



Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

**Program Manager / Nurse
Manager Meeting
October 9, 2024**





Welcome

Agenda

- Commonwealth's Secure Email System
- September Falls Prevention Step Challenge
- MassHealth Updates
- MFP Demo
- Nursing
- Home Care Program
- Home Care Services
- Random Moment in Time Study (RMTS)
- Electronic Visit Verification
- Discussion
- Upcoming Meetings



Commonwealth's Secure Email System

Effective September 24, 2024 the Commonwealth's Secure Email System transitioned to a cloud-based environment

Why is this important?

- ASAPs are required to utilize the Commonwealth's Secure Email System when sending communications to EOEAs that contain Protected Health Information
- **EOEA is unable to access secure communications sent via other systems**

Changes

- New URL
 - <https://securemail.mass.gov/encrypt>
- Registration
 - All users will need to register thru the new URL even if previously registered in old system
 - Registration will occur after 9/24/24
 - 2 Ways to Register
 - If you receive a Secure email from a state employee after 9/24/24, you will be prompted to register before accessing the message
 - Register without receiving an email from a state employee
 - Go to <https://securemail.mass.gov/encrypt>
 - Enter your email address, if you do not have an account in the system, you will be prompted to register



September Falls Prevention Step Challenge Update

Step Challenge Update!

- We set a statewide goal to collectively achieve 75 Million Steps throughout the month of September!
- On September 18th we were at a collective 3,972,694 steps (5% of the way)

5%



Step Challenge Update!



South Shore Elder Services
608 followers
1w

A throwback to a sunnier day and to a flipped version of the famous [#Beatles](#) picture, minus the barefeet. For [#FallsPreventionWeek](#), we're stepping up our efforts in the [#MASteps2PreventFalls](#) campaign sponsored by [Massachusetts Executive Office of Elder Affairs](#). Keeping [#OlderAdults](#) safer with every step!



Mystic Valley Elder Services
September 20 at 5:26 PM · 🌐

[#TeamMVES](#) had an awesome time at our 3rd Annual Falls Prevention Walk! Please note, the end of the video provides links to reducing fall risk as well as MVES' course on falls prevention.

...
[#MASteps2PreventFalls](#) [#FallsPrevention](#) [#LiveLongWalkStrong](#) [#MVES](#) [#TeamMVES](#) [#teambuilding](#) [#aging](#) [#HealthyAging](#) [#AgingServices](#) [#StandUpAgainstFallingDown](#)

River's Edge Friends of the Malden River City of Malden (Official) Lisa Gurgone Lauren Bradford Anthony LaFauci Terri Coates Fitzgerald ...
[See more](#)



Thank you to:

All our walkers

The staff and leadership who made our Walk possible

Our hosts at River's Edge



Greater Lynn Senior Services (GLSS.net)
September 27 at 7:00 AM · 🌐

Many older adults fall at home each year due to common household hazards. Learn how you can keep your home safe.
[#FallsPreventionAwarenessWeek](#)



NCOA.ORG
Falls Prevention: How to Make Your Home Safer
Clear the way, light it up, have a seat, secure some support, and sto...

For ASAP utilization only. Not for distribution.

WestMass ElderCare, Inc.
September 23 at 2:02 PM · 🌐

Today we had our annual walk to celebrate Falls Prevention Awareness Day. What a beautiful day for it!



Central Boston Elder Services
about an hour ago · 🌐

Every year, rain or shine, the CBES team walks in honor of Falls Prevention Awareness Week. We understand the profound impact a fall can have on those we serve. Raising awareness and sharing safety tips can be life-saving. #FallsPreventionAwarenessWeek #cbescare

Highland Valley Elder Services
September 23 at 4:49 PM · 🌐

Falls Prevention Awareness Week

SEPTEMBER 23 - 27

Massachusetts Executive Office of Elder Affairs - EOE
Government organization

Send message

Mystic Valley Elder Services
19h · 🌐

MVES held our 3rd Annual Falls Prevention Walk to raise awareness that falls can be prevented. We had a great time too! Check back for fun photos from the day, plus info on Falls Prevention Awareness Week, Sept. 23-27, 2024.

Next week is Falls Prevention Awareness Week!

Organizations like MVES are holding events to raise awareness...

That falls can be prevented and risk can be reduced

Our team held our 3rd Annual Falls Prevention Walk

FALLS WALK PREVENTION

SEPTEMBER 25, 2024
BROOKLAWN PARK AT 1:00PM

Please meet at the corner of Acushnet Ave. & Brooklawn St.

Palagi Ice Cream Truck will be at Coastline from 2:00 - 3:00 pm

DON'T FORGET TO WEAR YELLOW

Elder Services of Cape Cod and the Islands
3 days ago · 🌐

Home safety tips for older adults

A few changes could make your home easier and safer to live in and help you continue to live independently.

For more information, visit www.nia.nih.gov/aging-in-place.

National Institute on Aging - NIH
3 days ago · 🌐

Falls are a leading cause of injury, especially for older adults. Taking simple steps to make your home safer can help prevent accidents. Consider installing gr... See more

Greater Lynn Senior Services (GLSS.net)
September 20 at 2:30 PM · 🌐

GLSS Falls Awareness Walk! 🙌👏👏

Our GLSS staff recently completed their annual Falls Awareness Walk to the Beach. It was a beautiful day to raise awareness about Falls Prevention and get in some steps. Together, we logged 54,000 steps!

In September, we've been part of the EOE's 75 Million Steps Challenge, racking up 2,327,499 steps so far. Can we beat last year's record? Let's keep moving! 🙌👏👏

#FallsPrevention #GLSS #75MillionStepsChallenge #StayActive

Coastline Elderly Services
September 27 at 5:08 AM · 🌐

Preventing falls is possible, and the Massachusetts Executive Office of Elder Affairs is empowering older adults to take action and reduce their risk of falling. Join EOE in the 5th annual Step Challenge and help us reach our statewide goal of 75 million steps!

Every step counts! Log your steps here:
<https://app.keysurvey.com/f/41741483/3dc2/>

Step Challenge Update!

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....



82,703,393 steps!!

Step Challenge Update!

Based on what was logged into the survey

Participants

- 20 ASAPs
- 6 other agencies

Congratulations to the top 3 ASAPs!!

- ESWA: 15,317,685
- SSES: 7,545,593
- AgeSpan: 6,497,592



MassHealth Updates

MassHealth Updates

Continuous Disability Reviews (CDR)

What are the types of disability reviews?

- Two types of disability reviews completed by UMass' Disability Evaluation Services (DES) – an Initial Disability Review (IDR), followed by periodic Continuing Disability Reviews (CDRs) as clinically appropriate*

	Initial Disability Review (IDR)	Continuing Disability Review (CDR)
Purpose:	Initial review to determine whether member meets disability criteria	Ongoing reviews to confirm member still meets disability criteria
Timing:	At application or when newly reported	Determined by DES based on member's medical situation / diagnosis
Population:	Members who: <ul style="list-style-type: none">Newly indicate they have a disability and are not verified federally disabledLose federal disability status	Members who: <ul style="list-style-type: none">Previously met MassHealth disability criteria but have reached the determined threshold for a continuing review

MassHealth Updates

Continuous Disability Reviews (CDR)

Why does MassHealth conduct disability reviews?

- Federally required to verify members who report having a disability
- Determine eligibility for a richer MassHealth benefit
- For members *without* a completed federal disability (SSA) determination
- MassHealth needs a way to confirm they have a disability (to receive the best benefit they qualify for)

Who needs to go through a MassHealth disability review?

- Members who indicate they are disabled on an application or renewal but do not have an active and complete federally verified disability
- CDRs are typically completed more quickly than the federal SSA review, meaning some members will undergo a MassHealth disability review while their application with the SSA is still pending
- MassHealth's review process has broader eligibility parameters than the federal process

Who conducts MassHealth disability reviews?

- MassHealth disability reviews are managed by UMass' Disability Evaluation Services (DES)

MassHealth Updates

Continuous Disability Reviews (CDR)



Why is MassHealth resuming CDRs?

- A pause in CDRs was needed previously due to operational limitations and to protect members' disability statuses (e.g., during COVID)
- MassHealth is working to ensure that members have access to various types of support, so they can successfully complete the CDR process

When will MassHealth resume CDRs?

- The CDR process resumed in **September 2024**, starting with a small number and then scaling up
- Anticipate completing overdue CDRs for Modified Adjusted Gross Income (MAGI) members (generally members under 65) by Spring 2025
- Initiate overdue CDRs for non-MAGI members (generally members over 65 and LTC/HCBSW) in CY 2025

Who will need to complete a CDR?

- The member was previously determined to meet MassHealth disability criteria via IDR, or IDR + CDR(s)
- The member's review period has expired
- The member still needs a state-level disability review (e.g., the member hasn't met federal disability criteria)

MassHealth Updates

Continuous Disability Reviews (CDR)



Members selected to complete a CDR will have various avenues of support

- **Direct assistance through DES**
 - Individuals can call DES to get step-by-step help with the disability supplement, or general support regarding questions or concerns
 - MassHealth is working with UMass to ensure DES' readiness & capacity to take a higher call volume
- **MassHealth Customer Service** Individuals can contact MassHealth via
 - Their main call center line **(800) 841-2900**
 - A dedicated line for CDR-related questions
 - A nearby MassHealth Eligibility Center (MEC)
 - When individuals contact MassHealth via phone, warm handoffs to DES (for help with paperwork) or the Springfield MEC (for case-specific questions), will be conducted
- **Help from a local assister**
 - Individuals can speak with a local assister to get additional support
 - MassHealth will be providing additional info/training to CACs in October to support assisters

MassHealth Updates

Medicare Savings Plan (MSP) & CommonHealth



- Individuals over 135% FPL cannot receive MSP & CommonHealth
 - This is a federal prohibition
 - MassHealth cannot pay for Medicare Part B premium
- MassHealth is working on a process for reporting to share and inform of the members who will have their Medicare Part B premium no longer covered

Long Term Care (LTC) Information Requests



- Effective September 9th, 2024
- Amount of time, for LTC applicants/member to respond to Information Requests
 - Is changing back from **90 day to 30 days**
- This change includes Information Requests for
 - LTC Applications
 - Annual LTC redetermination applications
 - Any time a change is reported

❖ *All community scenarios, including HCBSW (FEW), will remain at the 90-day time clock*

MassHealth Updates – Key Take Aways

Continuous Disability Reviews

- Refer consumer to an assistance entity

Long Term Care Information Requests

- Ensure Permission to Share Information (PSI) form for ASAP is up to date to receive all MassHealth notices for consumer

Medicare Savings Plan (MSP) & CommonHealth

- Assess affected consumers for a co-pay adjustment
 - \$175.40 is now being deducted from their social security check to pay the Medicare Premium
- Screen for public benefits programs eligibility
 - Fuel Assistance, SNAP, etc.
- Refer to SHINE during Open Enrollment (October 15 – December 7)
 - MSPs provide medications with a reduced co-pay; may need new Part D Drug Coverage Plan to assist with medication costs



MFP Demonstration

MFP Demonstration

- Participation is voluntary
- Individuals must be
 - Eligible for MassHealth Standard or CommonHealth
 - In a qualified nursing facility for 60+ consecutive days
 - Last day in facility is Medicaid-paid
 - A resident of Massachusetts, age 18 years or older
- Provides an overlay of other services & community programs
- **ASAPs do not need to "prescreen" for eligibility; MFP Demo Office will screen for eligibility**



For more information on MFP Demo Guidance, Services, Forms, & Trainings please see

[Money Follows the Person Demonstration](#)

Password: EOEa_homecare

MFP Demonstration

- Case management services are provided by
 - ASAPs,
 - DDS,
 - MassAbility (formally MRC), &
 - SCOs based on the individuals age or community program enrollment
- MFP Demo enrollment spans for a period of 365 days post discharge
- Once MFP Demo enrollment and services end
 - The individual will continue to receive MassHealth State Plan, HCBS Waiver services, and/or State Home Care if eligible



MFP Demo

is

Not MFP - CL

Not MFP - RS

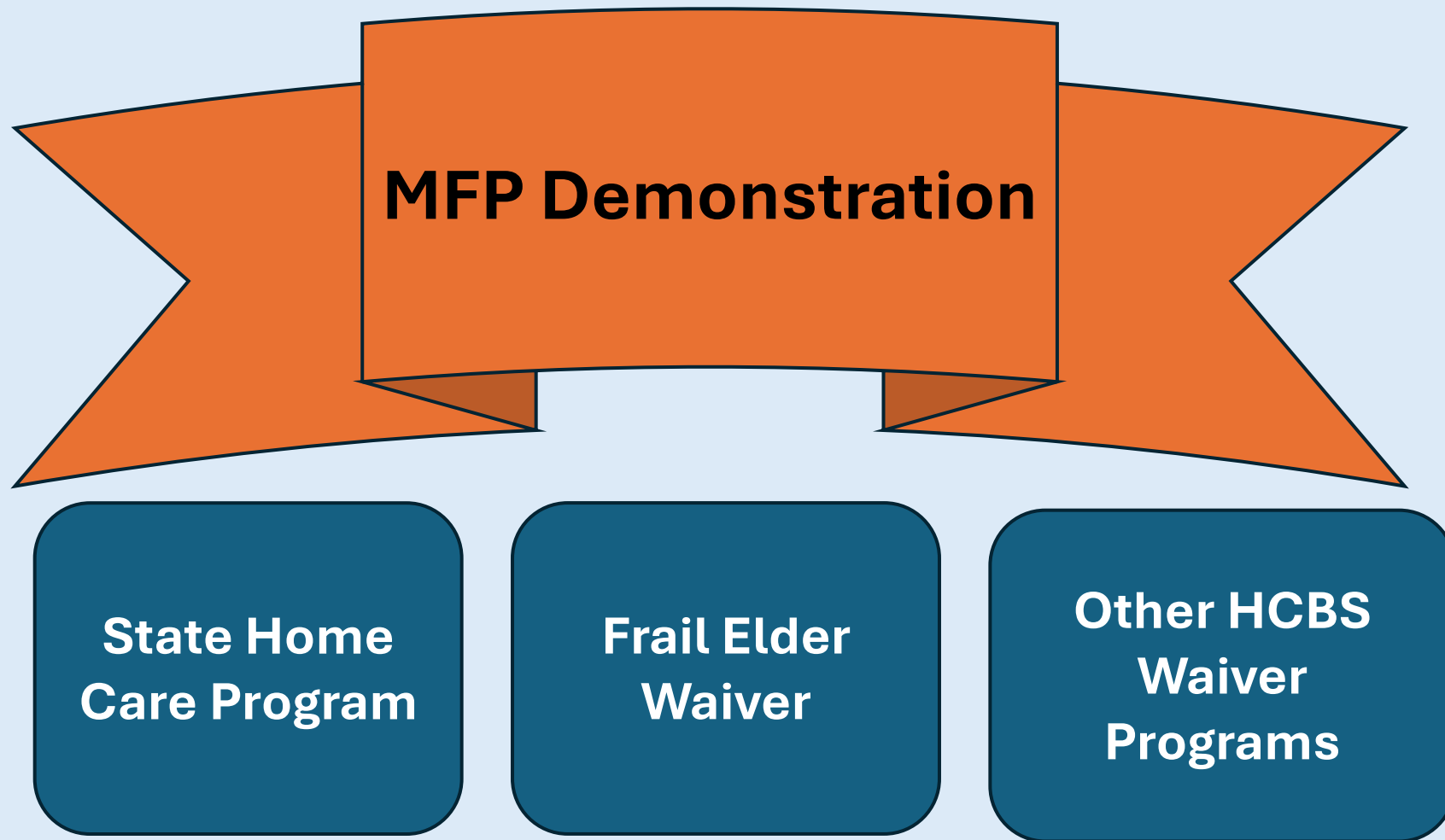
[Moving Forward Plan \(MFP\) Waivers |](#)
[Mass.gov](#)



For more information on MFP Demo Guidance, Services, Forms, & Trainings please see

[Money Follows the Person Demonstration](#)

Password: EOEa_homecare



- MFP Demo **overlays** other service programs
- **Broadens the tools** Case Managers have
- **Expands service options** to address Consumer needs
- Follows Consumer **365 days** in the community following discharge to provide additional support and services

MFP Demonstration

Case Management for 365 days post transition plus DEMO services including

Transitional Assistance

- Home Modifications
- Vehicle Modifications
- Furnishings
- Security deposits
- Utility deposits
- First month's rent
- Housing Search Entity

*Allows for eligible expenses not available in the HC/FEW TA service

TA



Assistive Technology

- Communication boards
- Speech amplifiers
- Specialized door opener
- Customized iPad/tablet
- Specialized alarms

AT



Community Engagement Navigation

- Accompaniment & Transportation from NFs to community housing
- Assistance with connections to & engagement with community services

CEN



MFP Demo Projected Transitions

Projected target populations approved by CMS

Projected Transitions	CY 2023	CY 2024	CY 2025	CY 2026
Elders	276	276	276	276
ID/DD	6	6	6	6
Physically disabled	278	278	278	278
Mental illness	40	40	40	40
TOTAL:	600	600	600	600

*Elders defined as individuals aged 65 years or older

Successful Transitions by Calendar Year (CY)

CY23 Transitions	# of Participants
Elderly	27
ID/DD	1
Mental Illness	10
Physically Disabled	33
CY23' Total	71

CY24 Transitions	# of Participants
Elderly	59
ID/DD	6
Mental Illness	32
Physically Disabled	76
CY24' Total as of 9/20/24	173

MFP Demonstration Fact Sheet for Professionals

3-Page Fact Sheet for

- Nursing Facility Staff,
- Discharge Planners,
- Social Workers,
- Community Based Organizations, and
- Others who help people move to the community from
 - Nursing facilities,
 - Chronic disease rehabilitation hospitals,
 - Intermediate care facilities for individuals with intellectual disabilities,
 - Psychiatric hospitals

Includes information on

- What is MFP-Demo?
- Qualified Residences
- Available Services & Supports
- How to Apply
- And more!



[MFP Demonstration Fact Sheet for Professionals](#)

MFP Demonstration Marketing Materials



The brochure is divided into three main sections. The top left section, titled 'Where can I live?', features a small house icon and lists various living options. The top middle section, titled 'What kind of help can I get?', includes an icon of hands exchanging keys and describes the role of a case manager. The top right section, titled 'Money Follows the Person Demonstration', features the MFP logo and a photo of a woman in a wheelchair giving a thumbs up. The bottom left section contains a QR code and a disclaimer. The bottom middle section features the MassHealth logo. The bottom right section contains a small reference code.

Where can I live?
You can choose from many places to live. This may include

- Your home
- A home owned or leased by you or a family member
- An apartment
- A community-based setting where no more than four unrelated people live, or
- An assisted-living apartment with separate living, sleeping, bathing, and cooking areas; lockable doors; and other features.

What kind of help can I get?
A designated person, called a case manager, will help you plan and coordinate the services you will need. You will learn about your choices of available home- and community-based services. You will learn about state agency programs you can use. Your case manager will make sure you get the services you need when you are in the community.

How do I learn more?
To learn more about the services you can get through the MFP Demonstration:

- Call (617) 573-1647 or (800) 841-2900, TDD/TTY: 711, or
- Visit www.mass.gov/MFPDemo.

MassHealth

This document was developed under grant CFDA 93.791 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the federal government.

Money Follows the Person Demonstration

MFP-1 0723

- MFP Demo Marketing Materials
 - Sent to ASAPs
 - May 2024
 - Languages:
 - English
 - Spanish
 - Haitian Creole
 - Brazilian Portuguese
 - Simplified Chinese
- How are ASAPs using these marketing materials?
 - How are the materials received?

MFP Demonstration Upcoming Trainings

MFP Demo Refresher	CEN/AT Training
Date: Tuesday, 10/22/24 Time: 9:00 a.m. – 10:00 a.m.	Date: Thursday, 11/7/24 Time: 1:00 p.m. – 2:00 p.m.
Purpose An overview of the MFP Demo program and Demo services	Purpose A detailed review of the process and provider network for MFP Demo services Community Engagement Navigation (CEN) & Assistive Technology (AT)
Intended Audience Any ASAP staff that may identify potential enrollees for MFP Demo	Intended Audience Any ASAP staff providing Case Management for MFP Demo that will be arranging CEN/AT services
Microsoft Teams Need help? Join the meeting now Meeting ID: 267 378 339 67 Passcode: bMbt43	Microsoft Teams Need help? Join the meeting now Meeting ID: 280 994 677 798 Passcode: C4HxpT

[MFP Demonstration Business Rule](#)

Nursing

Business Rule: Creating & Terminating CAE Care Enrollments

Business Rule Issued September 18, 2024

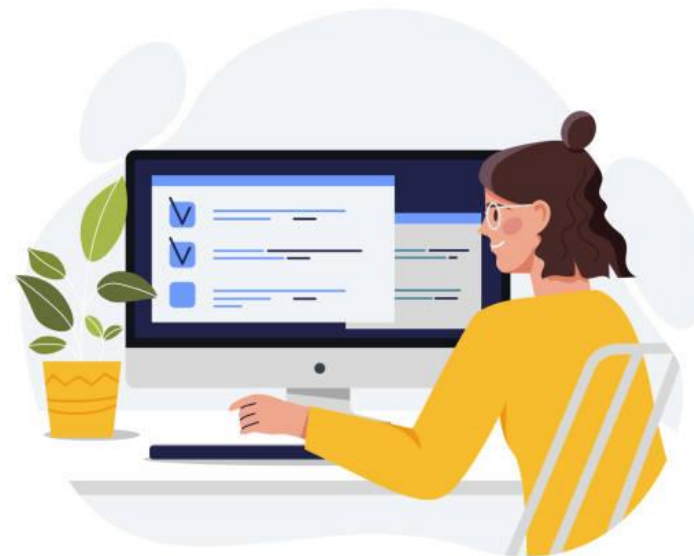
- Formalizes process across the network for creating & terminating CAE Care Enrollments

Creating a CAE Care Enrollment

- Required to record Service Order & Service Deliveries for CAE services in A&D

Terminating a CAE Care Enrollment

- New Requirement – must close enrollment if:
 - Consumer passes away,
 - Consumer request,
 - Consumer moves from service area, or
 - Consumer moves out of state
- **Must utilize CAE specific termination reasons**
 - CAE – Consumer Death
 - CAE – Consumer Request
 - CAE – Moved from Service Area
 - CAE – Moved out of State



[Business Rule: Guidance for Creating and Terminating CAE Care Enrollments - September 2024 - Document Library \(800ageinfo.com\)](#)

Adult Day Health (ADH) Clinical Eligibility

ASAP RNs determine initial clinical eligibility for MassHealth members wishing to attend ADH where MassHealth will be the payer of the service

MassHealth ADH Clinical Eligibility Criteria – 130 CMR 404.405

The member requires **one or both of the following** be provided by the ADH Program

- (a) at least **one skilled service listed in 130 CMR 404.405(B)**; or
- (b) at least **daily or on a regular basis hands-on (physical) assistance or cueing and supervision, throughout the entire activity, with one or more qualifying ADLs listed in 130 CMR 404.405(C) when required at the ADH program** as determined clinically appropriate by the ordering PCP and the ADH program nurse developing the plan of care

Available Online: <https://www.mass.gov/doc/130-cmr-404-adult-day-health-services/download>



Adult Day Health (ADH) Clinical Eligibility

Qualifying ADLs must occur at the ADH (130 CMR 404.405 (C))

Bathing – a full body bath or shower or sponge (partial) bath which may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area that may include personal hygiene such as combing or brushing of hair, oral care, shaving, and when applicable applying make-up;

Toileting – member is incontinent (bladder or bowel) or requires scheduled assistance or routine catheter or colostomy care;

Transferring – member must be assisted or lifted to another position;

Mobility (ambulation) – member must be physically steadied, assisted or guided in mobility, or is unable to self propel a wheelchair appropriately without assistance of another person; and

Eating – member requires constant supervision and cueing during the entire meal or physical assistance with a portion or all of the meal



Adult Day Health (ADH) Clinical Eligibility

CDS Assessment & Narrative must support the ADH Clinical Eligibility

- Citations in Nursing Module must be supported by the nurse's documentation

ASAPs should be performing routine Quality Assurance reviews on ADH Initial Clinical Eligibility Determinations

EOEA performed a mini review of ADH Initial Clinical Eligibility Determinations completed in July & August 2024

- Results will be shared with Nurse Managers



Nursing Collaboration with CTLP & MFP Demo

ASAP Nurses conducting CAE assessments in Nursing Facilities should identify potential residents for ASAP transition assistance programs

- Community Transition Liaison Program (CTLP)
- MFP Demonstration (MFP Demo)

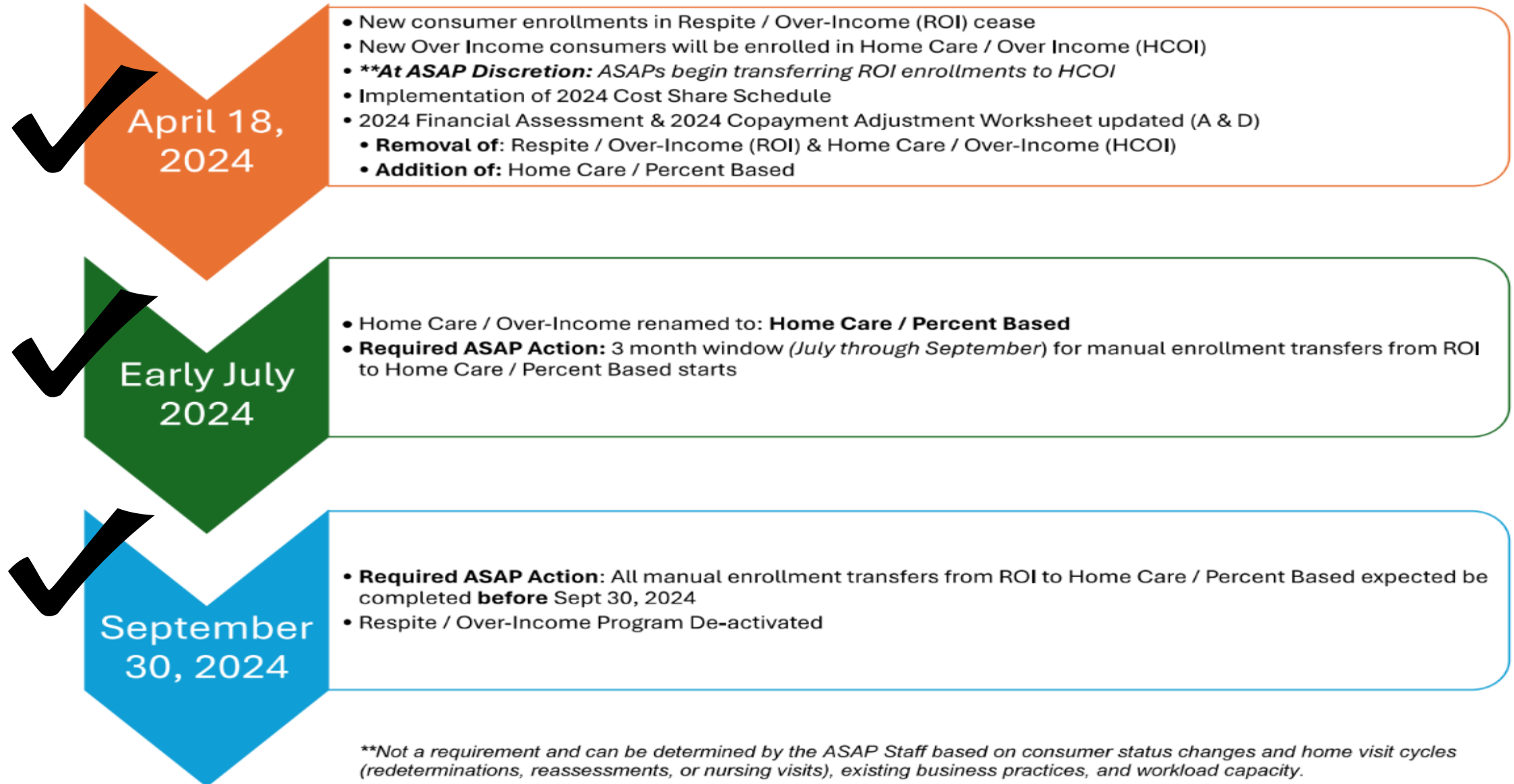
ASAP Nurses can support CTLP & MFP Demo Programs

- Identify residents interested in transitioning to the community
- Make referrals to CTLP & MFP Demo
- Participate in interdisciplinary case conferences
- Assist with FEW clinical assessments, as appropriate
- Support CTLP Teams in building rapport with NF residents & staff

[MFP Demo Referral Form](#)

Home Care Program

Home Care Modernization: Official End of Over-Income



Home Care Modernization Official End of Over-Income

Thank you to everyone for successfully supporting the rebranding of Percent Based!

- All 24 ASAP's transitioned **4,295** Over-Income consumers to the new Percent Based program

Next Steps for ASAP's

- Review websites & outward facing information for Over-income language
- Update websites & outward facing information by
 - remove Over-Income language
 - add Percent Based program



Assessments & Home Visits Requirements

- Assessments & Home Visits
 - required**
 - foundational** function of the Home Care Programs
- Timely Assessments compliance percentage
 - has **decreased** impacting:
 - Health & Welfare Reporting Measures
 - Falls
 - Environmental Risks
 - Medication Management
- Data pull for **August 2024** only
 - All Home Care Programs
 - Annual & 6-Month only
 - Average across all ASAPs was 62%**
 - 24% lower than required compliance floor of 86%**

Home Care Programs	EOEA Required Visits
Home Care Basic / Non-Waiver Home Care Percent Based	<ul style="list-style-type: none"> Annual Redetermination <ul style="list-style-type: none"> CDS-CM Financial Assessment Applicant Consent & Disclosure Form (ACDF) 6 Month Reassessment <ul style="list-style-type: none"> CDS-CM
Enhanced Community Options	<ul style="list-style-type: none"> Annual Redetermination <ul style="list-style-type: none"> CDS-CM and/or CDS-RN Financial Assessment Applicant Consent & Disclosure Form (ACDF) 6 Month Reassessment <ul style="list-style-type: none"> CDS-CM 3 Month Visit & 9 Month Visit
Home Care Basic / Waiver	<ul style="list-style-type: none"> Annual Redetermination <ul style="list-style-type: none"> CDS-CM and/or CDS-RN Financial Assessment Applicant Consent & Disclosure Form (ACDF) 6 Month Reassessment <ul style="list-style-type: none"> CDS-CM
Choices Waiver	<ul style="list-style-type: none"> Annual Redetermination <ul style="list-style-type: none"> CDS-CM and/or CDS-RN Financial Assessment Applicant Consent & Disclosure Form (ACDF) 6 Month Reassessment <ul style="list-style-type: none"> CDS-CM 3 Month Visit & 9 Month Visit

Home Care Terminations

Community Options

- HC CMs must review all appropriate community options & services programs prior to HC Termination

Supervisory Review

3.12.3.

(ASAP Contract)

- Provide a forum outside of regular supervision for interdisciplinary care management staff to review cases
- Review & problem solve
- Identify opportunities for improvement relative to
 - Avoidable hospitalizations
 - Nursing Facility Admissions
 - Working with Protective Services
 - Addressing Behavioral Health Needs
 - Risk Assessment & Mitigation

Home Care Disenrollment/Terminations

Comprehensive Plan of Care 4.4.23

- Engage with suspended Home Care Consumers at least twice, or more frequently if deemed necessary based on a review of the Consumer's needs and circumstances while suspended.
- Consumer's record must include documentation of the engagement conducted or attempted with suspended Consumers.

Case Management actions and supporting Documentation should include that nursing facility level of care options have been presented to the suspended HC consumer/family before termination. What options & problem solving were discussed – Frail Elder Waiver, MFP Demo, other HCBS Waivers?

Interdisciplinary Care Management 4.5.10 & 4.5.12 (ASAP Contract)

- Have established policies for making timely, appropriate, and effective interventions
- on behalf of Consumers whose care enrollment is **suspended due to temporary Nursing Facility admission** to ensure that they have the opportunity to return to the community;
- maintain written policies to ensure that Consumers who are suspended have regular contact from the ASAP to ensure their assessed needs are being met;

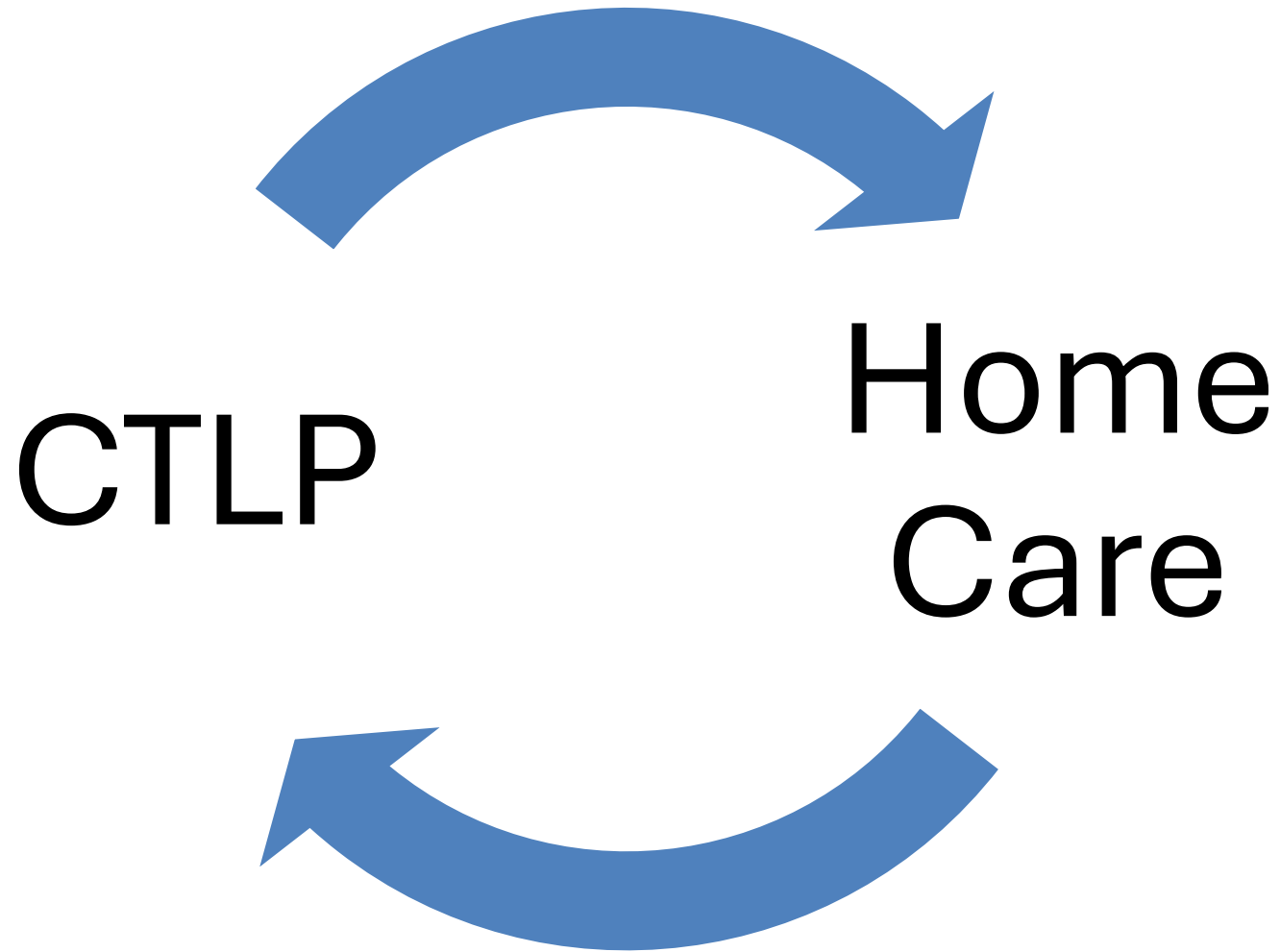
Home Care Disenrollment/Terminations

Documentation
4.3.2.7.3 &
4.3.2.7.5
(ASAP Contract)

- All Home Care Program terminations must clearly document why the Consumer is terminating and what options have been discussed
- Any & all actions taken to support the Consumer's **continued enrollment**
- **Support** the Consumer's transition out of the Home Care program
- Interdisciplinary review of consequences of Home Care terminations
- Include supervisory review of all Home Care terminations

Case Management actions and supporting Documentation should include that nursing facility level of care options have been presented to the suspended HC consumer/family before termination. What options & problem solving were discussed – Frail Elder Waiver, MFP Demo, other HCBS Waivers?

Home Care Terminations



Home Care (HC) & the Community Transition Liaison Program (CTLP)

- Consumers open in HC that are in NF & wish to return to the community can remain open beyond 90 days
- CTLP can be leveraged & operate in a supportive capacity to the HC CM
 - HC CM to lead community transition work
- **Goals**
 - Prevent the cycle of HC Terminations, CTLP Enrollment, then re-opening back in HC
 - Eliminate additional work for ASAP staff
 - Person-centered approach

Home Care Services

Environmental Accessibility Adaptations

Addressing Homemaking Needs

Identified Needs

- Increased in-home care demand
- Decline in direct care workforce
- HM has the largest demand not being met
 - HC Program demand: HM, PC, HHA, SHCA
- Coordination efforts between Home Care, Provider & Consumer

Efforts to Address Demand vs Supply

- Workforce
 - Efforts to improve direct care workforce experience
- Increased Rates
- ARPA HCBS initiatives
- PHCAST Online Training
- PHCAST Job Board

Other Available Solutions

- Targeted Approach – tasks within the service HM
 - What is needed?
 - What is not being provided?
- Environmental Accessibility Adaptations (EAA) Solution

Environmental Accessibility Adaptations

Addressing Homemaking Needs



Appliances/Technology Devices are a viable service option for specific tasks

- Authorize Appliances/Technology devices through existing services (Environmental Accessibility Adaptations)
- Appliances/Technology devices that are portable (not installed), combination appliances, tabletop or electronic device for use in the home
- Ability to meet specific HM tasks
- Increase consumer autonomy



Goal: Devices utilized by consumer, family or direct care workforce

Reducing HM Demand

Expediting time by HM & other Workforce (PC, HHA, and SHCA) on specific tasks to allow other tasks to be completed

Focus HM & Workforce (PC, HHA, and SHCA) on consumers where device is not appropriate

Ensuring “worker” time is more efficiently utilized

Increased satisfaction by workforce accomplishing priority needs for consumer

Consumer independence and ability to be more involved in care

Family or Caregiver assistance with tasks

Satisfaction of Consumer/Caregiver

Improved Health & Wellbeing of Consumers/Caregiver

Aide Assisted Transportation



Available to all Home Care & FEW Consumers



Door-to-door transportation service with aide accompaniment

- Provided by: ***Companion, Homemaker, Personal Care Aide, Home Health Aide, & Supportive Home Care Aide***



Enables access to community services, activities, & resources

- Provides the entire transportation service while maintaining functional independence & providing opportunity for community engagement, reducing social isolation & promoting safety
- Includes the pickup & drop-off, aide supervision, assistance, care, & consumer/aide engagement through their time at the consumers destination



Cannot be duplicative MassHealth State Plan Transportation or the transportation service

Assistive Technology-Electronic Comfort Pets (AT-ECP)

Service Update

- Formerly known as Electronic Comfort Pets
 - Name change to AT-Electronic Comfort Pets to align with CMS requirements
 - Will be available in all Home Care Programs previously available in Non-Waivered Programs **Only**
 - Available for all Home Care & FEW enrolled consumers

Service Design & Goals

- Life-like, interactive robotic animals or pets that facilitate companionship
- Calming & highly effective in soothing individuals with:
 - Alzheimer's & related dementias
 - Behavioral health concerns (e.g. anxiety)
 - Loneliness or desire for companionship
- May receive 2 AT-ECP per 3-year timeframe
 - One for their residence
 - Another for an alternate site such as a day program or other family member's home, etc.



Action Items

- ASAPs *must* contract for these new & updated services
- ASAPs who have a “Companion with Transportation” service should be transitioned to Aide Assisted Transportation & service authorizations for consumer be updated once available

ASAP Contract Section 3.15.8 states:

“Maintain a provider network sufficient to provide home care program consumers with all of the services defined by EOEA in various program instructions, additional standards, and their successors.”

Random Moment Time Study (RMTS)

Random Moment Time Study (RMTS)

- Conducted by EOEA to support Medicaid Administrative Case Management (ACM) claims in the Home Care Program
 - Surveys Home Care Case Managers & Intake Staff
- Public Consulting Group (PCG)
 - Contracted to administer & oversee RMTS process
 - Has collaborated with EOEA & ASAP staff for over 10 years
 - Successfully performed this work



RMTS

What is a random moment time study?

- RMTS is statistical sampling approach to determine how intake workers & case managers spend their time on specific activities

Time study 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
- 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

- Participants should not intentionally alter their activity at any 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 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 & cost spent on various case management activities across the network
- 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

For ASAP utilization only. Not for distribution.



RMTS ASAP Next Steps

ASAP Responsibilities

- Staff Training
 - Importance of RMTS
 - How to respond to RMTS requests
- Reach out to EOEA with questions

Maintain Rosters

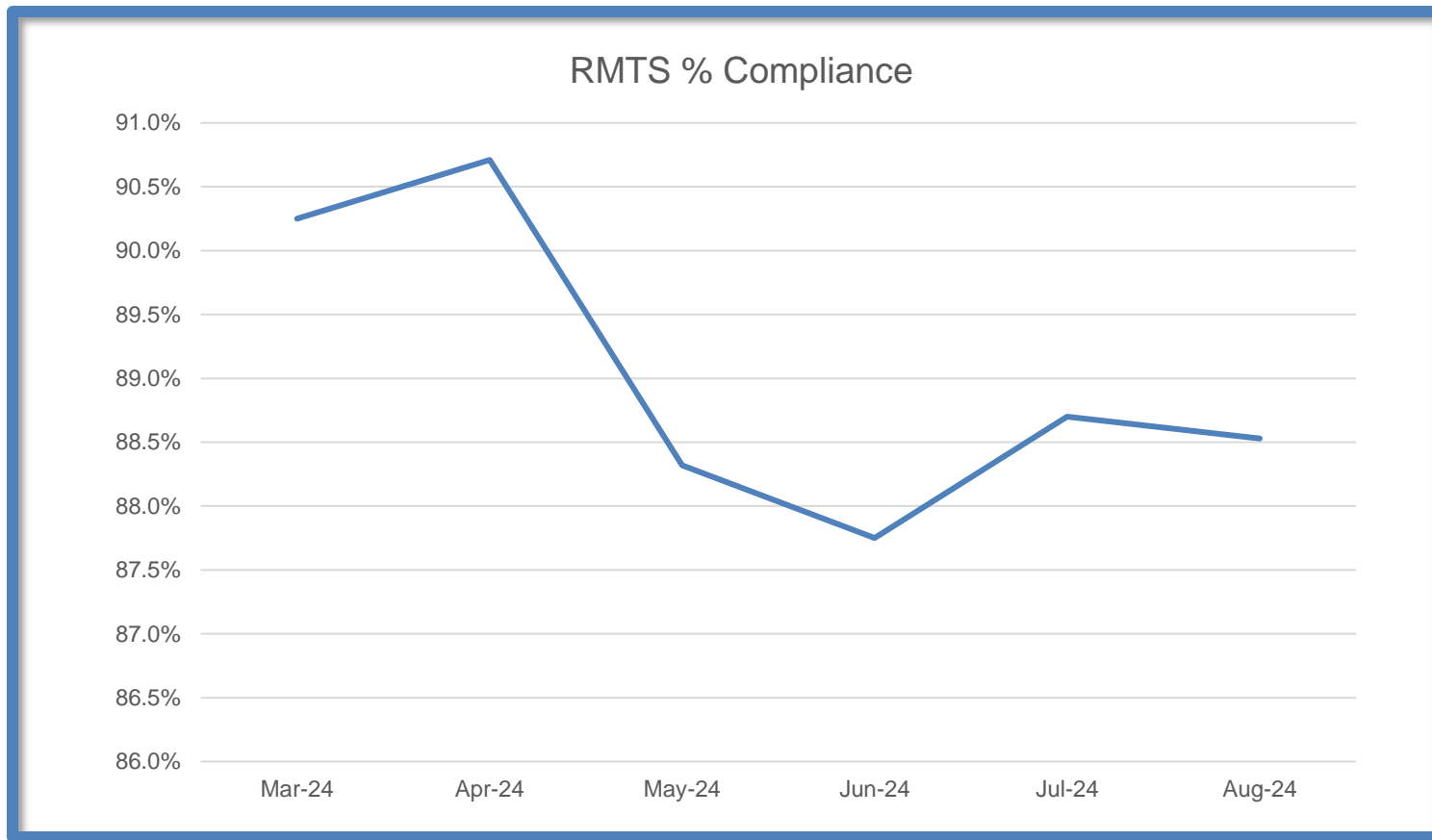
- Ensure staff lists are up to date
 - Rosters can only be changed at the start of each quarter
 - Notify PCG of any staff changes
- Staff lists only include Home Care Case Managers & Intake Workers
 - Do not include GSSCs, I&R, or other program staff

Missed Moments

- PCG follow up
 - ASAPs with low compliance
 - staff who did not respond to their moments
- PCG provides monthly reports to EOEA
 - Updated reporting coming soon
 - Monthly Compliance
 - Includes every ASAP & each ASAP staff member who received a moment

RMTS Compliance

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



Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) Update

MA EVV Launch Date: **September 30, 2024**

- Providers *must* register with their intent to use either state-sponsored EVV solution, or Alternate EVV (Alt EVV) system by Dec. 9, 2024
- EOEHA has distributed information for providers to ASAP Contract Managers & stakeholders

MA EOHHS Town Halls

Fourth Town Hall: **Tuesday, December 3, 2024, 2:00pm – 3:30pm**

Previous Town Hall Recordings:
[Massachusetts \(EOHHS\) Recorded Webinars](#)



EVV Resources

Mass.Gov EVV Site: [Learn about Electronic Visit Verification | Mass.gov](#)

Additional EVV Resources: [Massachusetts \(EOHHS\) – Sandata Technologies](#)

Data Validation & EVV

Accuracy within Aging & Disability consumer records has a direct impact on

- Availability for smooth standardized data share between systems
- Claiming & payments of services
- Enhanced data analytics
- Improved consumers record information
- History of consumer's programmatic life cycle
- Clean reporting for additional advocacy
- System performance



Monthly & Quarterly Data report running & validation identifies data errors for correction

- Consumer Name
- Primary Address
- Zip Code
- Service & Care Plans
- Suspensions
- Termination & End Dates

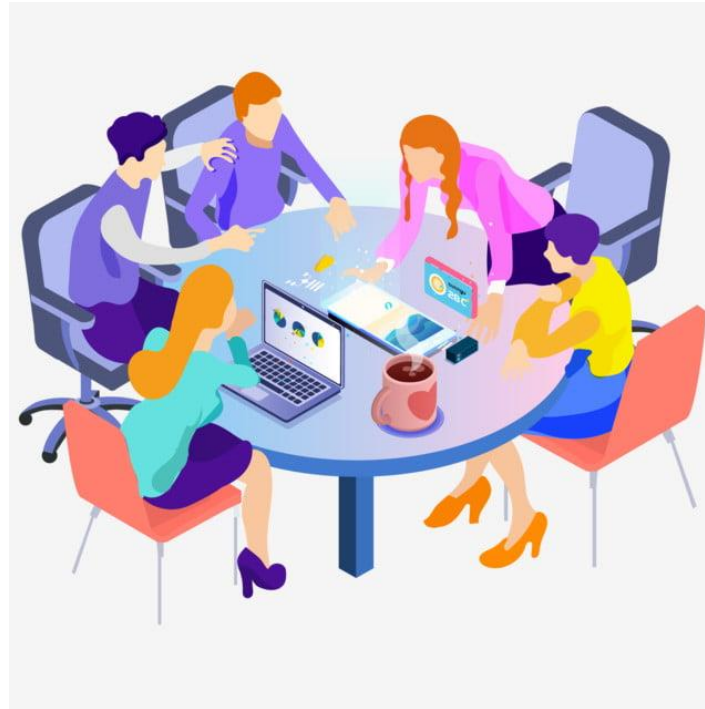
A&D Minimum Data Standard for consumer demographics can be found at 800ageinfo

<https://documentlibrary.800ageinfo.com/2024/09/aging-and-disability-a-d-minimum-data-standards.html>

Discussion

Discussion

How does your agency internally share information from EOEA?



Upcoming Meetings

In-Person – Tri-Valley, Inc. Webster, MA

Program Manager/Nurse Manager Meeting

Wednesday, January 29, 2025

1:00pm to 3:00pm

This meeting will be in-person with no option for virtual/hybrid to ensure all attendees are fully engaged throughout the meeting.

