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PROGRAM INSTRUCTION (PI)

AGE PI-25-02

Replace: PI-09-12

To: Aging Services Access Points (ASAPs)

Executive Directors

Program Mangers
Nurse Managers

From: Lynn C. Vidler, Senior Director Operations & Policy, Home Care, MBA, BSW

Date: January 30, 2025

RE: **Frail Elder Waiver (FEW)**

Purpose:

This program Instruction (PI) describes the eligibility criteria, interdisciplinary case management standards, and other requirements pertaining to the Frail Elder Waiver (FEW). This PI supersedes any other previously issued communications regarding the guidelines addressed herein, inclusive of PI -09-12.

Background:

The Frail Elder Waiver (FEW) program, a MassHealth 1915(c) Home and Community Based Services Waiver (HCBS) program operated by the Executive Office of Aging & Independence (AGE), supports individuals who have met Nursing Facility Level of Care and are eligible for MassHealth Standard coverage and who choose to receive their care in the community.

Aging Services Access Points (ASAPs) provide initial clinical eligibility determinations for all FEW consumers, ongoing clinical eligibility determinations, and case management for Home Care enrolled FEW consumers. Case management includes coordination of FEW services from a network of providers. ASAPs are reimbursed by AGE for case management as well as payments for covered services provided to FEW Participants. There are two programmatic designations pertaining to FEW consumers: Home Care Basic Waiver, for which ASAPs are paid a bundled rate to cover the costs of necessary services and that aligns with the Home Care Basic and case management rates in accordance with the rate in regulation at 101 CMR 417; and Community

Choices, for which ASAPs are reimbursed for the costs of necessary services received by the consumer as well as enhanced case management and rate.

Frail Elder Waiver Consumer Eligibility Criteria

A FEW Consumer must meet the following eligibility criteria for enrollment in the FEW:

1. Massachusetts resident 60 years of age or older.
2. Meets a functional impairment level and need criteria for the Home Care Program as outlined in 651 CMR 3.04(5).
3. Clinically eligible for nursing facility services in accordance with the MassHealth regulations at 130 CMR 456.409;
    a. Determined by an assessment performed by an ASAP Registered Nurse (RN) and,
    b. Documented utilizing the Comprehensive Data Set (CDS), an approved AGE assessment tool.
    c. Note: The Executive Office of Health and Human Services (EOHHS), as the single state agency responsible for the administration of MassHealth, determines financial eligibility for all applicants including those who require the expanded financial eligibility rules associated with the Waiver (inclusive of the "spousal rule" or 300% of the SSI Federal Benefit Rate (FBR)).
4. Medical necessity for FEW services as determined through an assessment by the ASAP. Subsequent to enrollment, continued FEW eligibility is contingent upon receipt of FEW services at least once monthly.

FEW Program Requirements for ASAPs:

1. The ASAP conducts clinical eligibility assessments and re-assessments for FEW applicants and consumers at a frequency approved by the Center for Medicaid & Medicare Services (CMS) and as described in this PI under Required Actions.
2. ASAPs may not enroll any applicant in the FEW in Aging & Disability until the applicant is determined to be eligible for MassHealth Standard and FEW as verified by MassHealth Eligibility Verification System (EVS) or MassHealth notice.
3. FEW consumers are assessed utilizing the Comprehensive Data Set (CDS) to identify needs and interventions to be provided through the waiver plan of care. Services are provided based on consumer's needs identified and are provided in conjunction with but not duplication of other MassHealth state plan services. At any time, the consumer's service deliveries through their waiver plan of care meets or exceeds two (2) times the Home Care Basic Purchase Service rate, the consumer should be transferred to the Community Choices Program.
4. A consumer must be eligible for MassHealth Standard and approved for the Frail Elder Waiver to receive services through FEW.
5. ASAPs must develop a Waiver plan of care. FEW services must be authorized pursuant to the Waiver plan of care before they can be reimbursed.
6. ASAPs must continue to ensure FEW Consumers are eligible for MassHealth Standard and the FEW. AGE will not reimburse ASAPs for case management or for services provided to individuals who are not eligible for MassHealth Standard and the FEW.
    a. The ASAPs must perform checks of EVS **at least monthly** for all FEW Participants to verify continued MassHealth Standard plus FEW eligibility.
    b. Consumers found to be ineligible for MassHealth Standard and the FEW must be immediately transferred to a Home Care, Non-Waiver program (Enhanced Community Options Program, Home Care Basic / Non-Waiver, or Home Care / Percent Based).
7. ASAPs must conduct case management and other activities for each FEW consumer as described in this PI under Required Actions. ASAPs have certain responsibilities pertaining

to FEW Participants who are assessed to need a lower amount of services (Home Care Basic / Waiver), determined where the cost of such services provided is less than two (2) times the Home Care Program Basic rate of service established at 101 CMR 417.00, whereas ASAP responsibilities have additional responsibilities for Participants with service costs at or above that threshold (Community Choices). ASAPs may only transition Home Care Basic / Waiver consumers to Community Choices once this threshold is met.

Required Actions:

- For individuals who are seeking FEW enrollment including those identified as potentially eligible, the ASAP is required to determine the clinical eligibility for Nursing Facility Level of Care by an ASAP RN Within 10 business days of a referral;
- Conduct assessments by a case manager or ASAP RN as required by programmatic guidelines;
- Conduct re-determination by ASAP RN within 12 months of previous assessment; including continued nursing facility eligibility using the Comprehensive Data Set (CDS), as required by MassHealth; Actively engages the consumer and his/her family members to determine a person-centered comprehensive plan of care that includes both case management, home care services, formal and informal supports;
- Coordinate all services pertaining to the consumer's plan of care, including state plan services;
- Conduct on-going interdisciplinary case management activities;
- Complete the CDS at the 6-month reassessment and 12-month annual re-determination visit schedule and more frequently as required by changes in the consumer's circumstances, functional impairments, or service needs;
- Conduct on-site reassessments and home visits at the required cadence in accordance with AGE requirements and as needed;
- Conduct home visits quarterly for Community Choices Participants to ensure consumer receives a home visit at 3 and 9 months (in addition to Annual and 6 Month)

Frail Elder Waiver Visit Schedule Requirements	
Home Care Basic / Waiver	12-Month Annual Case Management Redetermination • CDS-CM and/or CDS-RN • Financial Assessment • Applicant Consent & Disclosure Form • 12-Month Annual FEW Clinical Determination • CDS-RN (Must be completed within 364 days of previous issued FEW clinical notice) 6-Month Reassessment • CDS-CM
Community Choices	12-Month Annual Case Management Redetermination • CDS-CM and/or CDS-RN • Financial Assessment • Applicant Consent & Disclosure Form • 12-Month Annual FEW Clinical Determination • CDS-RN (Must be completed within 364 days of previous issued FEW clinical notice) 6-Month Reassessment • CDS-CM

	3-Month Home Visit • Consumer Health & Safety Evaluation • Environmental Evaluation 9-Month Home Visit • Consumer Health & Safety Evaluation • Environmental Evaluation

- Conduct a consumer status assessment at every home visit conducted by a care manager or ASAP RN and more frequently as required by changes in the consumer's circumstances, functional impairments, or service needs; and complete a CDS documenting the assessment; and
- Ensure consumers live and receive services in a community setting and has access to the benefits of community living in accordance with CMS Community Rule at 42 CFR 441.301(C)(4).

For any Frail Elder Waiver plan of care service denial, termination, or reduction, the ASAP must notify the consumer of his/her right to seek review of the decision as set forth in 651 CMR 3.07.

FEW Participants are afforded 30 calendar days for appeal. Termination of any Frail Elder Waiver Program service shall not occur until the 31st calendar day.

As set forth in 651 CMR 3.07(5)(b), the ASAP must inform the consumer when there has been a change in the source of funding of the consumer's services, as in MassHealth Standard coverage. The consumer does not have the right to appeal a change in the source of funding to the ASAP. Consumers appeals of loss of source of funding would be directly to MassHealth.

Effective Date: February 1, 2025

Contact:

If you have any questions about this program instruction, please contact either, Brian Glennon, Home Care / Frail Elder Waiver Program Manager at: Brian.M.Glennon@mass.gov or, Dana Beguerie, Frail Elder Waiver/Senior Care Options Liaison at Dana.Beguerie@mass.gov.