MassHealth Request for Services

Type of clinical eligibility determination all requested services.

Service(s) requested
- Pre-admission nursing Facility (NF)
- Adult day health (ADH)
- Adult foster care (AFC)
- Group adult foster care (GAFC)

Home and community based services (HCBS) waiver
Program for All-inclusive Care for the Elderly (PACE)
Other

Nursing facility use only
- Conversion
- Continued stay
- Short term review
- Transfer NF to NF
- Retrospective

Member information

Member/applicant
Last name First name Telephone
Address City Zip

Check one
- MassHealth member
- MassHealth application pending
- CAFC/Assisted living residence

MassHealth ID number Date application filed Date SSI-G application filed

Next of kin/Responsible party

Last name First name Telephone
Address City Zip

Physician

Last name First name Telephone
Address City Zip

Screening for mental illness, mental retardation, and developmental disability

Does the member/applicant have any of the following diagnoses/conditions? Check all that apply.
- Mental illness Specify:
- Mental retardation without related condition
- Developmental disability with related condition that occurred prior to age 22. Check all that apply.
  - Autism
  - Blindness/severe visual impairment
  - Cerebral palsy
  - Cystic fibrosis
  - Deafness/severe hearing impairment
  - Epilepsy/seizure disorder
  - Head/brain injury
  - Major mental illness
  - Multiple sclerosis
  - Muscular dystrophy
  - Orthopedic impairment
  - Speech/language impairment
  - Severe learning disability
  - Spina bifida
  - Spinal cord injury

Date ____________________________

RFS-1 (Rev. 10/02)
Community services recommended

Check all that apply.
- Skilled nursing
- Physical therapy
- Occupational therapy
- Speech therapy
- Mental health services
- Social worker services
- HCBS waiver
- Personal emergency response system
- Adult foster care
- Group adult foster care
- Assisted living
- Congregate housing
- Rest home
- Elderly housing
- Adult day health
- PACE
- Home health aide
- Personal care/homemaker
- Meals
- Transportation
- Chore service
- Grocery shopping/delivery
- Elderly housing
- Meals
- Transportation
- Chore service
- Grocery shopping/delivery
- Other: ____________________________

Additional information

1. Is the home or apartment available for the member or applicant?  
   - yes  
   - no

2. Is there a caregiver to assist the member in the community?  
   - yes  
   - no

3. Has the member or applicant experienced unexplained weight gain in the last 30 days?  
   - yes  
   - no

4. Does the member or applicant receive personal care/homemaker services?  
   - yes  
   - no
   
   If yes: _______ days per week _______ hours per week

5. Has the member or applicant experienced a significant change in condition in the last 30 days?  
   - yes  
   - no
   
   If yes:   □ improvement   □ deterioration
   Indicate the changes below.

   __________________________________________________________
   __________________________________________________________

For nursing facility requests only

1. Does the nursing facility member/applicant express an interest to remain in or return to the community?  
   - yes  
   - no

2. Is the nursing facility stay expected to be short-term (up to 90 days)?  
   - yes  
   - no

3. Is the nursing facility stay expected to be long-term (more than 90 days)?  
   - yes  
   - no
   
   If yes: _______ days per week _______ hours per week

For referral source: Name of registered nurse completing this form

Signature ____________________________  Print name ____________________________  Title ____________________________

Name of organization ____________________________  Telephone ____________________________

Address ____________________________  City ____________________________  Zip ____________________________

For community providers: Attach the MDS-HC and Physician’s Summary form according to provider’s regulations/guidelines.

For nursing facility providers: Attach the most recent comprehensive MDS, current quarterly MDS, and current physician orders.