Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

Program Manager/ Nurse Manager Meeting
Wednesday, October 18, 2023
3:00 – 4:30 PM

AGENDA

- Welcome & Attendance
- Home Care Operations
  - Rate Increases
    - Chapter 257 and CAE
    - Threshold for ECOP and Choices
  - Terminations
    - Home Delivered Meals & PERS Only
    - Private Pay Services
  - Pending Services
  - Protected Consumers
- End of Public Health Emergency (PHE)
- Programmatic Updates
  - Frail Elder Waiver (FEW)
    - Renewal Update
    - Enrollment
  - Transitional Assistance
    - FEW vs MFP-Demo
  - MassHealth Fair Hearing Request Forms
  - Community Transition Liaison Program (CTLP)
    - Sunsetting CSSM
  - PASRR Portal
- Falls Awareness Step Challenge Update
- Random Moment in Time Study (RMTS)
- Communications
  - Combined email notifications
- Upcoming HC Meetings

Welcome & Attendance

Welcome Carissa Kushmerek!

- Carissa joined EOEA on October 2nd as the CTLP Program Coordinator
- Email Address:

Carissa.Kushmerek@mass.gov

Introduction

- Lynn Vidler – Senior Director of Operations & Policy for Home Care Programs
  - Email: Lynn.Vidler@mass.gov
- Devon Garon - Director of Home & Community Programs
  - Email: Devon.Garon@mass.gov
- Desiree Kelley – Clinical Nurse Manager
  - Email: Desiree.Kelley@mass.gov
- Shannon Turner – Home Care Program Coordinator
  - Email: Shannon.K.Turner@mass.gov
- Melissa Enos – Home Care & Program Analytics Nurse
  - Email: Melissa.A.Enos@mass.gov
- Brian Glennon – Home Care Waiver Program Manager
  - Email: Brian.M.Glennon@mass.gov
- Nicholas Roberts – Home Care Data Analyst
  - Email: Nicholas.P.Roberts@mass.gov

Introduction

- Dawn Hobill – Quality Manager
  - Email: Dawn.Hobill@mass.gov
- Joel Bartlett – Home Care Provider Coordinator
  - Email: Joel.D.Bartlett@mass.gov
- Dana Beguerie – Frail Elder Waiver / Senior Care Options Liaison
  - Email: Dana.Beguerie@mass.gov
- Amanda Myers – Behavioral Health
  - Email: Amanda.L. Myers@mass.gov
- Brenda Correia – Subject Matter Expert
  - Email: Brenda.Correia2@mass.gov
- Julianna Santiago – Community Transition Liaison Program Manager
  - Email: Julianna.Santiago@mass.gov
- Carissa Kushmerek – Community Transition Liaison Program Coordinator
  - Email : Carissa.Kushmerek@mass.gov

Home Care (HC)
Rates, Perspectives, Services, Protection

Rate Increases

Chapter 257

Clinical Assessment and Eligibility (CAE)

Chapter 257 Rate Increase

- EOEA Released Home Care and ECOP Direct Services rate regulations in 101 CMR 417 *Certain Rates for Elder Services* on Friday July 7, 2023.
  - Shared on Monday July 10, 2023, with ASAP network
  - Found at https://www.mass.gov/regulations/101-CMR-41700-rates-for-certain-elder-care-services.
  - Purchase of service (POS) Rates effective as of **July 1, 2023**
  - Rate structure addressed need for increase to direct care workers and support inflation

Service	Unit	Prior Regulation Rate	New Rate
Enhanced Community Options Program (ECOP) Direct Services	Per client per month	$749.47	$976.08
Home Care Program Services Direct Services	Per client per month	$326.35	$424.34

Rate reset incorporated inflation, prior years Enough Pay To Stay, rate increases that occurred for specific services, BLS direct care workers, etc

CAE Rate Increase

- New Rate: $303.75
- 35% increase over prior rate of $225
- Effective 09/01/2023
- Incorporates PASRR activities

Service	Unit	Prior Regulation Rate	New Rate
CAE screening rate	Per CAE Screen	$225.00	$303.75

CAE activities must be complete in order to add service delivery & bill

Threshold for ECOP & Choices

Impact ECOP & FEW Service Plan Threshold

Minimum authorized care plan cost threshold for ECOP and Choices/Waiver transition

Minimum authorized care plan cost threshold is **1.75x** the Home Care Basic Purchase of Service Rate	New minimum authorized care plan cost threshold amount for both ECOP and Choices is now **$742.59**	Based on authorized service plan and not what is currently received	Any eligible home care basic consumer with an authorized care plan over **1.75x** HC POS **($742.59)** should be evaluated to move to a ECOP or CHOICES care enrollment to support the goal of remaining in their setting of choice

**Reference: EOEA PI 18-03 Enhanced Community Options Program (ECOP)*

Consumers should not be automatically disenrolled from a ECOP or CHOICES program because service plan falls below threshold. Case management and Nursing assessments need to occur, other services offered based on needs, Supervision oversight and case conferences

Threshold for ECOP and Choices

- Protections for Waiver Enrolled Consumers

All Medical Care Coverage

Post Eligibility Treatment of Income

Access to State Plan Benefits

Allows for higher income threshold for MassHealth eligibility

*For ASAP utilization only. Not for distribution.

Threshold for ECOP and Choices

- **Next Steps for ASAP's**

Monitor their consumer authorized care plan cost reports monthly

Assess consumers to ensure consumers are not disenrolled

Managers & supervisors should empower staff to support consumer increases based on threshold and assessed needs

*For ASAP utilization only. Not for distribution.

Pending Services Summary

Pending Services Summary

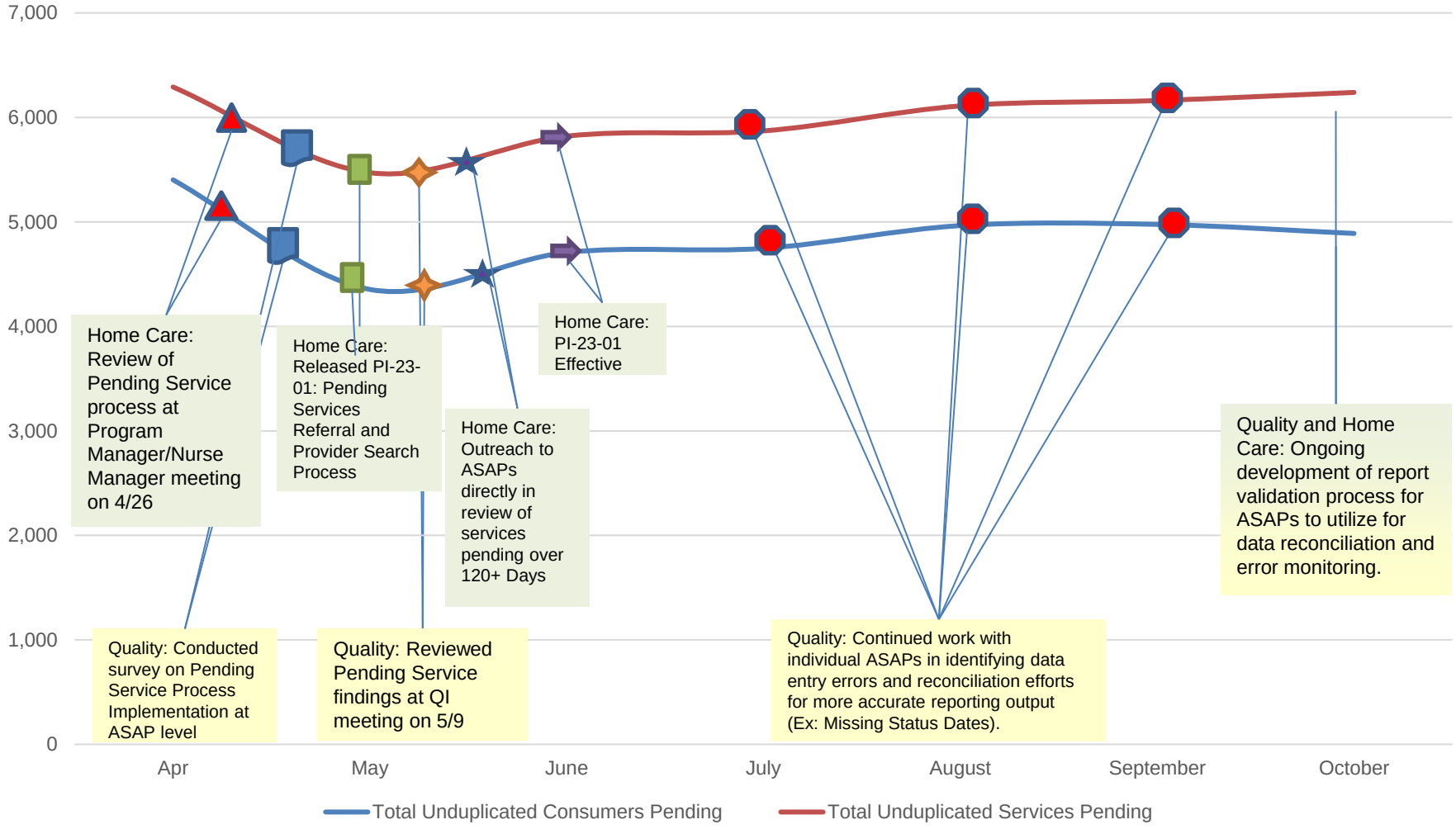
24	• ASAPs actively utilizing the Service Referral Management Process in accordance with PI-23-01
4,809	• Unduplicated consumers seeking service
4,747	• Total # of Service Request Waiting to be filled • Currently seeking out a provider
1,230	• Total # of Service Requests Actively being filled • A provider has been located and are pending a start date
6,092	• Total # of Service Requests* Pending

*A request is one distinct entered service. Consumers may have multiple requests if seeking out more than one service.
Note: Total # is higher than active + Waiting combined due to use of unapproved status'.

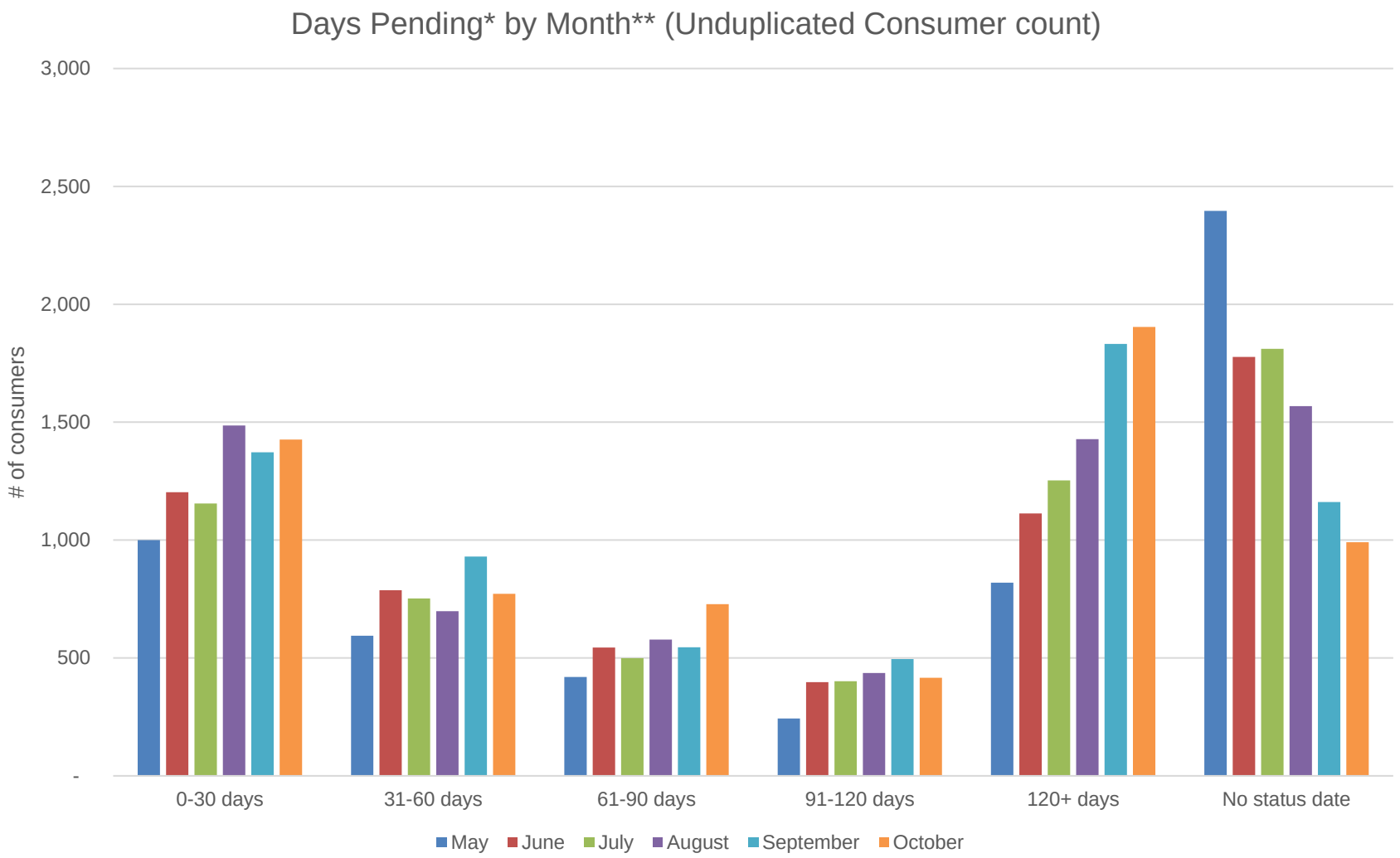
*As of report run on 10/12/23

Pending Services Process

Highlighting Total Unduplicated Services vs Unduplicated Consumers
Trends and progress review related to system implementation



Pending Services Process



*status date should be entered to accurately track time pending

Effective report run on 10/12/23

Pending Services Process Takeaways

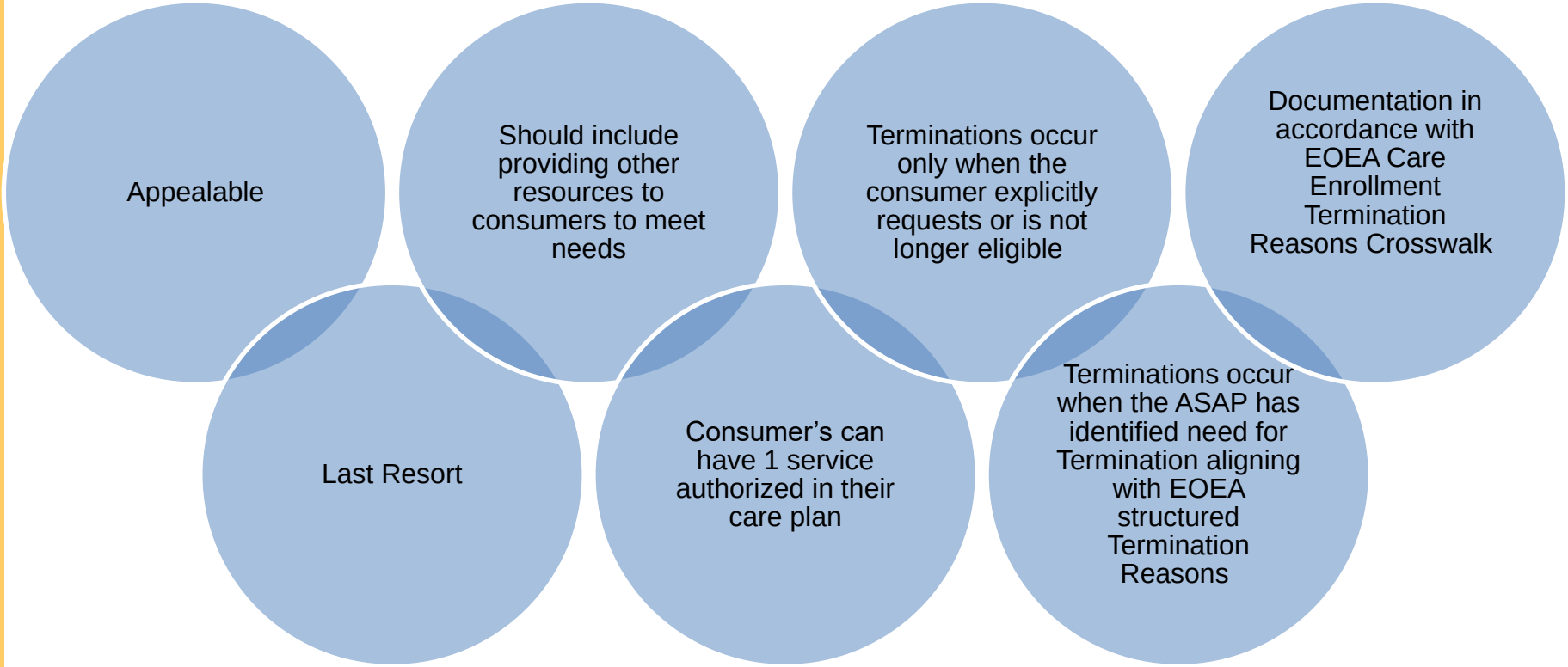
- Run HAR Pending Services report at minimum monthly for data validation
  - have identified role/person
  - understand filters applied
- Guidance on monitoring/filtering HAR report forthcoming
    - identifying errors or missing data for reconciliation
- Status date
  - must be entered to accurately monitor time waiting
  - **Status date = date of referral**
- Authorized statuses: Active, Waiting, Withdrawn, and Completed
  - Pending Service ASAP workgroup forthcoming
    - Review of Survey results
    - Review of Status reasons, services available
    - Identify best practices to share

*For ASAP utilization only. Not for distribution.

Home Care (HC)
Consumer Terminations

Home Delivered Meals (HDM)
PERS Only
Private Pay Services

Home Care Case Management Consumer Terminations



*For ASAP utilization only. Not for distribution.

Home Care Case Management Consumer Terminations

Consumers requesting termination of HC Services
Why? How come?

Don't rush to close, because of one conversation, have more than one

- Other factors might be at play
- Case conference with Supervisor
- Different services might be needed

Consumer might not know of all the services available

- Reduces future workload
- Additional needs identified 2 months after close request
- Maintains on-going eligibility

Can remain open under suspend for 90 days

No minimum number of services a consumer is required to have

- Consumers can have one service a month (not specific/bi-weekly)
- Meets Waiver Eligibly Requirements

Creates balance in ASAP caseloads of high/low spenders

HC Consumer Terminations HDM & PERS Only

- Consumers enrolled in HC:
  - receiving multiple services who choose to end all other services except,
    - Personal Emergency Response Service (PERS) or,
    - Home Delivered Meals (HDM) – *no cost for HDM in HC*

    Should not be terminated from the Home Care Program

  - should remain in the Home Care Program with PERS or HDMs as the only service authorized
    - Already meets program eligibility allowing ASAPs to
      - Continue Case Management & Assessments
      - Identifying needs & authorizing additional services as needed
      - Preventative engagement, efficient for adding additional interventions/services

HDM Eligibility

- Email from Adriene Worthington, Director of Nutrition Services, EOEA
- To ASAP/AAA Nutrition Programs on 9-22-23:

*"In a recent internal conversation about what qualifies a consumer for home delivered meals, the question came up asking if people are required to be homebound to receive this service. This may have been a requirement in past years, and, per current ACL and OAA language, people can qualify for home delivered meal service if they are isolated, frail, **and/or** homebound. They can be one of these or a combination of the three, but it is not a federal or state requirement that they are homebound. This is for both Title-III and Home Care consumers. You can read the language on this ACL web page and in this ACL document Home-delivered Meals Quick Tips (acl.gov)."*

HDMs
Home Care Eligibility

Consumers do NOT need to be "homebound" to be eligible for HDM

Home Care Staff

Review home care internal policies, procedures, and externally facing marketing materials	Remove any language where homebound is a requirement for home delivered meals	Review home care consumers who may have been terminated or denied home delivered meals and reassess eligibility

HC Consumer Terminations
Private Pay Services

- Applicants referred to the ASAP for assistance, found to be eligible for the Home Care Program with a percentage-based cost share, ASAP should:
  - Enroll the consumer in the Home Care program if the Applicant is agreeable
  - Not refer the Applicant to Private Pay services to meet their needs because income

- Enrollment into the Home Care program provides:
  - Regular structured Assessment, Advocacy, and information
  - Care Management & Care Coordination
  - Access to vetted and monitored contracted providers of the ASAP
  - Access to services at a negotiated rate between the ASAP and the provider, typically lower than private pay
  - % based cost share in total cost of monthly services vs total payment of services
  - HDM not included & FI Admin Task Fee not included in cost sharing

Discussion: Protected Consumers

Recently we have heard of a few instances where a Home Care applicant or consumer has privacy concerns regarding their record within our systems due to legal or safety reasons

- **How are ASAPs supporting these requests for privacy?**
- **How are ASAPs addressing and alleviating the concerns of these consumers?**

End of Federal Public Health Emergency (PHE)
November 11, 2023

End of Federal PHE

Implications - Home Care Related COVID Flexibilities

Category	Service	A&D End Date	Alternative Service	Rationale
COVID	Necessity Shopping	**11/11/2023**	Grocery Shopping & Delivery	Shopping Service Available
COVID	Alternate Setting Day Program	**11/11/2023**	Adult Day Health	COVID Alternate to ADH
COVID	Short Term Live In Aide	**11/11/2023**		Never fully Initialized
COVID	Visit Wellness Check	**11/11/2023**		Minimal Utilization
COVID	Snack Packs	**11/11/2023**	Home Delivered Meals	Minimal Utilization

End of Federal PHE

Implications - Home Care Related COVID Flexibilities

Category	Service	A&D End Date	Alternative Service	Rationale
COVID19 CARE	Chore	**11/11/2023**	Chore	Higher Rate - Chore Service Available
COVID19 CARE	Companion	**11/11/2023**	Companion	Higher rate – Companion Service Available
COVID19 CARE	Complex Care Training & Oversight	**11/11/2023**	Complex Care Training & Oversight	Higher rate – CCT&O Service Available
COVID19 CARE	Home Health Aide	**11/11/2023**	Home Health Aide	Higher rate – HHA Service Available
COVID19 CARE	Homemaking	**11/11/2023**	Homemaking	Higher rate – Homemaking Service Available
COVID19 CARE	Personal Care	**11/11/2023**	Personal Care	Higher rate – Personal Care Service Available
COVID19 CARE	Supportive Home Care Aide	**11/11/2023**	Supportive Home Care Aide	Higher rate – SHCA Service Available

End of Federal PHE

Implications - Home Care Related COVID Flexibilities

Category	Service	A&D End Date	Alternative Services	Utilization
COVID BULK	Meal Breakfast (5 day)	**11/11/2023**	HDM services	No utilization FY23
COVID BULK	Meal Breakfast (7 day)	**11/11/2023**	HDM services	No utilization FY23
COVID BULK	Meal Lunch (5 day)	**11/11/2023**	HDM services	No utilization FY23
COVID BULK	Meal Lunch (7 day)	**11/11/2023**	HDM services	No utilization FY23
COVID BULK	Meal Supper (5 day)	**11/11/2023**	HDM services	No utilization FY23
COVID BULK	Meal Supper (7 day)	**11/11/2023**	HDM services	No utilization FY23

End of Federal PHE

Implications - Home Care Related COVID Flexibilities

Category	Service	A&D End Date	Action Taken
COVID	Assistive Technology	11/1/2023	**Re-branding as Assistive Technology**
COVID	Companion Telehealth	11/1/2023	**Re-branding as Companion - TeleHealth**
COVID	Care Coach	11/1/2023	**Re-branding as Virtual Communication and Monitoring (VCAM)**
COVID	Virtual Monitoring	11/1/2023	**Re-branding as Virtual Communication and Monitoring (VCAM)**

End of Federal PHE

Implications - Home Care Related COVID Flexibilities

Category	Service	A&D End Date	Action Taken
COVID	Medical Nutritional Supplements	11/11/2023	**Continued review for ongoing utilization and need**
COVID	Prepaid Phone, Data, Internet Card	11/11/2023	**Continued review for ongoing utilization and need**

End of Federal PHE

Implications - Home Care Related COVID Flexibilities

- End of PHE Covid services notification - shared with the ASAP network on October 11th

- MassHealth updated PHE bulletins located here: https://www.mass.gov/lists/2023-masshealth-provider-bulletins

- 800 AgeInfo postings: https://documentlibrary.800ageinfo.com/2023/05/51523-end-of-public-health-emergency-and-covid-flexibilities-presentation-.html

End of Federal PHE

Takeaways for Services Ending (Next Steps)

Run reports for consumers with these services	• Identify CM and RN involved and consumers impacted
Discuss cases in supervision and interdisciplinary case conferences	• determine if service plan needs to be end dated
Discuss with consumer	• End of service, change in service or if other services are need
Document	• in consumer's A&D Record
Draft & Send	• direct communication to providers in advance of the upcoming end of PHE COVID service changes
ASAPs	• cannot pay for COVID Care Services past 11/11
Covid Care Services	• have a maximum window of 17 days. Providers will not be paid if service is provided past the deactivation date

Additional Changes related to COVID

Vaccine Requirement Updates Released noting encouragement not requirement

PI-23-13 - EOEA Updated COVID-19 Vaccine Guidance for Home Care Agency Providers

- Update to the COVID-19 Vaccine guidance for home care agency providers and direct care workers
- E-mail to ASAP Network 9/13/23

PI-23-14 - EOEA Updated COVID-19 Vaccine Guidance for Non-Agency Based Home Care Workers

- Update to the COVID-19 Vaccine guidance for non-agency based home care workers (e.g., Consumer Directed Care (CDC) home care workers)
- E-mail to ASAP network 10/3/23

Frail Elder Waiver (FEW) Update

FEW Enrollment

- Monitored monthly by EOEA
- ASAPs – monitor their consumer enrollment
- Enrollment is vital to the overall cost neutrality of the Frail Elder Waiver
  - Lower cost consumers offset the higher cost consumers on a per capita basis
  - Annual demonstration of cost neutrality to Centers for Medicare & Medicaid Services (CMS)
  - Supports continued authority to operate the waiver
- A small trend change & incremental increase
  - Last 5 months: April-August 2023
- Thank you all for your hard work & efforts in teaching, coordinating and servicing those enrolled in the FEW programs

ASAP FEW Unduplicated Consumers

Reporting Period	2023	% Change '22 to '23
April	7,912	1.38%
May	7,921	1.34%
June	7,970	2.01%
July	7,988	2.57%
August	7,991	2.63%

*For ASAP utilization only. Not for distribution.

FEW Renewal Update

- FEW Application has been submitted to CMS for Review
  - EOEA & CMS will enter an ongoing review and requests for additional information (October-December)

- Anticipated Effective date
  - January 1st, 2024

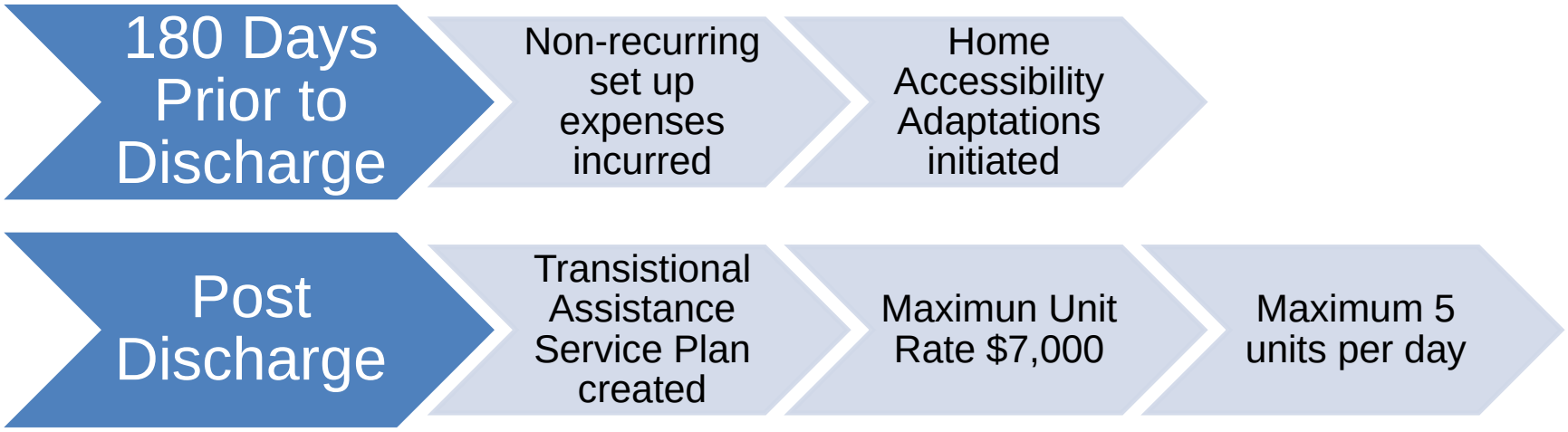
- Next FEW Approval Period
  - CY2024-CY2029 (5-year period)

Transitional Assistance

MFP-Demo
vs.
Home Care & Frail Elder Waiver (FEW)

Transitional Assistance (TA)

- Non-recurring set-up expenses for individuals transitioning
  - from an institutional or provider-operated living arrangement to
  - a living arrangement in a community residence
  - where the person is directly responsible for his or her own living expenses
- No minimum cost or cost limit to provision of Transitional Assistance



Transitional Assistance (TA)

Includes (but not limited to):

- Housing Search / Housing Application Process
- Security Deposits
- Arranging for / supporting the move
- Household Furnishings
  - Furniture
  - Window Coverings
  - Food Preparation Items
  - Bed/Bath Linens
- Pest Eradication / One Time Cleaning
- Moving Expenses
- Home Accessibility Adaptations
- Arrange / Procure resources related to personal household expenses, specialized medical equipment, community services

Does not include:

- Room and Board
- Monthly rental or mortgage expense
- Food, regular utility charges
- Household appliances or items that are intended for purely diversional/recreational purposes

Transitional Assistance (TA)

Home Care & FEW Transitional Assistance

- Consumer recovering in NF after recent hip replacement
- ASAP identifies consumers bathroom on second floor
- ASAP utilizes TA service to authorize purchase of stair lift for consumer
- Consumer successfully discharges home

MFP Transitional Assistance

- Consumer has been in NF for 2 years and wants to return to the community
- ASAP begins working with consumer
- Consumer signs MFP informed consent form enrolling in MFP-Demo
- Consumer will need ramp to discharge home
- ASAP completes MRC TA Referral Form
- ASAP/MRC coordinates TA Service
- Ramp installed & consumer successfully discharges home

MassHealth
Fair Hearing Request Form

MassHealth Fair Hearing Request Form

The following changes have been made to the Fair Hearing Request Form

- Updated language to align with extending to 60 days to request a fair hearing
- Added an option to select prehearing resolution
- Added explanation for an expedited hearing and prehearing resolution
- Provided more space under the "Please explain why you are appealing" section
- Added section for "Type of Hearing and Accommodations" within "Other Information," which now includes a video hearing as an option
- Modified formatting and improved readability and accessibility for members

MassHealth Fair Hearing Request Form

Fair Hearing Request Forms are available at:
https://www.mass.gov/lists/masshealth-member-forms#fair-hearing-request-form-[fhr-1-(10/23)]-

The form is available online in:

- English
- Spanish
- Vietnamese
- Portuguese (Brazil)
- Haitian Creole
- Chinese (Simplified)
- Large Print

Community Transition Liaison Program (CTLP)

CTLP Update

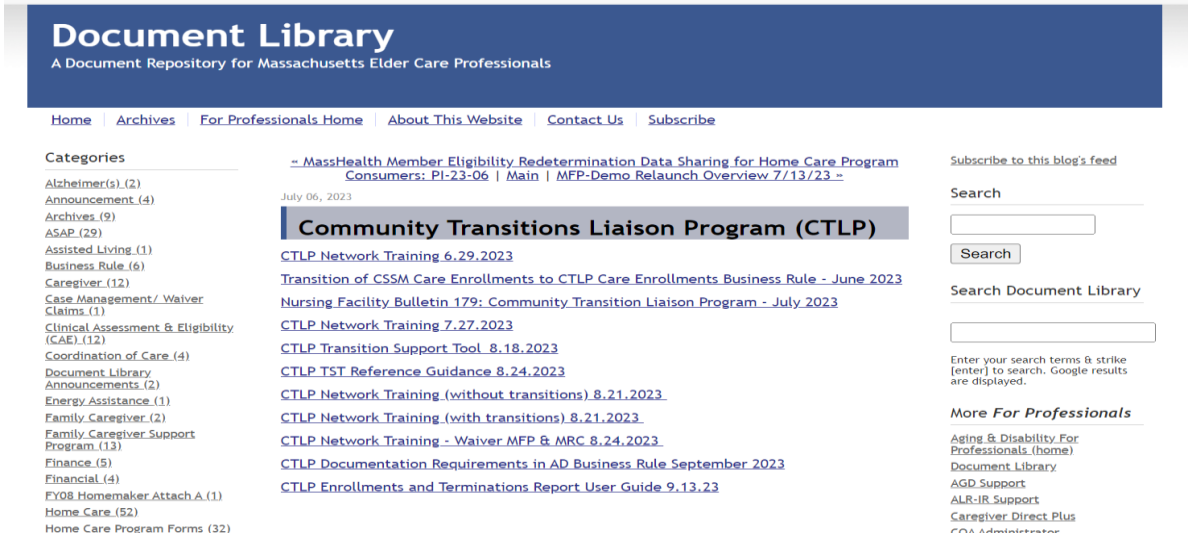
CTLP Launched July 1, 2023:

- Support NF residents in transitioning to the Community
  - 22 and older
  - Any insurance type
  - Admitted to NF for 45+ days or,
  - Less than 45 days if the resident requests assistance
  - PASRR Negative for SMI or ID/DD, unless DMH or DDS requests assistance
- CTLP Program Requirements
  - Fill open positions dedicated to the CTLP Program
    - Case Management Model
  - Visit NF's weekly
  - Engage & build relationships with residents, families & staff
  - Refer & coordinate with state agencies & community resources

CTLP Update

Resources

- Transition Support Tool (TST) to assist in identifying
  - Barriers for transitions
  - Potential referrals to State Programs
- Guidance Documents, TST & Network Training Power Points to be found on 800AgeInfo
  - [Community Transitions Liaison Program (CTLP) - Document Library (800ageinfo.com)]



*For ASAP utilization only. Not for distribution.

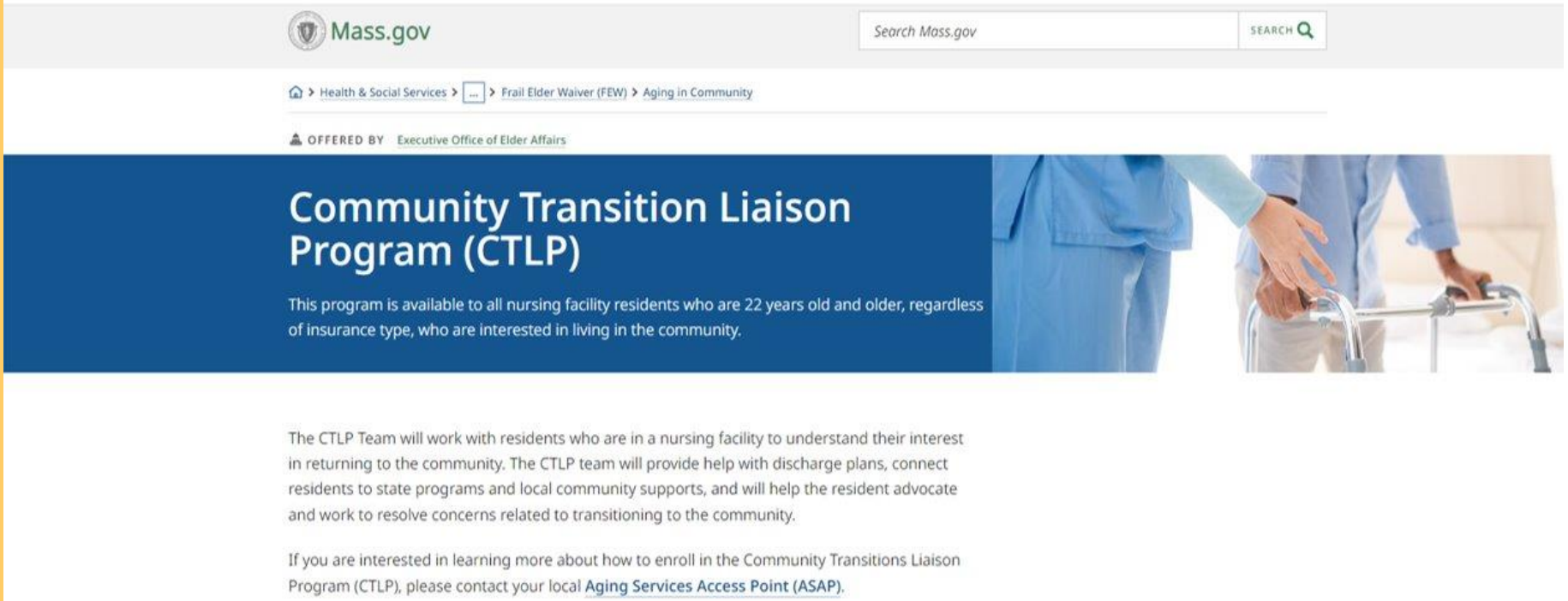
CSSM to CTLP Transition Update

Sunsetting CSSM

- CSSM discontinued September 30, 2023
- CSSM Functions deactivated in A & D
  - CSSM Enrollments, Activity & Referrals, Journal Notes
- Use of Case Closure Tracking Forms (CCTF)
  - Discontinued October 31, 2023
  - Rational to capture any required documentation for CSSM cases opened on or before September 30th

CTLP Website

Website: https://www.mass.gov/info-details/community-transition-liaison-program-ctlp

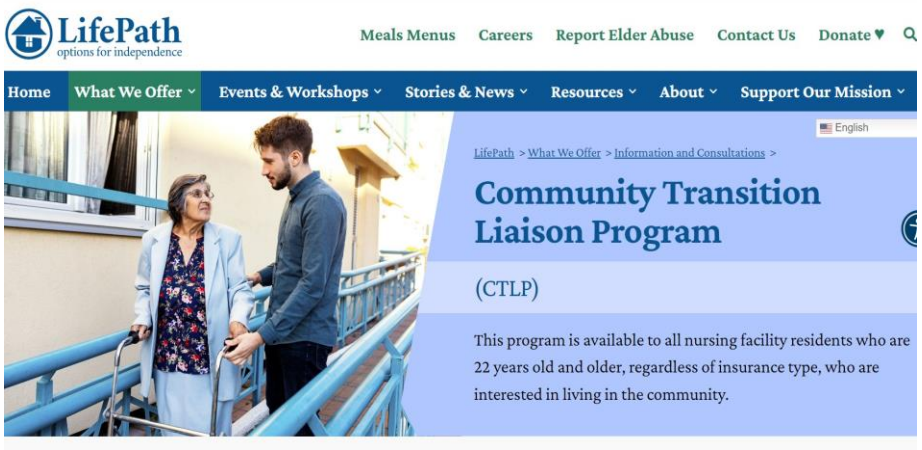


Thank you for adding CTLP to your Agency Websites!

Aging Services of North Central MA

Bristol Elder Services

LifePath



South Shore Elder Services

*For ASAP utilization only. Not for distribution.

CTLP - ASAPs

If your agency has CSSM listed on your agency's website or doesn't have CTLP listed on your agency's website

- Remove: CSSM information from your agency's website
- Add: CTLP information to your agency's website

- ❖ Helps promote the program and key staff
- ❖ Establishes program identity
- ❖ Provides resource for individuals, families, caregivers, community organizations, regional providers affiliated with DDS, MRC, DMH and nursing facilities
- ❖ Connects search engines to ASAP when individuals enter search terms
- ❖ Establishes linkages across ASAP Aging Network

Preadmission Screening and Resident Review (PASRR) Portal

PASRR Portal Live on 08/28/2023

- All PASRR level 1 screenings are located on the Portal
- Level 2 evaluations completed for positive SMI level 1 screens are located on the Portal
- DDS level 2 evaluations continue to be a paper or electronic document
- Notify Melissa.A.Enos@mass.gov if your agency is not able to view level 1's from your area hospitals &/or nursing facilities

PASRR Portal

- ASAP RNs:
  - Complete Level I's as necessary
  - Review Level I's completed by hospitals & NF's
  - Review Level II Determinations by DMHPASRR

- CTLP Staff:
  - Determine resident's date of admission
  - View outcomes related to SMI/DMH PASRR
  - Suggestions for additional functionality for future phases please share with:
    - Julianna.Santiago@mass.gov & Carissa.Kushmerek@mass.gov

PASRR Portal

- Agency Administrators
  - Should have received an Administrator email for set up instructions
    - The email is from: DoNotReplyDMHPASRR@umassmed.edu
    - **Subject:** Action Needed - New PASRR Portal Sign Up
  - Able to add new users to the portal
  - Able to remove users who no longer need access
- User Guides
  - PASRR Initial Login Guide
  - How to Download Level 1 and Level 2 PDFs
    - The user guides can be found here:
      - PASRR Portal User Guides - Document Library (800ageinfo.com)

PASRR Portal

When completing NF screens, ASAPS must log on to the portal to view the PASRR level's

- ASAPS do not need to print or download & save a local copy of the PASRR levels

When completing an AIH or non AIH screen & the member is transferring to a NF outside of your ASAPs catchment area:

- The ASAP is not able to view the PASRR Level 1 if completed by a NF outside of the catchment area
- The ASAP may request a paper/ electronic copy of the level 1 to complete the screen
- If the hospital (in coverage area) completes the level 1, the ASAP can view this in the portal

The ASAP should utilize the portal to view all PASRR levels at all times, except in the scenario noted prior

PASRR Portal

PASRR level 1 form

Two versions at this time	• 0423 is the version on the Portal • 0823 is the fillable PDF version available on mass.gov
What is the difference?	• Same Content • 0823 version only fixed a technical error with the fillable PDF version where 2 answers were being selected at the same time
Which version should the ASAP accept for screens?	• **The ASAP should accept both 0423 & 0823**

Random Moment in Time Study (RMTS)

RMTS

- Executive Office of Elder Affairs (ELD) conducts
  - Random Moment Time Study (RMTS)
  - of **Home Care Case Managers and Intake Staff**
  - to support Medicaid Administrative Case Management (ACM) claims in the Home Care Program

- Public Consulting Group (PCG) is contracted
  - to administer and oversee the RMTS process
  - has successfully performed this work
  - and collaborated with ELD and ASAP staff for over ten years

RMTS

- **What is a random moment in time study?**
  - A RMTS is statistical sampling approach to determine how intake workers and case managers spend their time on specific activities.

- **The time study is based on "moments":**
  - A "moment" equates to one minute's time
  - Moments are randomly assigned
  - Participants are asked to document the activity they were performing in the RMTS system, EasyRMTS
  - The RMTS is required to support federal reimbursement efforts

RMTS

A random moment time study is not a management tool that is in any way used to evaluate employee activities or performance.

- Employees should not intentionally alter their activity at any particular time because of their participation in the RMTS

- No answer is better than another (the “right” answer is what you happened to be doing at the time of your moment)

RMTS

RMTS Questions:

1. Were you working on a client-related activity during your moment?
2. What code best describes your activity?
3. What sub-code best describes your activity?

Summary of Response Codes

Code	Description
Code 1	Assessing the Need for, Locating, Referring to, Arranging, or Coordinating Home Care Services
Code 2	Assessing the Need for, Locating, Referring to, Arranging, or Coordinating Medical/Behavioral Health Services
Code 3	Assessing the Need for, Locating, Referring to, Arranging, or Coordinating Services Other than Home Care or MassHealth Services
Code 4	Locating, Arranging, or Coordinating Transportation
Code 5	Conducting Outreach
Code 6	Conducting Intake
Code 7	General Administrative Activities
Code 8	Paid Time Off/ Paid Lunch
Code 9	Unpaid Time Off/ Unpaid Lunch
Code 10	Not Scheduled to Work

RMTS

Why do we complete the RMTS?

- Required to determine the amount of time (and cost) spent on various activities
- Based on these results we determine the amount that can be charged to various funding sources
- Utilized to determine the percent the state claims to CMS for Case Management activities
- Staff must answer all the moments they receive

RMTS: ASAP Next Steps

Maintain Intake Workers/Case Manager Rosters

- Ensure staff lists are up to date
  - Rosters can only be changed at the start of each quarter
  - Notify PCG of any staff changes
- Staff lists only include **Home Care, Care Managers and Intake workers**
  - Do not include GSSCs, I&R, or other program staff
- Train staff on the importance of & how to respond to RMTS requests
- Reach out to EOEA with questions

RMTS compliance for September 2023 was 88.2%

- Low compliance is a focus of CMS & risks federal revenue
- Opportunity to showcase the hard work the Case Management Staff does, and the time spent on each caseload

Follow up on missed moments

- PCG follow up with each ASAP
  - Where compliance is low
  - On specific to the staff who did not respond to their moments
- PCG provides a monthly report to EOEA of each ASAP and each ASAP staff person
  - Compliance of response to moments

Falls Awareness Step Challenge Update

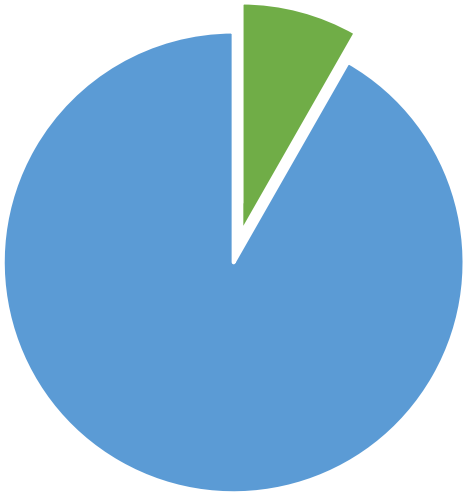
Step Challenge Updates!

- We set a statewide goal to collectively achieve 50 Million Steps throughout the month of September!

- On September 20th we were at a collective

  4,123,557 steps (8% of the way)

And with your help....



Step Challenge Updates!

Massachusetts Executive Office of Elder Affairs
280 followers
1w

It's #FallsPreventionAwarenessWeek. Physical activity and exercise improve balance and reduce falls. Help your loved ones prevent falls by going for a walk! And join us in counting our steps, together we can prevent falls one step at a time: https://lnkd.in/e2gfNR_Y

Mystic Valley Elder Services
1,298 followers
6d

We had so much team spirit at our 2nd Annual Step Challenge, we couldn't fit all the pics in one post! Here's round 2. The walk was for Falls Prevention Week and our steps help Massachusetts Executive Office of Elder Affairs' goal of 50 million steps! #fallprevention #masteps2preventfalls #fallspreventionweek #fallpreventionmonth

Mystic Valley Elder Services
1,298 followers
1w

Team MVES had a great day at our 2nd Annual Step Challenge! Held for MA Falls Prevention Week, we're helping the Massachusetts Executive Office of Elder Affairs with its goal of 50 million steps! Thanks to Preotle Lane for hosting our lunch at their Rivers Edge Cafe in Medford! #masteps2preventfalls

Greater Springfield Senior Services, Inc.
406 followers
1w

It's #FallsPreventionAwarenessWeek. Physical activity and exercise improve balance and reduce falls. Help your loved ones prevent falls by going for a walk! And join us in counting our steps; we can prevent falls one step at a time: https://lnkd.in/e2gfNR_Y

Tri-Valley, Inc.
159 followers
1d

Lisa Prince
Executive Director at TRI-VALLEY, INC.
1d

In celebration of Falls Prevention Awareness Week Tri-Valley took a walk! As you may know, falls are one of the major causes of serious injuries and deaths for older adults, and the long-lasting effects of a fall are not just physical but also economic and emotional. Falls Prevention Awareness Week is a national campaign to educate older adults, their caregivers, and health professionals about the dangers of falling and the steps to prevent falls. Feel free to check out this online tool that helps older adults assess their falls risk and take steps to prevent them: https://lnkd.in/eUDriCRu.
#EOEA #fallspreventionawareness #olderadults

Step Challenge Updates!

Step Challenge Updates!

Thank you to everyone who participated in our step challenge & for helping us raise awareness on falls prevention!

This year our total step count was....

Step Challenge Updates!

Based on what was logged into the Survey:

Participants

- 19 ASAPs
- 8 other agencies

Congratulations to the top 3 ASAPs!!

- ESWA: 10,849,244
- ESCCI: 8,114,353
- ASNCM: 6,109,902

E-Mail Communications

- **Update to Email Communications from EOEA**
  - EOEA to now condense email communications when applicable
  - Reducing burden of multiple communications to Network
  - Example [9/22/23 October EOEA Hosted October Trainings Schedule (CTLP & MFP)]

- **ASAP Takeaways**
  - Review email notifications for multiple updates
  - Forward the email to the appropriate ASAP staff

Upcoming Home Care Meetings

Date and time	Program	Subject	Audience
Tuesday, 10/24/23 1:30pm – 2:30pm	**CTLP**	**CTLP Open Office Hours**	ASAP and CTLP staff
The same training is being provided both days. **Monday, 10/23/23 1:00-2:30 p.m. (Option 1)** **OR** **Thursday, 10/26/23 9:30-11:00 a.m. (Option 2)**	**MFP**	**Money Follows the Person Demo Information System (MFP-IS)** (This database is the system of record used to manage individuals who have voluntarily agreed to participate in the MFP Demonstration)	Required for all staff that will be entering and/or maintaining informati on about individuals who have signed up for the MFP Demo.
February 2024 (Date TBD)	**PM and NM staff**	**Program Manager and Nurse Manager Network Meeting**	ASAP program and nursing staff

*CTLP & MFP Meeting Log-In information can be found on 9/22/23 EOEA email communication