Commonwealth of Massachusetts

Executive Office of Health and Human Services

# Member Connection Form (MCF)

This form is to be used by home health agencies.

This form must be completed and submitted by home health agencies (HHA) for the following MassHealth (MH) members when requesting prior authorization (PA) for home health aide services for activities of daily living (ADL) supports only.

* Members age 21 years and older; and
* Members enrolled in a MH Home- and Community-Based Services (HCBS) waiver (including members younger than 21).

For members not with an aging services access point (ASAP), this form must also be completed and submitted by the HHA for the following reasons:

* Members 60 years and older within 15 days of a planned discharge from home health services; or
* Members 60 years and older whenever the agency determines that the member could benefit from ASAP services.

HHAs must complete ALL sections. (See page 2 for instructions.)

## Section A: Member Information

Date of Submission

Member Name

DOB

Member ID

Member Telephone

Member’s primary spoken language

Does member require assistance with activities of daily living (ADL)? Yes No

Does member require assistance with instrumental ADL? Yes No

List other services other services the member may require

## Section B: MassHealth Waiver Enrollment Information

Is the member is enrolled in a waiver program? Yes No

If Yes, name of waiver program

Submit this form to waiver-operating agency in accordance with directions on page 2.

If No, submit this form to MH member's local ASAP in accordance with directions on page 2.

## Section C: Home Health Agency Information

HHA Name

HHA Telephone

HHA Nurse/Clinical Supervisor

Services currently provided to the member by HHA

Expected Discharge Date (as applicable)

Your signature on this MCF certifies that the information on this form is correct and complete to the best of your knowledge.

HHA Contact (print name)

HHA Contact (signature)

Date and time of submission

## Instructions for Home Health Providers

Note: If a member declines to submit this form, that must be documented in the member’s record.

## When making a referral to an ASAP

The HHA must complete and submit this form for members who are 60 years of age or older in the following circumstances: 1) the member is within 15 days of a planned discharge from home health services, or 2) the HHA determines that the member could benefit from ASAP services. For members who are currently supported by an ASAP, the HHA does not need to complete and submit the MCF. The provider will document that the member is supported by an ASAP in the member’s record.

### Process for making a referral to an ASAP service.

1. The HHA must check the POSC EVS to determine the member eligibility for home services and must identify the member's enrollment in a HCBS waiver.

a. If the POSC EVS shows that the member is not enrolled in a HCBS waiver, the HHA must submit this form to the member's local ASAP. If the member is currently being supported by the member's local ASAP, then no form completion is needed. The HHA will document this in the member’s record.

b. If the POSC EVS shows that the member is enrolled in an HCBS waiver, the HHA must submit this form to the appropriate entity that manages the member's HCBS waiver services.

2. A completed copy of this form must be kept in the member's home health record and may be requested at any time by the MassHealth agency. Proof of submission may include

a. Fax confirmation

b. Sent email (sent securely)

c. Mail receipt

Note: If a member declines to submit this form, that must be documented in the member’s record.

## When requesting home health aide services for ADL supports only

The HHA must complete and submit this form for members 21 years of age and older, and for any members enrolled in an HCBS waiver. This form should not be submitted for MH members younger than 21 years of age unless they are enrolled in an HCBS waiver program. As a reminder, the MCF for members currently being supported by an ASAP is intended for coordination purposes of home health ADL supports only.

### Process for requesting home health aide service for ADL supports only.

1. The HHA must check the POSC EVS to determine the member’s eligibility for home health services and must identify the member’s enrollment in an HCBS waiver.

a. If the POSC EVS shows that the member is not enrolled in a HCBS waiver, the HHA must submit this form to the member’s local ASAP. For members who are currently supported by an ASAP, the provider does not need to complete and submit the MCF. The provider should document that the member is supported by an ASAP in the member’s record.

b. If the POSC EVS shows that the member is enrolled in an HCBS waiver, the HHA must submit this form to the appropriate entity that manages the member’s HCBS waiver services.

2. The HHA must attach the completed plan of care (POC) for all members when submitting this form except for members who are in their first home health certification period.

3. A completed copy of this form must be kept in the member’s home health record and may be requested at any time by the MassHealth agency. Proof of submission may include

a. Fax confirmation

b. Sent email (sent securely)

c. Mail receipt

## MCF Submission Contacts

### Submission contacts

* The Traumatic Brain Injury Waiver (TBI)
* The Acquired Brain Injury Non- Residential waiver (ABI-N)
* The Moving Forward Plan Community Living waiver (MFP-CL)

### Submission instructions

Send MCF to

Massachusetts Rehabilitation Commission (MRC)

Attn: ABI/MFP Waiver Unit

600 Washington St., 2nd Floor

Boston, MA 02111

Fax: (617)-204-3889

Contact: Nadia Dilibero Email: [Nadia.Dilibero@mass.gov](mailto:Nadia.Dilibero@mass.gov)

Phone: (617) 959-1193

### Submission contacts

* The Acquired Brain Injury Residential—Habilitation waiver (ABI-RH)
* The Moving Forward Plan Residential Supports waiver (MFP-RS)

### Submission instructions

Send MCF to

Department of Developmental Services (DDS)

Attn: ABI-MFP Waivers

1000 Washington St.

Boston, MA 02118

Contact: Diane Pixley Email: [diane.pixley2@mass.gov](mailto:diane.pixley2@mass.gov)

Phone: (617) 507-9509 or

Contact: Tim Fife Email: [Tim.Fife@mass.gov](mailto:Tim.Fife@mass.gov)

Phone: (617) 624-7514

### Submission contacts

* Adult Supports Waiver
* Community Living Waiver
* Intensive Supports Waiver

### Submission instructions

Contact:

DDS Waiver Management Unit (DDS)

Attn: Waiver Management Unit

1000 Washington St.

Boston, MA 02118

Email: [dds-dl-waivermanagementunit@mass.gov](mailto:dds-dl-waivermanagementunit@mass.gov)

Phone: (781) 577-8849

### Submission contacts

* Children’s Autism Spectrum Disorder Waiver

### Submission instructions

Contact:

Autism Waiver Program

Address:

DDS, Attn: Autism Waiver Program

1000 Washington St.

Boston, MA 02118

Email: [autismdivision@mass.gov](mailto:autismdivision@mass.gov)

Phone: (617) 624-7778

### Submission contacts

* The Frail Elder Waiver (FEW)
* POSC EVS Shows No Waiver Enrollment

### Submission instructions

Send MCF to

Aging Services Access Point (ASAP)

HHA must follow the website guidance to identify the member's local ASAP Website for finding ASAP’s: [www.mass.gov/location-details/aging-services-access-points-asaps-in-massachusetts](http://www.mass.gov/location-details/aging-services-access-points-asaps-in-massachusetts)

Note: For members who are currently supported by an ASAP, the provider does not need to complete and submit the MCF. The provider should document that the member is supported by an ASAP in the member’s record.