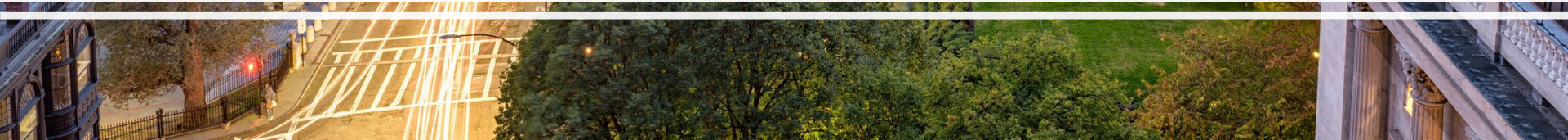
Going To A Nursing Facility?:

How To Apply For Long-Term-Care



Agenda

Long-Term-Care (LTC) Eligibility Overview

- Income
- Assets

How to Apply

- Family Assistance Expansion

Overview of Business Process

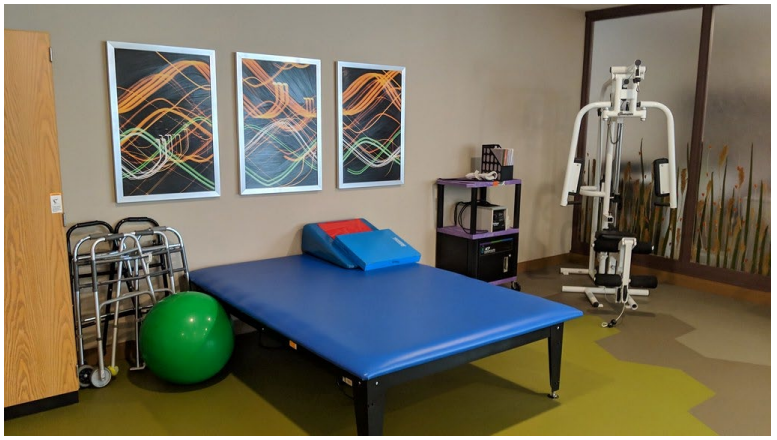
- Time standards/Verifications
- Intake and Conversion
- Renewals
- Real Estate Liens & Estate Recovery

Best Practice

Long-Term-Care Eligibility Overview

Who Can Apply?

An individual of **any** age that needs long-term-care services in a medical institution, such as a skilled nursing facility or chronic hospital



Citizen and Immigration Categories

Citizen	Born in the U.S. or its territories or naturalized citizen
Qualified Noncitizens	Legal permanent resident for more than five years or special immigration group i.e. Asylum, refugee, etc.
Qualified Noncitizens Barred	Legal permanent resident status for less than five years
Nonqualified Individual Lawfully Present	Person with a valid nonimmigrant visa such as employment authorization
Nonqualified PRUCOL	Person residing under the color of the law

Income Eligibility

Countable Income

- Unearned income, i.e., social security benefits, pension, rental income, etc.
- Earned Income, i.e., wages, self-employment

Noncountable Income

- EAEDC (Emergency Aid to the Elderly, Disabled and Children) or SSI (Supplemental Security Income)
- Income-in-kind
- Reverse mortgage proceeds
- Veterans Aid & Attendance, unreimbursed medical expense, or municipal benefits based on need

Income Deductions

Specific deductions are applied to applicant's countable income to determine patient paid amount (PPA).

Types of deductions include:

- Personal Needs Allowance (PNA) = $72.80 monthly
- Applicant's medical insurance coverage premium
- Applicant's incurred medical expenses
- Court approved guardianship fees and expenses

*** Minimum Monthly Maintenance Needs Allowance (MMMNA) = up to $3,853.50 mo.**

Resource for program financial guidelines

Asset Limit

- Single Individual in Nursing Facility: $2,000
- Married couple with spouse living in the community: $154,140 *

** updated annually*

Countable Assets

Countable Assets

- Cash
- Bank Accounts: Saving, Checking, CDs (Certificates of Deposit), IRA (Individual Retirement Accounts), Keogh Accts
- Securities: Stocks, bonds, mutual funds
- Cash Surrender Value of whole life policies with face value over $1500
- Vehicles (1 car per household not countable)

Noncountable Assets

Noncountable Assets

- Principal (primary) residence*
- SSI recipient's assets
- Proceeds from sale of home that will be used to purchase another principal residence within 3 months
- Business and Nonbusiness property essential to self-support
- Special-Needs trusts
- Pooled trusts funded before age 65
- ICF (Intermediate Care Facilities)/Individuals with Intellectual Disability trust
- Funeral or burial arrangements with restrictions

Types of Trusts (slide 1 of 2)

Noncountable:

- **Pooled Trust**
  - Established and administered by a non-profit organization
  - Separate account is established for each beneficiary of the trust, but for the purposes of investment and management of funds, the trust pools these accounts
  - Must be funded prior to member turning 65
- **Special-Needs Trust**
  - Allows an individual that is disabled or chronically ill to receive income without reducing their eligibility for the public assistance disability benefits

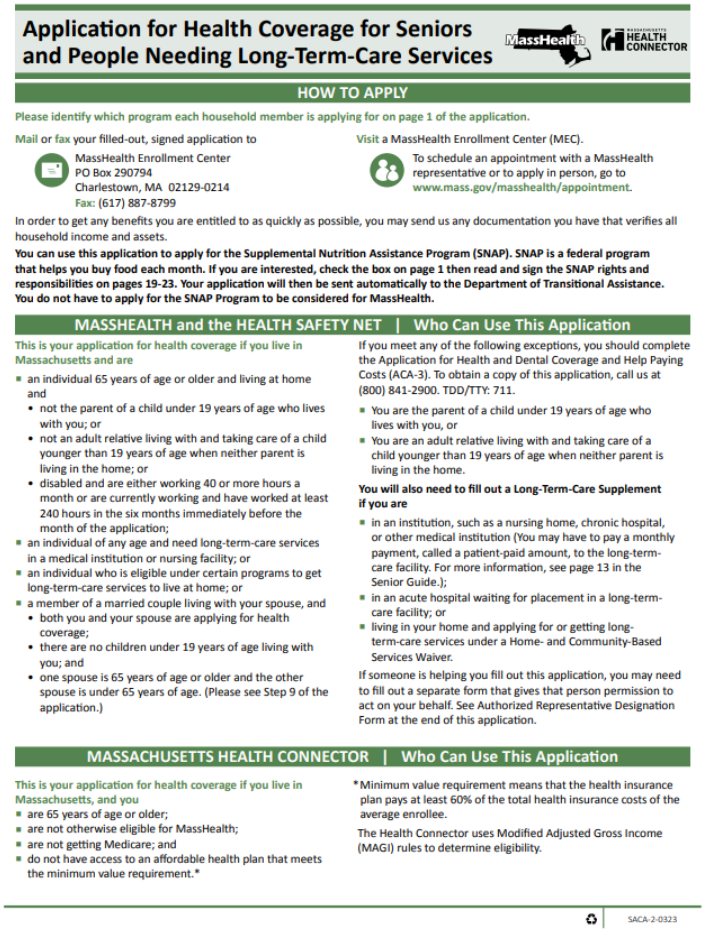
Resource EOM 23-15 Eligibility changes concerning transfer to pooled trusts

Types of Trusts (slide 2 of 2)

- Countable:
  - Revocable Trust: provisions can be altered or canceled dependent on the grantor
- Could be countable:
  - Irrevocable Trust: cannot be modified or terminated without the permission of the beneficiary

How To Apply For Coverage

Applications and Forms Required



Application for Health Coverage for Seniors and People Needing Long-Term-Care Services

HOW TO APPLY

Please identify which program each household member is applying for on page 1 of the application.

Mail or fax your filled-out, signed application to

MassHealth Enrollment Center
PO Box 290794
Charlestown, MA 02129-0214
Fax: (617) 887-8799

Visit a MassHealth Enrollment Center (MEC).

To schedule an appointment with a MassHealth representative or to apply in person, go to www.mass.gov/masshealth/appointment.

In order to get any benefits you are entitled to as quickly as possible, you may send us any documentation you have that verifies all household income and assets.

You can use this application to apply for the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that helps you buy food each month. If you are interested, check the box on page 1 then read and sign the SNAP rights and responsibilities on pages 19-23. Your application will then be sent automatically to the Department of Transitional Assistance. You do not have to apply for the SNAP Program to be considered for MassHealth.

MASSHEALTH and the HEALTH SAFETY NET | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts and are

- an individual 65 years of age or older and living at home and
  - not the parent of a child under 19 years of age who lives with you; or
  - not an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home; or
  - disabled and are either working 40 or more hours a month or are currently working and have worked at least 240 hours in the six months immediately before the month of the application;
- an individual of any age and need long-term-care services in a medical institution or nursing facility; or
- an individual who is eligible under certain programs to get long-term-care services to live at home; or
- a member of a married couple living with your spouse, and
  - both you and your spouse are applying for health coverage;
  - there are no children under 19 years of age living with you; and
  - one spouse is 65 years of age or older and the other spouse is under 65 years of age. (Please see Step 9 of the application.)

If you meet any of the following exceptions, you should complete the Application for Health and Dental Coverage and Help Paying Costs (ACA-3). To obtain a copy of this application, call us at (800) 841-2900. TDD/TTY: 711.

- You are the parent of a child under 19 years of age who lives with you, or
- You are an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home.

You will also need to fill out a Long-Term-Care Supplement if you are

- in an institution, such as a nursing home, chronic hospital, or other medical institution (You may have to pay a monthly payment, called a patient-paid amount, to the long-term-care facility. For more information, see page 13 in the Senior Guide.);
- in an acute hospital waiting for placement in a long-term-care facility; or
- living in your home and applying for or getting long-term-care services under a Home- and Community-Based Services Waiver.

If someone is helping you fill out this application, you may need to fill out a separate form that gives that person permission to act on your behalf. See Authorized Representative Designation Form at the end of this application.

MASSACHUSETTS HEALTH CONNECTOR | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts, and you

- are 65 years of age or older;
- are not otherwise eligible for MassHealth;
- are not getting Medicare; and
- do not have access to an affordable health plan that meets the minimum value requirement.*

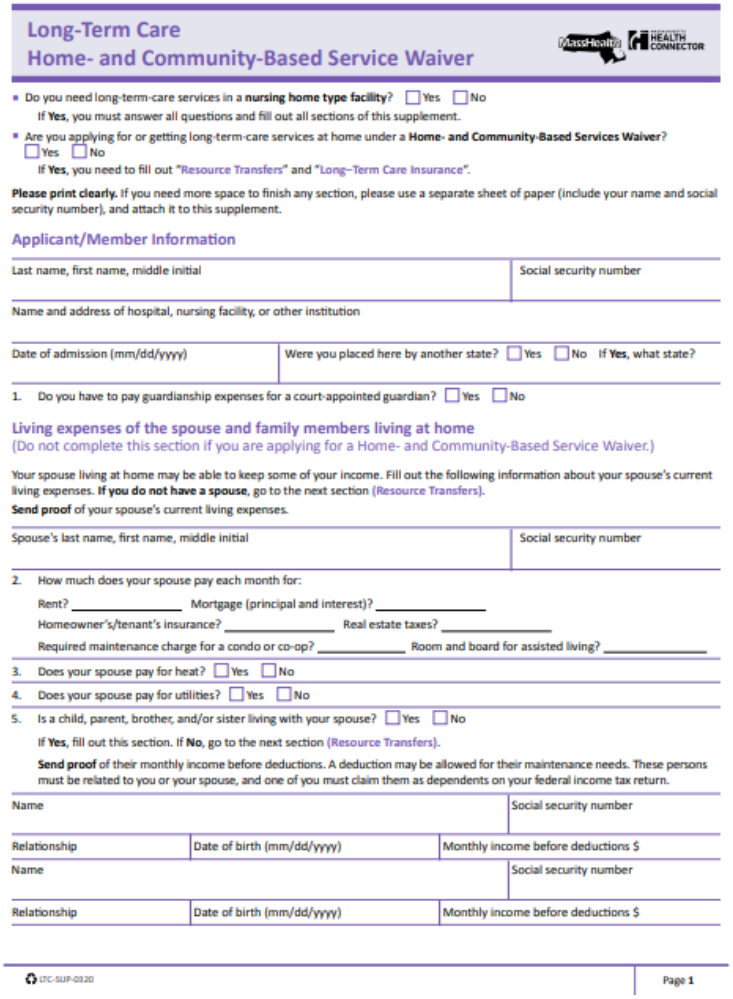
*Minimum value requirement means that the health insurance plan pays at least 60% of the total health insurance costs of the average enrollee.

The Health Connector uses Modified Adjusted Gross Income (MAGI) rules to determine eligibility.

SACA-2-0323

- Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)
  - Collects income and asset information for applicant and spouse (if applicable)

LTC Supplement- Required



Long-Term Care
Home- and Community-Based Service Waiver

- Do you need long-term-care services in a **nursing home type facility**? ☐ Yes ☐ No
  If **Yes**, you must answer all questions and fill out all sections of this supplement.
- Are you applying for or getting long-term-care services at home under a **Home- and Community-Based Services Waiver**?
  ☐ Yes ☐ No
  If **Yes**, you need to fill out "Resource Transfers" and "Long–Term Care Insurance".

Please print clearly. If you need more space to finish any section, please use a separate sheet of paper (include your name and social security number), and attach it to this supplement.

Applicant/Member Information

Last name, first name, middle initial | Social security number

Name and address of hospital, nursing facility, or other institution

Date of admission (mm/dd/yyyy) | Were you placed here by another state? ☐ Yes ☐ No If **Yes**, what state?

1. Do you have to pay guardianship expenses for a court-appointed guardian? ☐ Yes ☐ No

Living expenses of the spouse and family members living at home
(Do not complete this section if you are applying for a Home- and Community-Based Service Waiver.)

Your spouse living at home may be able to keep some of your income. Fill out the following information about your spouse's current living expenses. **If you do not have a spouse**, go to the next section (Resource Transfers).
Send proof of your spouse's current living expenses.

Spouse's last name, first name, middle initial | Social security number

2. How much does your spouse pay each month for:
   Rent? _____ Mortgage (principal and interest)? _____
   Homeowner's/tenant's insurance? _____ Real estate taxes? _____
   Required maintenance charge for a condo or co-op? _____ Room and board for assisted living? _____
3. Does your spouse pay for heat? ☐ Yes ☐ No
4. Does your spouse pay for utilities? ☐ Yes ☐ No
5. Is a child, parent, brother, and/or sister living with your spouse? ☐ Yes ☐ No
   If **Yes**, fill out this section. If **No**, go to the next section (Resource Transfers).
   Send proof of their monthly income before deductions. A deduction may be allowed for their maintenance needs. These persons must be related to you or your spouse, and one of you must claim them as dependents on your federal income tax return.

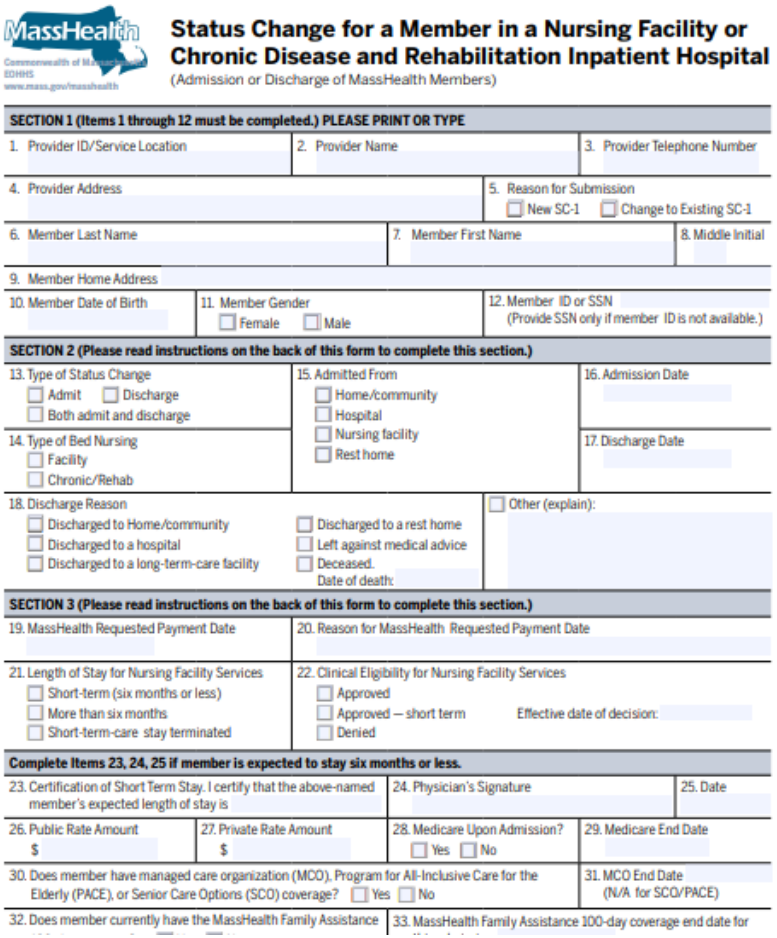
Name | Social security number
Relationship | Date of birth (mm/dd/yyyy) | Monthly income before deductions $
Name | Social security number
Relationship | Date of birth (mm/dd/yyyy) | Monthly income before deductions $

LTC-SUP-0320 Page 1

- Long-Term-Care Supplement
  - Collects joint "Resource Transfer" information
  - Collects information about family members residing at home and their living expenses
  - Collects additional information related to real estate
  - Collects information about LTC insurance

SC-1 - Required

- Status Change Form (SC-1)
  - Submitted by nursing facility for payment purpose
  - Identifies admission or discharge of MassHealth member and expected length of stay



MassHealth
Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

Status Change for a Member in a Nursing Facility or Chronic Disease and Rehabilitation Inpatient Hospital
(Admission or Discharge of MassHealth Members)

SECTION 1 (Items 1 through 12 must be completed.) PLEASE PRINT OR TYPE

1. Provider ID/Service Location
2. Provider Name
3. Provider Telephone Number
4. Provider Address
5. Reason for Submission ☐ New SC-1 ☐ Change to Existing SC-1
6. Member Last Name
7. Member First Name
8. Middle Initial
9. Member Home Address
10. Member Date of Birth
11. Member Gender ☐ Female ☐ Male
12. Member ID or SSN (Provide SSN only if member ID is not available.)

SECTION 2 (Please read instructions on the back of this form to complete this section.)

13. Type of Status Change ☐ Admit ☐ Discharge ☐ Both admit and discharge
14. Type of Bed Nursing ☐ Facility ☐ Chronic/Rehab
15. Admitted From ☐ Home/community ☐ Hospital ☐ Nursing facility ☐ Rest home
16. Admission Date
17. Discharge Date
18. Discharge Reason ☐ Discharged to Home/community ☐ Discharged to a hospital ☐ Discharged to a long-term-care facility ☐ Discharged to a rest home ☐ Left against medical advice ☐ Deceased. Date of death: ☐ Other (explain):

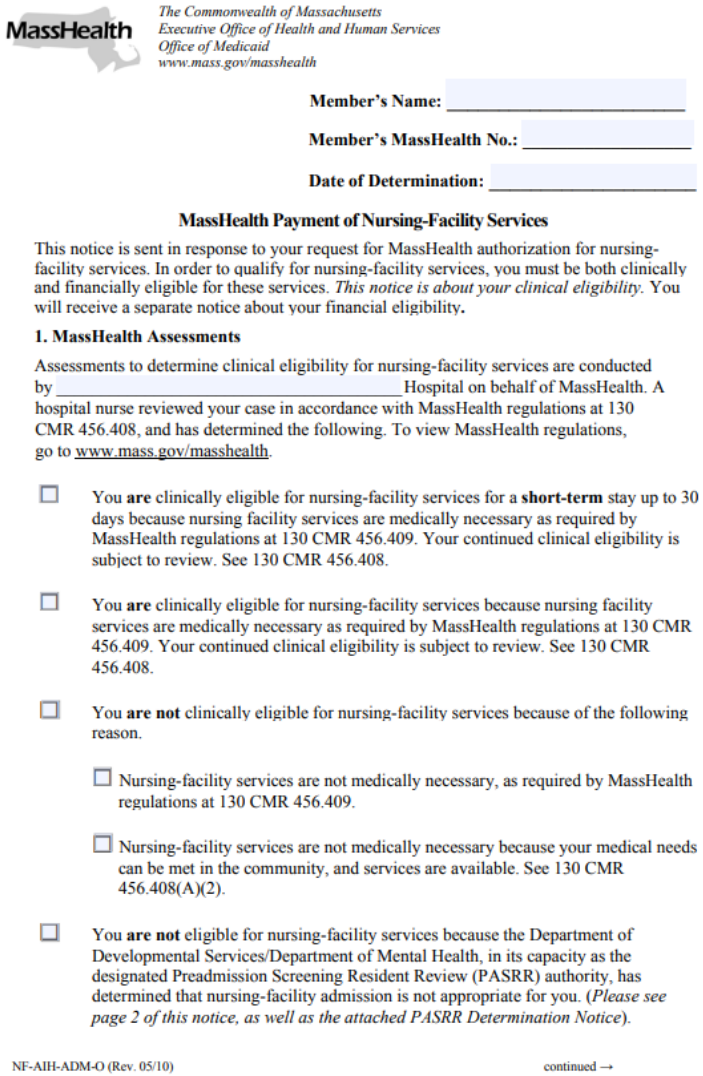
SECTION 3 (Please read instructions on the back of this form to complete this section.)

19. MassHealth Requested Payment Date
20. Reason for MassHealth Requested Payment Date
21. Length of Stay for Nursing Facility Services ☐ Short-term (six months or less) ☐ More than six months ☐ Short-term-care stay terminated
22. Clinical Eligibility for Nursing Facility Services ☐ Approved ☐ Approved – short term ☐ Denied Effective date of decision:

Complete Items 23, 24, 25 if member is expected to stay six months or less.

23. Certification of Short Term Stay. I certify that the above-named member's expected length of stay is
24. Physician's Signature
25. Date
26. Public Rate Amount $
27. Private Rate Amount $
28. Medicare Upon Admission? ☐ Yes ☐ No
29. Medicare End Date
30. Does member have managed care organization (MCO), Program for All-Inclusive Care for the Elderly (PACE), or Senior Care Options (SCO) coverage? ☐ Yes ☐ No
31. MCO End Date (N/A for SCO/PACE)
32. Does member currently have the MassHealth Family Assistance
33. MassHealth Family Assistance 100-day coverage end date for

Clinical Eligibility Form- Required



MassHealth

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Member's Name: _____

Member's MassHealth No.: _____

Date of Determination: _____

MassHealth Payment of Nursing-Facility Services

This notice is sent in response to your request for MassHealth authorization for nursing-facility services. In order to qualify for nursing-facility services, you must be both clinically and financially eligible for these services. *This notice is about your clinical eligibility.* You will receive a separate notice about your financial eligibility.

1. MassHealth Assessments

Assessments to determine clinical eligibility for nursing-facility services are conducted by _____ Hospital on behalf of MassHealth. A hospital nurse reviewed your case in accordance with MassHealth regulations at 130 CMR 456.408, and has determined the following. To view MassHealth regulations, go to www.mass.gov/masshealth.

☐ You **are** clinically eligible for nursing-facility services for a **short-term** stay up to 30 days because nursing facility services are medically necessary as required by MassHealth regulations at 130 CMR 456.409. Your continued clinical eligibility is subject to review. See 130 CMR 456.408.

☐ You **are** clinically eligible for nursing-facility services because nursing facility services are medically necessary as required by MassHealth regulations at 130 CMR 456.409. Your continued clinical eligibility is subject to review. See 130 CMR 456.408.

☐ You **are not** clinically eligible for nursing-facility services because of the following reason.

- ☐ Nursing-facility services are not medically necessary, as required by MassHealth regulations at 130 CMR 456.409.
- ☐ Nursing-facility services are not medically necessary because your medical needs can be met in the community, and services are available. See 130 CMR 456.408(A)(2).

☐ You **are not** eligible for nursing-facility services because the Department of Developmental Services/Department of Mental Health, in its capacity as the designated Preadmission Screening Resident Review (PASRR) authority, has determined that nursing-facility admission is not appropriate for you. (*Please see page 2 of this notice, as well as the attached PASRR Determination Notice*).

NF-AIH-ADM-O (Rev. 05/10) continued →

- Completed by ASAP (Aging Services Access Points)
- Indicates clinical eligibility for nursing facility services and length of stay if eligible

Time Standards and Potential Benefit Start Date

Eligibility Decision:

MassHealth has ***45 days*** from the date the application is complete to make an eligibility decision

Verifications:

90 days* from date requested

Retroactive:

3-months if medical services were received and applicant would have been eligible

Family Assistance Expansion (slide 1 of 3)

- Effective November 1, 2021, MassHealth updated policy guidance to expand coverage for members and applicants who are or would be eligible for Family Assistance. Members or applicants who would be covered by Family Assistance and require a chronic disease and rehabilitation hospital (CDRH) or nursing facility (NF) stay may be eligible for both an expanded short-term stay (up to six months), or long-term-care (LTC).

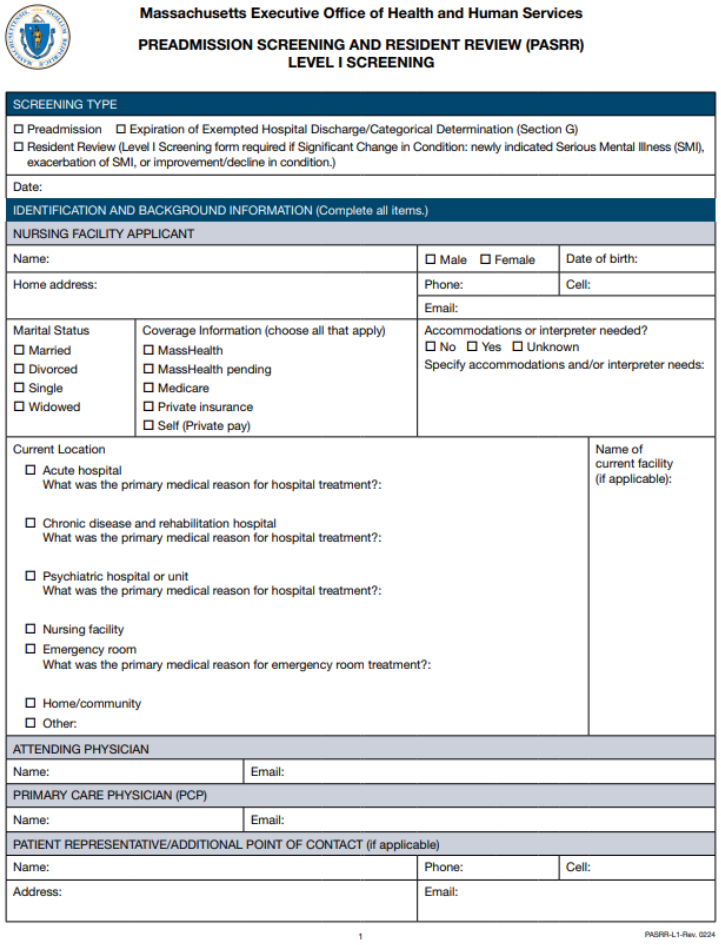
For more detailed information about the policy, see EOM 23-17 Pathway to Short-Term and Long-Term-Care for Family Assistance Members at a Chronic Disease and Rehabilitation Hospital or Nursing Facility.

Family Assistance Expansion (slide 2 of 3)

Long-term NF/CDRH Stay (more than 6 months) based upon clinical determination of LTC need. This applies if the applicant is already in a NF/CDRH or if the applicant is being discharged from an inpatient setting or being admitted from the community.

- **Profile**: Applicant meets NF level of care or is approved for long-term stay in NF/CDRH and requires long-term-care services that cannot be provided in the community
- **Who initiates process**: Applicant, Authorized Representative, or Provider submits application to MassHealth
  - MassHealth application to use: SACA-2

Family Assistance Expansion (slide 3 of 3)



Massachusetts Executive Office of Health and Human Services

PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR)
LEVEL I SCREENING

SCREENING TYPE

☐ Preadmission ☐ Expiration of Exempted Hospital Discharge/Categorical Determination (Section G)
☐ Resident Review (Level I Screening form required if Significant Change in Condition: newly indicated Serious Mental Illness (SMI), exacerbation of SMI, or improvement/decline in condition.)

Date:

IDENTIFICATION AND BACKGROUND INFORMATION (Complete all items.)

NURSING FACILITY APPLICANT

Name:	☐ Male ☐ Female	Date of birth:
Home address:	Phone:	Cell:
	Email:	

Marital Status	Coverage Information (choose all that apply)	Accommodations or interpreter needed?
☐ Married ☐ Divorced ☐ Single ☐ Widowed	☐ MassHealth ☐ MassHealth pending ☐ Medicare ☐ Private insurance ☐ Self (Private pay)	☐ No ☐ Yes ☐ Unknown Specify accommodations and/or interpreter needs:

Current Location	Name of current facility (if applicable):
☐ Acute hospital What was the primary medical reason for hospital treatment?: ☐ Chronic disease and rehabilitation hospital What was the primary medical reason for hospital treatment?: ☐ Psychiatric hospital or unit What was the primary medical reason for hospital treatment?: ☐ Nursing facility ☐ Emergency room What was the primary medical reason for emergency room treatment?: ☐ Home/community ☐ Other:	

ATTENDING PHYSICIAN

Name:	Email:

PRIMARY CARE PHYSICIAN (PCP)

Name:	Email:

PATIENT REPRESENTATIVE/ADDITIONAL POINT OF CONTACT (if applicable)

Name:	Phone:	Cell:
Address:	Email:	

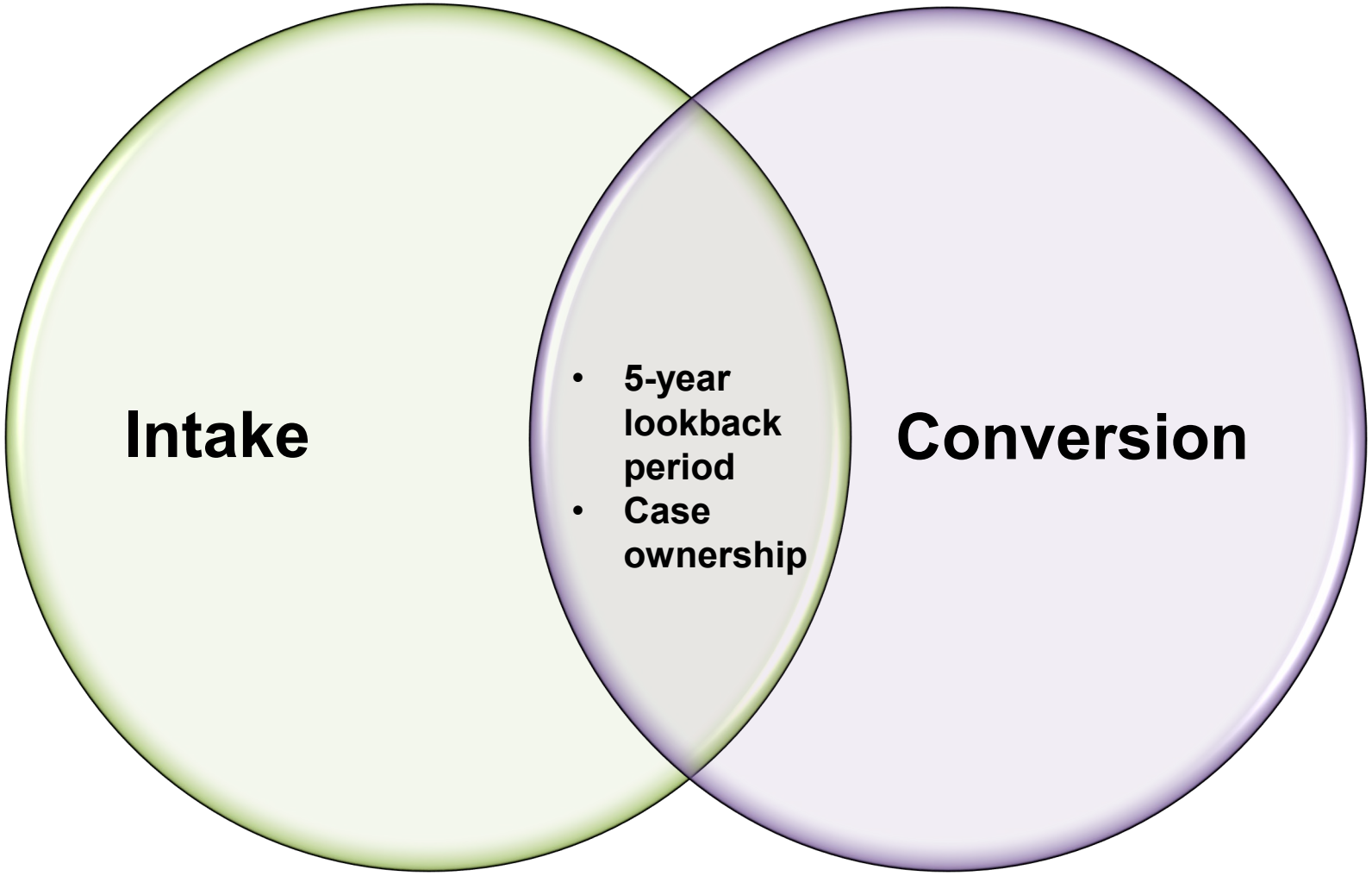
1 PASRR-L1-Rev. 0224

Clinical Component:

- **NF/CDRH** completes an SC-1 form
- **ASAP** completes a Level of Care (LOC) form; AND Preadmission Screening and Resident Review (PASRR) Level I Screening form submitted by referring entity (NF, hospital, or ASAP), and PASRR Level II Evaluation, if applicable
- Applicant completes a Disability Supplement if under the age of 65 and not already determined disabled by SSA (Social Security Administration), MassHealth Disability Evaluation Services (DES), or MA Commission for the Blind

Overview of Business Process

Intake and Conversion



Long Term Care Conversion

To be considered for LTC Conversion a member must have active eligibility for the following coverage types:

- **Standard, CommonHealth, CarePlus* and Family Assistance**
- Important to note the following for those **under the age of 65**:
  - If they are enrolled in an MCO/ACO (Managed Care Organization/Accountable Care Organization), the **first 100 days are covered by MCO/ACO**
  - **Day 101** - member becomes disenrolled from MCO/ACO and MassHealth will become payor through fee for service
  - *CarePlus - 100 days covered by MCO/ACO for coverage; they must apply for LTC with SACA
  - For coverage under 65 short term up to **6 months** provided they are single
    - LTC Conversion unit will mail out packet; married couples will receive the SACA
    - 3 months of income and assets prior to admission helpful to start the process

5-Year Look Back Period

5-year look back period includes:

- A review of resource-related transactions
  - There are transactions that may be considered a disqualifying transfer and could result in days of ineligibility

Real Estate Liens and Estate Recovery Rules (slide 1 of 2)

- **Real Estate Liens:** MassHealth may place a lien before the death of a member against any real estate in which the member has a legal interest
- **Estate Recovery:** MassHealth may recover the amount of payment for medical benefits paid from the estate of a deceased member; recovery is limited to payment for all services that were provided for MassHealth members:
  a. 55 years of age or older; and
  b. Members of any age who receive long-term-care in a nursing home or other medical institution

Refer to EOM 23-12 Updated Calculating the Value of Life Estates and Remainder Interests

Real Estate Liens and Estate Recovery Rules (slide 2 of 2)

Exceptions:

- MassHealth will waive estate recovery if:
  - The value of the member's probate estate is less than $25,000
  - The member had certain long-term-care insurance, or
  - The estate includes certain resources belonging to American Indians or Alaska Natives

Deferral: MassHealth will delay estate recovery if there is a surviving spouse, or a surviving child who is under age 21, or a child of any age who is blind or permanently and totally disabled.

Hardship Waiver: MassHealth will waive all or part of its estate recovery amount if the estate qualifies for an undue hardship waiver.

- Homes placed in an irrevocable trust cannot have a lien placed, nor are subject to estate recovery

MassHealth Application: SACA-2

Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)

Call MassHealth at 1-800-841-2900 (TTY: 711)

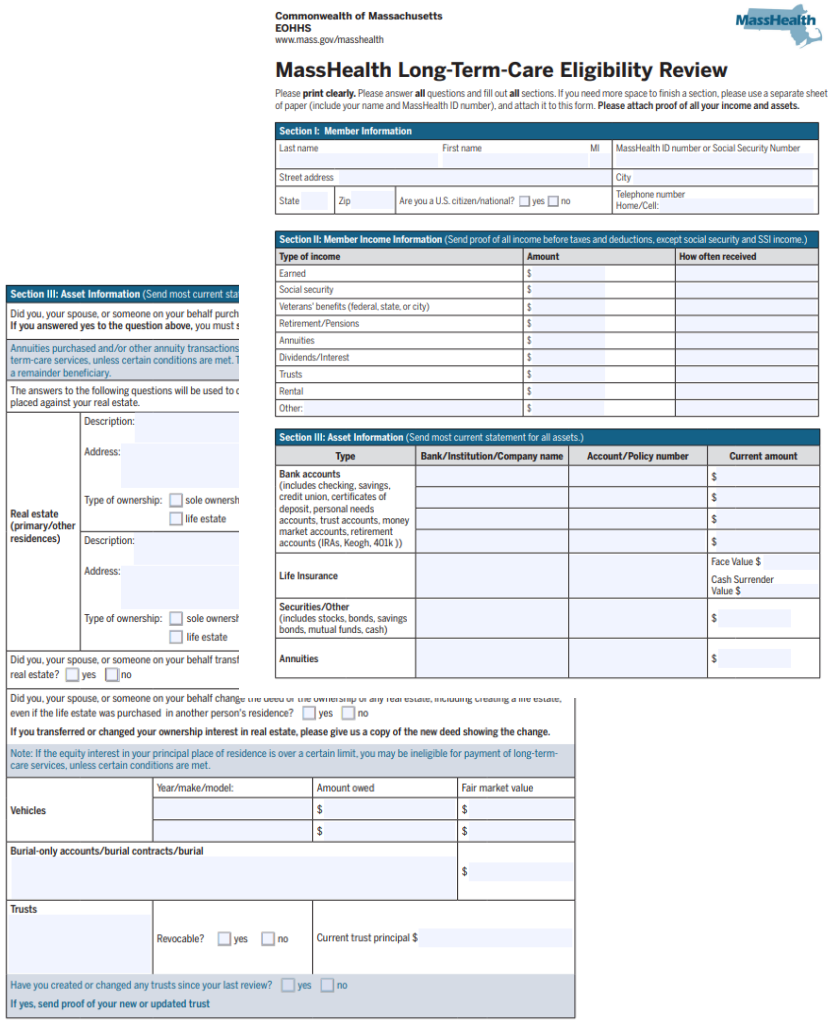
MassHealth Enrollment Center
Central Processing Unit
P.O. Box 290794
Charlestown, MA 02129-0214

Fax: 617-887-8799

Long-Term-Care Renewal

LTC Renewal Overview

- MassHealth is required to renew households annually
- LTC-ER (09/22) (MassHealth Long-Term-Care Eligibility Review) or SACA-2-ERV (Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services) will be mailed to the member.
  - Copies of the renewal notice will be sent to all appropriate parties.



Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

MassHealth

MassHealth Long-Term-Care Eligibility Review

Please **print clearly.** Please answer **all** questions and fill out **all** sections. If you need more space to finish a section, please use a separate sheet of paper (include your name and MassHealth ID number), and attach it to this form. **Please attach proof of all your income and assets.**

Section I: Member Information

Last name	First name	MI	MassHealth ID number or Social Security Number
Street address			City
State	Zip	Are you a U.S. citizen/national? ☐ yes ☐ no	Telephone number Home/Cell:

Section II: Member Income Information (Send proof of all income before taxes and deductions, except social security and SSI income.)

Type of income	Amount	How often received
Earned	$	
Social security	$	
Veterans' benefits (federal, state, or city)	$	
Retirement/Pensions	$	
Annuities	$	
Dividends/Interest	$	
Trusts	$	
Rental	$	
Other:	$	

Section III: Asset Information (Send most current statement for all assets.)

Type	Bank/Institution/Company name	Account/Policy number	Current amount
Bank accounts (includes checking, savings, credit union, certificates of deposit, personal needs accounts, trust accounts, money market accounts, retirement accounts (IRAs, Keogh, 401k))			$
			$
			$
			$
Life Insurance			Face Value $ Cash Surrender Value $
Securities/Other (includes stocks, bonds, savings bonds, mutual funds, cash)			$
Annuities			$

Section III: Asset Information (Send most current sta

Did you, your spouse, or someone on your behalf purch
If you answered yes to the question above, you must

Annuities purchased and/or other annuity transactions
term-care services, unless certain conditions are met.
a remainder beneficiary.

The answers to the following questions will be used to
placed against your real estate.

Real estate (primary/other residences)	Description:
	Address:
	Type of ownership: ☐ sole ownersh ☐ life estate
	Description:
	Address:
	Type of ownership: ☐ sole ownersh ☐ life estate

Did you, your spouse, or someone on your behalf transf
real estate? ☐ yes ☐ no

Did you, your spouse, or someone on your behalf change the deed of the ownership of any real estate, including creating a life estate, even if the life estate was purchased in another person's residence? ☐ yes ☐ no

If you transferred or changed your ownership interest in real estate, please give us a copy of the new deed showing the change.

Note: If the equity interest in your principal place of residence is over a certain limit, you may be ineligible for payment of long-term-care services, unless certain conditions are met.

	Year/make/model:	Amount owed	Fair market value
Vehicles		$	$
		$	$

Burial-only accounts/burial contracts/burial		$
Trusts	Revocable? ☐ yes ☐ no	Current trust principal $

Have you created or changed any trusts since your last review? ☐ yes ☐ no

If yes, send proof of your new or updated trust

Best Practice

Best Practice

- Answer all application questions; do not leave questions blank
- Sign, print, and date the application and the Supplement A (LTC Supplement) form
- Include necessary documentation for authorized representative designation (ARD) i.e. ARD III must include legal documentation
- Submit verifications for all income and asset sources
- Banks are to provide bank statements at no cost to the applicant
  - Resource: Financial Information Request Form
- Utilize the Long-Term-Care checklist

Thank You!