

**Have questions about your child's eligibility for MassHealth?**

**The Massachusetts Family-to-Family Health Information Center provides free assistance.**

**1-800-331-0688, ext. 210**

We help families understand:

- ♥ Family income in relation to the Federal Poverty Level and the **MassHealth** program type for which your child and family is eligible
- ♥ Healthcare services available through **MassHealth**
- ♥ **MassHealth** eligibility & the application process
- ♥ The Disability Determination process
- ♥ The cost, if any, of **MassHealth** coverage
- ♥ The **CommonHealth** premium structure, and provide an estimate of your family's monthly premium
- ♥ Information about programs to help defray the cost of your private health insurance premiums
- ♥ How to make an informed decision about the cost and benefits of CommonHealth for a child/youth with special health care needs

**1-800-331-0688 ext. 210**

**massfv@fcsn.org**



## MASSACHUSETTS FAMILY VOICES

Funding provided by the U.S. Department of Health & Human Services, Health Resources & Services Administration, Maternal and Child Health Bureau, Division of Services for Children with Special Health Needs, Grant # H84MC08005 to Massachusetts Family Voices @ the Federation for Children with Special Needs.



## Massachusetts Family-to-Family Health Information Center

A project of Mass Family Voices at the  
Federation for Children with Special Needs

## MASSHEALTH Eligibility & Application for Children, Birth – 18 years

An informational brochure for  
families raising children & youth  
with special health care needs.

1135 Tremont Street, Suite 420  
Boston, MA 02120  
1-800-331-0688, ext. 210  
massfv@fcsn.org  
www.massfamilyvoices.org

**MassHealth** is the name of the Massachusetts Medicaid system, which can help pay for health services for MA residents. There are many MassHealth programs. Eligibility for a particular program considers:

- ♥ Citizenship Status
- ♥ Gross Annual Family Income
- ♥ Access to other Health Insurance
- ♥ Disability Status

Some **MassHealth** programs are:

**MassHealth Standard**

Provides comprehensive health services to children who meet certain citizenship & financial criteria, or will help pay co-payments and other out-of-pocket costs to supplement other health insurance the family has for their children. There is no premium for this program.

**MassHealth Family Assistance**

Provides health insurance for children without disabilities who are not eligible for MassHealth Standard, due to family income. This program either:

- ♥ Helps the family pay their private health insurance premiums, or
- ♥ If the family does not have access to private health insurance, lets families buy into MassHealth for their children. Depending on family income, the premium is \$12, \$20, or \$28 per child per month, with a cap of \$36, \$60, or \$84.

**MassHealth CommonHealth**

Provides comprehensive health services to children with disabilities who, due to family income, are not eligible for MassHealth Standard. CommonHealth may be used to supplement health insurance the family already has. There is a sliding scale premium for this program.

**MassHealth Limited**

Pays for emergency health services for children and adults who meet the eligibility for MassHealth Standard, but are not citizens or have undocumented status. Children with family income < 150% FPL are also eligible for the Children's Medical Security Plan.

**Children's Medical Security Plan**

Provides preventive medical & behavioral outpatient services to children who are not citizens, or for children who are citizens, but family income is too high for other MassHealth programs, and the family has no access to other health insurance. There is a sliding scale fee for this program.

**To Apply**

The Medical Benefit Request or MBR is the single application for all the MassHealth programs. Get the MBR by calling 1-888-665-9993 or 1-888-665-9997 (TTY) Monday - Friday, 9:00 a.m. to 5:00 p.m. **OR** - print the MBR at <http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mbr.pdf> (English)

[http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mbr\\_spanish.pdf](http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mbr_spanish.pdf) (En Español).

When completing the MBR, if your child is a citizen, send a copy of his or her birth certificate with the application.

**Applying on the Basis of Disability:**

On the MBR, be sure to fill out the Illness, Injury, or Disability questions (blue box) on page 5 **AND** complete Supplement A (blue form) on page 7.

In addition, fill out the MassHealth Child Disability Supplement. This form is **not** part of the MBR. Print it at [http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mads\\_child.pdf](http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mads_child.pdf) (English only) **or** request this form when you call for the MBR. You also need to fill out a MassHealth Medical Release Form for each provider your child has seen in the last year. Print this form at [http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mh\\_mrr.pdf](http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mh_mrr.pdf) (English) or [http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mh\\_mrr\\_spanish.pdf](http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mh_mrr_spanish.pdf) (En Español). Early Intervention (EI) programs and schools count as providers. If your child has an IFSP or IEP, fill out a Medical Release for the EI program or the school your child attends.

**Make a copy of the MBR and all supplemental materials before you mail them. Mail to:**

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

MassHealth Program	Family Income % of Federal Poverty Level (FPL)	Other Eligibility Criteria
<b>Standard</b>	Less than 150% FPL	Citizenship May have other insurance Disability determination not necessary
<b>Family Assistance</b>	Between 150% and 300 % FPL	Citizenship No disability If have other insurance- premium assistance If no other insurance, buy into coverage
<b>CommonHealth</b>	More than 150% FPL	Citizenship May have other insurance Must have a disability determination
<b>Limited</b>	Less than 150% FPL	Not a citizen or undocumented status
<b>Children's Medical Security Plan (CMSP)</b>	If not a citizen, or undocumented <b>OR</b> If citizen and more than 300% FPL	No access to other health insurance Not eligible for any MassHealth program (except Limited) due to family income or citizenship status