











Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

Program Manager / Nurse
Manager Meeting
Tuesday, February 13, 2024
2:00 – 3:30 PM











Welcome & Attendance

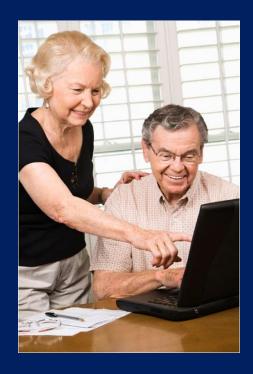
AGENDA

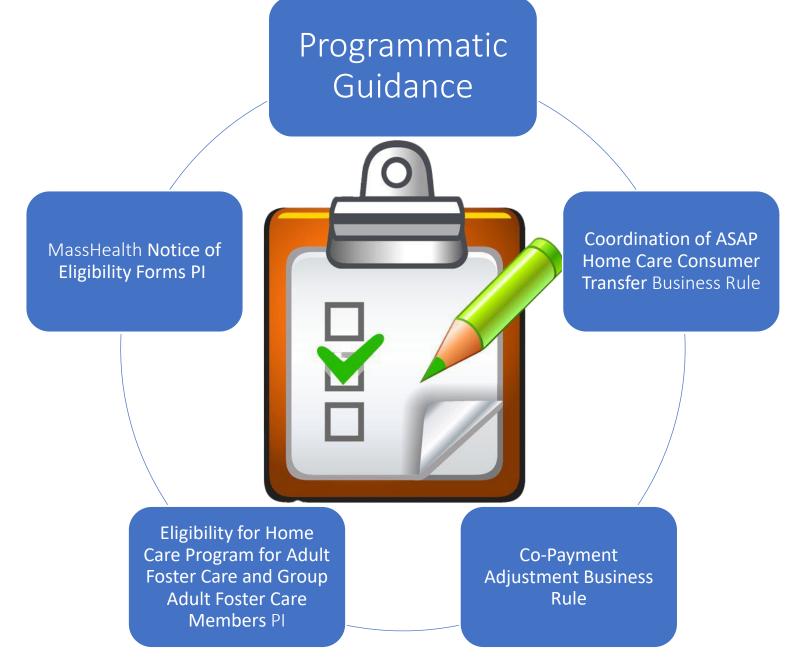
- Welcome & Agenda
 - Welcome Back, Desiree!
- Home Care Operations
 - Programmatic Guidance
 - Consumer Directed Care Rates
 - Translated Documents
 - Home Care Program Modernization
 - Education Waivers
 - DTA Utilization Explorer Report
 - Home Care Intake
 - Revolving Referrals
 - Care Planning & Case Management
 - ASAP Consumer Connections
 - Centralized Reporting

- Programmatic Updates
 - Frail Elder Waiver (FEW)
 - CDS Updates
 - Certified Older Adults Peer Specialist/Supporting Older Adults Remotely (COAPS/SOAR)
 - Advocacy & Navigating Care in the Home with Ongoing Risks (ANCHOR)
 - Workgroup Updates
 - HC & CTLP Collaboration: Best Practices
- Communications
 - Communication & Coordination of A&D Requests
 - Upcoming HC Meetings & Trainings



Home Care Operations





ASAP Home Care Consumer Transfer Business Rule

Released September 7, 2023

- Goal of an ASAP Transfer is
 - smooth & seamless consumer transfer
 - meet the purpose of the Home Care Program as defined in 651 CMR
 3.00 which is to assist older adults in the Commonwealth of
 Massachusetts to secure & maintain maximum independence in their home environment

Coordination of ASAP Home Care Consumer Transfers - Business Rule - Document Library (800ageinfo.com)

ASAP Home Care Consumer Transfer

What is the process for NAPIS enrollments during transfers?

- Currently no requirement to a close a NAPIS enrollment as the consumer remains in Massachusetts
- No prohibition that the Transferring ASAP can close a NAPIS enrollment & the Receiving ASAP can open a new NAPIS enrollment

Co-Payment Adjustment Business Rule

Released December 12, 2023

- Provides guidance on the ASAP's ability
 - to waive or reduce a consumer's co-payment in accordance with 651 CMR 3.06 (2)(e)
 - gives examples of hardships that can be included (not inclusive)
 - high medical bills
 - high household bills
 - unforeseen repairs due to inclement weather
 - paying for care of dependents, etc.

<u>Co-payment Adjustment Business Rule - Document Library (800ageinfo.com)</u>

Co-Payment Adjustment: Review & Decision Process

ASAPs are required to have a Copayment Adjustment Review & Decision process that includes

A written procedure outlining

- how ASAP staff offer the adjustment option
- apply for an adjustment on behalf of the applicant/consumer

Use of either

- EOEA Co-Payment Adjustment Application in A & D
- an ASAP customized Co-Payment Adjustment Application

Operational implementation

Staff training

Co-Payment Adjustment Review & Decision Process

Other Key Components the ASAP Copayment Adjustment Review & Decision process should include

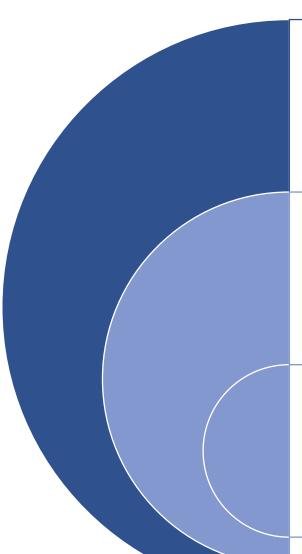
- How ASAP staff offer an adjustment to an applicant/consumer
- Documentation requirements for the adjustment request
- Adjustment request review process
- Consumer notification of decision
- Process for approvals & denials
- Documentation requirements in the consumer's record
- Reporting expectations
- Annual review & extension of adjustments
 - Documentation to support continued Co-payment adjustment



Co-Payment Adjustment Business Rule in Aging & Disability (A & D)

Co-payment adjustment requested Request is completed, reviewed, & approved Approved adjusted Co-payment amount recorded in the Co-payment and Custom Field section If the Co-payment adjustment is linked to a spouse, both electronic records will need to be adjusted to ensure accuracy

Co-Payment Adjustment Application in A & D



Application is in A&D

- Standardize across the ASAP network
- Electronic location
- Collect information
- Support the ASAP practice of Co-payment adjustments

Application is a *Home Care Program Copay Adjustment* "Assessment"

- Populates the consumer's financial information from the Financial Assessment
- Records the request to waive or reduce the Copayment to the ASAP

Copay Adjustment includes

- Consumer name
- Home Care Program Enrollment
- Spouse name
- Adjusted Co-payment amount
- Total monthly gross income
- Expenses

PI 23-12: EOEA Requirements for MassHealth Notice of Eligibility Forms

Issued to network via email Nov. 15, 2023

• Effective Immediately

Required Actions

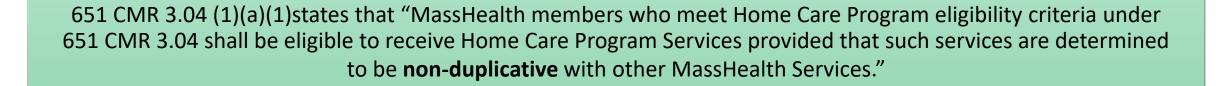
- ASAP must upload the completed Notice of Eligibility to the consumer A&D record
- Programs & Services:
 - Adult Day Health (ADH)
 - Frail Elder Waiver (FEW)
 - Nursing Facility (NF) Services
 - Group Adult Foster Care (GAFC)
 - State-Funded Community-Based Long-Term Services & Supports (CB-LTSS)



PI 23-12 EOEA Requirements for MassHealth Notice of Eligibility Forms - Document Library (800ageinfo.com)

PI: 23-02 Eligibility for Home Care Program for Adult Foster Care & Group Adult Foster Care Members

Released April 7, 2023 – Effective Immediately



Share with external providers that AFC & GAFC are **NOT** all-inclusive programs

ELIGIBILITY FOR HOME CARE PROGRAM FOR ADULT FOSTER CARE AND GROUP ADULT FOSTER CARE MEMBERS PI-23-02 - Document Library (800ageinfo.com)

Consumer Directed Care (CDC) Rates

Network notification on Oct. 5th & Oct. 18th 2023

MassHealth Personal Care Attendant (PCA) rates increased as of Sept. 1, 2023

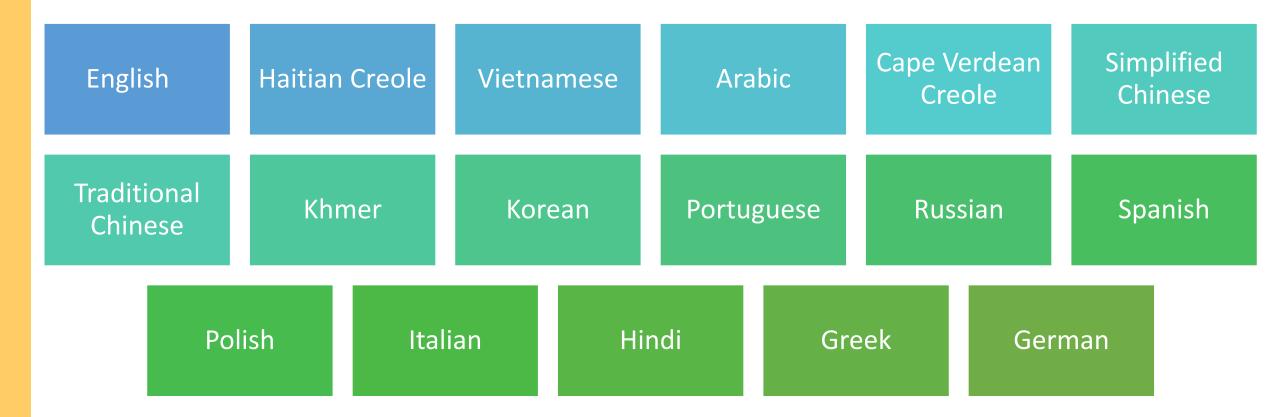
Effective for CDC Consumers

PCA Rate Component	PCA Rate (Hourly)
PCA Wage Component	\$19.00
Employer Expense Component	\$2.05
Total PCA Rate	\$21.05



Rate Bulletin: 2023 EOHHS Administrative Bulletins | Mass.gov

Translated Documents: Applicant Consent & Disclosure Form



<u>Translated Documents: Applicant, Consent and Disclosure Form - Document Library (800ageinfo.com)</u>

Home Care Program Modernization

- Modernization of programs
 - Merging of Over Income (OI) Programs
 - Respite OI & Home Care OI
 - Consolidate into 1 program that will be renamed
 - Rename to new program tentative: Home Care Percentage Based
 - Aligns with Cost Share schedule & change to refer to copay as % based
 - Effective Summer 2024
 - Additional details coming soon
 - Respite Over Income
 - Home Care Over Income

Home Care Percentage Based

Updated Education Waiver Form

Issued to network via email October 31, 2023

- Request for Waiver of Education/Experience Standards Form
- Effective Immediately

The current form encompasses changes inclusive of the following:

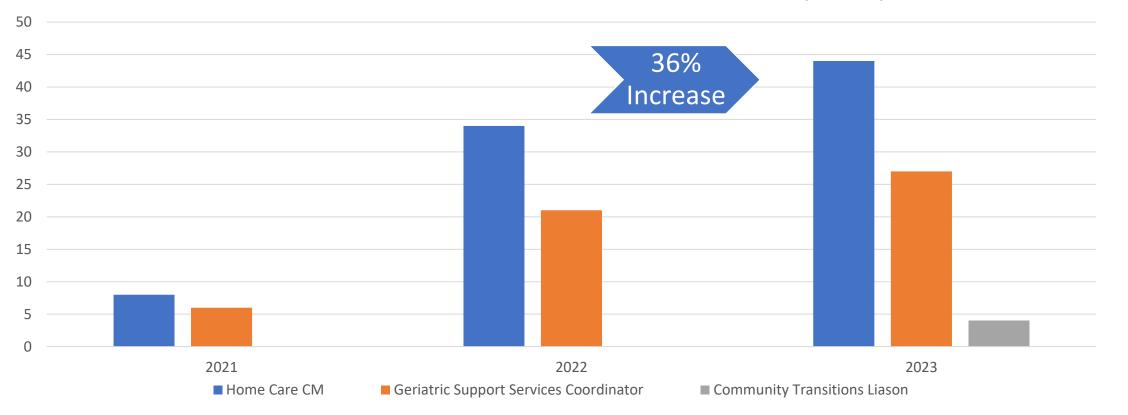
- 1. Added the CTL staff as a waiver candidate & language to describe specific skills or certifications of the waiver candidate that are essential to meet the needs of ASAP constituents
- 2. Updated email addresses & language to include clear delineation between standard ASAP staff training & the specific training needs of the waiver candidate
- 3. Form availability with PDF fillable access

ASAP Staffing Requirements and Education Waiver Discussion Webinar - Document Library (800ageinfo.com)

Education Waiver Data: 2021, 2022 & 2023

Number of ASAP's Submitting Waivers: CY 2021 (7) CY 2022 (18) CY 2023 (17)





^{*}CTL Program created in 2023 – therefore no submissions for CTL positions in 2021 or 2022

DTA Utilization Explorer Report

- ASAPs are contractually required to review the DTA SNAP Report monthly & follow up according to Business Rule
- (https://umassmed.typepad.com/files/dta-utilization-report-in-explorer-final-4.23.18.pdf)
- Current Usage CY2022 to present as of January 30th, 2024

ASAP		ASAP DTA Utilization Report (last view date)
AgeSpan	53	1/22/2024
ASNCM	25	10/4/2023
Berkshire	18	8/7/2023
Boston Senior	32	1/17/2024
Bristol	28	2/7/2023
Cape Cod	33	9/28/2023
Central Boston	21	1/24/2024
Coastline	30	1/22/2024
Ethos	15	1/22/2024
Hessco	22	3/3/2023
Highland	22	1/25/2024
LifePath	22	9/29/2023

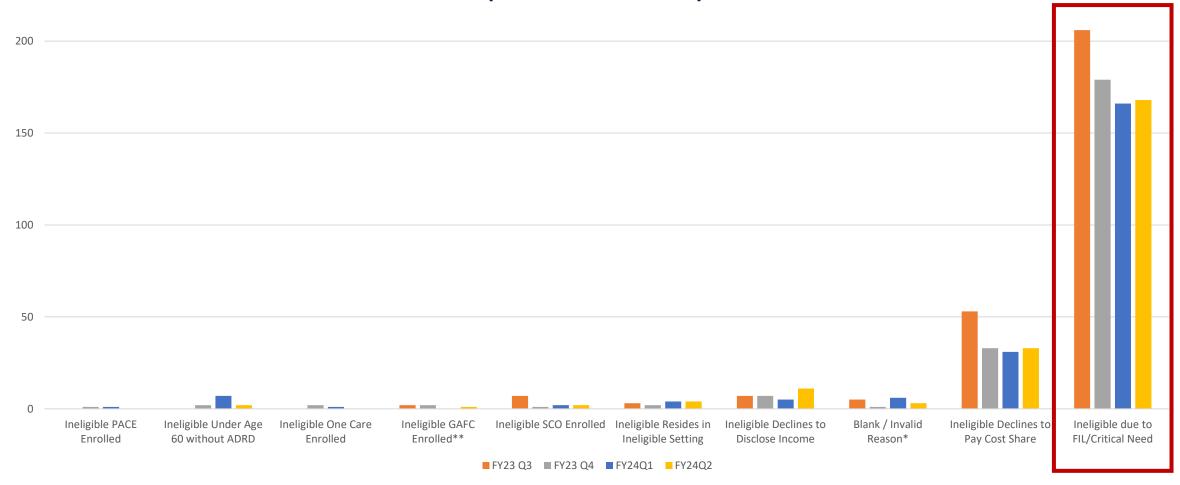
ASAP		ASAP DTA Utilization Report (last view date)
Lynn	30	10/18/2023
Minuteman	2	11/20/2023
Mystic	52	1/30/2024
OCES	44	no views
SCES	17	1/2/2024
SeniorCare	1	11/27/2023
South Shore	36	1/22/2024
Springfield	22	1/22/2024
Springwell	30	1/22/2024
Tri Valley	22	1/20/2023
West Mass	16	no views
Worcester	19	1/3/2024

Home Care Referral & Intake



Home Care Referral & Intake – FIL Ineligibility

Comparison of Home Care Intakes with Status of Ineligible by Reason (FY23 Q3 - FY24 Q2)



Home Care Referral & Intake – FIL Ineligibility

Determining FIL Ineligibility at Intake

- 1. Requires an Assessment to be able to determine Ineligible based on FIL
- 2. Assessments **must be conducted in person** to review Applicant's ADL & IADL capabilities in person
- **3. Must confirm applicant** does not meet an Exception for the Uniform Intake Policy

If confirmed FIL Ineligible, must have

- 1. Notice of Ineligibility mailed out following assessment
- 2. Appeal Rights sent out at the same time
- 3. Documentation in journal note to support ineligibility, Notice of Ineligibility & Appeals were provided to applicant

Home Care Referral & Intake Revolving Referrals

6-MONTH STATEWIDE AVERAGES

**Based HC Referral and Intake data July - December 2023

3,613 Avg # intakes/month

52% Ave
Applicants
withdrawn or
found
ineligible/month

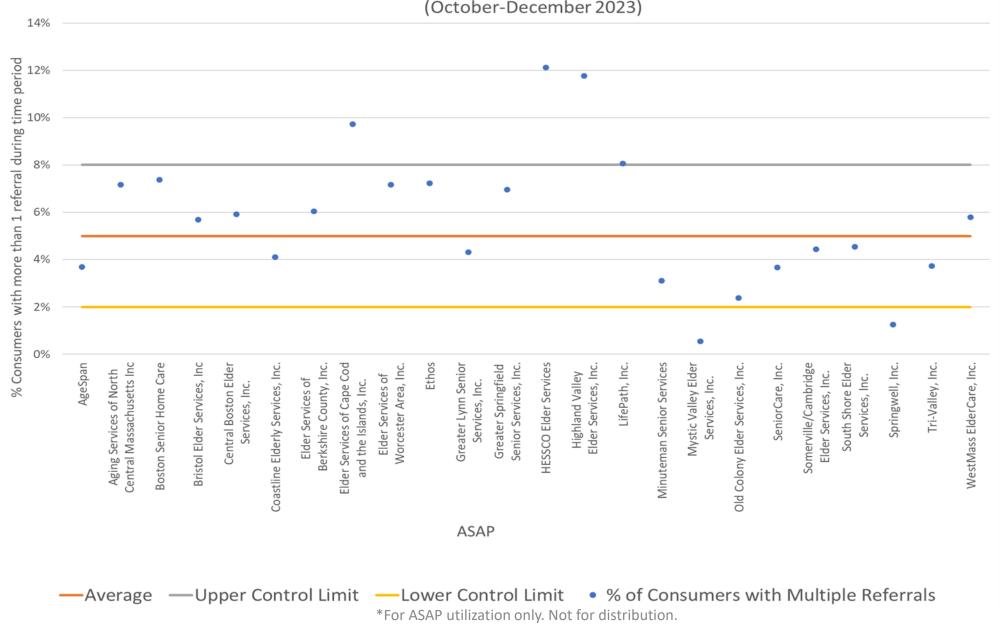
7.8% Avg
Applicants with
more than one
referral
(253 intakes/month)

150 Applicants had 3 or more referrals for HC

46%** of Applicants with multiple referrals for HC were withdrawn initially

but found eligible for HC in subsequent referrals

Referral and Intake % Consumers with Multiple Referrals within 90 days by Aging Service Access Point (October-December 2023)



Rescinding ASAP Home Care Consumers Closures

At times terminated consumers may need to be re-opened into the Home Care Program

ASAPs should consider:

- Timeframe between closing & request to reopen or new referral
- Family involvement
- Closure method (VAF or NOA)
- JE documentation & communication with consumer

In certain cases, EOEA may allow cases to be re-opened after a short time frame from termination without a new initial assessment

Care Planning & Case Management Service Authorizations

Authorization of Services for Spouse's or Individuals within the same home

- Authorization of:
 - Homemaking (HM)
 - Personal Care (PC)
 - Home Health Aide (HHA)
- Care Plans must reflect assessed service provision level for each consumer

EXAMPLE:

- Mr. & Mrs. Smith are married & live together
- Mr. Smith's assessed needs
 - > 3 hours of HM
 - > 3 hours of PC
- Mrs. Smith's assessed needs
 - > 1.5 hours of HM
 - > 2.5 hours of PC

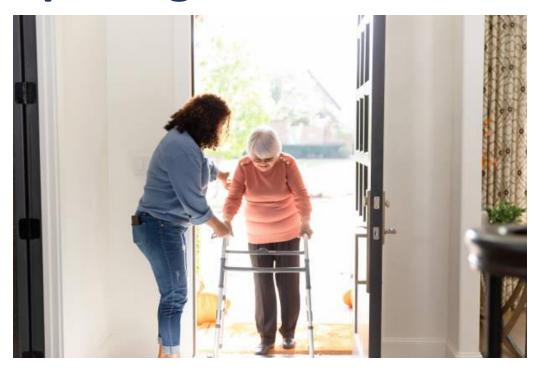
DO NOT:

- Authorize Mr. Smith for,
 - > 4.5 hours of HM
- Authorize Mrs. Smith for,
 - > 5.5 hours of PC

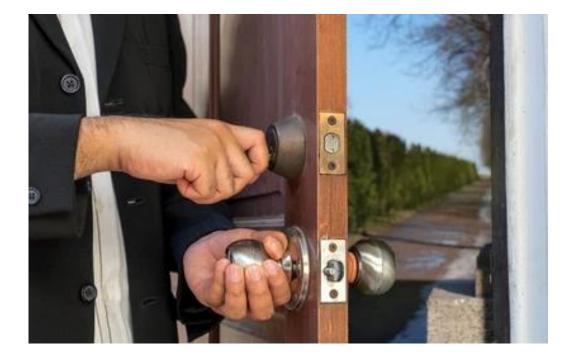
DO:

- Authorize Mr. Smith for,
 - ≥ 3 hours of HM
 - > 3 hours of PC
- Authorize Mrs. Smith for,
 - > 1.5 hours of HM
 - > 2.5 hours of PC

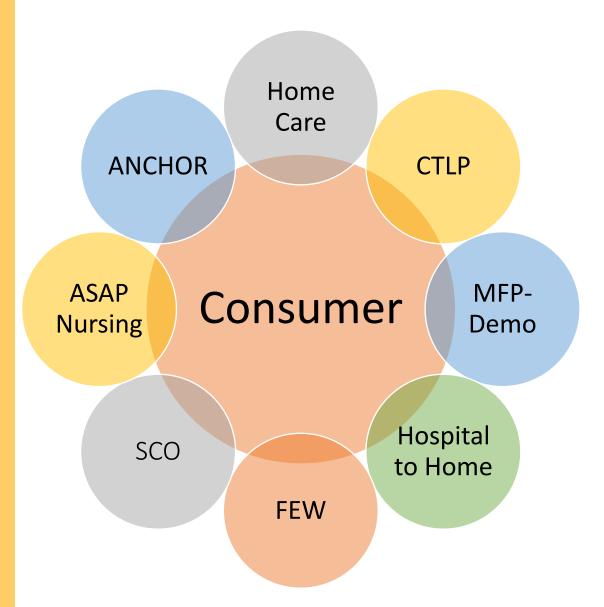
Opening the Front Door



Closing the Back Door



ASAP Consumer Connection Points



Considerations

- Multiple consumer connection points to ASAPs
- Meeting the consumer where they are
- Person Centered Care Planning
- Termination from one program impacts others
- Review for additional program eligibility
- Interdisciplinary Team reviews
- Reporting
 - Referral & Intake
 - Terminations
 - HAR Reporting
 - ANCHOR enrollments
 - CTLP Enrollments and terminations

ASAP Consumer Life Cycle Trends









Call to I&R for Information

Provided Resource Information

Call to I&R

Home Care Referral

Considerations:

• What types of information requests should yield a Home Care Referral?

ASAP Consumer Life Cycle Trends

Home Care Referral Received

Home Care Referral Terminated

Consumer contacted

Consumer reluctant to accept services

Considerations:

- Interdisciplinary Case Review prior to terminating Home Care Referral
- ANCHOR appropriate Consumer
- Exception to Home Care Eligibility

ASAP Consumer Life Cycle Trends

Considerations:

- Interdisciplinary Case Review with internal colleagues (CAE RN, CTLP)
- Supervisory Review prior to terminating enrollment
- Supporting Consumer through increased services (ie: ECOP or FEW)
- Money Follow the Person Demo
- Home Care enrollment maintained to reduce need for new Home Care Intake

Consumer discharges home with Home Care program

Home Care consumer goes into Nursing Facility

Consumer identified by CTLP program for discharge support

Home Care enrollment terminated

Available Centralized Reporting – 800ageinfo

Aging & Disability For Professionals

Serving Massachusetts Older Adults and People with Disabilities

Reports & Data

EOEA Analytics for ASAPs & AAAs

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Categories

CAE - Clinical Assessment & Eligibility (174)

Caregiver (3)

<u>Census (27)</u>

Consumer Profile (13)

Cost Sharing (1)

Data Verification (2)

Home Care (94)

Housing - Supportive & Congregate (2)

Information & Referral (357)

Invoice (1)

Nutrition (2)

Payment Voucher (2)

Program Enrollment (42)

Protective Services (283)

Report Definition (2)

Research (1)

Home Care Monthly Report - FY24 December 2023

Home Care Monthly Report - FY24 December 2023

This report includes the following information:

- A detailed breakdown of the Home Care Enrollment information
- A breakdown of the Active Enrollments at the End of the Month for the individual ASAPs
- Visual charts detailing the specific information
- · General Home Care data charts

<u>Download Home Care Monthly Report - Dec 2023</u>

Reporting Period: FY24 (December 1, 2023 - December 31, 2023)

Posted on Jan 26, 2024 in Home Care | Permalink

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Aging & Disability For Professionals (home)

Document Library

AGD Support

ALR-IR Support

Caregiver Direct Plus

COA Administrator

Community Links Portal

Resources

Elder Protective Services

https://reportsdata.800ageinfo.com/

Programmatic Updates



Frail Elder Waiver (FEW)



FEW Renewal Update



Submitted to CMS September 2023 Formal requests for additional information from CMS

Updated & Resubmitted November 2023

90-day extension of current waiver

Approval of FEW Renewal Application TBD

Frail Elder Waiver Quality Reporting (372 Reporting)

Inclusive of Health & Welfare Measures

Case Management Workbooks

Due Date to EOEA

February 1, 2024

Provider Workbooks **Due Date to EOEA**

March 6, 2024

All measures must meet compliance threshold (86%)

MA Expedited Timeline
Due to CMS June 2024







FEW 300% Income & Spousal Limits

Total Deductions

2024 Waiver Financial Waiver Eligibility

- 300% SSI FBR monthly income limit =\$2,829
 - All applicant's income reviewed individually (separate from spouse if applicable)
- \$2,000 applicant asset limit
- Spousal Asset Limit = \$154,140

*MassHealth is the only entity who can determine financial eligibility.

All individuals who want to apply, can.

CDS Updates

• Section J.3 – Additional Diagnoses/Symptoms Reported, Not Confirmed

Removed

PSYCH-Mental Retardation

Added

- NEURO/Intellectual Disability
- NEURO/Developmental Disabilities

Considerations for this change: ASAPs running reports for these specific diagnoses may need to update the report to the new CDS questions.

Additional updates to the new CDS version will also be rolled out, notice forthcoming over the next few weeks on what the changes will be & when the new CDS will be available.

Certified Older Adults Peer Specialist/Supporting Older Adults Remotely (COAPS/SOAR)

COAPS

- Targeted recovery services for consumers with behavioral health challenges
- Encompasses a range of activities focused on recovery
 & community integration
- Utilizes certified older adult peer specialists to promote self-advocacy & community engagement

SOAR

- Module-based intervention delivered by older adult peer specialists
- Addressing the whole health of older adults in the community
- Education on older adult mental health & normal agerelated changes
- Provided 1:1 virtually (via telephone or live video)

COAPS/SOAR

 ASAPs must seek contracts for both COAPS & SOAR services for parity throughout the Commonwealth

 Reach out to <u>Amanda.L.Myers@Mass.Gov</u> for any technical assistance related to these services and/or contracting for these

services



COAPS/SOAR Trainings

Defining COAPS and SOAR services (11/13/23)

Discussing contracting & providing resources for potential contracts (12/6/23)

Upcoming: Discuss updates to contracting, check-in on progress towards gaining contracts (2/22/24 at 2pm)



<u>Certified Older Adult Peer Specialists (COAPS) / Supporting Older Adults Remotely (SOAR) - Document Library (800ageinfo.com)</u>

Advocacy & Navigating Care in the Home with Ongoing Risks (ANCHOR)



- ANCHOR is a Home Care program providing highly-focused, goal-oriented care management (intensive care management).
 - This service is a more frequent, rigorous, & time-intensive delivery of advocacy & other supports to older adults with behavioral health needs who are at risk of institutionalization or homelessness due to inability to accept or retain services

Upcoming network training on ANCHOR
March 6th at 11:00 AM

In-depth look at the ANCHOR service including, program components, expectations, & consumer examples

ANCHOR (Advocacy & Navigating Care in the Home) - Document Library (800ageinfo.com)

Consumer Directed Care/Fiscal Intermediary Workgroup Update

Workgroup

- Convened May 2023
- ASAP Staff
 - Program
 - Contracting
 - Fiscal

Workgroup Goals

- Review best practices& efficiency
- Identify areas for improvement
- Standardize processes

Status

- Working on implementation of recommendations
 - Form Revision
 - ProcessImprovement
 - Communication

Pending Services Workgroup Update



Work Group Goal

- Identify best practices
- Identify helpful enhancements
- Review current pending service referral process
- Identify on-going targeted agenda topics

Kick Off Meeting

- January 24th, 2024
- Focused on identifying best practices
- Identified initial targets to review for potential enhancements to the process

Next Meeting

- February 26th, 2024
- Focus on identifying helpful enhancements to the current system

Home Care & CTLP Collaboration: Best Practices

HC Consumer Admitted to Nursing Facility (NF)

- HC Care Managers
 - Are required to follow their consumers when they are in the NF
 - May connect with CTLP Liaison when consumer is admitted to NF
 - Should continue to take the lead on transition assistance while CTLP provides support
 - May recommend consumers meet with CTLP to discuss obstacles to returning to community and assist with discharge planning

CTLP Consumer transitioning to community with HC

- CTLP and HC to coordinate assessments
- CTLP to coordinate warm handoff to HC Care Manager

Communications



Communication & Coordination of A&D Requests from ASAPs

Considerations when submitting requests to make changes to: A&D services, activities, journals, care enrollments, etc.

Changes to A&D may impact other A&D functionality and programmatic operations

Engage with your
ASAP network
colleagues on current
or future best
practices

SIMS Support coordinates requests with Home Care operations

AND

Consult Attachment A,
ASAP Contract, and
other
regulatory guidance
documents





^{*}For ASAP utilization only. Not for distribution.

Upcoming Home Care Meetings & Trainings

Date & Time	Program	Subject	Audience
Thursday, February 22 nd 2:00 to 3:00	COAPS/SOAR	COAPS/SOAR Learning Collaborative	ASAP Network
Wednesday, March 6th 11:00am to 12:00pm	ANCHOR	ASAP Network Anchor Training	ASAP Network
Thursday, March 21st 1:00pm to 2:00pm	ННРР	Hospital to Home Partnership Program (HHPP) Learning Collaborative	ASAP & Hospital HHPP Staff
June 2024 (Date TBD)	PM and NM staff	Program Manager and Nurse Manager Network Meeting	ASAP HC Program & Nursing Staff

Appendix

Appendix

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

Appendix

- Dawn Hobill Quality Manager
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- Joel Bartlett Home Care Provider Coordinator
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- Dana Beguerie Frail Elder Waiver / Senior Care Options Liaison
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- Amanda Myers Behavioral Health Program Coordinator
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- Brenda Correia Subject Matter Expert
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- Julianna Santiago Community Transition Liaison Program Manager
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