

Division of Medical Assistance
Commonwealth of Massachusetts
Office of Medicaid

NOTICE OF PROPOSED AMENDMENT OF REGULATIONS

Under the authority of M.G.L. c. 118E, ss. 7 and 12 and in accordance with M.G.L. c. 30A, the Division of Medical Assistance (the Division) proposes to amend the following regulations.

130 CMR 515.000: MassHealth: General Policies
130 CMR 516.000: MassHealth: The Eligibility Process
130 CMR 517.000: MassHealth: Universal Eligibility Requirements
130 CMR 519.000: MassHealth: Coverage Types
130 CMR 522.000: MassHealth: Other Division Programs

It is anticipated that these amendments will not go into effect before October 2025.
There is no fiscal impact on cities and towns.

MassHealth proposes the following amendments.

130 CMR 515

Trusts: Implement state legislation that requires MassHealth to consider transfers into valid pooled trust and special need trust accounts made before and after the permanently and totally disabled individual turns 65 to be permissible, effective December 2024.

Case File—Definitions: Remove language indicating that member account documentation is "permanent" to account for federal rules on case file retention.

Disabled—Definitions: To reflect current practice, amend the definition of "disabled" to align with the federal definition in Title XVI of the Social Security Act.

FPL—Definitions: MassHealth implements annual federal poverty level increases on March 1 each year to align with updates published in the Federal Register.

Recoupment of Overpayments: Remove language reserving the right to recoup overpayment for medical services. This aligns with recent Centers for Medicare & Medicaid Services guidance and does not preclude MassHealth from recovering within the limits set by federal law.

130 CMR 516

Coverage Start Dates: Amend start date provisions to conform to proposed changes to 130 CMR 519, fixing a circular cross-reference between 130 CMR 516 and 130 CMR 519.

Ex Parte Renewals: Perform annual autorenewals at the individual member level instead of by household.

130 CMR 517

Utilization of potential other benefits: Eliminate the requirement that individuals apply for other cash benefits to which they may be entitled as a condition of Medicaid eligibility (e.g., Social Security, retirement benefits).

130 CMR 519

Medicare Savings Program (MSP) Asset Limit: Amend to reflect the fact that the asset test for MSP benefits was eliminated effective March 1, 2024.

Emergency Aid to the Elderly, Disabled and Children (EAEDC): Provide all EAEDC referred eligible members with MassHealth Standard (the richest MassHealth benefit).

CommonHealth: Specify revised requirements applicable only to CommonHealth members over the age of 65 and move the existing applicable definition of "disabled" into this chapter.

Coverage Start Dates: Amend start date provisions to conform to proposed changes to 130 CMR 516, fixing circular cross-reference between 130 CMR 516 and 130 CMR 519.

Moving Forward Plan: Update the name of the Home- and Community-Based Services Waiver from "Money Follows the Person" to "Moving Forward Plan."

130 CMR 522

CMSP Copays: Eliminate copays and certain premiums for the Children's Medical Security Plan (CMSP). Corresponding amendments have been made to 130 CMR 506 regarding premiums.

Massachusetts Insurance Connection (MIC) Program: Permit members who become eligible for a comprehensive MassHealth coverage type to remain enrolled in MIC. (The program was previously closed to new applicants. It currently has approximately 75 people enrolled.)

Refugee Resettlement Program: Amend to reflect that the refugee medical assistance period was extended from 8 to 12 months by the federal Office of Refugee Resettlement in 2022.

In addition, all five amended regulations include the following changes.

Add a severability clause to align with other MassHealth regulations.

Update chapter titles to distinguish between modified adjusted gross income (MAGI) and non-MAGI methodologies.

Broaden the regulatory authority citation to M.G.L. c. 118E instead of citing specific sections within c. 118E to ensure that relevant sections not currently cited, such as Sec. 9 (Eligibility), are included.

To submit data, views, or arguments concerning these proposed amendments, please email them to masshealthpublicnotice@mass.gov as an attached Word or PDF document or as text within the body of the email with the name of the regulation in the subject line. All submissions must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit comments by email should mail comments to EOHHS, c/o D. Briggs, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Comments will be accepted through 5:00 p.m. July 25. The Division specifically invites comments as to how the amendments may affect beneficiary access to care.

All persons desiring to review the current draft of the proposed regulation may go to www.mass.gov/info-details/masshealth-public-notice or request a copy in writing from MassHealth Publications, 100 Hancock Street, 6th Floor, Quincy, MA 02171.

The Division may adopt a revised version of the proposed regulation taking into account relevant comments and any other practical alternatives that come to its attention.

July 3, 2025