



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Rest Home Bulletin 33
May 2009

TO: Rest Homes
FROM: Tom Dehner, Medicaid Director TD
RE: **New Status Change for Residents in a Rest Home (SC-1-RH) Form**

Background

In preparation for the implementation of NewMMIS, a new form, the Status Change for Residents in a Rest Home (SC-1-RH) Form, has been developed to be used only by rest homes.

Many fields on this form are the same as those on the Status Change for Members in a Nursing Facility or Chronic Disease and Rehabilitation Inpatient Hospital (SC-1) Form, which has been revised for NewMMIS.

Sections on the SC-1-RH Form

There are three sections on the form, as described below.

Section 1 contains fields that gather general information about the rest home.

Section 2 contains fields for the type of status change being requested, where the member is being admitted from, the admission and discharge dates, and discharge reason.

Section 3 contains the requested payment date, along with the signature and date fields.

Instructions are included for how to complete specific fields on the form. All other fields are self-explanatory.

(continued on next page)

***Using the New SC-1-RH
Form***

You can begin using the SC-1-RH form starting May 26, 2009.

The SC-1 form can be downloaded from the MassHealth Web site at www.mass.gov/masshealth. Request for paper copies of this form must be submitted in writing and faxed to 617-988-8973 or mailed to the following address.

MassHealth
ATTN: Forms distribution
P.O. Box 9118
Hingham, MA 02043

A sample of the new SC-1-RH form is attached.

Questions

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

Status Change for Residents in a Rest Home (Admission or Discharge of SSI Recipients)

SECTION 1		
1. Rest Home ID/Service Location	2. Name of Rest Home	3. Telephone No. of Rest Home
4. Address of Rest Home		
5. Resident Last Name	6. Resident First Name	7. Middle Initial
8. Resident Home Address		
9. Resident Date of Birth / /	10. Resident Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	11. Member ID or SSN (Provide SSN only if member ID is not available.)
SECTION 2		
12. Type of Status Change <input type="checkbox"/> Admit <input type="checkbox"/> Discharge <input type="checkbox"/> Both admit and discharge	13. Admitted From <input type="checkbox"/> Home/community <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing facility <input type="checkbox"/> Rest home	14. Admission Date / /
		15. Discharge Date / /
16. Discharge Reason <input type="checkbox"/> Discharged to home/community <input type="checkbox"/> Discharged to a rest home <input type="checkbox"/> Other (explain): _____ <input type="checkbox"/> Discharged to a hospital <input type="checkbox"/> Left against medical advice _____ <input type="checkbox"/> Discharged to a long-term-care facility <input type="checkbox"/> Deceased. Date of death: _____ / / _____		
SECTION 3		
17. Requested Payment Date / /		
18. Signature of authorized representative completing the SC-1-RH form.	19. Date / /	

INSTRUCTIONS FOR COMPLETING THE SC-1-RH FORM (PLEASE PRINT OR TYPE.)		Below are instructions for specific fields. All other fields are self-explanatory. For all items with check boxes, please make sure you check one box.
SECTION 1		
Item 1	Rest Home ID/Service Location	Enter the nine-digit provider ID followed by the one-character location code.
Item 11	Member ID or SSN	Enter the 12-digit MassHealth member ID number. Enter the social security number (SSN) <i>only</i> if member ID is not available.
SECTION 2		
Item 16	Discharge Reason	Includes home/community, hospital, long-term-care facility, rest home, or left against medical advice. If selecting deceased, enter the date of death. If reason is any other, explain the reason in the space provided.
SECTION 3		
Item 17	Requested Payment Date	Enter the start date for which payment is requested.