mailbox.



William Francis Galvin
Secretary of the Commonwealth

You can use this form to:

- register to vote in Massachusetts; and/or
- change your name or address for voter registration only; and/or
- join a party, change from one party to another or leave a party.

To register to vote in Massachusetts you must:

- **BE A U.S. CITIZEN;** and
- be a Massachusetts resident; and
- be at least 18 years old on or before the next election.

Penalty for Illegal Registration: Fine of not more than

\$10,000 or imprisonment for not more than five years or both.

-Massachusetts General Laws, chapter 56 section 8.

Identification To Be Provided

Section 7 requires you to include your driver's license number or the last 4 digits of your social security number on this application. This information will be verified through the Registry of Motor Vehicles and the Commissioner of Social Security. If the information cannot be verified or you do not provide this information, you must provide identification either with this application or at your polling location when you go to vote. Sufficient identification includes a copy of a current and valid photo identification, current utility bill, bank statement, government check, paycheck or other government document showing your name and address.

north	
west	east
	south

[†]Using landmarks, draw the location of the place where you live if you cannot describe that location as a number and street or as a rural route and box number.

Print all information in black ink. Follow above instructions for proper delivery.

1	Check all that apply: Are you a Citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years of age or older on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If you checked "no" to either of these questions, do not complete this form.				
2	Full name: <i>last name</i> <i>first name</i> <i>middle name or initial.</i> <i>Miss Ms. Mrs. Mr.</i> <i>Jr. Sr. II III IV</i> <i>(circle one if appropriate)</i>				
3	Former name (if applicable): <i>last name</i> <i>first name</i> <i>middle name or initial.</i> <i>Miss Ms. Mrs. Mr.</i> <i>Jr. Sr. II III IV</i> <i>(circle one if appropriate)</i>				
4	Address where you live now (street number, street name, rural route number and box number): <i>street number / street name / rural route number and box number</i> <i>apartment number</i> <i>city or town</i> <i>zip code + 4-digit</i>				
5	Address where you receive all your mail (if different from #4): <i>street number / street name / rural route number and box number</i> <i>apartment number</i> <i>city or town</i> <i>zip code + 4-digit</i>				
6	Date of birth: <i>month</i> <i>day</i> <i>year</i>		7	Identification #: <i>license # or last four digits of your Social Security #</i>	
8	Telephone (optional): <input type="checkbox"/> <i>Check if unlisted</i> () —				
9	Party enrollment or designation (check one): <input type="checkbox"/> <i>Democratic</i> <input type="checkbox"/> <i>Republican</i> <input type="checkbox"/> <i>Green-Rainbow</i> <input type="checkbox"/> <i>United Independent Party</i> <input type="checkbox"/> <i>No Party (unenrolled)</i> <input type="checkbox"/> <i>Political Designation (not a political party):</i>				
10	Address at which you were last registered to vote: <i>street number / street name / rural route number and box number / post office box</i> <i>apartment number</i> <i>city or town</i> <i>state</i> <i>zip code + 4-digit</i>				
11	If the applicant is unable to sign this form, give the name, address and telephone number (optional) of the person helping the applicant: <i>name</i> <i>address</i> <i>telephone number (optional)</i>				
12	I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES , that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury.				
13	Today's date: <i>month</i> <i>day</i> <i>year</i>		14	Signed: <i>Sign your name here.</i>	
				Agency Designation: BBA	

Check to make sure that you have completed all the information on the voter registration affidavit on the opposite side!

This form must be received by the local Board of Registrars or Election Commission or postmarked on or before the deadline for voter registration (listed below) for that election, primary, preliminary or town meeting.

DEADLINES FOR VOTER REGISTRATION

To participate in...

You must register...

state primaries

state elections

city and town preliminaries

city and town elections

regularly scheduled town meetings

at least 20 days before

special town meetings

at least 10 days before

If you do not hear from your local election officials in 2 or 3 weeks, please call them!

Fold along dotted line.

ZIP CODE FOR CITY OR TOWN HALL

YOUR CITY OR TOWN

, MA

City or Town Hall

Board of Registrars or Election Commission



city or town zip code

number and street, MA

name

Return Address

Place
First Class
Stamp Here

Voter Registration Requirements

OVERVIEW

Under the National Voter Registration Act (NVRA), the Help America Vote Act, and related state law, MassHealth is required to offer applicants and members an opportunity to register to vote and assistance in doing so. MassHealth is further required to maintain records verifying this process.

MassHealth is responsible for offering voter registration opportunities and assistance to applicants and members upon application for coverage, redetermination, or change of address. In addition, MassHealth must provide the same degree of help in filling out voter registration forms as is offered with a MassHealth application or review form.

MassHealth may not coerce anyone to register to vote or attempt to persuade anyone to make any particular voting choices. No statements or actions by MassHealth should lead the individual to believe MassHealth benefits or services will be affected by the individual's decision about whether to register to vote.

VOTER REGISTRATION FORMS

• **In-Office Declination Form**

Required by the NVRA, MEC/CPU staff must provide it to every individual who applies for coverage as well as at redetermination or a change of address occurring at a MEC.

• **Voter Preference (Declination) Form**

Required by the NVRA, MEC/CPU staff must include it as part of every voter registration mailing connected to telephone applications, renewals, and changes of address.

NOTE: ACA-3 and SACA-2 application packets include the Mail-in Voter Registration form and the information contained in the Voter Preference (Declination) Form.

• **Massachusetts Official Voter Registration Form**

Completed by an individual who wants to register to vote or update his or her registration due to a change of name, address, or party enrollment in person while in a MassHealth office. This is a small form with multiple colored copies.

• **Mail-in Voter Registration Form**

Completed by individuals who wish to fill out a Voter Registration form outside a MassHealth Office. This form must be included with any mailed application or review form. This is an 8½" by 11" two-sided card stock form.

MEC/MAXIMUS WALK-IN PROCEDURES:

MEC/Maximus Receptionist

- If the "walk-in" member/applicant drops off a change of address document such as a new utility bill or a note with his/her name and new address written on it, the MEC/Maximus receptionist must explain that if the member/applicant wishes to register to vote, the individual can do so at the office and can get help if needed, or the individual can take home a voter registration form. Explain that MassHealth will mail the voter registration form to the appropriate local election official if it is completed in the office. If the individual wants to register to vote at the office, provide a Massachusetts Official Voter Registration form (if help is requested, refer the individual to an eligibility worker). If the individual asks to take a form home to fill out later, provide a Mail-in Voter Registration form. The MEC/Maximus receptionist must enter the member's name and the reason for the visit (to report an address change) on the walk-in tracking log. The MEC/Maximus receptionist puts the reported address change document in a designated box for work to be mailed to the EDMC.
- If the "walk-in" member/applicant asks to see an eligibility worker, the MEC/Maximus receptionist must record the member/applicant's name and reason for visit on the walk-in tracking log, specifying whether the member/applicant is there for help applying, for help reapplying, for help changing an address, or for assistance with another issue. The MEC/Maximus receptionist must provide the member/applicant an In-office Declination Form and ask the member/applicant to complete it while waiting for the eligibility worker and then hand the completed form to the eligibility worker.

Voter Registration Requirements p2

Eligibility Worker/Customer Service Representative (CSR)

- Upon welcoming the member/applicant into the interview room, the eligibility worker/CSR asks for the completed In-Office Declination Form and reviews it.
- If, in Part A of the In-Office Declination Form, the member/applicant checked off “No” or “Already registered where I live now,” no further action is needed. The eligibility worker/CSR completes Part B of the In-Office Declination Form and enters the member/applicant name, date of birth (DOB), and Medicaid ID on the top of the form. Tear off and hand the member/applicant Part C.
- If the member/applicant did not complete Part A of the In-Office Declination Form, the eligibility worker/CSR will ask the member/applicant to complete the form, and provide assistance in doing so if requested. If the member/applicant does not wish to complete the In-Office Declination Form but asks to take a voter registration form home to fill out later, provide a Mail-in Voter Registration form. If the eligibility worker/CSR knows that the member/applicant is not a U.S. citizen, explain that only U.S. citizens can register to vote, and do not provide a voter registration form or assistance in filling it out.
- If, in Part A of the In-Office Declination Form, the member/applicant checked off “Yes”, the eligibility worker/CSR will give the Massachusetts Official Voter Registration form to the member and ask him or her to complete it, offering assistance if needed, and explaining that if the individual completes the form while at the office, MassHealth will mail the form to the appropriate election official. The eligibility worker/CSR will explain that an individual must be a U.S. citizen and 18 at the time of the next election in order to register to vote, unless the eligibility worker/CSR knows that the individual meets these qualifications. If the member/applicant indicates that he or she would prefer to complete a voter registration form at home, provide a Mail-in Voter Registration form. If the eligibility worker/CSR knows that the member/applicant is not a U.S. citizen, do not provide a Voter Registration form or assistance in filling it out. The eligibility worker/CSR completes Part B of the In-Office Declination Form and enters

the member name, DOB, and Medicaid ID on the top of the form. Tear off and hand the member/applicant Part C.

- If a member/applicant has completed the Massachusetts Official Voter Registration form in the office, the eligibility worker/CSR must write the code “BBA” in the box at the bottom right corner of the form, and then give the individual the second page (yellow sheet). The yellow sheet is the only proof that the individual has filled out the registration form until the local election official receives the original copy from MassHealth.
- At the end of the interview, the eligibility worker/CSR will return the In-office Declination Form and the Massachusetts Official Voter Registration form, if completed, to the front desk receptionist for delivery to the appropriate local election official and the EDMC.

Clerical Supervisor or Designee

- Once per day, the clerical supervisor or designee will photocopy the completed voter registration forms and mail the originals to the appropriate city or town clerk’s office/local election office. Before photocopying, the clerical supervisor or designee will make sure that the code “BBA” is written on the bottom right corner of each completed voter registration form. The mailing address for each city and town is listed on the Massachusetts City and Town Directory page of the Massachusetts Election Division Web site at www.sec.state.ma.us/ele/electk/clkidx.htm.
- Once per week, the clerical supervisor or designee should mail out all original In-office Declination Forms and copies of completed voter registration forms to the EDMC at the following address:

EDMC
P.O. Box 4405
Taunton, MA 02780

Voter Registration Requirements p3

MEC/MAXIMUS – TELEPHONE PROCEDURES

- **Requests for Paper Applications**

If an individual requests an application (ACA-3 or SACA-2), the CSR must mail the ACA-3 or the SACA-2 application packet, which includes a copy of the Mail-in Voter Registration form and information contained in the Voter Preference (Declination) Form.

- **Renewals/Review Forms**

If a member calls to request an Eligibility Review form (ACA-3-ERV or MER) the Mail-in Voter Registration form and Voter Preference (Declination) Form must be included in the mailing. The CSR must add a note in the Maximus Customer Relationship Management System (CRM), MassServe, that a Mail-in Voter Registration form was sent and the date it was sent.

- **Address Changes**

If a member calls to report a change of address, the CSR will record the call as an address change call in MassServe and transfer the call to the MEC if the member is in the MA-21 system. If the member is in the HIX, or has referred eligibility from another agency, the CSR will process the reported change of address. When processing the reported change of address in the HIX, the CSR will answer “yes” to the voter registration question at the end of the application. Before transferring the call or processing the address change, the CSR must inform the member that MassHealth will be sending a mailing with a voter registration application and instruction on how to fill it out. Maximus will then mail a Mail-in Voter Registration form and the Voter Preference (Declination) Form to all MA-21 households who report a change of address over the phone, and make a note in MassServe that a Mail-in Voter Registration form was sent and the date it was sent. The Central Processing Unit (CPU) Clerical Team will, on a daily basis, based on a HIX generated report, send a Mail-in Voter Registration form and the Voter Preference (Declination) Form to all HIX households who report a change of address over the phone.

TELEPHONE APPLICATION PROCEDURES

As the Maximus CSR completes the phone application for the applicant, the CSR must inform the member that MassHealth will be sending a mailing with a voter registration application and instruction on how to fill it out. **The CSR must then click “yes” to the voter registration question that appears below the application signature** (“If you are not registered to vote where you live now and you are eligible to register to vote, would you like to apply to register to vote today?”). The clerical unit at one of the local MassHealth offices will then send all phone applicants a Mail-in Voter Registration form and the Voter Preference (Declination) Form based on a daily mail file that is generated by the Online Application Portal.

PAPER APPLICATION/REVIEW FORM PROCEDURES

As the eligibility worker enters a paper application or paper renewal application, he or she MUST leave the answer to the voter registration question on the HIX blank, even if the applicant answered it on the paper application/renewal application (next to the signature page). Since all application packets contain a Mail-in Voter Registration form, there is no need to mail another form to those who answer “yes” to the voter registration question.

PAPER ADDRESS CHANGE PROCEDURES

As the eligibility worker processes a paper address change that is not accompanying an application or renewal application, he or she must do the following: address a voter registration packet (that will be pre-packaged by each MEC’s clerical unit) to the head of household and put it in the outgoing mail box at the MEC at the end of the day. This voter registration packet will have a Voter Preference (Declination) Form and a voter registration form to complete and return to the household’s local election official. If the address change is being entered in the HIX, the eligibility worker will answer “yes” to the voter registration question at the end of the application.

Voter Registration Requirements p4

CPU/EDMC RESPONSIBILITIES:

Mail-in Voter Registration Forms

The Mail-in Voter Registration form will be included with every application or review mailing. Applicants/members may return the Mail-in Voter Registration to MassHealth when submitting their application or review.

Preppers at the CPU and EDMC must review applications and reviews to check for the Voter Registration form. If the applicant/member returned the Mail-in Voter Registration form with the application/review:

1. Remove the voter registration forms from the application;
2. Photocopy the form;
3. Send the original Mail-in Voter Registration form to the appropriate local election official's office. Mail a copy of the voter registration form to the EDMC on a weekly basis where it will be stored electronically.

In-Office Declination Forms

All In-Office Declination Forms received at the MECs, CPU, or Maximus must be mailed to and stored at the EDMC electronically on a weekly basis, after the eligibility worker enters the Member Name, DOB, and Medicaid ID at the top of the form.

Voter Registration Scripts for MassHealth Enrollment Centers (MECs) and MassHealth Customer Service Center (Maximus)

Script for MEC/Maximus Voter Registration Walk-in Procedures

MEC/Maximus Receptionist Script to Read to Client

- Whenever a member/applicant asks to see an eligibility worker, the receptionist will take the member/applicant's name and reason for visit and provide him or her with an In-office Declination Form and say:

“Please complete Part A of this form while waiting to see the eligibility worker (or customer service representative).”

Please make sure to hand him or her the completed form.

- Whenever a customer/member, without meeting with an eligibility worker, drops off a change of address document such as a utility bill or a note with their new address written on it, and the document is not accompanied by an application or review form, the receptionist will say:

“If you want to register to vote today, you can complete a voter registration form here at the office, and get help if you need it. Or you can take one home. If you complete the form here, MassHealth will mail it to your local election official.”

- If the customer/member wants to register to vote in the office, the receptionist will hand the person a Massachusetts Official Voter Registration application and say:

“Here is the voter registration form to fill out here at the office. Please take a few minutes to complete it and once you complete it, you can leave it with me. If you need help completing the form, you can meet with an eligibility worker (or customer service representative).”

Eligibility Worker/CSR Script to Read to Client

- Whenever a member/applicant hands the eligibility worker/CSR the completed In-Office Declination Form, and Part A is answered “no” or “Already registered where I live now,” no further action is needed and the eligibility worker/CSR will say:

“Thank you for completing the declination form. I will quickly complete Part B, put some information on the top of the form and then give you Part C to take home.”

Tear off and give the member/applicant Part C of the In-Office Declination Form.

- Whenever a member/applicant hands the eligibility worker/CSR the In-office Declination Form and Part A is not completed, the eligibility worker/CSR will say:

“Please complete Part A in this form and then hand it to me. I can help you complete Part A if you would like.”

If the member/applicant requests assistance, the eligibility worker/CSR will say:

“If you are not registered to vote where you live now and you are eligible to register to vote, would you like to apply to register to vote here today? Yes? No? or Already registered where you live now? I will enter today’s date. Please sign here.”

Once completed with Part A, the eligibility worker/CSR will complete Part B, put the member’s/applicant’s name, DOB, and Medicaid ID (if have one) on the top of the form and then give the member/applicant Part C of the In-Office Declination Form (if the member/applicant responds “yes” to the question on the In-Office Declination Form, provide the Massachusetts Official Voter Registration form and follow the procedure below).

- If the member/applicant does not wish to complete the In-Office Declination Form but requests a voter registration form to take home with him/her, the eligibility worker/CSR will give the member/applicant a Mail-in Voter Registration form and say the following:

“Here is a Mail-in Voter Registration form you can take home with you. You or a member of your household can complete it and mail it to your local election office as is instructed on the form. Or, you can return it to any MassHealth office, and MassHealth will mail it for you. If you or someone in your household needs help in completing the form, call or visit MassHealth.”

- Whenever a member/applicant hands the eligibility worker/CSR the completed In-Office Declination Form and Part A is answered “yes”, the eligibility worker/CSR will give the Massachusetts Official Voter Registration form to the member/applicant and say the following, unless the eligibility worker/CSR knows that the member/applicant meets the age and citizenship requirements:

“You must be a U.S. Citizen and 18 at the time of the next election to register to vote.”

The eligibility worker/CSR will also say:

“Here is the voter registration form. Please take a few minutes to complete it. I can help you if you like. Once you complete it, you can leave it with me and we will mail it to your local election office. Or if you’d prefer to take a form to complete at home and mail directly to your local election office, I can give you a Mail-in Voter Registration form.”

Once the member/applicant hands the eligibility worker/CSR the completed voter registration form or the eligibility worker/CSR gives the member/applicant the Mail-in

Voter Registration form, the eligibility worker/CSR will complete Part B, put the member's/applicant's name, DOB, and Medicaid ID (if have one) on the top of the form and then give the member/applicant the yellow sheet (attached to the Massachusetts Official Voter Registration form), along with Part C of the In-Office Declination Form. If requested, provide assistance in completing the voter registration form.

- NOTE: If, at any time, the eligibility worker/CSR knows that a member/applicant is not a U.S. citizen, explain that only U.S. citizens can register to vote, and do **not** provide any type of voter registration form or assistance in completing it.

Script for MEC/Maximus Voter Registration Telephone Procedures

Address Changes

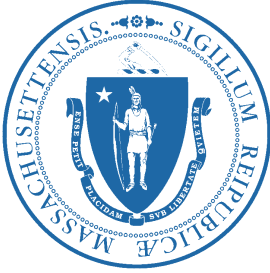
- When a member calls to report a change of address, the Maximus CSR will transfer the call to the MEC if the member is in the MA-21 system. If the member is in the HIX, or has referred eligibility from another agency, the Maximus CSR will process the reported change of address. Either way, a Mail-in Voter Registration form will be automatically mailed on a daily basis. Before transferring the call or processing the address change, the CSR will say:

“Please be aware that MassHealth will be sending you a mailing with a voter registration application and instruction on how to fill it out. This is a federal requirement.”

Telephone Applications

- When an applicant calls to complete a phone application, the CSR will say at the end of the application process:

“Please be aware that MassHealth will be sending you a mailing with a voter registration application and instruction on how to fill it out. This is a federal requirement.”



Massachusetts General Laws

Chapter 56. Violations of election laws

PENALTIES FOR OFFENCES CONCERNING ASSESSMENT, LISTING AND REGISTRATION OF VOTERS

Section 7. AIDING OR ABETTING FALSE AFFIDAVITS OR OATHS. Whoever aids or abets a person in knowingly or wilfully making a false affidavit, taking a false oath or signing a false certificate relative to the qualifications of any person for listing or registration shall be punished by a fine of not more than one thousand dollars or by imprisonment for not more than one year.

Section 8. ILLEGAL REGISTRATION. Whoever causes or attempts to cause his name to be registered, knowing that he is not a qualified voter in the place of such registration or attempted registration; whoever registers or attempts to register under a name other than his own; whoever represents or attempts to represent himself as some other person to an election commissioner, registrar or assistant registrar; whoever gives a false answer to an election commissioner, registrar or assistant registrar respecting any matter relating to his registration or his right to vote; whoever otherwise illegally registers or attempts to register; or whoever aids or abets any other person in doing any of the acts above mentioned, shall be punished by a fine of not more than ten thousand dollars or by imprisonment for not more than five years, or both.

Section 9. MISCONDUCT AT REGISTRATION. Whoever refuses to obey the lawful orders or directions of an election commissioner, registrar or assistant registrar, or interrupts or disturbs the proceedings at any registration shall be punished by a fine of not more than one hundred dollars.