



Executive Office of Elder Affairs



MassHealth Office of Long-Term Services and Supports

Hospice Provider and Aging Services Access Point (ASAP) Coordination Meeting



Purpose:

- Educate hospice providers about ASAP services and the Home Care Program
- Educate ASAPs about the MassHealth hospice benefit
- Improve coordination between hospice Providers

Agenda:

1. Overview of MassHealth's hospice benefit
2. Overview of ASAPs
3. Overview of Home Care Program
4. Service coordination responsibilities
5. How to identify a member has elected hospice or is receiving ASAP services

Overview of MassHealth's Hospice Benefit

Overview of MassHealth's Hospice Benefit

- The Hospice benefit is available to MassHealth members with the following coverage types:
 - ✓ Standard
 - ✓ CommonHealth
 - ✓ Family Assistance
 - ✓ CarePlus
 - ✓ EPSDT-eligible members
- Additionally, the MassHealth Hospice benefit is offered through the following MassHealth managed care programs:
 - ✓ Accountable Care Partnership Plans (ACPPs)
 - ✓ Managed Care Organizations (MCOs)
 - ✓ Senior Care Options (SCO) plans
 - ✓ Program of All-Inclusive Care for the Elderly (PACE) plans
 - ✓ One Care plans

X Please note, members enrolled in an ACO B or PCC plan will return to FFS upon hospice election
- MassHealth members enrolled in a FFS Home and Community Based Waiver (including the Frail Elder Waiver), or who are in EOEA's Homecare program may also access the MassHealth hospice benefit on a FFS basis

Overview of MassHealth's Hospice Benefit

Clinical Eligibility for Hospice:

- Eligible MassHealth members may receive the MassHealth hospice benefit if they
 - Are certified as terminally ill in accordance with 130 CMR 437.411, defined as a condition in which the member has a medical prognosis of a life expectancy of six months or less if the illness runs its normal course
 - Agree to waive certain MassHealth benefits (except for members under the age of 21)
 - Elect to receive hospice services by completing the MassHealth hospice election form as described in 130 CMR 437.412(C)

Overview of MassHealth's Hospice Benefit

Services Waived Upon Hospice Election:

- When electing hospice, a member waives the right to:
 - Hospice service provided by a hospice other than the hospice designated by the member (unless provided under arrangements made by the designated hospice).
 - All other MassHealth services that are related to the treatment of the terminal condition for which hospice was elected (or a related condition) or that are equivalent to hospice care except for services:
 - Provided by the designated hospice;
 - Provided by another hospice under arrangements made by the designated hospice; and
 - Provided by the individual's attending physician if that physician is not an employee of the designated hospice or receiving compensation from the hospice for those services.

Overview of MassHealth's Hospice Benefit

Additional Personal Care Services Allowed During Hospice Election:

- A member electing hospice may continue to receive MassHealth covered personal care services (i.e. Personal Care Attendant (PCA), Adult Foster Care (AFC), Group Adult Foster Care (GAFC)) to the extent that the hospice provider would routinely use the services of a hospice patient's family in implementing the member's hospice plan of care.
- A member may also continue to receive Frail Elder Waiver or Home Care services so long as their services are not duplicative of hospice services and any personal care service is provided to the extent that the hospice provider would routinely use the services of a hospice patient's family

Overview of MassHealth's Hospice Benefit

Additional Personal Care Services Allowed During Hospice Election:

- If a member is receiving PCA, AFC, or GAFC services, the hospice provider must coordinate its hospice aid and homemaker services with the member's PCA/AFC/GAFC services to ensure that the member receives the hospice aide and homemaker services he or she requires; and
- The hospice provider must document the coordination of its services with any personal care services the member is receiving in the member's hospice plan of care.

Overview of MassHealth's Hospice Benefit

Services Provided Under the MassHealth Hospice Benefit:

- Hospice providers are required to provide all services for the palliation and management of the member's terminal illness and related conditions.
- Such services include:
 - Nursing
 - Medical social services
 - Physician services to the extent to which the member's attending physician does not meet their medical needs
 - Counseling services, including bereavement, dietary, spiritual, etc.
 - Physical, occupational, and speech/language therapies
 - Hospice aide
 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
 - Medication
 - Short-term inpatient care

Overview of MassHealth's Hospice Benefit

Transition to Hospice Services:

- Members who are eligible for the MassHealth hospice benefit may elect the benefit by signing a MassHealth hospice election statement
- Upon the member's hospice election, the hospice provider will develop a plan of care for the member's hospice services that includes all services the hospice agency will provide, as well as any services the member may be receiving outside of their hospice benefit (e.g. PCA, homemaker, etc)
- Simultaneously, the hospice provider will work with the member, their family, and/or their PCP to end any service they may have been receiving prior to hospice election that is no longer covered under hospice and/or meets the end-of-life needs of the member (i.e. curative care)

Overview of ASAPs & the statewide Home Care Program

Aging Services Access Points (ASAPs)

25 ASAPs each serve a unique geographic area of the Commonwealth

ASAP Functions

- **Information & Referral**
- **Nutrition**
 - Home delivered meals
- **Clinical Assessment & Eligibility**
 - For Medicaid funded institutional & community care
- **Protective Services**

Home Care Program Functions

- **Care Management**
 - Home Care Program Eligibility & Assessment
 - Home Care Program Enrollment
 - Advocacy & Education
- **Care & Support Coordination**
 - Authorization & purchase of Home Care Services
 - Coordination of comprehensive community care
 - Management of procured provider network
 - Provider vetting & monitoring
 - Negotiation of rates & services

Massachusetts Home Care Program Overview

State Home Care Program Eligibility

- 60+ or under 60 with an ADRD diagnosis
- 1 Activity of Daily Living Need (ADL) or 6 Instrumental Activity of Daily Living Needs (IADL)
- At Intake – Person centered assessment to determine eligibility based on needs
- Any income & lives in Massachusetts

Program Goals

- Supports individuals in a community setting
- Successfully age in community
- Person-centered approach to care
- Provide care management
- Provide in-home support and services
- Education on public benefits

Main Functions

- Assessments (scheduled & ad hoc based on status changes)
- Comprehensive care planning
- Interdisciplinary case management
- Authorizing & paying for home care services
- Advocacy
- Education
- Referrals for services & community care

Home Care Program Age & Residence Eligibility

AGE

- 60+ years of age
- Under age 60 with a diagnosis of Alzheimer's or related Dementia disorder

RESIDENCE

- Resident of Massachusetts
- Not living in an institutional setting or an Assisted Living Residence

Home Care Program Function & Need Eligibility

Functional Impairment Level (FIL)

Require assistance with **at least one Activity of Daily Living (ADL)**

OR

6 or more Instrumental Activity of Daily Living (IADL) impairments

AND

Intervention that Home Care will provide to meet this need at the time of enrollment – a critical unmet need (any ADL, meal preparation, food shopping, home health services, medication management, respite, transportation for medical treatments)

Exceptions to the Home Care Eligibility

Exception	Description of Exception
At Risk	Older adults who are at risk due to a variety of factors, including, but not limited to substance abuse, mental health problems, or cultural and linguistic barriers.
Protective Services	Older adults who are receiving or are eligible to receive Protective Services.
Congregate Housing	Older adults residing in a congregate housing site.
Waiver Consumers	Older adults who are eligible for the Home and Community Based Waiver Program.

Home Care Program Income & Cost Share

- Any income is eligible
- Cost share contribution determined by income & if the consumer has MassHealth
- 3 levels of cost share
 - Voluntary Monthly Donation
 - Fixed Monthly Max Copay
 - % Monthly Copay
- Annually adjusted based on COLA
- MassHealth & Waiver consumers **do not** have a co-payment

Home Care Programs

MassHealth members may be enrolled in any of the State Home Care Programs

- Home Care Basic/Non-Waiver
- Home Care Over Income
- Respite Over Income
- Enhanced Community Options
- Home Care Basic/Waiver*
- Community Choices*

* Frail Elder Waiver Program, MassHealth Standard (Expanded Income Eligibility – 300% SSI FBR)

Home Care Program Care Planning & Care Management

Initial Assessment

- Initial on-site assessment (OSA) to determine consumer eligibility
- Functional Needs Assessment & identification of supports in place
- Initial Service Plan developed with consumer to address identified unmet needs

Ongoing Assessment

- Visit schedule of an OSA at least every six months
- Reassessment of Functional Needs
- Ongoing review of care plan/service plan and consumer satisfaction

Annual Assessment

- Annual re-determination of home care program eligibility
- Review of care plan/service plan and consumer satisfaction
- Annual re-determination of personal care needs, as well as clinical eligibility for Waiver & ECOP by ASAP RN

Home Care Programs

Care Plans are developed and implemented based on a consumer's unique and specific needs

Home Care Basic-Non-Waiver, Home Care Over Income, Respite Over Income	Enhanced Community Options (ECOP)	HCBS Frail Elder Waiver (FEW) MassHealth Only
<p>Basic level of care needs</p> <p>Example Care Plan #1:</p> <ul style="list-style-type: none">• HDM 5/week• HM/PC 2-3/week <p>Example Care Plan #2:</p> <ul style="list-style-type: none">• HDM 3/week• PERS• HM 1.5/week	<p>Nursing Facility Level Of Care Needs</p> <p>Example Care Plan #1:</p> <ul style="list-style-type: none">• HDM 5/week• PERS Monthly• HM/PC 2-3/week <p>Example Care Plan #2:</p> <ul style="list-style-type: none">• ADH 1/week• HM 1.5/week• PERS	<p>Nursing Facility Level Of Care Needs: 2 Types of Programs based on Formal Support Needs</p> <p><u>Home Care Basic-Waiver</u> Example Care Plan:</p> <ul style="list-style-type: none">• HDM 5/week• HM/PC 3/week• Informal Supports• Lower Formal Support Need <p><u>CHOICES</u></p> <ul style="list-style-type: none">• Informal Support• Higher Formal Support Need• Services to meet needs• Up to 24/7 care

Frail Elder Waiver (FEW)

The Frail Elder Waiver provides a **higher income threshold** for MassHealth eligibility allowing consumers who need a nursing facility level of care to access MassHealth

FEW consumers must have at least 1 Home Care Service delivered per month

Access to MassHealth State Plan Benefits

May opt to enroll in a **Senior Care Options (SCO) Plan**

Home Care Basic-Waiver

- For older adults with involved supports
- Receiving some formal supports through home care
- Consumer accessing state plan services (such as ADH, PCA)

Choices

- For older adults needing significant formal supports through home care
- Up to 24/7 Care
- Informal supports
- Consumer accessing state plan services (such as ADH, PCA)

Home Care Services

Adult Day Health*

Alzheimer's/Dementia Coaching

Behavioral Health Services*

Chore

Companion

Complex Care Training & Oversight
(Skilled Nursing)

Electronic Comfort Pets (non-waiver only)

Environmental Accessibility Adaptations

Evidence Based Education Programs

Goal Engagement Program

Grocery Shopping/Delivery Services

Home Based Wandering Response
Systems

Home Delivered Meals

Home Delivery of Pre-packaged
Medication

Homemaker

Home Health Aide

Home Safety/Independence Evaluations
(Occupational Therapy)

Laundry Services

Medication Dispensing System

Nutrition Assessment/Counseling*

Orientation & Mobility

Peer Support

Personal Care

PERS/Enhanced PERS*

Respite

Supportive Day Program

Supportive Home Care Aide

Transportation*

Transitional Assistance

Vision Rehabilitation

*delivered through MH State Plan -waiver consumers

Coordination Responsibilities for Members who Elect MH Hospice

Coordination Responsibilities

During the Member's hospice election, it is the hospice provider's responsibility to coordinate the delivery of its services with all services the member receives, including both services the hospice provider delivers or pays for, and services that fall outside of the hospice benefit.

Coordination Responsibilities

Hospice Provider's Role & Responsibility :

- Must coordinate **the delivery of its services** with all services and care during hospice election
- Must provide all services related to the member's terminal illness, including all core hospice services, as needed by the member and their family
- Must determine what services fall within and outside of the hospice benefit
- Must establish a hospice plan of care that clearly delineates what services the hospice provider is responsible for and other services the member is receiving that are not covered by the hospice provider
- If new care needs emerge during a member's hospice election, the hospice provider must be the entity determining whether the service falls within the member's hospice benefit

Coordination Responsibilities

Aging Service Access Points (ASAPs) Role & Responsibility:

If an ASAP learns a member has elected hospice and the hospice provider is known to the ASAP and the hospice provider has yet to reach out to begin coordinating care, the ASAP **must** reach out to the hospice provider to initiate coordination of care

- Provide ASAP services that supplement the services provided by the hospice benefit to meet any additional unmet needs.
- ASAP services must be non-duplicative of the services implemented by the hospice provider.
- Discontinue any service in the ASAP care plan that has been identified as falling under the hospice benefit.
- Update the hospice provider on any changes in the member's status.
- Coordinate with hospice provider before initiating or referring the member for any new service.

Coordination Responsibilities

Other MassHealth Providers Role & Responsibility:

- For any member seeking service, must determine if the member has elected hospice
- For members who have elected hospice, must coordinate with the hospice provider before delivering service and/or billing for service
- As applicable, obtain documentation from the hospice provider denoting that services provided are unrelated to the member's terminal illness and are not duplicative of hospice services

How to identify a member has elected hospice or is receiving ASAP services

Coordination Responsibilities

Receiving ASAP/Home Care Program Services

- EVS may show a flag indicating a member has the Frail Elder Waiver or is in a SCO (receiving FEW services)
- If EVS does not show a flag indicating FEW, hospice agencies may determine a member is receiving ASAP services including the Home Care Program through the following methods:
 - Ask the member and their family if they are working with an ASAP
 - Know the ASAPs that service the member's area
 - <https://www.mass.gov/location-details/aging-services-access-points-asaps-in-massachusetts>
 - Look for evidence of ASAP services in the member's home
 - ASAP documentation
 - Medication boxes
 - Refrigerator magnets

Coordination Responsibilities

Receiving Hospice Services

- MassHealth currently does not provide hospice election status information externally
- The ASAP may determine a member is receiving hospice services through the following methods:
 - Ask the member and their family if they have elected hospice
 - Look for evidence of hospice services in the member's home
 - Agency documentation
 - Medication boxes
 - Service pamphlets
 - If the member is approaching end of life or in need of end-of-life care, the ASAP should anticipate the member may seek hospice services

Questions