MassHealth Long-Term Services and Supports: An Overview

MassHealth Office of Long Term Services and Supports

May 2019

Training Objectives

During this training, you will….

1. Learn about the MassHealth Office of Long Term Services and Supports (OLTSS)

    - ❑ Identify the key OLTSS staff and where to go for additional information

2. Enhance your understanding of Medicaid (MassHealth) and the general service requirements

3. Explore the current array of MassHealth-funded State Plan LTSS and who uses them

Section I.

MassHealth Office of Long Term Services and Supports (OLTSS): Overview

MassHealth is committed to a robust long-term services and supports program that delivers person-centered care, promotes independent living, and uses a "community first" approach

- **Individuals who require long-term services and supports (LTSS) have diverse needs** due to disabilities or chronic medical conditions, and most require assistance with Activities of Daily Living or Instrumental Activities of Daily Living to help meet their daily needs, promote independence, and improve the quality of their lives
- 312,000 individuals (including dual-eligible members) receive LTSS funded by MassHealth.
- MassHealth offers the **broadest array of State Plan LTSS of any state,** including**:**
  - **MassHealth State Plan LTSS**
    - Community-based programs and services : Adult Day Health, Adult Foster Care, Day Habilitation, Durable Medical Equipment, Group Adult Foster Care, Home Health, Hospice, Personal Care Attendant, Therapies
    - Facility-based programs and services: Chronic Disease and Rehabilitation Hospital and Nursing Facility
  - **Specialized services through Home and Community-Based Services (HCBS) Waivers:** Acquired-Brain Injury, Traumatic Brain Injury, Adults with Intellectual Disabilities, Children with Autism; Moving Forward Plan for Members transitioning from facilities, Waiver for Seniors.

Overview: MassHealth Office of Long Term Services and Supports

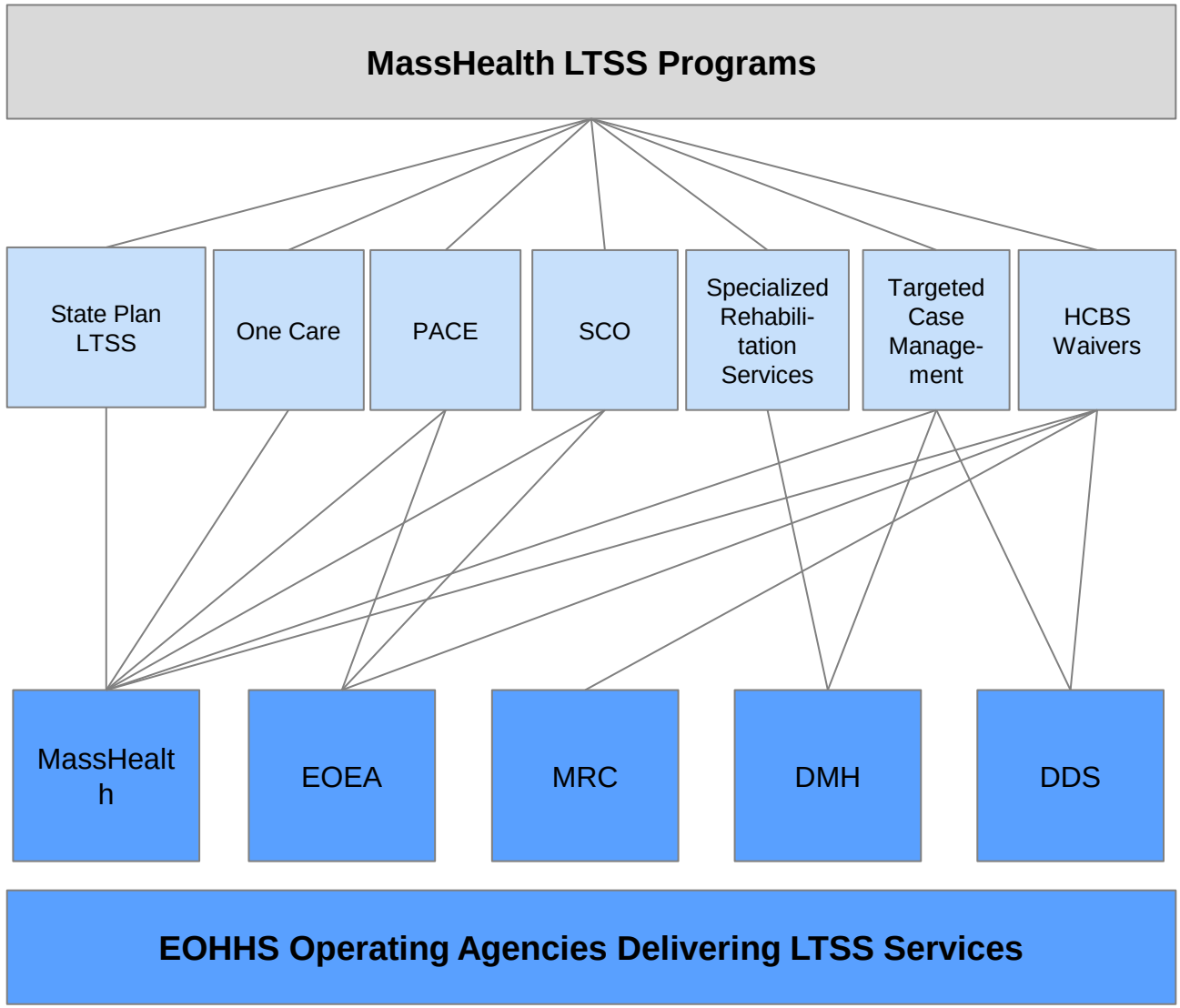
OLTSS is responsible for providing elders and individuals with disabilities of all ages with services and supports that best meet their needs; we do this by ensuring the availability of, and managing, a broad range of long term services and supports provided in a range of settings.

Our work supports the missions and goals of the Executive Offices of Health and Human Services (EOHHS) and Elder Affairs, and requires collaboration with numerous departments and agencies involved in the administration of disability programs.

MassHealth's current LTSS Service Delivery System

State Plan LTSS Services

- AFC
- ADH
- GAFC
- PCA
- Home Health
- Hospice
- Independent Nursing
- DME
- Day Habilitation
- Independent Therapies (PT, OT, Speech)
- Nursing Facility
- CDRH



Waiver Services

Adult Companion
Alzheimer's/Dementia Coaching
Assisted Living Services
Assistive Technology
Behavioral Supports and Consultation
Day Habilitation Supplement Day Services
Expanded Habilitation, Education
Family Training
Grocery Shopping and Home Delivery
Home / Environmental Accessibility Adaptations
Home Delivery of Pre-packaged Medication
Home Health Aide
Homemaker
Home-Delivered Meals
Independent Living Supports
Individual Goods and Services
Individual Support and Community Habilitation
Individualized Day Supports
Individualized Home Supports
Laundry
Live-in Caregiver
Peer Counseling/Peer Support
Personal Care
Prevocational Services
Residential Habilitation
Respite
Shared Home Supports
Shared Living - 24 Hour Supports
Skilled Nursing
Specialized Medical Equipment
Stabilization
Supported Employment
Supportive Home Care Aide
Therapies (Speech, Occupational, Physical)
Transitional Assistance Services
Transportation
Vehicle Modification

Adapted from: http://bluecrossfoundation.org/sites/default/files/download/publication/Manatt_MMPI_ChartPack_FINAL_v05.pdf

MassHealth provides LTSS through both fee for service and coordinated models

Care Delivery Model	Payer Type	Description
Fee for Service	▪ MassHealth Fee For Service (FFS) ▪ Primary Care Clinician (PCC) ▪ Accountable Care Organization (ACO) ▪ Managed Care Organization (MCO)	Includes all MassHealth State Plan LTSS; Members receiving coordinated care through ACOs and MCOs receive LTSS through FFS.
Coordinated Care for Dual Eligibles	▪ One Care ▪ Senior Care Options (SCO) ▪ Program of All Inclusive Care for the Elderly (PACE)	Includes all MassHealth State Plan LTSS, delivered in a coordinated manner in conjunction with Medicare. SCO may include Frail Elder Waiver members as well.
Home and Community Based Waivers	▪ MassHealth Fee For Service (FFS) ▪ Primary Care Clinician (PCC) ▪ Senior Care Options (SCO) for Frail Elder Waiver members	Includes specialized services for individuals at a facility level of care; Services are delivered in a coordinated manner by the waiver program or operating agency

Between these care delivery models, **MassHealth provides LTSS in both facility and community based settings.** MassHealth is committed to providing LTSS in the physical setting that is most beneficial to members, and believes in a **Community First approach.** This approach allows members to receive the services they need to allow individuals to remain living in the community with dignity and independence until they choose to move into a facility (if necessary).

OLTSS Leadership Team

Chief, Office of Long Term Services and Supports: Whitney Moyer

- **Director, Coordinated Care:** Susan Ciccariello
  - Deputy Director – Chris Brumby
- **Director, Home and Community Based Fee-for-Service Programs:** Almas Dossa
  - Deputy Director – Sherri Hannigan
- **Director, Business Operations**: Ketly Jean-Louis
- **Director, Development, Planning, and Implementation:** Colleen Fox Swartz
- **Director, Strategic Initiatives:** Yorick Uzes
- **Clinical Leader/Acting CMO MH:** Jill Morrow-Gorton, MD

What We Do- MassHealth LTSS Management

Program Managers responsibilities include:

- ❑Oversight
- ❑Developing and maintaining program regulations to ensure that they are comprehensive, current, and appropriately convey policies and procedures.
- ❑Updating service (billing) codes.
- ❑Working with Center for Health Information and Analysis (CHIA) to update rates.
- ❑Updating the State Plan.
- ❑Understanding and managing service utilization and spending.
- ❑Coordinating provider and stakeholder outreach and education to communicate changes in policies and procedures.
- ❑Working with other MassHealth departments to ensure operations are functioning in accordance with policies and procedures (e.g. claims processing, Third Party Liability (TPL), prior authorization, customer service, program compliance).
- ❑Ensuring compliance with CMS and supporting activities of oversight agencies (e.g. CMS, Attorney General, State Auditor).
- ❑Manage certain “unique” benefits that have no regulatory oversight (licensure, certification, or compliance survey) e.g. Adult Foster Care (AFC), Personal Care Attendant (PCA)). OLTSS staff perform specific focused activities such as provider enrollment, provider reviews, complaint resolution and compliance reviews.

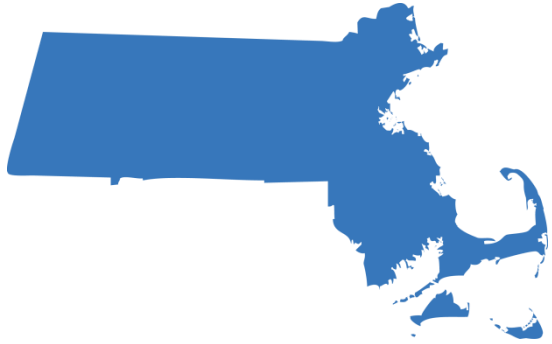
Section II.

What is Medicaid (MassHealth) and what are the general service requirements?

Medicaid (MassHealth): Eligibility and Coverage Requirements

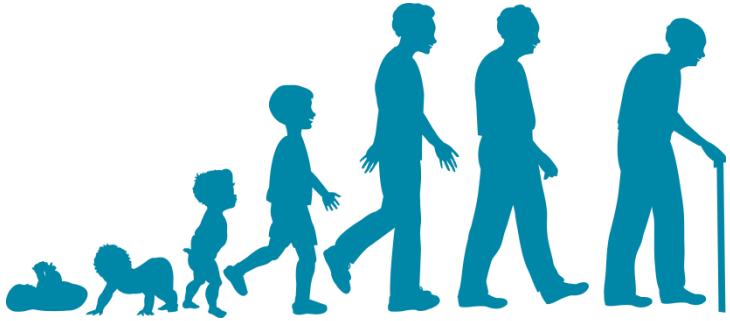
Income

Residency



Immigration Status

Age



Medical Condition

Clinical Assessment and Authorization- A 4 Step Process

Step 1:
Prepare & Submit Documentation

Step 2:
Clinical Review

Step 3:
Determination

Step 4:
Notification

Right of Appeal

Section III.

OLTSS: Long Term Services and Supports (LTSS) – Fee for Service Programs

MassHealth State Plan LTSS

Day Services
- Adult Day Health
- Day Habilitation

Equipment & Supplies
- Durable Medical Equipment
- Oxygen and Respiratory
- Orthotics and Prosthetics

Personal Care
- Adult Foster Care
- Group Adult Foster Care
- Personal Care Attendant Program

Institutional Services
- Chronic Disease and Rehabilitation Hospitals
- Nursing Facilities

Other Home-Based & Therapeutic Services
- Home Health
- Independent Nursing
- Therapies (Physical, Occupational, Speech)
- Hospice

Integrated Care Programs
- Senior Care Options (SCO)
- Program for All Inclusive for the Elderly (PACE)

Day Services: Adult Day Health Services

Adult Day Health (ADH) 130 CMR 404.000 **Program Manager: Karen Seck**

Description: ADH centers offer daily services in a day program setting that include but are not limited to: nursing and health care oversight, therapy, assistance with ADLs, nutritional services, individual and family counseling, therapeutic activities, case management and transportation to and from the program. Services are provided at multiple levels of intensity that are designed to accommodate Members with varying physical, clinical and behavioral needs.

Regulation Update: Program Regulation promulgated 7/27/18; Rate Regs. anticipated promulgation 5/17/19

Member Clinical Eligibility 130 CMR 404.405

Day Services: Adult Day Health Services

Adult Day Health (ADH) 130 CMR 404.000 **Program Manager: Karen Seck**

Providers: 178 ADH providers.

Population Served: All adult ages; there are several programs that offer services that are culturally based, or provide services to Members with dementia.

Other Conditions/Limitations: Requires pre-admission clinical eligibility assessment and determination performed by an Aging Service Access Point (ASAP).

Day Services: Day Habilitation Services

Day Habilitation (DH) 130 CMR 419.000 **Program Manager: Karen Seck**

Description: Day Habilitation (DH) programs provide a structured day program setting designed to build skill development, improve level of functioning, and facilitate independent living and self-management skills. Services provided include nursing services and health care supervision, developmental skills training and therapy.

Regulation Update: Anticipated promulgation of updated Regulation 8/1/18

Member Clinical Eligibility: 130 CMR 419.406

Day Services: Day Habilitation Services

Day Habilitation (DH) 130 CMR 419.000 **Program Manager: Karen Seck**

Providers: 182 DH providers DH providers typically also contract with DDS to provide a range of other community, residential and other supportive services to Member's with ID/D

Population Served: All adult ages (22+ typically) with a diagnosis of ID or DD.

Other Conditions/Limitations: DH provider completes all necessary assessments of Members to determine appropriateness for DH services.

Personal Care Services: Adult Foster Care Services

Adult Foster Care (AFC) 130 CMR 408.000 **Program Manager:** Allison Ananis

Description: AFC services are provided in a qualified home setting. Member lives with a qualified paid caregiver who is responsible for providing personal care with ADLs, IADLs and other services as needed. Nursing monitoring and oversight and care management are provided by the AFC provider's professional staff. Services are provided at two payment rates designed to reimburse providers for providing assistance with two levels of ADL needs.

Member Clinical Eligibility: 130 CMR 408.416

Personal Care Services: Adult Foster Care Services

Adult Foster Care (AFC) 130 CMR 408.000 **Program Manager:** Allison Ananis

Providers: 100 AFC providers. AFC Providers must ensure that all AFC caregivers are appropriately trained and are matched with eligible Members. AFC providers monitor the Members' care through regular nursing/care manager team visits.

Population Served: Serves people age 16 and older residing in a qualified private home setting

Other Conditions/Limitations: The AFC provider must obtain Prior Authorization (PA) from MassHealth or its designee before the first date of service delivery, and at various intervals thereafter. PA determines the medical necessity for AFC as described under 130 CMR 408.000 and in accordance with 130 CMR 450.204: Medical Necessity. Room and board fees arranged between the Member and the Caregiver.

Personal Care Services: Group Adult Foster Care Services

Group Adult Foster Care (GAFC) **Program Manager: Allison Ananis**

Description: The GAFC program provides daily assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), nursing and case management services for people, age 22 and older, who are elderly and/or disabled, enrolled in MassHealth Standard who meet the clinical criteria and reside in site-based, subsidized housing or a certified assisted living facility offering GAFC.

Member Clinical Eligibility:

•GAFC Guidelines

Personal Care Services: Group Adult Foster Care Services

Group Adult Foster Care (GAFC) **Program Manager: Allison Ananis**

Providers: 200 GAFC providers. Providers monitor the participants' care through nursing/case manager team visits.

Population Served: Serves people age 22 and older who reside in site-based subsidized housing; or a supportive living arrangement such as a certified assisted living facility.

Other Conditions/Limitations: Requires pre-admission clinical eligibility assessment and determination performed by Coastline Elderly Services (ASAP). Rent and/or room and board fees are the Member's responsibility. Members residing in Assisted Living Facility's and receiving GAFC services may be eligible for a room and board subsidy from the Social Security Administration called Supplemental Security Income: Category G (SSI-G).

Personal Care Services: Personal Care Attendant Services

Personal Care Attendant (PCA) 130 CMR 422.000 **Program Manager:** Sherri Hannigan

Description: PCA services are for people with permanent or chronic disabilities that require hands-on assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Program is consumer directed: members act as employers of the personal care attendants (PCAs) and are responsible for recruiting, hiring, training, and supervising their PCAs. No other insurance covers PCA.

Member Clinical Eligibility: 130 CMR 422.403

Personal Care Services: Personal Care Attendant Services

Personal Care Attendant (PCA) 130 CMR 422.000 **Program Manager:** Sherri Hannigan

Providers: 24 Personal Care Management (PCM). By contract: evaluate members' need for PCA; assess need for surrogate; develop a Service Agreement; and provide intake/orientation and skills instruction to members regarding their employer responsibilities and managing their PCA services. Three Fiscal Intermediaries (FI's) By contract: act as employer agents for members; process payment checks for PCAs; withhold and pay all required employer taxes; deduct union dues and fees; and purchase workers' compensation

Population Served: Serves eligible members of all ages and disabilities.

Other Conditions/Limitations: Prior authorization is required and performed by MassHealth's agent. Members must appoint a surrogate if they are assessed as requiring a surrogate to manage PCA services; For eligible Department of Developmental Services (DDS) members receiving DDS residential supports PCA services must be provided in accordance with Interagency Service Agreements (ISA's) between EOHHS and DDS.

Reflection Question

Jasmine is 43 years old, lives in an apartment by herself, and uses a wheelchair. Jasmine needs help with bathing, dressing, and toileting. She is looking for support to assist her in getting ready for her job at a doctor's office and support with personal care throughout her work day.

Which of the personal care options below might be a good fit for Jasmine?

A. **Group Adult Foster Care (GAFC)**
B. **Adult Foster Care (AFC)**
C. **Personal Care Attendant Program (PCA)**

The Answer Is…….

C. The Personal Care Attendant Program may be the best fit for Jasmine. Since Jasmine is 43 years old, living in her own apartment, working full time, and needs assistance in her home as well as during working hours, the Personal Care Attendant Program provides Jasmine with the services and flexibility she needs both at home and at work. Typically GAFC and AFC services are provided almost exclusively in the home.

Further, AFC requires that the caregiver and individual live in the same home. The housing setting for GAFC is a group housing setting such as assisted living. Another distinguishing feature between AFC, GAFC, and the PCA Program is that the PCA program is self-directed. If Jasmine selected and qualified for the PCA program, she would be responsible for hiring, training, and directing her PCA, putting her directly in charge of her own care. As such, GAFC or AFC would not be the best fit for Jasmine.

Other Home Based & Therapeutic Services: Home Health Services

Home Health Services (HH) 130 CMR 403.00 **Program Manager:** Abigail Newton

Description: HH Agencies provide nursing visits, home health aide services, physical therapy (PT), speech therapy (ST) and occupational therapy (OT) services to MassHealth members in their homes and communities. Some home health agencies provide continuous skilled nursing (CSN) services (a nurse visit of more than 2 continuous hours). Home Health services are covered by other insurances.

Member Clinical Eligibility: 130 CMR 403.409

Medical Necessity Criteria: See Medical Necessity Guidelines for Home Health Services under Mass.Gov

Other Home Based & Therapeutic Services: Home Health Services

Home Health Services (HH) 130 CMR 403.00 **Program Manager:** Abigail Newton

Providers: 168 Home Health providers.

Population served: All ages, provided member has a need for skilled nursing or therapy services.

Other Conditions/Limitations: See prior authorizations requirements in 130 CMR 403.410

Other Home Based & Therapeutic Services: Independent Nursing

Independent Nursing (IN) 130 CMR 414.000 **Program Manager: Abby Newton**

Description: Provision of CSN services to eligible members by Independent Nurse providers enrolled with MassHealth. Some Home Health agencies also provide CSN.

Member Clinical Eligibility: 130 CMR 414.408

Providers: 203 actively billing independent nurse providers (470 enrolled). An additional 22 home health agencies also provide CSN.

Other Home Based & Therapeutic Services Independent Nursing

Independent Nursing (IN) 130 CMR 414.000 **Program Manager: Abby Newton**

Population Served: Members of all ages with medically complex needs. Members of all ages that qualify for CSN have all of their MassHealth services coordinated and authorized through UMMS Community Case Management (CCM).

Other Conditions/Limitations: Requires prior authorization performed by MassHealth's agent before start of care. The MassHealth agency does not pay an independent nurse for more than 60 hours of nursing care provided during any consecutive seven-day period or for more than 12 hours within a 24-hour period, regardless of the number of MassHealth members receiving care from the independent nurse.

Other Home Based & Therapeutic Services: Therapy Services

Therapy Services 130 CMR 432.000, 430.000 413.000 **Program Manager: Abby Newton**

Description: Physical Therapy (PT), Occupational Therapy (OT), and Speech/Language Therapy (ST) delivered by independent therapists, rehabilitation centers, or speech and hearing centers.

Member Clinical Eligibility: Must meet eligibility requirements described in 130 CMR 432.000, 430.000 or 413.000. See regulations at 130 CMR 450.105 for additional coverage types for Therapy services.

Medical Necessity Criteria: All services must be medically necessary and prescribed by physician or nurse practitioner.

Other Home Based & Therapeutic Services: Therapy Services

Therapy Services 130 CMR 432.000, 430.000 413.000 **Program Manager:** Abby Newton

Providers: 677 comprised of independent therapists who may be enrolled in Group Practices, 1 Rehabilitation Center; 1 Speech and Hearing Center

Population Served: All ages

Conditions/Limitations: Prior authorization by MassHealth's agent is required after 20 PT visits; 20 OT visits; or 35 ST visits. No more than one individual visit and one group visit per day.

Other Home Based & Therapeutic Services: Hospice Services

Hospice Services 130 CMR 437.000 **Program Manager:** Abby Newton

Description: Hospice is an all-inclusive benefit and uses an interdisciplinary team to meet all the member's medical needs related to terminal illness as well as the psychosocial, spiritual, and emotional needs. Members voluntarily elect hospice and must be certified by a physician as being terminally ill (life expectancy of six months or less). Hospice is covered by other insurance.

Member Clinical Eligibility: Members must be certified as terminally ill in accordance with 130 CMR 437.411. Recertifications are required in accordance with 130 CMR 437.411

Other Home Based & Therapeutic Services: Hospice Services

Hospice Services 130 CMR 437.000 **Program Manager**: Abby Newton

Providers: 79 Hospice providers.

Population Served: Serves people of all ages who are certified by a physician as having a terminal illness.

Other Conditions/Limitations: Members must agree to waive certain MassHealth benefits in accordance with 130 CMR 437.412, and must elect to receive hospice services. As of 2009, members in hospice may also receive MassHealth PCA services if coordinated by the hospice as part of the member's plan of care and authorized by MassHealth.

Other Home-Based Services: Durable Medical Equipment & Supplies Oxygen & Respiratory (DME)

DME Services
130 CMR 409.000 & 427.000 **Program Manager**: Dee Trubiano-Paulauskas

Description: Provides members with medically necessary equipment, accessories, or supplies in member's home. Certain customized DME may be provided to members in nursing facilities. Services include the purchase, rental, and repair of customized equipment, mobility equipment, absorbent products, Personal Emergency Response System (PERS), enteral and parenteral products, and oxygen and respiratory equipment, and instruction in its use, as appropriate. Other insurance covers DME/Oxygen.

Member Eligibility: Must meet eligibility requirements described in 130 CMR 409.000 or 427.000

Other Home- Based Services: DME

DME
130 CMR 409.000 & 427.000 **Program Manager**: Dee Trubiano-Paulauskas

Providers: 16 Oxygen & Respiratory providers and 99 DME providers, not including pharmacies who provide certain DME. Providers may specialize in the provision of certain DME.

Population Served: Serves people of all ages and disabilities.

Other Conditions/Limitations: Services must be medically necessary in accordance with regulations and guidelines. Many products/services have maximum allowable units. Non-covered services are specified in the regulation. Prior authorization is required for many products/services. Covered service codes, modifiers, service limitations, and prior authorization (PA) requirements are listed in the *DME and Oxygen Payment and Coverage Guidelines Tool* available on the MassHealth website.

Other Home-Based Services: Orthotics & Prosthetics (O&P): Equipment and Supplies

O&P: 130 CMR 442.000, 428.000 **Program Manager**: Dee Trubiano-Paulauskas

Description: Provides medically necessary orthotics and prosthetic devices, including but not limited to shoes, braces, artificial limbs, and splints to MassHealth members at home and in nursing facilities in accordance with regulations. Other insurance covers O&P.

Member Eligibility: Must meet eligibility requirements described in 130 CMR 442.000 or 428.000. See regulations at 130 CMR 450.105 for additional coverage types.

Other Home-Based Services: O&P Equipment and Supplies

O&P 130 CMR 442.000, 428.000 **Program Manager**: Dee Trubiano-Paulauskas

Providers: 27 Orthotics providers, 33 Prosthetics providers.

Population served: Serves people of all ages.

Other Conditions/Limitations: Services must be medically necessary in accordance with regulations and guidelines. Many products/services have maximum allowable units. Non covered services are specified in the regulation. Prior authorization is required for most products/services. Covered service codes, modifiers, service limitations, and PA requirements are listed in the *Orthotics and Prosthetics Payment and Coverage Guidelines Tool* available on the MassHealth website.

Reflection Question

Mike does not communicate with speech as a result of living with Muscular Dystrophy and has been prescribed a communication device to communicate. He uses a pointer on his head to type messages on a key board that reads his text out loud. This is a type of device called an augmentative communication device ACD).

Which of the following will MassHealth cover for Mike under Equipment and Supplies?

A.Purchase of his speech ACD
B.Purchase and repair of his ACD
C.Neither the purchase or repair of his ACD

The Answer Is…….

B. With prior authorization, MassHealth will pay for the purchase and repair of Mike's augmentative communication device.

Institutional-Based Services: Chronic Disease & Rehabilitation Hospitals (CDRH)

Chronic Disease & Rehabilitation Hospitals (CDR Hospitals)
130 CMR 435.000 (Inpatient) & 130 CMR 410.000 (Outpatient)
Program Manager: Pavel Terpelets

Description: CDRHs provide a wide range of inpatient and outpatient services. Services for rehabilitation include: stroke, amputee, head injury, spinal cord injury, pulmonary or physical medicine and rehabilitation. Chronic services include: oncology, complex medical management, HIV and AIDS, complex wound management, post medical-surgical problem or congestive heart failure. In Medicare these types of hospitals are called Long Term Acute Care Hospitals (LTACs) and Inpatient Rehabilitation Facilities (IRFs) as a result, you might hear them referred to under those names and acronyms.

Member Clinical Eligibility: See clinical eligibility criteria in 130 CMR 435.409-10.

Chronic Disease & Rehabilitation Hospitals (CDR Hospitals) Institutional-Based Services

Chronic Disease & Rehabilitation Hospitals (CDR Hospitals)
130 CMR 435.000 (Inpatient) & 130 CMR 410.000 (Outpatient)
Program Manager: Pavel Terpelets

Providers: 15 private, 1 out of state, and 4 public CDR Hospitals contract with MassHealth to provide CDR hospital services.

Population Served: MassHealth members of all ages

Other Conditions/Limitations: Inpatient services require pre-admission clinical assessment and determination performed by MassHealth or its agent. Outpatient department services (OPD) do not require prior authorization except for therapy services (PT, OT, ST). Therapy services require prior authorization after a limited number of visits.

Nursing Facilities: Institutional-Based Services

Nursing Facilities (NF) 130 CMR 456.000 Program Manager: Pavel Terpelets

Description: Nursing Facilities (NFs) provide short-term and long-term skilled nursing services for eligible MassHealth members with medical, psychological and physical diagnoses that require 24 hour nursing care.

Member Clinical Eligibility: Must meet eligibility criteria described in 130 CMR 450.105 and clinical eligibility criteria described in 130 CMR 456.109

Institutional-Based Services

Nursing Facilities (NF) 130 CMR 456.000

Providers: Almost 400 NFs provide comprehensive long term care services to residents with short term rehabilitative and long term care needs. 4 additional facilities are considered Transitional Care Units (TCUs) which provide short term rehabilitative services.

Population Served: Serves eligible Members of all ages. Primary population, 65+

Other Conditions/limitations: Requires pre-admission clinical assessment and eligibility determination performed by an Aging Service Access Point (ASAP) and financial eligibility determination. For individuals 22 years of age and younger eligibility determinations are made by the Department of Public Health's Medical Review Team (MRT).

Questions?

Section IV.

MassHealth Office of Long Term Services and Supports (OLTSS) – Coordinated Care Programs

Coordinated Care Programs

Program of All Inclusive Care for the Elderly (PACE): 42 CFR 460 and 130 CMR 519.007

- PACE is a fully capitated Medicare and Medicaid managed care program authorized under federal and state regulation and managed jointly by MassHealth and the Centers for Medicare & Medicaid Services (CMS).

- PACE began in 1990 as a pilot program in California, and in Massachusetts in 1995

- PACE is a center-based program that offers a complete range of health and health-related services designed to keep frail elders living in the community safely for as long as possible.

- Enrollment as of April 2019: 4,799

Coordinated Care Programs

Program of All Inclusive Care for the Elderly (PACE): 42 CFR 460 and 130 CMR 519.007

Model of Care:

- Coordinated care is planned and provided by a interdisciplinary team (IDT) of providers that includes physician, nurse practitioner, nurses, social workers, rehabilitation and recreation therapists, health aides and others.

- PACE works in partnership with each participant and their caregivers, the team creates an individually designed care plan to best meet the needs of each person.

- PACE delivers all needed medical and supportive services, including hospitalizations, rehabilitation services, and long term care services.

Coordinated Care Programs

Program of All Inclusive Care for the Elderly (PACE): 42 CFR 460 and 130 CMR 519.007

The PACE Interdisciplinary Team (IDT) develops a participant specific plan of care. The IDT consists of:

- PCP
- RN/NP
- MSW
- PT
- OT
- Recreational Therapist/Activities Coordinator
- Dietitian
- PACE Center Manager
- Home Care Coordinator
- PCA/CNA Coordinator
- Transportation Coordinator

Coordinated Care Programs

Program of All Inclusive Care for the Elderly (PACE): 42 CFR 460 and 130 CMR 519.007

Member Eligibility:

- A MassHealth member enrolled in MassHealth Standard
- Aged 55 or over,
- Meet the Nursing Home Certifiable (NHC) clinical criteria in accordance 130 CMR 456,
- Residing in a geographical area served by a PACE provider

Coordinated Care Programs

Program of All Inclusive Care for the Elderly (PACE): 42 CFR 460 and 130 CMR 519.007

Enrollment Requirements:

- The MassHealth member must choose to enroll in PACE voluntarily
- Agree to receive all services from the PACE organization, except in the case of an emergency or when traveling temporarily out of the service area; and
- Agree to assist his or her primary care physician or primary care team in developing an Individualized Plan of Care.

Prospective PACE members must:

- Be screened by a registered nurse from the PACE provider
- Must meet the level of care required for nursing home services as certified by a MassHealth Clinical Coordinator
- Be capable of safely residing in the community setting

Coordinated Care Programs

Program of All Inclusive Care for the Elderly (PACE): 42 CFR 460 and 130 CMR 519.007

PACE Availability:

- PACE is not available statewide. Each PACE organization has a designated service area
- The MassHealth participating PACE organizations are:
  - Elder Service Plan of Cambridge Health Alliance
  - Elder Service Plan of East Boston – Neighborhood PACE
  - Elder Service Plan of Harbor Health Services
  - Elder Service Plan of North Shore – Element Care
  - Uphams Elder Service Plan
  - Summit Elder Care
  - Serenity Care
  - Mercy Life

Coordinated Care Programs

Program of All Inclusive Care for the Elderly (PACE): 42 CFR 460 and 130 CMR 519.007

PACE Oversight:

- OLTSS tracks contract compliance, enrollment, and plan financials.
- CMS monitors compliance through reporting.
- Two types of enrolled participants:
  - Medicare and MassHealth (Dual Eligible)
  - MassHealth (Medicaid Only)

Coordinated Care Programs

Senior Care Options (SCO): 130 CMR 508.008

Background:

- Initially authorized by state legislation and through a Memorandum of Understanding with CMS, SCO permits the Commonwealth of Massachusetts to serve a broad group of seniors
- The SCO program began as a demonstration project in 2004
- Now operated as Fully Integrated Medicare Advantage Special Needs Plan (FIDE SNP)
- Operated jointly with CMS
- Enrollment: April 2019: 60,259

Coordinated Care Programs

Senior Care Options (SCO): 130 CMR 508.008

Objectives:

- To maintain seniors in their homes and communities by integrating all aspects of preventive, acute and long-term care
- To have a single organization that is fully accountable for delivery, coordination, management and quality of medical, behavioral and long term service and supports
- Integrate the services a member receives from both Medicaid and Medicare

Structure:

- The SCO Integrates MassHealth and Medicare with other community services
  - All MassHealth services, including comprehensive behavioral health services
  - All Medicare services, including Part D
  - All community services: other community services, such as meals on wheels, homemaker services, etc.
- All enrollees must select a Primary Care Provider (PCP)
- All enrollees must see in-network providers
- Payment to the SCO is based on enrollee geography and on clinical need

Coordinated Care Programs

Senior Care Options (SCO): 130 CMR 508.008

The **6 Participating SCO Organizations** are:

- Boston Medical Center HealthNet Plan
- Commonwealth Care Alliance
- Fallon Health Plan
- Senior Whole Health
- Tufts Health Plan
- United Healthcare

Coordinated Care Programs

Senior Care Options (SCO): 130 CMR 508.008

Member Eligibility:

- Participation is voluntary
- Participants must be age 65 and over
- Participants must be eligible for MassHealth Standard (can be eligible for MassHealth Standard through the Frail Elder Waiver)
- Participants may or may not have Medicare (A and/or B)
- Participants can live in any setting (in the community or a facility)
- Participants must reside in a county serviced by the SCO of their choosing

Coordinated Care Programs

Senior Care Options (SCO): 130 CMR 508.008

Model of Care:

- Upon enrollment, an individualized care plan is developed for every member
- Primary Care Team for members with complex care needs
  - PCP
  - Nurse Care Manager
  - Geriatric Social Worker (from the local ASAP)
- PCP/Team coordinate all of the enrollee's services
- Access to Nurse Care Manager 24/7
- Enhanced Dental Benefits

Coordinated Care Programs

Senior Care Options (SCO): 130 CMR 508.008

Advantages of SCO enrollment:

- Electronic Centralized Enrollee Record - available to care team 24/7
- Full scope of primary, acute and behavioral health care services including pharmacy without co-pays or deductibles
- Access to full range of community supports through geriatric social work expertise from the Aging Service Access Points (ASAPs)
- One card, one number to call for help

Coordinated Care Programs

Senior Care Options (SCO): 130 CMR 508.008

- **SCO Oversight**
  - Each SCO is monitored by CMS and the State through formal reporting
  - Each SCO holds an identical contract with MassHealth: Includes performance measures and quality of care indicators
  - OLTSS tracks contract compliance, enrollment, and plan financials.
- **SCO program evaluation**
  - **Finding: The impairment levels of SCO enrollees entering nursing facility is higher than in comparable non-SCO populations.** Nursing facility cohort study- JEN Associates March 2010
  - **Finding: Long Stay Nursing Facility experience is reduced over comparable fee for service populations by 16%.** Nursing facility cohort study – JEN Associates March 2013

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Questions?