** May 1, 2020 Health Update**

It’s the end of another week of the pandemic with many new polices being put in place to address many new challenges. This is a summary of three sets of new MassHealth policy changes that will make it easier for applicants to qualify for coverage and enhance services for people receiving services in the home and community-based waiver programs during the emergency period:

* New path to MassHealth eligibility for elderly & disabled people subject to a deductible
* Additional guidance on self-attestation to prove eligibility factors including income, assets and disability
* Enhanced services in the home and community based waiver programs for people who would otherwise need institutional care

**Eligibility during the COVID-19 emergency period**

**New path to MassHealth eligibility for people subject to a deductible:**

MassHealth has released a form for use by applicants who are not eligible for MassHealth until meeting a deductible to request a waiver of the deductible amount on hardship grounds. Additional guidance will be available soon, but we are told the process is live now.

​Temporary Waiver of MassHealth Income Deductible

Use this form if you have an income deductible for your MassHealth benefits and meeting this deductible would cause undue financial hardship to you. By filling out this form, you are requesting a temporary waiver of the income deductible during the COVID-19 emergency.

English [**PDF**](https://www.mass.gov/doc/application-for-temporary-hardship-waiver-of-masshealth-income-deductible-english/download) Spanish [**PDF**](https://www.mass.gov/doc/application-for-temporary-hardship-waiver-of-masshealth-income-deductible-spanish/download)

The new process should make a big difference for applicants subject to a deductible including-

* applicants age 65 or older with income over 100% of the poverty level ($1064 for one including $20 disregard)who meet the existing asset test
* elderly and disabled applicants seeking home and community based services with income over $2349 per month who meet the existing asset test , and
* adults with disabilities under age 65 with income over 138% of the poverty level ($1469 for one include 5% FPL disregard).

Most of the MassHealth programs subject to an asset test currently provide a way for applicants with income too high for MassHealth Standard to qualify after they have incurred medical and related expenses in a six month period that exceed a certain deductible amount; eligibility is for the balance of the six month period. See, e.g. 130 CMR 520.028. The deductibles in the Home and Community Based Waiver service programs are in 130 CMR 519.007(B)(3)(Frail elders); (C)(3)(PACE); (D)(1)(c),D(2)(c),(D)(3)(c)(DDS waivers). There is also a one-time deductible for adults under 65 with disabilities with income too high for MassHealth Standard and who do not qualify for CommonHealth based on employment. 130 CMR 506.009. Very few people have been able to qualify under pre-pandemic spend-down rules. The hardship waiver is a game changer at least temporarily.

**Additional Guidance on Self-Attestation to Prove Eligibility Factors**

On April 7, 2020 MassHealth released an [Eligibility Operations Memo](https://www.mass.gov/doc/eom-20-09-masshealth-response-to-coronavirus-disease-2019-covid-19-0/download) stating that it would accept self-attestation for most eligibility factors when documentary proof is required that cannot be readily obtained during the emergency.

On April 29, 2020 MassHealth released additional guidance on self-attestation through the [Massachusetts Health Care Training Forum](https://www.masshealthmtf.org/news/masshealth-and-covid-19-update-masshealth-self-attestation-eligibility-factors-update) as well as a new self-attestation form.

**Self-Attestation Form**

Use this form if you cannot send in paperwork to provide proof of eligibility factors (except citizenship and immigration) in the time frame requested on your Request for Information letter due to the COVID-19 emergency.   
English [**PDF**](https://www.mass.gov/doc/self-attestation-form-covid-19-english/download) Spanish [**PDF**](https://www.mass.gov/doc/self-attestation-form-covid-19-spanish/download)

Applicants in “pending status” and members who have reported a change that would enhance their current benefits that is pending until receipt of proof can supply proof of almost all factors by either calling MassHealth Customer Service and attesting to the facts or submitting a signed form confirming the facts and the difficulty of obtaining proof from other sources. It appears that Customer Service will be completing a form --and recording a telephonic signature-- that must still be processed by the MassHealth Enrollment Center.

Disabled children and adults who need to be found disabled by MassHealth’s Disability Evaluation Service in order to qualify for CommonHealth, can now call the Disability Evaluation Service to self-attest to disability. Adults who qualify for CarePlus may also self-attest to disability in order to obtain MassHealth Standard. (However, anyone in CarePlus who requires a PCA or other service not covered in CarePlus can call Customer Service and obtain an upgrade to Standard without a finding of disability under existing rules).

Individuals already enrolled in MassHealth and not seeking an upgrade to better coverage, do not need to reply to requests for information during the emergency period. Their [coverage is protected](https://www.masslegalservices.org/content/masshealth-continuous-coverage-during-covid-19-emergency). MassHealth says information that was self-attested using the emergency procedures will need to be proved in the usual way after the emergency period ends.

Before the release of this additional guidance, early limited reports from advocates described a fair amount of confusion about self-attestation at both Customer Service and at the MassHealth Enrollment Centers.

[**CMS approves enhanced services in the Home and Community Based waiver programs**](https://www.medicaid.gov/state-resource-center/downloads/ma-appendix-k-appvl-ltr.pdf)

On April 29, 2020, CMS approved [MassHealth’s amendment to “Appendix K”](https://www.medicaid.gov/state-resource-center/downloads/ma-combined-appendix-k-appvl.pdf) which sets out policies to take effect in an emergency for people enrolled in the Home and Community Based Waiver programs. MassHealth operates 10 Home and Community Based Services waivers to provide enhanced services to enable the elderly and certain younger people with disabilities to avoid institutional care.

This is not a comprehensive summary, but some of the changes most directly affecting members include:

* Expanding eligibility criteria
  + Raising the upper age limit for children in the autism waiver from under age 9 to under age 10
  + For the MFP and other waivers that help people leave nursing homes, eliminating the 90 day minimum stay criteria
* Enhancing services in all the waivers to include
  + Equipment and training needed to enable members to obtain HCBS by telehealth including the purchase of a smart phone or tablets, and
  + Home-delivered meals
  + Authorizing more than 30 days of respite services
  + Allowing delivery of non-duplicative waiver services in hospital settings.

All these policies are new and have been rolled out quickly in order to respond to the emergency without the usual process for training and working out operational details. We are all figuring this out together. Please let us know what your experiences are with these new policies.

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