# Eligibility Operations Memo 25-07



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** May 2025

**TO:** MassHealth Eligibility Operations Staff

**FROM:** Heather Rossi, Deputy Chief Operating Officer, Eligibility Policy and Implementation [signature of Heather Rossi]

RE: Program of All-Inclusive Care for the Elderly

## Overview

The Program of All-Inclusive Care for the Elderly ([PACE](https://www.mass.gov/program-of-all-inclusive-care-for-the-elderly-pace)) is a federally recognized benefit that combines health care with community-living activities. Those who qualify and live in a [PACE organization service area](https://www.mass.gov/info-details/massachusetts-pace-service-areas) can receive healthcare, transportation, meals, and community center resources. By working with PACE, MassHealth can provide nursing-home-level care to people in the community who are 55 and older.

## Eligibility Criteria

To be eligible for both PACE and a MassHealth benefit, a person must have monthly income at or below 300% of the Federal Benefit Rate (FBR), and countable assets at or below $2,000. When an applicant is married, MassHealth only counts the income and assets of the applying spouse. If a person’s income is higher than 300% FBR, they may still qualify for PACE by meeting a deductible. Additionally, individuals may enroll in PACE without a MassHealth benefit through a private payment option.

MassHealth may provide retroactive benefits for up to three calendar months before the application date, if the individual received Medicaid covered services at any time during that period and would have been eligible for Medicaid when they received such services. PACE benefits begin on the first day of the month following the month a person’s PACE enrollment agreement is signed and approved.

## Application Process

To apply for PACE benefits, a person must contact the PACE organization that serves the area where they live. If the person is not already enrolled in a MassHealth, an [*Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)*](https://www.mass.gov/lists/applications-to-become-a-masshealth-member?_gl=1*7f03zn*_ga*MTI5MTg3NzgyOS4xNzE0MDcwNjU1*_ga_MCLPEGW7WM*MTcyMTE2MDAxMS4yNy4wLjE3MjExNjAwMTcuMC4wLjA.#application-for-health-coverage-for-seniors-and-people-needing-long-term-care-services-[saca-2-(08/23)]-) is required. It may take up to 45 days to process a PACE application.

A person may apply for PACE at any time. If the PACE applicant has already completed a SACA-2 over the past 12 months, they may only need to complete the PACE enrollment process, which will include a clinical assessment, and tell MassHealth that they are applying to a PACE organization.

## Enrollment Process

In addition to the MassHealth application, a person must agree to the PACE terms and conditions. The PACE designee will complete the enrollment agreement form and submit that to MassHealth.

**Post Eligibility Treatment of Income**

The Post-Eligibility Treatment of Income (PETI) process for MassHealth members enrolled in PACE is described in [EOM 21-13](https://www.mass.gov/lists/eligibility-operations-memos-by-year#2021-).

## Disenrollment Process

If a person decides they no longer want to participate in PACE, or their qualifying demographics change, the PACE organization must promptly submit a disenrollment letter to both CMS and MassHealth.

## Questions?

If you have questions, please have your MEC designee contact the Policy Hotline.

**Resources**

* [[PACE federal regulations](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-E)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-E)
* [MassHealth PACE regulations](https://www.mass.gov/regulations/130-CMR-519000-masshealth-coverage-types)

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