



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111

**MassHealth**  
**Acute Inpatient Hospital Bulletin 115**  
**August 1999**

**TO:** Acute Inpatient Hospitals Participating in MassHealth  
**FROM:** Mark E. Reynolds, Acting Commissioner  
**RE:** **Revisions to the Notification of Clinical Eligibility for Nursing Facility Services**

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***Introduction***

This bulletin provides you with a copy of the newly revised acute hospital nursing facility notification form. There are two changes to the notification, the length of short-term approval and the PAS/OBRA section.

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***Background***

All Massachusetts acute inpatient hospitals are responsible for determining the clinical eligibility of MassHealth members or applicants for nursing facility services according to the Division's acute inpatient hospital regulations (130 CMR 415.000.) The hospital determines if the applicant or member meets the Division's clinical criteria for payment of nursing facility services and completes the nursing facility notification.

The approval process has been simplified. Approvals will be for either up to 90 days or for more than 90 days. The signed notification form and the assessment form are sent to the local aging services access point (ASAP) for processing.

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***Duration  
of Approvals***

All MassHealth applicants or members who meet the Division's standards for payment of nursing facility services will receive a 90-day approval, unless one or more of the following conditions are present:

1. mid-late stage Alzheimer's disease or dementia;
2. end-stage terminal illness;
3. comatose, unresponsive state; and
4. complex multisystem failure resulting in permanent dependence in all activities of daily living.

For members or applicants with such diagnoses the clinical approval is for over 90 days.

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***Federal  
Requirements***

Although the forms have been revised, the PAS/OBRA process for mental illness, mental retardation, and developmental disability has not changed.

A PAS/OBRA referral is not required if the member is being admitted to the nursing facility to receive care for the same condition for which he or she received hospital care and the member's attending physician certifies before admission to the facility that the individual is expected to require less than 30 days of nursing facility services.

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***Effective Date***

These procedural changes are effective September 1, 1999.

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***Supplies***

You may create your own supply of this form by photocopying it or you may send or fax a written request to the following address or fax number.

Unisys  
ATTN: Forms Distribution  
P.O. Box 9101  
Somerville, MA 02145  
Fax: (617) 576-4087

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***Questions***

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.

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