



**Eligibility Operations Memo 23-16**  
**July 2023**

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Director of Eligibility Policy

RE: **Level-of-Care Conversion Screening Process - Updated**

### **Introduction**

This EOM describes the level-of-care conversion screening process applicable to all coverage types for Citizens, Qualified Non-Citizens, Qualified Non-Citizens Barred, Non-Qualified Individuals Lawfully Present, and Non-Qualified Persons Residing Under the Color of Law (PRUCOLs). This EOM supersedes [EOM 20-21](#).

### **Clinical Eligibility Screenings**

A clinical assessment must be done to determine the length of stay of an applicant or member who needs nursing facility services. The assessment also determines the length of the short-term approval based on the individual's clinical condition.

Clinical approvals will be for short-term or longer stays. If a MassHealth Enrollment Center (MEC) worker receives a clinical eligibility approval from a nursing facility, a patient's case may be coded for nursing facility services if all other eligibility factors are met. For the purposes of coding, the length of approval does not matter.

MECs must receive the clinical eligibility determination notification before they can approve an applicant for nursing facility services. Eligibility for nursing facility service payments cannot begin before the approval date of clinical eligibility listed in the box marked "Official Use Only."

### **Preadmission Screening (PAS)**

Members do not require clinical eligibility screenings if they are entering a chronic disease and rehabilitation hospital (CDRH). However, all individuals entering a CDRH are subject to preadmission screening to ensure they meet the medical necessity requirements at [130 CMR 435.409](#).

### **Status Change Form (SC-1)**

Nursing facilities and CDRHs must send a [Status Change Form \(SC-1\)](#) to MassHealth within 10 days when a member is:

- admitted to a nursing facility or CDRH;
- discharged from a nursing facility or CDRH;
- deceased; or
- changed from short-term stay to a longer stay period.

The SC-1 form was updated January 1, 2021, to reflect the updated expansion of Family Assistance coverage for providing up to 100 days in a nursing facility or CDRH. Items 32 and 33 were added to the SC-1 form to include questions related to Family Assistance eligibility.

### **Continuous Period of Institutionalization**

A member is considered to be in a continuous period of institutionalization if they leave a nursing facility or CDRH, return to the community for a period of not more than 30 days, and are readmitted to a nursing facility or CDRH. A member may do this more than once. If the time in the community does not last more than 30 days in each instance, their period of institutionalization will be considered continuous.

### **Home Maintenance Needs Allowance Deduction from Patient Paid Amount**

A member is considered to be in a continuous period of institutionalization if they leave a nursing facility or CDRH, return to the community for a period of not more than 30 days, and are readmitted to a nursing facility or CDRH. A member may do this more than once, and if the time in the community does not last more than 30 days in each instance, their period of institutionalization will be considered continuous.

MassHealth allows a home maintenance needs allowance (HMNA) deduction from the Patient Paid Amount (PPA) for the maintenance of a home. This happens when a competent medical authority certifies in writing that an individual, with no eligible dependents or spouse in the home, is likely to return home within six months after the month of admission. The HMNA deduction is only applicable to those members who are eligible for six months of coverage for institutionalization. This income deduction from the PPA terminates at the end of the sixth month after the month of admission, regardless of the prognosis to return home at that time.

Members who do not have a PPA will not be eligible for the HMNA deduction. The HMNA is a deduction from the PPA only and is not provided to members in any other circumstances.

For the HMNA deduction to be given, the MEC worker must receive an SC-1 form with the short-term stay block checked and a physician's signature. In addition, a nursing facility must submit to the MEC a clinical eligibility approval stating short-term stay, and a CDRH must obtain a PAS.

An HMNA deduction may not be given without a short-term clinical approval from a nursing facility. This is true even if the SC-1 has a physician's signature and states that it is a short-term placement. The physician must determine that this individual will not be rehabilitated within a six-month period and will not be returning to the community within that time.

Nursing facilities or CDRHs, applicants or members, or their authorized representatives (ARDs) may not request that the screening nurse change the nursing facility clinical approval or CDRH PAS so that the individual can get an HMNA deduction.

The HMNA is to be given for a continuous period of institutionalization. If a member returns to the community and remains there for a 30-day period and then reenters a nursing or CDRH facility for another short-term stay, an HMNA may be given again. There is no limit to the number of HMNAs an applicant or member may receive, if there is a break from institutionalization of at least 30 days between stays.

If the individual is on a short-term stay and returns home for fewer than 30 days, a new HMNA may not be given. The previous HMNA would continue until the end of the six-month period.

When the HMNA ends because the six-month period has expired, a new clinical eligibility form is not needed. The HMNA deduction is removed, and a new PPA, without the HMNA allowance, is calculated.

### **Short-Term Eligibility Financial Approvals**

If an individual enters a nursing facility or CDRH for a short-term stay and is **not** currently a MassHealth member, an [Application for Health Coverage for Seniors and People Needing Long-Term-Care Services \(SACA-2\)](#), including Supplement A, must be completed, and a determination of eligibility must be made by the MEC Intake Unit.

If an active MassHealth member enters a nursing facility or CDRH for a short-term stay, the following process will take place:

- The nursing facility or CDRH must send MassHealth an SC-1 form that is marked short-term and is signed by a physician.
- The nursing facility must also send the clinical eligibility approval form stating short-term approval.
- A nursing facility or CDRH payment segment is established in MMIS for the individual at the nursing facility or CDRH.
- If the member leaves the nursing facility or CDRH before the end of their short-term stay, the payment segment will be closed.

If the short-term period expires and the member is still a patient at the nursing facility or CDRH or is no longer on a short-term stay, the following process will take place:

- The payment segment is closed by an Integration Unit worker.
- The Integration Unit sends the Expiration of Short-Term Stay and Home Maintenance Needs Allowance (ST-CL) cover letter.

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- If the member has an immigration status that would otherwise make them eligible for MassHealth Standard, MassHealth will also send the Supplement A detailing the need for the supplement to be completed by the nursing facility or CDRH on behalf of the member.
  - A SACA-2 should be sent to the nursing facility or CDRH if the member is under 65.
  - The completed forms must be returned to MassHealth with an SC-1 form, stating that the member is transitioning from short-term to a longer period of stay.

**Short-Term Length of Stay for Nursing Facility Care & CDRH**

These guidelines are based on generalized MassHealth regulations and may not apply to all cases.

<b>Coverage Type</b>	<b>Duration</b>
MassHealth Standard	Up to 6 months
MassHealth CommonHealth	Up to 6 months
MassHealth CarePlus	Up to 100 days
MassHealth Family Assistance	Up to 6 months

**Questions**

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