



MassHealth

**Massachusetts Health Care Training
Forum (MTF)**

July 2022

Final Revision 7/28/22

Agenda



- Update: MassHealth's Response to COVID-19
- Resources

MassHealth's Response to COVID-19

Response to COVID-19 Health Emergency



The COVID-19 national public health emergency declaration was extended, effective July 15, 2022. This extension is for 90 days.

- MassHealth will maintain coverage for most individuals who have health coverage as of March 18, 2020, and for all individuals newly approved for health coverage during the COVID-19 Federal Public Health Emergency (FPHE), through the end of the month in which the FPHE ends
- These individuals will not lose coverage, except for limited circumstances. For example, coverage will end if an individual*:
 - requests termination of eligibility
 - is no longer a resident of Massachusetts, or
 - is deceased

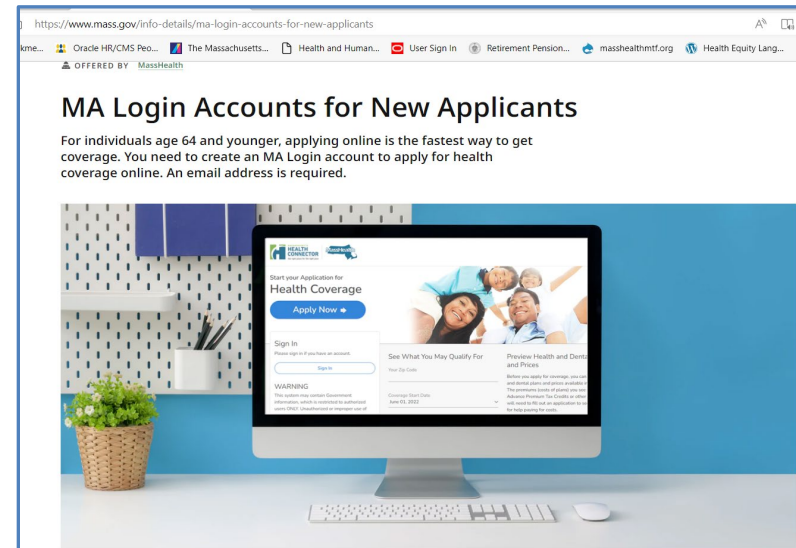
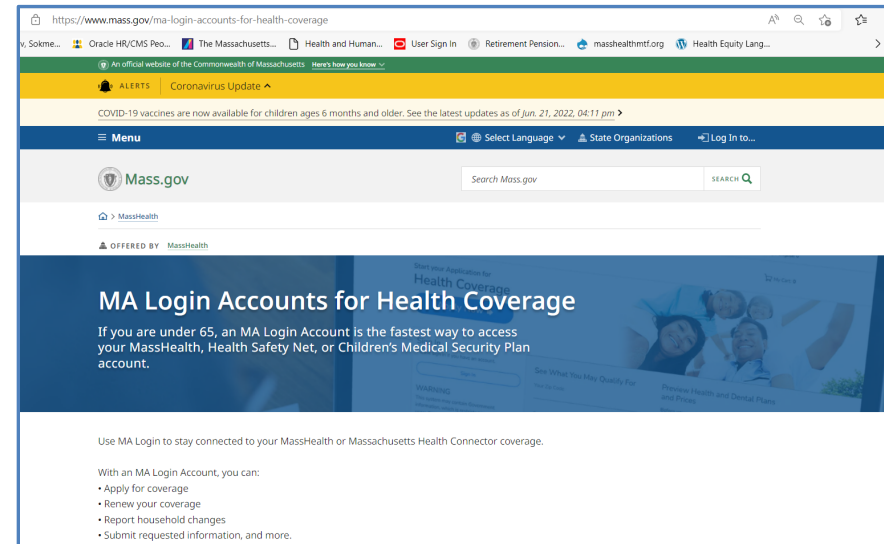
*Note: Not an exhaustive list. For more information, go to [Updated MassHealth Response to COVID-19](#)

Resources

New Resources



- New [MassHealth](#) webpages
 - MA Login Accounts for Health Coverage: [MA Login Accounts for Health Coverage | Mass.gov](#)
 - [MA Login Accounts for New Applications](#)



New Resources (continued)



- New [MassHealth](#) webpages
 - [Frequently asked questions for MassHealth members younger than 65](#)
 - [Frequently asked questions for MassHealth members 65 and older](#)

Frequently asked questions for MassHealth members younger than 65

Find answers to some of member's most commonly asked questions tailored for

COVID-19 vaccines are now available for children ages 6 months and older. See the latest updates as of Jun. 21, 2022, 04:11 pm >

Frequently asked questions for MassHealth members 65 and older

Find answers to some of member's most commonly asked questions tailored for members aged 65 or older and members who need long term care services.

TABLE OF CONTENTS

- ✓ When should I report a change?
- ✓ What if I've lost my MassHealth renewal form?
- ✓ How do I add a new household member to my account?
- ✓ What if the Head of Household on my account is deceased?
- ✓ Related

When should I report a change?

You should report changes to your information as soon as possible, but **no later than 10 days** from the date of the change. This includes any change to your income, address, phone number

RELATED

Renew your MassHealth coverage for seniors and people who need long-term-care services >

Eligibility for People Age 65 and Older



- **Question:** Want to understand clearly about MassHealth Standard (understandable requirement of eligibility), MassHealth (FEW), MassHealth (CommonHealth), and MassHealth (PCA). There is no clear description on what requirement need to be qualify to apply FEW, CommonHealth, or PCA etc..
- [MassHealth Standard](#) Coverage Type:
 - MassHealth Standard is the most complete coverage offered by MassHealth
 - Pays for a wide range of health care benefits, including long-term-care services
- Learn more:
 - [MassHealth Regulation: 130 CMR 519.000](#)
 - [Eligibility for people age 65 and older and people who need long-term-care services](#)
 - [MassHealth coverage types for seniors and people who need long-term-care services | Mass.gov](#)

MassHealth Standard for Over 65



Basic Eligibility Requirements

- Residency
- Citizenship or Immigration Status
- Financial
- Categorical

<ul style="list-style-type: none">• 65 years of age or older and need personal-care-attendant services in order to live at home	<ul style="list-style-type: none">• 65 years of age or older and are disabled and are either working 40 or more hours a month, or are currently working and have worked at least 240 hours in the 6 months immediately before the month of the application
<ul style="list-style-type: none">• Not working	<ul style="list-style-type: none">• Living at home and do not need long-term care
<ul style="list-style-type: none">• Living at home and need long-term services and supports under a Home- and Community-Based Services Waiver	<ul style="list-style-type: none">• In or waiting to go into a long-term-care facility

MassHealth Standard for Over 65 (continued)



MassHealth Standard Coverage for Applicants/Members over 65 years

<ul style="list-style-type: none"> Inpatient hospital services 	<ul style="list-style-type: none"> Outpatient services: hospitals, clinics, doctors, dentists, home health care Medical services: lab tests, X-rays, therapy, prescription drugs*, dentures, eyeglasses, hearing aids, medical equipment and supplies 	<ul style="list-style-type: none"> Mental health and addiction services: inpatient and outpatient
<ul style="list-style-type: none"> Hospice services 	<ul style="list-style-type: none"> Transportation 	<ul style="list-style-type: none"> Personal-care-attendant services
<ul style="list-style-type: none"> Long-term-care services 	<ul style="list-style-type: none"> Chronic disease and rehabilitation inpatient hospital services 	<ul style="list-style-type: none"> Adult day health and adult foster care
<ul style="list-style-type: none"> Care and services related to an organ transplant procedure (if approved) 	<ul style="list-style-type: none"> Payment of Medicare cost sharing: Medicare Part A and B premiums and nonpharmacy Medicare copayments and deductibles 	<ul style="list-style-type: none"> Pharmacy services* <p>* If you're 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 don't choose a drug plan, Medicare will choose one for you. You may change plans at any time.</p>

MassHealth Frail Elder Waiver



The Frail Elder Waiver (FEW) is a Home- and Community-Based Services (HCBS) waiver designed to make supports available to eligible frail elders aged 60 and older who meet the level of care for a nursing facility but prefer to remain in the community.

- An eligible person may enroll in FEW at any time
- An individual may not participate in more than one waiver program at a time

Eligibility Criteria for the Frail Elder Waiver

To qualify for FEW, an individual must either be:

- 60-64 years of age and have a disability, or
- 65 years of age or older
- Meet clinical requirements
- Need FEW services
- Be able to be safely served in the community within the terms of FEW, and
- Meet the financial requirements to qualify for MassHealth Standard in the community. Special financial rules exist for waiver applicants and participants

MassHealth Frail Elder Waiver (continued)



- Frail Elder Waiver and Senior Care Options (SCO)
 - Frail Elder Waiver participants age 65 and older are eligible to enroll in a [Senior Care Options](#) (SCO) plan
 - FEW participants who are enrolled in SCO have access to all waiver services and all services offered by the SCO plan in which they are enrolled
 - Enrollment in SCO is voluntary. If a FEW participant disenrolls from their SCO plan, they will continue to have access to FEW services
- [Frail Elder Waiver: information for applicants and participants | Mass.gov](#)

MassHealth CommonHealth for Over 65



MassHealth CommonHealth offers health care benefits similar to MassHealth Standard to disabled adults who cannot get MassHealth Standard.

- Who can get benefits. You may be able to get MassHealth CommonHealth if you are:
 - A resident of Massachusetts, and
 - A disabled adult who works 40 hours or more a month, or
 - Currently working and have worked at least 240 hours in the 6 months immediately before the month of the application
 - MassHealth decides if the individual is disabled according to the standards set by federal and state law
 - For an adult, this generally means having a mental or physical condition that severely limits the individual's ability to work or to do certain activities for at least 12 months

MassHealth CommonHealth for Over 65 (continued)



- **Income Standards**

- Household income is above 150% of the FPL, the applicant or member will have to pay monthly premiums. The amount of the premium is based on
 - The monthly income, as it compares to the FPL, and
 - The household size, and
 - Access to other health insurance
- If the person must pay a premium, MassHealth will inform of the amount and send a bill every month
- Certain adults may have to pay copayments for some medical services

MassHealth PCA Program



The PCA Program is a MassHealth program that helps people with permanent or chronic disabilities keep their independence, stay in the community, and manage their own personal care by providing funds to hire personal care attendants (PCAs). The PCA consumer (the person receiving PCA services) is the employer of the PCA, and is fully responsible for recruiting, hiring, scheduling, training, and, if necessary, firing PCAs.

Eligibility

- Members may apply for the PCA Program if:
 - eligible for MassHealth Standard or CommonHealth, and
 - have approval from their doctor for PCA services; a chronic or permanent disability that prevents you from performing your own personal care; and
 - a need for physical (hands-on) assistance with at least two of seven activities of daily living (ADLs) (mobility, bathing/grooming, dressing/undressing, passive range-of-motion exercises, taking medications, eating, and toileting)

MassHealth PCA Program (continued)



- Before you can begin to use PCA services, you must contact a PCM agency who will need to obtain an authorization from MassHealth for you
- For more information, go to: [PCA Consumer Handbook](#)

QUESTIONS?

