




## Psychiatric Inpatient Hospital Bulletin 28

**DATE:** June 2025

**TO:** Psychiatric Inpatient Hospitals Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth 

**RE:** **Discharge Planning to Support Certain Family Assistance Members in Need of Long-Term Services and Supports**

### Overview

Depending on a MassHealth member's [coverage type](#), different services are covered and paid for by MassHealth. Family Assistance only covers a limited set of services compared to MassHealth Standard.<sup>1</sup> Specifically, while Family Assistance covers home health and short-term care at a nursing facility or chronic disease and rehabilitation hospital (CDRH), it does not cover long-term care at a nursing facility or CDRH. Additionally, Family Assistance does not cover certain community long-term services and supports (LTSS), including:

- Personal care attendant (PCA);
- Adult foster care (AFC);
- Group adult foster care (GAFC);
- Day habilitation; and
- Adult day health (ADH).

MassHealth is updating how certain members eligible for Family Assistance can receive the benefits of MassHealth Standard, which provides access to all LTSS.

**Effective May 1, 2025, members eligible for Family Assistance who have a qualifying hospitalization and require nursing facility level of care may be eligible to receive the same level of benefits as MassHealth Standard or CommonHealth through the Family Assistance LTSS Pathway (“FA LTSS Pathway”).** For more details on the FA LTSS Pathway, please refer to [Eligibility Operations Memo 25-08](#).

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<sup>1</sup> Family Assistance covered services include: inpatient hospital services, outpatient services: hospitals, clinics, doctors, dentists, family planning, vision care, medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses, hearing aids, medical equipment and supplies, nursing facility services, up to 6 months, home health services, mental health and addiction services, developmental screens, shots, ambulance services (emergency only), and services to help members quit smoking.

As of May 1, 2025, the only way for Family Assistance members to access all community LTSS—including PCA, AFC, GAFC, day habilitation, ADH, and/or a long-term stay at a nursing facility or CDRH—is to apply and be found eligible for the FA LTSS Pathway.

This bulletin sets forth process requirements for psychiatric inpatient hospitals (PIHs) caring for Family Assistance members who need LTSS to safely discharge. MassHealth published similar bulletins for participating acute inpatient hospitals, nursing facilities, and chronic disease and rehabilitation hospitals.

This bulletin is effective for members admitted on or after May 1, 2025.

## **Section 1**

### **Hospital Process Requirements for Individuals Transitioning to Community Long-Term Services and Supports**

This section details discharge and transition process requirements for members seeking certain types of community LTSS.

Note that home health is a covered benefit under Family Assistance. If a member can be discharged safely to the community with home health services, Family Assistance is all the individual needs for coverage. Members who are discharged into home health services do not need to apply for the FA LTSS Pathway.

However, if a member requires both nursing facility level of care and a type of community LTSS other than home health to discharge safely into the community, the hospital should work with the member to apply for the FA LTSS Pathway. This includes members who require PCA, AFC, GAFC, day habilitation, or ADH services, which are not covered by Family Assistance. To be eligible for the FA LTSS Pathway, an applicant or member must have a qualifying inpatient hospitalization before transitioning to community LTSS.

Beginning with discharges of individuals admitted on or after May 1, 2025, hospitals must perform clinical assessments for MassHealth members and applicants applying for the FA LTSS Pathway, and submit these assessments to MassHealth. If eligible for the FA LTSS Pathway, members will be upgraded to MassHealth Standard or CommonHealth.

The clinical assessment completed by the hospital must document that the applicant or member meets the clinical eligibility criteria in MassHealth regulation 130 CMR 456.409. This process should be initiated as soon as clinically appropriate.

### **Clinical Requirements**

Hospitals must ensure that individuals applying for the FA LTSS pathway receive a clinical assessment, so MassHealth can determine their eligibility. Specifically, hospitals must:

- Conduct an MDS-HC assessment, which documents that the member requires nursing facility level of care under 130 CMR 456.409; and
- Complete the Nursing Facility (NF) Level of Care Form.

## **How to Apply for the FA LTSS Pathway**

In order for MassHealth to determine an individual's eligibility for the FA LTSS pathway, there are a number of documents that hospitals must either submit, or assist individuals in submitting, to MassHealth or its contractor, Disability Evaluation Services (DES). These documents include the above clinical assessments, plus additional MassHealth application paperwork. The specific paperwork that must be submitted depends on the individual's age and current MassHealth coverage.

Please see **Appendix 1** for a complete list of documents and application instructions.

## **Section 2**

### **Hospital Process Requirements for Members Transitioning to a Long-Term Stay at a Nursing Facility or Chronic Disease and Rehabilitation Hospital**

This section details discharge and transition process requirements for members seeking a long-term stay at a nursing facility or CDRH. For members in fee-for-service, a long-term stay is typically a stay lasting more than six months after admission. If the individual is enrolled in a managed care entity, a long-term stay is typically a stay lasting more than 100 days after admission.

Note that a short-term stay is a covered benefit under Family Assistance. If a member can be discharged safely to a short-term stay at a nursing facility or CDRH, Family Assistance is all the individual needs for coverage to transition to a skilled nursing facility. Should a long-term stay become necessary the individual can apply for the FA LTSS Pathway during their short-term stay, while in the skilled nursing facility.

For members requiring a long-term stay at a nursing facility or CDRH, at the time of discharge, Hospitals must perform clinical assessments to ensure that eligible members are successfully discharged into a clinically appropriate setting. Hospitals should perform clinical assessments for individuals who hospital clinical staff reasonably believe may require a long-term nursing facility or CDRH stay in order to discharge safely. Hospitals should also perform clinical assessments for MassHealth applicants and members who request to apply for the Family Assistance LTSS Pathway. This process should be initiated as soon as clinically appropriate.

To be eligible for the FA LTSS Pathway, an applicant or member must have a qualifying inpatient hospitalization before transitioning to a long-term stay.

### **Clinical Requirements**

Hospitals must ensure that individuals applying for the FA LTSS pathway receive a clinical assessment, so MassHealth can determine their eligibility. Specifically, hospitals must:

- Conduct an MDS-HC assessment;
- Complete the NF Level of Care Form; and

- Only for members seeking a long-term stay in a nursing facility: Clinical Eligibility Notice (copy from an ASAP) or a copy of the eligibility notice from the managed care entity.

## **How to Apply for the FA LTSS Pathway**

In order for MassHealth to determine an individual's eligibility for the FA LTSS pathway, there are a number of documents that hospitals must either submit, or assist individuals in submitting, to MassHealth or its contractor, Disability Evaluation Services (DES).

These documents include the above clinical assessments, plus additional MassHealth application paperwork. The specific paperwork that must be submitted depends on the individual's age and current MassHealth coverage.

Please see **Appendix 2** for a complete list of documents and application instructions.

## **Section 3**

### **Determining Eligibility for the Family Assistance LTSS Pathway**

Upon receipt of the documentation noted above, DES will review the clinical materials submitted by the hospital and validate whether the member meets the criteria for 1) nursing facility level-of-care; and 2) a qualifying hospitalization. DES will send its decision to MassHealth and will mail a letter to the applicant or member explaining its decision. DES will also place an outbound call to the member, plus any authorized representatives, notifying them of the decision at the phone number on file with MassHealth. Members who are found eligible for the FA LTSS Pathway will receive a MassHealth eligibility determination notice confirming that their coverage was upgraded to Standard or CommonHealth. This notice will be mailed to the member, plus any authorized representatives, at the mailing addresses on file with MassHealth. Members may call DES at any time at **(800) 888-3420** to ask for an update on their case.

Hospitals are encouraged to review the Eligibility Verification System (EVS) for information on a member's MassHealth coverage type. Approval for the FA LTSS Pathway will be indicated in EVS as the member currently having Standard or CommonHealth coverage. If a member's current coverage is listed in EVS as Family Assistance, the member has either been found ineligible for the FA LTSS Pathway, or MassHealth has not yet made a decision regarding the member's eligibility.

**Note:** Individuals must be found eligible for MassHealth Standard or CommonHealth coverage to access the FA LTSS Pathway. A DES decision alone does not permit a member to access expanded LTSS via the FA LTSS Pathway. A member must also receive a MassHealth eligibility determination for Standard or CommonHealth. Similarly, a clinical evaluation from a hospital, ASAP, or other entity does not make a member eligible for the FA LTSS Pathway if there is no MassHealth eligibility determination for Standard or CommonHealth.

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

[Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## Questions?

If you have questions about the information in this bulletin, please contact:

### Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)

Email: [support@masshealthtss.com](mailto:support@masshealthtss.com)

Portal: [MassHealthLTSS.com](https://www.masshealthltss.com)

Mail: MassHealth LTSS  
PO Box 159108  
Boston, MA 02215

Fax: (888) 832-3006

### All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711

Email: [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com)

**Appendix 1**

**How to Apply for the FA LTSS Pathway (Community LTSS)**

Hospitals must ensure that the following documents are submitted for individuals seeking community LTSS via the FA LTSS Pathway. Required documentation will differ depending on the individual’s age and whether they already have MassHealth coverage.

Note that the tables below only describe the **additional** documentation necessary for individuals to apply for the FA LTSS Pathway. The tables below do not replace or supercede other required paperwork that must be submitted by facilities in other circumstances and/or in the normal course of business.

**Table 1**

<b>Individual is <u>under</u> age 65, and currently has MassHealth Family Assistance.</b>		
<b>#</b>	<b>Document Name</b>	<b>Instructions</b>
<b>1</b>	<a href="#">Disability Supplement</a>	Submit to DES according to the instructions on the form.
<b>2</b>	<a href="#">Request for the FA LTSS Pathway*</a>	Submit to MassHealth according to the instructions on the form.
<b>3</b>	<a href="#">Health Coverage Fax Cover Sheet for the FA LTSS Pathway</a>	Submit these three documents to DES <u>together as one packet</u> , starting with the fax cover sheet. Send to DES via fax at (774) 455-8155.
<b>4</b>	<a href="#">MDS-HC Assessment</a>	
<b>5</b>	<a href="#">NF Level of Care Form</a>	

*\*In some instances a new MassHealth application may be required. MassHealth will the contact the member if a new application is needed.*

**Table 2**

<b>Individual is <u>over</u> age 65, and currently has MassHealth Family Assistance.</b>		
<b>#</b>	<b>Document Name</b>	<b>Instructions</b>
<b>1</b>	<a href="#">Request for the FA LTSS Pathway*</a>	Submit to MassHealth according to the instructions on the form.
<b>2</b>	<a href="#">Health Coverage Fax Cover Sheet for the FA LTSS Pathway</a>	Submit these three documents to DES <u>together as one packet</u> , starting with the fax cover sheet. Send to DES via fax at (774) 455-8155.
<b>3</b>	<a href="#">MDS-HC Assessment</a>	
<b>4</b>	<a href="#">NF Level of Care Form</a>	

*\*In some instances a new MassHealth application may be required. MassHealth will the contact the member if a new application is needed.*

**Table 3**

<b>Individual is <u>under</u> age 65, and is not yet a MassHealth member.</b>		
<b>#</b>	<b>Document Name</b>	<b>Instructions</b>
<b>1</b>	Fax Cover Sheet for Facilities: FA LTSS Pathway Application	Submit these two documents to MassHealth <u>together as one packet</u> , starting with the fax cover sheet. Send to MassHealth at (857) 323-8300
<b>2</b>	<a href="#">ACA Application</a>	
<b>3</b>	<a href="#">Disability Supplement</a>	Submit to DES according to the instructions on the form.
<b>4</b>	<a href="#">Health Coverage Fax Cover Sheet for the FA LTSS Pathway</a>	Submit these three documents to DES <u>together as one packet</u> , starting with the fax cover sheet. Send to DES via fax at (774) 455-8155.
<b>5</b>	<a href="#">MDS-HC Assessment</a>	
<b>6</b>	<a href="#">NF Level of Care Form</a>	

**Table 4**

<b>Individual is <u>over</u> age 65, and is not yet a MassHealth member.</b>		
<b>#</b>	<b>Document Name</b>	<b>Instructions</b>
<b>1</b>	Fax Cover Sheet for Facilities: FA LTSS Pathway Application	Submit these two documents to MassHealth <u>together as one packet</u> , starting with the fax cover sheet. Send to MassHealth at (857) 323-8300
<b>2</b>	<a href="#">SACA Application</a>	
<b>3</b>	<a href="#">Health Coverage Fax Cover Sheet for the FA LTSS Pathway</a>	Submit these three documents to DES <u>together as one packet</u> , starting with the fax cover sheet. Send to DES via fax at (774) 455-8155.
<b>4</b>	<a href="#">MDS-HC Assessment</a>	
<b>5</b>	<a href="#">NF Level of Care Form</a>	

**Appendix 2**

**How to Apply for the FA LTSS Pathway (Long-Term Stay at a NF or CDRH)**

Hospitals must ensure that the following documents are submitted for individuals seeking a long-term stay at a NF or CDRH via the FA LTSS Pathway. Required documentation will differ depending on the individual’s age.

Note that the below tables only describe the additional documentation necessary for individuals to apply for the FA LTSS Pathway. The tables below do not replace or supercede other required paperwork that must be submitted by facilities in other circumstances and/or in the normal course of business.

**Table 1**

<b>Individual is <u>under</u> age 65, and currently has MassHealth Family Assistance.</b>		
<b>#</b>	<b>Document Name</b>	<b>Instructions</b>
<b>1</b>	Fax Cover Sheet for Facilities: FA LTSS Pathway Application	Submit these three documents to MassHealth <u>together as one packet</u> , starting with the fax cover sheet. Send to MassHealth at (857) 323-8300
<b>2</b>	<a href="#">SACA Application</a>	
<b>3</b>	<a href="#">LTC Supplement</a>	
<b>4</b>	<a href="#">Health Coverage Fax Cover Sheet for the FA LTSS Pathway</a>	Submit these four documents to DES <u>together as one packet</u> , starting with the fax cover sheet. Send to DES via fax at (774) 455-8155.
<b>5</b>	<a href="#">MDS-HC Assessment</a>	
<b>6</b>	<a href="#">NF Level of Care Form</a>	
<b>7</b>	Only for members seeking a long-term stay in a nursing facility: Clinical Eligibility Notice (copy from an ASAP) or or a copy of the eligibility notice from the managed care entity	

**Table 2**

<b>Individual is <u>over</u> age 65, and currently has MassHealth Family Assistance.</b>		
<b>#</b>	<b>Document Name</b>	<b>Instructions</b>
<b>1</b>	Fax Cover Sheet for Facilities: FA LTSS Pathway Application	Submit these three documents to MassHealth <u>together as one packet</u> ,
<b>2</b>	<a href="#">Request for the FA LTSS Pathway</a>	



3	<a href="#">LTC Supplement</a>	starting with the fax cover sheet. Send to MassHealth at (857) 323-8300
4	<a href="#">Health Coverage Fax Cover Sheet for the FA LTSS Pathway</a>	Submit these four documents to DES <u>together as one packet</u> , starting with the fax cover sheet. Send to DES via fax at (774) 455-8155.
5	<a href="#">MDS-HC Assessment</a>	
6	<a href="#">NF Level of Care Form</a>	
7	Only for members seeking a long-term stay in a nursing facility: Clinical Eligibility Notice (copy from an ASAP) or or a copy of the eligibility notice from the managed care entity	

**Table 3**

<b>Individual is <u>under</u> age 65, and is not yet a MassHealth member.</b>		
#	Document Name	Instructions
1	<a href="#">Health Coverage Fax Cover Sheet for the FA LTSS Pathway</a>	Submit these three documents to MassHealth <u>together as one packet</u> , starting with the fax cover sheet. Send to MassHealth at (857) 323-8300
2	<a href="#">SACA Application</a>	
3	<a href="#">LTC Supplement</a>	
4	<a href="#">Health Coverage Fax Cover Sheet for the FA LTSS Pathway</a>	Submit these four documents to DES <u>together as one packet</u> , starting with the fax cover sheet. Send to DES via fax at (774) 455-8155.
5	<a href="#">MDS-HC Assessment</a>	
6	<a href="#">NF Level of Care Form</a>	
7	Only for members seeking a long-term stay in a nursing facility: Clinical Eligibility Notice (copy from an ASAP) or or a copy of the eligibility notice from the managed care entity	

**Table 4**

<b>Individual is <u>over</u> age 65, and is not yet a MassHealth member.</b>		
#	Document Name	Instructions
1	<a href="#">Health Coverage Fax Cover Sheet for the FA LTSS Pathway</a>	Submit these three documents to MassHealth <u>together as one packet</u> ,

2	<a href="#">SACA Application</a>	starting with the fax cover sheet. Send to MassHealth at (857) 323-8300
3	<a href="#">LTC Supplement</a>	
4	<a href="#">Health Coverage Fax Cover Sheet for the FA LTSS Pathway</a>	Submit these four documents to DES <u>together as one packet</u> , starting with the fax cover sheet. Send to DES via fax at (774) 455-8155.
5	<a href="#">MDS-HC Assessment</a>	
6	<a href="#">NF Level of Care Form</a>	
7	Only for members seeking a long-term stay in a nursing facility: Clinical Eligibility Notice (copy from an ASAP) or or a copy of the eligibility notice from the managed care entity	