**Recent Eligibility Operations Memos where MassHealth has issued an update, revision or correction & what changed in CommonHealth, State-funded Standard for certain non-citizens, and 12-months post-partum coverage.**

**CommonHealth for age 65 + EOM 23-19 corrected by a different EOM 23-19 Updated**

The initial EOM incorrectly stated that the expansion of CommonHealth for seniors was limited to CommonHealth eligibility accrued prior to age 65. The corrected EOM omits that statement. The updated EOM has the same number and date as the earlier EOM with the addition of the word “Updated” in the title.

Old: [Eligibility Operations Memo 23-19: Changes to MassHealth CommonHealth Eligibility for Seniors](https://www.mass.gov/doc/eom-23-19-changes-to-masshealth-commonhealth-eligibility-for-seniors/download) (Aug 2023)

*Updated Rules for CommonHealth Members Aged 65 and Older*

Members who were enrolled in MassHealth CommonHealth for at least ten years before turning 65 are now eligible to remain on MassHealth CommonHealth after turning 65 whether they work or not.

New: [Eligibility Operations Memo 23-19: Updated - Changes to MassHealth CommonHealth Eligibility for Seniors](https://www.mass.gov/doc/eligibility-operations-memo-23-19-updated-changes-to-masshealth-commonhealth-eligibility-for-seniors-0/download) (Aug 2023)

*Updated Rules for CommonHealth Members Aged 65 and Older*

Members who were enrolled in MassHealth CommonHealth for at least ten years are now eligible to remain on MassHealth CommonHealth after turning 65 whether they work or not.

**CommonHealth 19-64 EOM 22-17 corrected by EOM 23-18**

The original EOM incorrectly described the CommonHealth expansion for adults under 65 as applying to adults 21-64, the correction clarifies that young adults 19-20 with income too high for Standard are also included in the adult expansion.

Old: [Eligibility Operations Memo 22-17](https://www.mass.gov/doc/eom-22-17-changes-to-streamline-masshealth-commonhealth-eligibility-for-adults-0/download) Dec 2022

*Updated CommonHealth Adult Rules*

The MassHealth system has been updated to allow adult MassHealth members who have disabilities, have income above 133% of the FPL, and are 21–64 years of age to be eligible to receive MassHealth CommonHealth benefits without needing to meet a one-time deductible or be employed at least 40 hours per month.

New: [Eligibility Operations Memo 23-28](https://www.mass.gov/doc/eligibility-operations-memo-23-28-updated-changes-to-streamline-masshealth-commonhealth-eligibility-for-adults-0/download) December 2023

*Updated CommonHealth Adult Rules*

The MassHealth system was updated to allow adult MassHealth members with disabilities, who have an income above 150% of the FPL and are 19–20 years old or who have an income above 133% of the FPL and are 21–64 years old, to be eligible to receive MassHealth CommonHealth benefits without having to meet a one-time deductible or be employed at least 40 hours per month. The change better streamlines eligibility for this population and removes additional barriers to qualify for MassHealth benefits.

**State-funded Standard or CommonHealth EOM 21-16 superseded by EOM 23-17**

This update replaces references to adults enrolled in Family Assistance due to immigration status with specific reference to immigrants enrolled in Family Assistance as Qualified Barred, Lawfully Present or PRUCOL & includes a chart with HIX & MA-21 immigration system codes for these categories. It also adds that for state-funded Standard based on a clinical assessment of eligibility for a nursing facility, ASAPs will make the clinical assessment after the facility submits a new SC-1 that the stay will be extended beyond 6 months.

Other than the specific reference to immigration status, the revised EOM makes no changes to the section on State-Funded Community-Based LTSS. It still makes no reference to eligibility for people who need a PCA but do not meet a nursing facility level of care.

A [subregulatory Overview dated Feb 2022](https://www.masslegalservices.org/system/files/library/Overview%20LTC%20LTSS%20PCA%20for%20FA%20Eligible_Feb.%202022_Existing%20Mem.pdf) posted on MLS states that disabled and elderly immigrants on Family Assistance who need a PCA and submit a PCA supplement may also qualify for State-Funded Community-Based LTSS. The omission of the PCA option from the July 2023 EOM has made it harder to obtain State-funded Standard for people in the community who need PCAs, but MassHealth has told us that this eligibility pathway exists despite its omission from the EOM.

[Eligibility Operations Memo 21-6](https://www.mass.gov/doc/eom-21-16-pathway-to-short-term-and-long-term-care-for-family-assistance-members-at-a-chronic-disease-and-rehabilitation-hospital-or-nursing-facility-0/download) (Dec 2021)

*State-Funded Community-Based Long-Term Services and Supports*

For members eligible for Family Assistance due to immigration status, if the member is found clinically eligible to receive their LTSS services in the community, they may also qualify for a state-funded Standard or CommonHealth benefit to receive these services. The Aging Services Access Points (ASAPs) will complete clinical assessments and submit level of care determinations to the MEC. The MEC will verify clinical eligibility based on the ASAP level of care determination and determine financial eligibility. Members will be able to use the covered LTSS services as referenced in 130 CMR 450.105(A) and (E)

[Eligibility Operations Memo 23-17](https://www.mass.gov/doc/eom-23-17-pathway-to-short-term-and-long-term-care-for-family-assistance-members-at-a-chronic-disease-and-rehabilitation-hospital-or-nursing-facility-updated-0/download) (July 2023) Pathway to Short-Term and Long-Term-Care for Family Assistance Members at a Chronic Disease and Rehabilitation Hospital or Nursing Facility – Updated

*State-Funded Community-Based Long-Term Services and Supports for Qualified Non-Citizen Barred, Non-Qualified Individual Lawfully Present, and Non-Qualified Person Residing Under the Color of Law (PRUCOL)*

If a member with one of these immigration statuses is found clinically eligible to receive their LTSS services in the community, they may also qualify for a state-funded Standard or CommonHealth benefit to receive these services. The ASAPs will complete clinical assessments and submit level-of-care determinations to the MEC. The MEC will enter the clinical eligibility based on the ASAP level-of-care determination and verify financial eligibility. Members will be able to use the covered LTSS services as referenced in 130 CMR 450.105(A) and (E).

**12-month postpartum coverage EOM 22-07 revised by 22-08 and revised again by EOM 22-12**

EOMS 22-07 first announced 12 months postpartum eligibility but limited it to people with income of 200% FPL or less or 200-300% FPL in Family Assistance who declare their pregnancy while pregnant. This omitted individuals eligible for Standard or CommonHealth with income over 200% FPL. It was not consistent with federal law on postpartum eligibility which only required that someone be on Medicaid or CHIP while pregnant and recognized that this extends to people who were pregnant at any time during the 3-month retroactive coverage period prior to the month of application.

EOM 22-08 updated the eligibility criteria to include people who qualified for Standard or CommonHealth and omitted the 200% FPL limitation but retained the requirement that they declare their pregnancy while pregnant.

EOM 22-12 revised the eligibility criteria by omitting the requirement that individuals are only eligible for 12-month postpartum coverage if they declare they are pregnant during their pregnancy. MassHealth members must still report their pregnancy to trigger 12 months post-partum coverage in the eligibility system, but this clarifies the declaration may be after their pregnancy ends.

[Eligibility Operations Memo 22-07](https://www.mass.gov/doc/eom-22-07-extension-of-postpartum-coverage-for-eligible-individuals-0/download) April 2022 Extension of Postpartum Coverage for Eligible Individuals

MassHealth will provide postpartum coverage to individuals, regardless of immigration status, with income up to 200% of the FPL. To be eligible for postpartum coverage, an individual must declare they are pregnant during their pregnancy.

Individuals enrolled in CHIP with attested Modified Adjusted Gross Income (MAGI) between 200-300% of the FPL who declare they are pregnant during their pregnancy will retain a Family Assistance benefit and receive 12 months of postpartum coverage following the end of the pregnancy.

[Eligibility Operations Memo 22-08](https://www.mass.gov/doc/eom-22-08-updated-extension-of-postpartum-coverage-for-eligible-individuals-0/download) May 2022 Updated Extension of Postpartum Coverage for Eligible Individuals

MassHealth will provide postpartum coverage to individuals, regardless of immigration status, who are in MassHealth Standard, CommonHealth, and Family Assistance. To be eligible for postpartum coverage, an individual must declare they are pregnant during their pregnancy.

Individuals enrolled in MassHealth CarePlus and Limited may be found eligible for MassHealth Standard provided they meet the eligibility criteria and declare they are pregnant during their pregnancy.

[Eligibility Operations Memo 22-12](https://www.mass.gov/doc/eom-22-12-extension-of-postpartum-coverage-for-eligible-individuals-revised-eligibility-criteria-0/download) Sept 2022 Extension of Postpartum Coverage for Eligible Individuals – Revised Eligibility Criteria

MassHealth provides postpartum coverage to individuals, regardless of immigration status, who are in MassHealth Standard, CommonHealth, and Family Assistance.

Individuals enrolled in MassHealth CarePlus and Limited may be found eligible for MassHealth Standard provided they meet the eligibility criteria.