



MassHealth and You

A guide for seniors and for
persons of any age needing
long-term-care services



IMPORTANT INFORMATION ABOUT VOTER REGISTRATION



Dear Applicant or Member:

The National Voter Registration Act of 1993 requires MassHealth to give you the opportunity to register to vote. Your decision to register to vote will not affect your eligibility for benefits.

If you would like a mail-in voter registration form sent to you, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

When you get the form, fill it out and send it to your city or town hall. If you have any questions about the voter registration process, or if you need help filling out the form, call one of the telephone numbers listed above.

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

**Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth**

MassHealth and You

A guide for seniors and for persons of any age needing long-term-care services

Introduction

MassHealth and Commonwealth Care provide a wide range of medical and other benefits. These programs are authorized by state and federal law.

MassHealth and You: A guide for seniors and for persons of any age needing long-term-care services is for Massachusetts residents who:

- are aged 65 or older and living at home; or
- are any age and are in or are waiting to go into a long-term-care facility; or
- are eligible under certain programs to get long-term-care services to live at home.

Effective for applications and eligibility review forms received on or after October 31, 2008, any individuals married under the laws of the Commonwealth of Massachusetts, regardless of gender, will be considered married for purposes of MassHealth eligibility and should represent their marital status to the MassHealth agency as married.

Please Note:

If you are disabled and working 40 hours or more a month or you have worked at least 240 hours in the six months immediately before the month of your MassHealth application, or if you are a parent or a caretaker relative* of children under the age of 19, or you are applying for certain disabled, immigrant children under the age of 19 who live in nursing homes or other long-term-care facilities, this guide may not be for you. Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) to find out if another booklet, the MassHealth Member Booklet, is for you.

* *A caretaker relative is an adult who is living with and related to the children under age 19, and who is the main caregiver of the children because neither parent of the children is in the home.*

The guide is divided into five parts.

- I Applying for MassHealth, Commonwealth Care, or the Health Safety Net—for Seniors Living at Home Including Persons Needing Long-Term-Care Services While Living at Home**
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- II Applying for MassHealth—for Persons in or Waiting to Go into a Long-Term-Care Facility**
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- III Special Income Eligibility Rules under MassHealth Standard for Persons Aged 65 or Older Needing Personal-Care-Attendant Services to Live at Home**
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- V Important Information You Should Know about MassHealth**
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Please keep this guide.

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

- applying for MassHealth, Commonwealth Care, or the Health Safety Net if you are a senior living at home,
- applying for MassHealth if you are in or are waiting to go into a long-term-care facility or need long-term-care services at home,
- eligibility rules including income and asset standards,
- U.S. citizen/national status and identity verification requirements*,
- immigration information for non-U.S. citizens (See page 3 for information about immigration status and eligibility for benefits.),
- the MassHealth coverage types,
- some of the services and benefits available under each coverage type,
- how to get MassHealth services and benefits,
- when your coverage begins,
- how accident and estate recovery rules affect you as a MassHealth member,
- real estate liens,
- your rights and responsibilities, and
- where to call for help.

* See pages 28-29 for a list of acceptable documents to prove U.S. citizenship/national status and identity.

This guide is intended only as a handy reference and does not give complete information about the eligibility rules or benefits under MassHealth. These details can be found in the MassHealth regulations at 130 CMR 515.000 through 522.000, 450.000, and 610.000.

The information in this guide reflects the rules and income standards in effect on March 1, 2013.

What U.S. citizens/nationals need to know about applying for MassHealth and Commonwealth Care

Federal law now requires that all U.S. citizens/nationals prove their citizenship and their identity when applying for MassHealth and Commonwealth Care. Additionally, state regulations require individuals prove their identity to be eligible for Health Safety Net. The most common forms of proofs for both U.S. citizenship and identity are a U.S. passport, a Certificate of Citizenship, a Certificate of Naturalization, or a document issued by a federally recognized American Indian tribe showing membership or enrollment in, or affiliation with, such tribe. U.S. citizenship/national status may also be proved with a U.S. public record of birth (birth certificate) or a Report of Birth Abroad of a U.S. Citizen. Identity may also be proved with a state driver's license containing the individual's photo, a government-issued identity card containing the individual's photo, or a U.S. military ID card. We may be able to prove your identity through the Massachusetts Registry of Motor Vehicles records if you have a Massachusetts driver's license or a Massachusetts ID card. Once you give MassHealth proof of your U.S. citizenship/national status and identity, you will not have to give us this proof again. You must give us proof of identity for all family members who are applying. **Seniors and disabled persons who get or can get Medicare or Supplemental Security Income (SSI), or disabled persons who get Social Security Disability (SSDI) do not have to give proof of their U.S. citizenship/national status and identity.** (See pages 28-29 for complete information about acceptable proofs.) In some cases, MassHealth tries to match information with other federal and state agencies to help prove citizenship and identity. For help getting proofs, like a Massachusetts birth record or information about how to get a birth record from another state, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

What qualified aliens and aliens with special status need to know about applying for MassHealth or Commonwealth Care

To get the type of MassHealth that covers the most benefits, or to get Commonwealth Care, a qualified alien or alien with special status* must submit immigration documents or other proof showing that immigration officials know you are living in the U.S.

* See the MassHealth regulations at 130 CMR 518.000 for more information.

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

A non-U.S. citizen does not have to submit any immigration documents with the MassHealth application if you are applying only for MassHealth Limited or the Health Safety Net. MassHealth Limited and the Health Safety Net have fewer benefits, but you do not need to give us any information about your immigration status.

To apply for MassHealth Limited or the Health Safety Net, you:

- do not need to give us any immigration documents; and
- do not need to have a social security number; but
- do need to give us proof of your income. If you do not have pay stubs or tax records, you can prove what your income is in other ways, like giving us a signed statement from the employer containing the gross (before taxes and deductions) pay and hours worked; and
- do need to give us proof of identity to be eligible for Health Safety Net.

Your application and the information on it will be kept confidential. This means that:

- your name and address will not be sent to immigration officials; and
- if you do not have a social security number, MassHealth will not match your information with other agencies.

Getting health care under MassHealth will not make it harder for you to get a green card (unless you live in a nursing home).

What visitors need to know about applying

Individuals who are not Massachusetts residents are not eligible for MassHealth or other health-care benefits that are funded by the Commonwealth of Massachusetts.

Please Note:

For more information about the immigration laws and public benefits, see the list of immigrant advocacy organizations at the end of this guide. They can give confidential answers to your questions about the immigration laws. **Your call and what you say will not be shared with anyone.**

MassHealth Disability Accommodation Ombudsman

MassHealth has an ombudsman to help members and applicants with disabilities get the accommodations they need. This office can also provide personal assistance by explaining MassHealth processes and requirements and helping you fill out forms over the telephone. People who are deaf, hard of hearing, or speech disabled can call on VRS or by TTY. You can always get help in person at a MassHealth Enrollment Center (MEC).

MassHealth can provide personal assistance by telephone or e-mail and can provide some publications in the following formats:

- large print;
- electronic; and
- Braille.

MassHealth Disability Accommodation Ombudsman

100 Hancock Street, 6th floor
Quincy, MA 02171
masshealthhelp@ehs.state.ma.us
617-847-3468

TTY: 617-847-3788 (for people who are deaf, hard of hearing, or speech disabled)

PART I

Applying for MassHealth, Commonwealth Care, or the Health Safety Net—for Seniors Living at Home Including Persons Needing Long-Term-Care Services While Living at Home

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Information about MassHealth, Commonwealth Care, or the Health Safety Net for Seniors Living at Home

Part I of this guide, “Applying for MassHealth, Commonwealth Care, or the Health Safety Net—for Seniors Living at Home Including Persons Needing Long-Term-Care Services While Living at Home,” gives *general* information about the MassHealth eligibility rules for persons who are aged 65 or older, live at home, and *generally do not need long-term-care services*. It also gives information about how to apply for MassHealth, Commonwealth Care, or the Health Safety Net. If you are not eligible for MassHealth, you may be eligible for Commonwealth Care or the Health Safety Net, which have different eligibility rules. For more information about Commonwealth Care and the Health Safety Net, see page 22 in this guide.

If you are in or are waiting to go into a long-term-care facility, read Part II of this guide, “Applying for MassHealth—for Persons in or Waiting to Go into a Long-Term-Care Facility.”

General Eligibility Rules

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

Residency

You must be a resident of Massachusetts to get any kind of MassHealth coverage. This means you actually live in Massachusetts and are not temporarily visiting here.

Income Rules

MassHealth compares your monthly income before deductions to certain limits that are set by law. These limits are based on a percentage of the federal poverty level, and are increased each year. The income limits are included in the MassHealth Income and Asset chart on page 6. If you are married and live with your spouse, we count both of your incomes in deciding if you can get MassHealth.

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

If you have income from working, we allow certain deductions. (Generally, we count only about half of your monthly income from working before deductions.)

Income Rules—the Deductible

If your income is too high to get MassHealth Standard*, Essential, or Limited, you will have a deductible. We can tell you how to get MassHealth by meeting your deductible.

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

To meet your deductible, you must have medical bills that equal or are greater than the amount of your deductible. You may use medical bills for you and your spouse. MassHealth will not pay for these medical bills—they are your responsibility. Also, the bills you use cannot be for services that are covered by other insurance that you or your spouse may have.

* Also, see Part III, “Special Income Eligibility Rules under MassHealth Standard for Persons Aged 65 or Older Needing Personal-Care-Attendant Services to Live at Home.”

General Asset Rules

MassHealth looks at the current value of any assets owned by you and compares them to the limits included in the MassHealth Income and Asset chart on page 6. If you are married and live with your spouse, we count the value of assets owned by you and your spouse.

Countable Assets

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

Noncountable Assets

Noncountable assets include:

- the home you live in if it is located in Massachusetts, unless you are getting long-term-care services in a long-term-care facility (see Part II of this guide)

Note: Although we do not count the value of your home, we may claim money from your estate after your death. For more information about estate recovery, see page 23.

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

Immigration Rules

MassHealth offers a wide range of medical benefits to U.S. citizens/nationals and certain documented aliens who meet MassHealth income and asset standards. Undocumented aliens and certain documented aliens who meet these standards may be eligible only for payment of certain emergency services under MassHealth Limited.

Immigrants may not have to pay MassHealth back for medical services they get under MassHealth, except for estate and accident recovery, even if they later apply for U.S. citizenship. For more information about accident and estate recovery, see page 23.

MassHealth will not give the Department of Homeland Security (DHS) any information about undocumented aliens who apply for MassHealth programs.

For more information about MassHealth immigration rules, see the MassHealth regulations at 130 CMR 518.000.



- ★ Even if your income is over this limit, you may still be eligible for MassHealth Standard if you lost your eligibility for Supplemental Security Income (SSI) because of an increase in your social security check.
- ◆ Even if your income is over this limit, you may still be eligible for MassHealth Standard if you are aged 65 or older and need personal-care-attendant services. See Part III.
- ▲ This figure is in effect as of March 1, 2013.

MassHealth Income and Asset Chart

Eligibility Rules for Individuals

IF your monthly income is...	AND your assets are at or below...	AND you...	THEN you may be eligible for...	WHAT to do...
at or below \$978 ★◆▲ (See “Income Rules - the Deductible” on page 4.)	\$2,000	are a U.S. citizen/national, or a documented alien (in certain cases)	payment of a wide range of medical benefits under MassHealth Standard or Essential	Fill out a Senior Medical Benefit Request.
at or below \$978 ▲ (See “Income Rules - the Deductible” on page 4.)	\$2,000	are an undocumented alien, or a documented alien, in certain cases (including foreign students, diplomats, or visitors)	payment of certain emergency medical services under MassHealth Limited	Fill out a Senior Medical Benefit Request.
at or below \$978 ▲	\$7,080	are eligible for Medicare	payment of your nonprescription drug Medicare premiums, copays, and deductibles through MassHealth Senior Buy-In	Fill out a Senior Medical Benefit Request.
below \$1,313 ▲	\$7,080	are eligible for Medicare	payment of your Medicare Part B premiums through MassHealth Buy-In	Fill out a MassHealth Buy-In Application.

Eligibility Rules for Married Couples Who Live Together

at or below \$1,313 ★◆▲ per couple (See “Income Rules - the Deductible” on page 4.)	\$3,000	are a U.S. citizen/national, or a documented alien (in certain cases)	payment of a wide range of medical benefits under MassHealth Standard or Essential	Fill out a Senior Medical Benefit Request.
at or below \$1,313 ▲ per couple (See “Income Rules - the Deductible” on page 4.)	\$3,000	are an undocumented alien, or a documented alien, in certain cases (including foreign students, diplomats, or visitors)	payment of certain emergency medical services under MassHealth Limited	Fill out a Senior Medical Benefit Request.
at or below \$1,313 ▲ per couple	\$10,620	are eligible for Medicare	payment of your nonprescription drug Medicare premiums, copays, and deductibles through MassHealth Senior Buy-In	Fill out a Senior Medical Benefit Request.
below \$1,765 ▲ per couple	\$10,620	are eligible for Medicare	payment of your Medicare Part B premiums through MassHealth Buy-In	Fill out a MassHealth Buy-In Application.

The services or benefits that are available under the MassHealth coverage types—Standard, Essential, Limited, Senior Buy-In, and Buy-In—are described in Part V.

Persons Living at Home Needing Long-Term-Care Services

People living at home (children as well as adults) who need more help than family members can give, may be able to get certain long-term-care services to help them live at home, instead of in a long-term-care facility. MassHealth offers three special programs that allow certain MassHealth Standard members to get these needed long-term-care services at home. These programs are called the Kaileigh Mulligan Program (Home Care for Disabled Children), PACE (Program of All-Inclusive Care for the Elderly), and Home- and Community-Based Services Waiver, and are briefly explained on the following pages.

Though these special programs are available under MassHealth Standard, each program has its own eligibility rules (including income and asset rules) that may be different from other MassHealth Standard eligibility rules.

Kaileigh Mulligan Program (Home Care for Disabled Children)

What it is and whom it is for

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

** If the disabled child does not need this level of care, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled) to find out about other MassHealth programs.*

How and where to apply

- Generally, referrals are made by Department of Public Health case managers or by the child's hospital social worker (who can give you a Senior Medical Benefit Request and help you apply for this program).

OR

- Call the MassHealth Enrollment Center at 1-800-408-1253 (TTY: 1-800-231-5698 for people who are deaf, hard of hearing, or speech disabled) for a Senior Medical Benefit Request, and for more information about this program.

PACE (Program of All-Inclusive Care for the Elderly) also called Elder Service Plan

What it is and whom it is for

- Allows certain frail people (aged 55 or older) who need help with daily personal care, and have a medical condition that needs regular attention, to live at home and remain as healthy and independent as possible
- Requires the need for a level of care* equal to that provided in a nursing facility
- Requires that the person get all (at-home and medical facility) services through a PACE-authorized health center
- Offers a wide range of medical and personal-care services (like meal delivery, transportation, day-health center participation, social services, prescriptions**, and nursing-facility placement, if necessary)
- Provides a PACE case manager to follow the patient's care
- Requires that the person live in a PACE service area

** An agency of the Massachusetts Executive Office of Elder Affairs (EOEA) that covers your local area reviews your medical need for long-term-care services for MassHealth.*

*** PACE provides your Medicare prescription drug coverage.*

How and where to apply

- Generally, referrals are made by the person's medical provider.
- MassHealth applicants and members may apply for the PACE program.
- Call the MassHealth Enrollment Center at 1-800-408-1253 (TTY: 1-800-231-5698 for people who are deaf, hard of hearing, or speech disabled) for a Senior Medical Benefit Request, and for more information about this program.

Home- and Community-Based Services Waiver

What it is and whom it is for

- Allows certain frail people (aged 60 or older) to live at home and get MassHealth Standard, including a wide range of medical and personal-care services at home (like homemaker, nonmedical transportation, and social-day care)
- Allows the person needing the at-home services, if married and living with his or her spouse, to have MassHealth eligibility determined without counting the income and assets of the other spouse (Also, see "How We Count Transfers of Income, Assets, and the Home" on page 12.)
- Requires the need for a level of care* equal to that provided in a nursing facility

* *An agency of the Massachusetts Executive Office of Elder Affairs (EOEA) that covers your local area reviews your medical need for long-term-care services for MassHealth.*

How and where to apply

- Generally, referrals are made by the person's medical provider or by a case manager.
OR
- Call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled) for a Senior Medical Benefit Request, and for more information about this program.

Applying for MassHealth, Commonwealth Care, or the Health Safety Net

How to apply

1. Fill out the Senior Medical Benefit Request (orange form).

Note: If you are applying for MassHealth through the Kaileigh Mulligan or PACE programs, you do not have to fill out Supplement A: LTC Questions. If you are applying for MassHealth through the Home- and Community-Based Services Waiver, you only need to fill out the "Resource Transfers" section of Supplement A on page 13.

2. Send us the filled-out and signed application with proof of:
 - your monthly income before taxes and deductions (like a copy of your pension stub or award letter). You do not need to send us proof of your social security or SSI income. If employed, send proof of your monthly employment income before taxes and deductions, such as two recent pay stubs or a U.S. tax return. If self-employed, send a U.S. tax return, or if no U.S. tax return has been filed, you may submit an Accounting of Business Income and Expenses sheet for the last 12 months signed by an accountant (or you, if no accountant was used). Current business records showing other relevant documents may be submitted as acceptable proof of self-employment;
 - the current value of your assets (like copies of your current bank statements**); and
 - your U.S. citizenship/national status and identity. (See pages 28-29 for complete information about acceptable proofs.) See page 3 for information about immigration status and eligibility for benefits.
3. Give us a social security number (SSN) or proof that you have applied for an SSN for you (and your spouse) if applying for MassHealth or Commonwealth Care. However, you do not need to give us an SSN or proof you have applied for an SSN to get MassHealth Limited or the Health Safety Net.

4. After you have filled out the Senior Medical Benefit Request (SMBR) and any needed supplements, either **send** your filled-out Senior Medical Benefit Request to

MassHealth Enrollment Center
 Central Processing Unit
 P.O. Box 290794
 Charlestown, MA 02129-0214

or **hand deliver** it to




MassHealth Enrollment Center
 Central Processing Unit
 Schrafft's Center
 529 Main Street, Suite 1M
 Charlestown, MA 02129.

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

You must be a resident of Massachusetts to get any kind of MassHealth coverage. This means you actually live in Massachusetts and are not temporarily visiting here.

Where to call

1. Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) if you need a Senior Medical Benefit Request, a *MassHealth and You* guide in another language, or interpreter services.
2. Call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled):
 - if you need help filling out the SMBR; or
 - if you have any questions about the application process.

 Senior Medical Benefit Request for Seniors and People Needing Long-Term-Care Services				For office use only Date received: _____			
<small>This is an application for MassHealth Commonwealth Care, and the Health Safety Net. You do not have to be a U.S. citizen/national to get these benefits. Please print clearly. Please answer all questions and fill out all sections and any supplements that apply to you. If you need more space to finish any section on this form, please use a separate sheet of paper (include your name and social security number), and attach it to this form.</small>							
You MUST answer ALL three questions in the following section.							
<small>Are you or your spouse applying for:</small>							
1. MassHealth or the Health Safety Net while still living at home, in a rest home, in an assisted-living facility, a continuing-care retirement community, or a life-care community? You <input type="checkbox"/> yes <input type="checkbox"/> no Your spouse <input type="checkbox"/> yes <input type="checkbox"/> no							
2. MassHealth while still living at home or in one of the living situations described in question #1 above AND also either applying for or getting services under a Home- and Community-Based Services Waiver, PAIC (Program of All-Inclusive Care for the Elderly), or SDO (Senior Care Options)? You <input type="checkbox"/> yes <input type="checkbox"/> no Your spouse <input type="checkbox"/> yes <input type="checkbox"/> no							
3. MassHealth because you are living in a medical institution, like a nursing home or chronic hospital? You <input type="checkbox"/> yes <input type="checkbox"/> no Your spouse <input type="checkbox"/> yes <input type="checkbox"/> no							
<small>If you are applying for or getting long-term-care services at home under a Home- and Community-Based Services Waiver, or in a nursing home or chronic hospital, you must also fill out all or part of the blue sheet (Supplement A: Long-term-Care Questions) at the end of this application.</small>							
Head of Household/Applicant							
Last name		First name	MI	Street address	City	State	Zip
Mailing address (if different from street address or if living in a shelter) <input type="checkbox"/> homeless					City	State	Zip
Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/> divorced		Is this person a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no		Gender	<input type="checkbox"/> M <input type="checkbox"/> F		
Social security number*		Date of birth	/ /	Race (optional)	Ethnicity (optional)		
Spoken language choice		Written language choice		E-mail			
Telephone numbers: Home: () () ()		Cell: () () ()		Work: () () ()			
Name and address of hospital, nursing facility, or other institution (if applicable)							
Date of admission / /		Were you placed here by another state? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, what state?			
Spouse Information							
Last name		First name	MI	Social security number*			
Is this person applying? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, is this person a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no		Date of birth	/ /	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Race (optional)		Ethnicity (optional)		Spoken language choice		Written language choice	
Address, if different from head of household							
Is this a hospital, nursing facility, or other institution? <input type="checkbox"/> yes <input type="checkbox"/> no							
* Not required if applying for MassHealth Limited or the Health Safety Net.							
 SMBR (Rev. 01/13)		1		Please go to the next page			

PART II

Applying for MassHealth — for Persons in or Waiting to Go into a Long-Term-Care Facility

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Long-Term-Care Information

Part II of this guide, “Applying for MassHealth—for Persons in or Waiting to Go into a Long-Term-Care Facility,” gives *general* information about the special eligibility rules for persons who are in or are waiting to go into a long-term-care facility. If you meet these special rules, MassHealth may be able to pay for your care in a long-term-care facility. Part II also gives information about how to apply for MassHealth.

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

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

Long-term-care services are the types of services needed if you are frequently ill and/or permanently disabled and need help, or cannot take care of yourself. These include medical and personal-care services. Generally, people get long-term-care services while they are in a long-term-care facility.

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

- be eligible for MassHealth Standard as a person who is:
 - ◆ aged 65 or older;
 - ◆ aged 19 through 64 and disabled according to the Social Security Administration’s disability rules, or be pregnant; or
 - ◆ under age 19;
- be determined by MassHealth as medically needing long-term-care services; and
- prove that you (and your spouse) meet certain income and asset rules.

General Long-Term-Care Eligibility Rules

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

Residency

You must be a resident of Massachusetts to get any kind of MassHealth coverage. This means you actually live in Massachusetts and are not temporarily visiting here.

General Asset Rules

MassHealth looks at the current value of any assets owned by you and compares them to certain limits (see the Asset Rules section under “Amount You and Your Spouse Can Keep” on page 11). If you are married and live with your spouse, we count the value of assets owned by you and your spouse.

Countable Assets

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

Noncountable Assets

Noncountable assets include:

- the home you live in if it is located in Massachusetts and meets other eligibility requirements. If you move out of your home to live in a long-term-care facility or other medical institution, other rules may apply. See “How We Count Assets and the Home” on page 11.
- one vehicle for each household
- life-insurance policies for both you and your spouse if the total face value for **each of you** is \$1,500 or less (Face value of term policies is **not** counted.)
- burial plots
- up to \$1,500 per person for you and your spouse that is specifically set aside for funeral and burial expenses. This amount:
 - ◆ must be in separate, identifiable accounts; or
 - ◆ may be in the form of life-insurance policies specifically set up for funeral and burial expenses if the total face value for **each of you** is \$1,500 or less.
- an irrevocable burial trust or prepaid irrevocable burial contract set up in reasonable amounts for future payment of funeral or burial expenses

Immigration Rules

MassHealth offers a wide range of medical benefits to U.S. citizens/nationals and certain documented aliens who are eligible for MassHealth Standard.

Immigrants may not have to pay MassHealth back for medical services they get under MassHealth, except for estate and accident recovery, even if they later apply for U.S. citizenship. For more information about accident and estate recovery, see page 23.

For more information about MassHealth immigration rules, see the MassHealth regulations at 130 CMR 518.000.

Asset Rules for People Who Are in or Are Waiting to Go into a Long-Term-Care Facility

Amount You and Your Spouse Can Keep

- You may keep \$2,000.
- Your spouse at home may keep up to a certain amount, which changes every January. This amount may also be increased as a result of an appeal. (See the MassHealth regulations at 130 CMR 520.016.) MassHealth must follow special rules when determining how much the spouse at home may keep.

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

How We Count Assets and the Home

If the equity interest in your home is over \$802,000, you may be ineligible for payment of long-term-care services, unless one of the following relatives is living in your home:

- your spouse;
- a permanently and totally disabled child;
- a blind child; or
- a child under the age of 21.

In certain cases, MassHealth may waive this requirement if undue hardship exists.

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

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

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

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

Note: Although we may not count the value of your home, we may claim money from your estate after your death, or from the sale of your home while you are in a long-term-care facility. For more information about real estate liens and estate recovery, see below and page 23.

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

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

The transfer rules apply to:

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

If you got MassHealth and you transferred property for less than what it was worth, MassHealth may take legal action to set aside the transfer. (This means that a court may determine that you still legally own the property.) For more information about estate recovery, see page 23.

See the MassHealth regulations at 130 CMR 520.018 and 520.019 for more information.

Liens on Property, Including the Home

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

- your spouse;
- a sibling with a legal interest who has lived there for at least one year immediately before your going into a long-term-care facility;
- a permanently and totally disabled child;
- a blind child; or
- a child under the age of 21.

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

In certain cases, MassHealth may decide not to use its lien during a person's lifetime to get paid back for long-term-care services. For information about recovery and long-term-care insurance, see pages 23 and 24.

See the MassHealth regulations at 130 CMR 515.012 for more information.

The Patient-Paid Amount

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

A personal needs allowance

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

A spousal maintenance needs allowance

A deduction, based on financial need, for the living expenses of your spouse who is living at home. The minimum allowance changes every July, and the maximum allowance changes every January, and can vary if your spouse has extra shelter expenses. (See the MassHealth regulations at 130 CMR 520.026.) The

maximum amount can be higher as a result of an appeal or a court order.

A family maintenance needs allowance

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

A home maintenance allowance

A deduction for your home expenses if you are single and a medical decision has been made that you are expected to return home within six months. The current monthly allowance is \$931. (This amount is in effect as of March 1, 2012.)

A medical expense allowance

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

Applying for MassHealth

How to apply

1. Fill out the Senior Medical Benefit Request (orange form) including Supplement A: Long-Term-Care (LTC) Questions (blue sheet).
2. Send us the filled-out and signed application and Supplement A: LTC Questions with proof of:
 - your monthly income before taxes and deductions (like a copy of your pension stub or award letter). You do not need to send us proof of your social security or SSI income. If employed, send proof of your monthly employment income before taxes and deductions, such as two recent pay stubs or a U.S. tax return. If self-employed, send a U.S. tax return, or if no U.S. tax return has been filed, you may submit an Accounting of Business Income and Expenses sheet for the last 12 months signed by an accountant (or you, if no accountant was used). Current business records showing other relevant documents may be submitted as acceptable proof of self-employment;
 - the current value of your assets (like copies of your current bank statements*); and

- your U.S. citizenship/national status and identity. (See pages 28-29 for complete information about acceptable proofs.) See page 3 for information about immigration status and eligibility for benefits.

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

3. Give us a social security number (SSN) or proof that you have applied for an SSN for you (and your spouse) if applying for MassHealth or Commonwealth Care. However, you do not need to give us an SSN or proof you have applied for an SSN to get MassHealth Limited.
4. After you have filled out the Senior Medical Benefit Request (SMBR) and any needed supplements, either **send** your filled-out Senior Medical Benefit Request to

MassHealth Enrollment Center
Central Processing Unit
P.O. Box 290794
Charlestown, MA 02129-0214

or **hand deliver** it to

MassHealth Enrollment Center
Central Processing Unit
Schrafft's Center
529 Main Street, Suite 1M
Charlestown, MA 02129.

You must be a resident of Massachusetts to get any kind of MassHealth coverage. This means you actually live in Massachusetts and are not temporarily visiting here.

Where to call

1. Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) if you need a Senior Medical Benefit Request, a *MassHealth and You* guide in another language, or interpreter services.
2. Call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled):
 - if you need help filling out the SMBR; or
 - if you have any questions about the application process.

PART III

Special Income Eligibility Rules under MassHealth Standard for Persons Aged 65 or Older Needing Personal-Care-Attendant Services to Live at Home*

* Part III applies only to persons with income over 100% of the federal poverty level (see chart below). Persons of any age with income at or below 100% of the federal poverty level do not need to meet these special income eligibility rules to get MassHealth or to get PCA services paid for by MassHealth.

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

If, according to the chart on page 15, we decide that your income is over 100% of the federal poverty level and you are aged 65 or older, we may be able to count less of your nonworking income when deciding if you can get MassHealth. **Special MassHealth eligibility rules would then apply, which are explained below.**

What does MassHealth mean by PCA services?

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

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

Who can get MassHealth PCA services?

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

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

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

If you are now getting or you think you may need PCA services because of your disability, you may tell us when you fill out a Senior Medical Benefit Request (if you are applying for MassHealth) or a MassHealth Eligibility Review form (if you are already a MassHealth member). Each of these forms has a separate PCA section with four questions about your need for PCA services, as explained below.

- You must answer the first question in the PCA section.
- If you are now getting MassHealth PCA services, and want to continue getting MassHealth PCA services, answer **only** the first question in the PCA section. MassHealth will send you a notice telling you about our decision.
- If you think you need PCA services, you must also answer the second, third, and fourth questions in the PCA section. **If you answer "YES" to these last three questions,** you must also fill out the PCA Supplement (gold form). The PCA Supplement is enclosed with the Senior Medical Benefit Request and the eligibility review form.

What happens next?

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

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

If we decide that you need PCA services, and we count less of your income, **and** we decide you can get MassHealth:

- you must contact a MassHealth personal-care-management (PCM) agency to set up PCA services within 90 days of the date we decide you can get MassHealth. To get a list of MassHealth PCM agencies, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled); and
- we will tell you if you need to give us proof that you have contacted a MassHealth PCM agency.

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

To find out more about the MassHealth Personal-Care-Attendant Program, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

100% Federal Poverty Level Income Chart

Family size	Your monthly income is over
You	\$978
You and your spouse	\$1,313

These figures are in effect as of March 1, 2013.



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Other Benefits 16

Senior Care Options (SCO) Health Care

What it is and whom it is for

- May allow persons who are 65 years of age or older and get Medicare and MassHealth Standard, or just MassHealth Standard, to be eligible to join a coordinated health plan called Senior Care Options (SCO).
- Offers a program that combines health-care services with social-support services to help you stay as healthy and independent as possible.
- Offers 24-hour access to a SCO doctor or nurse, as well as to a team of medical and other professionals. This team works together as part of a network called a senior care organization to provide you with care that is specifically designed to meet your needs as a senior.
- Covers all the health-care services you get from MassHealth. If you have Medicare, those services are covered too. Once you are a SCO member, all your services must only come from your senior care organization and its network of providers.
- Covers all health and personal-care services including: primary care and specialty physician visits, regular preventive health-care services, prescription drugs*, lab and X rays, emergency care, inpatient hospitalization, mental health and substance-abuse treatment services, nursing-facility care, transportation for medical care, and other services that are in your health-care plan.
- You do not have to join SCO. But, depending on your particular needs, SCO may be a good choice for you. And, if you join SCO and decide later that it is not right for you, you can disenroll and go back to regular MassHealth.

* SCO provides your Medicare prescription drug coverage.

Where to call

Senior Care Options at 1-888-885-0484 (TTY: 1-888-821-5225 for people who are deaf, hard of hearing, or speech disabled).

Other Benefits

The following MassHealth benefits are some of the wide range of community, residential, and institutional long-term supports available to persons 65 years of age or older or disabled persons who live at home or need nursing-facility care.

Type of benefit

Group Adult Foster Care

If you need help with daily personal care and need to live in supported housing or an assisted living residence**, group adult foster care may be right for you.

*** If applying for group adult foster care in assisted living, the SSI-G living arrangement through the Social Security Administration may be an option.*

Adult Foster Care

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

Adult Day Health

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

Day Habilitation Program

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

Nursing-Facility Care

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

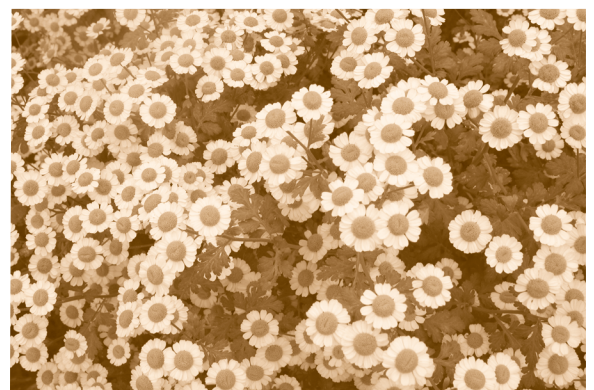
Requirements to be met

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

** Not required for the Day Habilitation Program*

Where to call

For general financial questions about MassHealth: MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).



Important Information You Should Know about MassHealth

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Commonwealth Care, and Health Safety Net . 28

- Hospice services-special rules apply
- Pharmacy (Note 2)
- Transportation-special rules apply
- Personal-care-attendant services-special rules apply
- Long-term-care services-special rules apply
- Chronic-disease and rehabilitation inpatient hospital services-special rules apply
- Adult day health and adult foster care
- Care and services related to an organ transplant procedure (if approved)
- Payment of Medicare cost sharing-Medicare Part A and B premiums and nonpharmacy Medicare copayments and deductibles

MassHealth Coverage Types and Benefits

The MassHealth coverage types are briefly explained on the following pages. If you have a question about which services are covered, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

Standard

MassHealth Standard is the most complete coverage offered by MassHealth. It pays for a wide range of health-care benefits **and is the only coverage that pays for long-term-care services.**

Coverage Start Date (if eligible)

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

Covered Services

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

- Inpatient hospital services (Note 1)
- Outpatient services: hospitals, clinics, doctors, dentists, home-health care
- Medical services (Note 1): lab tests, X rays, therapy, prescription drugs (Note 2), dentures, eyeglasses, hearing aids, medical equipment and supplies
- Mental health and substance abuse services: inpatient and outpatient

Get MassHealth Card?

Yes. You must show your MassHealth card to your doctor or other health-care provider whenever you get medical care. If you also have other health insurance, be sure to show all cards.

Essential

MassHealth Essential is available to seniors who meet the income and asset rules for MassHealth Standard, but have an immigration status that keeps them from getting MassHealth Standard. It pays for a wide range of health-care benefits.

Coverage Start Date (if eligible)

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

Covered Services

For MassHealth Essential, covered services include the ones listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services (Note 1)
- Outpatient services: hospitals, clinics, doctors, dentists
- Medical services (Note 1): lab tests, X rays, therapy, prescription drugs (Note 2), dentures, medical equipment and supplies
- Mental health and substance abuse services: inpatient and outpatient

- Pharmacy (Note 2)
- Ambulance transportation for an emergency medical condition only

Get MassHealth Card?

Yes. You must show your MassHealth card to your doctor or other health-care provider whenever you get medical care. If you also have other health insurance, be sure to show all cards.

Limited

MassHealth Limited is available to seniors who meet the income and asset rules for MassHealth Standard or MassHealth Essential, but have an immigration status that keeps them from getting MassHealth Standard or Essential. Limited members can get emergency medical services **only**.

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

Coverage Start Date (if eligible)

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

Covered Services

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

- Inpatient hospital services: emergency services only
- Outpatient hospital services: emergency services and emergency visits to emergency departments
- Certain medical services provided by doctors and clinics outside of a hospital
- Pharmacy services for treating an emergency medical condition
- Ambulance transportation for an emergency medical condition only

Get MassHealth Card?

Yes. You must show your MassHealth card to your doctor or other health-care provider whenever you get medical care. If you also have other health insurance, be sure to show all cards. Certain members must show their MassHealth Limited approval letter to their doctor or other health-care provider.



Senior Buy-In Qualified Medicare Beneficiaries (QMB)

Payment of your Medicare Parts A and B premiums and nonpharmacy Medicare copayments and deductibles. (Certain MassHealth Standard members may also get this benefit.)

Coverage Start Date (if eligible)

Coverage begins on the first day of the month after the date MassHealth decides that you can get MassHealth.

Covered Services

Medicare Parts A and B premiums and nonpharmacy Medicare copayments and deductibles

Get MassHealth Card?

Yes. You must show your MassHealth and Medicare cards to your doctor or other health-care provider whenever you get medical care. If you also have other health insurance, be sure to show all cards.

Buy-In

Payment of your Medicare Part B premiums only.

Coverage Start Date (if eligible)

Coverage begins on the date MassHealth gets your filled-out and signed MassHealth Buy-In application and may begin up to three months before the month of your application if you can prove you would have met the eligibility rules.

Covered Services

Medicare Part B premium payment

Get MassHealth Card?

No.

Buy-In

Certain MassHealth Standard members who live in a long-term-care facility may also get this benefit.

Coverage Start Date (if eligible)

Coverage begins on the date MassHealth gets your filled-out and signed MassHealth Buy-In application and may begin up to three months before the month of your application if you can prove you would have met the eligibility rules.

Covered Services

Medicare Part B premium payment

Get MassHealth Card?

Yes. You must show your MassHealth and Medicare cards to your doctor or other health-care provider whenever you get medical care. If you also have other health insurance, be sure to show all cards.

Note 1: There may be some limitations, including age.

Note 2: If you are eligible for both Medicare and MassHealth, Medicare provides most of your prescription drug coverage through a Medicare prescription drug plan. This means you must choose and enroll in a Medicare prescription drug plan. If you do not choose a drug plan, Medicare will choose one for you. You may change plans at any time.

A complete listing and details of the covered services can be found in the MassHealth regulations at 130 CMR 450.105, 130 CMR 415.000 (inpatient hospital services), and 130 CMR 407.000 (transportation services). More information on copayments can be found at 130 CMR 450.130.

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

Prior approval

For some medical services, your doctor or health-care provider has to get approval from MassHealth first. This is called “prior approval.” Medical services that are covered by Medicare do not need prior approval from MassHealth.

If you have other health insurance

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

Out-of-pocket expenses

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

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

Out-of-state emergency treatment

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

If an emergency occurs while you are out of state, show your MassHealth card and any other health-insurance cards you have, if possible. Also, be sure to call MassHealth Customer Service at 1-800-841-2900 (TTY:

1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) within 24 hours of the emergency treatment, or as soon as you can.

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

Other Things You Need to Know

Our decision

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

- If you are eligible, the notice will tell you the date your coverage begins. See the MassHealth Benefits chart on page 20 for information about services and benefits that are available under each coverage type.
- If you have a deductible, the notice will tell you how we determined the deductible amount and what you need to do to meet the deductible.
- If you have to pay a patient-paid amount (PPA) to the long-term-care facility, the notice will tell you the amount and how we determined the PPA.
- If you are not eligible, the notice will tell you the reason and how to appeal our decision. See page 25.

The MassHealth card

If you are eligible for MassHealth Standard, MassHealth Essential, MassHealth Limited, or MassHealth Senior Buy-In, you will get a MassHealth card. If you were getting MassHealth Basic before being changed to MassHealth Limited, you can use your MassHealth card. You must show your MassHealth card to your doctor or other health-care provider whenever you get medical care. If you have a MassHealth card and have other health insurance, be sure to show all cards. Commonwealth Care-only members will get a health-insurance card from the health plan they choose. Those determined to be low-income for the purposes of the Health Safety Net (HSN) will not get a card. If you are eligible for HSN services, hospitals and community health centers will check to determine if they can get reimbursement for services provided to you and your spouse.

Copay information for American Indians/ Alaska Natives

American Indians and Alaska Natives who have received or are eligible to receive a service from an Indian health-care provider or from a non-Indian health-care provider through referral from an Indian health-care provider are exempt from paying copays and premiums as MassHealth members.

Health Safety Net

The Health Safety Net (HSN) pays hospitals and community health centers for certain services provided to low-income patients. The HSN is administered by the Executive Office of Health and Human Services. Providers may be paid for eligible services to low-income patients (Massachusetts residents with family income at or below 400% of the federal poverty level). By signing a MassHealth application or review form, applicants or members acknowledge that the Commonwealth of Massachusetts may contact their employers, in accordance with the Health Safety Net regulations, if they or their dependents get services from a hospital or a community health center that are paid for by the Health Safety Net. For information, contact the Health Safety Net at 1-877-910-2100.

A more detailed description of the Health Safety Net regulations can be found at 114.6 CMR 13.00.

Commonwealth Care

Commonwealth Care is a program of health-care coverage administered by the Commonwealth Health Insurance Connector Authority (“the Health Connector”) for certain seniors who are not eligible for MassHealth or Medicare. Commonwealth Care helps pay for health-insurance premiums for health plans that are approved by the Health Connector. You may be eligible if:

- your and your spouse’s monthly income before taxes and deductions is at or below 300% of the federal poverty level;
- you are uninsured; and
- you are a U.S. citizen/national, qualified alien, or alien with special status.

MassHealth compares your and/or your spouse’s monthly income (before taxes and deductions) to the applicable federal poverty level in the chart below. If you get income on a

weekly basis, we multiply the weekly income by 4.333 to get a monthly amount.

Federal Poverty Levels (Monthly)

Family Size	150%	200%	250%	300%
1	\$1,437	\$1,915	\$2,394	\$2,873
2	\$1,939	\$2,585	\$3,232	\$3,878

MassHealth updates the federal poverty levels each year based on changes made by the federal government. The income levels above reflect the standards as of March 1, 2013.

Once MassHealth determines that you are eligible for Commonwealth Care, the Health Connector will help you enroll in a Commonwealth Care health plan.

For those members whose incomes are:

- at or below 100% of the federal poverty level, there are no premiums and only minimal copayments;
- between 100% and 150% of the federal poverty level, there may be monthly premiums and there are copayments for certain services; or
- above 150% of the federal poverty level, there are monthly premiums and copayments for certain services.

The amount of the premium is based on your and/or your spouse’s monthly income before taxes and deductions, as it compares to the federal poverty level. For reporting changes and for information about enrollment in health plans, premiums, copays, and any other program information, call the Commonwealth Care Customer Service Center at 1-877-623-6765 (1-877-MA-ENROLL) (TTY: 1-877-623-7773 for people who are deaf, hard of hearing, or speech disabled).

Commonwealth Care regulations can be found at 956 CMR 3.00.

How we use your social security number

You must give us a social security number (SSN) or proof that you have applied for an SSN for you (and your spouse) if applying for MassHealth or Commonwealth Care. However, you do not need to give us an SSN or proof you have applied for an SSN to get MassHealth Limited or the Health Safety Net.

We will use your social security number (SSN) to check information you have given us. We will also use it to detect fraud, to see if anyone is getting duplicate benefits, or to see if others (a “third party”) should be paying for services. We may match your SSN or the SSN of your spouse.

SSN files may be matched with computer files, including files of the Internal Revenue Service, Social Security Administration, Alien Verification Information System, Centers for Medicare and Medicaid Services, Registry of Motor Vehicles, Department of Revenue, Department of Transitional Assistance, Department of Industrial Accidents, Division of Unemployment Assistance, Department of Veterans’ Services, Bureau of Special Investigations, Department of Public Health’s Bureau of Vital Statistics, insurance companies, and banks and other financial institutions.

If you or your spouse is in an accident

If you or your spouse is in an accident or is injured in some other way, and gets money from a third party because of that accident or injury, you will need to use that money to repay: (1) MassHealth (for MassHealth) or the Health Connector or your current health insurer (for Commonwealth Care) for certain medical services provided (For MassHealth, these certain medical services are explained below. For Commonwealth Care, these certain medical services must have been provided to you by your health insurer.); or (2) the Health Safety Net for medical services reimbursed for you and your spouse by the Health Safety Net. You must tell MassHealth (for MassHealth), your health insurer (for Commonwealth Care), or the Health Safety Net in writing, within 10 calendar days, or as soon as possible, if you file any insurance claim or lawsuit because of an accident or injury to you or your spouse applying for benefits.

Third parties who might give you or your spouse money because of an accident or injury include a person or business who may have caused the accident or injury, an insurance company, and other sources, like workers’ compensation.

If you or your spouse is applying for MassHealth because of an accident or injury, you will need to use that money to repay the costs paid by MassHealth for all medical services you or your spouse gets.

If you or your spouse is in an accident, or is injured in some other way, after becoming eligible for MassHealth, you will need to use that money to repay only the costs paid by MassHealth for medical services provided because of that accident or injury.

For more information about money you get because of an accident or injury, see the MassHealth regulations at 130 CMR 517.011 and Chapter 118E of the Massachusetts General Laws.

Recovery from certain members who die

MassHealth has the right to get back money from the estates of certain MassHealth members after they die. In general, the money that must be repaid is for services paid by MassHealth for a member:

- after the member turned age 55; and
- at any age while the member was permanently in a long-term-care facility.

Under current practice, this does not apply to Commonwealth Care.

Protections and exceptions to the estate recovery rule above.

- If a deceased member leaves behind a spouse, or a child who is blind, permanently and totally disabled, or under age 21, MassHealth will not require repayment while any of these persons are still living.
- If real property, like a home, must be sold to get money to repay MassHealth, MassHealth, in limited circumstances, may decide that the estate does not need to repay MassHealth. The property must be left to a person who meets certain financial standards, and who has lived in the property, without leaving, for at least one year before the now-deceased member got MassHealth. Also, certain income, resources, and property of American Indians and Alaska Natives may be exempt from recovery.

- In addition, when a member is eligible for both MassHealth and Medicare, MassHealth will not recover Medicare cost-sharing benefits (premiums, deductibles, and copayments) paid on or after January 1, 2010, for persons who got these benefits while they were aged 55 or older.
- In addition, if the member, on the date of admission to the long-term-care facility, had certain long-term-care insurance*, the estate of a MassHealth member does not have to repay MassHealth for nursing facility and other long-term-care services.

** The long-term-care insurance must meet the rules of the Division of Insurance under 211 CMR 65.09, and MassHealth regulations at 130 CMR 515.014. The member must also have been living in a long-term-care facility and told MassHealth that he or she did not intend to return home.*

For more information about estate recovery and real estate liens, see the MassHealth regulations at 130 CMR 515.011 and 515.012, and Chapter 118E of the Massachusetts General Laws.

Repayment from Annuities

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

See the MassHealth regulations at 130 CMR 520.007(j)(1) and (2) for more information.

Certificates of Creditable Coverage

When your MassHealth coverage ends, MassHealth will give you a Certificate of Creditable Coverage if you were getting MassHealth Standard, CommonHealth, or Essential. If you have a continuing medical condition when you enroll in a new health plan offered by other insurance, this certificate may allow you to shorten the waiting period or have no waiting period before coverage begins. More information is given on the Certificate.

Signing up to vote

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

Your Rights and Responsibilities

As a MassHealth applicant or member, you have certain rights and responsibilities.

Confidential and fair treatment

You have the right to confidential and fair treatment.

- MassHealth cannot discriminate against you because of race, color, sex, age, handicap, country of origin, sexual orientation, religion, or creed.
- MassHealth is committed to keeping confidential the personal information you give us during your application for and receipt of MassHealth benefits. We use the information you give us only for the administration of MassHealth. This means that we may need to share this information with our contractors and other entities. Any information we share must be kept confidential by that party. All personal information MassHealth has about any applicant or member, including medical data or health status, is confidential. This information may not be released for uses other than the administration of MassHealth without your permission or a court order. You can give us your permission in two different ways: 1) by filling out a MassHealth Eligibility Representative Designation Form; or 2) by giving us written permission to share your personal health information.

Eligibility representative

An eligibility representative is someone you choose to help you with some or all of the responsibilities of applying for or getting MassHealth. This person must know enough about you to take responsibility for the correctness of the statements made during the eligibility process. An eligibility representative may fill out an application or review form and other MassHealth eligibility forms, give MassHealth proof of information given on applications, review forms, and other MassHealth forms, report changes in your income, address, or other circumstances, and get copies of all MassHealth eligibility notices sent to you.

An eligibility representative can be a friend, family member, relative, or other person who has a concern for your well-being and who agrees to help you. An eligibility representative is a person you choose. MassHealth will not choose an eligibility representative for you. To designate someone to be your eligibility representative, you and your eligibility representative must fill out a MassHealth Eligibility Representative Designation Form, which is included in the application packet, or you can call us to get one.

An eligibility representative can also be someone who has been appointed by law to act on your behalf or on behalf of your estate. This person must fill out the applicable parts of the MassHealth Eligibility Representative Designation Form, and either you or this person must submit to MassHealth a copy of the applicable legal document stating that this person is lawfully representing you or your estate. This person may be a legal guardian, conservator, holder of power of attorney, or health-care proxy, or if the applicant or member has died, the estate's administrator or executor.

Permission to Share Information

If you want us to share your personal health information, including sending copies of your eligibility notices, with someone who is not your eligibility representative, you can do this by giving us written permission. We have a form you can use to do this. You can call us to get the MassHealth Permission to Share Information Form.

Interpreter services

You have the right to get interpreter services and/or help in translating any MassHealth form or notice.

Reporting changes

You must tell us about any changes that may affect your eligibility, including, but not limited to, any changes in:

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

within 10 days of the changes or as soon as possible.

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

MassHealth and other health insurance

To get and keep MassHealth, you must:

- apply for and enroll in any health insurance available to you at no cost, including Medicare; and
- keep Medicare coverage if you already have it.

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

Giving correct information

If you, or anyone acting on your behalf, gives us incorrect or false information, your MassHealth benefits may end. This may also result in fines, imprisonment, or both.

Our decision and your right to appeal

You have the right to ask for a fair hearing to appeal decisions MassHealth makes about your MassHealth eligibility and about your MassHealth benefits and services.

MassHealth notices have information on the back that explains how to ask for a fair hearing and how much time you have to ask for one. See page 26 to find out where to send your fair hearing request.

If you have questions about a MassHealth notice or how to ask for an appeal, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled). If you have questions about a Commonwealth Care appeal that is about services or premiums, call the Commonwealth Care Appeals Unit at 617-933-3096. If you have questions about a Health Safety Net grievance, call the Health Safety Net Customer Service Center at 1-877-910-2100.

Where to Call for Help

Topic	Call
<ul style="list-style-type: none"> <input type="checkbox"/> How to get a Senior Medical Benefit Request (including Supplement A: LTC Questions) <input type="checkbox"/> How to get a Long-Term-Care Supplement or a PCA Supplement <input type="checkbox"/> How to get a MassHealth Buy-In Application <input type="checkbox"/> Where to send the Senior Medical Benefit Request (including Supplement A: LTC Questions) <input type="checkbox"/> General eligibility information <input type="checkbox"/> Covered medical services <input type="checkbox"/> How to get interpreter services <input type="checkbox"/> How to get proofs <input type="checkbox"/> MassHealth premiums <input type="checkbox"/> How to find a MassHealth provider <input type="checkbox"/> Emergency services – out of Massachusetts 	<p>MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled)</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Member eligibility information <input type="checkbox"/> How to get MassHealth forms <input type="checkbox"/> Your eligibility notice <input type="checkbox"/> How to ask for a fair hearing to appeal MassHealth decisions <input type="checkbox"/> How to meet your deductible <input type="checkbox"/> Your long-term-care patient-paid amount (PPA) <input type="checkbox"/> Where to report changes <input type="checkbox"/> How to replace a MassHealth card <input type="checkbox"/> Information to process case <input type="checkbox"/> Examples of acceptable proofs 	<p>MassHealth Enrollment Center 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled) self-services available 24 hours/7 days a week</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Prescription Advantage <ul style="list-style-type: none"> ■ For persons who are not getting prescription drug benefits under MassHealth or Medicare, who are either under age 65 and disabled or aged 65 or older, and who want information about help with prescription drug costs 	<p>Executive Office of Elder Affairs (EOEA) 1-800-AGE-INFO (1-800-243-4636) (TTY: 1-877-610-0241 for people who are deaf, hard of hearing, or speech disabled)</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Real estate lien recovery <input type="checkbox"/> Accident recovery <input type="checkbox"/> Estate recovery 	<p>Benefit Coordination/Third Party Liability 1-800-462-1120</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Special MassHealth Programs <ul style="list-style-type: none"> ■ Kaileigh Mulligan Program— Home Care for Disabled Children ■ PACE (Program of All-Inclusive Care for the Elderly) 	<p>MassHealth Enrollment Center 1-800-408-1253 (TTY: 1-800-231-5698 for people who are deaf, hard of hearing, or speech disabled)</p>
<p>Home- and Community-Based Services Waiver Program</p>	<p>MassHealth Enrollment Center 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled)</p>
<ul style="list-style-type: none"> <input type="checkbox"/> MassHealth appeals—fair hearings 	<p>Board of Hearings 100 Hancock St., 6th Floor Quincy, MA 02171 617-847-1200 or 1-800-655-0338 fax: 617-847-1204</p>

Topic	Call
<input type="checkbox"/> For applicants and members with disabilities who need accommodations	MassHealth Disability Accommodation Ombudsman 100 Hancock Street, 6th floor Quincy, MA 02171 617-847-3468 (TTY: 617-847-3788 for people who are deaf, hard of hearing, or speech disabled) masshealthhelp@ehs.state.ma.us
<input type="checkbox"/> Eligibility for Social Security enrollment in Medicare Parts A and B	Social Security Administration (SSA) 1-800-772-1213 www.ssa.gov
<input type="checkbox"/> Social Security benefits	
<input type="checkbox"/> Supplemental Security Income (SSI) benefits	
<input type="checkbox"/> Applying for an SSN	
<input type="checkbox"/> Medicare prescription drug coverage	1-800-MEDICARE 1-800-633-4227 (TTY: 1-877-486-2048 for people who are deaf, hard of hearing, or speech disabled) www.medicare.gov
<input type="checkbox"/> Senior Care Options	1-888-885-0484 (TTY: 1-888-821-5225 for people who are deaf, hard of hearing, or speech disabled)
<input type="checkbox"/> Commonwealth Care <ul style="list-style-type: none"> ■ reporting changes ■ information about enrollment in health plans, premiums, copays, and other program information 	Commonwealth Care Member Service Center 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people who are deaf, hard of hearing, or speech disabled) www.mahealthconnector.org
<input type="checkbox"/> appeals about your health-care plan	Commonwealth Care Appeals Unit P.O. Box 960189, Boston, MA 02196 617-933-3096 fax: 617-933-3099
<input type="checkbox"/> To report member or provider fraud	1-877-437-2830 (1-877-4-FRAUD-0)
<input type="checkbox"/> Health Safety Net	Health Safety Net Customer Service Center 1-877-910-2100

Using the Internet to see your benefits information

If you are the head of your household (the person who signed the application for benefits), AND you are now getting one of the following:

Health-care benefits/program

- MassHealth;
- Commonwealth Care;
- Health Safety Net;
- Children’s Medical Security Plan (CMSP); or
- Healthy Start

Food/Cash assistance benefits

- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps; or
- cash benefits (TAFDC or EAEDC)

THEN you can use an online tool on the Internet called “My Account Page (MAP)” to

- see your current benefits;
- see notices that have been sent to your household;
- see important information that will help manage your benefits;
- change certain household information without having to call a MassHealth Enrollment Center; or
- possibly complete your required yearly review if you are getting Commonwealth Care.

Important! You must be getting benefits AND have either a MassHealth Member ID number to see your health-care benefits/program information or an Electronic Benefit Transfer (EBT) card number to see food or cash assistance information.

For more information, or to use “My Account Page,” go to www.mass.gov/vg/selfservice.

U.S. Citizenship/National Status Requirements for MassHealth and Commonwealth Care and Identity Requirements for MassHealth, Commonwealth Care, and Health Safety Net

Proof of both U.S. Citizenship/National Status and Identity*

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

The following **First-Level Documents** may be accepted as proof of **BOTH U.S. citizenship/national status AND identity**. (No other documentation is required.) Individuals born outside the U.S. who were not U.S. citizens/nationals at birth must submit first-level documents or appropriate second-level documents (where applicable for a birth abroad), or, if such documents are not available, affidavits of citizenship. Adopted children born outside the U.S. may establish citizenship under the Child Citizenship Act.

1. a U.S. passport; or
2. a Certificate of Naturalization (DHS Form N-550 or N-570); or
3. a Certificate of U.S. Citizenship (DHS Form N-560 or N-561); or
4. a document issued by a federally recognized American Indian tribe showing membership or enrollment in, or affiliation with, such tribe.

OR

Proof of U.S. Citizenship/National Status Only (Submit documentation from the highest level possible!)

The following **Second-Level Documents** may be accepted as proof of U.S. citizenship/national status only.

- A U.S. public record of birth (including the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam (on or after April 10, 1899), the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986). The individual may also be collectively naturalized under federal regulations. The birth record must have been recorded within 5 years of birth.
- A Report of Birth Abroad of a U.S. Citizen (Form FS-545, Form FS-240, or Form DS-1350)
- A U.S. Citizen ID card (INS Form I-197 or I-179)
- An American Indian Card (I-872 with the classification code KIC) issued by the Department of Homeland Security (DHS) to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border
- Final adoption decree showing the child's name and U.S. place of birth (if adoption is not finalized, a statement from a state-approved adoption agency)
- Evidence of U.S. civil service employment before June 1, 1976
- An official military record showing a U.S. place of birth
- A Northern Mariana Identification Card (I-873) issued by the INS to a collectively naturalized citizen of the United States who was born in the Northern Mariana Islands before November 4, 1986
- Documentary evidence under the Child Citizenship Act for adopted children born outside the U.S.

The following **Third-Level Documents** may be accepted as proof of U.S. citizenship/national status only.

- Extract of U.S. hospital record of birth on hospital letterhead established at the time of the person's birth that was created 5 years before the initial application date and that indicates a U.S. place of birth. For children under age 16, the hospital record must have been created near the time of birth or 5 years before the application date. A souvenir birth certificate is not acceptable.
- Life, health, or other insurance record showing a U.S. place of birth that was created at least 5 years before the initial application date that indicates a U.S. place of birth. For children under age 16, the document must have been created near the time of birth or 5 years before the application date.
- An official religious record recorded with the religious organization in the U.S. within 3 months of birth showing the birth occurred in the U.S. and showing either the date of birth or the individual's age at the time the record was made. Entries in a family bible are not considered religious records.
- An early school record showing the child's name, U.S. place of birth, date of admission, and date of birth

****Affidavits (written statements) of U.S. citizenship/national status should be used only in rare circumstances when the applicant or member is unable to provide evidence of U.S. citizenship/national status from any other source listed.** Two affidavits must be submitted. One of the two affidavits must be from an individual who is **not** related to the applicant or member. Each individual providing an affidavit must have personal knowledge of the event(s) establishing the applicant's or member's claim of U.S. citizenship/national status; for example, the date and place of the applicant's birth in the United States, if applicable. The individuals providing the affidavits must also provide proof of both their own U.S. citizenship/national status and identity for the affidavit to be accepted. If these individuals also know why documentary evidence of the applicant's or member's claim of U.S. citizenship/national status cannot be provided, this should be included in the affidavit. The applicant or member (or other knowledgeable individual) must also provide a separate affidavit explaining why this evidence cannot be provided. Different requirements apply to affidavits of identity for children and institutionalized individuals.



The following **Fourth-Level Documents** may be accepted as proof of U.S. citizenship/national status only.

- Birth records recorded after the person turned age 5
- Federal or state census record showing U.S. citizenship or a U.S. place of birth and person's age
- Admission papers from a nursing home, skilled-care facility, or other institution that were created at least 5 years before the initial application date and that indicate a U.S. place of birth
- Medical (clinic, doctor, or hospital) record indicating a U.S. place of birth that was created at least 5 years before the initial application date. For children under age 16, the medical record must have been created near the time of birth or 5 years before the application date.
- Other documents that show a U.S. place of birth that were created at least 5 years before the application for MassHealth (For children under age 16, the document must have been created near the time of birth or 5 years before the application date.): Seneca or Navajo Indian tribal census records, U.S. State Vital Statistics official notification of birth registration, an amended U.S. public birth record that was amended more than 5 years after the person's birth, a statement from a physician/midwife who was in attendance at the birth, or the Bureau of Indian Affairs Roll of Alaska Natives
- Written affidavit**

Proof of Identity Only

The following documents may be accepted as proof of identity only.

1. A state driver's license containing the individual's photo or other identifying information
2. A government-issued identity card containing the individual's photo or other identifying information
3. Certificate of Indian Blood or other U.S. tribal document with photo or other identifying information
4. U.S. military card or draft record
5. Three or more of the following documents, such as, marriage licenses, divorce decrees, high school diplomas, employer ID cards, and property deeds/titles (This documentation cannot be used if fourth-level documents were submitted as proof of U.S. citizenship/national status.)
6. School identity card with photo, except for children under age 16
7. Military dependent's identity card
8. U.S. Coast Guard Merchant Mariner card
9. For children under age 16: a clinic, doctor, or hospital record, or a school record, or a day-care or nursery school record that is verified with the school, or a parental, guardian, or caretaker relative affidavit attesting to the child's date and place of birth that is signed under penalty of perjury (cannot be used if an affidavit for citizenship/national status was provided). For children between the ages of 16 and 18, the affidavit can be used where a school photo ID or driver's license with photo is not available in that area until that age.
10. For disabled individuals in residential-care facilities: an affidavit signed under penalty of perjury by the facility director or administrator when the disabled individual does not have or cannot get any identity document listed in 1 through 9 above.

Legal Services for Noncitizens

Boston Area

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Asian American Civic Association
Immigration counseling, help with preparation of applications, and legal referrals; no representation. Chinese spoken. | 90 Tyler St.
Boston, MA 02111
Phone: 617-426-9492
Fax: 617-482-2316 |
| <input type="checkbox"/> Catholic Charities, Refugee and Immigration Services
Labor certifications, relative petitions, Cuban/Haitian adjustments, registry, nonimmigrant visa petitions, political asylum, exclusion, deportation proceedings, TPS counseling. Serves Boston and surrounding areas; all nationalities. BIA accredited staff. Spanish spoken. | 270 Washington St.
Somerville, MA 02143
Phone: 617-625-1920
Fax: 617-629-2246 |
| <input type="checkbox"/> Centro Presente
Help with preparation of applications for citizenship, family-based petitions, and NACARA cases. Spanish spoken. | 54 Essex St.
Cambridge, MA 02139-2609
Phone: 617-497-9080
Fax: 617-497-7247 |
| <input type="checkbox"/> Community Legal Services and Counseling Center
Specializing in asylum cases, refugee green cards, family-based visa petitions, adjustment of status, and consultation on naturalization problem cases. Spanish spoken. | One West St.
Cambridge, MA 02139
Phone: 617-661-1010
Fax: 617-661-3289 |
| <input type="checkbox"/> Greater Boston Legal Services
All types of immigration cases, primarily asylum cases, domestic violence cases, TPS counseling, and humanitarian relief. Provides community education/training. Serves the Commonwealth of Massachusetts. Spanish, Haitian Creole, French, Arabic, Somali, and Gujarati spoken. | 197 Friend St.
Boston, MA 02114
Phone: 617-603-1808
Fax: 617-371-1222 |
| <input type="checkbox"/> Haitian Multi-Service Center
Does not represent persons in deportation proceedings, but provides advice and referrals. Processes applications for Cuban/Haitian adjustments, registry. Provides community education/training. Serves the Greater Boston area: primarily Haitians. French and Haitian Creole spoken. | 12 Bicknell St.
Dorchester, MA 02121
Phone: 617-436-2848
Fax: 617-287-0284 |
| <input type="checkbox"/> International Institute of Boston
Specializing in asylum cases, refugee green cards, citizenship, replacement green cards and I-94s, refugee travel documents, re-entry permits, advance parole, affidavits of support, consultations. Also, on a limited basis: family-based visa petitions and adjustment of status. Weekly walk-in hours. Low-income legal assistance program. Deportation defense and assistance for battered women. Serves Boston INS jurisdiction: all nationalities. BIA accredited staff. Spanish, French, and Vietnamese spoken. | One Milk St.
Boston, MA 02109
Phone: 617-695-9990
Fax: 617-695-9191 |
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Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition
Offers technical assistance to service providers and clients on immigration documentation and immigrant eligibility for public benefits.

105 Chauncy St.
Boston, MA 02111
Phone: 617-350-5480
Fax: 617-350-5499

Pair Project
Specializing in asylum and detention and deportation cases.

14 Beacon St., Rm. 804 A
Boston, MA 02108
Phone: 617-742-9296
Fax: 617-742-9385

Central Massachusetts

Community Legal Aid
Provides free advice and representation on humanitarian immigration applications, including asylum, relief under the Violence Against Women Act, Special Immigrant Juvenile Status, U visas for crime victims, and T visas for trafficking victims. Serves low-income and elderly residents of Central and Western Massachusetts (Berkshire, Franklin, Hampden, Hampshire, and Worcester Counties).

405 Main St., 4th floor
Worcester, MA 01608
Phone: 508-752-3718
Fax: 508-752-5918

Friendly House
Specializing in asylum cases, green-card replacement, adjustment of status, and naturalization. Free immigration consultation every Friday, by appointment only. Possible representation.

36 Wall St.
Worcester, MA 01604
Phone: 508-755-4362
Fax: 508-792-7800

Lutheran Social Services
Specializing in asylum cases, VAWA, family-based petitions, and referrals.

30 Harvard St.
Worcester, MA 01608
Phone: 508-754-1121
Fax: 508-754-1393

Southeastern Massachusetts

Catholic Social Services
Specializing in asylum cases and citizenship assistance. Serves the Southeastern Massachusetts area.

783 Slade St.
Fall River, MA 02724
Phone: 508-674-4681
Fax: 508-675-2224

Western Massachusetts

Community Legal Aid
Provides free advice and representation on humanitarian immigration applications, including asylum, relief under the Violence Against Women Act, Special Immigrant Juvenile Status, U visas for crime victims, and T visas for trafficking victims. Serves low-income and elderly residents of Central and Western Massachusetts (Berkshire, Franklin, Hampden, Hampshire, and Worcester Counties).

127 State St., 4th floor
Springfield, MA 01103
Phone: 413-781-7814
Fax: 413-746-3221

Important! If you need an interpreter or translation help with any MassHealth notice or form, or if you want a booklet/guide in your language, or if you have any questions about MassHealth, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). MassHealth does not discriminate on the basis of national origin. [ITF Rev. 10/12]

This guide is also available in Braille and large-print editions. To get a copy, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

សារៈសំខាន់! បើសិនអ្នកត្រូវការអ្នកនិយាយបកប្រែ ឬត្រូវការជំនួយ ក្នុងការបកប្រែដំណឹង ឬលិខិតបំពេញណាមួយ របស់ MassHealth ឬបើសិនអ្នកចង់បានកូនសៀវភៅ/ការណែនាំជាភាសារបស់អ្នក ឬបើសិនអ្នកមានសំណួរអ្វីមួយអំពី MassHealth សូមទាក់ទង ផ្នែកបំរើអតិថិជន MassHealth តាមលេខ 1-800-841-2900 (TTY: 1-800-497-4648 សំរាប់មនុស្សដែលឆ្ងង់ ត្រចៀកឆ្ងួត ឬពិការសំដី)។ MassHealth មិនប្រកាន់ជាតិសាសន៍ យោងលើ ដើមកំណើតណាឡើយ។ (CAM)

重要資訊! 如果您需要有人幫助您翻譯任何MassHealth通知或表格，或者您希望索取用您的語言編寫的手冊/指南，或者您對MassHealth有任何問題，請打電話給MassHealth客戶服務中心 (MassHealth Customer Service)，電話號碼 1-800-841-2900 (TTY: 1-800-497-4648 耳聾者、聽力嚴重障礙者或說話障礙者專線)。MassHealth 不會由于您的原國籍而歧視您。 (CHI)

Avi enpòtan! Si ou bezwen swa yon entèprèt swa tradiksyon nempòt anons oubyen fòmilè MassHealth yo, oswa si ou vle yon ti liv/gid nan lang ou, oswa si ou gen nempòt kesyon sou MassHealth, tanpri rele nimewo telefòn Sèvis Kliyan MassHealth (MassHealth Customer Service) la nan 1-800-841-2900 (TTY: 1-800-497-4648 pou moun ki soud, moun ki tande di, oswa moun ki gen difikilte pou pale). MassHealth pa diskrimine poutèt peyi kote moun lan soti. (HC)

ສໍາຄັນ! ສໍາຄັນ! ຖ້າທ່ານຕ້ອງການໃຊ້ນາຍພາສາ, ຫລືຕ້ອງການຄວາມຊ່ວຍ ເຫລືອດ້ວຍການແປຄໍາແຈ້ງການ ຫລື ເຈັບຟອມໃດໆຂອງ MassHealth, ຫລືຖ້າທ່ານຕ້ອງການປຶ້ມລາຍການ/ປຶ້ມຄູ່ມືທີ່ຈັດພິມ ເປັນພາສາຂອງທ່ານ, ຫລື ຖ້າທ່ານມີຄໍາຖາມໃດໆກ່ຽວກັບ MassHealth, ກະລຸນາ ໂທໄປຫາສູນບໍລິການລູກຄ້າ MassHealth (MassHealth Customer Service) ທີ່ 1-800-841-2900 (ລະບົບ TTY: 1-800-497-4648 ສໍາລັບຄົນຫູໜວກ, ຄົນຫູຕົງ ຫລື ຄົນປາກກີກ). ທາງ MassHealth ບໍ່ມີການເລືອກຊັ້ນວັນນະໃນເລື່ອງສັນ ຊາດໃດໆ. (LAO)

Importante! Se precisar da ajuda de um intérprete ou de tradução para quaisquer dos avisos ou formulários do MassHealth, ou se quiser um livreto/guia em seu idioma, ou para quaisquer perguntas sobre o MassHealth, por favor, ligue para o Atendimento ao Cliente do MassHealth no número 1-800-841-2900 (TTY: 1-800-497-4648 para pessoas surdas, com deficiência auditiva ou de fala). MassHealth não discrimina com base em sua origem nacional. (B-POR)

Важно! Если вам необходим переводчик или помощь в переводе любого уведомления или формы программы MassHealth, если вы хотите получить брошюру/руководство на своем языке, либо если у вас есть вопросы по программе MassHealth, пожалуйста, позвоните в Центр обслуживания клиентов программы MassHealth по телефону 1-800-841-2900 (линия TTY: 1-800-497-4648 для глухих, слабослышащих и людей с нарушениями речи). Программа MassHealth проводит политику недискриминации по национальному происхождению. (RUS)

¡Importante! Si necesita un intérprete o ayuda con la traducción de cualquier aviso o formulario de MassHealth, o si desea un folleto o guía en su idioma, o si tiene cualquier pregunta sobre MassHealth, por favor llame al Servicio al cliente de MassHealth (MassHealth Customer Service) al 1-800-841-2900 (TTY: 1-800-497-4648 para personas sordas, con dificultad auditiva o con dificultad para hablar). MassHealth no discrimina debido a la nacionalidad de origen. (SP)

Chú ý! Nếu quý vị cần giúp đỡ về thông dịch hay phiên dịch cho bất kỳ thông báo hay mẫu đơn nào của MassHealth, hoặc nếu quý vị muốn có một cuốn cẩm nang/hướng dẫn bằng ngôn ngữ của quý vị, hay nếu quý vị có bất kỳ câu hỏi nào về MassHealth, xin quý vị vui lòng gọi Dịch Vụ Khách Hàng của MassHealth (MassHealth Customer Service) tại số 1-800-841-2900 (TTY: 1-800-497-4648 đường dây dành cho những người bị điếc, bị lảng tai hoặc bị khuyết tật về phát ngôn). MassHealth không phân biệt nguồn gốc quốc gia của vị. (VTN)



Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth