

MA Health Care Training Forum Fall 2024 Meeting
MassHealth and Disability Transcription

[MassHealth and Disability]

Sue Kane: Good afternoon and welcome to the MassHealth and Disability Meeting. Thank you for joining us today. I am Sue Kane from the Massachusetts Health Care Training Forum team, and I'll be facilitating today's meeting. Our presenters today are Kara Chiev, Manager of MassHealth External Training and Communications and Katie Burns, Senior Manager of Special Projects at MassHealth. And turn the meeting over to Kara Chiev.

Kara Chiev: Good afternoon, everyone. Thank you everyone, and great to see you. So glad that you're able to join us today for the MassHealth and Disability webinar.

[Agenda]

Looking at the agenda, understanding that not everybody that's participating today may be familiar or aware of how MassHealth determine an applicant's disability. We'll go over, really give you the nuts and bolts of this process. So, I will go over MassHealth and the disability process as far as how to apply, what that application process will look like, then Determination of Disability. And I'm going to hand it over to Katie, my colleague, and she'll go over the Continuing Disability Reviews. And then I'll take it back with Resources, giving you a number of resources to support our applicants and members in the community.

[MassHealth and Disability]

[MassHealth Eligibility]

To determine eligibility MassHealth must consider a number of criteria that includes universal eligibility, financial eligibility, categorical eligibility, and the citizenship and immigration status of the applicant.

When we consider a universal eligibility under this category that may include, residency, is the person applying a Massachusetts resident or do they intend to live in

the state? Or are they visiting Massachusetts for the purpose of a vacation? And MassHealth is the payor of last resort, so we also look to see if the applicant has access to other health insurance.

Now under the financial eligibility category, it's looking at income, household size, and the individual's tax filing status. Then we look at categorical eligibility. It considers, it looks like, it looks at if the person applying is disabled or indicating that they are disabled, the age of the applicant or their pregnancy status, and citizenship and immigration status. We do need to verify that information.

So, for today, we're looking at the categorical eligibility criteria. So, all of the lists I just gave you, we're going to talk about that categorical eligibility specifically as it relates to disability. When the applicant or the member attests they have an injury, illness or disability that has lasted, or is expected to last for at least 12 months.

For MassHealth eligibility purposes, disability is defined by the Social Security Administration or SSA. SSA defines disability as the inability to engage in any substantial gainful activity because of a medically determinable physical or mental impairment that is expected to result in death, or that has lasted, or is expected to last for a continuous period of at least 12 months.

Now, before we dive too deeply into the content, let's look at how someone gets started, which is our application. So, moving on to the next slide.

[How to Apply]

How to Apply.

[Application for Health and Dental Coverage and Help Paying Costs (ACA-3)]

MassHealth has two applications. This is the application for health and dental coverage and help paying costs, or commonly known as the ACA-3 application.

This application is for any individual that's younger than 65 years of age, or if they are over 65, they are a caretaker/relative of a child under the age of 19.

There's a number of ways to submit an ACA-3 application to MassHealth. Individuals can go online to a MAhealthconnector.org, that is a joint application with the Massachusetts Health Connector, and it is the fastest way to complete and submit an application. You can also submit an application by paper, mailing it or faxing it to MassHealth. Or you can do it over the phone with MassHealth Customer Service team, or in person at a MassHealth Enrollment Center. Individuals can also schedule an appointment, a virtual appointment with our staff. So going on to the next slide.

[Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)]

For our seniors, the Senior Application or application for health coverage for seniors and people needing long term care services, also commonly known as the SACA-2 application, you can use this application. This application is specific for applicants and members and couples that are over the age of 65, they're living in the community and for any individual of any age in need of long-term services and support, including the Home and Community Based Service Waiver Program. To apply, applicants can submit a paper SACA-2 application by mail or faxing it to MassHealth, complete an application with our Customer Service team, or get help at a MassHealth Enrollment Center. Again, there is virtual scheduling appointments that's available. And lastly, online via a web portal. This is not the same experience as the ACA online application, but it is using an Adobe form for which, after completing the questions and the information, that form can be submitted to MassHealth online. So going to the next slide.

[MassHealth Application Process]

When the application is received, MassHealth will attempt to electronically verify an individual's eligibility factor like disability or income with data sources from SSA, which would verify their disability. In the instance a data match or MassHealth does not have enough information to make a decision or the information received electronically is not reasonably compatible, MassHealth will request additional information to determine eligibility. A quick note here, reasonable compatibility is a process used by MassHealth to decide if the information the applicant or member has attested to can be verified using electronic data. Self-Attested information will be considered reasonably

compatible when it is within 20% of the income amount received from data sources. So if we move to the next slide.

[MassHealth Application Process (continued)]

Here we're talking about Noticing. So, if MassHealth is not able to electronically verify information a notice will go out requesting for additional information. The notice will explain what information is needed. Examples of acceptable documentation or proofs, and the latest date MassHealth can accept the proof to establish eligibility. If all proofs are not received by the due date, we will use information that was supplied through systematic matching, determine eligibility and send a notice explaining that eligibility decision. If no information is available, electronically, and proof is received at a later date, we may accept that, that document, but the eligibility start date may be impacted. So going on to the next slide.

[MassHealth Decision Timeline]

Looking at how long it may take to determine an eligibility. MassHealth has 45 days from the received date of the application to make an eligibility decision. There are two exceptions. It may take 60 days for an application if they're potentially eligible for family assistance, or it may take 90 days for an application from an individual who is applying on the basis of a disability. So, in the situation we're talking about, it may take 90 days for a decision, for the member to receive a decision. If the applicant or member does not agree with MassHealth's decision, included in every approval or denial notice is information on how to ask for a Fair Hearing and a Fair Hearing Request Form to appeal the eligibility decision. The Fair Hearing Request form should be sent back to MassHealth within 60 days from the receipt of the notice. So moving on to the next slide.

[Determination of Disability]

As we're focused on Disability Determination today.

[How is Disability Determined?]

Again, the determination of disability for MassHealth purposes can only be established by the Social Security Administration or SSA, The Massachusetts Commission for the Blind or MCB, or through the Disability Evaluation Services or DES process. When we're processing the application, if we are able to data match with SSA a determination, a determination will be made and will establish the individual's disability, so they can be determined disabled through SSA. We'll also look to see if the Commission for the Blind, which oversees the process for reporting or legal, of legal blindness and can provide a Certificate of Blindness. So, we'll look at, to also check in with MCB through this data match to see if there is a match. If there's not a match, then we move through the Disability Evaluation Services or DES, and they may determine disability for a member or applicant who has not been determined disabled by SSA or MCB. DES uses the same criteria to determine disability as the Social Security Administration. So, moving on to the next slide.

[Disability Determination]

Here's that DES process. So, in addition to completing a MassHealth application, MassHealth members or applicant must also submit a MassHealth Disability Supplement for a clinical evaluation. We have two supplements. There is the MassHealth Adult Disability Supplement that is used and meant for those that are over the age of 18. And we have the MassHealth Child Disability Supplement and that should be used for anybody that's applying, that's under the age of 17. Moving on to the next slide.

[Disability Determination (continued)]

So, we talked earlier about electronic, electronic data matches with state and federal data sources. If an individual has been determined disabled by the Social Security Administration, that disability status will be shared and verified electronically with MassHealth. If an individual has been determined disabled by MCD, MassHealth will accept a copy of the Certificate of Legal Blindness as verification of disability. Or, if an individual has not been determined disabled by SSA or MCB, we'll start with the initial

disability evaluation process. The applicant or member will answer some specific questions in the online application, phone application or paper application. And they would have submitted the disability supplement. Just a quick note here, a MassHealth member may submit a disability supplement at any time. Moving on to the next slide.

[Application Questions]

Let's talk about the Application Question. In both the paper application, that's the ACA-3 or the SACA-2 application, the question will ask, "Do you have an injury, illness, or disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months?" And if the individual is legally blind, they would answer "Yes" to this question. So, this question is in both the application, the paper application, as well as the online application. And this question is asked for each individual that is applying for coverage. A 'Yes' to this question will trigger an electronic request for information on file to verify the status. If we're unable to verify electronically, the individual will begin the Disability Evaluation or DES process. So going on to the next slide.

[Disability Determination: Online Application]

Here is where that question will appear in the online application. It, it asks the same question as the paper application. Again, this question will be asked of each individual that's applying for coverage. Going on to the next slide.

[Disability Determination: Online Application]

This is also an example of what you will see in that section of the Family & Household for this question. So, there are additional dropdowns that will appear for additional information. Moving to the next slide.

[Disability Determination: Notices]

This slide provides noticing, noticing language. Notices generated for individuals that have indicated they may have a disability or have a verified disability, the notice will include language explaining next steps for the individual applying on the basis of disability. So, I'm just going to read the, the language here on the notice. It states, 'The

*person listed above may be eligible for more benefits from MassHealth because they told us on their application that they have a disability. We have sent you a form called the **MassHealth Disability Supplement** along with instructions for next steps. Please fill out the supplement and send it to us to find out whether they qualify for more benefits based on disability. Once we receive the completed supplement, MassHealth will process it and send another letter about any additional benefits based on disability when the process is complete.'*

So, in this example, the individual submitted an online application and checked off, "Yes," indicating that they do have a disability. Since we weren't able to electronically data match them, they, with all of their information, such as income and household size, this individual may be eligible for CarePlus because we have not yet moved them through the DES process. So, this letter will let them know that they're potentially eligible for CarePlus. But, pending the disability determination, they may receive an additional notice. So going on to the next slide.

[Scenario]

Here we're looking at a scenario. Here in this example is Sharon, Shannon. She's 27 years old. She applied for MassHealth on April 12th. Shannon attests to being a legal permanent resident since 2003, and receiving rental income of \$1,350 a month. Shannon also attests to having an injury, illness or disability that is expected to last longer than 12 months. So, when we received her application, MassHealth was able to verify her income using electronic data sources. However, we were unable to match Shannon's disability status using electronic data sources. So, Shannon will be mailed an adult disability supplement, and she'll have 60 days to return the completed supplement to DES. In the meantime, Shannon was determined eligible for CarePlus as her income was at 129% of the federal poverty level. And that CarePlus started April 2nd of 2024. Going on to the next slide.

[Scenario: Approval Notice]

Since Shannon indicated a potential disability, she will see the following language on her CarePlus notice mentioning that she told us about her disability, and we will send

you another letter to tell you if you qualify for additional benefits because of a disability. If Shannon is determined disabled per DES, she will be approved for MassHealth Standard. If DES determines that Shannon is not disabled, she will remain in MassHealth CarePlus. Moving on to the next slide.

[Disability Evaluation Services (DES)]

Now let's talk about the Disability Evaluation Services team and that process.

[Disability Evaluation Services (DES)]

The Evaluation Services is part of the University of Massachusetts Chan Medical School's health care consulting division called ForHealth Consulting. DES conducts both medical and vocational reviews by gathering information, reviewing medical records and history, and applying SSI or SSDI federal guidelines to determine disability to each case as appropriate. The clinical staff they have to help review in this process includes: Registered Nurses, Allied Health Professionals, such as Physical Therapists, Occupational Therapists or Licensed Social Workers, Physicians, Psychologists, and Certified Vocational Professionals. Going on to the next slide.

[Disability Verification Process]

Here is a flowchart of that process. So we went through the application, and the first box on the upper left hand corner, the applicant or member indicates disability on their application or their renewal. What happens next is that, that information will be electronically data matched, it'll go through that process. If a match was made with SSA, they'll be determined eligible based on verified disability. But if a data match is not successful, that application will go through the DES process. Through that process, if DES determines the individual is disabled, that eligibility determination will be based on verified disability. If DES determined that individual is not disabled, a notice will be sent to the member related to that decision why they were not determined disabled. Moving on to the next slide.

[Disability Evaluation Services (DES): Process]

Again, a member or applicant may claim disability status at any time when an individual attests to an injury, illness or disability that will last more than 12 months. They can do it online, calling MassHealth Customer Service or on the paper application or renewal form, and MassHealth will attempt to verify the disability status electronically first. If the status cannot be verified, MassHealth will begin the disability evaluation process, and the individual will receive the Disability Supplement to complete. So, going on to the next slide.

[Disability Supplements]

Here are the two different Disability Supplement. So, you have a screenshot here of the Adult Disability Supplement. Again, that's meant for those over the age of 18 to complete and send back to DES. Going to the next slide.

[Child Disability Supplement]

Here's a screenshot of the Child Disability Supplement. And this is meant for those younger than 17 years of age. I want to note quickly, the date of this supplement. If you are helping a member or applicant with any MassHealth form, remember to check that you are using the latest version of the form, and you can find that usually at the bottom left-hand corner of the form. So here the Supplement date is 7/21. So this is the latest version of the Supplement. So going on to the next slide.

[Disability Supplements]

Here are some tips on how to complete the supplement. These are critical elements for processing. Make sure to print or write clearly and complete the supplement to the best of the applicant or member's ability. Importantly, sign and date a Medical Release Form for each medical and mental health provider that is listed on the supplement. Provide the complete applicant or member demographic information, including their contact information. This is in case we need to reach back out to the applicant or member. Complete the description of the applicant or member's health problems and

medications and provide information about the health care providers that have treated the applicant or member during the last 12 months. Going on to the next slide.

[Disability Supplements (continued)]

Additional critical elements: language ability, preference, and educational attainment. That information is needed. We also need their work history, including detailed information about the applicant or member's most recent job. Appointment preference, list more than two choices to best accommodate their schedule. We also need their Activities of Daily Living and making sure that the supplement is signed and dated by the applicant or the member or their authorized representative. And if it, they have an authorized representative to make sure that the ARD Form is completed and attached to the supplement. Going on to the next slide.

[Disability Supplements (continued)]

Now where to send the supplement. The supplement should be mailed to the Disability Evaluation Services. Here's their address in Worcester. For help completing the supplement, applicants or members can contact UMass Disability Evaluation Services, Supplement Assistance team and talk to a disability reviewer. The member or the applicant must have a copy of their disability supplement, as the disability reviewer will guide them over the phone to complete the supplement. The reviewers cannot complete the form for the applicant or the member, but they'll help answer any questions and go through the form and medical releases.

To reach the, the team, individuals can call the, use the phone number here. That's 1-800-888-3420 to reach the DES Supplement Assistant line. DES use MassRelay to assist members or applicants who are deaf and hard of hearing or speech disabled. Going on to the next slide.

[Processing the Disability Supplement]

Once DES receives the disability supplement, they will date stamp the supplement and the disability determination process will begin. Just a quick note here that the completed supplement should be submitted, and it should be the original supplement,

not a copy. DES will send written requests to all applicant's medical sources listed on the supplement. They will contact hospitals, physicians, and non-medical providers such as social workers and schools. They will call these providers if the medical sources do not respond to written requests. Going on to the next slide.

[Processing the Disability Supplement (continued)]

Consultative Exams with DES clinicians. DES prefers to utilize the applicant's medical providers for the evaluation. That's why they do request medical releases to be signed. If sufficient information is not received or DES does not receive a response from those medical providers, a consultative exam by DES doctors and clinicians may be necessary.

So a consultative exam may be ordered if an applicant or member does not have a medical provider or information received from the provider is insufficient or out of date. Now, 10 - 14 days prior to a consultative exam, applicants or members and their authorized representatives are mailed an appointment letter. The letter informs the applicant or member of the date and time of the appointment, availability of transportation, and availability of medical interpreters. The notice is mailed in English and Spanish. So going on to the next slide.

[Disability Decision Process]

So, the applicant or members' medical information is reviewed by qualified professionals. The staff they have include, Nurses, Allied Health Professionals, Vocational Rehabilitation Counselors, Physicians and Psychologists. Disability determinations are based on SSA program guidelines.

Approvals. Approvals are sent directly to MassHealth. So, DES will send MassHealth letting us know of the disability decision. MassHealth will notify the applicant or member if there is a change in their eligibility based on the disability approval. Moving to the next slide.

[Disability Decision Process (continued)]

Let's look at the, the denials. Denial notices are sent directly to the member or applicant from DES. DES will also send MassHealth the denial decision. MassHealth will

notify the applicant or member if there is a change in their eligibility based on the disability denial. And this eligibility decision is appealable. So once they receive the MassHealth denial notice, that decision is appealable. Moving to the next slide.

[Notices from DES]

As part of the DES processing the disability supplement, members may also receive the following types of notices, a notice letting the member know if they've already been determined disabled by SSA, so there was a positive data match; a notice informing the member was already eligible for MassHealth based on a disability; a notice informing the member must apply for MassHealth. In this case, we don't have a record of their application for MassHealth, so the applicant is mailed their completed supplement and advised on the different ways to complete a MassHealth application; or they may receive a notice of Incomplete Supplement. Here the members mailed this letter with the incomplete supplement, and they must return within ten business days the completed information. So we're missing some critical information on their supplement. Moving on to the next slide.

[Notices from DES (continued)]

For members over the age of 65, DES will consult with MassHealth to determine if a disability decision is required for the applicant or member's case. If a disa, a disability determination is not required, DES will return the supplement and advise the member to call MassHealth.

Copies of Medical Releases, members can request a copy of their medical releases from DES, upon written request. So they have to complete a form and make that request.

As far as denial notices, applicants or members who have not been determined disabled will receive a disability denial notice. Again, when they see the MassHealth eligibility notice with that decision, they may, they'll be able to appeal that decision. Going on to the next slide.

[MassHealth Continuing Disability Reviews (CDRS)]

Okay.

[Quick Refresher: Disability Reviews]

So now I'm going to hand it over to Katie to walk us through the CDR process.

Katie Burns: Thanks, Kara. Hi, everybody. I'm just going to walk us through some of the CDR process that we have for MassHealth. So, if we could go to the next slide, please.

[Quick Refresher: MassHealth Disability Reviews]

And I'm actually going to skip this slide and the next one because it's just information that Kara already went over. So if we could skip to page 40.

[Quick Refresher: MassHealth Disability Reviews]

[Quick Refresher: What are the types of disability reviews?]

There we go. So just a little bit of a refresher on the types of reviews that MassHealth does for disability. We have our Initial Disability Review, which we call an IDR. This is the initial review to determine whether the member meets disability criteria. This is usually at application or when a disability is newly reported. And these are members that indicate that they newly have a disability and they're not federally disabled. Also, for members that have lost their federal disability status.

We also have what we call our CDR Process, which is Continuing Disability Reviews. These are ongoing reviews to confirm that the members still meets the disability criteria. This is determined by DES based on a member's medical situation or diagnosis. And this process is for members who previously met MassHealth disability criteria, but have reached the, the determined threshold for a continuing review. Next slide please.

[Member Supports for CDRs]

And next slide please.

[Member Supports for CDRs]

So MassHealth is really ramping up some member support for the CDR process. If you can flip to the next slide, please.

[Preparing for CDRs]

We have begun a process of reviewing a lot of our data, reviewing thousands of member records, and only identifying those members who truly need to complete the CDR. Part of this data review is looking at members who have met federal disability criteria since their last review. Members who DES has determined to be waived and they do not expect to have to review them again. This is members that are not expected to improve medically, for members who have experienced, I'm sorry. An example is members who have experienced a significant spinal cord injury because of a motor vehicle, motor vehicle accident, and they are not expected to improve. We also will not conduct reviews from members under the age of 18 until they turn 18, and then we will review them again as an adult.

DES has recently expanded the number of members who are 55 and older, whose disability status could be made permanent as a way to cut down the number of members that we are looking to review.

[Member Supports for CDRs]

MassHealth is also doing a lot of education and operational readiness to ensure that our staff is prepared to handle the CDR reviews. We're also working with key partners to get the word out about this process. We are providing additional education and retraining to our call center and eligibility staff. We are doing some education with Assisters and communicating with sister agencies, health plans, ILCs, and other groups to ensure that members know where to go for help. Next slide please.

[Member Supports for CDRs]

MassHealth is limiting the initial volume of CDRs and will monitor DES performance to determine how to scale up volume and whether we need to make adjustments. We are also just selecting our MAGI population first, in order of their last review date. Next slide please.

[Member Supports for CDRs]

We are also going through some additional support and monitoring direct assistance through DDS. Members can call DES to get a step-by-step help with the disability supplement or general support regarding questions or concerns. MassHealth is working with UMass to ensure that DES is ready in their capacity to take higher volume calls.

We're also doing work with MassHealth customer service. MassHealth members can contact MassHealth via our main call center line or a dedicated line for CDR related questions, or they can visit a nearby MEC. If a member contacts MassHealth via phone, a rep will be able to perform warm handoffs to the DES line for help with paperwork or to our Springfield Enrollment Center for case specific questions, when needed.

Members can also get help from a local assister. Members can speak with assisters to get additional support. And MassHealth will be providing information and training to CACs to support assisters in helping with members.

We will also continue to monitor the rollout of CDRs and make adjustments as needed. Next slide please.

[The CDR Process: What to Expect]

And we're going to talk about what to expect. Next, typically DES. Oh, I'm sorry. Thank you.

Typically, DES will indicate when a member must receive their next CDR based on their specific disability. This sometimes happens at three years, five years, or seven years. However, CDRs may be waived by DES if a member's disability is not expected to improve. Additionally, like we mentioned before, children age 0 through 17 who are determined disabled will not receive a CDR until they turn 18.

So, the CDR process is a member is sent a disability supplement and medical releases to complete. Members will have 60 days to complete and return the supplement. Currently, the supplement must be completed on paper and mailed, and faxed, faxed back to DES. But we are trying to stand up some telephonic submissions that should be available later this year.

Once the member returns the paperwork and DES obtains relevant medical information, DES will contact the member's treating sources to obtain necessary medical documentation. If DES cannot obtain the documentation, they will schedule a consultative exam with the member.

Once DES determines if the member meets the disability criteria, they'll review the paperwork, make a decision, and they will decide whether a CDR is needed in the future. MassHealth will then update the members' record and run a new, determined, new eligibility determination. If the member fails to respond to the disability supplement or does not meet disability criteria, their coverage may be downgraded. Particularly for members who are over income for a MassHealth Standard. Next slide please.

[Process Improvements and Ongoing Stakeholder Feedback]

So MassHealth is making the disability review process as easy as possible for members. In addition to supporting members through CDRs, MassHealth is committed to making long-term improvements to the disability review process using feedback from stakeholders.

DES recently expanded the number of members 55 and older, whose disability status could be made permanent. By the end of calendar year '24 DES will be able to accept the disability supplement via telephone. In the coming months members will only be required to report work history over the last five years, as opposed to the current 15 year requirement. Earlier this year, DES enabled members to receive a consultative exam in an alternative setting, such as an urgent care center or Zoom for psych exams only.

And some of the future improvements that we are exploring is allowing electronic submission of the disability supplement, making revisions and improvements to the supplement form, assessing additional populations to, to see if their disability status can be made permanent, and making operational improvements to MassHealth and DES' processing of disability reviews. And next slide please.

[Resources]

So, Kara, I'm going to turn it back to you for our resources.

Kara Chiev: Thanks, Katie.

So, looking at Resources, there are a number of support out in the community for members and applicants. Again, here is the Disability Evaluation Services phone number. We also have the MassHealth Disability Accommodation Ombudsman. They can be reached at the number here or through their email. Next, we have the Massachusetts Aging and Disability Information Locator. This is an online tool that will help provide or is designed to help find information on services and programs that support seniors and people with disabilities in Massachusetts. The last resource on this slide is MassHealth Customer Service, our 2900 number. Going on to the next slide.

[Resources]

Here's information and contact for the Program of All Inclusive Care for the Elderly, or PACE. To enroll the PACE Program must be contacted directly. And here is contact information for the Senior Care Options. SCO plan members can contact MassHealth Customer Service or the individual SCO plan to learn more about the plan and to request enrollment. Going on to the next slide.

[Resources: MassOptions]

We also have MassOptions. This is an organization that connects elders, individuals with disabilities and their caregivers with public and private agencies and organizations that can help meet their needs. For information they'll provide the Aging Disability Resource Consortium that provides a coordinated system of information and access to long-term care services and supports for individuals, family members and providers, regardless of age, disability or income.

The Aging Services Access Points or ASAP. There are 24 ASAPs statewide, each serving specific geographic area. They provide information and referral services; needs assessments; screening and clinical eligibility determination for individuals seeking facility and community-based services and supports. They also provide care

management; comprehensive service plan development and monitoring; and purchasing of services.

Last resource is the Area Agencies on Aging. They are responsible for assuring that nutrition, health and human services are made available to individuals age 60 and over in the communities where they live.

[Thank You!]

Sue Kane: I want to thank everybody for joining us today. Special thanks to Kara, Katie, and Kathleen for providing us with this information and answering the questions. I hope everybody has a wonderful rest of the day. Thank you. Bye-bye.