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PROGRAM INSTRUCTION (PI)

EOEA: PI- 17-06
Ref: PI- 13-01
PI- 11-10
PI- 09-05

TO: Aging Service Access Points (ASAPs)
Executive Directors
Nurse Managers

FROM: Alice Bonner, Secretary

DATE: May 15, 2017

RE: **REVISION OF REQUIREMENTS FOR COMPREHENSIVE SCREENING AND SERVICE MODEL (CSSM) ACTIVITES**

Purpose:
The purpose of the Programs Instruction (PI) is to revise the requirements for Aging Service Access Points (ASAPs) in the performance of Comprehensive Screening and Service Model (CSSM) program related activities.

This PI revises and replaces CSSM program requirements of PI 13-01 Requirements for Comprehensive Screening and Service Model (CSSM) Activities.

Background and Program Implications:
The CSSM program, established in 2005, is intended to ensure those MassHealth members and applicants, as well as their family members and caregivers, and other consumers as identified receive the information and care planning supports on the least restrictive setting necessary to make decisions about their future care plans and residential settings. The model is designed to ensure that consumers are able to participate directly in their care planning through face to face meetings with members of an Interdisciplinary Discharge Planning Team (IDPT). In addition, the program is intended to provide the support necessary to consumers and nursing facility discharge planners to ensure that consumers returning to the community receive appropriate care and supports for a successful discharge. The program model recognizes the value of communication and collaboration among consumers, CSSM staff, nursing facilities, state agency staff, and community resource agencies.

The role of the ASAP is to work with the member/applicant, family, and nursing facility to overcome barriers and assist with discharge planning by formulating and implementing a care plan that meets the member/applicant's needs in the community.

ASAPs are required to report to Elder Affairs on specific metrics for consumers who have been assisted by CSSM staff;. ASAP's must report barriers that were identified and overcome in community service and support plan development. Alternatively, in cases where a consumer is not discharged to the community, the report must identify all barriers that could not be overcome by the IDPT and/or the consumer. This information will be used by Elder Affairs to explore opportunities for the development of additional community capacity or partnerships.

Any member/applicant in a nursing facility who is 22 years of age or older is a potential consumer and must be considered for CSSM participation.

Definitions:

1. **Case Closure & Tracking Form (CCTF)** – The Elder Affairs issued assessment form designed to record monthly actions and outcomes of the IDPT.
2. **Clinical Assessment and Eligibility (CAE)**– Assessment process by which ASAP RNs evaluate MassHealth members or applicants for clinical eligibility for nursing facility care, adult day health, adult foster care, group adult foster care, and Waiver Services.
3. **Community Service Planning** – The Care manager directed process including the coordination, arrangement, and tracking of services required to facilitate a safe discharge.
4. **Comprehensive Screening and Service Model** – A service offered by ASAPs intended to ensure that MassHealth members and applicants in nursing facilities and their family members and caregivers are actively involved in considering discharge options and, where a discharge plan is established, the consumers receive the appropriate care and support necessary to ensure a successful discharge.
5. **Core Team** – Those ASAP staff members who are responsible for CSSM activities, including the CSSM Program Manager and at least one Registered Nurse (RN) and one Care Manager (CM).
6. **CSSM Program Manager** –The key designated ASAP staff member responsible for the administration of the CSSM program and who serves as the primary contact with Elder Affairs.
7. **Initial Assessment** – The first clinical assessment for authorization of MassHealth payment of nursing facility services is completed by an ASAP RN, including a visual observation of the consumer and a personal interview, unless the consumer's cognitive status would prohibit such an interview.
8. **Interdisciplinary Discharge Planning Team (IDPT)** – A planning team organized for each case under review composed at a minimum of the consumer, any family members or caregivers identified by the consumer, an ASAP Care Manager as appropriate, an ASAP Registered Nurse, and a nursing facility discharge planner.
9. **Nursing Facility Long Term Approval (NFLTA)** – An approval issued by an ASAP RN when a consumer meets the clinical criteria for MassHealth payment for nursing facility services for an indefinite length of stay after all attempts to overcome identified barriers to discharge have ended. For an initial clinical assessment a nursing facility approval must be based on the criteria found in Program Instruction 13-01.
10. **Request for Services Form (RFS)** – A Nursing Facility referral form to request an ASAP assessment to determine clinical eligibility for:
    - Dually-eligible consumer with both Medicare and MassHealth;
    - MassHealth members;
    - MassHealth applicants, (the date the MassHealth application was submitted to the MEC must be written on it);

- MassHealth member who have expressed interest, either directly, through a representative, or a positive response to Section Q of the MDS, to receive services in a community setting;
- MassHealth members, previously approved for a long term stay, (i.e. those whom the ASAP has previously issued a "Long Term Approval"), who the nursing facility has now identified as having potential to reside in a community setting;
- Any dually eligible MassHealth member converting to MassHealth as their primary payer source within the next 10 days; and
- Any member who previously received a short term approval set to expire within the next 10 days.

11. **Retrospective Referral** – A MassHealth referral that is received post-admission or post-conversion that requests retroactive MassHealth payment of nursing facility services to the date of admission or date of conversion.
12. **Short Term Approval** – An approval issued by an ASAP RN when a consumer continues to meet the clinical criteria for MassHealth payment of nursing facility services and requires time in a nursing facility to rehabilitate or recuperate, and time is needed to develop and implement a community service plan.

Required Actions:

A. ASAP Staffing Requirements

Each ASAP shall establish a CSSM Core Team. The ASAP must identify a lead staff person, hereafter known as the CSSM Program Manager, who will be accountable for the performance of all CSSM related activities. The CSSM Program Manager will be responsible for the following:

- Serving as the primary contact for the program to Elder Affairs staff.
- Ensuring the quality of the overall administration of the CSSM program in accordance with program requirements.
- Ensuring the timeliness and quality of all CSSM documentation, including consumer and service data in SIMS. In the event that certain required reports will be delayed, the CSSM Program Manager must explain the reasons for this exception to Elder Affairs.

In addition to the CSSM Program Manager, the ASAP CSSM Core Team must include at least one Registered Nurse and one Care Manager. Elder Affairs encourages the inclusion of an Administrative Assistant as part of the Core Team for clerical and data entry purposes. Each ASAP must attest that the CSSM Core Team staffing level is sufficient within each discipline to perform CSSM program activities in the manner and timeframe required.

B. CSSM Interdisciplinary Discharge Planning Team (IDPT) Members

The CSSM staff must convene an IDPT for each CSSM consumer. The IDPT must include, at a minimum, the following:

- the MassHealth Member or Applicant;
- the family member or caregiver identified by the MassHealth Member or Applicant;
- the CSSM Registered Nurse (RN);
- the CSSM Care Manager (CM) as appropriate;
- the nursing facility discharge planner;
- as appropriate and available, a representative from the local Independent Living Center; and
- other professionals or liaisons with the home care team ie. MD, NP, PA, RN as needed or requested by the MassHealth member or applicant.

C. Responsibilities of IDPT Members

a. CSSM Registered Nurse (RN):

- Timely completion of nursing facility clinical determination activities, including visiting all consumers within 5 business days of the date of the referral.
- Weekly on-site comprehensive assessments for the purpose of reviewing the clinical data, meeting with all pertinent nursing facility staff, meeting and assessing face to face with the consumer.
- Reviewing all clinical records related to assessment activities on-site in nursing facilities; the ASAP may request that the nursing facility submit required documentation that was inadvertently not obtained or available during an on-site visit.
- Prioritizing who should begin receiving the active assistance of the CSSM Care Manager and other IDPT members to be discharged from the nursing facility, according to their current stage of rehabilitation and/or recuperation.
- Per section 9.4.3.1 of the RFR, in instances where a nursing facility is small or has minimal admission and discharge activity, on site visits may be less frequent than weekly, but never less than monthly.

b. CSSM Care Manager (CM):

- All aspects of service planning, including coordination, arranging and tracking of services to facilitate the discharge;
- Attending IDPT meetings as appropriate;
- Scheduling visits to each nursing facility based on the individualized needs of the consumer(s).

c. Nursing Facility Social Worker:

- MassHealth participating nursing facilities are responsible for assigning a discharge planner to work in collaboration with the IDPT to participate in regularly scheduled meetings.

D. Clinical Determinations

Clinical determinations with regard to authorization/denial of MassHealth payment of nursing facility services is the responsibility of the ASAP RN. Each consumer's assessment must include a visual observation of the consumer and a personal interview, (unless the cognitive status of the consumer would prohibit the interview) to determine the consumer's goals and preferences.

- Elder Affairs no longer requires an on-site assessment if the consumer is receiving hospice services or is certified by a physician to qualify for hospice services.
- At the conclusion of the determination process, the RN must issue one of the following determinations:
    - Short Term Approval (STA);
    - Nursing Facility Long Term Approval (NFLTA); or
    - Nursing Facility Denial

In those cases where a nursing facility has requested a nursing facility transfer and has given the ASAP less than 2 business days' notice, the ASAP may do a paper review based on documentation submitted to the ASAP. This documentation must include a Request for Service Form submitted by the nursing

facility and date/time stamped by the ASAP upon receipt of the referral. In this instance, the ASAP may issue a short term approval for 30 days.

If the member received a nursing facility long term approval (NFLTA) after numerous STA's, the ASAP nurse may issue a NFLTA on a transfer if the consumer is transferring within the ASAP's service area. If the consumer is transferring outside the ASAP's areas a 30 day approval can be given. This is to allow the receiving ASAP time to review and explore community options in their geographic area that may not have been available in the original nursing home/ASAP area. In those cases where the ASAP has received a request for a retrospective clinical eligibility assessment and the consumer no longer resides at the facility, the ASAP may conduct a review of medical information submitted to the ASAP by the nursing facility as per PI 11-10 Retrospective clinical eligibility Determinations for discharged and Deceased Masshealth Members.

a. Short Term Approval:

A short term approval is issued when a consumer meets the clinical criteria for nursing facility services and requires nursing facility services for rehabilitation or recuperation, and time is needed to develop and implement a community service plan. On the initial visit to determine clinical eligibility a short term approval must be issued **unless** the consumer meets at least one of the nursing facility approval criteria found below in Nursing Facility Long Term approval. Multiple short term approvals may be issued as necessary to meet the needs of consumer and ensure the successful implementation of the community service plan as long as the consumer continues to meet the nursing facility clinical eligibility criteria.

The RN, in consultation with the IDPT, nursing facility, and in consideration of the consumer's needs, must determine the duration of the short term approval.

The CDS-2-NF, Narrative and Journal entry must be completed and the end date of the short term approval must be recorded in Nursing Determination Module.

The ASAP is responsible to track all short term approvals, utilizing the activity/referral functionality in SIMS and in accordance with PI-09-05 Nursing Facility Clinical Eligibility, Short Term approval tracking and Notice of Eligibility Procedures. The ASAP nurse must complete a Short Term Review prior to the expiration of the STA regardless of whether or not the NF has submitted a RFS.

b. **Nursing Facility Long Term Approval:**

A nursing facility long term approval, issued for an indefinite length of stay, may only be issued by the RN on an initial determination under limited circumstances as described below and only in conjunction with a clinical screening assessment performed during an in-person visit with a consumer. The initial Nursing Facility Long Term Approval must meet one or more of the following criteria:

- Has a confirmed diagnosis of Alzheimer's Disease or Related Disorder when supervision for consistent interventions for safety is needed;
- Has end-stage (less than 6 months) terminal illness, as certified by a physician;
- Is comatose/unresponsive;
- Has complex multi-system failure resulting in permanent dependence in all of the following ADLs: bathing, dressing, toileting, transfer, mobility.

The CDS-NF, Narrative and Journal entry must be completed and the criteria for nursing facility approval must be recorded in the Nursing Determination Module.

- If, after the issuance of an initial short term approval or multiple short term approvals, the IDPT cannot develop a successful community service plan, the RN may issue a Nursing Facility Long Term Approval as long as the member/applicant continues to meet nursing facility eligibility criteria.

- All barriers to discharge and attempts to overcome those barriers must be documented in the nursing module and the journal notes.

In the case of an initial Nursing Facility Long Term Approval, the CDS-NF and Nursing Module, narrative and journal entry are required. A CCTF is not required.

c. Nursing Facility Denial:

In cases of a Nursing Facility Denial, CDS-NF and Nursing Determination Module, narrative and journal entry are required. A CCTF is not required.

E. Documentation Requirements

CSSM Care Enrollment – should be created and maintained in accordance with the CSSM Business Rule dated July 11, 2016.

Journal Entry - All related CSSM activities including but not limited to; phone calls, onsite visits/assessments and meetings must be documented in the consumer journal. The documentation should include the community services the IDPT is attempting to secure to meet the consumer's needs.

CDS Documentation - The ASAP RN is required to complete the CDS-NF and Nursing Module, narrative and journal entry for all conversions (includes retrospective screenings), nursing facility transfers, continuation of stay and short term reviews.

If a consumer is discharged from a nursing facility and enrolled in any MassHealth funded services/program, or receiving Home Care Services, the ASAP CM, must complete the CDS-CM thus using the most current CDS for assessment.

Case Closure and Tracking Form (CCTF) Documentation – for any consumer that the CSSM team assisted with discharge, a CCTF is required with the following exceptions:

- For DDS consumers;
- When initial Nursing Facility Long Term Approval is granted;
- When a Nursing Facility Denial is granted

The CCTF form must be completed within 5 business days from the date of discharge and at 30 days post-nursing facility discharge.

F. Monitoring Consumer Well-Being after They Have Returned to a Community Setting

Each CSSM consumer must be monitored by the ASAP for 30 days after discharge from a nursing facility. This includes those consumers with whom the ASAP assisted with the discharge planning but never converted to MassHealth as the primary payer source. Monitoring of the consumer's well-being and the appropriateness of their community service care plan will be completed at days 30.

All tracking must be conducted by telephone and/or a home visit. Documentation of the contact must be included in the consumer's Journal and include the following:

- Purpose of the call (e.g. post-discharge tracking at day 30)
- The consumer's health and functional status
- Any adjustments in the consumer's care plan, (e.g. new living arrangements), includes being readmitted to a hospital or nursing facility
- A summary statement of the monitoring call
- A summary statement of the consumer's status and the effectiveness of the community service plan at the end of the post-discharge monitoring calls
- A service record of the completed task recorded in SIMS

G. Requirements for Reporting to Elder Affairs

The CSSM Program Manager must report any issues that have interfered, or will interfere, with the ASAPs ability to perform CSSM program activities in the timeframes and manner described. An ASAP cannot suspend in-person visits to nursing facilities at any time without prior consultation with Elder Affairs.

Effective Date:
This PI is effective May 15, 2017.

Contact:
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