

# Western Mass Estate Planning

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## **GUIDE TO COMPLETING THE 2024 MASSHEALTH APPLICATION**

(Application for Health Coverage for Seniors and  
People Needing Long-Term-Care Services- SACA-2-0823)

You may have a MassHealth application provided by a nursing home, hospital, or homecare services agency, or you may be viewing a version provided by our office (online or by e-mail). Whatever the source, be sure it is SACA-2-0323, which is the version in effect as of March, 2024. If you have difficulty filling in or saving the application, you may need to download Adobe Acrobat. **Read the form carefully. There are often entire sections which can be left blank, depending upon the circumstances.**

We offer these instructions as a courtesy and are not, in anyway, creating an attorney/client relationship with individuals who use them, nor are we available to assist non-clients with questions related to the forms. We do our best to keep the instructions current, but MassHealth issues new application forms on a regular basis and we may not promptly catch every change in numbering or questions. Before completing any MassHealth forms, you should first confirm that you are using the most-current versions (this can be done by a Google search). See our website for additional information on filing for MassHealth benefits, including lists of what supporting documents are necessary and what to expect from the process.

- If the application is for in-home services under the Frail Elder Waiver, add a reference at the top of the application, to bring this to the attention of the assigned MassHealth worker. At the very top of the first page, in the white space, hand-write “FRAIL ELDER WAIVER – TO BE EXPEDITED” and then put a large box around it and highlight it in yellow or pink (anything that makes it stand out!). The MassHealth offices have been instructed to prioritize processing of these cases.
- Ignore the first and last boxes at the top of the page and check EITHER “Long-Term Care and/or” OR “Home- and Community-Based Services Waiver.” The top box is if the applicant is seeking MassHealth benefits for nursing home care and the box just below it is if the applicant is seeking MassHealth benefits for in-home care. It is not appropriate to check both boxes.

## **Page 1**

**STEP 1:** If the form is being completed for a member of a married couple, Person 1 should be the person who is applying for benefits (the non-applicant spouse will be Person 2)

- Lines 3, 5, 6, and 7: if the applicant is in a nursing home, it is easiest to list that address here and then check “yes” on line 9 and insert a mailing address (home where there is a spouse or another address if there is a better contact person) on lines 10,12, and 13
- If the applicant is at home, insert that address in lines 3,5,6, and 7 and then check “same as street address” on line 10 provided applicant does not use a different mailing address.

## **Page 2**

- Line 16: Do not feel that you need to provide a telephone number, but, if you do, have it be for the best contact person (not the applicant)
- Line 18: Do not feel that you need to provide an e-mail address, but, as a result of Covid, MassHealth workers have increased their use of e-mail
- Line 19: be sure to fill in “1” or “2,” if there is a spouse, even if the spouse is not applying for benefits
- Line 20: leave blank if English is the preferred language
- Line 21: this answer will likely be no

**For Enrollment Assisters Only** – leave this blank

## **STEP 2 – PERSON 1:**

- #1 and 3 – complete information
- #4 – check “yes,” regardless of whether you are the applicant, the applicant’s spouse or other family member, or someone else helping with the application
- #5 through #9 – answer as appropriate
- #10 – answer “yes” and insert the applicant’s Social Security number
- #11 – answer “no” (in most cases) and then answer the rest of the questions

## **Page 4**

- #12 – answer “yes”
- #13 – skip this entire section, since the applicant is a US citizen
- #14 – answer “yes”
- #15, #16, and #17 – likely answer “no” for all
- #18 - answer “yes” if the applicant has ANY interest in real estate, including a life estate (i.e., applicant transferred a house to a child/children, but retained in the deed the right to live in the house for life)
- #19 – answer ONLY if you are under age 65 or at least 65 and working (most applicants will leave this blank)

## **Page 5**

- #20 – answer “no” – this is for people who need MassHealth correspondence/communications in a special way – braille or TTY, for example. Clients with vision or hearing challenges typically have someone else who is receiving copies of the notices or collecting the mail, so these extra steps are not necessary
- #21 – answer “no”
- #22 – answer “no” – SSI is for disabled people with minimal work history and is not the same as Social Security
- **INCOME INFORMATION**  
#23 – answer “yes.”
- #24-27 CURRENT JOB– skip, because the applicant is not employed
- #28 SELF EMPLOYMENT-skip, because the applicant is not employed
- #29 OTHER INCOME – insert GROSS MONTHLY fixed income only (i.e., do not include IRA distributions; for MassHealth purposes, IRAs are an asset, not income)
  - Social Security (use figure from current year’s benefit letter, before Medicare or any other deductions, NOT figure directly-deposited into bank account or from prior year’s income tax returns)
  - Pension (use figure before any deductions for federal income taxes, state income taxes, life insurance premiums, or health insurance premiums, NOT figure directly-deposited into bank account)
  - Do not list dividends or interest, because, in order to qualify for MassHealth, the applicant cannot/will not be owning any assets which generate dividends or interest (they will have been transferred out of the applicant’s name or liquidated as part of a spenddown)
  - *Most applicants will complete the first two types of income only*

## **Page 6**

#30 RENTAL INCOME – answer “yes” or “no,” as appropriate – if “yes,” note documentation which must be included with the application to verify gross rent and all expenses. Insert net income (after real estate taxes, home owner’s insurance and water), rather than gross, to increase chance that MassHealth worker remembers to use the net figure when calculating the applicant’s income. If the rental unit is part of the applicant’s home, deduct  $\frac{1}{2}$  of the expenses. If the applicant does not live in the property containing the rental, the property will be non-countable as income-producing business property only if there is a profit; if expenses exceed income, the applicant should increase the rent to ensure a profit (otherwise, the property may have to be sold)

- #31 and #32 ONE-TIME-ONLY INCOME – most applicants will be able to check “no” to both questions, but examples where “yes” would be appropriate include sale of a business or payment on a promissory note

- #33 DEDUCTIONS – leave blank – none of these apply to a retired person needing in-home or nursing home care

## **Pages 7 - 11**

- **YEARLY INCOME**  
#34– insert gross income figures used from page 5 (#29) – add gross Social Security and any pension(s), multiply by 12 to get the annual income and insert #35 – leave blank OR write “same”
- **STEP 2 – PERSON 2 – this is for any spouse only**
  - If the applicant has no spouse, leave the rest of page 7 and pages 8-11 and the top portion of page 12 blank and skip to page 12, STEP 3
  - If the applicant has a spouse (whether or not the spouse is applying for benefits), complete the rest of page 7 and through question #45 on page 12
  - Even though the form does not require a non-applicant spouse to insert his or her Social Security number in question #20, it does help make the process easier for the assigned worker
  - If the spouse is also applying for benefits, complete pages 8-11 and the top of page 12 (through the end of Step 2) as directed above for the applicant
  - If the spouse is not applying for benefits, skip to question #30 at the bottom of page 9 and answer “no,” then skip #31 and #32
  - INCOME INFORMATION on pages 10-12 must be completed, regardless of whether the spouse is applying for MassHealth.

## **Page 12**

- **STEP 3 – American Indian or Alaska Native (AI/AN)Household Member(s)**
  - answer as appropriate for applicant and any spouse
- **STEP 4 – Previous Medical Bills**
  - If application is for in-home care, you may select “yes,” but know that, although MassHealth regulations allow for coverage back to the date the applicant is financially eligible (i.e., assets were reduced to \$2,000), current MassHealth policy limits coverage back to the date a Care Plan is in place. Care Plans are often not in place until the applicant has been approved for MassHealth benefits and the local homecare agency has created a written plan for services. Therefore, the applicant will likely not receive any retroactive benefits, even if this question is answered “yes,” but there is no harm in asking!
  - If application is for nursing home benefits, you should select “yes,” because MassHealth will pay for care back to the date the applicant needed coverage and was financially eligible (i.e., assets were reduced to \$2,000). When inserting the date for which you want coverage, remember that you cannot insert a date any sooner than the 1<sup>st</sup> of the month three months before filing the application (ex: back to July 1<sup>st</sup> for an application filed at any time during the month of October)

- If in doubt about what date to put, insert the 1<sup>st</sup> of the month three months prior to the date you are filing the application
- This is the first time a MassHealth application requests specifics of past medical bills, so we cannot predict how or even whether this section needs to be completed. If the applicant is in a nursing home, list the name of the nursing home and insert the first date coverage is needed (which will be the same as the date inserted just above). If the applicant is seeking benefits at home, insert either the name of the agency providing care or, if care is being provided by contract workers, put “various caregivers” and insert the same date you inserted in the blank above.

- **STEP 5 – Assets – BANK ACCOUNTS**
  - Include all bank and investment accounts, as well as retirement accounts (IRAs, 401(k)s, etc.) open during the prior 60 months (5 years), even if the accounts are now closed. Start by considering what accounts the applicant and any spouse had open 60 months ago and then trace the funds forward (some may still be in the same accounts, while others may have been closed out, with new account opened). All of these must be listed, regardless of which spouse’s name was on the titles.
  - Since MassHealth is currently not analyzing transferred assets in applications for at-home benefits, you may start by providing only 6-12 months of statements for all open accounts.
  - If the application is for nursing home benefits, this section indicates that you must provide statements for all open and closed accounts for the past 60 months. However, many workers prefer that you send statements covering only the most recent 12 months of account activity (this is mostly because they are so overworked and this reduces the material they must review).
  - No matter how many statements are included with the application, you should be prepared to provide all 60 months’ worth, along with copies of all checks for \$1,000 or greater, if requested by the assigned worker. Since you will have fewer than 30 days to provide them, it is best to have these documents on-hand before you file the application.
  - If our office is involved in reviewing and/or submitting an application, we require all clients to provide us with 60 months of records, including copies of all checks for \$1,000 or greater, so that we can accurately account for any gifts or transfers (see SUPPLEMENT A below), even if the statements and checks are not all provided to MassHealth with the application.
  - Banks and other financial institutions doing business in Massachusetts are not allowed to charge for these copies, if you inform them that it is for a MassHealth application. Although many banks are aware of this law, there is a pre-signed form available at [www.katedownes.com](http://www.katedownes.com), if required. You should expect to pay for financial records from out-of-state banks that do not have branches in Massachusetts.
  - Most people (and/or spouses) have had more than two accounts open in the past 60 months, so you will need to either create a supplemental page (numbered “12A,” “12B,” etc.) using the same format, print out additional page 12s OR save additional copies of the application in your computer, to

give you ample spaces to insert additional accounts. You will need to create as many additional copies as it takes to list all accounts which were open in the past 60 months.

- Do not list burial savings accounts here (those are listed on page 15, under Prepaid Burial Plans)

### **Page 13**

- **REAL ESTATE**

- Remember that a life estate or joint interest counts as “a legal interest” in real estate
- “Type of property” means “single-family home” or “two-family home.”
- Current value – put the current town tax-assessed value exactly as it appears on the tax bill (you may have to go back a few quarters to find this reflected on the bill) – *do not put values from Zillow or what you think it is worth*

- **LIFE INSURANCE**

- Remember that any life insurance with no cash value (term) may be retained and must be reported
- Any life insurance that will be liquidated in order to qualify the applicant should not be reported
- “Face value” means how much the original policy was purchased for (typically a round number, such as \$5,000 or \$10,000 – it appears on the actual paper policy)
- Insurance type - insert “term” if no cash value OR “Whole life- CSV \$\_\_\_\_\_” “CSV” means cash surrender value – include the value, if the policy is whole life
- You will need to include current written verifications of the face and cash values of all insurance policies owned by the applicant and any spouse

### **Page 14**

- **SECURITIES BROKERAGE ACCOUNTS (STOCKS/BONDS/OTHER)**

- A single applicant would likely say “No” here, because any stocks, bonds, etc. must be cashed out in order to be eligible for MassHealth (unless the value is so low that it is being included in the applicant’s permitted \$2,000)
- A married applicant or the applicant’s spouse may have stocks, bonds, mutual funds etc., so it may be appropriate to check “Yes.” Although a married applicant will have 90 days after benefits are approved to remove the applicant’s name from the title to any of these types of assets, it is easiest to do so prior to filing the application (or while it is pending), to avoid the need to show removal at a later time. Therefore, ideally, a married applicant would show that only the spouse owns these assets at the time of application.

- **ANNUITIES**
  - This is typically relevant only where a spouse reports an irrevocable annuity purchased for the sole purpose of converting excess countable assets to non-countable assets – the annuity would have been purchased recently to qualify the applicant spouse for MassHealth benefits. The owner will be the applicant's spouse and the institution issuing the annuity will likely be The Standard Insurance Company. You may not have the contract number until several weeks after you turn over the bank check to purchase the annuity.
  - This is not the appropriate place to report annuities which are really set monthly retirement benefits (those are reported under the Income section (pages 5 or 10)
  - Annuities with cash value are usually liquidated as part of the application process, so would not appear here.
  - Occasionally, applicants have a pre-existing non-retirement annuity, purchased with post-tax dollars and it may be appropriate to include that here.
  - Note that, if an annuity is listed in this section, you will need to provide a copy of the contract, plus documentation of its cash value (if any).
- **ASSISTED LIVING/OTHER** – this is usually a “no,” since the applicant and any spouse are either living at home or in a nursing home, however, if the spouse is a resident in an assisted living facility, the information should be included here.

### Page 15

- **VEHICLES/MOBILE HOMES** – use either Kelley Blue Book value (from [www.kbb.com](http://www.kbb.com)) or vehicle excise value (from the excise tax bill) for cars. Remember that one car is non-countable, but any additional cars count toward the applicant's \$2,000 and/or the spouse's \$154,140 (2024) in permissible assets.
  - Fill in the type of vehicle (ex: sedan, van, SUV, truck)
  - Fill in the Year/make/model (ex: 2013 Toyota Corolla)
- **PREPAID BURIAL PLANS**  
 Report only pre-paid funeral contracts and burial savings accounts here – do not bother with burial plots (although you are welcome to)
  - “Burial contract” refers to an irrevocable contract with a funeral home (you would have paperwork showing both that the contract is irrevocable and a Statement of Goods and Services, reflecting the specific items purchased) – these are often purchased as part of the spenddown right before applying for MassHealth, but some people already have them in place.
  - “Life insurance for burial” does not refer to life insurance you have which you intend to be used for your final expenses. It refers to life insurance purchased through a funeral home, which names the funeral home as beneficiary. The company many funeral homes use is called Forethought Life Insurance.
  - “Burial trust” is likely “no”

- “Burial-only account” would be if you opened a \$1,500 bank account as part of spending down assets to qualify for MassHealth. The account should not be solely in the applicant’s name; it should have a joint owner. If it is only in the applicant’s name, you will not be able to access it after death. A joint owner is essential to accessing the funds in the account. See <https://WesternMassEP.com/masshealth/> for details on how to establish a burial savings account.
- Note that there is a section for the applicant’s burial and funeral arrangements and a second section for any spouse’s arrangements.
- Note that the value of the funeral services purchased cannot be less than the amount paid to the funeral home (in cash or the cash surrender value of any life insurance policy assigned to the funeral home)

- **TRUSTS**

- This refers to any revocable or irrevocable trusts either the applicant or any spouse has set up previously (ex: “The Smith Family Trust”), whether or not any assets are titled in the name of the trust.
- It also refers to any trusts which name the applicant or any spouse as beneficiary (ex: a family member or deceased spouse put assets into a trust for the benefit of the applicant).
- If there is an irrevocable trust, *no matter how many years ago it was established*, be prepared that it will be challenged by MassHealth if the application is for nursing home benefits, and any assets in it (often, the principal residence) will be found to be countable. You can read about irrevocable trusts at <http://WesternMassEP.com//wp-content/uploads/2017/08/Irrevocable-Trusts.pdf>.
- MassHealth regulations permit a principal residence to be titled in a revocable trust where the application is for in-home coverage. The benefit is that the property will avoid the Probate Court process at the applicant’s death and, as a result, also avoid a MassHealth claim for reimbursement.
- If the trust is revocable and the application is for nursing home benefits, assets will have to be moved out of the name of the trust in order to qualify for MassHealth benefits. For example, if real estate is titled in trust, a new deed will need to be prepared and recorded, returning title to the individual name of the applicant or spouse. In this case, the applicant will need to provide a signed statement acknowledging that the trust exists, but verifying that no assets are titled in it.
- “Grantor(s)/Donor(s)” refers to who established the trust
- “Trustee(s)” refers to who is in control of the trust

**Page 16**

- **STEP 6 Health Insurance Information**

- This is the most confusing part of the form and the only suggestion is that you do your best in completing it – policies do not always fit neatly into the categories offered

- So long as you provide front and back sides of all medical cards (ex: Medicare, BlueCross BlueShield, Humana, AARP), along with current premium bills and proof of payment, MassHealth will have what it needs to determine what coverage is in place, regardless of how you completed this section
- MassHealth is mostly concerned with determining how much the applicant pays in monthly premiums, so that this sum can be deducted from the applicant's contribution toward nursing home care (if applicable) or used to meet the applicant's 6-month deductible (if home and applicable). It is in your best interests to provide verification of all premiums to ensure full credit.
- It is often difficult to determine the precise date that insurance coverage started, so you may be forced to leave these questions blank.
- Medicare Part D plan is a prescription plan that people typically pay extra for, with monthly premiums ranging from approximately \$25 - \$50. Occasionally, this coverage is part of a pension benefit either at no cost to the applicant or is deducted from the pension (be sure to check a pension stub to see what medical premiums might be deducted)

## Page 17

- **STEP 7 – Health Reimbursement Arrangements**  
Check “no” and skip the rest of this section
- **STEP 8 – Personal-Care-Attendant Services**
  - Complete this section only if the application is for someone who is looking for MassHealth services at home – not for someone who is in a nursing home
  - Personal Care-Attendant Services are where the applicant/family will be hiring and overseeing caregivers (ex: there are already some friends, family members or other individuals who have been providing care or the plan is to locate non-agency caregivers)
  - This section may be left blank if the plan is to use Community Choices for in-home caregiving (where an agency will be providing the caregivers.)
  - If this section is relevant, you will also need to complete **Supplement C**
  - If in doubt, this section should be completed

## Pages 18 - 24

- **STEP 9 – Additional (Optional) Coverage**
  - This section can be left blank
- **STEP 10 – Read and sign on page 24**
  - If the applicant is able to sign for him or herself, have the applicant sign on the top of page 24
  - If the applicant cannot sign, the individual who will be most involved in the application process (gathering documents, completing the forms,

responding to MassHealth correspondence) should sign, date, and complete the information below the signature block. If the person is the attorney-in-fact (agent) under the applicant's Power of Attorney, this should be noted and a copy (*not original!*) of the Power of Attorney should be submitted with the application and other supporting documents.

- Voter Registration question may be left blank

## Page 25

- **SUPPLEMENT A – Long-Term Care/Home- and Community-Based Service Waiver**

- Answer the first two questions
  - if the application is for nursing home care, say "yes" to the first question and "no" to the second question.
  - If the application is for in-home coverage, answer "no" to the first question and "yes" to the second question
- If the application is for nursing home care, complete Applicant/Member Information
- If the application is for nursing home care and the applicant has a spouse, complete "Living expenses of the spouse and family members living at home"
  - Note that all figures are monthly
  - This information will be used to determine whether the spouse living at home will be entitled to retain some of the applicant spouse's income, so it is important that you complete all of the blanks reflecting the household expenses and then include copies of the supporting documents (current real estate tax bill, home insurance premium, and any monthly mortgage payment)
  - Include one recent utility bill to prove that the spouse at home pays for utilities (gas, electric bill)
  - #5 – this is usually "no" which means you can ignore the rest of the page
- If the application is for in-home care, you should ignore the rest of page 25 (after answering the two questions at the top)

## Page 26

- **Resource Transfers** must be completed for all applications (at-home or nursing home)

- For most applicants, you will answer "no" to all of these questions. In some cases, you will answer "yes" to "c" and, possibly, to "h." It is very rare to answer "yes" to "a," "d", and "f."
- "e" is very confusing, because it applies only to applicants who purchased a life estate in another person's home (this is not the same as transferring a house and keeping a life estate), but, the way it is written, suggests that you must answer it. You may elect to leave it blank, but be prepared that you may be asked to answer it later. You may also hand-write next to the

question “applicant did not purchase a life estate” to explain why you are not answering it.

- If the applicant or the applicant’s spouse wrote checks, made cash withdrawals or transferred funds/assets within the prior 60 months (5 years), including a house, to someone else that were valued at \$1,000 or greater for which nothing was received in return (i.e., a gift), each needs to be reported here.
  - You do not need to report funds/checks for which the applicant received something of value in return (ex: a car, new roof, or real estate taxes)
  - You do need to report transfers for which the applicant did not receive anything of value (ex: a car or money given to a child)
  - “Description of asset” is usually “cash”
  - Insert the date of the transfer/check, to whom it went, relationship to the applicant, and the value of the transferred asset
  - If a gift was not returned, there will likely be a penalty imposed by MassHealth (1 day of coverage for each \$427 given away - 2024)
  - If a gift was returned (“cured”), note this and know that no penalty will be imposed - you will need to provide proof of the funds returned
  - If more than 3 gifts were made, complete another page 22.
- #7 – Usually answer is “no” – if so, no need to answer any more questions

## Page 27

- **Real Estate** – complete only if the application is for nursing home benefits
  - Complete as you did on page 13, remembering to include any life estate interest and that the fair market value is the tax-assessed value
  - Note that the section has space for two properties, so if there is only one property, do not complete the second section
  - #9 - #14 Complete as appropriate
  - #15: ALWAYS answer “yes” to this if the applicant owns a home– if you answer “no,” MassHealth will require that the house be listed for sale and sold within 9 months – you do not want this! It does not matter how unlikely it is that the applicant will return home. Note: this question should be answered “yes” only if the applicant has qualifying long-term-care insurance (consult with an experienced elder law attorney before making this determination).

## Page 28

- #16- Complete as appropriate
- **Long-Term-Care Insurance**
  - Complete as appropriate – for both nursing home and in-home benefits
  - Note: income from long-term-care insurance reimbursement is *not* income
  - You will need to include a copy of the policy, reflecting daily benefits

- **Tax Returns** – complete only if application is for nursing home coverage
- **Sign**
  - If the applicant is able, have the applicant sign
  - If the applicant cannot sign, the individual who is handling filing of the application should sign and date
- **SUPPLEMENT B** (American Indian) – compete only if relevant
- **SUPPLEMENT C** (Personal-Care Attendant) – complete only if the applicant is seeking coverage at home and wishes to participate in the PCA program – hiring and managing care givers (not using an agency)
  - Do your best and complete it thoroughly
  - Unfortunately, even though this form will be part of the initial application, it will not be processed until MassHealth benefits have been approved – in other words, there is a second step for the PCA program
  - See MassHealth memorandum to ASAPs (LifeCare, Highland Valley, etc.) at our website, directing the agencies to start the PCA process prior to MassHealth approval, to minimize the delay in getting services started.
- **SUPPLEMENT D** (Health Coverage from Jobs) – ignore – do not complete
- **Authorized Representative Designation form** (follows the application on pages 2-4)
  - This form designates someone who can communicate with MassHealth about the application (usually a spouse or child). The person will receive copies of all MassHealth correspondence.
  - If the applicant is capable of signing, complete **Section 1** (page 2)
    - have the applicant sign Part A
    - have the named representative complete and sign Part B1
    - ignore Part B2
  - If the applicant is not capable of signing, does not have a Power of Attorney or is not under court-ordered guardianship or conservatorship, complete **Section 2** (page 3)
    - The designated representative should complete and sign this section
  - If the applicant is not capable of signing, but someone else has legal authority to act on the applicant's behalf, complete **Section 3** (page 4)
    - have the named representative complete and sign. This section is for those holding a power of attorney or other representatives appointed by law
    - A copy of the Power of Attorney or Court document should be included with the application

- **Request for Copy of Tax Return** –
  - Ignore this form if the application is for in-home care
  - Complete only if the application is for nursing home benefits and you are not able to locate the past two years' of federal income tax returns for an applicant who filed returns
- **Application for SNAP Benefits** - ignore