



# Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION



# **Program Manager/ Nurse Manager Meeting**

Home Care Team  
January 28, 2020  
10 a.m. – 1 p.m.  
Tri-Valley Inc.



# AGENDA



- Welcome & Introductions
- Future Agenda Topics
- Census 2020
- Emergency Notification to EOE
- RMTS
- Care Enrollment Analysis
- Enrollment Termination Reasons
- Intake Tracking & Ineligibility

# Welcome & Introductions

- **Introduce Yourself!**
  - Name
  - Role
  - ASAP
- EOEA Home Care Team



# Future Meeting Agenda Items

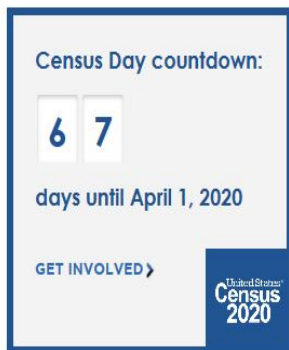
- ASAP to ASAP Transfers
- Over Income Programs
- Best Practices: Opioid Use
- PERS Services



**Share Additional Agenda Items With Us!**

# Census 2020 – April 1, 2020

## Why We Conduct This Count



The census provides critical data that lawmakers, business owners, teachers, and many others use to provide daily services, products, and support for you and your community. Every year, billions of dollars in federal funding go to hospitals, fire departments, schools, roads, and other resources based on census data.

The results of the census also determine the number of seats each state will have in the U.S. House of Representatives, and they are used to draw congressional and state legislative districts.

It's also in the Constitution: Article 1, Section 2, mandates that the country conduct a count of its population once every 10 years. The 2020 Census will mark the 24th time that the country has counted its population since 1790.

By April 1, 2020, every home will receive an invitation to participate in the 2020 Census. You will have three options for responding:

- Online.
- By phone.
- By mail.

In mid-March, households will begin receiving official Census Bureau mail with detailed information on how to respond to the 2020 Census.



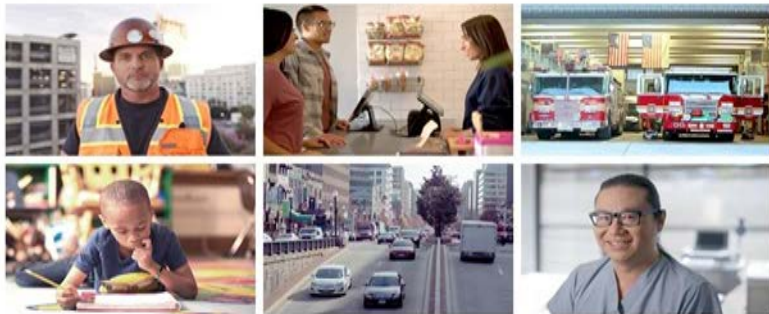
# Census 2020 – April 1, 2020

# 2020CENSUS.GOV > Importance of the Data

## Importance of the Data

The 2020 Census will determine congressional representation, inform hundreds of billions in federal funding, and provide data that will impact communities for the next decade.

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Over the next decade, lawmakers, business owners, and many others will use 2020 Census data to make critical decisions. The results will show where communities need new schools, new clinics, new roads, and more services for families, older adults, and children.

The results will also inform how hundreds of billions of dollars in federal funding are allocated to more than 100 programs, including Medicaid, Head Start, block grants for community mental health services, and the Supplemental Nutrition Assistance Program, also known as SNAP.



DID YOU KNOW...

Each year, Census data informs federal funding for more than 100 programs, including school lunches, highway construction, and education.

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# Emergency Notification Process



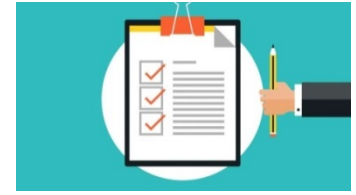
- Agencies will report closures, delayed starts, cancelled meals, service interruptions, protective issues & other emergency situations to EOEA
- Notification by email to EOEA Emergency Management Team
  - If unable to email during business hours – call EOEA Main Phone Number (617)727-7750
  - Urgent After Hours Notifications – call EOEA Emergency Management Team's cell phone

**1/23/2020 - Executive Directors received email with comprehensive instructions**





# RMTS



- RMTS → Random Moment in Time Study
- UMASS Medical and Public Consulting Group (PCG)
  - UMASS engaged in claiming for the state
  - PCG conducts the training & sends time study
  - Target – annual trainings
- 4 Regional Trainings- February 2020
- What is it?
  - Data used for federal claiming of Case Management Activities (MassHealth)
  - State receives FFP for general fund
  - Compliance is critical
- What's important – EDUCATE staff, ATTEND training, COMPLETE time study with earnest

# Consumer Care Enrollment Analysis

## RECAP:

### – PHASE 1:

- FY18 during development of FEW application
- Identification FEW enrollment on downward trend
- Addressed Eligibility & Enrollment
- *Slight increase in upward trend to date in last quarter*

### – PHASE 2:

- FY19 identified state-wide availability to increase ECOP enrollment
- Evaluated, analyzed eligibility
- Updated ECOP PI

# Consumer Care Enrollment Analysis

## RECAP:

### — PHASE 3:

- FY19 created trend analysis of all 6 programs
- FY 19 & FY20 Presented and clarified enrollment opportunities
  - All incomes eligible
  - Exception to uniform intake
  - Engaged opportunity for ANCHOR

## CURRENT:

### — PHASE 4: *Nov, Dec 2019 and Jan 2020*

- FY20 concentrated HAR report of consumers with HHA service, Program, HHA units, monthly HHA cost, total monthly service delivery costs
- FY20 development of HAR reporting for monthly monitoring of clinical and financial enrollments

# Consumer Care Enrollment Analysis

## Phase 4: Current Review 213 consumer

- who received HHA service
- In October 2019
- with a minimum monthly actual total service spend of \$580 (slightly above 1.75x HC POS rate of \$556)
- Identify potential program transfers:
  - Home Care Basic/Waiver to Choices
  - Home Care Basic/Non Waiver to ECOP

# Consumer Care Enrollment Analysis

## Phase 4: Current Review 213 consumer

- 63 (30%) already approved for another program in a prior month
- 31 (15%) clinically eligible for another program after review from EOEA, need screening by an RN
- Total 94 (44%) of consumers reviewed are appropriate for a clinical program providing both a higher CM & POS rate



# Consumer Care Enrollment Analysis

## Phase 4: Current Review 213 consumer

- 37 (17%) consumers had care plans over \$1000
  - 25 of the 37 (68%) received monthly services expending between \$1000 - \$2000
  - 7 of the 37 (19%) received monthly services expending between \$2000 & \$3000
  - 2 of the 37 (5%) received monthly services expending between \$3000 & \$4000
  - 3 of the 37 (8%) were higher than \$4,000





# Enrollment Termination Reasons

- **Workbook completed by all 25 ASAPs!**
- Current Reasons (89)
  - Keep -  $>2/3$  of ASAPs said “Yes” (39)
  - Maybe – Split feedback (23)
  - Don’t Keep -  $> 2/3$  of ASAPs said “No” (27)
- Proposed New Reasons (49)

# Enrollment Termination Reasons - Current

## Feedback to Keep

- Adequate Formal Support
- Adequate Informal Support
- Client Refused
- Death
- Discharge to Community
- FIL Ineligibility
- Long-Term Placement
- Moved From Service Area
- Non-Payment of Cost Sharing Fee
- Nursing Facility Placement
- Transfer to SCO (6)
- Waitlist Exception (5)

# Enrollment Termination Reasons - Current

## Feedback to Keep

- Transfer from Community Choices
- Transfer from ECOP
- Transfer from HC / Over-Income
- Transfer from HCB Waitlist - Priority 1
- Transfer from HCB-NW
- Transfer from HCB-W
- Transfer from Respite Over-Income
- Transfer to Another ASAP
- Transfer to Community Choices
- Transfer to ECOP
- Transfer to HC / Over-Income
- Transfer to HC / Over-Income (from HCB Waitlist)
- Transfer to HCB-NW
- Transfer to HCB-NW (from HCB Waitlist)
- Transfer to HCB-W
- Transfer to One Care - CCA
- Transfer to Respite Over-Income
- Transfer to Respite Over-Income (from HCB Waitlist)

# Enrollment Termination Reasons - Current

## Split Feedback on Usefulness

- Not Eligible
- Transfer from Another ASAP
- Transfer from HCB Waitlist - Priority 2
- Transfer from HCB Waitlist - Priority 3
- Transfer from HCB Waitlist - Priority 4
- Transfer from SCO - Commonwealth Care Alliance
- Transfer from SCO - Senior Whole Health
- Transfer from SCO - Tufts
- Transfer from SCO - United
- Transfer from WAITLIST (ECOP Waitlist)
- Transfer to AFC
- Transfer to Case Management Only
- Transfer to Choices (from ECOP Waitlist)
- Transfer to Choices (from HCB Waitlist)
- Transfer to ECOP (from ECOP Waitlist)
- Transfer to GAFC
- Transfer to HCB-W (from HCB Waitlist)
- Transfer to One Care - Network Health Unify
- Transfer to PACE
- Transfer to Title III-c
- Withdrawn from WAITLIST-Adequate Formal Support
- Withdrawn from WAITLIST-Nursing Facility Admission
- Withdrawn from WAITLIST-Other Reason

# Enrollment Termination Reasons - Current

## Feedback to Remove from List

- CCTP Related Reasons – (13)
- MFP Related Reasons – (7)
- Denial
- Eligible
- Financial Ineligibility
- Pending
- Transfer from Title III-c (excluding FCSP)
- Transfer from GAFC
- Transfer from Home Care Basic

# Enrollment Termination Reasons - Proposed

- Consumer moved to a setting that HC cannot be provided (10)
  - Assisted Living
  - Rest Home
  - Institutionalized
  - Homeless
  - Out of State
- MassHealth All-Inclusive Program (4)





# Enrollment Termination Reasons - Proposed

- Managed Care (2)
- Consumer Request /Varying Reasons (6)
- Loss of MassHealth (2)
- Transfer to/from ANCHOR (2)
- Withdrawn from WAITLIST (2)



# Enrollment Termination Reasons - Proposed

- **Unable to Contact Consumer (5)**
  - To terminate consumers where the ASAP has attempted to contact over a period of time and are unable to
  - When consumer suspends or just does not communicate back to ASAP after multiple attempts
  - When a specified amount of attempts are made to reach a consumer with no success (for an intake)
  - Consumer is not available for services/ unable to reach

# Discussion

- **Unable to Contact Consumer**
  - When would this be used?
  - Why would this be used vs. specific termination reason?
  - Is there a better term to use?



# Enrollment Termination Reasons - Proposed

- **Suspension >90 days (7)**
  - Suspend more than 90 days
  - No services for 90 days (NOA)
  - Suspend will be more than 90 days
  - Suspension of services-closing consumer who is suspended >90 days for hospitalization/NF Placement/Refusal of services
  - Consumer is suspended but don't have a specific reason why the consumer is closing

# Discussion

- **Suspension >90 days**
  - When would this be used?
  - Why would this be used vs. specific termination reason?



# Intake Tracking



- Current Agency Process
  - How many intakes are received each month?
  - How many applicants are assessed each month?
  - Does intake process involve a phone screening?
  - How does ASAP record & track intake outcomes?
  - Top reasons why someone is not opening for Home Care
    - Do you track in SAMS, another database, spreadsheet, word, other?



# Tracking Intake Ineligibility

- Current Agency Process
  - How many ineligible elders are assessed each month?
  - How does ASAP record & track how many are ineligible?
    - Do you track in SAMS, another database, spreadsheet, word, other?
  - Top reasons why someone is ineligible



# Intake Tracking – Tracking Ineligibility

## Presenting Opportunity

Create uniform process for tracking,  
recording, & defining ineligibility



### Group A

- Central Boston
- ESMV/NSES

### Group B

- Boston Senior
  - Bristol
  - Ethos

### Group C

- Greater Lynn
- Mystic Valley
  - SeniorCare
- Somerville/Cambridge
  - Springwell

### Group D

- Cape Cod
- Coastline
  - HESCO
- Old Colony
- South Shore

### Group E

- Minuteman
- Montachusett
  - Tri-Valley
  - Worcester

### Group F

- Berkshire
- Highland Valley
- WestMass

### Group G

- BayPath
- LifePath
- Springfield

# Intake Tracking – Tracking Ineligibility

## Option A:

- **Care Enrollment – Status & Reason**
  - Pros
  - Cons
  - Feedback on usage



# Intake Tracking – Tracking Ineligibility

## Option B:

- **Activity & Referral (A/R)**
  - Pros
  - Cons
  - Feedback on usage



# Intake Tracking – Tracking Ineligibility

## Option C:

- **Journal Note**
  - Pros
  - Cons
  - Feedback on usage





# Intake Tracking – Tracking Ineligibility

## Option D:

- **Assessment**
  - Mini Survey Assessment
  - Pros
  - Cons
  - Feedback on usage



# Intake Tracking – Tracking Ineligibility

## Option E:

- **Other Suggestions for Tracking**
  - Pros
  - Cons
  - Feedback on usage



# Questions



