

Long-Term-Care Application Checklist

Helpful tips for applying for MassHealth Long-Term-Care (LTC) benefits

You must fill out the **Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)** and the Long-Term-Care Supplement. In order to get any benefits you are entitled to as quickly as possible, you should include any documentation you have that verifies your income, assets, citizenship or immigration status, and other health insurance. Use the following charts as a guide to completing the application. Additional information may be requested.

Ensure the following steps have been taken:	✓	N/A
“Long-Term Care” is selected on page 1 of the application.		
All questions are answered “yes” or “no” for you and your spouse (if married, even if spouse is not applying).		
Application is signed by you or your Authorized Representative Designee (ARD). Note: if signed by an ARD, the ARD form must be completed and sent with the application.		
Long-Term-Care Supplement completed and signed by you or your Authorized Representative Designee (ARD)		
Disability supplement and medical records release forms have been completed and mailed separately (individuals under the age of 65 only).		
Submission of Status Change (SC-1) form (to be submitted by nursing facility staff)		
Submission of Level of Care (LOC) indicating clinical eligibility (to be submitted by nursing facility staff)		

Verifications to include with this application for you and your spouse (if married, even if spouse is not applying, unless noted otherwise):	✓	N/A
Proof of citizenship or immigration status (this is not needed for a non-applying spouse)		
Proof of income, before taxes are taken out, for all types of income received (except for Social Security income for the applicant)		
Current bank statement(s) from 60 months prior to admission date to the present, for all open accounts		
A copy of the deed(s), current tax bill(s), and proof of amount owed on all property owned, including life estates		
A copy of the first page of all life-insurance policies or a letter from the insurance company showing the current cash-surrender value (for all policies except term policies)		
Current value of any securities (stocks, bonds, or other)		
A copy of all annuity contracts. For each annuity owned, give us proof from the annuity company of the full value of the annuity, less any penalties and fees if it can be cashed in.		
Proof of any deposit given to a health-care or residential facility		
A copy of the registration for all vehicles (including fair market value at time of admission)		
Proof of any prepaid burial plans, accounts, or trusts		
All trust documentation (including the trust(s), schedule of beneficiaries, any deeds, and bank statements that are held by the trust)		
Current copy of all health insurance cards and current premiums		
Proof of any resource transfers within the last 60 months from the date of application		

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IMPORTANT!

If you are under the age of 65 and are applying for Long-Term-Care benefits, you must be determined disabled by Social Security Administration (SSA) or MassHealth in order to be eligible. If you are not considered disabled by SSA, you must complete the MassHealth Adult Disability Supplement and Medical Records Release form and send it to Disability Evaluation Services at UMass Medical. The evaluation process can take up to 90 days for a disability decision to be made. This supplement will not be processed if a MassHealth application has not been submitted.

Application Process

- When we receive the application, we will assign it to a Long-Term-Care Intake worker at a MassHealth Enrollment Center (MEC).
- Once the worker has reviewed the application, a request for information may be issued for any additional documentation that is still needed in order to make an eligibility determination. You will have 30 days from the date of the notice to provide requested information to the intake worker.
- MassHealth has 45 days to issue an eligibility determination, except when a disability evaluation is pending.

Your Right to Appeal

If you disagree with the action taken by MassHealth, you have the right to appeal and ask for a hearing before an impartial hearing officer. You can also request a hearing if MassHealth did not act on your request in a reasonable time. The Board of Hearings must receive your completed, signed request within 30 calendar days from the date you received the notice of our action. If you did not receive a written notice of the action to be taken, or MassHealth did not take an action on your application, you must send your request no later than 120 calendar days from the date the action takes place. Fair Hearing Request forms are included with any MassHealth decision notice and can also be found on our website at www.mass.gov/masshealth.

Need additional help?

You can find more information about how to fill out the Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2) in the first two pages of the application and also on our website at www.mass.gov/masshealth. You may also call us at (800) 841-2900 (TTY: (800) 497-4648) if you need help filling out the senior application or if you have any questions about the application process.

Mail completed application and all verifications to:

Central Processing Unit (CPU)
P.O. Box 290794
Charlestown, MA 02129-0214

Fax completed application and all verifications to:

(617) 887-8799

Mail completed disability supplement and medical records release forms to:

Disability Evaluation Services
UMASS Medical DES
P.O. Box 2796
Worcester, MA 01613-2796