



MassHealth Eligibility Policy Update
Pathways for Existing Family Assistance Members seeking short-term or long-term care in a facility or
LTSS or PCA services in the community
February 2022

Effective November 1, 2021, MassHealth updated policy guidance to expand coverage for members and applicants who are or would be eligible for Family Assistance. Members or applicants who would be covered by Family Assistance and require a chronic disease and rehabilitation hospital (CDRH) or nursing facility (NF) stay may be eligible for both an expanded short-term stay (up to six months), or long-term care (LTC). Members or applicants may also be able to receive long-term services and supports (LTSS) in the community or services from a Personal Care Attendant (PCA).

This memo addresses the processes by which **existing members** apply for these benefits.

For more detailed information about the policy, see [***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.***](#)

If you are an existing Family Assistance member

1. **Short-term NF/CDRH Stay** (up to 6 months if single; up to 30 days if married)
 - **Profile:** Member only requires short-term intervention and is expected to return to the community within 6 months of admission and meets NF short-term level of care or is approved for continued stay in CDRH. This applies if the member is being admitted to a NF/CDRH from another inpatient setting or being admitted from the community.
 - **Who initiates process:** NF/CDRH
 - **MassHealth application to use:** None required
 - **Clinical Component:**

- **NF/CDRH** completes an SC-1 form;
- **ASAP** completes a Level of Care (LOC) form; and Preadmission Screening and Resident Review (PASRR) Level I Screening form submitted by referring entity and PASRR Level II Evaluation, if applicable
- **Member Impact:** No change to the member's Family Assistance benefit

2. Long-term NF/CDRH Stay (more than 6 months)

- a. Member is already in a NF/CDRH and converting from a short-term stay to long-term stay
 - **Profile:** Member meets NF level of care or is approved for continued stay in CDRH and requires long-term care that cannot be provided in the community
 - **Who initiates process:** NF/CDRH submits long-term SC1; Member, Authorized Representative, or Provider submits application to MassHealth
 - **MassHealth application to use:** SACA-2 with Long-Term Care Supplement
 - **Clinical Component:**
 - **NF/CDRH** completes an SC-1 form;
 - **ASAP** completes a Level of Care (LOC) form
 - **Member Impact:** Member's eligibility will be determined for MassHealth Standard using all existing financial/categorical eligibility rules

- b. Member is being admitted to a NF/CDRH from an inpatient setting (e.g. hospital) or being admitted from the community
 - **Profile:** Member meets NF level of care or is approved for continued stay in CDRH and requires long-term care that cannot be provided in the community
 - **Who initiates process:** Member, Authorized Representative, or Provider submits application to MassHealth
 - **MassHealth application to use:** SACA-2 with Long-Term Care Supplement
 - **Clinical Component:**
 - **Member** completes a Disability Supplement if under the age of 65 only and not already determined disabled by SSA, MassHealth Disability Evaluation Services (DES), or Commission for the Blind
 - **NF/CDRH** completes an SC-1 form;

- **ASAP** completes a Level of Care (LOC) form; and Preadmission Screening and Resident Review (PASRR) Level I Screening form submitted by referring entity (NF, hospital, or ASAP), and PASRR Level II Evaluation, if applicable
- **Member Impact:** Member's eligibility will be determined for MassHealth Standard using all existing financial/categorical eligibility rules

2. Community Long-Term Services and Supports (LTSS)

- **Profile:** Applicant of any age who would be institutionalized if they were not receiving home- and community-based services
Who initiates process: Member, Authorized Representative, or Provider submits application to MassHealth
- **MassHealth application to use:**
 - Under age 65: SACA-2 with Long-term Care Supplement
 - Age 65 and older: Long-term Care Supplement
- **Clinical Component:**
 - **Member contacts ASAP** to complete the Clinical Eligibility Determination for State-Funded Community-Based Long-Term Services and Supports (SF-LTSS-ASAP) form;
 - **Member** completes a Disability Supplement if under the age of 65 only and not already determined disabled by SSA, MassHealth Disability Evaluation Services (DES) or Commission for the Blind
- ⊖ **Member Impact:** Member's eligibility will be determined for MassHealth Standard/CommonHealth using all existing financial/categorical (e.g. disability) eligibility rules

3. PCA Only Option

- a. Needs PCA services only and does not require nursing facility level of care
 - **Profile:** Member is **under age 65**
 - **Who initiates process:** Member, Authorized Representative, or Provider submits application to MassHealth
 - **MassHealth application to use:** ACA-3
 - **Clinical Component:**
 - **Member** completes the Personal Care Attendant Supplement;

- - **Member** completes a Disability Supplement if not already determined disabled by SSA, MassHealth Disability Evaluation Services (DES), or Commission for the Blind
- **Member Impact:** Member's eligibility will be determined for MassHealth Standard/CommonHealth using existing financial/categorical eligibility rules

- b. Needs PCA services only and does not require nursing facility level of care
 - **Profile:** Member is age 65 or older
 - **Who initiates process:** Member, Authorized Representative, or Provider submits application to MassHealth
 - **MassHealth application to use:** SACA-2
 - **Clinical Component:**
 - **Member** completes a PCA Supplement
 - **Member Impact:** Member's eligibility will be determined for MassHealth Standard using existing financial/categorical eligibility rules

Important Note: This policy does not provide an option for community LTSS benefits under the Home and Community Based Waiver program. Individuals can only receive LTSS services as referenced in 130 CMR 450.105 (A) and (E).

Helpful Resources

Need Help?

- Call MassHealth Customer Service at 1-800-841-2900; TTY at (800) 497-4648
Services available Monday-Friday 8 a.m.–5 p.m.
- Online at mass.gov/masshealth

MassHealth Applications and Forms

- [MassHealth ACA-3 Application](#) or apply online at MAhealthconnector.org
- [MassHealth SACA-2 Application](#) (includes Long-term Care Supplement and PCA Supplement)
- [MassHealth Disability Supplement](#)
- [SF-LTSS-ASAP Form](#): “Notice of Clinical Eligibility Determination for State-Funded Community-Based Long-Term Services and Supports”
- [PCA Supplement](#)