Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

Program of All Inclusive Care for the Elderly (PACE)—Application Checklist

Use this checklist and list of tips when you or your authorized representative is applying for the MassHealth PACE program. PACE is a state and federally funded program that allows people aged 55 and older who need nursing home-level care to live at home independently. To complete the PACE application, you or your authorized representative designee (ARD) must fill out at least these two forms:

- Application for Health Coverage for Seniors and People Needing Long-Term Care Services and
- Long-Term Care Home- and Community-Based Service Waiver (Supplement A).

Applications may be submitted before submitting all necessary verifications. Try to submit as many verifications as possible with the application.

PACE Application Process

Age 65 and older, applying for PACE

- When MassHealth receives the application, it will be assigned to a worker at a MassHealth enrollment center (MEC). Applications are reviewed in the order they are received.
- Once the worker reviews the application, MassHealth may mail you a letter to ask for more documents to decide if you qualify. You will have 90 days from the date on the letter to send in the documents. MassHealth cannot decide if you are eligible or not until all necessary documentation has been received and reviewed.
- Once all necessary documentation has been received, MassHealth has up to 45 days to decide if someone qualifies for PACE benefits. MassHealth will mail a decision notice to the applicant and their authorized representative designee.

Age 55 through 64, applying for PACE (additional requirements)

The Social Security Administration or the Massachusetts Commission for the Blind must identify that a person has a disability before MassHealth can give them PACE.

If none of the agencies above have identified a disability for the applicant, please do the following:

1. fill out the MassHealth Adult Disability Supplement,
2. fill out the Authorization to Release Protected Health Information. Fill out both sides of the form for each medical provider listed, and
3. send the forms to the MassHealth Disability Evaluation Services or your worker.

It can take up to 90 days to review someone's disability supplement.

The MassHealth Adult Disability Supplement will only be processed if the applicant is already a MassHealth member or a new MassHealth application is submitted.

MassHealth will attempt to verify certain information electronically before requesting proof.

Checklist (Not all of these items may apply to you or your spouse)

Make sure to take these steps:	Applicant	Spouse
In the Application for Health Coverage for Seniors and People Needing Long-Term-Care Services, fill in applicant's name and applicant's spouse's name on the line underneath labeled spouse if there is one. *Person 1 is the person applying for PACE benefits. Person 2 is the spouse, if there is one.*	☐	☐
Answer all questions "yes" or "no" for the applicant and their spouse. (If married, the Person 2 section must be completed even if the spouse is not applying.)	☐	☐
Sign and date the application. Only the applicant or authorized representative can sign the application.	☐	—

Make sure to take these steps:	Applicant	Spouse
Fill out, sign, and date the Long-Term Care Home- and Community-Based Service Waiver (Supplement A). Fill out the following sections: • Applicant/Member Information • Resource Transfers (resources include both income and assets) • Real Estate • Long-Term-Care Insurance • Tax Returns • Signature	☐	—
If applying on behalf of the applicant as an authorized representative designee (ARD), make sure the Authorized Representative Designation form is completed and sent with the application. If section 3 of the ARD form is filled out, please attach legal documents to show authority.	☐	—
Submit the Level of Care (LOC) form showing clinical eligibility. (Contact your PACE organization for the form.)	☐	—
For people younger than 65 who have *not* been identified as a person with a disability by the Social Security Administration or the Massachusetts Commission for the Blind: Complete the MassHealth Adult Disability Supplement and Authorization to Release Protected Health Information forms. Send these directly to the worker or to Disability Evaluation Services (DES). Instructions are on the Disability Supplement. Include any legal documentation with the ARD form if applicable. You may get a faster response if you send the forms to your worker. If you send your *MassHealth Disability Supplement* directly to DES, please provide proof of the submission to MassHealth.	☐	—

Proof to include with this application. If married, include proof for your spouse too.*	Applicant	Spouse
Citizenship/Immigration Status The Acceptable Verification List provides information about proof of citizenship.	☐	—
Income Send proof of all income from all sources, before taxes (gross amount). Income sources may include work pay, retirement benefits, pensions, dividends or rental income. Review bank statements for any unreported sources of income. Also, send proof of any money or income that you or your spouse gave or transferred to someone else in the last 60 months (5 years) before you applied. This includes income streams you transferred to your spouse or your spouse transferred to you. Provide proof of the amount you were last receiving, when and why it stopped, or to who you transferred the income stream to and when it was transferred.	☐	☐
Bank accounts MassHealth will attempt to collect bank information and balances via the Asset Verification System (AVS). This system may not capture all information or accounts, so statements may still be requested. Submit copies of bank statement(s) or passbook(s) from the past 60 months before the date of application to the present. This applies to all open and closed accounts. (Bank account transaction print outs are not acceptable; name of bank, owners and account numbers are required on statements.) Your worker may request more documentation if needed. This may vary by case. To obtain financial statements at no cost, use the Financial Information Request form.	☐	☐
Real Estate ***Deeds, tax bills, life estates*** A copy of the signed and recorded deed(s), most recent tax bill(s), and proof of amount owed (debt, line of credit, or mortgage) on all property owned now or within the last 60 months, including life estates. The home of the applicant and spouse if used as the principal place of residence is considered a noncountable asset but must still be verified.	☐	☐

***MassHealth's Acceptable Verification List may help with additional documents.**

Proof to include with this application. If married, include proof for your spouse too.*	Applicant	Spouse
Asset Transfers Proof of any assets (bank accounts, vehicles, stocks, bonds, etc.) that the applicant or their spouse sold, traded, gave away, or added other names of ownership within the last 60 months. This includes assets given from the applicant to their spouse and vice versa.	☐	☐
Life Insurance Most recent statement from the insurance company for all life insurance policies owned now or within the last 60 months, including AARP and other group policies. The statements must show the original face value and current cash surrender value. If the policy is a term or employer sponsored group policy, or does not have a cash surrender value, the statement must state this.	☐	☐
Securities Most recent statements showing name of owner(s), current value, and number of shares owned for any securities like stocks, bonds (include copy of original), savings bonds (include copy of original), mutual funds, securities, assets held in safe-deposit boxes, cash not in the bank, options, or future contracts.	☐	☐
Annuity contracts A copy of all annuity contracts owned now or in the last 60 months. Include all pages, summary, amendments and riders, and list of beneficiaries. MassHealth may request a copy of the check written to the annuity company, the application, or additional documents.	☐	☐
Vehicles A copy of the registration or title for all vehicles owned now or in the last 60 months with proof of current value. This could include cars, vans, trucks, recreational vehicles, mobile homes, or boats. If leased or loaned within the last 60 months, supply a copy of the lease agreement/bill of sale showing any deposits paid. *One vehicle is noncountable regardless of its value if it is for the use of the eligible individual or couple or a member of the eligible individual's or couple's household.*	☐	☐
Prepaid Burial Plans Proof of any prepaid burial plans, accounts, or trusts. Include funeral home contract and goods and services breakdown, and/or burial bank account statements, from opening to present.	☐	☐
Trusts All trust documentation from the past 60 months for any trust the applicant or their spouse is the grantor/creator, trustee, or beneficiary (including the trust(s) in full, schedule of beneficiaries, any recorded deeds, and bank or financial statements that are held by the trust).	☐	☐
Health Insurance Current copy of all health insurance cards and current premium statements.	☐	☐
Other Proofs • Proof of deposit given to a healthcare or assisted living facility if applicable. • Proof of any long-term care insurance policies, including the contract, waiting period, payment amount, and remaining benefits.	☐	☐

Note: You can submit the application form before submitting proofs. You do not have to wait to submit them together.

Mail completed application and all proof to
MassHealth Enrollment Center
P.O. Box 290794
Charlestown, MA 02129-0214

Fax completed application and all proof to
(617) 887-8799

***MassHealth's Acceptable Verification List may help with additional documents.**

Mail completed MassHealth Adult Disability Supplement **and** Authorization to Release Protected Health Information **forms to**

EDMC
P.O. Box 4450
Taunton, MA 02780
Fax: 857-323-8300

or

Disability Evaluation Services
UMASS Medical DES
P.O. Box 2796
Worcester, MA 01613-2796