SENIOR GUIDE
TO HEALTH CARE COVERAGE

Commonwealth of Massachusetts | EOHHS

This guide is for seniors and for people of any age needing long-term-care services and supports.

AUGUST 2026





SACA-1-LP_2026-08

MassHealth Disability Accommodation Ombudsman

MassHealth has an ombudsman to help members and applicants with disabilities get the accommodations they need. This office can also provide personal assistance by

- explaining MassHealth processes and requirements; and
- helping you fill out forms over the telephone.

MassHealth Disability Accommodation Ombudsman
1 Enterprise Drive, 4th Floor
Quincy, MA 02171
Phone: (617) 847-3468 TDD/TTY: 711
adaaccommodations@state.ma.us

Attention Non-U.S. Citizens!

Important information you need to know about applying for MassHealth Limited and the Health Safety Net can be found on page 14.

NEED HELP?

MY OMBUDSMAN

If you need help getting benefits or services from MassHealth or your health plan, you can call My Ombudsman. My Ombudsman is a program that is separate from MassHealth and your health plan. The program can do the following.

- Give you information about your health plan benefits and rights.
- Help you with any concerns.
- Help explain how to file a grievance (complaint) or an appeal (a review of a decision).

You can get more information about My Ombudsman the following ways.

- Visit their website at myombudsman.org.
- Call (855) 781-9898 or videophone (VP) at (339) 224-6831.
- Email them at info@myombudsman.org.

Please visit the My Ombudsman website or contact them directly for updated information about location and walk-in hours.

MYSERVICES

MyServices is an online tool where you can access helpful information, including eligibility status, enrollment status, and alerts about important events and actions you need to take. MyServices also allows you to review certain MassHealth notices and voter registration information online. For more information, go to myservices.mass.gov.

You can also find more details in Section 9 of this booklet.

CONTENTS

Introduction 9

Section 1
Applying for MassHealth, coverage through the Massachusetts Health Connector, or the Health Safety Net—for seniors living at home including people of any age who need long-term-care services while living at home..... 17

Section 2
Applying for MassHealth—for People in or Waiting to Go into a Long-Term-Care Facility 43

Section 3
Special Income Eligibility Rules through MassHealth Standard—for People 65 or Older Needing Personal-Care-Attendant Services to Live at Home 57

Section 4
Massachusetts Health Connector..... 62

Section 5
The Health Safety Net 69

Section 6
MassHealth Coverage Types..... 73

Section 7
Your Rights, Responsibilities, and Other Important Information You Should Know about MassHealth 86

Section 8
US Citizenship and Immigration Rules..... 103

Section 9
MyServices 120
Section 10
Where to Get Help 121
Federal Poverty Levels (Monthly) 129

INTRODUCTION

Senior Guide to Health Care Coverage: A guide for seniors and for people of any age needing long-term-care services and supports

MassHealth, the Massachusetts Health Connector, and the Health Safety Net provide a range of medical and other benefits. These programs are authorized by state and federal law.

This Guide is for Massachusetts residents who are

- 65 or older and living at home;
- disabled and working 40 hours or more a month; or currently working and have worked at least 240 hours in the six months immediately before the month of application;
- any age and are in or are waiting to go into a long-term-care facility;
- eligible through certain programs to get long-term-care services and supports to live at home; or
- applying for Health Connector plans.

This Guide may **not** be for you if you are

- a parent or a caretaker relative of children under 19 years old (A caretaker relative is an adult who is living with and related to the children under 19 years old, and who is the main caregiver of the children because neither parent of the children is in the home); or

- applying for certain disabled, immigrant children under 19 years old who live in nursing homes or other long-term-care facilities.

Call us at (800) 841-2900, TDD/TTY: 711 to find out if another booklet, the Member Booklet, is for you.

MassHealth applications can be used to apply for the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that helps you buy healthy food each month. If you want to also apply for SNAP, check the SNAP check box on the first page of the MassHealth application, read the rights and responsibilities, and sign the application. You do not have to apply for SNAP to be considered for MassHealth.

Please keep this guide

It has important information you may want to look up after you apply for MassHealth and while you are a MassHealth member. It gives general information about the following.

- Applying for MassHealth, Health Connector plans, or the Health Safety Net if you are a senior living at home.
- Applying for MassHealth if you are in or are waiting to go into a long-term-care facility or need long-term-care services at home.
- Eligibility rules for MassHealth, Health Connector Plans, and the Health Safety Net.

- U.S. citizen/national status and identity verification requirements (See Section 8 for a list of acceptable documents to prove U.S. citizenship/national status and identity).
- Immigration information for non-U.S. citizens (See Section 8 for information about immigration status and eligibility for benefits).
- The MassHealth coverage types and the services and benefits available through each coverage type.
- How to get MassHealth services and benefits and when your coverage begins.
- How accident and estate recovery rules affect you as a MassHealth member.
- Real estate liens, your rights and responsibilities, and where to get help.

This guide is intended only as a reference and does not give complete information about the eligibility rules or benefits through MassHealth, Health Connector plans, and the Health Safety Net.

The information in this guide reflects income standards in effect on March 1, 2026; for the most updated information about assets and other figures that MassHealth uses to determine eligibility, go to mass.gov/service-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members.

What US citizens/nationals need to know about applying for MassHealth, the Health Safety Net, or Health Connector plans

Verification of US citizenship/national status and identity is required for all US citizens/nationals applying for MassHealth and Health Connector plans. Verification of identity is required for all individuals applying for the Health Safety Net.

The most common types of proof for both US citizenship/national status and identity are a US passport, a Certificate of US Citizenship, a Certificate of US Naturalization, or a document issued by a federally recognized American Indian tribe showing membership or enrollment in, or affiliation with, this tribe. US citizenship/national status may also be proved with a US public birth certificate or a Report of Birth Abroad of a US Citizen. You can also prove your identity with a state driver's license containing your photo, a government-issued identity card containing your photo, or a US military ID card.

We may be able to prove your identity through the Massachusetts Registry of Motor Vehicles if you have a Massachusetts driver's license or a Massachusetts ID card. Once you give us proof of your US citizenship/national status and identity, you will not have to give us proof again. You must give us proof of identity for all household members who are applying. Seniors and disabled people who get or can get Medicare or Supplemental Security Income,

or disabled people who get Social Security Disability Insurance, do not have to give proof of their US citizenship/national status and identity. A child born to a mother who was getting MassHealth on the date of the child's birth does not have to give proof of US citizenship/national status and identity. See Section 8 for more information about proof of US citizenship/national status and identity.

For help getting forms of proof, like a Massachusetts birth record or information about how to get a birth record from another state, please call us at (800) 841-2900, TDD/TTY: 711.

What non-US citizens need to know about applying for MassHealth or Health Connector plans

To get the right type of health care, each household member who is applying must prove their eligible immigration status.

We will perform information matches with federal and state agencies to prove immigration status. If electronic data sources cannot prove an individual's declared information, we will ask for additional documentation. We will send a Request for Information notice that will list all the required forms of proof and the deadline for submitting them. Immigration status information is in Section 8, or go to the MassHealth website at www.mass.gov/info-details/masshealth-information-for-noncitizens.

What non-US citizens need to know about applying for MassHealth Limited and the Health Safety Net

Non-US citizens who are not eligible for a Social Security number (SSN) or do not have documentation of their immigration status may still qualify for MassHealth Limited or the Health Safety Net. However, they must provide the following.

- Proof of income
- Proof of identity

If you are a non-US citizen, you do not have to submit your immigration documents with the application if you are applying only for your children, not yourself.

If you do not have pay stubs or tax records, you can prove your income in other ways, like giving us a signed statement from your employer containing the gross (before taxes and deductions) pay and hours worked.

We will keep applications and the information on them confidential. This means that

- we will not send names and addresses to immigration enforcement officials; and
- we will not match information with other agencies if individuals do not have Social Security numbers.

NOTE: As of October 1, 2026, due to recent federal legislation in Public Law (P.L.) 119- 21, otherwise known as the “Working Families Tax Cut” (WFTC), or the “One

Big Beautiful Bill Act" (OB3), the federal government will no longer allow certain immigrants who are legally in the United States to remain enrolled in full MassHealth benefits. Affected immigrants may include refugees, asylees, parolees, and victims of abuse and trafficking. Noncitizens who are not a Legal Permanent Resident (LPR), Compact of Free Association (COFA) migrant, or Cuban-Haitian Entrant (CHE) may see a change in benefits based on this new federal legislation. Full MassHealth benefits may remain available for certain individuals who are younger than 21 or older than 64 years old, disabled, pregnant, or postpartum. Otherwise, MassHealth members who are subject to changes based on this updated legislation may be eligible for Emergency Services Only, Health Safety Net, or the Children's Medical Security Plan.

What visitors need to know about applying

If you are not Massachusetts resident, you are not eligible for MassHealth or other health care benefits that are funded by the Commonwealth of Massachusetts. If you are visiting Massachusetts for personal pleasure, such as for vacation, or for the purposes of receiving medical care in a setting other than a nursing facility, you do not meet residency requirements for MassHealth.

A list of free and low-cost legal services is available on the MassHealth website atmass.gov/masshealth. If you would like this list in print form, call us at (800) 841-2900, TDD/TTY: 711.

SECTION 1

APPLYING FOR MASSHEALTH, COVERAGE THROUGH THE MASSACHUSETTS HEALTH CONNECTOR, OR THE HEALTH SAFETY NET— FOR SENIORS LIVING AT HOME INCLUDING PEOPLE OF ANY AGE WHO NEED LONG-TERM-CARE SERVICES AND SUPPORTS WHILE LIVING AT HOME

Information about MassHealth, the Health Connector, or the Health Safety Net for seniors living at home

This section gives general information about the MassHealth eligibility rules for people who are 65 or older, live at home, and generally do not need long-term-care services or supports. It also gives information about how to apply for MassHealth,the Health Safety Net (HSN), or coverage through the Health Connector. If you are not eligible for MassHealth, you may be eligible for the Health Safety Net, which has different eligibility rules.

The Health Safety Net (HSN)

The HSN pays Massachusetts acute hospitals and community health centers for certain health care services provided to low-income patients. Effective June 1, 2016, the HSN pays for services provided to Massachusetts residents with Modified Adjusted Gross Income (MAGI) household income at or below 300% of the federal poverty level (FPL). For more information about the Health Safety Net, see Section 5.

The Massachusetts Health Connector

The Massachusetts Health Connector is the state's marketplace for health and dental insurance. The Health Connector can help you and your household shop for and enroll in insurance plans from leading health and dental insurers in the state. You can also learn if you qualify for any programs that help you pay for health insurance premiums and lower your out-of-pocket health care costs.

Programs through the Health Connector that can help you pay for health insurance include Advance Premium Tax Credits and ConnectorCare.

You may qualify to buy a health or dental insurance plan through the Massachusetts Health Connector, if you meet the following requirements.

- You are a resident of Massachusetts.
- You are a US citizen/national or are lawfully present in the United States.

- You are not in prison, unless you are awaiting trial.

Health coverage through the Massachusetts Health Connector is not MassHealth. If you have Medicare, you will not be eligible for any cost sharing reductions or Advance Premium Tax Credits through the Health Connector and you cannot purchase a health plan through the Health Connector. If you are eligible for Medicare, the only time you should apply for a plan through the Health Connector is if you are not enrolled in Medicare yet but would have to pay for your Medicare Part A premium. In this case, you may be eligible for coverage through the Health Connector, which may include Advance Premium Tax Credits and ConnectorCare plans.

If you are in or are waiting to go into a long-term-care facility, read Section 2 for more information.

For more information about programs through the Health Connector, see Section 4.

MassHealth

How to apply

1. Fill out the Senior Application.
   If you are applying for MassHealth through the Home- and Community-Based Services Waiver, you only need to fill out the “Resource Transfers” section of Supplement A in the application.

2. Send us the filled-out and signed application with proof of the following.

- Your monthly income before taxes and deductions (such as a copy of your pension stub or award letter). You do not need to send us proof of your social security or SSI income. If employed, send proof of your monthly employment income before taxes and deductions, such as two recent pay stubs or a US tax return. If self-employed, send a US tax return, or if no US tax return has been filed, you may submit a Profit and Loss Statement for the last 12 months signed by an accountant (or you, if no accountant was used). Current business records showing other relevant documents may be submitted as acceptable proof of self-employment.
- The current value of your assets (such as copies of your current bank statements*).
- Your US citizenship/national or immigration status and identity. (See Section 8 for more information)

* *Under Chapter 125 of the Acts of 2008: An Act Relative to Exempting Seniors from Certain Bank Fees, financial institutions cannot charge seniors for copies of bank or other financial records if MassHealth is asking for the information.*

For a MAGI-determined person, we compare information with other agencies and sources when we receive an application. For a description of a MAGI-determined person, see page 11. We also compare information at annual review and periodically to update or prove eligibility.

These agencies and information sources may include: Federal Data Services Hub; Department of Unemployment Assistance; the Bureau of Vital Statistics in the Department of Public Health; Department of Industrial Accidents; Department of Veterans' Services; Department of Revenue; Bureau of Special Investigations; Social Security Administration; Systematic Alien Verification for Entitlements; Department of Transitional Assistance; health-insurance carriers; and banks and other financial institutions.

Information about people listed on your application may be shared with the Department of Unemployment Assistance and their employers (to administer the Employer Medical Assistance Contribution (EMAC) requirements of MGL c 149 s 189A).

We compare your income information electronically. MassHealth considers income to be proven if the income data we received through other agencies is compatible with the income amount you stated on your application. If we are unable to verify your income electronically, we will request proof of your income.

3. After you have filled out the Senior Application and any needed supplements, send your application by

   Mail or fax to
   MassHealth Enrollment Center
   PO Box 290794
   Charlestown, MA 02129-0214

   fax: (617) 887-8799

In person to
MassHealth Enrollment Center
The Schrafft Center
529 Main Street, Suite 1M
Charlestown, MA 02129

4. To apply in person, go to any enrollment center Monday through Friday from 8:45 a.m. to 5 p.m. **Do not mail an application to any of these enrollment centers.** Drop boxes are available after business hours at the Charlestown and Tewksbury Enrollment Centers.

MassHealth Enrollment Centers

» 529 Main Street
Charlestown, MA 02120

» 45 Spruce Street
Chelsea, MA 02150

» 243 Cottage Street
Springfield, MA 01104

» 21 Spring Street, Suite 4
Taunton, MA 02780

» 367 East Street
Tewksbury, MA 01876

» 1 Enterprise Drive,
3rd Floor
Quincy, MA 02171

» 50 SW Cutoff, Suite 1A
Worcester, MA 01604

Where to call

Call us at (800) 841-2900, TDD/TTY: 711.

- A Senior Application;
- A Senior Guide to Health care Coverage in another language;
- Interpreter services;

- Help filling out the Senior Application; or
- Questions about the application process.

General Eligibility Rules

To decide if you can get MassHealth, we look at your income and assets and, in some cases, your immigration status.

Residency

You must be a resident of Massachusetts to get MassHealth or other health care benefits that are funded by the Commonwealth of Massachusetts. Unless otherwise specified in the MassHealth regulations, you are a resident of Massachusetts if you live in Massachusetts and either intend to reside in Massachusetts, with or without a fixed address, or have entered Massachusetts with a job commitment or are seeking employment. If you are visiting Massachusetts for personal pleasure, such as for vacation, or for the purposes of receiving medical care in a setting other than a nursing facility, you do not meet residency requirements for MassHealth.

A person's residency will be considered proven if they have self-declared to being a Massachusetts resident, and the residency has been confirmed by electronic data matching with federal or state agencies, or information services, or the individual has provided any of the following documents.

- A copy of the deed and record of the most recent mortgage payment (if the mortgage was paid in full, a copy of the property tax bill from the most recent year)

- A current utility bill or work order dated within the past 60 days
- A statement from a homeless shelter or homeless service provider
- School records (if the school is private, additional documentation may be requested)
- Nursery school or day care records (if the chool is private, additional documentation may be requested)
- A Section 8 agreement
- A homeowners' insurance agreement
- Proof of enrollment of custodial dependent in public school
- A copy of the lease and record of the most recent rent payment

If you cannot give us any of the documents listed above, you may submit an affidavit to prove your residency. It must state that you are not visiting Massachusetts for personal pleasure (for example, vacation) or for purposes of receiving medical care in a setting other than a nursing facility. It must be signed under the pains and penalties of perjury.

Social Security Numbers

You must give us a social security number (SSN) or proof that one has been applied for for every household member who is applying, unless one of the following exceptions applies.

- You or any household member has a religious exemption as described in federal law.

- You or any household member is eligible only for a nonwork SSN.
- You or any household member is not eligible for an SSN. See Section 7 for more information.

Income Rules

MassHealth compares your monthly income to certain limits that are set by law. These limits are based on a percentage of the federal poverty level (FPL), and may increase each year. If you are married and live with your spouse, we count both of your incomes in deciding if you can get MassHealth.

To determine your income, we look at your social security, pension, and other nonwork-related income (before deduction of your Medicare premium, taxes, or other deductions).

If you have income from working, we allow certain deductions.

Income Rules—the Deductible

If your income is too high to get MassHealth Standard, Family Assistance, Health Safety Net, or Limited, you will have a deductible. We can tell you how to get MassHealth by meeting your deductible. See Section 3 for more information.

The deductible is the total amount of your monthly income that is greater than MassHealth's income limits over a six-month period.

To meet your deductible, you must have medical bills that are equal to or greater than the amount of your deductible. You may use medical bills for you and your spouse.

MassHealth will not pay these medical bills—they are your responsibility. Also, the bills you use cannot be for services that are covered by other insurance that you or your spouse may have.

Modified Adjusted Gross Income (MAGI)

Financial eligibility is based on Modified Adjusted Gross Income (MAGI). For community applicants under 65 years old, or for those individuals 65 or older who request a MAGI determination for Health Connector benefits, MAGI methodology is used to calculate income.

Countable Income—MAGI

- MAGI is the income reported on line 7 on the personal 1040 income tax return after the income from line 22 of Schedule 1 has been added and the deductions from line 36 of Schedule 1 have been deducted. Then tax-exempt interest, foreign earned income exclusions, and tax-exempt Social Security income are added back in.
- MAGI includes earned income, such as wages, salary, tips, commissions, and bonuses.
- MAGI does not count pre-tax contributions to salary reduction plans (of up to $2,500 or $5,000 depending on filing status) for payment of dependent care, transportation, and certain health expenses.

- Self-employment income is included in adjusted gross income, but the tax code allows deductions for various business-related travel and entertainment expenses (up to a limit), and business use of a personal home. If the deductions exceed the income earned from self-employment, the losses can be used to offset other income.
- An amount received as a lump sum is counted as income only in the month received. Exception: for plans through the Health Connector, income received as a lump sum is countable for the year in which it is received.

Exception: For plans through the Health Connector, income received as a lump sum is countable for the year in which it is received.

Deductions—MAGI

Allowable deductions from countable income when determining MAGI are: educator expenses; certain business expenses of reservists, performing artists, or fee-based government officials; health savings account deduction; moving expenses for members of the Armed Forces; deductible part of self-employment taxes; contribution to Simplified Employee Pension plan (SEP), SIMPLE IRA plan, and qualified plans; self-employed health insurance deduction; penalty on early withdrawal of savings; alimony paid for a divorce, separation agreement, or court order that was finalized before January 1, 2019; individual retirement account deductions; and student loan interest deduction.

For MAGI-determined individuals, we perform information matches with other agencies and sources when an application is submitted, at annual review, and periodically to update or prove eligibility.

These agencies and information sources may include, but are not limited to: Federal Data Services Hub; Department of Unemployment Assistance; the Bureau of Vital Statistics in the Department of Public Health; Department of Industrial Accidents; Department of Veterans' Services; Department of Revenue; Bureau of Special Investigations; Social Security Administration; Systematic Alien Verification for Entitlements; Department of Transitional Assistance; health-insurance carriers; and banks and other financial institutions.

Income information will be obtained through an electronic data match. Income is considered proved if the income data received through an electronic data match is reasonably compatible with the income amount you stated on your application. If we are unable to verify your income electronically, we will request proof of your income.

To get the benefits you are entitled to as quickly as possible, you may send us any documentation you have that proves household income.

General Asset Rules

MassHealth looks at the current value of any assets owned by you and compares them to the asset limits. For the most updated information about assets and other factors that

MassHealth uses to determine eligibility go to mass.gov/service-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members. If you are married and live with your spouse, we count the value of assets owned by you and your spouse.

Countable Assets

Countable assets include the value of bank accounts (under Chapter 125 of the Acts of 2008: An Act Relative to Exempting Seniors from Certain Bank Fees, financial institutions cannot charge seniors for copies of bank or other financial records if MassHealth is asking for the information), certificates of deposit, mutual funds, stocks and bonds, and the value of real property, except your home, if it meets eligibility requirements.

Noncountable Assets

Noncountable assets include the following.

- The home you live in if it is in Massachusetts, unless you are getting long- term-care services and supports in a long-term-care facility (see Section 2 for more information).

NOTE: Although we do not count the value of your home, we may claim money from your estate after your death. For more information, see page 99.

- One vehicle for each household.

- Life insurance policies for both you and your spouse if the total face value for each of you is $1,500 or less (face value of term policies is not counted).
- Burial plots.
- Up to $1,500 per person for you and your spouse that is specifically set aside for funeral and burial expenses. This amount
  - » must be in separate, identifiable accounts, or
  - » may be in the form of life insurance policies specifically set up for funeral and burial expenses if the total face value for each of you is $1,500 or less, and
- An irrevocable burial trust or prepaid irrevocable burial contract set up in reasonable amounts for future payment of funeral or burial expenses.

Programs for People Living at Home Who Need Long- Term-Care Services and Supports

People living at home (children as well as adults) who need more help than family members can give, may be able to get certain long-term-care services and supports to help them live at home, instead of in a long-term-care facility. MassHealth has three types of programs that allow certain MassHealth Standard members to get long-term-care services and supports at home.

- Home- and Community-Based Services (HCBS) Waiver programs

- Kaileigh Mulligan Program (Home Care for Disabled Children)
- PACE (Program of All-inclusive Care for the Elderly)

Each program has its own eligibility rules, including income and asset rules. If you or your spouse gave away or transferred assets or income for less than they were worth, you may not be eligible for a period of time.

Waiver applicants and members must have income less than or equal to 300% of the federal benefit rate.

When determining eligibility for these waivers, MassHealth counts the assets of both the applicant and their spouse, but counts the income of only the waiver applicant, unless specified otherwise.

For more detailed information about how we look at countable assets, see page 48.

Home- and Community-Based Waivers

MassHealth works with other state agencies to administer the Home- and Community-Based (HCBS) Services Waivers. These are MassHealth programs that provide access to long-term services and supports to help eligible seniors and individuals with disabilities live in the community. Participants in the HCBS waiver programs have access to traditional MassHealth services and services available through the HCBS waiver in which they are enrolled. There are ten different MassHealth HCBS waivers in Massachusetts.

To participate in any of the HCBS waivers, you must be eligible for MassHealth Standard and meet certain requirements. The types of requirements are “clinical eligibility” and “financial eligibility.”

Clinical eligibility is based on an assessment of your medical situation. Please contact the agency conducting the clinical assessment for more information about the process.

Waiver applicants and members must have countable income less than or equal to 300% of the federal benefit rate.

Financial eligibility is based on the assets of both the waiver applicant and their spouse, but only counts the income of the waiver applicant.

NOTE: For the Kaileigh Mulligan program, financial eligibility is determined without counting parental income and assets.

Eligible individuals may enroll in only one HCBS waiver at a time. Waiver participants are not permitted to enroll in Program of All-inclusive Care for the Elderly (PACE), One Care, or Senior Care Options (SCO) while enrolled in an HCBS waiver. The exception is that a participant who is age 65 or older and enrolled in the Frail Elder Waiver, described below, may enroll in SCO.

Home- and Community-Based Services Waiver for Frail Elders

What it is and who it helps

- This waiver allows certain people from 60 to 64 years old who are totally and permanently disabled, or 65 and older regardless of disability, to live at home and get specified waiver services (like homemaker, nonmedical transportation, and home-delivered meals).
- Waiver participants may also receive services covered through MassHealth Standard.
- This waiver requires the member to have a clinical level of care equal to that provided in a nursing facility, based on a waiver clinical assessment conducted by an Aging Services Access Point (ASAP) nurse.

How and where to apply

Generally, referrals are made by Massachusetts Rehabilitation Commission case managers. for a Senior Application, and for more information about this program, call us at (800) 841-2900. TDD/TTY: 711.

Home- and Community-Based Services Waiver for People with Traumatic Brain Injury

What it is and who it helps

- This waiver allows certain people, from 18 to 64 years old, who are totally and permanently disabled or 65 and older regardless of disability, who have a traumatic brain injury as defined by MassAbility to receive specified waiver services in the home or community.
- Waiver participants also receive services covered through MassHealth Standard.
- This waiver requires the member to have a clinical level of care equal to that provided in a nursing facility or hospital, based on a waiver clinical assessment conducted by MassAbility.

How and where to apply

Generally, referrals are made by MassAbility case managers. Call us at (800) 841-2900, TDD/TTY: 711 for a senior application and for more information about this program.

Home- and Community-Based Services Waivers for People with Acquired Brain Injury (ABI)

What it is and who it helps

- This waiver allows certain people from 22 to 64 years old who are totally and permanently disabled or 65 and older regardless of disability, who have acquired, after reaching the age of 22, a brain injury including, without limitation, brain injuries caused by external force, but not including Alzheimer's disease and similar neuro-degenerative diseases, the primary manifestation of which is dementia.
- To qualify for the ABI waiver, an individual must have been an inpatient in a nursing facility or chronic disease or rehabilitation hospital for a continuous stay of 90 or more days.
- Waiver services may be provided in a residential habilitation setting or in the home or community. Waiver participants also receive services covered through MassHealth Standard.
- This waiver requires the member to have a clinical level of care equal to that provided in a nursing facility or hospital, based on a waiver clinical assessment conducted by the waiver unit at the University of Massachusetts Medical School.

How and where to apply

To apply for the Home- and Community-Based Services Waivers for people with ABI, contact the waiver unit at the University of Massachusetts Medical School at (866) 281-5602, TDD/TTY: 711.

Moving Forward Plan (MFP) Home- and Community-Based Services Waivers

What it is and who it helps

- This waiver allows certain people from 18 to 64 years old who are totally and permanently disabled, or 65 and older regardless of disability, who are an inpatient in a nursing facility, chronic disease, rehabilitation, or psychiatric hospital to receive support services and other specified waiver services.
- To qualify for the MFP waivers, the individual must have been an inpatient in a nursing facility, chronic disease, rehabilitation, or psychiatric hospital for a continuous stay of 90 or more days.
- Waiver services may be provided in a 24 hour/7 day a week residential habilitation setting or in the participant's home in the community. Waiver participants also receive services covered through MassHealth Standard.
- This waiver requires the member to have a clinical level of care equal to that provided in a nursing facility or hospital, based on a waiver clinical assessment conducted by the waiver unit at the University of Massachusetts Medical School.

How and where to apply

To apply for the MFP Home- and Community-Based Services Waivers, contact the waiver unit at the University of Massachusetts Medical School at (855) 499-5109, TDD/TTY: 711.

Home- and Community-Based Services Waiver for Adults with an Intellectual Disability

What it is and who it helps

- There are three waiver programs that allow individuals with an intellectual disability from 22 to 64 years old who are totally and permanently disabled, or who are 65 and older regardless of disability, who have an intermediate-care facility for the intellectually disabled (ICF-ID) level of care to receive support services and other specified waiver services.
- Waiver services may be provided in a residential habilitation setting or in the home or community. Waiver participants also receive services covered through MassHealth Standard.
- These waivers require the member to have a clinical level of care equal to that provided in an intermediate care facility for the intellectually disabled, based on a waiver clinical assessment conducted by the Department of Developmental Services.

How and where to apply

Generally, referrals are made by case managers from the Department of Developmental Services. Call us at (800) 841-2900, TDD/TTY: 711 for a senior application, and for more information about this program.

Kaileigh Mulligan Program (Home Care for Disabled Children)

What it is and who it helps

- This waiver allows certain severely disabled children (under 18 years old) to live at home with their parent(s) and have MassHealth eligibility determined without counting the income and assets of their parent(s).
- The waiver requires the child's medical needs be severe enough to need a level of care equal to that provided in a hospital or pediatric nursing facility, as determined by MassHealth's Disability Evaluation Service.
- It covers payment for a wide range of medical and nursing care, and certain medical equipment and supplies for the child.
- The waiver requires the cost to MassHealth for these services not be greater than what it would cost for the child to live in a hospital setting or nursing facility,
- The waiver sets up a link between the child's family and the Department of Public Health's case management services to follow the child's care.

How and where to apply

Referrals are usually made by Department of Public Health case managers or by the child's hospital social worker. They can give you an Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (senior application) and help you apply for this program.

Call us at (800) 841-2900, TDD/TTY: 711 for a senior application, and for more information about this program.

PACE
(Program of All-inclusive Care for the Elderly)

What it is and who it helps

PACE is a program that provides enrolled members access to all services covered by Medicare and MassHealth and offers more services based on a member's needs, through a center-based model. PACE provides all necessary medical and social services so members can live in their community instead of a nursing home.

There are no copays for members enrolled in PACE.

If you are interested in finding out more about the steps to enroll in PACE, you can reach out to a PACE plan that serves the area you live in or call the number below.
To determine if someone is eligible to enroll in PACE, a team of health professionals from a PACE organization meets with an applicant to complete an assessment of

the applicant's health status. The PACE organization then submits the clinical assessment along with an application to MassHealth. If MassHealth determines that the applicant meets PACE clinical and financial requirements, the applicant can decide to enroll in PACE.

PACE is for people who

- are 55 or older;
- live in the service area of a PACE organization;
- can live safely in the community;
- are certified by the state as eligible for nursing home care;
- agree to receive health services exclusively through the PACE organization; and
- have countable income less than or equal to 300% of the federal benefit rate.

When determining financial eligibility for PACE, MassHealth counts the income and assets of the applicant and the assets for the spouse, if there is one. For the most updated information about assets and other factors that MassHealth uses to determine eligibility, go to mass.gov/service-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members.

Once enrolled in PACE, every PACE member is assigned a care team including doctors, nurses, therapists, and other medical and social service providers. A plan of care

is developed with the member and the member's care team. The PACE organization coordinates and arranges all necessary services. Most routine services are provided in a PACE center, but certain services may be given in the participant's home or other facility.

Members under 65 in the HCBS waivers programs may choose, but are not required, to enroll in an MCO plan, a PCC plan, or an ACO if you are not covered by other comprehensive health insurance, including Medicare. A health plan is a group of providers, hospitals, and other professionals who work together to help meet your health care needs. If you enroll in an MCO plan, you will have a 90-day Plan Selection period when you can change your plan for any reason, followed by a Fixed Enrollment period when you can only change plans for certain reasons.

PACE provides a PACE case manager to coordinate the participant's care.

How and where to apply

MassHealth applicants and members may apply for PACE. Call MassOptions at (888) 885-0484 for a Senior Application, and for more information about this program.

Managed Care

If you are 65 or older or in a long-term-care facility, you are not required to enroll in a managed care organization (MCO) plan, a Primary Care Clinician (PCC) plan, or an Accountable Care Organization (ACO). You receive your MassHealth benefits on a fee-for-service basis by using MassHealth providers, unless you choose to enroll in Senior Care Options (SCO) or PACE.

Members under 65 in the HCBS waivers programs may choose, but are not required, to enroll in an MCO plan, a PCC plan, or an ACO if you are not covered by other comprehensive health insurance, including Medicare. A health plan is a group of providers, hospitals, and other professionals who work together to help meet your health care needs. If you enroll in an MCO plan, you will have a 90-day Plan Selection period when you can change your plan for any reason, followed by a Fixed Enrollment period when you can only change plans for certain reasons.

If you would like more information about MCO plans or PCC plans, please review the MassHealth Enrollment Guide. To get a copy

- Visit our website at mass.gov/masshealth, or
- Call us at (800) 841-2900, TDD/TTY: 711

SECTION 2

APPLYING FOR MASSHEALTH—FOR PEOPLE IN OR WAITING TO GO INTO A LONG-TERM-CARE FACILITY

Long-Term-Care Information

This section gives general information about the special eligibility rules for people who are in or are waiting to go into a long-term-care facility. If you meet these special rules, MassHealth may be able to pay for your care in a long-term-care facility. Section 2 also gives information about how to apply for MassHealth.

A long-term-care facility is a type of medical institution that includes

- licensed nursing facilities;
- chronic disease and rehabilitation hospitals;
- state hospitals and state schools specifically designated as long-term-care facilities; and
- intermediate-care facilities for the intellectually disabled.

Long-term-care services are needed if you are frequently ill, permanently disabled and need help, or cannot take care of yourself. These include medical and personal care services.

To be eligible for payment of services in a long-term-care facility, you must

- be eligible for MassHealth Standard as a person who is
  - » 65 or older;
  - » 21 to 64 years old and disabled according to the Social Security Administration's disability rules, or pregnant; or
  - » under 21 years old;
- be determined by MassHealth as medically needing long-term-care services; and
- prove that you (and your spouse) meet certain income and asset rules.

General Long-Term-Care Eligibility Rules

To decide if you can get MassHealth, we look at your income and assets and, in some cases, your immigration status.

Residency

You must be a resident of Massachusetts to get MassHealth or other health care benefits that are funded by the Commonwealth of Massachusetts. Unless otherwise specified in the MassHealth regulations, you are a resident of Massachusetts if you live in Massachusetts and either intend to reside in Massachusetts, with or without a fixed address, or have entered Massachusetts with a job commitment or seeking employment.

If you are visiting Massachusetts for personal pleasure, such as for vacation, or for the purposes of receiving medical care in a setting other than a nursing facility, you do not meet residency requirements for MassHealth.

A person's residency will be considered proven if they have self-declared to being a Massachusetts resident, and the residency has been confirmed by electronic data matching with federal or state agencies, or information services, or the individual has provided any of the following documents.

- A copy of the deed and record of the most recent mortgage payment (if the mortgage was paid in full, a copy of the property tax bill from the most recent year)
- A current utility bill or work order dated within the past 60 days
- A statement from a homeless shelter or homeless service provider
- School records (if the school is private, additional documentation may be requested)
- Nursery school or day care records (if the school is private, additional documentation may be requested)
- A Section 8 agreement
- A homeowners' insurance agreement
- Proof of enrollment of custodial dependent in public school
- A copy of the lease AND record of the most recent rent payment

If you cannot give us any of the documents listed above, you may submit an affidavit to prove your residency. It must state that you are not visiting Massachusetts for personal pleasure (for example, vacation) or for purposes of receiving medical care in a setting other than a nursing facility. It must be signed under the pains and penalties of perjury.

Social Security Numbers

You must give us a social security number (SSN) or proof that one has been applied for for every household member who is applying, unless one of the following exceptions applies.

- You or any household member has a religious exemption as described in federal law.
- You or any household member is eligible only for a nonwork SSN.
- You or any household member is not eligible for an SSN. See Section 7 for an explanation on our authority to use or disclose your SSN.

General Asset Rules

MassHealth looks at the current value of any assets owned by you and compares them to the asset limits. For the most updated information about assets and other factors that MassHealth uses to determine eligibility go to mass.gov/service-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members. If you are married and live with your spouse, we count the value of assets owned by you and your spouse.

Countable Assets

Countable assets include, but are not limited to, the value of bank accounts, certificates of deposit, mutual funds, stocks and bonds, and the value of real estate property, except your home, if it meets eligibility requirements.

Noncountable Assets

Noncountable assets include the following.

- The home you live in, if it is located in Massachusetts, and meets other eligibility requirements. If you move out of your home to live in a long-term-care facility or other medical institution, other rules may apply. See “How We Count Assets and the Home” on page 19.
- One vehicle for each household.
- Life insurance policies for both you and your spouse if the total face value for each of you is $1,500 or less (Face value of term policies is not counted).
- Burial plots.
- Up to $1,500 per person for you and your spouse that is specifically set aside for funeral and burial expenses. This amount must be in separate, identifiable accounts, or may be in the form of life-insurance policies specifically set up for funeral and burial expenses if the total face value for each of you is $1,500 or less.
- An irrevocable burial trust or prepaid irrevocable burial contract set up in reasonable amounts for future payment of funeral or burial expenses.

Asset Rules for People Who Are in or Are Waiting to Go into a Long-Term-Care Facility and People Living at Home Needing Long-Term-Care Services and Supports

Amount You and Your Spouse Can Keep

- You may keep $2,000.
- Your spouse at home may keep up to a certain amount, which changes every January. This amount may also be increased as a result of an appeal. (See the MassHealth regulations at 130 CMR 520.000.) MassHealth must follow special rules when determining how much the spouse at home may keep.

NOTE: Your spouse at home has the right to ask for a fair hearing to determine if they can keep more of your combined assets.

How We Count Assets and the Home

If the equity interest in your home is over the allowable limit, you may be ineligible for payment of long-term-care services, unless one of the following relatives is living in your home

- your spouse,
- a permanently and totally disabled child,
- a blind child, or
- a child under 21 years old.

In certain cases, MassHealth may waive this requirement if undue hardship exists. For the most updated information about assets and other figures MassHealth uses to determine eligibility go to mass.gov/service-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members.

If you move out of your home to live in a medical institution, MassHealth decides if your former home is a countable asset because it is no longer your principal place of residence.

Your home is not countable if you have moved to a medical institution and

- your spouse lives in your home or certain other relatives who meet specific rules live in your home,
- you intend to return home, or
- you have long-term-care insurance that meets certain requirements.

If none of the above three situations applies to you, the value of your home may be counted, but you will be allowed nine months to sell the property (in certain cases, you will be allowed even more time).

NOTE: Although we may not count the value of your home, we may claim money from your estate after your death, or from the sale of your home while you are in a long-term-care facility. For more information about real estate liens and estate recovery, see below and page 99.

How We Count Transfers of Income, Assets, and the Home

If you or your spouse gave away or transferred assets or income for less than what they were worth, MassHealth may not be able to pay for your nursing facility services (or for services equal to those provided in a nursing facility) for a certain period of time. MassHealth reviews all transfers, including transfers into and out of trusts, that were made during the period of time up to 60 months before the date you applied for MassHealth, or before the date you or your spouse entered a medical institution, whichever is later.

The transfer rules apply to the following

- people living at home who are applying for or getting MassHealth on the basis of the Home- and Community-Based Services Waiver,
- people applying for or getting MassHealth who are living in a medical institution, and
- any assets, including your home, or income in which you or your spouse have a legal interest and that are transferred to anyone other than your spouse and certain others. However, you may transfer your home under certain conditions according to MassHealth rules.

If you received MassHealth benefits and you transferred property for less than what it was worth, MassHealth may take legal action to set aside the transfer. This means that a court may determine that you still legally own the property. For more information about estate recovery, see page 99.

See the MassHealth regulations at 130 CMR 520.000 for more information.

Liens on Property, Including the Home, For People Who Are in or Are Waiting to Go into a Long-Term-Care Facility

MassHealth will place a real estate lien on any property in which you have a legal interest, unless the property is your former home and one of the following relatives is living in the property

- your spouse,
- a sibling with a legal interest who has lived there for at least one year immediately before you went into a long-term-care facility,
- a permanently and totally disabled child,
- a blind child, or
- a child under 21 years old.

A lien is placed only after MassHealth decides that it is not likely that you will return home from the long-term-care facility, and sends a notice that it intends to place a lien. If you are discharged from the facility and return home, MassHealth will remove its lien. If you sell the property during your lifetime, MassHealth has the right to get back from your share of the proceeds any money it paid for all services you got from MassHealth on or after April 1, 1995. MassHealth will count any remaining proceeds when deciding if you can still remain eligible for MassHealth.

In certain cases, MassHealth may decide not to use its lien during a person's lifetime to get paid back for long-term-care services. For information about recovery and long-term-care insurance, see pages 99-100.

See the MassHealth regulations at 130 CMR 515.000 for more information.

The Patient-Paid Amount

You may have to make a monthly payment to the long-term care facility. This is called your patient-paid amount. (Your spouse living at home does not have to contribute any of their income toward the cost of your care.) Your patient-paid amount is determined using the following income deductions.

A personal needs allowance

The amount (set by state and federal law, in most cases $72.80 a month) that you are allowed to keep for personal expenses, like clothing, haircuts, and activities.

A spousal maintenance needs allowance

A deduction, based on financial need, for the living expenses of your spouse who is living at home. The minimum allowance changes every July, and the maximum allowance changes every January, and can vary if your spouse has extra shelter expenses. (See the MassHealth regulations at 130 CMR 520.000.) The maximum amount can be higher as a result of an appeal or a court order.

A family maintenance needs allowance

A deduction for the living expenses of certain family members who live with your spouse at home.

A home maintenance allowance

A deduction for your home expenses if you are single and a medical decision has been made that you are expected to return home within six months. The current monthly allowance is $1305. (This amount is in effect as of March 1, 2026)

A medical expense allowance

A deduction for health insurance premiums and certain other incurred medical expenses (including allowable guardianship fees) not payable by any insurer.

Applying for MassHealth

How to apply

1. Fill out the Senior Application including the Long-Term-Care Supplement.
2. Send us the filled-out and signed application and the Long-Term-Care Supplement with proof of the following.
    - Your monthly income before taxes and deductions (such as a copy of your pension stub or award letter). You do not need to send us proof of your Social Security or SSI income. If employed, send proof of your monthly employment income before taxes and deductions, such as two recent pay stubs or a US tax return. If self-employed, send a US tax return, or if no US tax return has been filed, you may submit a Profit

and Loss Statement for the last 12 months signed by an accountant (or you, if no accountant was used). Current business records showing other relevant documents may be submitted as acceptable proof of self-employment.

- The current value of your assets (such as copies of your current bank statements*).
- Your US citizenship/national status and identity. (See Section 8 for information about acceptable forms of proof, immigration status, and eligibility for benefits.)

* *Under Chapter 125 of the Acts of 2008: An Act Relative to Exempting Seniors from Certain Bank Fees, financial institutions cannot charge seniors for copies of bank or other financial records if MassHealth is asking for the information.*

We will compare information with other agencies and information sources when we receive an application, at annual review, and periodically to update or prove eligibility.

These agencies and information sources may include, but are not limited to the following agencies: Federal Data Services Hub; Department of Unemployment Assistance; the Bureau of Vital Statistics in the Department of Public Health; Department of Industrial Accidents; Department of Veterans' Services; Department of Revenue; Bureau of Special Investigations; Social Security Administration; Systematic Alien Verification for Entitlements; Department of Transitional Assistance; health-insurance carriers; and banks and other financial institutions. Information

about people listed on your application may be shared with the Department of Unemployment Assistance and such peoples' employers as necessary to administer the Employer Medical Assistance Contribution (EMAC) requirements of MGL c 149 s 189A.

3. After you have filled out the Senior Application and any needed supplements, send your application by

   Mail or fax to
   MassHealth Enrollment Center
   PO Box 290794
   Charlestown, MA 02129-0214

   Fax: (617) 887-8799

   In person to
   MassHealth Enrollment Center
   The Schrafft Center
   529 Main Street, Suite 1M
   Charlestown, MA 02129.

Where to call

Call us at (800) 841-2900, TDD/TTY: 711 if you need the following.

- A Senior Application,
- A Senior Guide to Health Care Coverage in another language,
- Interpreter services,

- Help filling out the Senior Application, or
- Help with any questions about the application process.

SECTION 3

SPECIAL INCOME ELIGIBILITY RULES THROUGH MASSHEALTH STANDARD— FOR PEOPLE 65 OR OLDER NEEDING PERSONAL-CARE-ATTENDANT SERVICES TO LIVE AT HOME*

* *Section 3 applies only to people with income over 100% of the federal poverty level (see chart on the inside back cover). People of any age with income at or below 100% of the federal poverty level do not need to meet these special income eligibility rules to get MassHealth or to get personal-care-attendant (PCA) services paid for by MassHealth.*

How does my need for MassHealth personal-care-attendant (PCA) services affect the way MassHealth decides if I can get MassHealth?

If, according to the chart on the inside back cover, we decide that your income is over 100% of the federal poverty level and you are 65 or older, we may be able to count less of your nonworking income when deciding if you can get MassHealth. Special MassHealth eligibility rules would then apply, which are explained below.

What does MassHealth mean by PCA services?

The types of services offered by the MassHealth PCA Program through MassHealth Standard may help you if you are elderly and have a permanent or long-lasting disability that keeps you from being able to do your daily living activities, like bathing, grooming, eating, getting dressed, toileting, moving around, taking your medicines, etc., unless someone physically helps you. By getting PCA services, some people can live at home instead of living in a long-term-care facility.

For more information, see MassHealth PCA regulations at 130 CMR 422.000.

Who can get MassHealth PCA services?

Not everyone can get MassHealth PCA services. To get PCA services, you must

- have a permanent or long-lasting disability,
- need someone to physically help you with your daily living activities, like those listed above, which you cannot do by yourself,
- have a doctor's written authorization that you need PCA services, and
- get prior authorization from MassHealth.

How do I tell MassHealth that I am now getting or think I need PCA services?

If you are now getting or think you may need PCA services because of your disability, you may tell us when you fill out a Senior Application (if you are applying for MassHealth). The application has a separate PCA section with three questions about your need for PCA services, as explained below.

- You must answer the first question in the PCA section.
- If you are now getting MassHealth PCA services, and want to continue getting MassHealth PCA services, answer only question 1 in the PCA section. MassHealth will send you a notice telling you about our decision.
- If you think you need PCA services, you must also answer questions 2 and 3 in the PCA section. If you answer "YES" to questions 2 and 3, you must also fill out Supplement C: Personal Care Attendant. The PCA Supplement is enclosed with the Senior Application and the renewal form.

If you are an existing MassHealth member, the PCA Supplement can be completed as a free-standing form, which can be found atmass.gov/files/documents/2018/11/20/pca-supp.pdf.

What happens next?

We will review your statement of need for PCA services and your filled-out PCA Supplement so we can decide if you may need any PCA services. We will send you a notice telling you about our decision.

What must I do if MassHealth agrees that I may need PCA services?

If we decide that you need PCA services, and we count less of your income, and we decide you can get MassHealth, you should do the following.

- You must contact a MassHealth personal care management (PCM) agency to set up PCA services within 90 days of the date we decide you can get MassHealth. To get a list of MassHealth PCM agencies, call us at (800) 841-2900, TDD/TTY: 711.
- We will tell you if you need to give us proof that you have contacted a MassHealth PCM agency.

Important: When the PCM agency you have chosen accepts you for PCA services, you will become the employer of your own PCA. This means that you will need to find, hire, train, and fire (if needed) your own PCA. You will also have to follow special rules to make sure your PCA gets paid on time. The PCM agency can tell you how to get help with these duties. MassHealth may not pay certain members of your family to be your PCA.

To find out more about the MassHealth Personal Care Attendant Program, call us at (800) 841-2900, TDD/TTY: 711.

For the most up-to-date eligibility figures, go to mass.gov/service-details/eligibility-figures-tables-for-masshealth-applicants-and-members.

SECTION 4

MASSACHUSETTS HEALTH CONNECTOR

The Massachusetts Health Connector provides access to health and dental insurance plans for individuals, families, and small businesses.

Health coverage through the Massachusetts Health Connector is not the same as MassHealth.

Health Connector Eligibility and Medicare Eligibility

If you are enrolled in Medicare, you cannot shop for a health plan through the Health Connector and you will not be able to get a ConnectorCare plan or Advance Premium Tax Credit to help lower the cost of your health insurance. You will only be eligible for a Health Connector dental plan without any financial help. The only exception to this is if you are eligible for Medicare Part A with a premium, but you have not enrolled in it yet. In this case, you may still qualify for health coverage and for help paying for health coverage through the Health Connector.

Generally, you can qualify to buy a health and/or dental insurance plan through the Health Connector if you meet the following requirements.

- You are a resident of Massachusetts.

- You are a US citizen/national or are lawfully present in the United States.
- You are not in prison, unless you are awaiting trial.

If you have to pay for Medicare Part A, you have the option of choosing to buy a health coverage plan through the Health Connector if you are 65 or older. You may be eligible for a tax credit to lower your monthly premiums, or ConnectorCare plans, which have low premiums and low out-of-pocket costs. See the “Advance Premium Tax Credits” section below for more details.

If you are not eligible for a tax credit or ConnectorCare plan, and you want health coverage through the Health Connector, you will be responsible for the full cost of the plan.

Health Connector Plans

All the following health plans provide full health benefits, including visits to the doctor or hospital, and prescriptions.

- Platinum plans have the highest premium, but the lowest copays and deductibles.
- Gold and Silver plans have lower premiums, but higher copays and deductibles.
- Bronze plans have the lowest premiums, but the highest copays and deductibles.

Doctors, hospitals, and other providers may vary by network.

Premium Tax Credits

Premium Tax Credits are a way to lower the cost of your insurance premiums. The amount of your tax credit depends on your household size, your income, and the cost of health plans available to you. You can find out whether you qualify for a tax credit, and how much the credit will be after you submit an application.

If you qualify for a Premium Tax Credit, you can choose to get it at the end of the year when you file your taxes, or you can apply it towards your insurance premium each month, as an Advance Premium Tax Credit. The Advance Tax Credit will be sent directly to your insurance company so that you pay less each month.

ConnectorCare plans

In addition to Advance Premium Tax Credits from the federal government, you may also be able to get help paying for health insurance from Massachusetts through a ConnectorCare health insurance plan. ConnectorCare plans are a set of health insurance plans with lower monthly premiums, no deductibles, and lower copays.

Special cost sharing for American Indians and Alaska Natives

American Indians and Alaska Natives may be able to get additional help paying for care. If you are an American Indian and you get services directly from an Indian Health Service facility, from a tribal or urban Indian organization, or through the Contract Health Service program, you will not have to pay any out-of-pocket costs at the time you get care. You will also be able to enroll in or change health plans on a monthly basis throughout the year. American Indians and Alaska Natives with income at or below 300% of the FPL will not have to pay out-of-pocket costs such as copays, deductibles, and coinsurance.

Eligibility for Advance Premium Tax Credits and ConnectorCare

- ConnectorCare plans and Advance Premium Tax Credits (APTCs) may be available for households with income between 100% and 400% of the federal poverty level (FPL).

To qualify for Advance Premium Tax Credits and ConnectorCare, you will also need to meet the following requirements.

- You are not enrolled in Medicare.
- You are not eligible for premium-free Medicare Part A.
- You are unable to buy health insurance through an employer that meets “minimum value” requirements and is affordable.

- You are not eligible for coverage under a government sponsored plan, such as MassHealth and TRICARE.
- You agree to file federal income taxes for each year that you get benefits.
- You agree to file taxes jointly if you are married.
- For Plan Years 2027 and later, you must be a Lawful Permanent Resident (LPR), Compact of Free Association (COFA) migrant, or Cuban-Haitian Entrant (CHE).

How do I know if my employer's plan meets minimum value standards?

"Minimum value" standards mean that the health plan will pay at least 60% of the total cost of medical services for a standard population. The other 40% of costs would be paid by members through deductibles, copays, and coinsurance. Most employer plans meet the Minimum Value standards. To find out if your employer's plan meets these standards, talk to your human resources department or the health plan.

Which employer plans are considered "affordable"?

Under the Patient Protection and Affordable Care Act (ACA), your employer's plan is considered affordable in 2026 if the lowest-cost plan costs less than 9.96% of your household's income.

Tax filing requirements

To get tax credits and ConnectorCare plans, you need to file federal income taxes for the year when you got tax credits or a ConnectorCare plan. If you are married, you need to file your income taxes jointly, unless you are a victim of domestic abuse or have been abandoned by your spouse. You do not have to file taxes to get MassHealth, CMSP, or HSN benefits.

If you have ever received an Advance Premium Tax Credit (APTC) in the past or had a ConnectorCare plan, you are required to "reconcile" the tax credit you received with the IRS. To reconcile, you need to file IRS Form 8962 with your federal income tax return. Form 8962 has information the IRS uses to see if you got the right amount of tax credit to lower your health insurance premiums throughout the year.

If you received too much tax credit in advance, you could owe some or all of it back to the IRS. If you received too little tax credit, you could get back the amount you overpaid.

You will need to file Form 8962 with your federal income taxes every year you receive an APTC.

Premiums

If you have a monthly premium, it must be paid by the 23rd of every month. When you enroll in a plan through the Health Connector, you will need to pay your first premium by the 23rd of the month before your coverage can start.

Coverage begins

After you qualify for a health or dental insurance plan through the Health Connector, you must complete your enrollment before your coverage can begin. To finish enrolling, you must choose a health and/or dental insurance plan and pay your first premium bill by the 23rd of the month. Once you have chosen a plan and paid your first bill, your coverage will begin on the first day of the following month.

SECTION 5

THE HEALTH SAFETY NET

The Health Safety Net (HSN) pays Massachusetts acute hospitals and community health centers for certain health care services provided to low-income patients. HSN pays for services provided to Massachusetts residents with household income at or below 300% of the federal poverty level. Eligibility for the HSN is determined by MassHealth.

Who can get benefits

The HSN may be able to pay for certain services you receive from an acute hospital or a community health center if you are a resident of Massachusetts and are uninsured or underinsured (your health insurance does not cover all medically necessary services).

Income standards

You must give us proof of your Modified Adjusted Gross Income (MAGI) income for every person in your household. The HSN generally covers individuals with household income at or below 300% of the federal poverty level. If your income is above 150% of the federal poverty level, and at or below 300%, an annual deductible based on income may apply. The deductible is a certain amount of health care costs you are responsible for. Both paid

and unpaid bills can count toward your deductible. Only services that the HSN can pay for will count toward your deductible. Private doctor and private lab or radiology bills do not count toward the deductible, even if you get these services in a hospital. Ask your provider which bills can count toward your deductible.

Covered services

For the HSN, services must be provided by a Massachusetts acute hospital or community health center. The HSN will generally pay for the same services that are covered by MassHealth Standard. The HSN pays for some pharmacy services, but you must fill your prescription at a pharmacy associated with the doctor who wrote your prescription. There may be some limits, so you should always check with a provider to see if they offer the service. You may be charged a deductible.

Some of the services not covered

Some noncovered services are listed here. You should check with your provider to find out the full list of what is and is not covered.

- Physicians that are not employed by the hospital, even if they work at the hospital
- Ambulance services
- Lab charges that are not billed by a Massachusetts acute care hospital or community health center

- Radiology services that are not billed by a Massachusetts acute care hospital or community health center
- Durable medical equipment, except crutches and canes provided during a medical visit
- Nonmedical services (social, educational, vocational)
- Nonmedically necessary services
- Experimental or unproven services

A more detailed description of the services covered and any limitations can be found in the HSN regulations at 101 CMR 613.00.

Coverage begins

If we get all needed information within 90 days and you are eligible, your HSN eligibility may begin up to 10 days before the date MassHealth gets your application. Ask your provider if you have retroactive HSN eligibility.

Deductible income standard

If your MAGI income is above 150% of the federal poverty level, you may be responsible for a deductible. An HSN deductible is equal to either the current annual cost of the lowest ConnectorCare monthly premium ($636 as of the date of the publication of this Senior Guide), or 40% of the difference between the lowest MAGI income in your Premium Billing Family Group and 200% of the federal poverty level, whichever is higher.

Medical hardship

Medical hardship is a type of HSN assistance available to individuals or their family whose medical expenses have become so large that they are unable to pay their medical bills. Medical hardship applications may be completed by financial counselors at acute hospitals or community health centers. Applicants can apply no more than twice within a 12-month period.

Grievance process

Patients may ask the HSN to conduct a review of a medical hardship eligibility determination, or of provider compliance withHSN regulations. To file a grievance with the HSN, send a letter to

Health Safety Net Office
Attn. HSN Grievances
1 Enterprise Drive, 5th Floor
Quincy, MA 02171.

The letter should include your name and address, and, if possible, information about the situation, the reason for the grievance, the provider's name (if a provider is involved), and any other relevant information. If you have questions about filing a grievance, call the HSN Help Line at (877) 910-2100.

SECTION 6

The MassHealth coverage types are briefly explained on the following pages. If you have a question about which services are covered, call us at (800) 841-2900, TDD/TTY: 711.

MassHealth Coverage Types

STANDARD

MassHealth Standard is the most complete coverage offered by MassHealth. It pays for a wide range of health care benefits, including long-term-care services or short-term stays in a skilled nursing facility.

Immigration Status and MassHealth Standard

Even if you think you cannot get MassHealth Standard because of your immigration status, you may still qualify if you meet certain clinical, income, and asset rules.

Coverage Start Date (if eligible)

Coverage generally begins on the first date of the month that MassHealth gets your filled-out and signed Senior Application. If you have unpaid medical bills, coverage may begin up to three months before the month of your application if you can prove you would have met the eligibility rules. If you are applying for long-term care at home or in a facility, the date your coverage begins is subject to other rules.

Covered Services

For MassHealth Standard, covered services include the following. There may be some limits. Your health care provider can explain them.

- Inpatient hospital services.*
- Outpatient services: hospitals, clinics, doctors, dentists, and home health care.
- Medical services: lab tests, x-rays, therapy, prescription drugs dentures, eyeglasses, hearing aids, and medical equipment and supplies.*
- Acupuncture services.**
- Mental health and substance use disorder services: inpatient and outpatient.
- Hospice services—special rules apply.
- Pharmacy.**
- Transportation—special rules apply.
- Personal care attendant services—special rules apply.
- Long-term-care services—special rules apply.
- Chronic disease and rehabilitation inpatient hospital services—special rules apply.
- Adult day health and adult foster care.
- Care and services related to an organ transplant procedure (if approved).

- Payment of Medicare cost sharing—Medicare Part A and B premiums and nonpharmacy Medicare copays and deductibles.

* *Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.*

** *Certain restrictions can be found in the MassHealth regulations at 130 CMR 447.000.*

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105.

MASSHEALTH COMMONHEALTH

MassHealth CommonHealth offers health care benefits like MassHealth Standard to disabled adults who cannot get MassHealth Standard. Benefits may include services in a skilled nursing facility for up to six months.

Who can get benefits

You may be able to get MassHealth CommonHealth if you are a resident of Massachusetts and are a disabled adult who works 40 hours or more a month or is currently working and has worked at least 240 hours in the six months immediately before the month of the application. You may also be able to get MassHealth CommonHealth even if you are not working, but you had been getting CommonHealth for at least ten years.

MassHealth decides if you are disabled according to the standards set by federal and state law. For an adult, this generally means you have a mental or physical condition that severely limits your ability to work or to do certain activities for at least 12 months.

Income standards

If your household income is above 150% of the FPL, you will have to pay monthly premiums. The amount of the premium is based on

- your monthly income, as it compares to the FPL;
- your household size; and
- if you have other health insurance.

If you must pay a premium, we will tell you the amount and send you a bill every month.

Covered services

For MassHealth CommonHealth, covered services include the following. There may be some limits. Your health care provider can explain them.

- Inpatient hospital services.*****
- Outpatient services: hospitals, clinics, doctors, dentists, family planning, and vision care.
- Medical services: lab tests, x-rays, therapies, pharmacy services, eyeglasses, hearing aids, medical equipment and supplies, adult day health, and adult foster care.

- Acupuncture services.***
- Behavioral health (mental health and substance abuse) services.
- Long-term-care services at home or in a long-term-care facility, including home health services.
- Transportation services.**
- Quit-smoking services.

* *Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.*

** *Certain restrictions can be found in the MassHealth regulations at 130 CMR 407.000.*

*** *Certain restrictions can be found in the MassHealth regulations at 130 CMR 447.000.*

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105.

FAMILY ASSISTANCE

MassHealth Family Assistance is available to seniors who meet the income and asset rules for MassHealth Standard, but have an immigration status that keeps them from getting MassHealth Standard. Family Assistance pays for short-term stays in a skilled nursing facility for up to six months. Family Assistance does not pay for long-term care but if a member is clinically eligible to receive services in a skilled nursing facility or long-term services and supports while living at home and meet the income and asset rules for MassHealth Standard, they may be eligible for MassHealth Standard.

Coverage Start Date (if eligible)

Coverage generally begins on the first date of the month that MassHealth gets your filled-out and signed Senior Application. If you have unpaid medical bills, coverage may begin up to three months before the month of your application if you can prove you would have met the eligibility rules.

Covered Services

For MassHealth Family Assistance, covered services include the following. There may be some limits. Your health care provider can explain them.

- Inpatient hospital services.*****
- Outpatient services: hospitals, clinics, doctors, and dentists.
- Medical services: lab tests, x-rays, therapy, prescription drugs, dentures, and medical equipment and supplies.*****

- Acupuncture services.**
- Mental health and substance use disorder services: inpatient and outpatient.
- Pharmacy.***
- Ambulance transportation for an emergency medical condition only.

* *There may be some limitations, including age.*

** *Certain restrictions can be found in the MassHealth regulations at 130 CMR 447.000*

*** *If you are eligible for both Medicare and MassHealth, Medicare provides most of your prescription drug coverage through a Medicare prescription drug plan. This means you must choose and enroll in a Medicare prescription drug plan. If you do not choose a drug plan, Medicare will choose one for you. You may change plans at any time.*

Emergency Aid to Elderly, Disabled and Children (EAEDC)

People 65 or older who are getting cash assistance through the Department of Transitional Assistance's EAEDC program are eligible for MassHealth Standard or MassHealth Family Assistance.

NOTE: If you are getting cash benefits under the EAEDC program through the Department of Transitional Assistance, you will also get medical coverage under the EAEDC program.

MASSHEALTH LIMITED

MassHealth Limited coverage is available to people 65 or older who meet the income and asset rules for MassHealth Standard or MassHealth Family Assistance, but have an immigration status that keeps them from getting MassHealth Standard or Family Assistance. MassHealth Limited doesn't pay for long-term care. Coverage is for emergency medical services only.

Coverage Start Date (if eligible)

Coverage generally begins on the first date of the month that MassHealth gets your filled-out and signed Senior Application. If you have unpaid medical bills, coverage may begin up to three months before the month of your application if you can prove you would have met the eligibility rules.

Covered Services

For MassHealth Limited, covered services include the following. You can get care only for medical emergencies (conditions that could cause serious harm if not treated). There may be some limits. Your health care provider can explain them.

- Inpatient hospital services: emergency services only.
- Outpatient hospital services: emergency services and emergency visits to emergency departments.
- Certain medical services provided by doctors and clinics in settings other than a hospital.

- Pharmacy services for treating an emergency medical condition.
- Ambulance transportation for an emergency medical condition only.

MASSHEALTH MEDICARE SAVINGS PROGRAMS

The MassHealth Medicare Savings programs help pay some of the out-of-pocket costs of Medicare. If you qualify MassHealth will pay your monthly Medicare Part B premium. In some cases, a Medicare Savings Program may pay your out-of-pocket Medicare Part A and Part B costs and your Part A, premium if you have one. If you are in a Medicare Savings program, you will also be automatically enrolled in the Medicare Part D Extra Help program, which can help with pharmacy costs.

Coverage Start Date

Coverage begins with the month that MassHealth gets your filled-out and signed Medicare Savings program application and may begin up to three months before the month of your application.

For more information about Medicare Savings Programs, go to 130 CMR 519.010 and 519.011.

A complete listing and details of the covered services can be found in the MassHealth regulations at 130 CMR 450.105, 415.000 (inpatient hospital services), and 407.000 (transportation services).

OTHER PROGRAMS

Senior Care Options (SCO) Program

What it is and whom it is for

Senior Care Options (SCO) is a comprehensive health program that covers all the services normally paid for through Medicare and MassHealth. The SCO program provides services to members through a SCO plan and its network of providers. SCO provides quality health care by combining health services with social support services. It does this by coordinating care and specialized geriatric support services, along with respite care for families and caregivers.

There are no copays for members enrolled in SCO.

Enrollment is open to MassHealth Standard members who meet the following criteria.

- You are 65 or older.
- You live at home or in a long-term-care facility (a member cannot be an inpatient at a chronic or rehabilitation hospital, or reside in an intermediate care facility for the intellectually disabled).
- You are not subject to a six-month deductible period under MassHealth regulations at 130 CMR 520.000.
- You are not diagnosed with end-stage renal disease.

- You live in an area served by a SCO plan.

SCO offers seniors the benefits of coordinated care services. Members enrolled in SCO have 24-hour access to care and active involvement in decisions about their health care. SCO members have a primary care provider (PCP) who is affiliated with the SCO plan. The member's PCP and a team of nurses, specialists, and a geriatric support services coordinator work with the member (and family members or caregivers, if applicable) to develop a plan of care to specifically address the needs of the member.

Covered services include all MassHealth and Medicare covered services, for example: meal delivery, transportation, adult day health, social services, prescriptions (Medicare prescription drug coverage), hospitalizations, and, if necessary, nursing facility placement.

Enrollment in SCO is voluntary, and once enrolled, a member may disenroll any month of the year.

Where to call

Senior Care Options at (888) 885-0484, TDD/TTY: 711.

The following MassHealth benefits are some of the community, residential, and institutional long-term supports available to people 65 or older or disabled people.

Group Adult Foster Care

If you need help with daily personal care and need to live in supported housing or an assisted living residence, group adult foster care may be right for you. If applying for group adult foster care in assisted living, the SSI-G living arrangement through the Social Security Administration may be an option.

Adult Foster Care

If you need help with daily personal care, and would like to get that care in a family, home-like setting, adult foster care may be right for you.

Adult Day Health

If you need help with personal care and/or nursing services provided in a medically supervised, structured day program setting, adult day health may be right for you.

Day Habilitation Program

If you are a person with intellectual or developmental disabilities and need assistance to develop skills designed to help keep you independent in the community, the Day Habilitation Program may be right for you.

Nursing Facility Care

If you need skilled nursing services provided in an institutional setting on a short- or long-term basis, nursing facility care may be right for you.

Requirements to be met are the following.

- A doctor's approval stating that these services are right for you.
- A clinical approval from the designated clinical agent.*
- The need for daily personal care.*
- Financial requirements as described in this guide.

* *Not required for the Day Habilitation Program*

Where to call

For general financial questions about MassHealth, call (800) 841-2900, TDD/TTY: 711.

SECTION 7

YOUR RIGHTS, RESPONSIBILITIES, and OTHER IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT MASSHEALTH

Nondiscrimination

MassHealth complies with applicable state and federal civil rights laws. We do not discriminate against, exclude, or treat people differently because of race, color, national origin, age, disability, religion, sexual orientation, or sex (including gender identity, pregnancy, childbirth, and related medical conditions).

MassHealth provides free aids and services to people with disabilities to communicate effectively with us. They include the following.

- Qualified sign language interpreters
- Written information in other formats, including large print, braille, and accessible electronic formats, in accordance with the requirements of federal and state law.

We also provide free language services to people whose primary language is not English. These services include the following.

- Qualified interpreters

- Information written in other languages

If you need these services, contact us at (800) 841-2900, TDD/TTY: 711.

If you believe that MassHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, religion, sexual orientation or sex (including gender identity, pregnancy, childbirth, and related medical conditions), you can file a grievance with:

Section 1557 Compliance Coordinator
1 Ashburton Place, 11th Floor
Boston, MA 02108

Phone: (800) 368-1019, TTY/TDD: (800) 537-7697
Fax: (617) 889-7862, or
Email: Section1557Coordinator@state.ma.us.

If you need help filing a grievance, the Section 1557 Compliance Coordinator can help you.

You can also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights in the following ways:

Electronically through the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Mail

US Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201, or

Phone at (800) 368-1019,
TTY/TDD: (800) 537-7697.
Complaint forms are available at
hhs.gov/ocr/office/file/index.html.

Privacy and Confidentiality

MassHealth and the Massachusetts Health Connector are committed to keeping your personal information confidential. All personal information we have about any applicant or member, including medical data, health status, and the personal information you give us during your application for and receipt of benefits is confidential. This information cannot be used or released for purposes not related to the administration of MassHealth or the Health Connector without your permission unless required by law or a court order.

You can give us your written permission to use your personal health information for a specific purpose or share it with a specific person or organization. You can also give us your permission to share your personal information with your authorized representative, Certified Application Counselor (CAC), or Navigator, if you have one, by filling

out an Authorized Representative Designation Form (ARD), a Certified Application Counselor Designation Form, or a Navigator Designation Form. We may contact you to distribute information related to other health and welfare benefits you may be eligible to receive.

For more information about how MassHealth and the Health Connector may use and share your information and what your rights are about your information, please review the MassHealth Notice of Privacy Practices and the Health Connector's Privacy Policy. You can get a copy of the MassHealth Notice of Privacy Practices by calling (800) 841-2900, TDD/TTY: 711 or by visiting mass.gov/masshealth. You can view the Health Connector's Privacy Policy at mahealthconnector.org/site-policies/privacy-policy.

Authorized representative

An authorized representative is someone you choose to help you get health care coverage through programs offered by MassHealth and the Massachusetts Health Connector. You can do this by filling out the Authorized Representative Designation Form (ARD). An authorized representative may fill out your application or eligibility review forms; give proof of information given on these eligibility forms; report changes in your income, address, or other circumstances; get copies of all MassHealth or Health Connector eligibility or enrollment notices sent to you; and act on your behalf in all other matters with MassHealth or the Health Connector.

An authorized representative can be a friend, family member, relative, or other person or organization of your choosing who agrees to help you. It is up to you to choose an authorized representative, if you want one. MassHealth or the Health Connector will not choose an authorized representative for you.

You must designate in writing on the ARD the person or organization you want to be your authorized representative. In most cases, your authorized representative must also fill out this form. This form is included in the application packet, or you can call (800) 841-2900, TDD/TTY: 711, or visit mass.gov/masshealth to get one. Please see the instructions on the form for more details.

An authorized representative can also be someone who is acting responsibly on your behalf if you cannot designate an authorized representative in writing because of a mental or physical condition, or someone who has been appointed by law to act on your behalf or on behalf of your estate. This person must fill out the applicable parts of the ARD. If this person has been appointed by law to represent you, either you or they must also submit to MassHealth or the Health Connector a copy of the applicable legal document stating that they lawfully represent you or your estate. This person may be a legal guardian, conservator, holder of power of attorney, or health care proxy, or if the applicant or member has died, the estate's administrator or executor.

Permission to share information

If you want us to share your personal health information, including copies of your eligibility notices, with someone who is not your authorized representative, you can give us written permission to do so. We have forms you can use for this. Call us or visit mass.gov/masshealth to get a copy of the right form.

Reporting changes

You must tell us about any changes that may affect your eligibility within 10 days of the changes or as soon as possible. See Section 10, Where To Get Help, for information on where to report changes. These changes include but are not limited to

- income
- health insurance
- assets
- immigration status
- disability status
- address

If you do not tell us about changes, your MassHealth benefits may stop and you will not be able to use your MassHealth card.

Giving correct information

Giving incorrect or false information may end your benefits. It may also result in fines, imprisonment, or both.

Our decision and your right to appeal

We will send you a notice to let you know if you can or cannot get one of the MassHealth coverage types or programs, Health Connector plans, or the Health Safety Net. If you think that our decision is wrong, you have the right to ask for a fair hearing to appeal our decision. Notices have information that explains how to ask for a fair hearing and how much time you have to ask for one.

See Board of Hearings in Section 10 to find out where to send your fair hearing request. If you have questions about a MassHealth notice or how to ask for an appeal, call (800) 841-2900, TDD/TTY: 711.

If you have questions about a Health Connector appeal, call (877) 623-6765.

If you have questions about a Health Safety Net grievance, call (877) 910-2100. Health Safety Net determinations are conducted through MassHealth.

Information about Getting Medical Services While on MassHealth Standard, Family Assistance, or Limited

Prior approval

For some medical services, your doctor or health care provider must get approval from MassHealth first. This is called prior approval (PA). Medical services that are covered by Medicare do not need PA from MassHealth.

If you have other health insurance

If you also have Medicare, Medigap, or any other kind of health insurance, your health care provider must bill the other insurers first. MassHealth will pay any remaining copays or deductibles. **Your health care provider must not bill you for any service or part of any service that is covered by MassHealth.**

Note: MassHealth will not pay any part of the cost of services covered by other health insurance.

Out-of-pocket expenses

In some cases, MassHealth can pay you back for medical bills that you paid before you got your MassHealth approval notice. We may do this if

- we denied your eligibility and later decided that the denial was incorrect; or

- you paid for a MassHealth-covered medical service that you got before we told you that you would get MassHealth. In this case, your health care provider must pay you back and bill MassHealth for the service. The provider must accept the MassHealth payment as payment in full.

If you or members of your household are in an accident

If you or any members of your household are in an accident or are injured in some other way and get money from a third party because of that accident or injury, you or they will need to use that money to repay whoever paid the medical expenses related to that accident or injury.

- You will have to pay MassHealth for services that were covered by MassHealth.
  - » If you are applying for MassHealth because of an accident or injury, you will need to use the money to repay the costs paid by MassHealth for all medical services you and your household get.
  - » If you or any members of your household are in an accident, or are injured in some other way, after becoming eligible for MassHealth, you will need to use that money to repay only the costs paid by MassHealth for medical services provided because of that accident or injury.
- You will have to pay the Massachusetts Health Connector or your health insurer for certain medical services provided.

- You will have to pay the Health Safety Net (HSN) for medical services reimbursed for you and any household members.
- You must tell MassHealth, your health insurer including ConnectorCare plans, or HSN in writing within 10 calendar days, or as soon as possible, if you file any insurance claim or lawsuit because of an accident or injury to you or any household members who are applying for, or who already have, benefits. Third parties who might give you or members of your household money because of an accident or injury include the following.
  - » A person or business who may have caused the accident or injury
  - » An insurance company, including your own insurance company
  - » Other sources, like workers' compensation

  For more information about accident recovery, see the MassHealth regulations at 130 CMR 517.000 and Chapter 118E of the Massachusetts General Laws.

Out-of-state emergency treatment

MassHealth is a health care program for people living in Massachusetts who get medical care in Massachusetts. In certain situations, MassHealth may pay for emergency treatment for a medical condition when a MassHealth member is out of state*. Special rules apply.

If an emergency occurs while you are out of state, show your MassHealth card and any other health insurance cards you have, if possible. Also, be sure to call us at (800) 841-2900, TDD/TTY: 711 within 24 hours of the emergency treatment, or as soon as you can.

* *Per MassHealth regulation 130 CMR 450.109(B), MassHealth does not cover any medical services provided outside the United States and its territories.*

The MassHealth card

If you are eligible for MassHealth Standard, MassHealth Family Assistance, or MassHealth Limited, you will get a MassHealth card. You must show your MassHealth card to your doctor or other health care providers whenever you get medical care. If you have other health insurance, make sure you show all cards. Those determined to be low income for the purposes of the Health Safety Net (HSN) will not get a card. If you are eligible for HSN services, hospitals and community health centers will check to determine if they can get reimbursement for services provided to you and your spouse.

Print or View Your Card

Log into MyServices and navigate to the “ My Benefits” tab. There, you will find a link to view, download, and print your card.

Other ways to get your MassHealth identification (ID) include the following.

- Checking mailed notices from MassHealth
- Calling the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY:711

Our decision and your right to appeal

We will contact you if we need more information to make our decision. We will send you a written notice about your eligibility generally within 45 days of the date we get your filled-out and signed application.

- If you are eligible, the notice will tell you the date your coverage begins. See Section 6 for information about services and benefits that are available under each coverage type.
- If you have a deductible, the notice will tell you how we determined the deductible amount and what you need to do to meet the deductible.
- If you have to pay a patient-paid amount (PPA) to the long-term-care facility, the notice will tell you the amount and how we determined the PPA.
- If you are not eligible, the notice will tell you the reason and your right to appeal our decision. See Section 7.

Special Copay and premium information for American Indians and Alaska Natives

American Indians and Alaska Natives who have received or are eligible to receive a service from an Indian health care

provider or from a non-Indian health care provider through referral from an Indian health care provider are exempt from paying copays and premiums as MassHealth members.

How we use your Social Security number

Unless one of the exceptions on page 6 applies, you must give us a Social Security number (SSN) or proof that one has been applied for, for every household member who is applying. MassHealth may require you to give us the SSN, if you can get it, of any person not applying who has or who can get health insurance that covers you or any member of your household. MassHealth is allowed to ask for SSNs under the Tax Reform Act of 1976 which amended Section 205(c)(2) of the Social Security Act and under 130 CMR 503.003.

We use SSNs to check information you have given us. We also use them to detect fraud, to see if anyone is getting duplicate benefits, or to see if others (a "third party") should be paying for services.

We match the SSN of anyone in your household who is applying and anyone who has or who can get health insurance for any such people with the files of agencies, including the following.

- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Department of Homeland Security (DHS)

- Centers for Medicare & Medicaid Services
- Registry of Motor Vehicles (RMV)
- Department of Revenue (DOR)
- Department of Transitional Assistance (DTA)
- Department of Industrial Accidents
- Division of Unemployment Assistance (DUA)
- Department of Veterans' Services, Human Resources Division
- Bureau of Special Investigations
- Department of Public Health, Bureau of Vital Statistics
- Banks
- Other financial institutions

If MassHealth pays part of your health insurance premiums, MassHealth may add your SSN or the SSN of the policyholder in your household to the Office of the Comptroller of the Commonwealth's vendor file. You or the policyholder in your household must have a valid SSN before you can get a payment from MassHealth.

Files may also be matched with social service agencies in this state and other states, and computer files of insurance companies, employers, and managed care organizations. MassHealth may also obtain your financial record (and, if applicable, those of your household members) from banks and other financial institutions in order to verify your financial resources and otherwise determine your eligibility while you are a MassHealth member.

Recovery against estates of certain members after their death

Under federal and state law, MassHealth has the right to recover money from the assets of estates of certain MassHealth members after their death, unless exceptions apply.

Estate recovery applies to the following MassHealth members.

- Members who are 55 or older and have received long-term services and supports (LTSS).
- Members of any age who are permanently in a long-term-care or other medical facility.

For MassHealth members 55 or older who receive long-term services and supports (LTSS), MassHealth has the right to be repaid for the cost of care it paid for LTSS. For members of any age who are permanently in a long-term-care or other medical facility, MassHealth has the right to be repaid for the total cost of care it paid during the period of institutionalization.

Estate recovery may apply to MassHealth members whether or not they are enrolled in a health plan. MassHealth payments eligible for estate recovery include payments made directly by MassHealth to health care providers for a member's care. For members enrolled in a health plan, such as a managed care organization, accountable care organization, or a SCO, PACE, or One

Care plan, estate recovery may also include reimbursement for the total amount in monthly premium payments made by MassHealth to the health plan.

MassHealth can only recover from assets that are in a member's probate estate. These assets may include real property such as a home, business, or income-producing property, as well as money in bank accounts. MassHealth will not seek repayment when a member leaves a probate estate with $25,000 or less in assets. There are several ways individuals or families can delay estate recovery or obtain a waiver of some or all of the recovery amount in cases of undue hardship.

- Recovery can be delayed if the member leaves behind a surviving spouse, an adult child who is blind or permanently and totally disabled, or a child younger than 21 years old.
- If estate recovery would cause an undue hardship, MassHealth may waive all or part of the recovery amount in certain circumstances.

For members 55 or older who were eligible for both MassHealth and Medicare, MassHealth will not recover Medicare cost sharing benefits (premiums, deductibles and copays) paid on or after January 1, 2010.

In addition, if the member, on the date of admission to the long-term care facility, had certain long-term care insurance* and met the other requirements under the rules to qualify for this exception, their estate may not have to

repay MassHealth for nursing facility and other long-term-care services.

*****The long-term-care insurance must meet the rules of the Division of Insurance under 211 CMR 65.09 and MassHealth regulations at 130 CMR 515.000. The member must also have been living in a long-term care facility and told MassHealth that they did not intend to return home.

For more information about estate recovery, see the MassHealth regulations at 130 CMR 501.000 and 515.000, Chapter 118E of the Massachusetts General Laws, and visit mass.gov/EstateRecovery.

Repayment from annuities

The Commonwealth must be named as a remainder beneficiary of any annuity bought, annuitized, or otherwise changed by a MassHealth applicant, member, or spouse on or after February 8, 2006, for the total amount of medical assistance paid for the institutionalized individual. This beneficiary designation must not be removed.

See the MassHealth regulations at 130 CMR 520.000 for more information.

Signing up to vote

This guide includes information about voter registration. You do not need to register to vote to get benefits.

SECTION 8

US CITIZENSHIP AND IMMIGRATION RULES

When deciding if you are eligible for benefits, we look at all the requirements of each coverage type and program. We will try to prove your US citizenship/national status and immigration status using federal and state data services to decide if you may get a certain coverage type.

US Citizens/Nationals

US citizens/nationals may be eligible for MassHealth Standard and Family Assistance. They may also be eligible for ConnectorCare Plans and premium tax credits or the Health Safety Net.

Proof of citizenship and identity is required for all U.S. citizens/nationals.

A citizen of the United States is:

- an individual who was born in the United States or its territories, including Puerto Rico, the Virgin Islands, Guam, and the Northern Mariana Islands (CNMI), unless born to a foreign diplomat, and who otherwise qualifies for US citizenship under § 301 et seq. of the Immigration and Nationality Act (INA);

- an individual born of a parent who is a US citizen or who otherwise qualifies for US citizenship under §301 et seq. of the INA;
- a naturalized citizen; or
- a national (either citizen or noncitizen national)
  - » Citizen national: a person who qualifies as US citizen under §301 et seq. of the INA.
  - » Noncitizen national: a person who was born in one of the outlying possessions of the United States, including American Samoa and Swain's Island, to a parent who is a noncitizen national.

Non-US citizens

To get the highest level of MassHealth coverage, or to get a Health Connector plan, we must prove your immigration status. MassHealth and the Health Connector will perform information matches with state and federal agencies to prove immigration statuses. If electronic sources are unable to prove your declared status, you will be required to provide additional documentation.

Non-US citizens do not have to submit their immigration documents with the application if they are applying only for their children, not for themselves.

Lawfully present immigrants

The following are lawfully present immigrants.

Qualified noncitizens

As of October 1, 2026, due to recent federal legislation in Public Law (P.L.) 119- 21, otherwise known as the “Working Families Tax Cut” (WFTC), or the “One Big Beautiful Bill Act” (OB3), the federal government will no longer allow certain immigrants who are legally in the United States to remain enrolled in full MassHealth benefits. Affected immigrants may include refugees, asylees, parolees, and victims of abuse and trafficking. Noncitizens who are not a Legal Permanent Resident (LPR), Compact of Free Association (COFA) migrant, or Cuban-Haitian Entrant (CHE) may see a change in benefits based on this new federal legislation. Full MassHealth benefits may remain available for certain individuals who are younger than 21 or older than 64 years old, disabled, pregnant, or postpartum. Otherwise, MassHealth members who are subject to changes based on this updated legislation may be eligible for Emergency Services Only, Health Safety Net, or the Children’s Medical Security Plan.

People who meet one of the following statuses may be eligible for MassHealth Standard or CommonHealth. They may also be eligible for benefits through the Health Connector or the Health Safety Net.

There are two groups of qualified noncitizens:

1. People who are qualified regardless of when they entered the U.S. or how long they have had a qualified status. Such individuals are
   - » people granted asylum under section 208 of the INA;
   - » refugees admitted under section 207 of the INA,
   - » people whose deportation has been withheld under section 243(h) or 241(b)(3) of the INA, as provided by section 5562 of the federal Balanced Budget Act of 1997,
   - » veterans, their spouses, and their children
     - veterans of the United States Armed Forces with an honorable discharge not related to their noncitizen status, or
     - Filipino war veterans who fought under US command during WWII, or
     - Hmong and Highland Lao veterans who are admitted for legal permanent residence (LPR) and who fought under U.S. command during the Vietnam War, or
     - people with noncitizen status on active duty in the US Armed Forces, other than active duty for training, or
     - the spouse, unremarried surviving spouse, or unmarried dependent children of the noncitizen described in (i) through (iv) above,
   - » conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980,

- people who entered as Cuban/Haitian entrants under section 501(e) of the Refugee Education Assistance Act of 1980,
- for Medicaid, Native Americans with at least 50% American Indian blood who were born in Canada pursuant to section 289 of the INA or other tribal members born in territories outside of the United States pursuant to 25 U.S.C. 450b(e),
- Amerasians as described in section 402(a)(2)(A) (i)(V) of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996,
- victims of severe forms of trafficking, and the spouse, child, sibling, or parent of the victim in accordance with the Victims of Trafficking and Violence Protection Act of 2000 (Public Law 106-386) as amended,
- Iraqi special immigrants granted special immigrant status under Section 101(a) (27) of the INA, pursuant to section 1244 of Public Law 110-181 or section 525 of Public Law 110-161, or
- Afghan special immigrants granted special immigrant status under Section 101(a)(27) of the INA, pursuant to section 525 of Public Law 110-161.
- for Medicaid, migrants from the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau who legally reside in the United States pursuant to a series of treaties with the United States known as the Compacts of Free Association (COFA).

- COFA migrants who adjust to legal permanent residence (LPR) status will have a special five-year bar rule applied. The individual would be subject to the special five-year bar rule unless they also have or had a status listed at 130 CMR 518.003(A)(1)(a).
- COFA migrants who adjust to LPR status after the change of law on December 27, 2020, will be able to use the date they began residing in the United States as a COFA migrant or December 27, 2020, whichever is later, as the first day for purposes of meeting the five-year bar.
- COFA migrants who adjusted to LPR status before the change of law on December 27, 2020, would have the five-year bar period begin on the date that they became an LPR.

2. People who are qualified based on having a qualified status identified at "a" below and who have satisfied one of the conditions listed at "b" below. Such individuals are

A. people who have one or more of the following statuses:

- people admitted for legal permanent residence (LPR) under the Immigration and Nationality Act (INA), or
- people granted parole for at least one year under section 212(d)(5) of the INA, or
- battered spouse, battered child, child of battered parent, or parent of battered child who meet the criteria of section 431(c) of the Personal

Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, 8 U.SC. 1641, and also

B. satisfy at least one of the following three conditions:

- they have had a status listed in 2.a. above for five or more years (a battered noncitizen attains this status when the petition is accepted as establishing a prima facie case),
- they entered the US before August 22, 1996, regardless of status at the time of entry, and have been continuously present in the US until attaining a status listed in 2.a. above. For this purpose, an individual is deemed continuously present who has been absent from the US for no more than 30 consecutive days or 90 nonconsecutive days before attaining a status listed in 2.a. above, or
- they also have or had a status listed in number 1 above.

Qualified noncitizens barred

People who have a status listed under qualified noncitizens at 2.A above (legal permanent resident, parolee for at least one year, or battered noncitizen) and who do not meet one of the conditions listed at 2.B. above, are qualified noncitizens barred. Qualified noncitizens barred, like qualified noncitizens, are lawfully present immigrants. Certain people who are qualified noncitizens barred may be eligible for MassHealth Standard, Family Assistance, or Limited. They may also be eligible for benefits through the Health Connector and the HSN.

Nonqualified individuals lawfully present

Certain people who are nonqualified individuals lawfully present and meet one of the following statuses may be eligible for MassHealth Standard, Family Assistance, or Limited. They may also be eligible for benefits through the Health Connector and the HSN. Nonqualified individuals lawfully present are as follows.

- People in a valid nonimmigrant status as otherwise defined in 8 U.S.C. 1101(a)(15) or otherwise defined under immigration laws as defined in 8 U.S.C. 1101(a)(17).
- Qualified noncitizen as defined in 8 USC 1641 (b) and (c).
- People paroled into the US in accordance with 8 U.S.C. 1182(d)(5) for less than one year, except for an individual paroled for prosecution, for deferred inspection, or pending removal proceedings.
- People who belong to one of the following classes.
  - » Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively
  - » Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. 1254a, and individuals with pending applications for TPS who have been granted employment authorization
  - » Granted employment authorization under 8 CFR 274a.12(c)
  - » Family Unity beneficiaries in accordance with section 301 of Public Law 101- 649, as amended

  - » Under deferred enforced departure in accordance with a decision made by the President
  - » Granted deferred action status, except for applicants or individuals granted status under United States Department of Homeland Security (DHS) Deferred Action for Childhood Arrival Process (DACA)
  - » Granted an administrative stay of removal under 8 CFR part 241
  - » Beneficiary of approved visa petition who has a pending application for adjustment of status
- People with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who
  - » have been granted employment authorization, or
  - » are under 14 years old and have had an application pending for at least 180 days.
- People who have been granted withholding of removal under the Convention Against Torture.
- Children who have a pending application for special immigrant juvenile status as described in 8 U.S.C. 1101(a)(27)(J).

Qualified noncitizens barred and nonqualified individuals lawfully present

Qualified noncitizens barred and nonqualified individuals lawfully present who are 65 or older may be eligible for MassHealth Family Assistance, Limited, or the HSN.

Nonqualified People Permanently Residing Under Color of Law (Nonqualified PRUCOLs)

Nonqualified PRUCOLs are certain noncitizens who are not lawfully present. These individuals may permanently reside in the United States under color of law as described in 130 CMR 518.000. Certain people who are nonqualified PRUCOLs and meet one of the following statuses may be eligible for MassHealth Family Assistance or Limited. They may also be eligible for benefits through the HSN.

- Noncitizens living in the United States in accordance with an indefinite stay of deportation
- Noncitizens living in the United States in accordance with an indefinite voluntary departure
- Noncitizens and their families who are covered by an approved immediate relative petition, who are entitled to voluntary departure, and whose departure the DHS does not contemplate enforcing
- Noncitizens who were granted voluntary departure by the DHS or an Immigration Judge, and whose deportation the DHS does not contemplate enforcing
- Noncitizens living under orders of supervision who do not have employment authorization under 8 CFR 274a.12(c)
- Noncitizens who have entered and continuously lived in the United States since before January 1, 1972
- Noncitizens who have been granted suspension of deportation and whose departure the DHS does not contemplate enforcing

- Noncitizens with a pending application for asylum under 8 U.S.C. 1158 or for withholding of removal under 8 U.S.C. 1231 or under the Convention against Torture who have not been granted employment authorization, or are under 14 years old and have not had an application pending for at least 180 days
- Noncitizens who have DACA status or a pending application for this status
- Noncitizens who have filed an application, petition, or request to obtain a lawfully present status that has been accepted as properly filed but who have not yet obtained employment authorization and whose deportation DHS does not contemplate enforcing
- Any other noncitizens living in the United States with the knowledge and consent of the DHS, and whose departure the DHS does not contemplate enforcing. (These include people granted extended voluntary departure due to conditions in their home country based on a determination by the Secretary of State.)

Nonqualified PRUCOLs

Nonqualified PRUCOLs who are 65 or older may be eligible for MassHealth Family Assistance, Limited, or the HSN.

Other noncitizens

If your immigration status is not described above, you are considered an other noncitizen. You may be eligible for MassHealth Limited or the HSN.

NOTE: People who were getting MassHealth, formerly known as Medical Assistance, or CommonHealth on June 30, 1997, may continue to get benefits regardless of immigration status if otherwise eligible.

The eligibility of immigrants for publicly funded benefits is defined in the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the federal Balanced Budget Act of 1997, and in various provisions of state law. For additional details, see the MassHealth regulations at 130 CMR 518.000.

US Citizenship/National Status Requirements for MassHealth and Health Connector Plans

Identity Requirements for the HSN

Proof of both US Citizenship/National Status AND Identity*

* *Exception: Seniors and disabled people who get or can get Medicare or Supplemental Security Income, and disabled people who get Social Security Disability Insurance do NOT have to give proof of their US citizenship/national status and identity. A child born to a mother who was getting MassHealth on the date of the child's birth does not have to give proof of US citizenship/national status and identity.*

The following are acceptable forms of proof of BOTH US citizenship/national status AND identity (no other documentation is required).

- US passport, including a US Passport Card issued by the Department of State, regardless of any expiration date as long as this passport or Card was issued without limitation.

- Certificate of US Naturalization.
- Certificate of US Citizenship.
- Document issued by a federally recognized Indian tribe, as published in the Federal Register by the Bureau of Indian Affairs within the US Department of the Interior, that identifies the federally recognized Indian tribe that issued the document; identifies the individual by name; and confirms the individual's membership, enrollment, or affiliation with the tribe. These documents include, but are not limited to, a tribal enrollment card, a Certificate of Degree of Indian Blood, a tribal census document, and documents on tribal letterhead issued under the signature of the appropriate Tribal official that meet the requirements of 130 CMR 518.000.

Proof of US citizenship/national status only

If one of the documents that proves both citizenship and identity is not provided, the following documents may be accepted as proof of US citizenship/national status only.

- A US public birth certificate (including ones from the 50 states, the District of Columbia, Puerto Rico [on or after January 13, 1941], Guam, the US Virgin Islands [on or after January 17, 1917], American Samoa, Swain's Island, or the CNMI [after November 4, 1986]. The birth record may be issued by the state, Commonwealth, territory, or local jurisdiction. The individual may also be collectively naturalized under federal regulations.
- A cross match with the Massachusetts Registry of Vital Statistics that documents a record of birth.

- A Certification of a Report of Birth issued to US citizens who were born outside the US.
- A Report of Birth Abroad of a US Citizen.
- A certification of birth.
- A US citizen identification (ID) card.
- A Northern Mariana ID card issued to a collectively naturalized citizen who was born in the CNMI before November 4, 1986.
- A final adoption decree showing a child's name and US place of birth (or, if adoption is not final, a statement from a state-approved adoption agency that shows the child's name and US place of birth).
- Evidence of US civil service employment before June 1, 1976.
- An official US military record showing a U.S. place of birth.
- A data match with the SAVE Program or any other process established by DHS to prove an individual is a citizen.
- Documentation that a child meets the requirements of section 101 of the Child Citizenship Act of 2000 (8 U.S.C. 1431).
- Medical records (including, but not limited to, hospital, clinic, or doctor records) or admission papers from a nursing facility, skilled care facility, or other institution that indicate a US place of birth.
- A life, health, or other insurance record that indicates a US place of birth.
- An official religious record recorded in the US showing that a birth occurred in the US.

- School records, including preschool, Head Start, and day care, showing the child's name and US place of birth.
- A federal or state census record showing US citizenship or a US place of birth.

If an individual does not have one of the documents listed in 130 CMR 518.000, they may submit an affidavit that is signed by another individual, under penalty of perjury, who can reasonably attest to the individual's citizenship, and that contains the individual's name, date of birth, and place of US birth. The affidavit does not have to be notarized.

Plus proof of identity only

1. The following documents are acceptable as proof of identity, provided this documentation has a photograph or other identifying information including, but not limited to, name, age, sex, race, height, weight, eye color, and address.
    - » Identity documents listed at 8 CFR 274a.2(b)(1)(v)(B)(1), except a driver's license issued by a Canadian government authority
    - » A driver's license issued by a state or territory
    - » A school ID card
    - » A US military card or draft record
    - » An ID card issued by the federal, state, or local government
    - » A military dependent's IDcard
    - » A US Coast Guard Merchant Mariner card

2. For children younger than 19, a clinic, doctor, hospital, or school record, including preschool or day care records.
3. Two documents containing consistent information that confirms an applicant's identity. These documents include, but are not limited to the following.
   - » Employer ID card
   - » High school or college diploma (including a high school equivalency diploma)
   - » Marriage certificate
   - » Divorce decree
   - » Property deed or title
   - » Pay stub from a current employer with the applicant's name and address preprinted, dated within 60 days of the application
   - » Census proof containing the applicant's name and address, dated not more than 12 months before the date of the application
   - » Pension or retirement statement from a former employer or pension fund stating the applicant's name and address, dated within 12 months of the application
   - » Tuition or student loan bill containing the applicant's name and address, dated not more than 12 months before the date of the application
   - » Utility bill, cell phone bill, credit card bill, doctor's bill, or hospital bill containing applicant's name and address, dated no more than 60 days before the date of the application

- » Valid homeowner's, renter's, or automobile insurance policy with preprinted address, dated no more than 12 months before the date of the application, or a bill for this insurance with preprinted address, dated no more than 60 days before the date of the application
- » Lease dated no more than 12 months before the date of the application, or home mortgage identifying applicant and address
- » Proof of employment by W-2 forms or other documents showing the applicant's name and address submitted by the employer to a government agency as a consequence of employment

4. A finding of identity from a federal or state agency, including, but not limited to, a public assistance, law enforcement, internal revenue, tax bureau, or corrections agency, if the agency has proved and certified the identity of the individual
5. A finding of identity from an Express Lane agency, as defined in section 1902(e)(13) (F) of the Social Security Act

If the applicant does not have any document specified in points 1, 2, or 3 above, and identity is not proved through points 4 or 5 above, the applicant may submit an affidavit signed, under penalty of perjury, by another person who can reasonably attest to the applicant's identity. This affidavit must contain the applicant's name and other identifying information, as described in the first main bullet above. This affidavit does not have to be notarized.

SECTION 9

MYSERVICES

MyServices is an easy-to-use web tool for all MassHealth members.

With MyServices, you can do the following.

- Check if you qualify for MassHealth; the Massachusetts Health Connector; or cash or food assistance.
- Read your enrollment information, such as the name of your plan and the date your plan started.
- Get alerts about important events and actions you need to take.
- Review certain MassHealth notices and voter registration information online.
- View and print a copy of your MassHealth identification (ID) card.

MyServices is available in six languages: Brazilian Portuguese, English, Haitian Creole, Simplified Chinese, Spanish, and Vietnamese.

Logging in to MyServices

If you need help with logging in to MyServices, go to mass.gov/info-details/how-myservices-works.

SECTION 10

WHERE TO GET HELP

MassHealth Customer Service Center

(800) 841-2900. TDD/TTY: 711.

Topics

- How to get a Senior Application
- How to get a Long-Term-Care Supplement or a PCA Supplement
- Where to send the Senior Application
- General eligibility information
- Covered medical services
- How to get interpreter services
- How to get acceptable forms of proof
- MassHealth premiums
- How to find a MassHealth provider
- Emergency services—out of Massachusetts
- Questions about the voter registration process and help filling out the Voter Registration Form
- Where to report changes

To report changes, call the customer service number listed above, or

» Mail the change information to
Health Insurance Processing Center
PO Box 4405
Taunton, MA 02780

» Fax to (857) 323-8300

Executive Office of Aging & Independence (AGE)

(800) AGE-INFO [(800) 243-4636, TTY: (877) 610-0241]

Topic

- Prescription Advantage Program

  (For people who are not getting prescription drug benefits under MassHealth or Medicare, who are either under 65 years old and disabled or 65 or older, and who want information about help with prescription drug costs)

MassHealth Enrollment Center

(800) 841-2900, TDD/TTY: 711

Topics

- Member eligibility information How to get MassHealth forms Your eligibility notice
- How to ask for a fair hearing to appeal MassHealth decisions

- How to meet your deductible Your long-term-care patient-paid amount (PPA)
- How to replace a MassHealth card Information to process case
- Examples of acceptable forms of proof

Special MassHealth Programs

(800) 408-1253, TTY: (800) 231-5698

- Kaileigh Mulligan Program—Home Care for Disabled Children
- PACE (Program of All-inclusive Care for the Elderly) (800) AGE-INFO, TTY: MassRelay 711
- Frail Elder Program (800) 841-2900, TTY (800) 497-4648
- Traumatic Brain Injury
- Adults with an Intellectual Disability (866) 281-5602, TTY: (800) 596-1746
- Acquired Brain Injury (855) 499-5109, TTY: (800) 596-1746
- Moving Forward Plan

Benefit Coordination/Third Party Liability

(800) 462-1120

Topics

- Real estate lien recovery
- Accident recovery
- Estate recovery

Board of Hearings

(617) 847-1200 or (800) 655-0338 fax: (617) 847-1204

1 Enterprise Drive, 4th Floor
Quincy, MA 02171

Topic

- MassHealth appeals—fair hearings

MassHealth Disability Accommodation Ombudsman

(617) 847-3468, TTY: (617) 847-3788)

1 Enterprise Drive, 4th Floor
Quincy, MA 02171
ADAAccommodations@state.ma.us

Topic

- For applicants and members with disabilities who need accommodations

Social Security Administration (SSA)

(800) 772-1213 | www.ssa.gov

Topic

- Eligibility for Social Security enrollment in Medicare Parts A and B
- Social Security benefits Supplemental Security Income (SSI) benefits
- Applying for an SSN

Medicare prescription drug coverage

(800) MEDICARE [(800) 633-4227, TTY: (877) 486-2048]
www.medicare.gov

Senior Care Options

(888) 885-0484, TTY: (888) 821-5225

Massachusetts Health Connector

(877) MA ENROLL [(877) 623-6765, TTY: (877) 623-7773]
www.MAhealthconnector.org

Topic

- Reporting changes
- Information about enrollment in health plans, premiums, copays, other program information, and appeals information

- Health Connector member eligibility
- Information about Health Connector eligibility factor verifications and examples of acceptable forms of proof
- Information about Health Connector premium billing and status of payment

To report member or provider fraud

(877) 437-2830, (877) 4-FRAUD-0

Health Safety Net Customer Service Center

(877) 910-2100

Topic

- Health Safety Net

Grievances with HSN

Health Safety Net Office
Attn: HSN Grievances
1 Enterprise Drive, 5th Floor
Quincy, MA 02171

Legal Services

A list of free and low-cost legal services is available on the MassHealth website at www.mass.gov/masshealth.

If you would like this list in print form, call us at (800) 841-2900. TDD/TTY: 711.

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. Your decision to register to vote will not affect your eligibility for benefits.

A mail-in voter registration form is enclosed in the middle of this booklet, if this booklet contains the MassHealth application. If you would like a mail-in voter registration form sent to you, please call the MassHealth Customer Service Center at (800) 841-2900. TDD/TTY: 711.

When you get the form, fill it out and send it to your city or town hall. If you have any questions about the voter registration process, or if you need help filling out the form, call one of the listed telephone numbers, or visit a local MassHealth office. MassHealth office locations can be found at www.mass.gov/masshealth.

Remember: You will not be registered to vote until you send the filled-out voter registration form to your local city or town hall. Your local election department will let you know in writing when your voter registration has been processed. If you do not get written notification within a reasonable time, contact your local city or town hall election department for more information.

MassHealth updates the federal poverty levels each year based on changes made by the federal government. The income levels chart reflects the standards as of March 1, 2026.

These figures are rounded and may not reflect the figures used in program determination.

Please see our website at www.mass.gov/service-details/eligibility-figures-tables-for-masshealth-applicants-and-members for the most recent chart.

Federal Poverty Levels (Monthly)

Household Size	100%	133%	150%	200%
1	$1,330	$1,769	$1,995	$2,660
2	$1,804	$2,399	$2,705	$3,607
3	$2,277	$3,028	$3,415	$4,554
4	$2,750	$3,658	$4,125	$5,500
5	$3,224	$4,288	$4,835	$6,447
6	$3,697	$4,917	$5,545	$7,394
7	$4,170	$5,547	$6,255	$8,340
8	$4,644	$6,176	$6,965	$9,287
Additional People	**$474**	**$630**	**$710**	**$947**

Household Size	250%	300%	400%
1	$3,325	$3,990	$5,320
2	$4,509	$5,410	$7,214
3	$5,692	$6,830	$9,107
4	$6,875	$8,250	$11,000
5	$8,059	$9,670	$12,894
6	$9,242	$11,090	$14,787
7	$10,425	$12,510	$16,680
8	$11,609	$13,930	$18,574
Additional People	**$1,184**	**$1,420**	**$1,894**

Important! If you need an interpreter or translation help with any MassHealth notice or form, or if you want a booklet/guide in your language, or if you have any questions about MassHealth, please call us at (800) 841-2900, TDD/TTY: 711. MassHealth does not discriminate on the basis of national origin.

This booklet is also available in braille and large-print editions. To get a copy, please call us at (800) 841-2900, TDD/TTY:711.





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