

Commonwealth of Massachusetts

Executive Office of Health and Human Services



Kenneth J. Smith

MassHealth Office of Long Term Services and Supports

Programs and Services Overview

May 2014



Overview

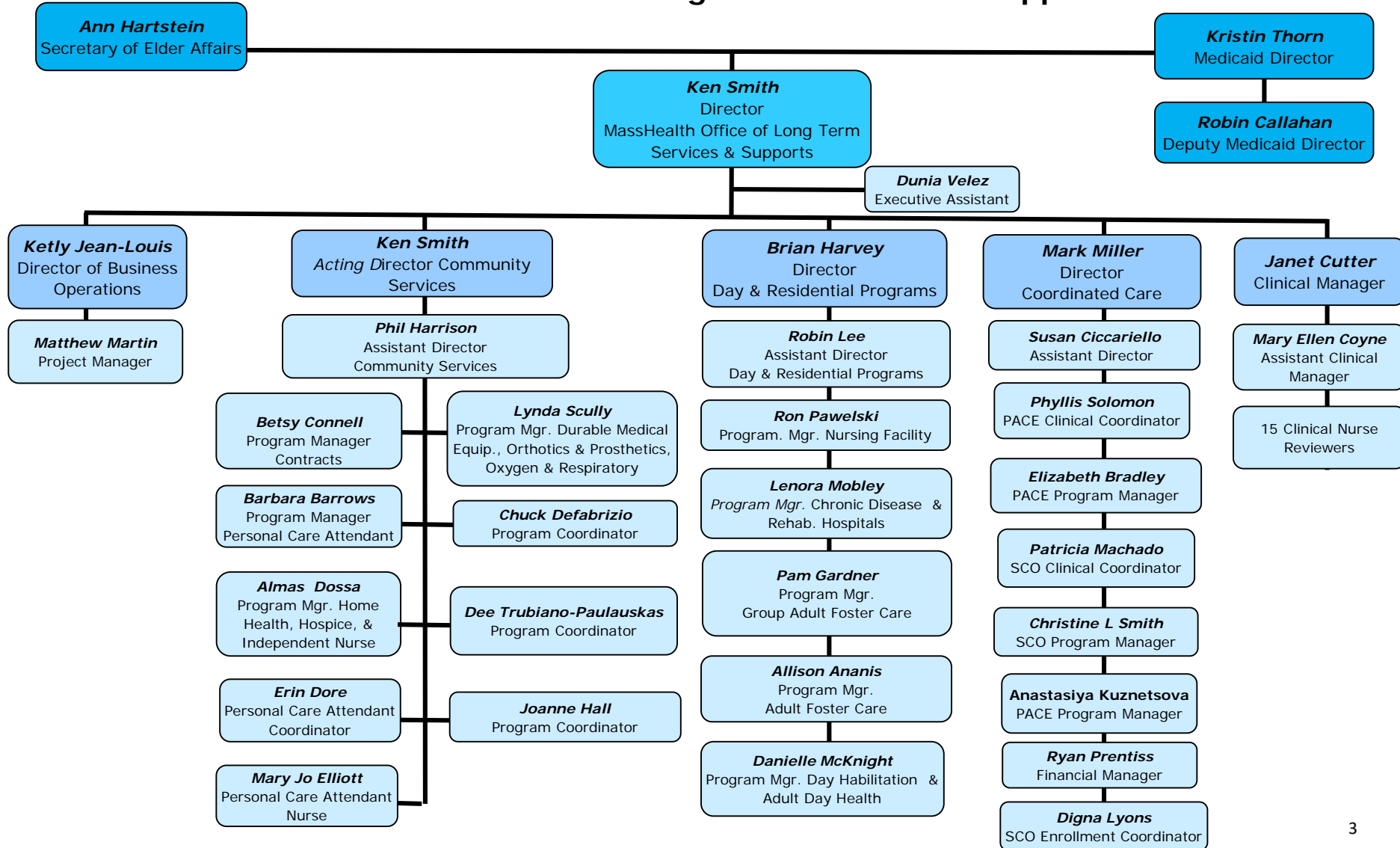
- Staff – The OLTSS Team
- Community programs
- Day and Residential Services
- Facility-based programs
- Coordinated Care programs



Organizational Chart



Executive Office of Health & Human Services (EOHHS) Executive Office of Elder Affairs MassHealth Office of Long Term Services & Supports





The OLTSS Leadership Team

OLTSS Director: Ken Smith

- **Community Services:**

- Director - TBD
- Assistant Director - Phil Harrison

- **Day & Residential Programs:**

- Director - Brian Harvey
- Assistant Director - Robin Lee

- **Coordinated Care Services:**

- Director - Mark Miller
- Assistant Director - Susan Ciccariello

- **Clinical Services:** Director- Janet Cutter

- **Business Operations:** Director-Ketly Jean-Louis



The MassHealth Office of Long Term Services and Supports 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 care services 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.

Payment for Services: Payment rates for each service/program type are established through various rate methodologies (e.g., provider costs, Medicare benchmarks, cost to charge ratio) reviewed annually or biennially and adopted by EOHHS.



Each MassHealth benefit (service or program) has an assigned Program Manager; a Program Manager is responsible for administration and oversight activities that include:

- 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 (CHHIA) to update rates.
- Updating the State Plan.
- Understanding and managing 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).
- Supporting activities of oversight agencies (e.g. CMS, Attorney General, State Auditor).



OLTSS manages certain "unique" benefits for which there is no other state-agency oversight (licensure, certification, or compliance survey); these benefits are also typically not covered by private insurers (e.g. Adult Foster Care (AFC), Adult Day Health (ADH), Personal Care Attendant (PCA)).

For these services, OLTSS staff must perform specific focused activities such as provider enrollment, provider reviews, complaint resolution and compliance reviews.



- Adult Day Health
- Adult Foster Care
- Chronic Disease and Rehabilitation Hospitals
- Day Habilitation
- Durable Medical Equipment/Oxygen & Respiratory
- Early Intervention
- Group Adult Foster Care
- Home Health
- Hospice
- Independent Nursing
- Nursing Facilities
- Orthotics & Prosthetics
- Personal Care Attendant
- Program for All-Inclusive Care for the Elderly
- Senior Care Options
- Targeted Case Management
- Therapy



Community Services



- **Description:** Serves members with permanent or chronic disabilities who require physical assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Program structure is consumer directed— members are the employers of the personal care attendants (PCAs) and are responsible for recruiting, hiring, training, and supervising their PCAs. No other insurance covers PCA.
- **Member Eligibility:** Must have a chronic, permanent disability that impairs the member's ability to perform ADLs and IADLs without physical assistance; require physical assistance with 2 or more ADLs as defined in regulation; have MD/NP order for PCA.
- **Providers:** 27 Personal Care Management (PCM) Agencies contract with MassHealth to: evaluate members' need for PCA; assess need for surrogate; develop a Service Agreement; and to provide intake/orientation and skills instruction to members regarding their employer responsibilities and managing their PCA services. 4 Fiscal Intermediaries (FI's) contract with MassHealth to: 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.



Personal Care Attendant (PCA) cont.



- Population Served: Serves eligible members of all ages and disabilities.
- Other conditions/limitations: All PCA services require prior authorization from MassHealth or designee; members must appoint a surrogate if they are assessed as requiring a surrogate to manage the PCA program; PCA services for the Department of Developmental Services (DDS) eligible members who receive residential supports from DDS must be provided in accordance with Interagency Service Agreements (ISA's) between EOHHS and DDS.
- Program Manager: Betsy Connell, Barbara Barrows



- **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:** MassHealth regulations at 130 CMR 450.105 define the coverage types for DME and Oxygen.
- **Providers:** 22 Oxygen & Respiratory providers and 161 DME providers, not including pharmacies who provide certain DME. Providers may specialize in the provision of certain DME. For example, there are currently 4 DME providers in Massachusetts who specialize in provision and service of customized mobility equipment.
- **Population served:** 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 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.
- **Program Manager:** Lynda Scully



- **Description:** A statewide, integrated, program of services delivered by an interdisciplinary team to eligible children between birth and three years of age. The EI team may include a developmental specialist, physical therapist, speech-language pathologist, psychologist, occupational therapist, social worker, nurse and other specialty service providers. EI is covered by other insurance. DPH also covers EI for those members with no insurance options, and is the lead agency responsible for the development of program standards for EI.
- **Member Eligibility:** MassHealth regulations at 130 CMR 450.105 define the coverage types for Early Intervention. Children must be 0-3 years of age and have developmental delay due to identified disabilities, or be at risk due to certain birth or environmental circumstances.
- **Providers:** 65 EI providers statewide.
- **Population Served:** 0-3 years of age with developmental delay or at risk of delay.
- **Other conditions/limitations:** Limits exist on the number of allowable units and visits per day or year.
- **Program Manager:** TBD (Phil Harrison Interim)



- **Description:** HH Agencies provide nursing visits, home health aide services, physical therapy, speech therapy and occupational therapy 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 insurance.
- **Member Eligibility:** MassHealth regulations at 130 CMR 450.105 define the coverage types for home health services. Members must be under the care of a physician and have a skilled need for nursing or therapy services. Members must have a specific medical condition that requires a nurse visit of more than two continuous hours of nursing services to receive CSN services.
- **Providers:** 216 Home Health providers.
- **Population served:** All ages, provided member has a need for skilled nursing or therapy services.
- **Other conditions/limitations:** PA required for CSN services and for therapy services after 20 visits OT/PT or 35 visits ST. PA required for nursing visits for MassHealth Basic members. Other limitations described in regulation.
- **Program Manager:** Almas Dossa



- **Description:** Hospice is an all-inclusive benefit and uses an interdisciplinary team to meet all the member's medical needs related to terminal illness. 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 Eligibility:** MassHealth regulations at 130 CMR 450.105 define coverage types for hospice. Members must be certified as terminally ill in accordance with 130 CMR 437.411.
- **Providers:** 80 Hospice providers.
- **Population served:** Eligible members 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.
- **Program Manager:** Almas Dossa



- **Description:** Provision of CSN services to eligible members by Independent Nurse providers enrolled with MassHealth. Some Home Health agencies also provide CSN.
- **Member Eligibility:** Members must have a clearly identifiable, specific medical need that requires a nursing visit of more than 2 continuous hours duration.
- **Providers:** 725 independent nurse providers. Some home health agencies also provide CSN.
- **Population served:** Members of all ages with medically complex needs who require more than 2 continuous hours of nursing. Members who require CSN prior to age 22 have all of their MassHealth services coordinated and authorized through UMMS Community Case Management (CCM).
- **Other conditions/limitations:** All CSN services require prior authorization. Maximum weekly hours allowed is 112 hours; however there are exceptions as described in the regulations. Independent nurses cannot be paid for more than 60 hours per week of CSN.
- **Program Manager:** Almas Dossa



- **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:** MassHealth regulations at 130 CMR 450.105 define coverage types for orthotics and prosthetics.
- **Providers:** 26 Orthotics providers, 51 Prosthetics providers.
- **Population served:** 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.
- **Program Manager:** Lynda Scully



- **Description**: Physical Therapy (PT), Occupational Therapy (OT), and Speech/Language Therapy (ST) delivered by independent therapists, rehabilitation centers, or speech and hearing centers.
- **Member Eligibility**: MassHealth regulations at 130 CMR 450.105 define coverage types for therapy services. Services must be medically necessary and prescribed by physician or nurse practitioner.
- **Providers**: 1334 independent therapists; 4 Rehabilitation Centers; 3 Speech and Hearing Centers.
- **Population Served**: All ages.
- **Conditions/Limitations**: Prior authorization required after 20 PT visits; 20 OT visits; or 35 ST visits. No more than one individual visit per day.
- **Program Manager**: TBD (Phil Harrison Interim)



Day and Residential Services



- **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.
- **Member Eligibility:** Must be at least 18 or older. Requires physician approval. Must need cueing and supervision or with one of the following: bathing, dressing, toileting, eating, transfers and ambulation.
- **Providers:** 156 ADH providers.



- **Population Served:** < 65; there are several programs that offer services that are culturally based, or provide services to Members with dementia.
- **Other Conditions/Limitations:** Requires pre-admission screening completed and submitted by an Aging Service Access Point (ASAP).
- **Program Manager:** Danielle McKnight



- **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.
- **Member Eligibility:** Members must have a diagnosis of intellectual disability (ID) or developmental disability (DD), need and can benefit from DH services designed to improve independent functioning. DH services provided to Members residing in a nursing facility must be recommended for specialized services as a result of a preadmission screening conducted by the Department of Developmental Services (DDS).
- **Providers:** 167 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 or DD.



Day Habilitation (DH) Services cont.



- **Population Served:** < 65 with a diagnosis of ID or DD.
- **Other Conditions/Limitations:** DH provider completes all necessary assessments of Members to determine appropriateness for DH services.
- **Program Manager:** Danielle McKnight



- **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 oversight and care management are provided by the professional staff. Services are provided at two levels designed to provide care at varying levels of intensity.
- **Member Eligibility:** Must be at least 16 or older. Must meet clinical eligibility requirements and have physician approval. Must need hands-on care or supervision and cueing with at least one ADL task which include bathing, dressing, toileting, eating, transfers and ambulation.
- **Providers:** 65 AFC providers. Providers screen, recruit, and train caregivers, then match caregivers with eligible Members. AFC providers monitor the Members' care through regular nursing/care manager team visits.



Adult Foster Care (AFC) cont.



- **Population Served:** Clinically qualified people age 16 and older.
- **Other Conditions/Limitations:** Requires pre-admission screening completed and submitted by the AFC provider to Coastline Elderly Services (ASAP). Room and board fees are arranged between the Member and the Caregiver.
- **Program Manager:** Allison Ananis



Group Adult Foster Care (GAFC)



- **Description:** GAFC services are provided for people age 22+ who reside in site-based subsidized housing or a certified assisted living facility. GAFC offers personal care services, nursing oversight and case management oversight.
- **Member Eligibility:** Must be 22 or older. Must meet clinical eligibility requirements and have physician approval. Must need hands-on care or supervision and cueing with at least one ADL task such as bathing, dressing, toileting, eating transferring and ambulation.
- **Providers:** 168 GAFC providers (of which 127 are assisted living facilities). Providers monitor the participants' care through nursing/case management site visits. Personal care is provided on average 2 hours per day 7 days per week.



- **Population Served:** Clinically qualified people age 22 and older who reside in site-based subsidized housing or a certified assisted living facility.
- **Other Conditions/Limitations:** Requires pre-admission screening completed and submitted by the GAFC provider to 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).
- **Program Manager:** Pam Gardner



Facility-Based Programs:

Chronic Disease and Rehabilitation Hospitals

Nursing Facilities



Chronic Disease and Rehabilitation Hospitals (CDR)

130 CMR 435.000 (Inpatient) & 130 CMR 410.000 (Outpatient)



- **Description:** CDR hospitals 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.
- **Member Eligibility:** Members must have MassHealth Standard or CommonHealth coverage (see regulations at 130 CMR 450.105 for Coverage Types). MassHealth also covers CDR inpatient hospital services for MassHealth Family Assistance members not receiving Premium Assistance and meets the eligibility requirements of 130 CMR 505.005 (for information, see 130 CMR 450.105 (H)(3)).
- **Providers:** 17 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:** All CDR inpatient admissions require prior authorization through a pre-admission screening process to ensure that medical and nursing services are medically necessary. 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. CDR Hospitals are licensed by the Department of Public Health (DPH) and are required to be Medicare certified prior to enrolling as a MassHealth provider.
- **Program Manager:** Lenora Mobley



- **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 Eligibility:** Must meet clinical eligibility requirements defined in 130 CMR 456.409; requires a skilled service daily, or a combination of non-skilled and at least one qualifying nursing need.
- **Providers:** 402 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:** All NF services require prior authorization from an ASAP. NFs are licensed by DPH and are required to be Medicare certified prior to enrolling as a MassHealth provider.
- **Program Manager:** Ron Pawelski



Coordinated Care Plans: Program of All-Inclusive Care for the Elderly Senior Care Options



Programs of All Inclusive Care for the Elderly (PACE)



- **Description:** PACE provides the entire continuum of care and services to seniors (55 and older) with chronic care needs while maintaining their independence in their homes for as long as possible.
 - Federal/State program that offers coordination of care model that operates from a PACE site.
 - PACE provides all necessary medical and supportive services.
 - The member-specific plan of care is developed by the Interdisciplinary Team (IDT).
 - The IDT consists of PCP; RN/NP; MSW; PT; OT; RT; Dietitian; PACE Center Manager; Home Care Coordinator; PCA Coordinator; Transportation Coordinator.
 - PACE Plans: Elder Service Plan of Cambridge Health Alliance, Elder Service Plan of East Boston, Elder Service Plan of Harbor Health, Mercy LIFE, Inc., Elder Service Plan of the North Shore, Upham's Elder Service Plan, Summit Elder Care (Fallon), Serenity Care.



Program for All Inclusive Care for the Elderly (PACE)



- **Member Eligibility:** 55 and older; nursing home certifiable; able to live safely in the community at the time of enrollment; live in a PACE service area.
- **Providers:** 8 PACE providers operating 22 PACE sites serving approximately 3,160 members; provide 24/7 access to PACE oversight.
 - PACE providers are paid a monthly capitation rate from both MassHealth and Medicare.
 - Enrollment is voluntary.
 - PACE members must receive all services (except emergency services) from the PACE network of providers.
 - PACE providers are at full risk for all services received by their members.



Program for All Inclusive Care for the Elderly (PACE)



- **Other Conditions/Limitations:** Requires pre-admission screening completed and submitted by PACE via electronic Minimum Data Set-Home Care (MDS-HC) to MassHealth PACE Clinical Coordinator for final authorization.
- **Program Manager:** Elizabeth Bradley



Senior Care Options (SCO)



- **Description:** SCO is a partnership between MassHealth and Medicare:
 - Provides a complete package of health care and social services for Massachusetts residents that are 65 and older, and qualify for MassHealth Standard.
 - A team of health professionals develops a plan of total individualized care for each member.
 - Services are provided by a network of medical and other professionals, including a primary care physician, nurses, specialists, and a geriatric support coordinator, who are part of a Senior Care Organization.



- **Population Served:** 65 years old and older who live in the SCO service area; enrollment is voluntary.
 - Approximately 31,000 members.
 - Served by 5 SCOs: Commonwealth Care Alliance, Navicare (Fallon), Senior Whole Health, Tufts Health Plan Senior Care Options, and UnitedHealthCare Senior Care Options.
 - Expected enrollment growth to be 37,000 – 40,000 by 7/1/15.
 - Must be eligible for MassHealth Standard and not be subject to a deductible.



- **Other Conditions/Limitations:**
 - Community well categories: SCO provider completes all necessary assessments for enrollment; after enrollment in SCO, MassHealth will only cover services provided by the individual SCO and its network of providers (except in an emergency).
 - Payment for Services: Capitated service rates are established by contract (Medicare and Medicaid service integration). Tiered payment rates based on the Member's acuity level.
- **Program Manager:** Christine Smith, Ryan Prentiss, Digna Lyons



- MassHealth Information
www.mass.gov/masshealth
- Center For Health Information and Analysis
www.mass.gov/CHIA
- MassHealth Customer Service Center
1-800-841-2900



www.mass.gov/masshealth

Provider Library:

- MassHealth regulations and other publications (Transmittal Letters, Bulletins, Service Codes and Descriptions (Subchapter 6)).
- Billing and Payment
- Certification, Licensure and registration
- Forms and applications
- Guidelines and resources



Pursuant to Chapter 224 of the Acts of 2012, the authority for rate setting and regulation promulgation was transferred from the Division of Health Care Finance and Policy (now the Center for Health Information and Analysis) to EOHHS. CHIA develops and promulgates payment rates on behalf of EOHHS through an ISA.

www.mass.gov/chia

- Regulations
- Public hearing notices and bulletins
- Cost report information
- Other publications



Questions & Answers

Prepared by OLTSS 5/22/2014