



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111

**MassHealth**  
**Nursing Facility Bulletin 117**  
**January 2000**

**TO:** Nursing Facilities Participating in MassHealth  
**FROM:** Mark E. Reynolds, Acting Commissioner  
**RE:** **Changes in the Long Term Care Assessment Form**

---

***Background***

In accordance with 130 CMR 456.409, individuals must meet certain clinical criteria to be eligible for MassHealth payment of nursing facility services. The determination of clinical eligibility is based upon the Long Term Care Assessment Form. The Division or its agent determines clinical eligibility when the individual is applying for MassHealth and in any of the circumstances described in 130 CMR 456.407(A).

---

***Revisions to the Long Term Care Assessment Form***

The Division has revised the Long Term Care Assessment Form. It is now called the MassHealth Long Term Care Assessment Form. As of March 1, 2000, the Division or its agent will accept only the MassHealth Long Term Care Assessment Form. Nursing facilities must now complete the form and submit it along with copies of the most recent comprehensive Minimum Data Set (MDS) 2.0 and the current quarterly MDS for the determination of the applicant's or member's clinical eligibility.

---

***Completing the MassHealth Long Term Care Assessment Form***

Nursing facilities must complete the MassHealth Long Term Care Assessment Form following the instructions on the back of the form. Submit the completed form together with copies of the comprehensive and quarterly MDS forms to the appropriate Aging Services Access Point (ASAP).

---

***Obtaining the MassHealth Long Term Care Assessment Form***

A copy of the MassHealth Long Term Care Assessment Form is attached. You may photocopy the form as needed. To obtain supplies of the form, mail or fax a written request to the following address or fax number.

Unisys  
Attn: Forms Distribution  
P.O. Box 9101  
Somerville, MA 02145  
Fax: (617) 576-4087

---

---

***Questions***

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.

---