

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 21 or 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 or older within 15 days of a planned discharge from home health services; or
- Members 60 years or 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does member require assistance with instrumental ADL? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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's eligibility for home health 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 or older, and for any members enrolled in an HCBS waiver. This form should not be submitted for MH members younger than 21 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 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	SUBMISSION INSTRUCTIONS
<ul style="list-style-type: none"> The Traumatic Brain Injury Waiver (TBI) The Acquired Brain Injury Non-Residential waiver (ABI-N) The Moving Forward Plan Community Living waiver (MFP-CL) 	<p>Send MCF to</p> <p>Massachusetts Rehabilitation Commission (MRC)</p> <p>Attn: ABI/MFP Waiver Unit</p> <p>600 Washington St., 2nd Floor Boston, MA 02111</p> <p>Fax: (617) 204-3889</p> <p>Contact: Nadia Dilibero Email: Nadia.Dilibero@mass.gov • Phone: (617) 959-1193</p>
<ul style="list-style-type: none"> The Acquired Brain Injury Residential-Habilitation waiver (ABI-RH) The Moving Forward Plan Residential Supports waiver (MFP-RS) 	<p>Send MCF to</p> <p>Department of Developmental Services (DDS)</p> <p>Attn: ABI-MFP Waivers</p> <p>1000 Washington St. Boston, MA 02118</p> <p>Contact: Diane Pixley Email: diane.pixley2@mass.gov • Phone: (617) 507-9509 or Contact: Tim Fife Email: Tim.Fife@mass.gov • Phone: (617) 624-7514</p>
<ul style="list-style-type: none"> Adult Supports Waiver Community Living Waiver Intensive Supports Waiver 	<p>Contact: DDS Waiver Management Unit</p> <p>DDS Attn: Waiver Management Unit</p> <p>1000 Washington St. Boston, MA 02118</p> <p>Email: dds-dl-waivermanagementunit@mass.gov</p> <p>Phone: (781) 577-8849</p>
<ul style="list-style-type: none"> Children's Autism Spectrum Disorder Waiver 	<p>Contact: Autism Waiver Program</p> <p>Address: DDS Attn: Autism Waiver Program</p> <p>1000 Washington St. Boston, MA 02118</p> <p>Email: autismdivision@mass.gov</p> <p>Phone: (617) 624-7778</p>
<ul style="list-style-type: none"> The Frail Elder Waiver (FEW) POSC EVS Shows No Waiver Enrollment 	<p>Send MCF to</p> <p>Aging Services Access Point (ASAP)</p> <p>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</p> <p><i>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.</i></p>