Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

Long-Term Care in a Nursing Facility—Application Checklist

Use this checklist and list of tips when you or your Authorized Representative are applying for MassHealth long-term care (LTC) benefits. LTC benefits are for people looking for nursing home coverage in a skilled nursing facility. To get the LTC benefit, you or your authorized representative designee (ARD) must fill out at least these two forms:

- Application for Health Coverage for Seniors and People Needing Long-Term Care Services and
- Long-Term Care Home- and Community-Based Service Waiver (Supplement A).

Applications may be submitted prior to submitting all necessary verifications. Try to submit as many verifications as possible with the application.

Long-Term Care Application Process

Age 65 and older, applying for long-term care benefits

- When MassHealth receives the application for LTC benefits, it will be assigned to an LTC intake worker at a MassHealth enrollment center (MEC). Applications are reviewed in the order they are received.
- Once the intake worker reviews the application, MassHealth may mail you a letter to ask for more documents to decide if you qualify. You will have 30 days from the date on the letter to send in the documents.

  MassHealth has up to 45 days to decide if someone qualifies for LTC benefits. If you applied because of a disability and sent in the disability form, the review process can take up to 90 days. MassHealth will mail a decision notice to the applicant and their authorized representative designee.

Younger than 65, applying for long-term care benefits

MassHealth, the Social Security Administration or the Massachusetts Commission for the Blind must identify that a person has a disability before MassHealth can give them long-term care services.

If none of the agencies above have identified a disability for the applicant, please do the following:

1. fill out the MassHealth Adult Disability Supplement,
2. fill out the Authorization to Release Protected Health Information. Fill out both sides of the form for each medical provider listed, and
3. send the forms to the MassHealth Disability Evaluation Services, or your LTC case worker. Ways to submit information can be found at www.mass.gov/how-to/apply-for-masshealth-the-health-safety-net-or-the-childrens-medical-security-plan.

It can take up to 90 days to review someone's disability supplement.

The MassHealth Adult Disability Supplement will only be processed if the LTC applicant is already a MassHealth member or a new MassHealth application is submitted.

Checklist

	Applicant	Spouse	Does not apply
In the Application for Health Coverage for Seniors and People Needing Long-Term-Care Services, select "Long-Term Care" on the first page of the application and fill in applicant's name and applicant's spouse's name on the line underneath labeled Spouse if there is one. *Person 1 is the person applying for LTC benefits. Person 2 is the spouse, if there is one.*	☐	☐	☐
Answer all questions "yes" or "no" for the applicant and their spouse. (If married, the Person 2 section must be completed even if the spouse is not applying.)	☐	☐	☐
Sign and date the application.	☐	☐	☐
Fill out, sign, and date the Long-Term Care Home- and Community-Based Service Waiver (Supplement A).	☐	☐	☐
If applying on behalf of the applicant as an authorized representative designee (ARD), make sure the Authorized Representative Designation form is completed and sent with the application. If section 3 of the ARD form is filled out, please attach legal documents to show authority.	☐	☐	☐

	Applicant	Spouse	Does not apply
Submit a Status Change (SC-1) form (usually sent by nursing facility staff). The SC-1 form provides information about the applicant's admission to the facility.	☐	☐	☐
Submit the Level of Care (LOC) form showing clinical eligibility (usually sent by nursing facility staff).	☐	☐	☐
Submit the private pay and Personal Needs Account (PNA) statements from the facility (usually sent by nursing facility staff)	☐	☐	☐
For people younger than 65 who have *not* been identified as a person with a disability by MassHealth, the Social Security Administration or the Massachusetts Commission for the Blind: Complete the MassHealth Adult Disability Supplement and Authorization to Release Protected Health Information forms. Send these directly to the LTC case worker or to Disability Evaluation Services (DES). Instructions are on the Disability Supplement. Include any legal documentation with the ARD form if applicable. You may get a faster response if you send the forms to your LTC case worker. If you send your Disability Supplement directly to DES, please provide proof of the submission to MassHealth.	☐	☐	☐

	Applicant	Spouse	Does not apply
Citizenship/Immigration Status Send proof of citizenship or immigration status.	☐	☐	☐
Income Send proof of all monthly income from all sources, before taxes (gross amount). Income sources may include work pay, retirement benefits, pensions, dividends or rental income. Review bank statements for any unreported sources of income. Also, send proof of any money or income that you or your spouse gave or transferred to someone else in the last 60 months (5 years) before you applied. This includes income streams you transferred to your spouse or your spouse transferred to you. Provide proof of the amount you were last receiving, when and why it stopped, or to who you transferred the income stream to and when it was transferred.	☐	☐	☐
Assets			
Bank accounts Copies of bank statement(s) or passbook(s) from the past 60 months before the date of application to the present. This applies to all open and closed accounts. (Bank account transaction print outs are not acceptable; name of bank, owners and account numbers are required on statements.) Your case worker may request more documentation if needed. This may vary by case.	☐	☐	☐
Real Estate ***Deeds, tax bills, life estates*** A copy of the signed and recorded deed(s), most recent tax bill(s), and proof of amount owed (debt, line of credit, or mortgage) on all property owned now or within the last 60 months, including life estates.	☐	☐	☐
Asset Transfers Proof of any assets (bank accounts, vehicles, stocks, bonds, etc.) that the applicant or their spouse sold, traded, gave away, or added other names of ownership within the last 60 months. This includes assets given from the applicant to their spouse and vice versa.	☐	☐	☐
Life Insurance Most recent statement from the insurance company for all life insurance policies owned now or within the last 60 months, including AARP and other group policies. The statements must show the original face value and current cash surrender value. If the policy is a term or employer sponsored group policy, or does not have a cash surrender value, the statement must state this.	☐	☐	☐
Securities Most recent statements showing current value and number of shares owned for any securities like stocks, bonds (include copy of original), savings bonds (include copy of original), mutual funds, securities, assets held in safe-deposit boxes, cash not in the bank, options, or future contracts.	☐	☐	☐

***MassHealth's Acceptable Verification List may help with additional documents.**

	Applicant	Spouse	Does not apply
Annuity contracts A copy of all annuity contracts owned now or in the last 60 months. Include all pages, summary, amendments and riders, and list of beneficiaries. MassHealth may request a copy of the check written to the annuity company, the application, or additional documents.	☐	☐	☐
Vehicles A copy of the registration or title for all vehicles owned now or in the last 60 months with proof of current value. This could include cars, vans, trucks, recreational vehicles, mobile homes, or boats. If leased or loaned within the last 60 months, supply a copy of the lease agreement/bill of sale showing any deposits paid.	☐	☐	☐
Prepaid Burial Plans Proof of any prepaid burial plans, accounts, or trusts. Include funeral home contract and goods and services breakdown, and/or burial bank account statements., from opening to present.	☐	☐	☐
Trusts All trust documentation from the past 60 months for any trust the applicant is the grantor/creator, trustee, or beneficiary (including the trust(s) in full, schedule of beneficiaries, any recorded deeds, and bank or financial statements that are held by the trust).	☐	☐	☐
Proof of deposit given to a healthcare or assisted living facility if applicable.	☐	☐	☐
Proof of any home maintenance needs expenses for a spouse living at home. This would include (but not limited to) most recent bills for heat, electric, real estate tax, home insurance premium, HOA fees and mortgage statement.	☐	☐	☐
Proof of any long term care insurance policies, including the contract, waiting period, payment amount, and remaining benefits.	☐	☐	☐
Health Insurance Current copy of all health insurance cards and current premium statements.	☐	☐	☐

Note: You can submit the application form before submitting proofs. You do not have to wait to submit them together.

Mail completed application and all proof to
Central Processing Unit (CPU)
P.O. Box 290794
Charlestown, MA 02129-0214

Fax completed application and all proof to
(617) 887-8799

Mail completed MassHealth Adult Disability Supplement **and** Authorization to Release Protected Health Information **forms to**
LTC case worker
EDMC
P.O. Box 4450
Taunton, MA 02780
Fax: 857-323-8300

or

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

*MassHealth's Acceptable Verification List may help with additional documents.