

MassHealth and Disability

**Massachusetts Health Care Training Forum
Fall 2024**

Agenda



- MassHealth and Disability
 - How to Apply
- Determination of Disability
- MassHealth Continuing Disability Reviews (CDRs)
- Resources

MASSHEALTH AND DISABILITY

MassHealth Eligibility



- For MassHealth eligibility purposes, disability is defined by the Social Security Administration.
- Social Security Administration disability definition:
“An individual must not be able to engage in any substantial gainful activity (SGA) because of a medically-determinable physical or mental impairment(s), 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.”

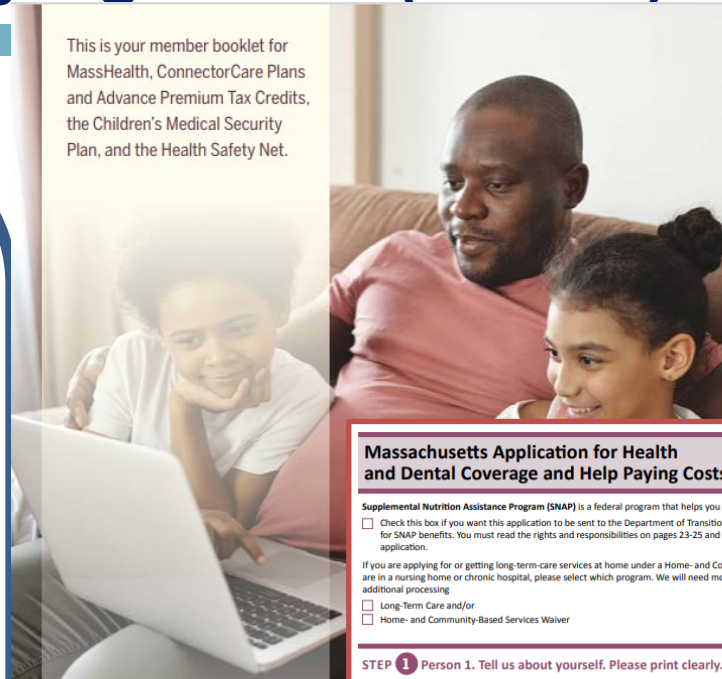
HOW TO APPLY

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



Who should use this application:

- Applicants 64 years and younger.
- Applicants over the age of 65, that are a parent/caretaker of a child(ren) under the age of 19.
- [Apply for MassHealth, the Health Safety Net, or the Children's Medical Security Plan | Mass.gov](#)



This is your member booklet for MassHealth, ConnectorCare Plans and Advance Premium Tax Credits, the Children's Medical Security Plan, and the Health Safety Net.

MARCH 2024

Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth | Massachusetts Health Connector

Massachusetts Application for Health and Dental Coverage and Help Paying Costs

Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month.

Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on pages 23-25 and sign on page 26 to proceed with the application.

If you are applying for or getting long-term-care services at home under a Home- and Community-Based Services Waiver, or if you are in a nursing home or chronic hospital, please select which program. We will need more information and will contact you for additional processing.

Long-Term Care and/or
 Home- and Community-Based Services Waiver

STEP 1 Person 1. Tell us about yourself. Please print clearly.

We need one adult in the household to be the contact person for your application. Please note that this should be someone who appears on the application, not a third party who wishes to serve as a contact for the applicant(s). Please see the Authorized Representative Designation (ARD) Form at the end of this application to establish a third-party contact.

1. First name, middle name, last name, and suffix _____ 2. Date of birth _____

3. What is your email address? _____

No home address. Note: if you check this box, you must provide a mailing address.

4. Street address _____ 5. Apartment or unit number _____

6. City _____ 7. State _____ 8. ZIP code _____ 9. County _____

10. Mailing address Check if same as home address. _____ 11. Apartment or unit number _____

12. City _____ 13. State _____ 14. ZIP code _____ 15. County _____

16. Phone number _____ 17. Other phone number _____ 18. # of people listed on the application _____

19. What is your preferred language, if not English? Spoken _____ Written _____
Preferred written language may be used by MassHealth and the Health Connector to communicate with you. If you do not answer, we will send your notices in English.

20. Is anyone on this application in prison or jail? Yes No
Please select **No** if this person will be released in the next 60 days.
If Yes, who? Enter the name here: _____
If Yes, is this person awaiting trial? Yes No

The amount of help or type of program you may qualify for depends on the number of people in your household and their incomes. This information helps us make sure everyone gets the coverage they are eligible for.

COMPLETE STEP 2 FOR YOURSELF AND ALL ADDITIONAL HOUSEHOLD MEMBERS who live with you, or anyone on your same federal income tax return if you file one. If you do not file a tax return, remember to still add household members who live with you.

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



Who should use this application

- Individuals and couples over the age of 65 who live in the community.
- Individuals under the age of 65 in need of Long-Term Services and Supports (including Home and Community Based Services Waivers), or Long-Term-Care services in a medical institution or nursing facility.

[Apply for MassHealth coverage for seniors and people of any age who need long-term-care services | Mass.gov](https://www.mass.gov)

SENIOR GUIDE to Health Care Coverage

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



Application for Health Coverage for Seniors and People Needing Long-Term-Care Services

HOW TO APPLY

You can submit your application in any of the following ways.

Mail or fax your filled-out, signed application to
MassHealth Enrollment Center
PO Box 290794
Charlottesville, MA 02129-0214

Fax: (617) 887-8799

Online at www.mass.gov/how-to/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services

To schedule an appointment with a MassHealth representative or to apply in person, go to www.mass.gov/masshealth/appointment.

To get benefits you are entitled to as quickly as possible, you may send us any documentation you have that verifies all household income and assets.

You can use this application to apply for the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that helps you buy food each month. If you are interested, check the box on page 1, then read and sign the SNAP rights and responsibilities on pages 20-23. Your application will then be sent automatically to the Department of Transitional Assistance. You do not have to apply for the SNAP Program to be considered for MassHealth.

MASSHEALTH and the HEALTH SAFETY NET | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts and are

- an individual 65 years of age or older and living at home and
- not the parent of a child under 19 years of age who lives with you; or
- not an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home; or
- disabled and are either working 40 or more hours a month or are currently working and have worked at least 240 hours in the six months immediately before the month of the application;
- an individual of any age and need long-term-care services in a medical institution or nursing facility; or
- an individual who is eligible under certain programs to get long-term-care services to live at home; or
- a member of a married couple living with your spouse, and
- both you and your spouse are applying for health coverage;
- there are no children under 19 years of age living with you; and
- one spouse is 65 years of age or older and the other spouse is under 65 years of age. (Please see Step 9 of the application.)

if you meet any of the following exceptions, you should complete the Application for Health and Dental Coverage and Help Paying Costs (SACA-3). To obtain a copy of this application, call us at (800) 841-2900, TDD/TTY: 711.

- You are the parent of a child under 19 years of age who lives with you, or
- You are an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home.

You will also need to fill out a Long-Term-Care Supplement if you are

- in an institution, such as a nursing home, chronic hospital, or other medical institution (You may have to pay a monthly payment, called a patient-paid amount, to the long-term-care facility. For more information, see page 13 in the Senior Guide.);
- in an acute hospital waiting for placement in a long-term-care facility; or
- living in your home and applying for or getting long-term-care services under a Home- and Community-Based Services Waiver.

If someone is helping you fill out this application, you may need to fill out a separate form that gives that person permission to act on your behalf. See the Authorized Representative Designation Form at the end of this application.

MASSACHUSETTS HEALTH CONNECTOR | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts, and you

- are 65 years of age or older;
- are not otherwise eligible for MassHealth;
- are not getting Medicare; and
- do not have access to an affordable health plan that meets the minimum value requirement.*

*Minimum value requirement means that the health insurance plan pays at least 60% of the total health insurance costs of the average enrollee.

The Health Connector uses Modified Adjusted Gross Income (MAGI) rules to determine eligibility.

MassHealth Application Process



- Data matching:
 - Every effort is made to electronically verify an individual's eligibility factors, i.e. disability, income.
 - When an application is processed and MassHealth does not have enough information to make a decision or the information MassHealth receives electronically is not reasonably compatible, MassHealth will request additional information to determine eligibility.

Note: 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 income will be considered reasonably compatible when it is within 20% of the income amount received from data sources.

MassHealth Application Process (continued)



- Individuals will receive a written request for information which explains:
 - » What information is needed.
 - » Examples of acceptable proofs.
 - » The latest date MassHealth can accept the proofs to establish eligibility.
- If all proofs are not received by the due date:
 - MassHealth will use information that was supplied through systematic matching, determine eligibility, and send a notice explaining eligibility.
 - If no information is available electronically, and proof is received at a later date, proof may be accepted, but the eligibility start date may be impacted.

MassHealth Decision Timeline



Eligibility Decision

MassHealth has **45 days** from the received date of the application to make an eligibility decision.

Exception

60 days for an application if potentially eligible for Family Assistance.

Exception

90 days for an application from an individual who is applying on the basis of a disability.

- *Applicant will then receive a Request for Information (RFI), approval, or denial notice.*

Note: 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 MassHealth's eligibility decision. The applicant/member has **60 days** from the receipt of the notice to request a fair hearing.

DETERMINATION OF DISABILITY

How is Disability Determined?



- The determination of disability for MassHealth purposes can only be established by:
 - Social Security Administration (SSA)
 - The Social Security Administration may determine that an individual is disabled.
 - Massachusetts Commission for the Blind (MCB)
 - The Massachusetts Commission for the Blind oversees the process for the reporting of legal blindness and can provide a Certificate of Blindness.

Disability Determination



- Disability Evaluation Services (DES)
 - Disability Evaluation Services 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.
 - In addition to a complete MassHealth Application, MassHealth applicants/members* must submit a MassHealth Disability Supplement (adult or child) for clinical evaluation.
 - MassHealth Adult Disability Supplement – ages 18 and older
 - MassHealth Child Disability Supplement – ages 0 -17

Disability Determination (continued)



- If an individual has been determined disabled by the SSA that disability status will be shared and verified electronically with MassHealth.
- If an individual has been determined disabled by the MCB, MassHealth will accept a copy of the Certificate of Legal Blindness as verification of disability.
- If an individual has not been determined disabled by the SSA or MCB, the individual, can initiate the disability evaluation process by answering specific questions in the online application, phone application, or paper application.

Note: A MassHealth member may submit a disability supplement at any time.

Application Questions



The paper application (ACA or SACA)

- “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? If legally blind, answer Yes.”
- This question is asked individually for each person on the application who is applying.
 - A ‘yes’ to this question will trigger an electronic request for information on file to verify the status.
 - If disability status cannot be verified electronically, the individual will begin the Disability Evaluation Services (DES) process.

STEP 2 Person 1 (continued)

16. Are you living in Massachusetts, and do you either intend to reside here, even if you do not have a fixed address, or have you entered Massachusetts with a job commitment or seeking employment? Yes No
If you are visiting in Massachusetts for personal pleasure or for the purposes of receiving medical care in a setting other than a nursing facility, you must answer No to this question.

17. 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? If legally blind, answer Yes. Yes No

18. Do you need reasonable accommodation because of a disability or an injury? Yes No
If Yes, complete the rest of this application, including Supplement C: Accommodation.

Disability Determination: Online Application



The online application or phone application:

“Does anyone in the household who is applying have an illness, injury or disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months? If legally blind, answer ‘yes.’”

- A ‘yes’ to this question will automatically trigger an electronic request for information on file to verify the status. If disability status cannot be verified electronically, the individual will begin the Disability Evaluation Services (DES) process.

Family & Household

* Indicates a required field. ⓘ Provides definitions and more details.

More about this household

Does anyone in the household who is applying 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? If legally blind, answer yes. *

 Yes No

Applicants with a disability may qualify for more benefits. We will try to verify your disability through the information we have and available state and federal data sources. If we are not able to verify your disability then we will send you another letter with a form called the MassHealth Disability Supplement and it will explain any steps you need to take.

Disability Determination: Online Application (continued)



- Select all that applies

Family & Household

* Indicates a required field.

Reasonable Accommodation

Does anyone in the household need reasonable accommodation because of a disability or an injury? (Optional)

Because you answered yes to the question above about yourself or any household member needing reasonable accommodation, check all that apply below for each household member. *

Jason Borne

Condition:

Important: Please select at least one condition or accommodation for Jason Borne.

- Blind
- Deaf
- Developmentally Disabled
- Hard of Hearing
- Intellectually Disabled
- Low Vision
- Physically Disabled

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Accommodation:

- American Sign Language (ASL) Interpreter
- Assistive Listening Device
- Communication Access Real-time Translations (CART)
- Large Print Publication
- Publications in electronic format

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Disability Determination: Notices



- 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 individuals applying on the basis of a disability.

MassHealth has approved the person listed below for MassHealth CarePlus.

➤ Name: [FirstName MiddleName LastName Suffix], Member ID: [Member ID], Date of Birth: [DOB]
starting on [Start Date]

Members of your family who applied for benefits but are not listed above may get another letter about their eligibility.

The person listed above may be eligible for more benefits from MassHealth because they told us on their MassHealth 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.

Scenario



Example: Shannon, a 27 year old individual, applies for MassHealth on April 12, 2024. Shannon attests to being a legal permanent resident since 2003 and receiving rental income of \$1,350 monthly. Shannon also attests to having an injury, illness, or disability that is expected to last longer than 12 months.

- MassHealth is able to verify her income using electronic data sources.
- MassHealth, however, is unable to match Shannon's disability status using electronic data sources.
 - Shannon will be mailed an adult disability supplement and have 60 days to return the completed supplement to DES.
 - Shannon will have MassHealth CarePlus (MassHealth MAGI 129% FPL) effective April 2, 2024.

Scenario: Approval Notice



- Since Shannon indicated a potential disability, she will see the following language on her CarePlus approval notice: **“You told us or we got information that the person approved on this letter is disabled. We will send you another letter to tell you if they qualify for additional benefits because of a disability.”**
 - If Shannon is determined disabled per DES, she will be approved for MassHealth Standard, effective April 2, 2024.
 - If DES determines that Shannon is not disabled, she will remain in MassHealth CarePlus.

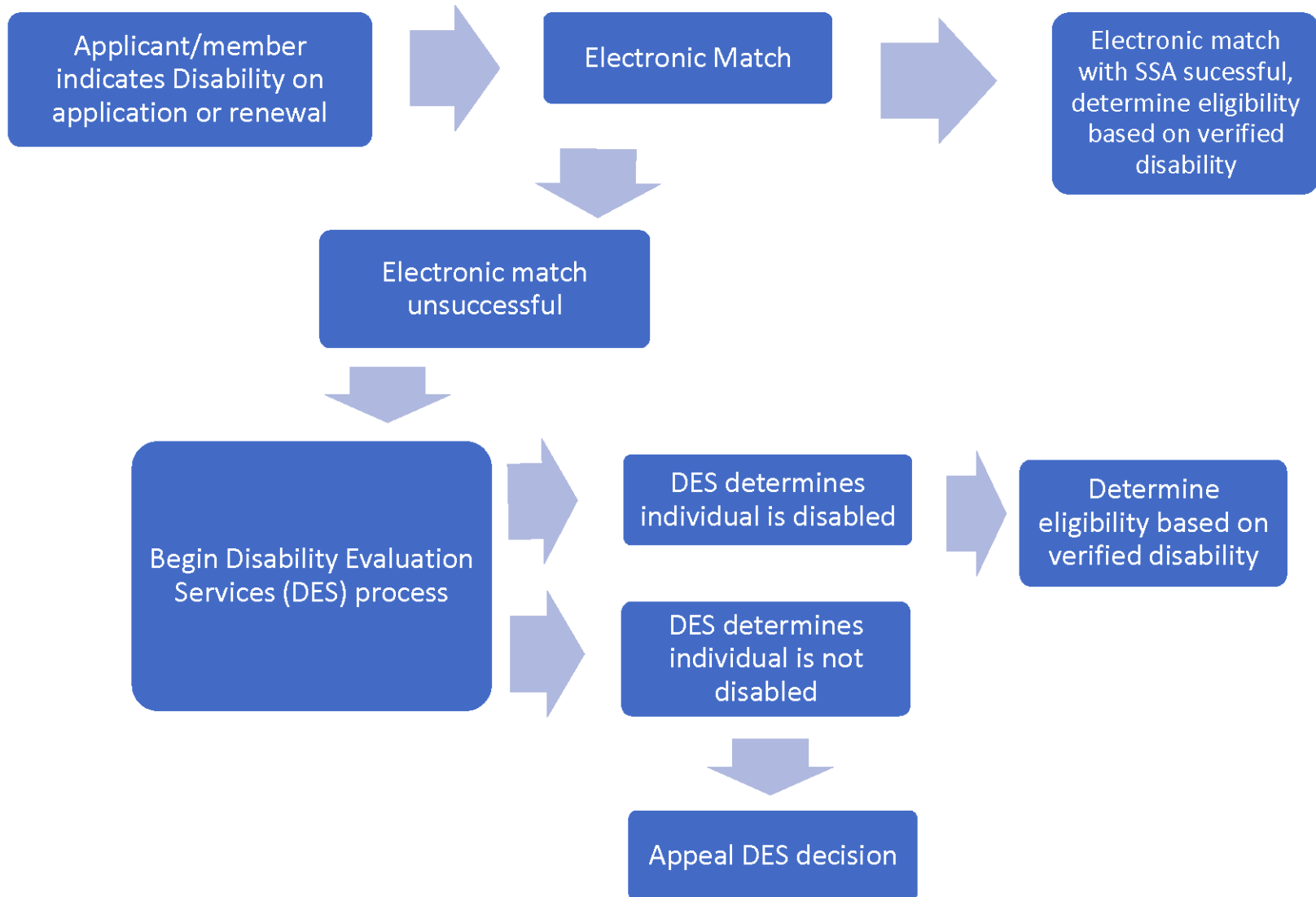
DISABILITY EVALUATION SERVICES (DES)

Disability Evaluation Services (DES)



- Disability Evaluation Services (DES) is part of the UMass Chan Medical School's health care consulting division called ForHealth Consulting.
- The DES organization conducts both medical and vocational reviews by gathering information, reviewing medical history, and applying SSI/SSDI federal guidelines to determine disability to each case as appropriate.
- Clinical staff includes:
 - Registered Nurses
 - Allied Health Professional (example: PT/OT/LISW)
 - Physicians
 - Psychologists
 - Certified Vocational Professionals

Disability Verification Process



Disability Evaluation Services (DES): Process



- Disability Process
 - An applicant or member may claim disability status at any time.
 - When an individual attests to an injury, illness or disability that will last more than 12 months online, by phone, or on a paper application or renewal, MassHealth will attempt to verify the status electronically.
 - If disability status cannot be verified using electronic data, MassHealth will begin the disability evaluation process. MassHealth sends the individual a MassHealth Disability Supplement.

Disability Supplements



- Applicants or members may claim disability status at any time.
- If the member or applicant has not been determined disabled by SSA or MCB, the individual will be sent a MassHealth Disability Supplement.
- [Adult Disability Supplement \(ages 18 and over\)](#)
- Resource: [MassHealth Member Forms | Mass.gov](#)

MassHealth
Adult Disability Supplement
Commonwealth of Massachusetts | Executive Office of Health and Human Services

MassHealth **MASSACHUSETTS HEALTH CONNECTOR**

Instructions for Completing the Supplement

You have indicated on your MassHealth application that you have a disability. Disability standards require that the disability has lasted or is expected to last at least 12 months. UMass Disability Evaluation Services (DES) will review your disability application for MassHealth. It is very important that you complete this Disability Supplement.

To get MassHealth based on your disability, you need to tell us about

- your medical and mental health providers. These may include doctors, psychologists, therapists, social workers, physical therapists, chiropractors, hospitals, health centers, and clinics from whom you receive or have received treatment; and
- yourself: your work history for the past 15 years, your educational background, and your daily activities.

Completing the Disability Supplement will give us this information and will help us make a quick decision.

Please read the following instructions before beginning.

- Print, or write clearly and complete the supplement to the best of your ability.
- Sign and date an Authorization to Release Protected Health Information Form for each medical and mental health provider you list on the supplement.
- After you have filled out the supplement, submit it to
Disability Evaluation Services / UMASS Medical DES
P.O. Box 2796
Worcester, MA 01613-2796

DES will ask for your medical and treatment records from the providers you have listed. If you have any of your medical records, please send a copy with this form. If more information or tests are needed, a member of DES will get in touch with you. Your eligibility will be determined more quickly if all items on the supplement are filled in.

This is not an application for medical benefits. If you have not already completed a MassHealth application, you must fill one out in addition to this form. If you have any questions about how to apply, please call (800) 841-2900 (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled).

If you need help with this form, you can call the UMass Disability Evaluation Services (DES) Help Line at (888) 497-9890. Fill in every section of this form. If you do not fill in every section, we may not be able to decide if you are disabled.

Information about you Male Female

Last name First name Middle initial Social security number

Street address Apt. #

City State Zip code Date of birth (mm/dd/yyyy)

Home phone Cell phone Work/other phone

We may need to schedule a doctor's appointment for you. What are the best times for you to go to an appointment?
Please check all the times that are good for you.

Any time is ok Monday a.m. Tuesday a.m. Wednesday a.m. Thursday a.m. Friday a.m.
 Monday p.m. Tuesday p.m. Wednesday p.m. Thursday p.m. Friday p.m.

Did you apply for Social Security or SSI/SSDI benefits? yes no

If **yes**, did you see a doctor for an exam?
Doctor's name _____ Date of exam ____/____/____

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Child Disability Supplement



- [Child Disability Supplement \(ages 0-17\)](#)
- Resource: [MassHealth Member Forms | Mass.gov](#)

* Use the latest version of MassHealth forms

MassHealth
Child Disability Supplement
Commonwealth of Massachusetts | Executive Office of Health and Human Services

Instructions for Completing the Supplement

You have indicated on your MassHealth application that your child has a disability. Disability standards require that the disability has lasted or is expected to last at least 12 months. UMass Disability Evaluation Services (DES) will review your child's disability application for MassHealth. It is very important that you complete this Disability Supplement.

For your child to get MassHealth based on his or her disability, you need to tell us about

- your child's medical and mental health providers. These providers may include doctors, psychologists, therapists, social workers, physical therapists, chiropractors, hospitals, health centers, and clinics from whom your child has gotten or is getting treatment; and
- your child's daily activities and his or her educational background.

Completing the Disability Supplement will give us this information and will help us make a quick decision.

Please read the following instructions before beginning.

- Print or write clearly and complete the supplement to the best of your ability.
- Sign and date an Authorization to Release Protected Health Information Form for each medical and mental health provider you list on the supplement.
- After you have filled out the supplement, submit it to
Disability Evaluation Services / UMASS Medical DES
P.O. Box 2796
Worcester, MA 01613-2796

DES will ask for your child's medical and treatment records from the providers you have listed. If you have any of the following, please send a copy with this form: your child's medical records, Individualized Family Services Plan (IFSP), Individualized Educational Plan (IEP), testing, or other records that describe your child's conditions. If more information or tests are needed, a member of DES will get in touch with you. Your child's eligibility will be decided more quickly if all items on the supplement are filled in.

This is not an application for medical benefits. If you have not already completed a MassHealth application for your child, you must fill one out in addition to this form. If you have any questions about how to apply, please call (800) 841-2900 (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled).

If you need help with this form, you can call the UMass Disability Evaluation Services (DES) Help Line at (888) 497-9890. Fill in every section of this form. If you do not fill in every section, we may not be able to decide if your child is disabled.

Information about your child Male Female

Last name	First name	Middle initial	Social security number	
Street address			Apt. #	
City	State	Zip code	Date of birth (mm/dd/yyyy)	
Home phone	Cell phone	Work/other phone		

Does your child have a pending application with Social Security? yes no
Does your child get Social Security? yes no
Does your child get MassHealth? yes no

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Disability Supplements (slide 1 of 3)



- Complete the Disability Supplement in its entirety.
 - Critical elements for processing:
 - Print or write clearly and complete the supplement to the best of the applicant or member's ability.
 - **Sign and date a Medical Release Form** for each medical and mental health provider that is listed on the supplement.
 - Provide complete applicant or member demographic information, including contact information.
 - Complete description of the applicant or member's health problems and medications.
 - Provide information about the health care providers that have treated the applicant or member during the last 12 months.

Disability Supplements (slide 2 of 3)



- Critical elements for processing:
 - Language ability, preference, and educational attainment.
 - Work history, including detailed information about the applicant or member's most recent job.
 - Appointment preferences, list more than two choices to best accommodate your schedule.
 - Activities of Daily Living (ADL) information.
 - Sign and dated by applicant, member, or authorized authority with accompanying document.

Disability Supplements (slide 3 of 3)



- Completed supplements should be mailed to:
 - Disability Evaluation Services
 - UMASS Medical DES
 - P. O. Box 2796
 - Worcester, MA 01613-27936
- For help completing the disability supplement, applicants or members can contact UMass Disability Evaluation services (DES), Supplement Assistance and talk to a disability reviewer. The member or applicant must have a copy of their disability supplement as the disability reviewer will guide them over the phone to complete the supplement. The disability reviewer can not complete the form for the applicant or member but will answer any questions and go through the form and medical releases.
 - UMass DES Supplement Assistant Line: 1-800-888-3420
 - MassRelay to assist members or applicants who are Deaf and Hard-of-Hearing, or Speech disabled.

Processing the Disability Supplement



- Once DES receives the disability supplement, they will date stamp the supplement and the disability determination process will begin.
- Processing Supplements:
 - DES will send written requests to all of the applicant's medical sources listed on the supplement.
 - DES will contact hospitals, physicians, and non-medical providers such as social workers and schools.
 - Telephonic requests are made to those medical sources that do not respond to written requests.

Processing the Disability Supplement (continued)



- Consultative Exams with DES clinicians:
 - DES prefers to utilize the applicant’s medical providers for the evaluation.
 - If sufficient information is not received, or DES does not receive a response from the applicant’s medical providers, a consultative exam by DES doctors and clinicians may be necessary.
 - Consultative exams are ordered if:
 - An applicant or member does not have a medical provider, or information received from the provider is insufficient or out of date.
 - 10-14 days prior to a consultative exam, applicants or members and authorized representatives are mailed an appointment letter.
 - Letter informs the applicant or member of date and time of appointment, availability of transportation, and availability of medical interpreters.
 - » Letters are mailed in English and Spanish.

Disability Decision Process

- Disability Decisions:
 - Applicant or member medical information is reviewed by qualified professionals:
 - RN
 - Allied Health Professionals
 - Vocational Rehabilitation Counselors
 - Physicians and Psychologists
 - Disability determinations are based on SSA Title II and Title XVI program guidelines.
- Approvals:
 - Approvals are sent directly to MassHealth.
 - MassHealth will notify the applicant or member if there is a change in their eligibility based on the disability approval.

Disability Decision Process (continued)



- Denials:
 - Denial notices are sent directly to the member or applicant.
 - Denials are also sent to MassHealth.
 - MassHealth will notify the applicant or member if there is a change in their eligibility based on the disability denial.
 - Decision is appealable.

Notices from DES

- As a part of DES processing the disability supplement, members may also receive the following types of notices:
 - A notice informing the member was already determined disabled by SSA.
 - A notice informing the member was already eligible for MassHealth based on a disability.
 - A notice informing the member must apply for MassHealth:
 - No record of applicant applying for MassHealth, applicant is mailed their completed supplement and advised on the ways to apply for MassHealth.
 - A notice of Incomplete Supplement:
 - Member is mailed this letter with the incomplete supplement and must return within 10 business days.

Notices from DES (continued)

- Member is over 65:
 - 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 disability determination is not required, DES will return the supplement and advise the member to call MassHealth for assistance.
- Copies of Medical Releases:
 - with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), DES will provide applicants or members with copies of their medical releases upon written request.
- Denial notice:
 - Applicants or members who have not been determined disabled will receive a disability denial notice.

MASSHEALTH CONTINUING DISABILITY REVIEWS (CDRS)

Quick Refresher: Disability Reviews

Member Supports for CDRs
The CDR Process: What to Expect
Process Improvements and
Ongoing Stakeholder Feedback

Quick Refresher: MassHealth Disability Reviews



Why does MassHealth conduct disability reviews?

- MassHealth is federally required to verify members who report having a disability to determine if they are eligible for a richer MassHealth benefit than their income/other eligibility factors alone may indicate.
- Some members are determined to have a disability at the federal level (via the SSA). However, for members *without* a completed federal disability determination, MassHealth needs a way to confirm they have a disability (to receive the best benefit they qualify for).

Quick Refresher: MassHealth Disability Reviews (continued)



Who needs to go through a MassHealth disability review?

- Members who indicate they are disabled on an application/renewal, but do not have an active and complete federally verified disability (including those who have a pending federal disability review).
 - MassHealth’s disability review is typically completed more quickly than the federal SSA review, which means that some members will undergo a MassHealth disability review while their application with the SSA is still pending.
 - Additionally, MassHealth’s review process has broader eligibility parameters than the federal process.

Who conducts MassHealth disability reviews?

- MassHealth disability reviews are managed by UMass’ Disability Evaluation Services (DES).

Quick Refresher: What are the types of disability reviews?



What are the types of disability reviews?

- There are two types of disability reviews completed by DES – an Initial Disability Review (IDR), followed by periodic Continuing Disability Reviews (CDRs) as clinically appropriate.

Initial Disability Review (IDR)

Continuing Disability Review (CDR)

Purpose:

Initial review to determine whether member meets disability criteria

Ongoing reviews to confirm member still meets disability criteria

Timing:

At application or when newly reported

Determined by DES based on member's medical situation / diagnosis

Population:

Members who:

- Newly indicate they have a disability and are not verified federally disabled
- Lose federal disability status

Members who:

- Previously met MassHealth disability criteria but have reached the determined threshold for a continuing review

Quick Refresher: Disability Reviews

Member Supports for CDRs

The CDR Process: What to Expect
Process Improvements and
Ongoing Stakeholder Feedback

Member Supports for CDRs

What steps is MassHealth taking to support members and limit impact?



Data Review



**Education and
Readiness**



Managing Volume



**Support and
Monitoring**

Preparing for CDRs

What steps is MassHealth taking to support members?



Data Review



Education and
Readiness



Managing Volume



Support and
Monitoring

MassHealth has done extensive data review, reviewing thousands of member records and identifying only those who need to complete a CDR.

As part of the data review, MassHealth removed members who no longer require a CDR, such as:

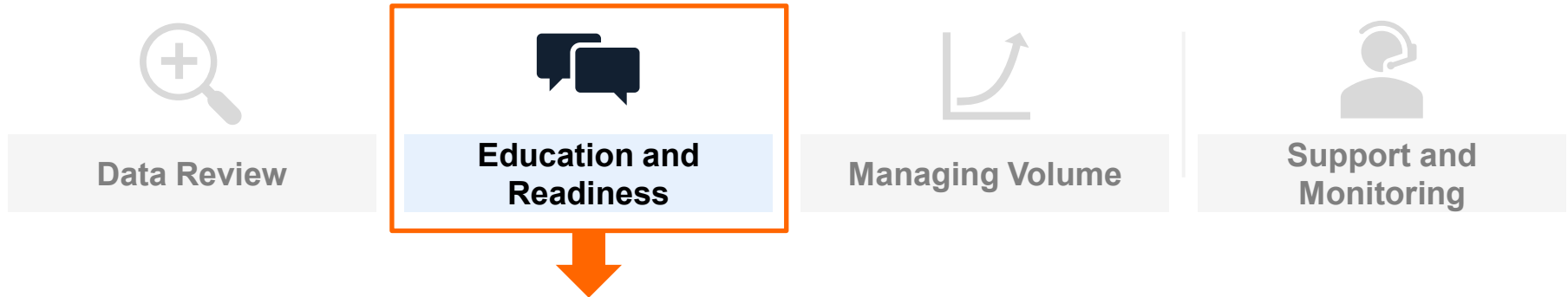
- Members who have met federal disability criteria since their last review.
- Members whose CDRs have been waived by DES, due to no expected medical improvement (e.g., a member who experienced a significant spinal cord injury because of a motor vehicle accident and is not expected to improve).
- Members under the age of 18 who previously met disability requirements via an IDR (children do not need to complete CDRs until they turn 18).

Note that DES also recently expanded the number of members aged 55+ whose disability status could be made permanent

Member Supports for CDRs (slide 1 of 3)



What steps is MassHealth taking to support members and limit impact?



MassHealth is educating internal staff and working with key partners to get the word out about CDRs and ensure that members are supported through the CDR process.

Planned actions include:

- Providing additional education and re-training to call center and eligibility staff (happening this month)
- Educating assisters
- Communicating with sister agencies, health plans, ILCs, and other groups to ensure that members know where to go for help (happening this month)

Member Supports for CDRs (slide 2 of 3)



What steps is MassHealth taking to support members and limit impact?



MassHealth is limiting the initial volume of CDRs and will monitor DES performance to determine how to scale up volume and whether adjustments may be needed.

- MAGI members will be selected first, in order of their last review date.

Member Supports for CDRs (slide 3 of 3)



What steps is MassHealth taking to support members and limit impact?



Members who are selected to complete a CDR will have various avenues of support, including:

1. Direct assistance through DES: Members can call DES to get step-by-step help with the disability supplement, or general support regarding questions or concerns. MassHealth is working with UMass to ensure DES' readiness and capacity to take a higher call volume.
2. MassHealth Customer Service: Members can also contact MassHealth via 1) our main call center line; 2) a dedicated line for CDR-related questions; or 3) a nearby MEC. If a member contacts MassHealth via phone, a rep will be able to perform warm handoffs to DES (for help with paperwork) or the Springfield MEC (for case-specific questions), as needed.
3. Help from a local assister: Members can speak with a local assister to get additional support. Note that MassHealth will be providing additional info/training to CACs in October to support assisters in helping members.

MassHealth will also continue to closely monitor the rollout of CDRs and make adjustments as needed.

Quick Refresher: Disability Reviews

Member Supports for CDRs

The CDR Process: What to Expect

Process Improvements and
Ongoing Stakeholder Feedback

The CDR Process: What to Expect



How frequently do CDRs occur for members?

- Typically, DES will indicate when a member must receive their next CDR, based on their specific disability (e.g., annually, every 3 years, 5 years, 7 years).
- However, CDRs may be waived by DES if a member's disability is not expected to improve. Additionally, children (age 0 through 17) who are determined disabled do not receive a CDR until they turn 18.

What is the CDR process?

1

The member is sent a [disability supplement](#) and medical release(s) to complete

The member will have 60 days to complete and return the supplement. Currently, the supplement must be completed on paper and mailed/faxed back to DES; however, telephonic submission should be available later this year.

2

The member returns the paperwork and DES obtains relevant medical information

DES contacts the member's treating source(s) to obtain necessary medical documentation. If DES cannot obtain the documentation after repeated attempts, they will schedule a consultative exam with the member.

3

DES determines if the member meets MassHealth disability criteria

DES reviews the member's paperwork and makes a clinical determination regarding whether the member meets disability criteria. If the member meets criteria, DES decides whether another CDR is needed, and if so, when.

4

MassHealth updates the member record and runs a 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 MassHealth Standard).

Quick Refresher: Disability Reviews

Member Supports for CDRs

The CDR Process: What to Expect

**Process Improvements and
Ongoing Stakeholder Feedback**

Process Improvements and Ongoing Stakeholder Feedback



How is MassHealth making the disability review process as easy as possible for members?

- In addition to supporting members through CDRs, MassHealth is also committed to making longer-term improvements to the disability review process, using feedback from stakeholders.

Improvements recently implemented or going into effect soon

- DES recently expanded the number of members aged 55+ whose disability status could be made permanent (e.g., they would not be required to complete CDRs)
- By the end of CY24, DES will be able to accept the disability supplement via telephone.
- In the coming months, members will only need 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 via Zoom (for psych exams only)

Future improvements being explored

- Allowing electronic submission of the disability supplement
- Making revisions and improvements to the disability supplement form
- Assessing additional populations to see if their disability statuses can be made permanent
- Making operational improvements to MassHealth's and DES' processing of disability reviews

RESOURCES

Resources (slide 1 of 2)



- Disability Evaluation Services:
 - 1-800-888-3420; [MassRelay](#)
- [MassHealth Disability Accommodation Ombudsman](#)
 - (617) 847-3468, TDD/TTY: 711 or (617) 847-3788
 - Email ADAAccommodations@mass.gov
- [Massachusetts Aging and Disabilities Information Locator \(MADIL\)](#):
 - An online Aging and Disability Information Locator, provided by the Massachusetts Executive Office of Health and Human Services. The MADIL is designed to help find information on services and programs that support seniors and people with disabilities in Massachusetts.
- MassHealth Customer Service:
 - 800-841-2900; TTY: 711

Resources (slide 2 of 2)

- Program of All-inclusive Care for the Elderly (PACE):
 - 800-243–4636; TTY: 711
 - <https://www.mass.gov/program-of-all-inclusive-care-for-the-elderly-pace>
 - To enroll, the PACE program must be contacted directly
- Senior Care Options (SCO):
 - <https://www.mass.gov/service-details/enrolling-and-receiving-care-under-senior-care-options-sco>
 - Members can contact MassHealth Customer Service or the individual SCO plan to learn more about the plan and to request enrollment.

Resources: MassOptions



- [MassOptions](#) 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:
 - Aging Disability Resource Consortia (ADRCs) - provide a coordinated system of information and access to long-term services and supports (LTSS) for individuals, family members and providers, regardless of age, disability or income.
 - [Aging Services Access Points \(ASAP\)](#) - 24 ASAPs statewide, each serving a specific geographic area, provide information and referral services; needs assessments; screening and clinical eligibility determinations for individuals seeking facility and community-based services and supports; care management; comprehensive service plan development and monitoring; and purchasing of services.
 - Area Agencies on Aging (AAAs) - 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!