



October 8, 2024

RE: An Important Reminder for our Skilled Nursing Facility Partners

Dear Valued Provider,

As a provider of skilled nursing facility services to Commonwealth Care Alliance, Inc. (CCA) Senior Care Options (SCO) and One Care plan members, you hold an integral role in meeting the significant needs of our members. A key piece of our successful partnership is your timely submission of Status Change form (SC-1), which is required by both CCA and MassHealth.

Please remind all members of your care team to submit SC-1 forms for all admitted CCA members at your facility in accordance with the **Status Change Form (SC-1) for CCA Members** requirements in the CCA Provider Manual Section 10. We have included information from the Provider Manual below for easy reference. "Commonwealth Care Alliance Member" must be clearly indicated on the SC-1 form.

Event Triggers	Approvals and/or Forms	Where to Send Information
Short-Term Stays		
Less than 2 months	Nursing facility calls Commonwealth Care Alliance Provider Services to request authorization for SNF stay; Provider Services forwards call to appropriate clinical coordinator	866-420-9332
Greater than 2 full months but less than 6 months	a) Status Change Form (SC-1) indicating member is short term with "Senior Care Options member" or "One Care member" clearly written on form. Appropriate boxes on form should be checked and a physician's signature is required. b) MDS 3.0	a) MassHealth Enrollment Center 45–47 Spruce Street Chelsea, MA 02150 Fax 617-889-3285 Also fax a copy to Commonwealth Care Alliance at 617-830-0534 b) Electronic submission of MDS 3.0 to MassHealth and fax a copy to clinical coordinator at Commonwealth Care Alliance Transitions of Care at 855-811-3467

Short-Term Discharges

Upon discharge of short-term stay greater than 2 months but less than 6 months

Status Change Form (SC-1) indicating member is short term with “Senior Care Options member” or “One Care member” clearly written on form. Appropriate boxes on form should be checked and physician’s signature is required.

MassHealth Enrollment Center 45– 47 Spruce Street
Chelsea, MA 02150
Fax 617-889-3285

Also fax a copy to Commonwealth Care Alliance at 617-830-0534

Long-Term Stays

If the admission is long-term (more than 6 months)

a) **Status Change Form** (SC-1) indicating long-term status with “Senior Care Options member” or “One Care member” clearly written on form. Appropriate boxes on form should be checked. Note: When the member is admitted for a long-term stay in a nursing facility, eligibility for MassHealth is redetermined and patient paid amount is calculated upon completion of additional MassHealth forms as LTC supplement.

a) Submit to MassHealth Enrollment Center where the nursing facility is located and fax a copy to Commonwealth Care Alliance at 617-830-0534

b) Submit MDS 3.0 to clinical coordinator via fax to Commonwealth Care Alliance Transitions of Care team at 855-811-3467

b) MDS 3.0
In compliance with state and federal regulations

If a short-term stay becomes a long-term stay after 3 months

Status Change Form (SC-1) indicating the member will be long term, with “Senior Care Options member” or “One Care member” clearly written on form. Appropriate boxes on form should be checked. Note: When the member is admitted for a long-term stay in a nursing facility, eligibility for MassHealth is redetermined and patient paid amount is calculated upon completion of additional MH forms as LTC supplement.

Submit to MassHealth Enrollment Center where the nursing facility is located and fax a copy to Commonwealth Care Alliance at 617-830-0534

At the end of the third month

**MDS 3.0 - needs to be posted at the end of the third calendar month.

Electronic submission of MDS 3.0 to MassHealth and fax a copy to clinical coordinator at Commonwealth Care Alliance Transitions of Care at 855-811- 3467

Long-Term Discharges

Upon discharge of long-term stay more than 6 months

[Status Change Form](#) (SC-1) indicating member is long term with “Senior Care Options member” or “One Care member” clearly written on form. Appropriate boxes on form should be checked and a physician’s signature is required.

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Status Changes

E.g., when a member meets the MDS significant change criteria or member is changing from short-term to long-term status

a) MDS 3.0

a) Electronic submission of MDS 3.0 to MassHealth and fax a copy to clinical coordinator at Commonwealth Care Alliance Transitions of Care at 855-811-3467

*MDS’s are also required as determined by MassHealth.

Note: Long-Term Care Screening form is not required to be completed for CCA members.

As always, if you have questions or concerns, please don’t hesitate to reach out to our Provider Services team for assistance: 866-420-9332, 8:00 a.m. to 5:00 p.m., Monday through Friday. Thank you for your valued partnership in caring for the populations we serve.

Sincerely,

Erik Helms
SVP, Provider Contracting & Performance

Commonwealth Care Alliance | 30 Winter Street | Boston, MA 02108 US