**Revision History**

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| Date | Version | Description | Author |
| December 15, 2021 | 1.0 | Initial publication | EOEA Home Care Team |

# MassHealth Family Assistance Clinical Assessment & Eligibility (CAE) Screenings

Effective November 1, 2021, MassHealth updated policy guidance to expand coverage for members who are eligible for Family Assistance. MassHealth members covered by Family Assistance who require a nursing facility stay have a pathway to be eligible for both a short-term stay and/or long-term care. Additionally, MassHealth members covered by Family Assistance may also be able to receive long-term services and supports (LTSS) in the community.

As the designated MassHealth agent, the Aging Services Access Point (ASAP) Registered Nurse (RN) will assess and determine the clinical eligibility of MassHealth members covered by Family Assistance who require a stay in a nursing facility and/or those who wish to pursue long term services and support in the community.

# CAE Screening for Nursing Facility Services

For MassHealth Family Assistance members admitted to a nursing facility prior to November 1, 2021, who are currently on a 100-day nursing facility benefit, they should be re-assessed via a short-term review (STR) prior to exhausting their 100 days. Members who continue to meet the clinical eligibility for nursing facility services, in accordance with 130 CMR 456.409, must be issued a short-term approval (STA) of up to 6 months.

MassHealth Family Assistance members that are admitted to a nursing facility on or after November 1, 2021, and who meet clinical eligibility for nursing facility services in accordance with 130 CMR 456.409 are eligible for a short term stay of up to 6 months.

Once the 6month STA has been exhausted, the ASAP RN will reassess the member via STR in accordance with Program Instruction (PI) 09-05 *Nursing Facility Clinical Eligibility Assessments, Short Term Approval Tracking, and Noticing Procedures*, and if the member continues to meet clinical eligibility for nursing facility services, the ASAP RN must issue a long-term approval (LTA).

A denial must be issued if at any time the ASAP RN assesses the member and the member no longer meets the clinical eligibility for nursing facility services.

The ASAP RN must ensure all Pre-Admission Screening and Resident Review (PASRR) criteria is met prior to issuing any clinical determinations. The process for PASRR noncompliance must be followed as described in PI 18 -04 *Revision of the Pre-Admission Screening and Record Review (PASRR) Requirements Prior to Authorization of MassHealth Payment of Nursing Facility (NF) Services* and its successors.

All STAs must have a CSSM Care Enrollment entered in accordance with the *CSSM Business Rule* issued September 2020 and its successors.

The ASAP will issue a Level of Care (LOC) notice within 2 business days of clinical determination and include a copy of the Fair Hearing Request Form and babel sheet to the member and/or authorized representative. The ASAP must also forward a copy of the LOC notice to the appropriate nursing facility.

# CAE Screening for State-Funded Community-Based Long-Term Services and Supports

MassHealth members eligible for Family Assistance may also qualify for a state-funded MassHealth Standard or CommonHealth benefit to receive community-based long-term services and supports. To be found eligible for this benefit, the member must meet clinical and financial eligibility.

The ASAP RN will complete a clinical assessment to determine if the member meets nursing facility level of care in accordance with 130 CMR 456.409. After a clinical determination has been made, the ASAP will complete and issue the LOC notice entitled *Notice of Clinical Eligibility Determination for State-Funded Community Based Long-Term Services and Supports*.

The LOC notice must be issued to the member and/or authorized representative within 2 business days of clinical determination and include a copy of the Fair Hearing Request Form and babel sheet. Additionally, a copy of the LOC notice must be submitted to the MassHealth Enrollment Center (MEC). The MEC will verify clinical eligibility based on the ASAP level of care determination and then determine financial eligibility in accordance with the established State-Funded Community-Based Long-Term Services and Support financial guidelines.

Members found clinically eligible for State-Funded Community-Based Long-Term Services and Supports will be reassessed annually by the ASAP RN to determine continued clinical eligibility.

A denial will be issued if at any time the ASAP RN assesses the member and the member no longer meets nursing facility level of care.

**Additionally, a member found to be clinically eligible for State-Funded Community-Based Long-Term Services and Supports will not be eligible for any of the HCBS Waivers, including the Frail Elder Waiver (FEW).**

# Required Documentation for MassHealth Family Assistance CAE Screenings

**Nursing Facility Screenings**

All nursing facility screenings should be completed in accordance with requirements outlined in the Clinical Assessment & Eligibility (CAE) Program: Best Practice Guide. Below is a summary of required documentation. Please refer to the CAE Best Practice Guide for full details.

Pre-Admission Nursing Facility Screenings:

For pre-admission nursing facility screenings in which the ASAP RN reviews existing medical documentation including a Minimum Data Set – Home Care (MDS-HC) and does not perform an onsite assessment, the ASAP RN will upload the required documentation into the consumer electronic record and complete the Nursing Determination Module.

* Required Actions/Documentation
  + RFS from referral source
  + MDS-HC completed by referral source and signed by an RN
  + Nursing Determination completed by the ASAP RN
  + Narrative and corresponding journal entry
  + MassHealth Level of Care Notification with Fair Hearing Request Form and babel sheet

For community pre-admission nursing facility screenings, the ASAP will within 5 business days of receipt of referral and all the required documentation the ASAP shall perform a clinical eligibility assessment for nursing facility services in accordance with 130 CMR 456.409.

* CDS-RN in conjunction with an onsite visit by the ASAP RN OR MDS-HC completed by the referral source and signed by an RN (Observation Status/ Emergency Room Referrals only)
* RFS (if hospital is the referral source)
* Confirmation of diagnosis
* Narrative and corresponding journal entry
* MassHealth Level of Care Notification with Fair Hearing Request Form and babel sheet

Post-Admission Nursing Facility Screenings:

Within 5 business days of receipt of a RFS and all the required documentation from the nursing facility (NF), the ASAP shall perform a clinical eligibility assessment for authorization of MassHealth payment of NF services in accordance with 130 CMR 456.409.

* Required Actions/Documentation
  + RFS completed by the NF
  + Verification of MassHealth Status if there is no MassHealth Number
  + CDS-NF completed by the ASAP RN in conjunction with an onsite face to face assessment
  + Onsite review of the clinical record
  + Narrative and corresponding journal entry
  + MassHealth Level of Care Notification with Fair Hearing Request Form and babel sheet

**State-Funded Community-Based LTSS Screenings**

Initial Assessment:

Within 10 business days of receipt of a referral the on-site assessment for clinical eligibility for State-Funded Community-Based LTSS Screenings should be completed.

* Required Actions/Documentation
  + CDS-RN completed by the ASAP RN in conjunction with an onsite visit
  + Confirmation of diagnosis
  + Narrative and corresponding journal entry
  + MassHealth Level of Care Notification with Fair Heating Request Form and babel sheet

Annual Re-determination:

The ASAP will reassess members annually to determine continued clinical eligibility for State-Funded Community-Based LTSS services. Reassessments are required to be completed within 12 months of the initial/previous clinical eligibility determination.

* Required Actions/Documentation
  + CDS-RN completed by the ASAP RN in conjunction with an onsite visit
  + Confirmation of diagnosis
  + Narrative and corresponding journal entry
  + MassHealth Level of Care Notification with Fair Heating Request Form and babel sheet

# Data Entry in Aging & Disability (A&D) (aka. SAMS) for State-Funded Community-Based LTSS Screenings

**Activity & Referral (A&R):**

Best practice: Utilize existing A&Rs, **CAE Initial Assessment** and **CAE Reassessment**, for tracking activities related to State-Funded Community-Based LTSS Screenings.

**Required CDS Data Elements:**

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| --- | --- | --- |
| **Elements** | **Values** | **Notes** |
| **CDS-3-RN** | **CDS including Nursing Module** | **Required** |
| **CDS-3-RN** | * **Question #5490 (Nursing Module) Indicate the Type of Request (Community) Select either Community-Based LTSS Initial Determination OR Community-Based LTSS Re-determination** * **Question #13888 (Nursing Module) Enter the referral date for this Community Screening request** * **Question #3504 (Nursing Module) Date of onsite assessment performed by ASAP RN** * **Question #5595 (Nursing Module) Clinical Eligibility Citation Code(s)** * **Either Question 16819 (Nursing Module Clinical Determination) Initial CB-LTSS Initial Determination (Approval, Denial, Withdrawal)** * **Or Question 16820 (Nursing Module Clinical Determination)  CB-LTSS Re- Determination (Approval, Denial, Withdrawal)** | **Required** |