



## MEMBER CONNECTION FORM (MCF)

THIS FORM IS TO BE USED BY HOME HEALTH AGENCIES

Commonwealth of Massachusetts | Executive Office of Health and Human Services

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 the age of 21).

The form must also be completed and submitted by the HHAs for the following members:

- Members 60 years and older within 15 days of a planned discharge from home health services; and
- Members 60 years and older whenever the agency determines that the member could benefit from aging services access point (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: MH 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: HHA 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) .....

## Instructions for Home Health Providers

### When requesting ASAP services

The HHA must complete and submit this form for members who are 60 years of age and older in the following circumstances: 1) the member is within 15 days of a planned discharge from home health services, and 2) the HHA determines that the member could benefit from ASAP services.

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

The HHA must complete and submit this form for members age 21 years of age and older, and for any members enrolled in a HCBS waiver when seeking PA for home health aide services for ADL supports only. This form should not be submitted for MH members younger than the age of 21 unless they are enrolled in a HCBS waiver program.

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 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.
  - 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. HHAs must submit proof of this form with the initial PA request for home health aide services for ADL supports only. Proof of submission may include
  - a. Fax confirmation
  - b. Sent email (sent securely)
  - c. Mail receipt

WAIVER STATUS	SUBMISSION INSTRUCTIONS
<ul style="list-style-type: none"> <li>The Traumatic Brain Injury Waiver (TBI)</li> <li>The Acquired Brain Injury Non-Residential waiver (ABI-N)</li> <li>The Moving Forward Plan Community Living waiver (MFP-CL)</li> </ul>	Send MCF to <b>Massachusetts Rehabilitation Commission (MRC)</b> 600 Washington St., 2nd Floor Boston, MA 02111 Attn: ABI/MFP Waiver Unit Fax: 617-204-3889 Contact: Nadia Dilibero Email: Nadia.Dilibero@massmail.state.ma.us or Phone: 617-204-3656
<ul style="list-style-type: none"> <li>The Acquired Brain Injury Residential-Habilitation waiver (ABI-RH)</li> <li>The Moving Forward Plan Residential Supports waiver (MFP-RS)</li> </ul>	Send MCF to <b>Department of Developmental Services (DDS)</b> 500 Harrison Avenue Boston, MA 02118 Attn: Operations Unit Fax: 617-624-7885 Contact: Nancy Weston Email: Nancy.weston@massmail.state.ma.us or Phone: 617-624-7820 or Contact: Tim Fife Email: Tim.Fife@massmail.state.ma.us or Phone: 617-624-7514
<ul style="list-style-type: none"> <li>Adult Supports Waiver</li> <li>Community Living Waiver</li> <li>Intensive Supports Waiver</li> </ul>	Contact: Anne Marie Stanton Email: AnneMarie.stanton@massmail.state.ma.us or Phone: 617-624-7784 or Contact: Christopher McArthur Email: Christopher.mcarthur@massmail.state.ma.us or Phone: 617-624-7727
<ul style="list-style-type: none"> <li>Children's Autism Spectrum Disorder Waiver</li> </ul>	Contact: Janet George Email: janet.george@state.ma.us or Phone: 617-624-7766
<ul style="list-style-type: none"> <li>The Frail Elder Waiver (FEW)</li> <li>POSC EVS Shows No Waiver enrollment</li> </ul>	Send MCF to <b>Aging Services Access Point (ASAP)</b> HHA must follow the website guidance to identify the member's local ASAP Link: 800AgeInfo website for finding agency: <a href="https://contactus.800ageinfo.com/FindAgency.aspx">https://contactus.800ageinfo.com/FindAgency.aspx</a>