

Part 18

Notice and Appeal Rights

210.	When should MassHealth members get a notice from the MassHealth agency?	216
211.	What role does MassHealth play in Commonwealth Care appeals?	216
212.	What types of actions are appealable?	217
213.	When are decisions of a provider appealable?.....	218
214.	How does someone appeal?	219
215.	Can benefits continue while waiting for the appeal to be heard?	219
216.	How much advance notice will be given for a fair hearing?	220
217.	Where do fair hearings take place?.....	220
218.	Who will be present at the hearing?.....	220
219.	How does the appellant prepare for a hearing?.....	221
220.	Is there a chance that the appeal can be resolved without a hearing?.....	222
221.	What happens at the hearing?	222
222.	How long will it take to get a decision?.....	223
223.	Do MassHealth members have to file a grievance with the Partnership, MCO, or SCO before requesting a fair hearing?	223
224.	If a MassHealth member wins an appeal, can he or she get back the money spent on care?.....	224
225.	What happens if a MassHealth member loses an appeal?	225

210 When should MassHealth members get a notice from the MassHealth agency?

The MassHealth agency must give notice of any action to deny, reduce, suspend, terminate, or restrict assistance. The notice must describe the action, the reason for the action, the regulation supporting the action and an explanation of the right to request a fair hearing. Except for actions on initial applications, the MassHealth agency generally must give notice at least 10 days before the intended action. The notice must contain an eligibility determination for each member of the family group who has applied for MassHealth. Notice is also required for any changes in coverage type, or premium assistance payments. When a request for prior authorization is denied or a level of care decision is made both the provider and the member should get notice of the decision and notice of appeal rights.

Because the MassHealth agency also makes determinations for Commonwealth Care and the Health Safety Net, notices are often confusing. Typically there is a separate heading dividing the portion of the notice pertaining to MassHealth programs, Commonwealth Care and the Safety Net.

The notice is important in informing an applicant or recipient what decision was made, the reason for the decision and how to appeal. The purpose of an appeal is to let an impartial person, the hearing officer, decide whether the decision made in an individual's case was correct.

130 C.M.R. §§ 502.008, 610.004.

211 What role does MassHealth play in Commonwealth Care appeals?

Individuals apply for Commonwealth Care with the same application form used for all MassHealth programs and for the Health Safety Net. The MassHealth agency makes the initial eligibility determination for all of these programs. Only if an applicant is determined ineligible for MassHealth will there be a decision about Commonwealth Care. The decisions made by the MassHealth agency about

Commonwealth Care can be appealed to the MassHealth Board of Hearings, and, of course, every Commonwealth Care decision also includes a decision denying MassHealth that can be appealed to the Board of Hearings.

However, the Commonwealth Care eligibility criteria related to access to insurance trigger a confusing two-step eligibility determination process. The MassHealth agency may provisionally deny Commonwealth Care based on access to insurance. However, the individual may then receive a notice from the Connector giving him or her an opportunity to claim an exception from the denial, or to appeal to the Connector in the event no exception is claimed. If an exception is claimed, a later notice will either award or deny benefits with notice of the right to appeal the denial to the Connector.

Given the predictable confusion about where to file an appeal, both the MassHealth Board of Hearings and the Connector recognize that an appeal filed with either agency will be regarded as a timely appeal, and will be transferred to the appropriate agency.

Appeals from decisions of the Connector unrelated to eligibility follow its appeal process not that of the MassHealth Board of Hearings, See Part 10.

130 C.M.R. §§ 610.004, 610.012, 610.032; 956 C.M.R. §§ 3.14, 3.17.

212 What types of actions are appealable?

The following kinds of MassHealth agency actions are grounds for appeal:

- denial of an application or request for assistance;
- failure to make a timely decision on an application or request for assistance;
- any action to suspend, reduce, terminate, or restrict assistance;
- decisions regarding the scope and amount of assistance (including level of care determinations);
- imposition of any unauthorized condition of eligibility;
- a decision that the member is required to use managed care;

Part 18 ■ Notice and Appeal Rights

- the denial of an out-of-area managed care provider;
- involuntary disenrollment from a managed care provider;
- any action by the Partnership, one of the Managed Care Organizations (MCOs), or Senior Care Options plans (SCO) to suspend, reduce, terminate, or restrict assistance provided the member has first exhausted the internal plan grievance process;
- any discharge or transfer initiated by a nursing facility; or
- the MassHealth agency's determination on behalf of the Connector as set forth in 956 C.M.R. § 3.17 (Commonwealth Care).

See 130 C.M.R. § 610.032 for a complete list of appealable actions.

213 When are decisions of a provider appealable?

The Board of Hearings rules say that no action by a provider is an appealable action with two exceptions: nursing home transfer and discharge actions, and adverse decisions by the Partnership or a MassHealth MCO or SCO. 130 C.M.R. § 610.004.

Ordinarily if a member has a dispute with a provider, the member's recourse is to consult a different provider not to file an appeal. However, in some cases where the member has no choice of provider and the provider's decision is based on its interpretation of a MassHealth rule rather than a medical judgment, an appeal may be appropriate. Consult a legal advocate in a situation like this. *See, e.g., Mansfield v. Commissioner*, 40 Mass. App. Ct. 1, 660 N.E.2d 684 (1996).

Where MassHealth makes a determination that a patient no longer requires a hospital level of care, both the provider and the patient have a right to notice and an opportunity to appeal. 130 C.M.R. §§ 415.417 (acute care hospitals), 435.416 (chronic care hospitals).

214 How does someone appeal?

To appeal, a MassHealth member, or someone authorized to act on his or her behalf, must ask for a hearing in writing and mail or fax the request to the MassHealth agency Board of Hearings (BOH) by the appeal deadline. The notice of decision generally has printed on the back of it a request for a fair hearing form that can be used to request an appeal. It is useful to include a copy of the notice being appealed along with the request for a hearing. The appeal should identify what action the MassHealth agency took, but need not describe why that action was incorrect.

Generally, the written request for a hearing must be *received* by the BOH within 30 days of receipt of the notice of action. The rules assume receipt of the notice three days after the date it was mailed unless a post mark or other evidence proves it took longer than that for someone to receive the notice. A member can also appeal from the MassHealth agency's failure to act. The MassHealth agency rules say that appeals from inaction or actions taken without notice must be filed within 120 days of the application or request not acted upon or the action taken. The Director of the Board of Hearings can waive this 120-day limitation.

The Board of Hearings receives a high volume of appeals and is strict about deadlines. When in doubt about whether or not to appeal, it is wiser to file the appeal and withdraw it later if need be than to miss a deadline.

130 C.M.R. §§ 610.015, 610.034.

215 Can benefits continue while waiting for the appeal to be heard?

Yes. This is a very important protection for current recipients, and advocates should be sure not to miss the deadline for aid pending appeal. When appealing the termination or reduction of assistance, benefits can be continued pending appeal or reinstated if the member appeals and requests continued benefits before the date of the intended action or within 10 days of the mailing of the notice of intended action, whichever is later. A member can get continued services pending

appeal after expiration of the prior authorization for a service that was authorized for a limited period of time only if the provider has submitted a new prior authorization request on time.

130 C.M.R. § 610.036.

216 How much advance notice will be given for a fair hearing?

The Board of Hearings sends at least 10 days' notice of the time and place of the hearing.

217 Where do fair hearings take place?

Fair hearings can take place at the office of the Board of Hearings in Quincy, at Regional MEC offices or other locations accessible to the MassHealth member. If a member consents, a hearing can be conducted entirely by telephone.

218 Who will be present at the hearing?

One hearing officer representing the Board of Hearings will preside. One or more representatives of the MassHealth agency will represent MassHealth regarding the action it took that is under appeal. For denials of prior approval, the medical consultant who made the decision will ordinarily be present in person or by telephone. For managed care appeals a representative from the Partnership, MCO or SCO will be present. Occasionally, an attorney from the MassHealth agency's general counsel's office may attend. If the member requested an interpreter, the

BOH should arrange for an interpreter to be present. Members have the right to appear with a representative. Members also have the right to request that the Board of Hearings subpoena necessary witnesses. 130 C.M.R. § 610.052.

219 How does the appellant prepare for a hearing?

MassHealth members should try to find a legal aid advocate or other experienced advocate to assist with an appeal. The notice of decision is an important document in understanding why MassHealth took the action it did, and what the issues on appeal will be. In prior authorization cases the notice may refer to technical terms and codes that the agency should be asked to explain. Members and their advocates have the right to examine the case file before the hearing as well as all documents and records to be used by the MassHealth agency at the hearing. In eligibility cases, this may involve having someone from MassHealth review and print out copies of the computer file, in addition to a review of any paper file. The Customer Service Center also maintains a log of its contacts with members that can be obtained in preparation for a hearing. 130 C.M.R. § 610.050.

Obtain copies of all documents referred to in the notice of decision that may not be part of the case file such as the regulation on which the decision was based. Members and their advocates have the right to request that the Board of Hearings subpoena necessary witnesses and that they bring documents and other evidence in their possession with them to the hearing. 130 C.M.R. § 610.052. An appellant can arrange in advance for a witness who is not available to attend the hearing in person, such as the doctor, to testify by telephone. Ordinarily, the advocate should try to interview the consultant or agency employee who made the decision under appeal in order to fully understand the reason for the decision. Beyond the right to examine the case file, there is no formal process to enable an advocate to obtain additional information from the agency in advance of the hearing (discovery), but an advocate can pursue informal discovery, and in an appropriate case can try writing to the Board of Hearings to allow additional methods of discovery.

220 Is there a chance that the appeal can be resolved without a hearing?

Sometimes appeals can be resolved prior to the hearing based on informal discussion with staff at MassHealth or the submission of additional information that causes the agency to change its position. However, be sure that the terms of the agreement to resolve the case are clear before dismissing the appeal. Because a pending appeal may block the agency's computer systems from making certain changes, it may be necessary to dismiss the appeal before the agency can issue a new determination. The BOH should not unilaterally dismiss an appeal when the agency notifies it of an "adjustment" without the agreement of the appellant that the adjustment resolves the issues in dispute. 130 C.M.R. § 610.051.

221 What happens at the hearing?

At the hearing, the hearing officer will typically ask the agency representative to explain why the agency made its decision. Agency representatives often read a prepared statement. Documents will be marked and entered as exhibits. The appellant will then have an opportunity to explain why the agency's decision was incorrect. The member has the right to present evidence of all relevant facts and circumstances, and cross-examine adverse witnesses. The hearing officer will also ask questions of the witnesses. All evidence and testimony will be tape-recorded. 130 C.M.R. § 610.061. The appellant is not limited to the evidence that was already in the case file; he or she can submit new information. This kind of hearing is called "de novo." 130 C.M.R. § 610.071(A)(2). If an issue comes up at the hearing that takes the appellant by surprise, he or she can ask for a postponement or ask that the record be held open for a certain period of time in order to submit additional information.

222 How long will it take to get a decision?

The hearing officer must make a decision within 45 days of the hearing request if the issue under appeal was the denial of an application or failure to act on an application. For all other issues the hearing officer must make a final decision within 90 days of the request unless good cause exists to extend the time. Appeals from denial of prior authorization for an elective hospital admission may be expedited, and a decision may be issued within 14 days. The decision will be in writing, summarize the facts and arguments of the parties, and make findings of fact and conclusions of law.

130 C.M.R. §§ 510.015(D) (time frame), 610.083 (contents).

223 Do MassHealth members have to file a grievance with the Partnership, MCO, or SCO before requesting a fair hearing?

Yes. If appealing an action of the Partnership, MCO, or SCO, MassHealth rules require that the member first exhaust the internal grievance procedures which all Medicaid managed care organizations are required to have. Generally, the internal grievance will give the member and his or her provider an opportunity to talk by telephone and to submit medical records to the physician who initially approved the service reduction or denial and to the medical director or some other physician who was not involved in the original decision. The enrollment packet sent out by the MCO or SCO at the time of enrollment should describe the internal grievance process; members can also obtain this information from the plan's toll-free number or its website. Members should be able to have ongoing services continued during the grievance process. Members should also be able to have the grievance heard on an expedited basis in accordance with health care needs. If the grievance is not resolved to the member's satisfaction, he or she can request a fair hearing before the Board of Hearings. MassHealth members should seek the assistance of a legal advocate if denied services by the Partnership or an MCO or SCO. See Part 16, Service Delivery, for more information on managed care denials.

130 C.M.R. §§ 508.006, 610.032.

224 If a MassHealth member wins an appeal, can he or she get back the money spent on care?

Yes. If a MassHealth member wins an appeal, any MassHealth provider who delivered covered services to him or her can now bill MassHealth and receive payment. If services were incurred more than 90 days ago, the provider may need to submit evidence of the reversed decision along with its claim.

If the member incurred out of pocket expenses for prescription drugs or other covered services, he or she can be directly reimbursed by the MassHealth agency. Appellants should be sure to keep receipts pending appeal. A MassHealth member should be reimbursed for the amounts he or she actually had to pay even if the amount exceeds the MassHealth payment rate, and even if the provider does not participate in MassHealth.

The regulations also recognize the right to direct reimbursement of covered medical expenses whenever someone was denied MassHealth and the denial is later reversed with or without a fair hearing. This also applies to applicants for cash welfare who are initially denied SSI, TAFDC, or EAEDC and later succeed in having the denial of benefits reversed.

The Customer Service Center typically advises members who win back benefits to ask the provider to reimburse them for any out of pocket expenses and to rebill MassHealth. Sometimes this works. However, some providers are reluctant to do this and some providers may not be participating in MassHealth. It may be necessary for an advocate to contact the legal office to obtain direct reimbursement for a client in such cases. If a hearing officer reversed the denial, the appellant may also obtain further assistance from the Board of Hearings if MassHealth does not implement the hearing decision within 30 days.

130 C.M.R. §§ 507.002 (reimbursement for out of pocket medical expenses), 610.086 (implementation of fair hearing decisions).

225 What happens if a MassHealth member loses an appeal?

Members and their advocates have 30 days from receipt of the fair hearing decision to file a request for judicial review in the Superior Court. 130 C.M.R. § 610.092. Or, members can request a rehearing with the Director of the Office of Medicaid within 14 days of the date of the hearing decision (not the date of receipt). The filing of a request for rehearing suspends the hearing officer's decision until the rehearing request is acted on by the Medicaid Director. 130 C.M.R. § 610.091. If the request for rehearing is not granted, or if it is granted and the appeal is again denied, the member has 30 days from the decision denying the rehearing request, or the new decision after rehearing, to file for judicial review (file an appeal in state court). If the member was receiving benefits pending appeal, just filing a request for judicial review will not prevent benefits from ending.

130 C.M.R. §§ 610.091, 610.092; G.L. c. 30A, § 14; Superior Court Modified Standing Order 1-96: Processing and Hearing of Complaints for Judicial Review of Administrative Agency Proceedings. See MLRI, *ABCs of Filing a Complaint for Judicial Review of a MassHealth Fair Hearing Decision*, posted on www.masslegalservices.org.

Part 19

Health Programs Other than MassHealth

226.	Where can information on health programs be found?.....	228
227.	What is the Health Safety Net?.....	228
228.	What is the Children’s Medical Security Plan?	231
229.	What is the Healthy Start Program?.....	232
230.	What is the Medical Security Plan?.....	232
231.	What is the Prescription Advantage Program?	233
232.	What is the Massachusetts Home Care Program?	234
233.	What health services are available to veterans and military families?	235
234.	What health services are available to college students?	236
235.	What is the Fishing Partnership?	237

226 Where can information on health programs be found?

For more information on health programs other than MassHealth, see Part 20 for a list of references and websites. One of the most useful websites for learning about available programs is www.massresources.org.

227 What is the Health Safety Net?

The Health Safety Net (HSN), formerly called the Uncompensated Care Pool or Free Care, relieves an eligible individual from medical debt by reimbursing acute care hospitals and community health centers that treat the uninsured and underinsured. It is not a coverage program like MassHealth and does not provide a defined set of benefits. However, an individual who has been determined a low-income patient is protected from collection activity by acute hospitals or community health centers except to the extent of allowed cost sharing. The Health Safety Net reimburses acute hospitals for their charges, but will not cover the costs of providers who bill separately from the hospital. Depending on the hospital, physicians, specialists, lab and x-ray technicians and other providers may not be employees of the hospital reimbursed from HSN, and therefore are not prevented from billing the HSN patient for their services.

Eligibility. The Health Safety Net is available to Massachusetts residents, regardless of age or immigration status who are determined to be “low income patients.” People who do not live in Massachusetts are not eligible for any services. (However, hospitals and health centers may be able to obtain HSN reimbursement for emergency bad debt incurred by out of state residents). Individuals with gross family income that does not exceed 200 percent of poverty may be eligible for “full” benefits from HSN. Individuals with gross family income over 200 percent but not over 400 percent of poverty may be eligible for “partial” benefits. With partial HSN the patient must pay a deductible before the HSN is available to pay for hospital services. There is also a medical hardship program for Massachusetts residents who are not otherwise eligible for HSN coverage as low-income patients.

Part 19 ■ Health Programs Other than MassHealth

Individuals who are eligible for MassHealth Standard, CommonHealth, and Family Assistance Direct Coverage are not eligible for HSN (except for adult dental services). Also ineligible are those who were terminated from MassHealth or Commonwealth Care for nonpayment of premiums.

Individuals who are only eligible for MassHealth Limited, CMSP, HSP, or Family Assistance Premium Assistance, remain eligible for HSN as low-income patients.

Retroactive and time-limited eligibility for HSN. Low-income patients are eligible for HSN going back 6 months prior to the date of application. Individuals who are eligible for coverage in MassHealth Basic, Essential or Commonwealth Care only after they enroll in a managed care plan, are eligible for time-limited HSN from 10 days prior to application to 90 after application, and those who enroll in Commonwealth Care remain eligible for HSN until the effective date of coverage. Commonwealth Care, unlike MassHealth, no longer automatically enrolls eligible individuals who do not voluntarily choose a plan and these individuals will lose eligibility for HSN until they choose to enroll. Given the restrictions on retroactive HSN, it is important that hospital patients file an application promptly after incurring hospital charges to avoid medical debt.

At some point, individuals who have access to affordable insurance may be ineligible for HSN. The effective date of this restriction has been delayed and it is not yet in effect as of February 2012.

Application and determination of eligibility. Applications for HSN are included in the MBR and S-MBR, the common application form used for MassHealth programs and Commonwealth Care. The MassHealth agency determines eligibility for HSN in addition to the other programs. All acute hospitals and health centers use the online (Virtual Gateway) common intake form to apply for HSN. (A separate confidential application form is available for teens seeking confidential services and for domestic violence victims.) The Health Safety Net defines income and family group the same way MassHealth does, and requires applicants to comply with MassHealth verification requirements. The one exception to the MassHealth verification rules is that U.S. citizens do not have to verify citizenship and identity, and immigrants are not required to verify immigration status in order to obtain HSN.

Services. Acute hospital services and services provided by Community Health Centers are eligible for reimbursement from HSN if they are medically necessary, and would be covered by MassHealth Standard. In 2010 “critical access service” limitation were eliminated. Community health centers with dental clinics are eligible for payment of adult dental services no longer covered by MassHealth.

Part 19 ■ Health Programs Other than MassHealth

The HSN will pay for coinsurance and deductibles for eligible low-income patients with private insurance or Medicare, but will only pay copayments for Medicare.

In order for drugs to be covered by HSN, the hospital or health center must have an outpatient pharmacy and generally the prescription must be written by a clinician associated with the hospital or health center. Drug coverage in HSN is also now subject to the same prior authorization and other rules applicable to the MassHealth drug list, and the minimum MassHealth copays of \$1 or \$3.65 apply.

Medical hardship. With new restrictions on eligibility for HSN, the criteria for HSN coverage for debts under the Medical Hardship program were liberalized. There is no longer an asset test. Hardship is based on the patient incurring medical expenses in the past 12 months that exceed a certain percentage of his or her annual income; this amount represents the patient's expected contribution to the costs of care. The percentage of income varies by income starting at 10 percent of income for those at 0 to 200 percent of poverty and going up to 40 percent of income for those over 600 percent of poverty. Medical expenses are not limited to services eligible for payment by HSN but include any potentially tax deductible medical expense. Expenses not eligible for reimbursement by HSN will be counted first toward the patient's contribution. Patients can apply only twice in a 12-month period and applications are filed on behalf of the patient by the hospital or health center. If DHCFP grants an application, HSN will only pay for HSN eligible services that have already been incurred and that were not counted as part of the patient's contribution. If a patient is currently a low-income patient, payment of the patient's contribution to HSN providers will be deferred.

114.6 C.M.R. § 13.00 et seq. See also information on the HSN posted at the website of the Division of Health Care Finance and Policy, www.mass.gov/dhcfp.

For more information, call the HSN Helpline at 617-988-3222 or 877-910-2100.

228 What is the Children's Medical Security Plan?

The Children's Medical Security Plan (CMSP) provides primary and preventive care for all children who are uninsured and are not eligible for MassHealth (except for MassHealth Limited). There are no citizenship or immigration rules, but children must be Massachusetts residents. The CMSP is administered by the MassHealth agency and uses the MBR application form.

Premiums. No premiums are charged children in families with income under 200 percent of poverty; monthly premiums for children in families with income between 201 and 300 percent of poverty are \$7.80 per child up to a \$23.40 family maximum; with income between 301 and 400 percent of poverty, monthly premiums are \$33.14 per family; with income over 400 percent of poverty, monthly premiums are \$64 per child (SFY 2012). CMSP also charges copayments of \$2–8 depending on the service and the family income.

Services. The CMSP contracts with Unicare to administer benefits. The CMSP benefits are restricted; they include dental up to \$750, prescription drugs up to \$200, mental health and substance abuse up to 20 visits, durable medical equipment up to \$200 (or more for certain conditions) along with outpatient office visits and immunizations and certain other benefits. The CMSP does not include inpatient hospital care, however, families eligible for the CMSP with income at or under 200 percent of poverty are eligible for full Health Safety Net benefits at hospitals and community health centers, and families eligible for CMSP with income over 200 percent but under 400 percent of poverty are eligible for partial Health Safety Net benefits. Children ineligible for MassHealth based on their immigration status and with income not over 150 percent of poverty will receive CMSP plus MassHealth Limited for emergency services.

G.L. c. 118E, § 10F; 130 C.M.R. § 522.004. For more information, visit www.cmspkids.com.

229 What is the Healthy Start Program?

The Healthy Start Program (HSP) is administered by the MassHealth agency as part of its State Children's Health Insurance Title XXI program. Healthy Start covers prenatal care and 60-day postpartum care for pregnant women with gross family income at or under 200 percent of poverty for a family size that includes the fetus. There is no citizenship or immigration status requirement, but women must be Massachusetts residents. Healthy Start uses the MassHealth application form. Women will be eligible for Healthy Start plus MassHealth Limited to cover labor and delivery.

G.L. c. 118E, § 10E; 130 C.M.R. § 522.005.

230 What is the Medical Security Plan?

The Medical Security plan (MSP) subsidizes private insurance or provides direct coverage for individuals eligible to collect unemployment compensation under Massachusetts law. It is administered by the Department of Unemployment Assistance but is also part of the 1115 demonstration.

Eligibility. The MSP is only available to Massachusetts residents who become unemployed from a Massachusetts employer, receive unemployment insurance benefits, are not receiving MassHealth or Medicare, are not offered affordable insurance through a spouse, and have annual family income under 400 percent of poverty; their spouse and children are also eligible. Annual family income is based on actual income in the past six months and projected income for the next six months. The DUA mails an application packet to all individuals filing a claim for unemployment insurance benefits.

Individuals who were on Commonwealth Care while employed, or who apply for Commonwealth Care after losing employment will be asked questions on the MBR or ERV intended to screen for potential MSP eligibility. Individuals will be denied Commonwealth Care if they are collecting unemployment benefits and otherwise appear to be eligible for MSP. If someone is denied who is not eligible for MSP, in order to re-establish eligibility for Commonwealth Care, he or she

will either have to correct misinformation that went into the screening with the MEC, e.g., that the employer was not a Massachusetts employer but a federal or out of state employer, or submit proof of the MSP denial to the same vendor the Connector uses to process exceptions.

Benefits. The MSP either pays part of the cost of continuing coverage under the health insurance offered by a former employer (COBRA) or other private coverage, or offers direct health coverage if COBRA/private coverage is not available or is so expensive it would be a hardship to pay. An unemployed person with family income under 150 percent of poverty automatically meets the hardship standard. For COBRA/private coverage, DUA currently pays 80 percent of the actual premium paid up to a maximum of \$1,200 per month for a family plan and \$500 per month for an individual plan (FY 2012). Starting in 2012, the direct care plan is similar to Commonwealth Care in benefits and member costs and is provided through the Network Health managed care organization. There are per member, per month premium charges based on income for most adults in families with current income over 150 percent of poverty. There is no added premium for children under age 19, pregnant women, or individuals certified by their doctors as disabled. Premiums are deducted from unemployment benefits. Premium assistance or direct coverage end one week after an individual's unemployment insurance benefits end.

G.L. c. 151A, § 14G; 430 C.M.R. § 7.00 et seq. For more information call 800-908-8801 (MSP Customer Service) or go to www.mass.gov/dua/msp.

231 What is the Prescription Advantage Program?

The Prescription Advantage program helps pay the costs of prescription drugs for seniors and people with disabilities and is administered by the Executive Office of Elder Affairs. When Medicare began offering a drug benefit through private drug plans in January 2006, the scope of the Prescription Advantage program changed. As a condition of Prescription Advantage eligibility, Medicare recipients now must enroll with a Medicare drug plan or have comparable coverage and low-income Medicare recipients must apply for “extra help” to make Medicare drug plans more affordable. Prescription Advantage will subsidize some of the remaining out of pocket costs for seniors and certain people with

Part 19 ■ Health Programs Other than MassHealth

disabilities enrolled in Medicare drug plans, and will continue to provide its own pharmacy insurance plan for those not eligible for Medicare.

Eligibility: Prescription Advantage is available to Massachusetts residents (without regard to U.S. citizenship or immigration status) who are not MassHealth or CommonHealth members and who are:

- 65 years of age or older, eligible for Medicare, and have a gross annual household income that is less than 500 percent of poverty;
- 65 years of age or older and not eligible for Medicare; or
- under age 65, work no more than 40 hours per month, meet MassHealth’s CommonHealth disability requirements, and have a gross annual income at or below 188 percent of poverty; and
- if eligible for Medicare, enrolled in a Medicare drug plan or have drug coverage through another insurance plan that is as good as the Medicare drug plan, and if family income does not exceed 150 percent of poverty applied for “extra help” in paying for Medicare drug coverage.

Application and enrollment: Applications can be downloaded from the Elder Affairs website and submitted by mail. Health counselors are available to assist applicants through the SHINE program (800-AGE-INFO).

Benefits: The benefits of Prescription Advantage vary by income level and Medicare coverage; there are five levels of assistance. If enrollees have Medicare, Prescription Advantage may assist with the costs of copayments. If enrollees are not eligible for Medicare, Prescription Advantage offers primary prescription drug coverage.

651 C.M.R. § 15.00. For more information, visit mass.gov/elders/healthcare/prescriptionadvantage.

232 What is the Massachusetts Home Care Program?

The Massachusetts Home Care Program, administered by the Executive Office of Elder Affairs, provides home care through 27 local Aging Services Access Points

(ASAPs). Eligible individuals generally must be age 60 or over with a certain level of functional impairment, and one or more critical unmet needs. There are no U.S. citizenship or immigration status criteria. Gross annual income must not exceed \$24,838 for an individual, \$35,145 for a couple (2009–2011). A range of home care services are available including homemakers, adult day health, personal care homemakers, home delivered meals, transportation, and adaptive housing services. There are copayments based on income. People with Alzheimer’s disease are eligible regardless of age. Certain services such as protective services or emergency shelter may be provided without regard to income or copayments. Services are subject to appropriation and there may be waiting lists for some services. The same range of services are also provided under the frail elder home and community-based service waiver.

651 C.M.R. § 3.00 et seq. For more information call 1-800-882-2003 or visit www.mass.gov/elders.

233 What health services are available to veterans and military families?

The Veteran’s Administration (VA) provides a medical benefit plan for all enrolled veterans. All honorably discharged veterans who apply will be enrolled to the extent appropriations allow in accordance with a priority schedule.

Generally, veterans will receive preventive and primary health care at a VA health care facility. For more specialized treatment veterans may have a choice of locations. Veterans accepted for enrollment in the VA health care system will be eligible to receive necessary inpatient and outpatient services, including preventative and primary care. These include:

- diagnostic and treatment services;
- mental health, substance abuse, and home health;
- respite and hospice care; and
- drugs in conjunction with VA treatment.

For application information call a VA health care facility, the Health Benefits Service Center at 1-877-222-8387 or apply online at www.va.gov/elig. Additional veteran's medical benefits, and assistance with VA applications, are available through the city or town veteran's agent under G.L. c. 115.

TRICARE. Apart from the health services of the VA described above, the TRICARE (formerly called CHAMPUS) programs offer health plans to active duty military personnel and military retirees, and their dependants. Individuals eligible for TRICARE are not eligible for Commonwealth Care. For more information about TRICARE, call 877-874-2273 or visit www.healthnetfederalservice.com.

234 What health services are available to college students?

Students enrolled in at least 75 percent of the full-time curriculum of a college or university in Massachusetts are required to participate in a student health insurance plan (SHIP) or in a plan with comparable coverage. Schools will automatically enroll students in SHIP and add the charges to tuition unless the school exempts a student who demonstrates that he or she has comparable coverage. Under the Affordable Care Act, insurance plans that offer dependent coverage must offer such coverage to children until age 26, which will enable many more students to remain enrolled on a parent's plan. The cost and scope of coverage of SHIP plans vary. Students who are eligible for SHIP are not eligible for MassHealth Basic, Essential, or Commonwealth Care, and therefore such coverage will never be comparable coverage. Students eligible for MassHealth Standard, CommonHealth, or Family Assistance should be able to demonstrate comparable coverage. Uninsured college students are not eligible for the Health Safety Net. However, the Health Safety Net is available to assist with cost sharing at acute hospitals or community health centers for students who are enrolled in SHIP or have comparable coverage. Student Health Insurance Plans are regulated by the Division of Health Care Finance and Policy, which has worked in recent years to enhance the scope of coverage in these plans.

114.6 C.M.R. § 3.00.

235 What is the Fishing Partnership?

The Fishing Partnership was a subsidized health plan for fishing families until FY 2012, when most of the families enrolled in the program were switched over to Commonwealth Care. The program now promotes the health of those in the commercial fishing industry but does not offer a subsidized health plan.

For more information call 888-282-8816 or visit www.fphp.org.

Part 20

Sources of Additional Information

236.	Office of Medicaid.....	240
237.	Other Useful Telephone Numbers	242
238.	Legal Citations and References	244
239.	Other Sources.....	245
240.	Websites.....	246
241.	Legal Services Offices	251

236 Office of Medicaid

**Executive Office of Health
and Human Services,**

One Ashburton Place, 11th Floor
Boston, MA 02108
Tel. 617-573-1600

Office of Medicaid (Operations)

100 Hancock Street, 6th Floor
Quincy, MA 02171
Tel. 617-847-3700

MassHealth Board of Hearings

100 Hancock Street, 6th Floor
Quincy, MA 02171
Tel. 617-847-1200, 800-655-0338
Fax: 617-847-1204

**MassHealth Enrollment Center
in Springfield**

333 Bridge Street
Springfield, MA 01103
Tel. 800-322-5545
Fax: 413-785-4107 (for LTC
applications)

**MassHealth Enrollment Center
in Tewksbury**

367 East Street
Tewksbury, MA 01876-1957
Tel. 800-408-1253
Fax: 978-863-9231 (for LTC
applications)

Insurance Partnership

Tel. 800-399-8285

Office of Medicaid (Policy & Legal)

One Ashburton Place, 11th Floor
Boston, MA 02108
Tel. 617-573-1600
Fax: 617-573-1895 (Legal Dept.)

**Central Processing Unit (use for
applications and related verification
for all except long term care (LTC)
applications)**

PO Box 290794
Charlestown, MA 02129-0214
Tel. 800-843-7114
Fax: 617-887-8799

**MassHealth Enrollment Center (use
for all annual reviews, related
verification & to update information)**

PO Box 1231, Taunton MA 02780
Tel: 888-665-9993; Fax: 617-887-8777

**MassHealth Enrollment Center
in Chelsea**

45–47 Spruce Street
Chelsea, MA 02150
Tel. 888-665-9997
Fax: 617-889-3285 (for LTC
applications)

**MassHealth Enrollment Center
in Taunton**

21 Spring Street, Suite 4
Taunton, MA 02780-0711
Tel. 800-242-1340
Fax: 508-828-4634 (for LTC
applications)

Disability Evaluation Service

PO Box 2796
Worcester, MA 01613-2796
Tel. 800-888-3420
Fax: 617-241-6005

Drug Utilization Review Appeals

Tel. 508-421-6148
Fax: 877-208-7428

Boston Medical Center HealthNet Plan

Member Services Department
Tel. 1-888-566-0010
Mental Health and Substance Abuse Services
Tel. 1-888-217-3501

Neighborhood Health Plan

Member Services Department
Tel. 1-800-462-5449
Mental Health and Substance Abuse Services
Tel. 1-800-414-2820

Network Health

Member Services Department
Tel. 1-888-257-1985
Mental Health and Substance Abuse Services
Tel. 1-888-257-1986

MassHealth Dental

Tel. 800-207-5019

Health New England

Member Services Department
Tel. 413-788-0123; 800-786-9999
Mental Health and Substance Abuse Services:
Tel. 1-800-495-0086

MassHealth Enrollment Centers (All)

Tel. 888-665-9993
TTY: 888-665-9997

Customer Service Center (Maximus)

(Choice of health plan; transportation assistance; questions about services)
Tel. 800-841-2900
Fax: 617-350-3489
TTY: 800-497-4648

Behavioral Health Partnership

Tel. 800-495-0086

MassHealth Standard and CommonHealth Premium Assistance; & Medicare Savings Programs

Tel. 800-462-1120

Accident & Estate Recovery

Tel. 800-754-1864; 508-856-6381

Family Assistance Premium Assistance

Tel. 888-291-4464

Unicare

(administers CMSP benefits)
Tel. 800-909-2677

Prior Approval Unit

Tel. 800-862-8341
Fax: 508-856-3888

Fallon Community Health Plan

Member Services Department
Tel. 1-800-868-5200
Mental Health and Substance Abuse Services
Tel. 1-888-421-8861

**Primary Care Clinician Plan
(PCC Plan)**

Member Services Department

Tel. 1-800-841-2900

Mental Health and Substance Abuse
Services

Tel. 1-800-495-0086

237 Other Useful Telephone Numbers

State Agencies:

MassHealth, Commonwealth Care, Health Safety Net self-service line for members & applicants. 888-665-9993 anytime, day or night, *except* from Saturday, 10:00 p.m. to Sunday, 6:00 a.m. (Select English or Spanish; press “1” when you hear the option “If you are calling about a notice you received or to check on the status of your case, press 1”; follow instruction in a series of menus to obtain information about the status of your case or application.)

Department of Mental Health

617-626-8000

Department of Public Health

800-531-2229

- *Women’s Health Network:* 1-877-414-4447 (breast and cervical cancer screening and application for MassHealth for women diagnosed with such cancers and in need of treatment).
- *HIV Drug Assistance Program (H-DAP):* 800-228-2714 (help with costs of HIV drugs or for the costs of insurance that will cover HIV drugs).
- *Substance Abuse Information & Referral:* 617-292-5065; 800-327-5050 (including treatment for uninsured state residents).

- *Office of Patient Protections*: 1-800-436-7757 (information on managed care consumer protections, and external review of managed care coverage denials).

Department of Transitional Assistance

800-249-2007

SNAP (Food Stamps) Hotline

866-950-3663

Division of Health Care Finance and Policy/Health Safety Net Help Line

617-988-3222; 877-910-2100

Department of Unemployment Assistance/MSP Customer Service Line

800-908-8801

Executive Office of Elder Affairs

617-727-7750

800-AGE-INFO (800-243-4636) (for Prescription Advantage Press 2)

Health Insurance Connector Authority

100 City Hall Plaza

Boston, MA 02108

Tel. 617-933-3030

Fax: 617-933-3070

Commonwealth Care Customer Service

133 Portland Street (premiums can be paid in person at this address)

Boston, MA 02114-1707

Tel. 877-623-6765

TTY: 1-877-623-7773

Commonwealth Care Managed Care Organizations

- See above under MassHealth MCOs for **Health Net; Network Health; Neighborhood Health Plan, and Fallon Health Plan**
- **CeltiCare**
Member Services: 866-895-1786
Mental Health & Substance Abuse: 866-896-5053

Commonwealth Care Exceptions Department

PO Box 9212

Chelsea, MA 02150

Other organizations:

Health Care for All Help Line: 617-350-7279; 800-272-4232 (information, referrals, and application assistance).

Mayor's Health Line: 617-534-5050; 800-847-0710 (information, referrals, and application assistance).

Massachusetts Medline: 866-633-1617 (information and referrals for free or low-cost medications).

Medicare Advocacy Project: 800-323-3205 (legal assistance)

Serving the Health Information Needs of Elders (SHINE): 800-243-4636, (Press 3)

238 Legal Citations and References

Laws and Regulations

Federal Law:

Federal Medicaid Law: Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., 42 C.F.R. Parts 430–456.

Medicaid waiver authority: Section 1115 of the Social Security Act, 42 U.S.C. § 1315.

Federal eligibility based on immigration status: 8 U.S.C. §§ 1612(b), 1613, and 1641.

State Children's Health Insurance Program (CHIP): Title XXI of the Social Security Act, 42 U.S.C. § 1397aa–jj; 42 C.F.R. Part 457.

CHIP Reauthorization Act of 2009 (CHIPRA): Pub. L. No. 111-5, § 214 (legally residing pregnant women & children).

Federal Anti-Discrimination Laws: The Americans with Disabilities Act, 42 U.S.C. §§ 12131–34 and 28 C.F.R. Part 35; the Rehabilitation Act of 1973, 29 U.S.C. § 794.

National Health Reform: The Patient Protection and Affordable Care Act, Pub. L. No. 111-148 (March 23, 2010) as amended by the Health Care and Education Reconciliation Act, Pub. L. No. 111-152 (March 30, 2010).

State Law:

MassHealth, G.L. c. 118E; 130 C.M.R. §§ 401–42, 456, 484–85 (covered services), 450 (administrative and billing), 501–08 (health reform), 515–21 (traditional Medicaid), 522 (other programs), 610 (fair hearings), and 650 (insurance partnership).

Medical Security Plan: G.L. c. 151A, § 14G; 430 C.M.R. § 7.00 et seq.

Children’s Medical Security Plan: G.L. c. 118E, § 10F; 130 C.M.R. § 522.004.

Healthy Start: G.L. c. 118E, § 10E; 130 C.M.R. § 522.005.

Health Safety Net/Free Care: G.L. c. 118G, §§ 35–39; 114.6 C.M.R. §§ 13.00 and 14.00.

Prescription Advantage: G.L. c. 19A, § 39; 651 C.M.R. § 15.

Massachusetts Home Care: 651 C.M.R. § 3.00 et seq.

Commonwealth Care Health Insurance Program: G.L. c. 118H; 956 C.M.R. 2.00 and 3.00.

Managed Care Consumer Protections: G.L. c. 170O; 105 C.M.R. 128.000 (Department of Public Health) and 211 C.M.R. 52.00 (Department of Insurance).

An Act Providing Access to Affordable, Quality, Accountable Health Care: St. 2006, c. 58 as amended by c. 324 and c. 450 St. 2006, and c. 205, St. 2007.

239 Other Sources

Baker, Patricia, *EAEDC Advocacy Guide*, 2008 edition (Massachusetts Law Reform Institute and Massachusetts Continuing Legal Education, Boston, MA). To order: 1-800-966-6253.

Part 20 ■ Sources of Additional Information

Eichner, Stanley and Griffin, Christine ed., *Legal Rights of Individuals with Disabilities*, 2002 (Disability Law Center and Massachusetts Continuing Legal Education, Boston, MA). To order: 1-800-966-6253.

Bauer, Linda G., Freedman, Don and Starr, Emily eds., *Estate Planning for the Aging or Incapacitated Client in Massachusetts*, 2007 edition (Massachusetts Continuing Legal Education, Boston, MA). To order: 1-800-966-6253.

Harris, Deborah et al., *TAFDC Advocacy Guide*, 2008 edition (Massachusetts Law Reform Institute and Massachusetts Continuing Legal Education, Boston, MA). To order: 1-800-966-6253.

Landry, Linda et al., *An Advocate's Guide to Surviving the SSI System*, 2005 edition (Disability Law Center, Massachusetts Law Reform Institute, and Massachusetts Continuing Legal Education, Boston, MA). \$15
To order: 1-800-966-6253.

Massachusetts Division of Health Care Finance and Policy, *Access to Health Care in Massachusetts: A Catalog of Health Care Programs for Uninsured and Underinsured Individuals* (2004, Boston, MA).
To order: 617-988-3100.

National Immigration Law Center, *Guide to Immigrant Eligibility for Federal Programs* (4th ed. 2002). To order: 213-639-3900, ext. 3.

Perkins, Jane et al., *An Advocate's Guide to the Medicaid Program*, 2010, (National Health Law Program, Los Angeles, CA) To order: 310-204-6010.

240 Websites

National

Centers on Medicare and Medicaid Services: www.cms.hhs.gov

This website by the federal agency that administers Medicaid contains extensive information on Medicare, Medicaid, and SCHIP, including CMS's State Medicaid Manual and Letters from CMS Officials to State Medicaid Officials.

National Health Care Reform: www.healthcare.gov

Federal website with extensive information about the Affordable Care Act including the law, regulations, and timelines for implementation.

National Health Law Program: www.healthlaw.org

An excellent site for legal advocates with extensive information on Medicaid and links to other useful sites.

Kaiser Commission on Medicaid and the Uninsured: www.kff.org

Reports on Medicaid, Medicare, the uninsured, and other topics, including a comparison of health facts among the states.

Bazon Center for Mental Health Law: www.bazon.org

Resources on legal rights of people with mental disabilities.

Center on Budget and Policy Priorities: www.cbpp.org

Reports on Medicaid, children's health, and other policy issues.

Families USA: www.familiesusa.org

Reports on Medicaid, Medicare and the uninsured, and current legislative developments, and links to other health-related sites.

Massachusetts

Office of Medicaid: www.mass.gov/MassHealth

This website contains summaries of MassHealth programs, the application form and member booklet, regulations, provider manuals and bulletins, transmittal letters, and other information about MassHealth administered programs.

- *Provider regulations (covered services):* www.mass.gov/masshealth
From the main page, select "MassHealth Regulations and Other Publications."
- *MassHealth Drug List:* www.mass.gov/masshealth
From the main page, select "MassHealth Drug List."
- MassHealth Dental Services: www.masshealth-dental.net
- MassHealth member self-service: www.mass.gov/vg/selfservice
- Children's Behavioral Health Initiative: www.mass.gov/masshealth
- From the main page, select "CBHI" MassHealth Fax/Mail coversheet:
www.mass.gov/eohhs/docs/masshealth/provider-services/forms/mfcs.pdf
- Children's Medical Security Plan: www.cmspkids.com

Part 20 ■ Sources of Additional Information

Websites for the MassHealth Managed Care Organizations:

- *BMC Health Net*: www.bmchp.org;
- *Neighborhood Health Plan*: www.nhp.org;
- *Network Health Plan (Cambridge Health Alliance-Tufts Health Plan)*: www.network-health.org;
- *Fallon Community Health Plan*: www.fchp.org;
- *Health New England*: healthnewengland.com/masshealth
- *Massachusetts Behavioral Health Partnership*: www.masspartnership.com

MassHealth Training Forum: www.masshealthmtf.org

Training materials and other information presented at regional training forums sponsored by the MassHealth agency for providers and consumers.

National Health Reform: mass.gov/nationalhealthreform

Massachusetts website with summaries and links to information about national health reform, and extensive information about the state's implementation of national reform

Division of Health Care Finance and Policy: www.mass.gov/dhcfp

This website contains information on the Health Safety Net/Free Care program, rate regulations for MassHealth services, Key Indicators reports on the health reform implementation and reports on managed care, the uninsured, the hospital system, and other topics.

Department of Public Health: www.mass.gov/dph

This website contains information about various public health programs including:

- the Women's Health Network breast and cervical cancer screening programs, for participating medical sites, see www.massmammography.com (Apx. C),
- substance abuse services, www.helpline-online.com,
- services for people with HIV disease, www.crine.org, and
- the Office of Patient Protections (external review of managed care organization medical necessity determinations), www.mass.gov/dph/opp.

The Department of Unemployment Assistance: www.mass.gov/dua/msp

This website contains information about health insurance coverage for unemployment insurance recipients through the Medical Security Plan.

Executive Office of Elder Affairs: www.mass.gov/elders and www.800ageinfo.com

Information about services to elders including Medicare, the Prescription Advantage Program, Home Care Services, Aging Service Access Points, and free health counseling for elderly and disabled individuals through the SHINE program.

Department of Mental Health: www.mass.gov/dmh

This site includes the eligibility criteria for DMH services.

Department of Transitional Assistance: www.mass.gov/dta

This site includes information about programs administered by DTA including EAEDC and TAFDC.

Health Insurance Connector Authority: www.mahealthconnector.org

Extensive information about programs administered by the Connector including descriptions of Commonwealth Care eligibility criteria, premiums, copayment and benefit schedules, regulations and administrative bulletin and a section where members can log-in; information about unsubsidized health plans offered through the Connector's Commonwealth Choice program; information about health reform, the affordability schedule and the individual mandate, and proceedings of the Connector's Board of Directors.

Commonwealth Care Managed Care Organizations:

- BMC Health Net: www.bmchp.org; Neighborhood Health Plan: www.nhp.org; Network Health Plan (Cambridge Health Alliance-Tufts Health Plan): www.network-health.org; Fallon Community Health Plan: www.fchp.org; CeltiCare: www.celticarehealthplan.com

Department of Revenue: www.mass.gov/dor

Information about tax filing including Schedule HC and instructions and individual mandate penalties for the current tax year.

Department of Insurance: www.mass.gov/doi

Information from the agency regulating health insurance including a Health Insurance Consumer Guide, insurance laws and regulations; and lists of licensed insurers.

Part 20 ■ Sources of Additional Information

Massachusetts Blue Cross Blue Shield Foundation: www.bcbsmafoundation.org
The Foundation website includes a series of reports on health reform in Massachusetts as well as health-related grant opportunities.

Massachusetts Medicaid Policy Institute: www.massmedicaid.org
The Foundation-supported MMPI includes reports focusing on the MassHealth program.

Massachusetts Legal Services Programs: www.masslegalservices.org
This site includes information for advocates about health, benefits, housing, family law, and other substantive areas of poverty law. The Health section is maintained by MLRI and includes updates on current developments and other advocacy materials. The related site, www.masslegalhelp.org, includes community education materials for clients as well as information listing legal services programs throughout the state.

Health Care for All: www.hcfama.org
This site describes the advocacy and organizing projects of Health Care for All and describes pending health access legislation as well as the activities of Coalitions working on such issues as children's health, eliminating health disparities, and implementing health reform. A daily blog is indispensable reading for those working on health policy issues.

Massachusetts Resources: www.massresources.org
This site includes a wealth of information about eligibility criteria and benefits available to assist individuals with basic needs including access to health care, food, and shelter.

Outreach Grantees: www.outreachgrants.org. Information on how to contact each of 40 organizations across the state at times funded by EOHHS to assist individuals in obtaining and maintaining health coverage.

Community Health Centers: www.massleague.org
CHCs with dental clinics: mass.gov/eohhs2/docs/dhcfp/p/hsn/restorative_dental_locations.pdf.

241 Legal Services Offices

Legal services programs along with law school clinics, pro bono programs and nonprofit law firms provide free legal services to low-income and elderly state residents who live in their service areas in certain civil (noncriminal) legal matters. Different offices have different areas of expertise and priorities. For more information on legal services programs, visit www.masslegalhelp.org.

Boston College Legal Assistance Bureau (Waltham).....	781-893-4793
Cambridge & Somerville Legal Services	617-603-2700
Center for Public Representation (disability issues)	
Northampton.....	413-587-6265
Newton.....	617-965-0776
Children’s Law Center of Massachusetts	781-581-1977
Community Legal Services & Counseling Center (Cambridge)	617-661-1010
Community Legal Aid	
Greenfield	413-774-3747; 800-639-1309
Northampton	413-584-4034; 800-639-1309
North Adams.....	413-664-4531
Pittsfield	413-499-1950; 800-639-1509
Springfield.....	413-781-7814; 800-639-1109
Worcester (Call MJP-Worcester for intake)	508-752-3718
Disability Law Center	
Boston	617-723-8455; 800-872-9992
Northampton	413-584-6337; 800-222-5619
Greater Boston Legal Services.....	617-371-1234; 800-323-3205
Harvard Legal Aid Bureau.....	617-495-4408
Health Law Advocates.....	617-338-5241
Justice Center of Southeast Mass.	
Fall River	508-676-6265; 800-287-3777
Legal Advocacy & Resource Center.....	617-603-1700; 800-342-5297
Legal Services Center (WilmerHale Legal Services Center - Boston).....	617-522-3003
Mass. Justice Project	
Holyoke.....	413-533-2660; 800-639-1209
Worcester	508-831-9888; 888-427-8989
Massachusetts Law Reform Institute	617-357-0700; 800-717-4133
Medicare Advocacy Project.....	800-323-3505
Mental Health Legal Advisors Committee	617-338-2345; 800-342-9092

Part 20 ■ Sources of Additional Information

Merrimack Valley Legal Services (North Shore Lowell).....	978-458-1465; 800-336-2262
MetroWest Legal Services (Framingham).....	508-620-1830; 800-696-1501
Neighborhood Legal Services	
Lawrence.....	978-686-6900; 888-657-2889
Lynn	781-599-7730; 800-747-5056
New England School of Law Clinical Law Office (Boston)	617-422-7380
South Coastal Counties Legal Services, Inc.	508-676-5022
Brockton.....	508-586-2110; 800-244-9023
Hyannis	508-775-7020; 800-244-9023
New Bedford.....	508-979-7150; 800-244-9023
Suffolk University Legal Services	617-884-7568
Volunteers Lawyers Project of the Boston Bar Association.....	617-426-0648