



Member Name .....  
Member MassHealth ID no .....  
Date of Notice .....

## Notice of Clinical Eligibility Determination for State-Funded Community-Based Long-Term Services and Supports

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This notice is sent in response to your request to receive long-term services and supports (LTSS) in the community. To qualify, you must meet both clinical (medical) and financial eligibility requirements. This notice is about your clinical eligibility. You will receive a separate notice about your financial eligibility.

To receive LTSS in the community, you must meet the level-of-care requirements for nursing-facility services. These requirements are listed in the MassHealth regulations at 130 CMR 456.409: Services Requirement for Medical Eligibility.

To view MassHealth regulations, go to [www.mass.gov/masshealth-and-eohhs-regulations](http://www.mass.gov/masshealth-and-eohhs-regulations).

If you have questions about this notice, you may contact your Aging Services Access Point (ASAP),  
....., at .....

### MassHealth Assessments

Your most recent assessment to see if you are clinically eligible to receive LTSS in the community was conducted by ..... (ASAP) on behalf of MassHealth. An ASAP nurse has reviewed this assessment in accordance with MassHealth regulations at 130 CMR 456.409 and 519.000, and has determined the following based on this review.

- ☐ You **are** clinically eligible to receive LTSS in the community, effective .....  
Your continued eligibility is subject to periodic review.
- ☐ You continue to be clinically eligible to receive LTSS in the community. Your continued eligibility is subject to periodic review.
- ☐ You **are not** clinically eligible to receive LTSS in the community, because you do not meet the level-of-care requirements, as required by MassHealth regulations at 130 CMR 519.000.

### Appeal Rights

**You have the right to appeal this decision.** Please see attached information about your right to appeal through the fair-hearing process.