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*Executive Office of Elder Affairs*  
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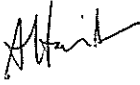
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PI-11-10  
Ref: PI-09-02

To: Aging Services Access Points  
Executive Directors  
Nurse Managers

From: Ann L. Hartstein 

Date: July 19, 2011

RE: Retrospective Clinical Eligibility Determinations for Discharged and Deceased  
MassHealth Members

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**Purpose:**

The Executive Office of Elder Affairs is issuing this Program Instruction (PI) to modify requirements for clinical eligibility determinations for authorization of MassHealth payment of nursing facility services. This PI modifies instructions contained in PI-09-02. All other requirements of PI-09-02 not referenced in this PI remain in effect.

**Background:**

PI-09-02 requires ASAP RNs to complete retrospective clinical eligibility determinations for MassHealth payment of nursing facility services during weekly on-site visits to nursing facilities. In addition, ASAP RNs are required to complete the Comprehensive Data Set (CDS)-2-NF. This PI eliminates the requirements for a complete CDS-2-NF and an on-site review of the medical record for retrospective clinical eligibility determinations in those instances in which the MassHealth member is deceased or has left the nursing facility prior to the request for payment.

**Required Actions:**

Although Elder Affairs recommends an on-site review of the medical record, for discharged or deceased members, the ASAP may conduct a review of medical information transmitted to the ASAP by the nursing facility. The ASAP must ensure that the member is clinically eligible for the entire length of stay for which the nursing facility is seeking payment. The ASAP must also have all documentation required to support its determination.

If the ASAP does not perform an on-site review, the nursing facility must transmit the following information at a minimum:

1. Full MDS 3.0
2. Quarterly MDS 3.0 (if available)
3. Signed physician's orders
4. Medication and treatment sheets

The ASAP may not make a clinical determination of eligibility in the absence of any of the above, regardless of the length of time the member resided in the nursing facility. The documentation provided must cover the entire period for which the nursing facility is seeking payment. For example, if more than one MDS 3.0 was completed during the timeframe for which the nursing facility is seeking payment, the nursing facility must transmit or make that available to the ASAP for review.

The ASAP may request additional documentation in order to determine clinical eligibility.

In the event of a denial of MassHealth payment for nursing facility services, the ASAP must conduct an on-site review of the medical record.

The ASAP RN must complete the Nursing Module of the CDS-2-NF, sections 5b, 5c, 6a, 7 a-c, and 8. If the ASAP RN has not reviewed the record on-site, s/he may not enter a date for an on-site visit in the Nursing Module, Section 5e. The ASAP RN must complete both a narrative and a journal entry, which must state that the member was either deceased or discharged at the time of the assessment.

As applicable, the ASAP must continue to ensure that the nursing facility is in compliance with all PASRR requirements.

**Effective Date:**

July 1, 2011

**Contact:**

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