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I. Preparation

Do I Need to Complete an Application?

- In some cases, a new application may not be required
- If 65+
  - and denied for lack of verification within past 30 days, applicant only needs to submit the missing verification
  - and denied for excess assets within 60 days, applicant only needs to submit verification that assets have been reduced
- If applicant is <65
  - Only 1 application is required per year
  - If applicant has submitted application within a year, do not fill out a new application. Submit any necessary changes/corrections/updates needed to establish eligibility
- Otherwise, complete a new application
- Don’t waste your time filling out unnecessary applications!
Applicant’s Responsibilities

- Members must notify MassHealth within 10 days of any changes in
  - Income
  - Assets
  - Health insurance
  - Disability status
  - Immigration status
  - Address
- Other health insurance
  - Members must apply for and enroll in any health insurance available to them at no cost, including Medicare
  - Members must keep Medicare if they already have it
- Correct information
  - Members must provide accurate information
  - Misinformation provided by member (or someone acting on member’s behalf) may result in fines, imprisonment, or both

Estate Recovery Questions

- Clients often have concerns regarding MassHealth’s estate recovery practices
- MassHealth does have the right to recover funds from a person’s estate once they have passed away with several exceptions
- Some exceptions:
  - No estate recovery for benefits received under 55 y.o. (except nursing home)
  - Member only received an MSP benefit
  - Member only received Commonwealth Care
  - Delayed if deceased member leaves behind a spouse
  - Delayed if deceased member leaves behind a child who is blind, permanently and totally disabled, or under 21
- “Take home message”: MassHealth may utilize estate recovery after a member dies, but will abstain if recovery would impact a surviving spouse or dependent child.
- MassHealth Estate Recovery regulations can be found at 130 CMR 501.013, 515.011, and 515.012.
Anticipated Verifications

- If possible, review income and assets with client prior to meeting
- Give client a “MassHealth Application Checklist”
- Providing all the necessary verifications with the application can greatly decrease the time it takes to receive a decision
- Under law, financial institutions cannot charge seniors for copies of bank or other financial records if MassHealth is asking for them
- Verifications should be dated within the past 45 days

II. Completing and Submitting the Application
The Application Process

1. Complete the application with any necessary supplements
2. Collect necessary verifications
3. Submit application with verifications
4. Respond to information request (VC letter)
5. Receive decision

Which Application Do I Use?

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Form(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+; not in a nursing home; wants MassHealth, Commonwealth Care, or Health Safety Net</td>
<td>Senior Medical Benefit Request</td>
</tr>
<tr>
<td>Any age; in nursing home; wants MassHealth</td>
<td>Senior Medical Benefit Request</td>
</tr>
<tr>
<td>60+; not in nursing home; wants Home and Community Based Waiver (Frail Elder)</td>
<td>Senior Medical Benefit Request</td>
</tr>
<tr>
<td>Couple (&lt;65 and 65+); any living situation; wants MassHealth, Commonwealth Care, or Health Safety Net</td>
<td>Senior Medical Benefit Request</td>
</tr>
<tr>
<td>Any age; any living situation; wants Buy-in only</td>
<td>MassHealth Buy-in application</td>
</tr>
<tr>
<td>65+; not in nursing home; wants CommonHealth as a working disabled adult</td>
<td>Medical Benefit Request</td>
</tr>
<tr>
<td>65+; not in nursing home; parent or legal guardian to child under 19</td>
<td>Medical Benefit Request</td>
</tr>
<tr>
<td>Under 65; not in nursing home; wants MassHealth, Commonwealth Care, or Health Safety Net</td>
<td>Medical Benefit Request</td>
</tr>
</tbody>
</table>
Tips for Completing Application

- Review every section with the applicant
- Do not assume
- May reveal important information that was not previously mentioned
- Make sure application is filled out in its entirety

Senior Medical Benefit Request
Level of Care

- Used to determine the type of benefit applying for
  - Living at home
  - Home and Community Based Services Waiver (Frail Elder)
  - PACE
  - SCO
  - Nursing home

Household Information

- If married, both members must be listed on the same application
- Even if one household member is not applying
- If only one family member applying, that person should be listed under Head of Household
Retroactive Coverage

- For applicants 65+, MH can provide retroactive coverage up to 3 mos. from date of application
- This section signals to MEC worker that applicant needs retroactive coverage
- Applicant must provide income and asset verifications spanning the retroactive period

PCA Services

- Used to determine if an applicant should complete the PCA Supplement
- If yes to last 3 questions, directed to complete PCA supplement (gold form)
**Working Income**

- Make duplicate pages if more than 1 job in household
- Acceptable verification depends on type of work

**Working Income Verification**

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Acceptable verification (*recommended method)</th>
</tr>
</thead>
</table>
| Employee of company                              | • 2 weeks of paystubs (gross pay)*  
|                                                  | • Recent letter signed by employer stating gross pay and number of hours worked  
|                                                  | • In rare cases, a W-2 form may be requested                                       |
| Self-employed                                    | • Most recent federal 1040 form with all attachments (including Schedule C and/or E)*  
|                                                  | • Current signed profit and loss statement                                          |
| Other work used to qualify for CommonHealth      | • Current letter signed by employer stating gross pay and number of hours worked*  
|                                                  | • 2 weeks of paystubs (gross pay)                                                  |
Rental Income

- Applicant must provide verification of both rent amount and 1 yr of expenses
- Verification of rent amount can include statement from tenant(s), copy of lease, or federal tax return
- Verification of expenses should include a year’s worth of bills/invoices
- The net profit/loss from the rental property is countable

Unemployment Benefits

- Acceptable verification includes a copy of an unemployment stub or a letter from Division of Unemployment Insurance (DUI)
- Must show gross benefit rate
- Someone receiving or eligible for unemployment benefits is eligible for subsidized health insurance through DUI called the Medical Security Program (MSP).
- If applying for Commonwealth Care, must provide a denial notice from MSP.
**Other Nonworking Income**

- Do not need to provide social security income verification—can be obtained by MH through match
- MH requests gross amount (before taxes or deductions)

### Other Nonworking Income Verifications

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Acceptable Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony</td>
<td>Letter from ex-spouse</td>
</tr>
<tr>
<td></td>
<td>Court document</td>
</tr>
<tr>
<td>Annuity</td>
<td>Check stub</td>
</tr>
<tr>
<td></td>
<td>Annuity contract</td>
</tr>
<tr>
<td></td>
<td>Letter from company</td>
</tr>
<tr>
<td>Child Support</td>
<td>Letter from parent paying support</td>
</tr>
<tr>
<td></td>
<td>Printout of DOR record</td>
</tr>
<tr>
<td></td>
<td>Court document</td>
</tr>
<tr>
<td>Dividends or Interest</td>
<td>Letter from financial institution</td>
</tr>
<tr>
<td></td>
<td>Federal tax forms (1040 &amp; Schedule B or 1099)</td>
</tr>
<tr>
<td>Pensions</td>
<td>Pension stub</td>
</tr>
<tr>
<td></td>
<td>Letter from pension source</td>
</tr>
<tr>
<td>Retirement</td>
<td>Federal tax forms</td>
</tr>
<tr>
<td></td>
<td>Letter from financial institution</td>
</tr>
<tr>
<td>Trusts</td>
<td>Records/statements from financial institution</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>Copy of stub</td>
</tr>
<tr>
<td></td>
<td>Letter from company</td>
</tr>
</tbody>
</table>
Veterans Benefits Verification

- Verification should be in the form of a letter from the source (municipal or federal government)
- Letter should state the type of benefit and the gross amount
- Some veterans benefits are countable and some are non-countable
- If non-countable, include notification of this with the document
- Non-countable types include:
  - Aid and attendance
  - Those that are based on need and provided by municipality

College Student

- Aids in determining eligibility for Commonwealth Care
- Mass. College students that are at least 75% FT are eligible for student health insurance through school and therefore ineligible for Commonwealth Care
- 75% FT = 9 credits for undergraduate students
  - 6 credits for graduate students
Health Insurance

- Be sure to include all policies, including dental, vision, pharmacy
- All types of health insurance policies can be used to meet spend-down or as deduction for nursing home patient pay amount
- Verify in the form of a recent premium bill

Accident or Injury Information

- “Yes” to any of these questions and applicant will be required to complete the Third Party Recovery forms before being approved for benefits
Bank Accounts

- Provide most recent account statement
- Statements should include:
  - Account holder name(s)
  - Bank name
  - Account number
  - Dates
  - Balances
- Must include accounts that are jointly owned with others
- Per official policy, bank statements are not acceptable forms of income verification
- If requesting retro, provide statements for entire retro period
- If applying for nursing home coverage, MH may request statements from up to the past 60 months
- If applying for nursing home coverage, may be asked to verify large withdrawals (cancelled checks, receipts, etc.)
Life Insurance

- For all policies:
  - Owner’s name
  - Face value
  - Verify if policy has a cash surrender value
- If total **face value** of all countable policies exceeds $1500, provide verification of **cash surrender value** for all policies
- If ownership and beneficiary of a policy is transferred to a funeral home, policy is non-countable

**Life Insurance: Countable or Non-countable?**

Is the policy **term/group** or **whole life**?

- **term/group**
  - Non-countable
- **whole life**
  - Is the total face value < $1500?
    - No
      - Non-countable
    - Yes
      - Find out cash surrender values. Total cash surrender value is countable.
      - Non-countable
Securities

- Statements should include:
  - Owner's name(s)
  - Bank names
  - Account numbers
  - Dates
  - Balances

Annuities

- Must provide annuity contract showing:
  - Date purchased
  - Term of annuity
  - Owner
  - Annuitant
  - Beneficiaries, with percentage of interests
  - Whether or not annuity can be cashed-in
  - Monthly income amount

- Income derived from annuity is countable
- Principal is countable asset if applicant is able to cash-in.
  - In these cases, must submit verification of cash surrender value.
**Assisted Living**

- Provide copy of contract with facility
- Include verification of deposit amount (if any) and terms of contract, explaining how deposit is to be handled upon discharge

**Real Estate**

- Primary residence is non-countable if equity value <$750,000
- Include property in which applicant has retained a life estate
- Acceptable verification
  - Deed,
  - Tax bill (showing current property value)
  - Verification of any amount owed (e.g., mortgage statement)
Vehicles/Mobile Homes

- One vehicle per household is non-countable
- For additional vehicles, equity value is countable
- A mobile home that is primary residence is treated as real estate, not a vehicle
- Acceptable verification
  - Registration
  - For countable vehicle(s):
    - Proof of fair market value (excise tax bill or Kelly Blue Book)
    - Proof of any outstanding loan balance
    - Bill of sale (for mobile homes only)

Prepaid Burial Plans/Trusts

Burial contracts and trusts
- Pre-paid burial contract with funeral home to provide selected services at agreed-upon price
- To be non-countable, must be irrevocable
- Acceptable verification
  - Copy of signed contract showing that it is irrevocable
  - Copy of itemized list of goods and services purchased
Prepaid Burial Plans/Trusts

Burial Accounts
- Separate account reserved for burial expenses only
- Must be in applicant's/spouse's name
- Allowed one per individual
- Cannot exceed $1500 (other than accrued interest)
- Cannot use funds for any purpose other than applicant's burial expenses
- If funds withdrawn for any purpose other than burial expenses, entire balance of account will be countable
- Acceptable verification
  - Copy of bank statements/passbook
  - Show account holder’s name; typically named “Burial Account for…”

Life Insurance
- Instead of burial account, applicant can also designate a life insurance policy for burial expenses only. Face value may not exceed $1500.
  - Acceptable verification
    - Proof of policy’s face value
    - Signed affidavit from applicant that policy is reserved for burial expenses only and will not be used for any other purpose

Trusts
- May be countable or non-countable
  - Based on terms of trust and applicant’s access to funds
  - Often determined by MassHealth legal department
- For questions regarding trusts, refer client to elder law attorney
- Acceptable verification
  - Copy of full trust document
  - Schedule of beneficiaries
  - Financial records of assets held in trust
- Includes real estate trusts
Citizenship/Immigration Status

- Complete this section only if noncitizen
- Used to determine category of immigration status
- Eligibility for different coverage types varies depending on citizenship/immigration status

Citizenship and Identity Verification

- Social Security, Medicare, SSDI, or SSI recipients do not have to verify citizenship and identity
- Otherwise, typical verifications include:
  - U.S. Passport
  - Certificate of Naturalization
  - U.S. birth certificate AND photo ID (driver's license/state ID)
  - Other forms of verification described in MassHealth and You guide
Immigration Status Verification

- Can include:
  - Legal Permanent Resident Card
  - I-94 form
  - I-551 form
  - Employment Authorization Card
  - Other official written documentation from DHS

- For legal permanent residents who have held that status for < 5 years, it is especially important to complete the U.S. Entry Date

- Complete only if married and:
  - One spouse is <65 and applying, and
  - Not the guardian of a child <19

- Used to determine eligibility of spouse <65 for HIV and disability benefits

- Acceptable verification
  - HIV
    - Letter from medical provider stating diagnosis
  - Disability
    - If not receiving SSDI, complete MassHealth Adult Disability Supplement
Signature Page

- Only requires one signature
- If signed by someone other than applicant or spouse, must provide Eligibility Representative Designation form for that person

Applying for Specialized Benefits

A. CommonHealth
B. Personal Care Attendant Services
C. Home and Community Based Services (Frail Elder) Waiver
D. SCO/PACE
E. Nursing Home Care
A. CommonHealth

- Complete Medical Benefit Request form
- For working 65+ individuals who can document a disability prior to turning 65
- No asset limit
- Must work at least 40 hours per month
- Verification:
  - Paystubs (must show hrs)
  - Signed letter from employer stating gross pay and number of hours worked

B. PCA Services

- Complete SMBR
- Complete Personal-Care Attendant Supplement
- To be clinically eligible, must need help with at least 2 “activities of daily living”
- If approved, must register with an approved PCA service provider within 90 days of approval
C. Home and Community Based Services Waiver

- Formerly known as Frail Elder Waiver
- Complete SMBR, even if <65
- Complete Resource Transfers section of Long Term Care supplement
- ASAP must submit notification of clinical eligibility

HCBW Questions on the SMBR

You MUST answer ALL three questions in the following section.

1. Have you or your spouse applied for:
   - 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? Yes _____ No _____
   - 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 the Home- and Community-Based Services Waiver (HCBW), PCIE (Program of All-Inclusive Care for the Elderly), or GCC (Senior Care Options)? Yes _____ No _____
   - MassHealth because you are living in a medical institution, like a nursing home or chronic hospital? Yes _____ No _____

If you are applying for or getting long-term-care services at home under the 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.
Supplement A: Long-Term Care Questions

- Complete first 2 questions and “Resource Transfers” section only
- Use to identify assets that are being transferred from applicant to spouse

Provide verification of transfers
- Account statement showing change of account owner
- Letter from life insurance company indicating change of policy owner
- Copy of recorded deed for any countable real estate
Clinical Eligibility for HCBW

- Nurse from ASAP determines clinical eligibility
- Enrollment coordinated between ASAP case manager and MassHealth
- Must be considered “nursing home eligible”

D. SCO/PACE

- Senior Care Options
- Program of All-inclusive Care for the Elderly
- Complete SMBR
- Not required to complete Supplement A: Long-Term-Care Questions
- Clinical eligibility screening by ASAPs required if member is over income for MH Standard
- Applications submitted through SCO/PACE agency
E. Nursing Home Care

- Complete SMBR, even if <65
- If <65 and not receiving SSDI, must also complete MassHealth Adult Disability Supplement
- Complete Supplement A: Long-Term-Care Questions
- Clinical eligibility screening performed by ASAP

Nursing Home Application Timeframe

- Application sent to MEC corresponding to city/town in which nursing facility is located
- Application assigned to case worker
- Within 5 days of case assignment, Information Request mailed
- Usually requires more extensive verification
- Deadline for Information Request is 30 days from notice
- A decision must be made within 45 days of case assignment
Nursing Home Questions on SMBR

You MUST answer ALL three questions in the following section.

Are you or your spouse applying for:

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? □ yes □ no Your spouse □ yes □ 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 the Home- and Community-Based Services Waiver, PACE (Program of All-Inclusive Care for the Elderly), or SOD (Senior Care Options)? □ yes □ no Your spouse □ yes □ no

3. MassHealth because you are living in a medical institution, like a nursing home or chronic hospital? □ yes □ no Your spouse □ yes □ no

If you are applying for or getting long-term care services at home under the 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.

- Provide facility address in specified box
- Provide date of admission in specified box
Supplement A: Long-Term-Care Questions

- Used to identify deductions from Patient Pay Amount (PPA)
- Spousal Maintenance Needs Allowance (SMNA) and FMNA deducted from PPA
- Some of spouse’s or dependents’ living expenses used to calculate SMNA/FMNA

Acceptable Verification of Spouse’s Living Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>Rent receipt</td>
</tr>
<tr>
<td></td>
<td>Cancelled check</td>
</tr>
<tr>
<td></td>
<td>Lease</td>
</tr>
<tr>
<td>Mortgage</td>
<td>Mortgage statement</td>
</tr>
<tr>
<td>Homeowner’s/Tenant’s Insurance</td>
<td>Current annual premium bill</td>
</tr>
<tr>
<td>Real Estate Taxes</td>
<td>Past 12 months of tax bills</td>
</tr>
<tr>
<td>Condo/Co-op Fee</td>
<td>Statement from condo association</td>
</tr>
<tr>
<td>Assisted Living Room and Board</td>
<td>Assisted Living contract or letter from facility stating amount for Room and Board only</td>
</tr>
</tbody>
</table>
Payments from a long term care insurance policy is countable income when determining PPA

Verify by providing copy of policy showing:
- Amount of monthly payment
- Duration of payments

Determines if real estate is countable
Determines if lien should be placed
Real Estate: Countable or Non-Countable

- For nursing home applicants, whether or not their real estate is a countable asset can become complicated.
- In general, real estate is a countable asset unless the applicant:
  - intends to return home
  - has a spouse living in the home
  - has a child under 21 living in the home
  - has a blind or disabled child in the home
  - signs an Agreement to Sell Property Form and lists property on the market
  - business property

Tax Returns

- Applicants should provide copies of any federal tax returns they have filed in the past 2 years.
- If these documents are not available, can complete a Form 4506.
- Form 4506 should be sent to MassHealth.
- Gives MassHealth permission to request tax returns from IRS.
Resource Transfers

- Identifies transfers of assets or income
- “Look-back” period of 5 years
- Transfers of less than fair market value in the previous 5 yrs can result in a disqualification period
- Assisted living- provide documentation of deposit amount and how deposit is to be used

Releases

- In order for a MEC worker or Customer Service Rep. to share case-specific information, an active release must be on file
- 2 types of releases—Permission to Share Information (PSI) and Eligibility Representative Designation (ERD)
- If you complete a release you will receive copies of all eligibility letters sent to member
Permission to Share Information

- Most appropriate type of release for SHINE counselors
- Allows MassHealth to give you case-specific information regarding eligibility
- Does not give authorized party the power to make changes/updates to member's case
- Suggest completing a “blanket” form for your SHINE region and not for a specific counselor
- Has a termination date
  - If no end date provided, defaults to 1 yr
Eligibility Representative Designation

- Most appropriate for a child, caretaker, guardian, etc.
- Not necessary for spouse.
- Only complete section 1, 2, or 3 depending on circumstances
- Allows authorized party to receive info from MH, make changes/updates to case, and sign forms on member’s behalf
- Expires in 18 months
Where do I send the application?

- First time application and corresponding verifications:
  Central Processing Unit
  P.O. Box 290794
  Charlestown, MA 02129
  Fax: 617-887-8799

- Renewal applications and all other verifications:
  MassHealth Enrollment Center
  P.O. Box 1231
  Taunton, MA 02780
  Fax: 617-887-8777

- Nursing Home applications:
  Send to street address of MEC corresponding to the city/town in which the facility is located

III. Follow-up
Information Requests

- Sometimes called VC, VC-1, or VC-T letters
- Despite your best efforts, many times a client will receive an information request for further verifications
- These requests should state the missing verifications and provide some information on how to verify
- 30 day deadline to provide verifications
- Due to processing delays, advise clients to respond to information requests as early as possible

Information Requests

- If possible, attach a copy of the Information Request to the verifications
- Clients should write their name and DOB or MassHealth ID number on each page
- Again, banks cannot legally charge seniors for documents requested by MassHealth
Contacting the MECs

- Depending on the telephone option pressed or the current call volume, calls may be diverted to Customer Service or a different MEC.
- Each MEC has scheduled “call-free” days on which their calls are diverted to different MECs.
- All MECs can now view applications/verifications regardless of which MEC the case belongs to (except for nursing home cases).
- Given MassHealth’s current case volume and staffing limitations, it can be difficult to reach the MECs by phone.
  - If possible, use My Accounts Page or the automated telephone system instead.

The Decision

- MassHealth is required to evaluate eligibility for all programs.
- As a result, decision letters can be lengthy.
- Encourage clients to read the entire letter.
- Every decision letter includes a form and instructions for filing a fair hearing (appeal).
IV. Other Tips

Appeals

- When should I appeal?
  - If you believe you received an incorrect eligibility decision
  - If you were terminated for missing verifications that were provided before deadline
  - If you were terminated for failure to return eligibility review that was provided before deadline
- Why should I appeal?
  - To receive the right coverage with the right start date
  - To prevent a wrongful termination of previous benefits
    - If an appeal is filed within 10 days of decision, the Board of Hearings will protect the member’s previous coverage until the appeal date
**Changes of Address**

- Stress to clients that changes of address should be reported to MassHealth
- Cases often close because eligibility reviews and information requests are sent to old addresses
- Should not rely on change of addresses filed with the post office to be conveyed to MassHealth

**Emergency Situations**

- If a processing delay is preventing a member from accessing services in an emergency situation or from filling a prescription, a MEC worker should be notified
- In these cases, the MECs have procedures to expedite processing
- Do not request expedited processing in writing. It should be done over the phone or in person at the MEC.
Retroactive Coverage

- Members 65+ or in a nursing home can request retroactive benefits up to 3 months from date of application
- Should be indicated on page 1 of SMBR
- Will need to provide income and asset verifications for requested retroactive period to ensure that member was eligible then

Never tell clients they will or will not be approved for benefits. Only MassHealth can make that decision!
V. Forms
MassHealth Application Checklist

This checklist is intended for use by SHINE clients who are applying for MassHealth. It includes some of the most common verifications requested of MassHealth applicants who are 65 years or older. Keep in mind that MassHealth may request additional documentation, but providing as much of the following information as possible could decrease the amount of time it takes to receive a decision.

- **For U.S. citizens:** copy of U.S. passport, U.S. birth certificate, or Certificate of Naturalization (unless receiving Social Security benefits)
- **For U.S. citizens:** Copy of driver’s license, state identification card, or other government-issued photo identification (unless receiving Social Security benefits)
- **For non-citizens:** Copy of legal permanent resident card, work authorization card, I-94 form, or visa (unless receiving Social Security benefits)
- Copy of Medicare Card
- Copy of any other medical insurance, dental insurance, or vision insurance cards (both sides)
- Proof of all GROSS income, such as 2 recent paystubs, pension stub, unemployment stub, etc. (not including Social Security benefits)
- If applicant/spouse own a rental property:
  - Proof of rent amount, such as statement from tenant(s) or current lease
  - 12 months of mortgage statements
  - 12 months of property tax bills
  - 12 months of utility bills, if paid by landlord
  - 12 months of water/sewer bills, if paid by landlord
  - Current homeowner’s insurance statement
  - Copies of bills/invoices for any repairs and maintenance in past 12 mos.
  - Verification of co-op or condo fee
- Copy of most recent account statements for all bank accounts, including certificate of deposits and burial accounts
- Copy of recent account statements for any other investment accounts
- Copy of deed and current tax bill for all real estate
- Copy of registration and proof of amount owed for all vehicles
- Verification of life insurance face value and current cash surrender value
- Copy of any pre-paid burial contracts with itemized list of goods and services purchased
Please print clearly. You must fill out all sections.

Important: If you decide that you do not need to fill out this form, please tear out the bottom part. You must fill out this form if you have any questions. You can view the information on your child's health-care plan. If this form is being filled out by someone else, please indicate the person filling out the form.

Do not use this form if you want to use a different provider, lawyer, or organization. Someone who helps you fill out this form can fill it out for you. Someone who helps you fill out this form may need to know your personal information. The provider cannot share your personal information with anyone else. You can fill out this form if you need to share information with someone else.

MassHealth Enrollment Center (MEC) closest to you:

Address:

Telephone number:

Date:

Signature of person filling out this form:

Print name of person filling out this form:

a legal guardian, a minor child, another eligible representative, or someone who has the legal authority to act on behalf of the applicant/member.

If this form is being filled out by someone else, please indicate the person filling out the form.

Fill out the following section if this form is being filled out by someone else.
Section 1: Name of MassHealth Applicant or Member

Section 2: What information do you want to share?

Section 3: Has the applicant been diagnosed with a mental illness?

Section 4: Why do you want to share?

Section 5: End of Permission

This permission to share information is good until:

Section 6: Signature

End 12 months from the date we get this form.

If you do not put a date and date, this permission will be good until:

Date of Birth:

Social Security number:

Telephone number:

Address:

Be specified: (Name of applicant or member whose information is to be shared)

Member

Payment for a determination of your disability is specified. If you have information about your disability determinations (check this box only if you have information about the status of my disability determinations)

Only the following information (please be specified):

Payment is given for MassHealth and its representations

Press note: Eligibility notices provide information

I am giving MassHealth permission to share information and copies of your eligibility in Section 2. I do not want to be contacted by MassHealth to get this information. If you want to get this information, please check this box.

Please note: The applicant’s or member’s disability

Name of person or organization:

Please note: The applicant’s or member’s disability

I understand that:

This permission to share information is good until:

Date of Birth:

Social Security number:

Telephone number:

Address:

Be specified:

Section 3: Has the applicant been diagnosed with a mental illness?

Section 4: Why do you want to share?

Section 5: End of Permission

This permission to share information is good until:

Date of Birth:

Social Security number:

Telephone number:

Address:

Be specified:

Section 3: Has the applicant been diagnosed with a mental illness?

Section 4: Why do you want to share?

Section 5: End of Permission

This permission to share information is good until:

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Address:

Be specified:

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Section 4: Why do you want to share?

Section 5: End of Permission

This permission to share information is good until:

Date of Birth:

Social Security number:

Telephone number:

Address:

Be specified:
Eligibility Representative Designation Form

What an eligibility representative does

You may choose an eligibility representative to help you with some or all of the responsibilities of applying for or getting health benefits (MassHealth, Commonwealth Care, the Children’s Medical Security Plan, Healthy Start, and the Health Safety Net (formerly the Uncompensated Care Pool)). You can do this by filling out this form (the MassHealth Eligibility Representative Designation Form (ERD)). The person you choose 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 your application or eligibility review form and other MassHealth eligibility forms, give proof of information given on these eligibility forms, report changes in your income, address, or other circumstances, and get copies of all MassHealth eligibility notices sent to you.

Under MassHealth regulations 130 CMR 516.007, MassHealth is allowed to send a copy of all applicant and member eligibility notices to the applicant’s or member’s institution where he or she is living, and to his or her spouse who is living at home, without an ERD being filled out.

Who can be an eligibility representative

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. You must designate in writing on this form (please fill out Section I, Part A) the person you want to be your eligibility representative. Your eligibility representative must also fill out Section I, Part B.

If, because of a mental or physical condition, you cannot designate in writing an eligibility representative, a person who is acting responsibly on your behalf can be your eligibility representative if that person certifies, by filling out Section II, that you are not able to provide a written designation, and that he or she is acting responsibly on your behalf.

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 Section III, 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. Depending on the wording of the legal appointment, this person may be able to help you or get information for you in other matters that do not apply only to your eligibility.

Please Note: The applicant’s or member’s social security number (SSN) is required if one has been issued, unless he or she is applying for or getting only MassHealth Limited, the Children’s Medical Security Plan (CMSP), Healthy Start, or the Health Safety Net.

How an eligibility representative designation ends

A Section I or II eligibility representative’s designation ends 18 months after the date he or she signs this form. To designate this person again, or to designate another person as your eligibility representative, you must submit a new ERD. A Section III eligibility representative’s designation ends when his or her legal appointment ends. If at some time during the 18-month period you no longer want this person to be your eligibility representative, you must send a letter stating this to: Privacy Office, 600 Washington Street, Boston, MA 02111.

Where to send this form

If you are applying for health benefits, send your filled-out ERD with your application to the MassHealth Enrollment Center (MEC) listed on your application.

If you are already getting health benefits, send your filled-out ERD to the one MEC listed below that is closest to where you live.

- MassHealth Enrollment Center
  - 300 Ocean Avenue
  - Suite 4000
  - Revere, MA 02151

- MassHealth Enrollment Center
  - 333 Bridge Street
  - Springfield, MA 01103

- MassHealth Enrollment Center
  - 21 Spring Street
  - Suite 4
  - Taunton, MA 02780

- MassHealth Enrollment Center
  - 367 East Street
  - Tewksbury, MA 01876

ERD (Rev. 01/11)
**SECTION I: Eligibility Representative Designation (if applicant or member is able to sign)**

<table>
<thead>
<tr>
<th>Part A—to be filled out by applicant or member—please print, except for signature.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicant/Members name:</strong></td>
</tr>
<tr>
<td>I certify that I have chosen the following person to be my eligibility representative, and that I understand the duties and responsibilities this person will have (as explained on the other side of this form).</td>
</tr>
<tr>
<td><strong>Eligibility representative name:</strong></td>
</tr>
<tr>
<td><strong>Eligibility representative address:</strong> street address, city, state, zip code</td>
</tr>
<tr>
<td><strong>Eligibility representative telephone no.:</strong></td>
</tr>
<tr>
<td><strong>Applicant/Members signature:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part B—to be filled out by eligibility representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>I certify that I know enough about the above applicant or member to take responsibility for the correctness of the statements made during the eligibility process, and that I understand my duties and responsibilities as this person’s eligibility representative (as explained on the other side of this form).</td>
</tr>
<tr>
<td><strong>Eligibility representative signature:</strong></td>
</tr>
</tbody>
</table>

**SECTION II: Eligibility Representative Designation (if applicant or member cannot provide written designation)**

To be filled out by eligibility representative—please print, except for signature.

I certify that I know enough about the applicant or member named below to take responsibility for the correctness of the statements made during the eligibility process, and that I understand my duties and responsibilities as this person’s eligibility representative (as explained on the other side of this form), and that this person cannot provide written designation. If this person can understand, I have told the person that MassHealth will send me a copy of all MassHealth eligibility notices and this person agrees to this, and I have told this person that he or she may remove or replace me as eligibility representative at any time by sending a letter to: Privacy Office, 600 Washington Street, Boston, MA 02111.

<table>
<thead>
<tr>
<th><strong>Applicant/Members name:</strong></th>
<th><strong>SSN:</strong></th>
<th><strong>Date of birth:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility representative name:</strong></td>
<td><strong>Your relationship to applicant or member:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility representative address:</strong> street address, city, state, zip code</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility representative telephone no.:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility representative signature:</strong></td>
<td><strong>Date:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION III: Eligibility Representative Designation (appointed by law)**

To be filled out by eligibility representative appointed by law (as explained on the other side of this form)—please print, except for signature. Please attach copy of applicable legal document.

<table>
<thead>
<tr>
<th><strong>Applicant/Members name:</strong></th>
<th><strong>SSN:</strong></th>
<th><strong>Date of birth:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility representative name:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility representative address:</strong> street address, city, state, zip code</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility representative telephone no.:</strong></td>
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</tr>
<tr>
<td><strong>Eligibility representative signature:</strong></td>
<td><strong>Date:</strong></td>
<td></td>
</tr>
</tbody>
</table>
U.S. Citizenship/National Status and Identity Requirements for MassHealth/Commonwealth Care
Effective 7/1/06 from the Federal Deficit Reduction Act of 2005

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

* Exception: Senior citizens and disabled persons who get or can get Medicare or Supplemental Security Income (SSI), or disabled persons who get Social Security Disability (SSD) 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 United States 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 United States 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-600 or N-601) 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 1, 1914), Guam (on or after April 16, 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, 1976). 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-454, Form FS-240, or Form DS-1350)
- A U.S. Citizen ID card (DHS Form I-157 or I-179)
- An American Indian Card (I-823 with the classification code KIC) issued by the Department of Homelands Security (DHS) to identify U.S. citizen members of the Texas Band of Kickapoo living near the United States/Mexican border
- Final adoption decree showing the child’s name and U.S. place of birth (if adoption is not finalised, 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-823) issued by the INS to a collectively naturalized citizen of the United States who was born in the Northern Mariana Islands before November 4, 1976
- 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.

- A certificate of U.S. citizenship/national status issued by the State of California (or the U.S. Virgin Islands) before the age of 16, the hospital record must have been created near the time of birth or later before the application date. A souvereign 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 either the date of birth or the individual’s age at that 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

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). Census 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/nurse who was in attendance at the birth, or the Bureau of Indian Affairs Rol of Alaska Natives.
- Written affidavit

**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 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.**