***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services*
*Office of Medicaid***

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**Eligibility Operations Memo 23-17**

**July 2023**

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Director of Eligibility Policy [signature of 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 - Updated**

## Introduction

In November 2021, MassHealth implemented updated policy guidance to expand coverage for members who are eligible for Family Assistance, including noncitizens as defined in [130 CMR 504.003(A), (B), and (C)](https://www.mass.gov/regulations/130-CMR-504000-masshealth-citizenship-and-immigration). Members covered by Family Assistance who require a chronic disease and rehabilitation hospital (CDRH) or nursing facility stay now have a pathway to become eligible for expanded services. Members may be eligible for a short-term stay (up to 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 supersedes [EOM 21-16](https://www.mass.gov/doc/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-0/download). It updates the process for members to receive LTC and LTSS services if found clinically eligible.

## Approvals for Stays Less than Six Months for All Members on Family Assistance

If any member on Family Assistance is admitted to a CDRH or nursing facility, an [SC-1](https://www.mass.gov/doc/status-change-for-members-in-a-nursing-facility-or-chronic-disease-and-rehabilitation-inpatient/download?_ga=2.58237354.1083812760.1684759404-1548918150.1681235227) form submitted by the facility or member’s health plan will indicate 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 six months past admission.

## State-Funded Long-Term Care Approvals for Qualified Non-Citizen Barred, Non-Qualified Individual Lawfully Present, and Non-Qualified Person Residing Under the Color of Law (PRUCOL)

For Family Assistance members with an immigration status that is Qualified Non-Citizen Barred, Non-Qualified Individual Lawfully Present, and Non-Qualified Person Residing Under the Color of Law (PRUCOL), 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 a new SC-1. The SC-1 must indicate that the length of stay will be extended. An updated clinical approval must also be completed and submitted by the Aging Services Access Points (ASAP) organization.

The MassHealth Enrollment Center (MEC) will determine eligibility based on both the clinical approval and financial eligibility for LTC using the current conversion guidelines. This includes the asset and lookback guidelines for all LTC applicants. Members under age 65 will also need to be deemed disabled.

Members found eligible will receive a state-funded Standard benefit and can continue to receive their services at the CDRH or nursing facility. The countable-income guidelines and deductions found in [130 CMR 520.000](https://www.mass.gov/regulations/130-CMR-520000-masshealth-financial-eligibility) will be applied.

## State-Funded Community-Based Long-Term Services and Supports for Qualified Non-Citizen Barred, Non-Qualified Individual Lawfully Present, and Non-Qualified Person Residing Under the Color of Law (PRUCOL)

If a member with one of these immigration statuses 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 ASAPs will complete clinical assessments and submit level-of-care determinations to the MEC. The MEC will enter the clinical eligibility based on the ASAP level-of-care determination and verify financial eligibility. Members will be able to use the covered LTSS services as referenced in [130 CMR 450.105(A) and (E)](https://www.mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations).

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

* **For members under age 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 deemed disabled.
* **For members age 65 or older**: MassHealth will apply the non-MAGI rules, which include a $2,000 countable asset limit for individuals and $3,000 countable asset limit for couples. The income standard is less than or equal to 100% of the Federal Poverty Level (FPL). If found financially eligible, the member will receive state-funded Standard.

### For MEC Worker Reference

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| **Immigration Status** | **Regulation Citation**  | **HIX System Code** | **MA21 System Code** |
| Qualified Non-Citizen Barred | 130 CMR 504.003(A)(2) | QAB | B |
| Non-Qualified Individual Lawfully Present  | 130 CMR 504.003(A)(3) | ILP | I |
| Non-Qualified Person Residing Under the Color of Law | 130 CMR 504.003(C) | NQP | P |

## Questions

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

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