



MassHealth for Seniors and Individuals Seeking Long- Term-Care Services (LTC) Part 2

Webinar Objectives

In this session:

- Review of the SACA-2 Application Activity
- MassHealth health plan and programs for Seniors and People Who Need Long-Term-Care Services

MassHealth Mission

MassHealth's mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence and quality of life.



Reminder: Who Should Use this Application



- MA residents
- An individual 65 or older and living at home
- Disabled
- An individual of **any age** and need long-term-care services in a medical institution or nursing facility
- An individual who is eligible under certain programs to get long-term-care services to live at home
- A member of a married couple living with the spouse, and both are applying for health coverage
 - one spouse is 65 years of age or older and the other spouse is under 65 years of age



Reminder: Who Should Use this Application – Health Connector



Health Connector Eligible

- If the applicant live in Massachusetts, and they
 - 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.

Who Should NOT Use the SACA-2 Application

- An individual ages 65 or older and is the parent of a child under 19 years of age who lives with them
- 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



Countable Assets



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

Noncountable Assets



- Noncountable assets include, but are not limited to:
 - the home you live in if it is located in Massachusetts, unless the applicant/member are getting long-term-care services in a long-term-care facility
 - one vehicle for each household
 - life insurance policies for both the applicant and their spouse if the total face value for each of you is \$1,500 or less
 - burial plots up to \$1,500 per person for the applicant and their spouse that is specifically set aside for funeral and burial expenses
 - up to \$1,500 per person for applicant/member and their spouse that is specifically set aside for funeral and burial expenses
 - an irrevocable burial trust or prepaid irrevocable burial contract set up in reasonable amounts for future payment of funeral or burial expenses
- Complete list of countable and non countable assets: MassHealth regulations at 130 CMR: 520.007 and 520.008



Annuities: Income or Asset?

- Rule of Thumb: Annuities is it an income or asset?
- An Annuity cannot be both; one or the other
 - When the Annuity provides a flow of income (money being paid out it), it is considered "unearned income"
 - When the Annuity is not providing a stream of income, then it is an asset

Health Plan and Programs for Seniors and People Who Need Long-Term-Care Services

Print Clear


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





HOW TO APPLY

Please identify which program each household member is applying for on page 1 of the application.

Mail or fax your filled-out, signed application to Visit a MassHealth Enrollment Center (MEC).

 **MassHealth Enrollment Center**
PO Box 290794
Charlestown, MA 02129-0794
Fax: (617) 887-8888


 To apply in person or to schedule an appointment with a MassHealth representative, go to [www.mass.gov/mec](#)

SENIOR GUIDE

to Health Care Coverage

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



MARCH 2022



MASSHEALTH
This is your application for health coverage for Massachusetts and are

- an individual 65 years of age or older and
 - not the parent of a child younger than 19 years of age living in the home; or
 - not an adult relative living in the home; or
 - disabled and are either blind or are currently receiving 240 hours in the six months of the application.
- an individual of any age in a medical institution
- an individual who is eligible for long-term-care services
- a member of a married couple
 - both you and your spouse are applying for coverage; and
 - there are no children under 18 years of age; and
 - one spouse is 65 years of age or older and the other spouse is under 65 years of age (on the date of application.)

MASSACHUSETTS
This is your application for health coverage for Massachusetts and are

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

Coverage Types

MassHealth

- Standard
- CommonHealth
- Family Assistance
- Medicare Savings Program (MSP)
 - Qualified Medicare Beneficiary (Q
 - Specified Low Income Beneficiary (SLMB)
 - Qualified Individual -1 (QI-1)
- Limited*
- Health Safety Net*



Resource: [MassHealth coverage types for seniors and people who need long-term-care services](#)

* Coverage types not considered as insurance for tax purposes

Health Plan and Programs



- MassHealth members 65 or older, or in long-term care, are not required to enroll in a managed care organization (MCO) plan or a Primary Care Clinician (PCC) Plan. They receive their MassHealth benefits on a fee-for service basis by using MassHealth providers, **unless** they are eligible and choose to enroll in one of the following plans or programs:
 - [Senior Care Options \(SCO\)](#)
 - [Program for All Inclusive Care for the Elderly \(PACE\)](#)
 - Home- and community-based services waiver (HCBSW) members younger than the age of 65, or members in the Kaileigh Mulligan Program, may choose to enroll in an MCO or PCC plans
 - Managed care organization (MCO) Plan
 - [Primary Care Clinician Plan](#) (PCC)

Fee-For-Service (FFS)



MassHealth offers benefits on a [Fee-for-Service \(FFS\)](#)

- Under the FFS model, MassHealth pays providers directly for each covered service received by an eligible MassHealth member
- MassHealth also pays network providers directly for services provided to Primary Care Clinician (PCC) Plan and Primary Care Accountable Care Organization (ACO) members. Providers would bill MassHealth directly for services provided to such members



**MassHealth Provider Network
of Specialists and Hospitals**



Integrated Care Programs



Integrated Care Programs – (continued)



MassHealth offers three Integrated Care Programs for members who have MassHealth and Medicare

| | Available Since | Enrollment January 2022 |
|----------|-----------------|-------------------------|
| One Care | 2013 | 32,469 |
| PACE | 1994 | 4,742 |
| SCO | 2004 | 69,854 |

Objectives of the Integrated Care Programs:

- Support members to stay in their homes and communities by integrating all aspects of preventive, acute, behavioral health, and long-term care
- Establish accountability for delivery, coordination, and management of quality medical and behavioral health service and supports
- Integrate Medicaid and Medicare programming and financing

Benefits of Joining an Integrated Care Plan



There are a number of benefits to getting care through an integrated care plan, including:

- One plan and one card for all your MassHealth and Medicare benefits, including Medicare Part D prescription drug benefits
- No co-pays
- Care management and coordination services
- Extra services not included in regular MassHealth or Medicare Fee- For- Service
- Each option also has unique feature designed to better serve members who are eligible for the plan

One Care MassHealth + Medicare

Bringing your care together



One Care

MassHealth+Medicare
Bringing your care together

One Care Objectives

- Provide a broad range of health care services, including medical services, behavioral health services, and long-term services and supports that support a member's ability to live independently in the community
- Create a comprehensive, whole-person view of each member's goals and needs, including how their environment presents barriers or supports them to live independently
- A capitated financial structure paid by MassHealth and Medicare to contracted One Care plans that promotes innovation and flexibility in a member's care



What is One Care?



With One Care, individuals ages 21-64 who are eligible for both MassHealth and Medicare (dual eligibles) to access comprehensive benefits and care coordination through a single health plan.

Medicaid & Medicare



What Services Are Covered?



Medicare: All Part A, Part B, and Part D

**MassHealth State Plan Services
- including LTSS**

Integrated to Improve Quality and Reduce Unnecessary Costs

Behavioral Health Diversionary Services

Additional Community-based Services

Who is Eligible for One Care?

Age 21-64 upon enrollment**

Not residing in ICF*

Eligible for MassHealth Standard or CommonHealth

Not enrolled in PACE, SCO, HCBS Waiver

Enrolled in Medicare Parts A & B and Eligible for Medicare Part D



Enrollees

Without other comprehensive insurance

*Intermediate Care Facility;** Members can remain in their One Care Plan after turning 65 if they maintain their MassHealth Standard eligibility

Delivery of Care



- Person-Centered Care
- Health care and services are based on the goals and preferences of the individual
- The One Care Enrollee
 - Decides who will attend meetings and be involved in decisions
 - Attends every meeting about their care
 - Their goals and preferences play an integral role in decision-making process
 - All options are fully explored and discussed, and choice is respected
- Care delivered through Care Team and provider network
- Integration of primary care, specialists, behavioral health, and LTSS
- Person-centered assessment, planning, and service delivery using medical home or health home models as foundation

One Care Plans and Service Areas



- Commonwealth Care Alliance (CCA)
<http://www.commonwealthcarealliance.org/members/one-care>
Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
- Tufts Health Unify
<https://tuftshealthplan.com/member/tufts-health-unify/home>
Bristol, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
- UnitedHealthcare Connected
<https://www.uhccommunityplan.com/ma/medicaid/one-care>
Bristol, Essex (partial), Franklin, Hampden, Hampshire, Middlesex, Plymouth, Suffolk, Worcester

****Dukes and Nantucket are outside of One Care service areas***

How to Enroll in One Care



Enroll online* by visiting the One Care website and clicking on “How to enroll in One Care” – www.mass.gov/one-care



Complete and mail or fax the paper One Care Enrollment Decision Form (also available on the One Care website)



Call MassHealth Customer Service
(Monday – Friday, 8:00 am – 5:00 pm) at 1-800- 841- 2900 or TTY: 711
(for people who are deaf, hard of hearing, or speech disabled)

*The online form can be accessed at <https://masshealth.ehs.state.ma.us/onecare/>



Senior Care Options

Senior Care Options



- SCO offers comprehensive health plans that combine health and social support services covered by Medicare and MassHealth. SCO provides services to members through a SCO Plan and its network of providers
- SCO began as a demonstration project in 2004, initially authorized by state legislation and through a Memorandum of Understanding with CMS
- SCO Plans are now Dually-Eligible Special Needs Plans (D-SNPs) a type of Medicare Advantage plan
- MassHealth and CMS share oversight of the program

Who is Eligible for SCO?

- To be eligible for SCO, a person must:
 - Be over age 65
 - Be eligible for MassHealth Standard (can be eligible for MassHealth Standard through the Frail Elder Waiver)
 - **May or may not** have Medicare (A and/or B) (I.e. members who only have MassHealth and not Medicare are eligible to enroll)
 - Can live in any setting (in the community or a facility)

How to Enroll in SCO

- Interested members should contact the Senior Care Options plan they want to enroll in

SCO Program Structure



- SCO members must select a Primary Care Physician (PCP)
- All enrollees must see providers in their SCO Plan's network
- Capitation payment from MassHealth and CMS to the Plans is generally based on enrollee geography and on clinical rating category

Integrates MassHealth, Medicare with other community services

- All MassHealth services, including comprehensive behavioral health services and LTSS
- All Medicare services, including Part D
- Community services (1915c waiver services): Meals on Wheels, Homemaker services, etc.
- Members have one card and providers bill the SCO

Benefits for SCO Members



- Individualized care plan is developed for every member
- Primary Care Team for members with complex care needs, including: PCP, Nurse Care Manager, Geriatric Social worker (from local ASAP)
- PCP/Team coordinate all the member's services and provide access to 24/7 Nurse Care Manager
- Enhanced Medicare, MassHealth, and supplemental benefits with no copays
- Access to full range of community supports through geriatric social work expertise from the Aging Service Access Points (ASAPs)
- Ease of administrative burden associated with traditional Medicare and Medicaid coordinated for the dual eligible population



SCO Plans and Service Areas



- BMC HealthNet Plan
Barnstable, Bristol, Hampden, Plymouth, Suffolk, Worcester
- Commonwealth Care Alliance
Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
- NaviCare Fallon Health
Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
- Senior Whole Health
Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
- Tufts Health Plan
Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
- United Healthcare
Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

**Dukes and Nantucket are outside of SCO service areas*

Where You Are At the Center

PACE



Program of All-inclusive Care for the Elderly



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

Program of All-Inclusive Care for the Elderly (PACE) – (continued)



- PACE is a fully capitated Medicare and Medicaid managed care program authorized under federal regulation and managed jointly by MassHealth and CMS
- PACE is a community-based program that offers a complete range of health and health-related services designed to keep frail elders living in the community safely for as long as possible
- PACE is a center-based model where participants visit the Center for their care, or PACE staff coordinate care in an enrollee's home, rehab, etc.

PACE: Facts



- EOHHS and CMS share oversight of the program, with MassHealth responsible for:
 - Contract monitoring and compliance
 - Enrollment
 - Plan financials
- Capitation payment for PACE participants encompasses two cohorts (rate cells):
 - Medicare and MassHealth (Dual Eligible)
 - MassHealth (Medicaid-only)

Who is Eligible for PACE?

Eligibility

- Age 55 and older
- At a nursing home level of care (i.e. nursing home certifiable)
- Live in a PACE service area
- Able to live safely in the community at the time of enrollment
- If a MassHealth member, eligibility must be Standard
- Meet the Title XVI disability standards if 55 through 64 years of age

How to Enroll in PACE

- Interested members should contact the PACE Organization they want to enroll in
- The PACE Organization will help members determine clinical eligibility

PACE Services



- PACE is a community-based program that offers a complete range of health and health-related services designed to keep frail elders living in the community safely for as long as possible
- Coordinated care is planned and provided by an interdisciplinary team (IDT) of providers that includes physicians, nurse practitioners, nurses, social workers, rehabilitation and recreation therapists, health aides, and others
- PACE works in partnership with each participant and their caregivers to create an individually designed care plan to best meet the needs of each person
- PACE delivers all needed medical and supportive services, including hospitalizations, rehabilitation services, and long-term care services
- Medical care is provided by a PACE physician familiar with the history, needs, and preferences of each participant

PACE Services – (continued)



- Enrollment is voluntary
- PACE participants must receive all services, except emergency services, from the PACE network of providers
- PACE providers are at full risk for all services received by their participants from PACE
- PACE providers are paid a monthly capitation rate from both MassHealth and Medicare
- Participants do not need to have Medicare or Medicaid

Conditions/Limitations

- Requires pre-admission screening completed and submitted by the PACE via electronic MDS-HC to MassHealth PACE Clinical Coordinator with final authorization from MassHealth to confirm member is at a nursing home level of care/nursing home certifiable

Integrated Care Program Eligibility



| | One Care | PACE | Senior Care Options |
|--------------------------------------|---|--|--|
| Eligible ages | <ul style="list-style-type: none"> Age 21-64 | <ul style="list-style-type: none"> Age 55+ | <ul style="list-style-type: none"> Age 65+ |
| MassHealth coverage types | <ul style="list-style-type: none"> MassHealth Standard CommonHealth | <ul style="list-style-type: none"> MassHealth Standard | <ul style="list-style-type: none"> MassHealth Standard |
| Clinical assessment required | <ul style="list-style-type: none"> No, But all members must be disabled | <ul style="list-style-type: none"> Yes Must be certified as needing nursing home level of care | <ul style="list-style-type: none"> No |
| Medicare eligibility required | <ul style="list-style-type: none"> Yes Must be eligible for Medicare A, B, and D | <ul style="list-style-type: none"> No May be eligible for Medicare A, B, and D May be private pay | <ul style="list-style-type: none"> No May be eligible for Medicare A, B, and D |

Integrated Care Program Benefits



| | One Care | PACE | SCO | MassHealth FFS |
|-------------------|---|--|-------------------------|-----------------------------|
| Care Coordination | Through the One Care Plan | Through the PACE Organization | Through the SCO Plan | Not available |
| Service Delivery | Plan's Provider Network | All-services provided at the PACE Center | Plan's Provider Network | MassHealth Provider Network |
| Copayments | No | No | No | Yes |
| Benefits | <ul style="list-style-type: none"> • Medicare Part A (hospital) • Medicare Part B (outpatient) • Medicare Part D (prescriptions) • All MassHealth services (LTSS, dental, vision, etc.) | | | |

Integrated Care Plans

One Care 3 plans



Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester



Bristol, Middlesex, Norfolk, Plymouth, Suffolk, Worcester



Bristol, Essex (partial), Franklin, Hampden, Hampshire, Middlesex, Plymouth, Suffolk, Worcester

PACE 8 organizations

Cambridge Health Alliance,
Middlesex, Suffolk

Element Care,
Essex, Middlesex

Harbor Health,
Bristol, Middlesex, Norfolk, Plymouth, Suffolk

Mercy LIFE,
Hampden, Hampshire

Neighborhood PACE,
Middlesex, Suffolk

Serenity,
Franklin, Hampden, Hampshire

Summit/Fallon,
Essex, Hampden, Hampshire, Middlesex, Worcester

Upham's,
Norfolk, Suffolk

Senior Care Options 6 plans



Barnstable, Bristol, Hampden, Plymouth, Suffolk, Worcester



Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester



Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester



Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester



Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester



Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

MassHealth Home and Community Base Service (HCBS) Waiver Programs

Massachusetts Operates 10 HCBS Waivers



| Waiver | Operating Agency | Target Population |
|--|------------------|---|
| Adult Supports (AS) | DDS | Adults with intellectual disabilities (22+) |
| Community Living (CL) | | |
| Intensive Supports (IS) | | |
| Frail Elder Waiver (FEW) | EOEA | Older adults (60+) |
| Traumatic Brain Injury (TBI) | MRC | Adults with TBI (18+) |
| Children's Autism | DDS | Children with autism (up to age 9) |
| Acquired Brain Injury – Non-Residential Habilitation (ABI-N) | MRC | Adults with ABI sustained at age 22+ |
| Acquired Brain Injury – Residential Habilitation (ABI-RH) | DDS | |
| Moving Forward Plan – Community Living (MFP-CL) | MRC | Adults who are disabled or seniors (18+) |
| Moving Forward Plan – Residential Support (MFP-RS) | DDS | |

Required Elements for All HCBS Waivers



- Waiver participants must be financially eligible, **and**
 - require a facility level of care (LOC)
 - have an ongoing need for, and receive waiver services at least once a month
 - be able to be safely served in the community with available waiver and State Plan services
- All waiver participants must have a waiver case manager
- Waiver services must be authorized through a person-centered waiver plan of care

Waiver Plan of Care (POC)



- After an individual is found eligible for a waiver, they work with a waiver case manager in a person-centered planning process to develop a waiver POC that
 - Acts as the authorization for waiver services (analogous to PA for State Plan LTSS)
 - Specifies amount, frequency, and type of provider for each waiver service the participant will receive
- POCs must be reviewed and updated
 - At least annually, and
 - Whenever necessary due to a change in the participant's needs or circumstances

Waiver Eligibility



- Two parts to waiver eligibility
 - Clinical eligibility is determined by the waiver operating agency or its agent
 - Financial eligibility is always determined by MassHealth
- Both types of eligibility must be reviewed annually

| Clinical Eligibility Determinations | |
|-------------------------------------|--------------|
| Waiver(s) | Agency/Agent |
| DDS Adult ID Waivers | DDS |
| Children's Autism Waiver | DDS |
| TBI Waiver | MRC |
| Frail Elder Waiver | ASAPs |
| ABI Waivers | UMass |
| MFP Waivers | UMass |

Waiver Financial Eligibility



- HCBS Waiver participants must be eligible for MassHealth Standard in the community
- Special financial eligibility rules for adult HCBS waiver applicants/participants:
 1. Applicant's income \leq 300% SSI Federal Benefit Rate (the SSI FBR for 2022 is now \$841, so 300% is \$2,523)
 2. Asset test requirement for applicant (\leq \$2,000)
 3. Countable asset limit on applicant's spouse (limit for 2022 is \leq \$137,400)

* FBR and spousal asset limit subject to change on annual basis

HCBS Waivers and Managed Care



| Population | Managed Care Rules |
|---|---|
| Waiver participants under 65 with MassHealth only | Required to enroll in an MCO, ACO, or PCC Plan |
| Waiver participants under 65 with MassHealth and Medicare (duals) | Must remain in Fee for Service. Can't be in a waiver <u>and</u> enrolled in One Care or PACE* |
| Waiver participants under 65 with MassHealth and commercial insurance | Must remain in Fee for Service. Individuals with MassHealth secondary to commercial insurance are not eligible for MassHealth managed care |
| Waiver participants 65+ with MassHealth and Medicare (duals) | Must remain in Fee for Service. Can't be in a waiver <u>and</u> enrolled in SCO or PACE |
| Waiver participants 65+ with MassHealth and no Medicare | EXCEPTION: FEW waiver participants may enroll in SCO plans, and the SCO must provide all MassHealth and waiver services. MassHealth members who qualify clinically for FEW can access SCO through HCBS Waiver expanded financial eligibility rules. |

* *PACE also has expanded financial eligibility rules, similar to the adult HCBS waivers.*

Frail Elder Waiver (EOEA)

For individuals 60 and older who are at a nursing facility Level of Care (but no requirement that applicants currently reside in or have been in a NF)

- EOEA is operating agency
 - ASAPs make clinical eligibility determinations and provide waiver case management
- Participants can live in their own home/apartment, family home, or Adult Foster Care (AFC)
- Provides a range of in-home support services, transportation, and family support to maximize independence and assist participants to remain in their homes
- Participants age 65+ have the option to enroll in Senior Care Options (SCO) plans to receive their waiver services
- Resource: Learn more about income standards for FEW at 130 CMR 519.007 (B)(2)(b) and 519.007 (B)(3)

MassHealth Personal Care Attendant (PCA) Program

Personal Care Attendant (PCA) Program



- The PCA Program 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
- To qualify for the program, a member must require hands-on assistance with at least two Activities of Daily Living (ADLs), such as: dressing, eating, toileting, mobility, bathing/grooming, passive range of motion, or assistance with medications
- If authorized for PCA services, a PCA consumer will receive support from a Personal Care Management (PCM) agency and Fiscal Intermediary (FI)

What's the Difference between PCA and FEW?



- The PCA program is a self-directed program that allows an individual to hire an attendant to assist with personal care. Personal care is included in the FEW through an agency model; the agency model of personal care includes assistance with supervision and cueing in addition to the direct hands-on assistance that may be provided in the PCA program
- The PCA program only covers physical hands-on assistance with ADLs and Instrumental Activities of Daily Living (IADLs). The PCA program does not cover assistance with cueing and supervision
- FEW also offers Adult Companion, Home Delivered Meals, Non-Medical Transportation, among a range of other services
- Resource: [PCA Consumer Handbook](#)

Resources

Response to COVID-19 Health Emergency



The COVID-19 national public health emergency declaration was extended, effective October 13, 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

Updated COVID-19 Public Health Emergency



Maintaining MassHealth Coverage (continue)

- The following members will have benefits reduced or closed based on normal program determination rules, as MassHealth is not required to maintain coverage during the FPHE:
 - individuals with time limited HSN, HSN Dental only, or CMSP only, and CHIP children who turn 19
- In preparation for the official end of the FPHE, MassHealth updated the COVID-19 process that's been in place since November 2021. Effective August 1, 2022, members' coverage types (e.g., Standard, CommonHealth, Family Assistance, CarePlus) will change only if the program determination results in a richer benefit
- Resource: [Eligibility Operations Memo \(mass.gov\)](#)

MassHealth's Response to COVID-19 Update (slide 1 of 3)



Economic Impact Payments: How MassHealth counts income and assets

- As a part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the federal government provided Economic Impact Payments (EIPs) to eligible individuals between March 2020 and March 2021
- Until the end of the federal public health emergency (FPHE), **EIPs are not countable as income and asset** for MassHealth eligibility purposes



MassHealth's Response to COVID-19 Update (slide 2 of 3)



- Pandemic Unemployment Assistance (PUA)
 - As a result of the CARES Act and the American Rescue Plan Act (ARPA), new programs were implemented and provided additional unemployment assistance to eligible individuals. **Until the end of the FPHE**, the following PUA programs are not countable and will not be included in determining income and asset eligibility:
 - Federal Pandemic Unemployment Compensation (FPUC);
 - Pandemic Unemployment Assistance (PUA);
 - Pandemic Emergency Unemployment Compensation (PEUC); and
 - any extensions of pandemic unemployment assistance under the CARES Act.



MassHealth's Response to COVID-19 Update (slide 3 of 3)



Retroactive Patient Paid Amount Reimbursements

- Per CMS guidance related to COVID-19 FPHE, members' Patient Paid Amounts (PPA) were not to increase between November 2020 and May 2021
 - MassHealth will not count full or partial PPA refunds as income or as an asset for the duration of the FPHE
 - Certain residents of skilled nursing facilities were eligible to receive a portion or, in some instances, a full refund of the PPA that was assessed between November 2020 and May 2021



My Ombudsman



My Ombudsman – For Help Accessing Services



- My Ombudsman is an independent organization that helps MassHealth members, including their families and caregivers, answer questions or address concerns about accessing benefits and services from MassHealth or their MassHealth health plan. They provide information about MassHealth benefits and rights and can help address problems. They can also explain how to file a grievance (a complaint) or an appeal (a review of a decision).
- Any MassHealth member can get assistance from My Ombudsman, including
 - members who receive their care via Fee For Service (FFS), or
 - members enrolled in:
 - Managed Care Organizations (MCOs)
 - Accountable Care Organizations (ACOs)
 - Primary Care Clinician (PCC) Plan
 - Members enrolled in the Massachusetts' Behavioral Health Partnership (MBHP) for their behavioral health services
 - One Care
 - Senior Care Options (SCO)
 - Program of All-Inclusive Care for the Elderly (PACE) organizations

My Ombudsman – Contact Information



My Ombudsman

Need help with your MassHealth benefits? We're here for you.

- **Phone:** 855-781-9898
- **Videophone:** 339-224-6831
- **Email:** info@myombudsman.org
- Nosotros hablamos Español
- Nou pale Kreyol
- हम हिंदी का प्रयोग करते हैं ।
- Hum Hindi kaa prayog karte hai
- We use ASL
- My Ombudsman uses an interpreter phone service for many other languages as needed
- For more information, visit us online at: www.myombudsman.org

Additional Resources



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.

<http://www.massdil.org/>

MassHealth Disability Ombudsman

- Voice: 617-847-3468
- TTY: 617-847-3788

Mass Options

<https://www.massoptions.org/massoptions/>

1-888-885-0484

One Care

<https://www.mass.gov/one-care>

Email us at: OneCare@state.ma.us

Senior Care Options (SCO)

<https://www.mass.gov/senior-care-options-sco>

PACE

<https://www.mass.gov/program-of-all-inclusive-care-for-the-elderly-pace>

MassHealth Customer Service Center
1-800-841-2900; TTY: 711

Certified Assistors



Certified Application Counselors

- The Commonwealth has approximately 1,100 Certified Application Counselor (CACs) spread across nearly all hospitals and Community Health Centers

Navigators

- The Commonwealth has selected and Certified 16 Navigator organizations

Go to www.MAhealthconnector.org, select “Help Center” to find local listings

Enrollment Assistors



SHINE (Serving the Health Insurance Needs of Everyone)

- SHINE Counselors assist elders and individuals with disabilities in understanding their Medicare and MassHealth benefits and other health insurance options
- For more information visit <http://www.mass.gov/elders/>
- To schedule an appointment call: 1-800-AGE-INFO (1-800-243-4636)

Update Your Contact Info Today!

- Members must update their information with MassHealth 10-days from the change of circumstance
- To stay connected, members should ensure their contact information: address, phone number, or email address is up to-date