



**Eligibility Operations Memo 20-15**  
**July 21, 2020**

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Deputy Policy Director for Eligibility

RE: **Permanent Family Assistance Coverage Expansion for MassHealth  
Chronic Disease and Rehabilitation Hospitals and Nursing Facilities**

**Introduction**

In response to challenges around discharging patients to appropriate settings, MassHealth is implementing a permanent expansion of MassHealth Family Assistance coverage for chronic disease and rehabilitation hospital (CDRH) services and nursing facility services.

This change is effective July 10, 2020, and applies to all CDRHs and nursing facilities that are MassHealth providers for dates of service beginning March 11, 2020.

**Changes to MassHealth Family Assistance Coverage**

For dates of service beginning March 11, 2020, MassHealth will cover nursing facility services up to a maximum of 100 days per admission to a nursing facility for MassHealth Family Assistance members. If an individual admitted to a nursing facility under MassHealth Family Assistance coverage remains in the nursing facility for longer than 100 days after admission, the individual must apply for MassHealth long-term care coverage. MassHealth will not pay for nursing facility services beyond the first 100 days per admission unless such individual is determined eligible for MassHealth Standard for long-term-care residents under 130 CMR 519.006(A)(B).

For dates of service beginning March 11, 2020, and notwithstanding 130 CMR 435.418: *Service Limitations*, MassHealth will cover chronic disease and rehabilitation inpatient services up to a maximum of 100 days per admission to a CDRH for MassHealth Family Assistance members. If an individual admitted to a CDRH under MassHealth Family Assistance coverage remains in the CDRH for longer than 100 days after admission, the individual must apply for MassHealth long-term-care coverage. MassHealth will not pay for chronic disease and rehabilitation inpatient services beyond the first 100 days per admission unless the individual is determined eligible for MassHealth Standard for long-term-care residents under 130 CMR 519.006(A)(B).

## **Eligibility Financial Approvals**

If a Family Assistance member enters a nursing facility or chronic disease and rehabilitation hospital the following process will take place.

- The facility sends both an SC-1 form that is marked short-term and is signed by a physician, along with the clinical eligibility approval form stating short-term approval, to the Integration Unit at the Taunton MEC.
- A CDRH/nursing facility payment segment is established on MMIS for the individual at the facility.
- If the member leaves the facility before the end of the 100-day period, the long-term care segment is closed.
- If the 100-day short-term period expires and the member is still a patient at the facility or is no longer on a short-term stay, the following process will take place.
  - The payment segment is closed by the Integration Unit worker.
  - The Integration Unit sends the Expiration of Short-Term Stay and Home Maintenance Needs Allowance (ST-CL) cover letter and a Supplement A detailing the need for the supplement to be completed by the facility on behalf of the member. (If the member is under the age of 65, a MER/TRANS form should also be sent to the nursing facility.)
  - The completed forms must be returned to the appropriate MEC with an SC-1 form, stating that the member is transitioning from short-term to a stay of more than 100-days.
  - A new level-of-care determination form is not needed.
  - If this process is not completed by the nursing facility, the member will not be coded for payment.
- If the 100-day short-term period expires and the Family Assistance member does not have a verified immigration status on file that would allow them to be found eligible for MassHealth Standard for long-term-care residents under 130 CMR 519.006(A)(B), the following process will take place.
  - The payment segment is closed by the Integration Unit worker.
  - The worker will complete and send to the member a “Benefit Expiration Notice with appeal rights” stating that the member’s verified immigration status does not allow the member to be found eligible for MassHealth Standard for long-term-care residents under 130 CMR 519.006(A)(B).
  - The notice will state that the member will remain in the Family Assistance benefit and that a change of circumstances affecting eligibility, including immigration status, should be reported within ten days.
  - The allowable immigration statuses for long-term care residents under 130 CMR 518.003: *Immigrants* and 130 CMR 518.006: *Applicable Coverage Types* are the following.
    - Citizen, Qualified Noncitizen, and Protected Noncitizen disabled adult younger than age 65 or adult age 65 and older;

- Citizen, Qualified Noncitizen, Protected Noncitizen, Qualified Noncitizen Barred, and Nonqualified Individual Lawfully Present children and young adults younger than age 21; and
- Citizen, Qualified Noncitizen, Protected Noncitizen, Qualified Noncitizen Barred, Nonqualified Individuals Lawfully Present, PRUCOL, and Other Noncitizen pregnant women.

### **Questions**

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