



Eligibility Operations Memo 25-08

DATE: May 2025

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Deputy Chief Operating Officer, Eligibility Policy and Implementation

RE: Pathway for Family Assistance Members to Long-Term Services and Supports at a Chronic Disease and Rehabilitation Hospital or Nursing Facility or When Residing in the Community

Background

MassHealth provides

- Family Assistance coverage for eligible individuals with statuses defined at [130 CMR 504.003\(A\)\(2\)-\(3\), \(B\), and \(C\)](#) and [130 CMR 518.003\(A\)\(2\)-\(3\), \(B\), and \(C\)](#); and
- a pathway to long-term services and supports (LTSS; referred to as “FA LTSS Pathway” in this memo).

Members covered by Family Assistance who require a chronic disease and rehabilitation hospital (CDRH) or nursing facility (NF) stay or require LTSS in the community may be eligible for expanded services through the FA LTSS Pathway.

This memo supersedes all previous guidance provided in EOMs 21-16 and 23-17. It updates the process for members to receive services in a NF and CDRH, or LTSS services in the community, if found clinically eligible. This guidance is effective **May 1, 2025**.

MEC workers must disregard guidance provided before May 1, 2025.

Definitions for the Purposes of This EOM

- **Applicant**—a qualified individual who is covered only by Family Assistance or who has not yet applied to MassHealth at the time services are required.
- **Member**—a qualified individual who was previously approved for MassHealth Standard or CommonHealth through the FA LTSS Pathway.

- **Qualified Applicants and Members**—noncitizens as defined in 130 CMR 504.003(A)(2)-(3), (B), and (C), and 130 CMR 518.003(A)(2)-(3), (B), and (C) who qualify only for Family Assistance. This includes the following.
 - Qualified non-citizens barred
 - Non-qualified individuals lawfully present
 - Non-qualified persons residing under the color of law (PRUCOL)

General Requirements for Qualified Applicants Applying for the FA LTSS Pathway

All qualified applicants and members applying for the FA LTSS Pathway must meet the following criteria.

- Meet the requirements for Family Assistance as defined at [130 CMR 505.013](#) and [130 CMR 519.013](#)
- Be clinically assessed to require NF level of care as defined in [130 CMR 456.409](#), using the Nursing Facility Level of Care Supplemental Form and accompanying clinical evaluation tool
- At the time of application, be admitted to an acute inpatient hospital, acute psychiatric hospital, or CDRH

Requirements for NF or CDRH Stays Longer than Six Months (Long-term Stay)

Qualified applicants must meet the following criteria to qualify for the FA LTSS Pathway for NF or CDRH stays longer than six months.

- Meet categorical and financial eligibility requirements for MassHealth Standard as defined in 130 CMR 519.002 and [130 CMR 520.000](#)
- Be clinically assessed to require NF level of care as defined in 130 CMR 456.409, using the Nursing Facility Level of Care Supplemental Form and accompanying clinical evaluation tool (e.g., Minimum Data Set Home Care or MDS-HC)
- At the time of application, be admitted to an acute inpatient hospital, acute psychiatric hospital, or CDRH

The MassHealth Enrollment Center (MEC) will determine eligibility by applying the asset and lookback guidelines in 130 CMR 520.000. Additionally, applicants may be responsible for a patient-paid amount (PPA) payable to the nursing facility.

Applicants found eligible will be enrolled in the FA LTSS Pathway benefit and can receive their services at a NF or CDRH.

Members who are discharged from a NF or CDRH for more than 30 days will no longer be considered to meet NF level of care and will have their eligibility redetermined.

Requirements for NF or CDRH Stays Fewer than Six Months (Short-term Stay)

Any member on Family Assistance admitted to a NF or CDRH for fewer than six months will have their stay covered under their Family Assistance benefit. An [SC-1](#) form submitted by the facility or member's health plan will indicate that the member requires a short-term stay of fewer 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.

Requirements for Members Going from NF or CDRH Short-term Stay to Long-term Stay

Qualified applicants must meet the following criteria to qualify for the FA LTSS Pathway for NF or CDRH stays longer than six months.

- Meet categorical and financial eligibility requirements for MassHealth Standard as defined in 130 CMR 519.002 and 130 CMR 520.000
- Be clinically assessed to require NF level of care as defined in 130 CMR 456.409, using the Nursing Facility Level of Care Supplemental Form and accompanying clinical evaluation tool (e.g., Minimum Data Set Home Care or MDS-HC)
- Be in short-term stay in a SNF or CDRH
- Have been admitted to an acute inpatient hospital, acute psychiatric hospital, or a CDRH immediately preceding short-term stay in SNF or CDRH

The MassHealth Enrollment Center (MEC) will determine eligibility by applying the asset and lookback guidelines in 130 CMR 520.000. Additionally, applicants may be responsible for a PPA payable to the nursing facility.

Applicants found eligible will be enrolled in the FA LTSS Pathway benefit and can receive their services at a NF or CDRH.

Members who are discharged from a NF or CDRH for more than 30 days will no longer be considered to meet NF level of care and will have their eligibility redetermined.

Requirements for LTSS Received in the Community

Qualified applicants must meet the following criteria to qualify for the FA LTSS Pathway for LTSS received in the community.

- Meet financial and categorical eligibility for MassHealth Standard or CommonHealth as defined in 130 CMR 505.000 and [130 CMR 506.000](#) or 130 CMR 519.000 and 130 CMR 520.000
- Be clinically assessed to require NF level of care as defined in 130 CMR 456.409, using the Nursing Facility Level of Care Supplemental Form and accompanying clinical evaluation tool (e.g., Minimum Data Set Home Care or MDS-HC)
- At the time of application, be admitted to an acute inpatient hospital, acute psychiatric hospital, or CDRH

If a qualified applicant or member is found clinically eligible to receive their LTSS in the community, they may qualify for the FA LTSS Pathway. The clinical evaluator will submit level-of-care determinations to the MEC. The MEC will enter the clinical eligibility based on the level-of-care determination and verify financial eligibility. Members eligible for the FA LTSS Pathway will be able to use the covered LTSS as referenced in [130 CMR 450.105\(A\) and \(E\)](#).

MassHealth will determine eligibility for MassHealth Standard or CommonHealth based on the age group of the member.

- **Members younger than 65 must meet the following requirements.**
 - Countable income is less than or equal to 133% of the Federal Poverty Level (FPL) to receive MassHealth Standard; **OR**
 - Countable income is greater than 133% of the Federal Poverty Level (FPL) to receive MassHealth CommonHealth; **AND**
 - Member must be permanently and totally disabled, as defined in [130 CMR 501.001: Definition of Terms](#).
- **Members 65 or older must meet the following requirements.***
 - Countable income is less than or equal to 100% of the Federal Poverty Level (FPL).
 - Countable asset limits are \$2,000 for individuals and \$3,000 for married couples.

*Individuals are not eligible to receive the community disregard defined in 130 CMR 520.013(B).

IMPORTANT: MEC workers processing applications must close Family Assistance in the HIX once Standard or CommonHealth has been approved.

Periodic Review of Clinical Status for Members in the Community

Members in the FA LTSS Pathway receiving services in the community must have their clinical status periodically reviewed to confirm that they still require NF level of care. Periodic reviews will be conducted by a clinical evaluator using the MDS-HC and Nursing Facility Level of Care Supplemental Form. Once the review is complete, the final decision will be sent to the MEC and will indicate when the next review of clinical status will occur.

If the member no longer requires NF level of care, the clinical evaluator will send a denial notice to the member with appeal rights, and will notify MassHealth. A redetermination will be completed without the level-of-care factor, and the member may be downgraded or found ineligible.

For members currently enrolled in the FA LTSS Pathway and residing in the community on the date that this EOM is published, MassHealth will conduct an initial one-time medical review following the same process.

Going forward, members approved for the FA LTSS Pathway who have a time-limited NF level-of-care status must complete a medical review at the end of their clinically approved period.

Important Notes

- Members enrolled in the FA LTSS Pathway who meet the managed care eligibility as defined in [130 CMR 508.000](#) may enroll in the appropriate managed care or integrated care option.
- Members enrolled in the FA LTSS Pathway are not eligible to enroll in Home-and-Community-Based Waivers, Program of All-Inclusive Care for the Elderly (PACE), or the Kaileigh Mulligan programs.

Questions?

Have your MEC designee contact the Policy Hotline.