



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
www.mass.gov/masshealth

**Eligibility Operations Memo 21-16**  
**November 2021**

TO: MassHealth Eligibility Operations Staff  
FROM: Heather Rossi, Deputy Policy Director for Eligibility

A handwritten signature in black ink that reads "Heather Rossi".

RE: **Pathway to Short-Term and Long-Term-Care for Family Assistance Members at a Chronic Disease and Rehabilitation Hospital or Nursing Facility**

### **Introduction**

Effective November 1, 2021, MassHealth is implementing updated policy guidance to expand coverage for members who are eligible for Family Assistance. Members covered by Family Assistance who require a chronic disease and rehabilitation hospital (CDRH) or nursing facility stay will now have a pathway to become eligible for both an expanded short-term stay beyond 100 days (less than six months), or long-term care (LTC). Members may also be able to receive long-term services and supports (LTSS) in the community.

This memo addresses the process for members to receive LTC as well as LTSS services in the community, if found clinically eligible.

For more detailed information about the prior Family Assistance expansion to cover 100 days of a CDRH or nursing facility stay, see [EOM 20-15](#).

### **Approvals for Stays less than Six Months**

If a member on Family Assistance is admitted to a CDRH or nursing facility and is eligible for Family Assistance, the facility or the member's health plan, as appropriate, will need to submit an SC-1 indicating that the member requires a short-term stay of less than six months. Upon review and approval of the clinical assessment and SC-1, MassHealth will extend the Family Assistance benefit for up to a six-month stay.

### **State-Funded Approvals for Stays more than Six Months**

For members eligible for Family Assistance due to immigration status, when the six-month stay has been exhausted or if the member is expected to be in the nursing facility or CDRH for more than six months, the facility must submit an SC-1 indicating that the length of stay will be more than six months, along with a clinical assessment if not previously submitted. The MassHealth Enrollment Center (MEC) will determine both financial and clinical eligibility for LTC for the member based on the current conversion guidelines. This includes the asset test and lookback guidelines for all LTC applicants. Members under 65 will also need to be determined disabled.

If the member is found eligible, they will be in the state-funded Standard benefit moving forward and will receive their services at the CDRH or nursing facility. The income counting guidelines and deductions found in 130 CMR 520.000 will be applied.

### **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).

MassHealth will determine eligibility for the state funded benefit based on the age group of the member:

- **For members under 65:** MassHealth will apply the Modified Adjusted Gross Income (MAGI) rules to determine if the member is otherwise eligible for either a state-funded Standard or CommonHealth benefit. Members under 65 will also need to be determined disabled.
- **For members 65 or older:** MassHealth will apply the non-MAGI rules which include less than \$2,000 in countable assets for an individual and less than \$3,000 in countable assets for a couple, and income standard of less than 100% FPL. If found financially eligible, the member will receive state-funded Standard.

The MEC will continue to determine both financial and clinical eligibility for individuals in federally funded (Medicaid/CHIP) MassHealth Family Assistance who can receive LTSS services in the community based on the current guidelines.

### **Questions**

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.