

Complex Care Assistant Frequent Asked Questions (FAQ)

1. What are complex care assistant services?

Complex care assistant (CCA) services are a new service type, established under the MassHealth Continuous Skilled Nursing (CSN) Agency regulations at 130 CMR 438.000. MassHealth created this new service type to provide more support for Community Case Management (CCM) members and as a way to pay family caregivers for specialized care to medically complex MassHealth members. This new service does not replace CSN services; it is meant to complement CSN services and provide an additional care option. CCAs can perform more skilled tasks than a home health aide (HHA), and they will work through a CSN agency. CCA services can only be provided to MassHealth members who meet the medical necessity requirements for CSN services.

2. When will CCA services become available?

The regulations establishing CCA services went into effect on **July 21, 2023**, however, CSN agencies may require more time to prepare before they start delivering the service. MassHealth has been meeting with CSN agencies to discuss this new service and the steps needed for implementation. We hope some agencies will start providing services in August/September 2023.

3. Who can have CCA services?

To qualify for CCA services, you must be a MassHealth member and you must qualify for CSN services. All CCM members are eligible for CCA services; however, the services must not duplicate other services the member is receiving. Please note that CCA services are optional for CCM members and families.

4. Who can provide CCA services?

CCA services can be provided by individuals who are hired by a CSN agency to provide these services. CCAs can be family members, including parents, spouses, and legal guardians. Nonfamily, including friends, neighbors, or individuals not connected to the CCM member, are also able to become CCAs.

CCA services may only be provided through CSN agencies. Not all CSN agencies may provide CCA services, nor are they required to do so.

5. Can a parent have multiple roles at the same time; for example, HHA, CCA, PCA (personal care attendant) (non-guardian), and nurse (if licensed)?

A parent can serve as multiple provider types, however, they cannot provide both services at the same time.

6. What can a CCA do?

CCAs are able to complete “personal care services,” which include all the same tasks that a HHA can do. Additionally, CCAs can perform “enhanced care services” that do not require the skills, judgement, or assessment of a nurse. These services include:

- **enteral G-tube/J-tube feedings** – includes pump set up/discontinuation and/or administering bolus feeds; does not include changing or replacing of equipment
- **skin care including application of OTC products or routine G-tube/J-tube care** – application of non-medicated over-the-counter products or routine G-tube/J-tube care, or stomas requiring care, or simple dressing changes that do not require application of medications, medicated, or specialized dressing products
- **oxygen therapy** – provides assistance to replace oxygen tubing or nasal cannula and set oxygen at ordered flow rate as long as the care is not in response to a respiratory event requiring the judgement and assessment of a nurse
- **oral (dental) suction to remove superficial oral secretions** – provides suctioning of superficial secretions in the oral cavity, includes set up and cleaning of suction device.
- **ostomy and catheter care** – empties/changes ostomy bag or urinary collection devices and cleans skin where there is no need for skilled skin care, recording, observation or reporting required. Does not include the replacement of catheters.
- **modified meal preparation** – prepares diets that do not require nurse oversight to administer. This may include modification of meal consistency as directed.
- **equipment management and maintenance** (wheelchair, CPAP/BiPAP, oxygen and respiratory care equipment), such as simple cleaning, and monitoring, for and reporting any equipment issues to RN supervisor and CSN agency, including associated agency paperwork.
- **application and removal of braces, splints, and/or pressure stockings**
- **transportation to medical providers / pharmacy** (by driving the member or going alone)

7. What do I have to do to become a CCA?

To become a CCA for a family member, you need to

- speak with your CCM clinical manager and request an assessment for CCA services for the CCM member;
- identify a CSN agency who will hire you as a CCA;
- complete the required training and or competency evaluation for CCAs;
- complete any additional hiring requirements of the CSN agency; and
- follow all agency requirements regarding documentation, onboarding, employment, etc.

8. What are the training requirements for CCAs?

To become a CCA, you need to complete the competency training and/or competency evaluation requirements established in MassHealth regulations and [CSN Agency Provider Bulletin 13](#). The CSN agency that employs you will tell you its specific training and evaluation process. Each agency may have a slightly different process, as long as it complies with MassHealth regulations, as described next.

- A CCA must meet home health aide training and competency requirements which include
 - Completing a 75-hour training and competency evaluation; or
 - Completing a competency evaluation; or
 - Being a certified nursing assistant (CNA).

- A CCA must complete the training and evaluation requirements for enhanced care services which include
 - completing at least 10 hours of in person training and a competency evaluation; or
 - completing a competency evaluation.

NOTE: You will only need to complete training and or demonstrate competency in the enhanced care tasks which are specific to the CCM member. For example, if the member does not require tube feedings, you would not need to complete training and/or demonstrate competency in tube feedings.

- A 12-month enhanced care evaluation must be conducted by a Registered Nurse (RN) for all CCAs. The enhanced care evaluation will happen annually. The evaluation will review the member-specific care tasks performed by the CCA, and new training and competency evaluations will be provided as necessary.

9. Can nonfamily individuals who want to be CCAs complete the competency evaluation instead of the training requirements? (for example, CNAs, EMTs, nursing students, other medical professionals, etc.)

Yes. Nonfamily individuals may also complete the competency evaluation instead of training; however, this is up to the CSN agency employing the CCA.

10. How will CCA hours be authorized?

CCM will conduct an assessment to determine the number of medically necessary CCA hours the CCM member is eligible to receive. Because several CCA tasks may overlap with, and thus duplicate other services the member is receiving (for example, PCA, HHA, and CSN services), the CCM clinical manager will work with the member to identify which services they would like to have performed by which role. For example, if the member has PCA services and would like to add CCA services, the clinical manager will work with the member to determine which activities of daily living (ADLs) the member would like the PCA to provide and which the member would like the CCA to provide.

We recognize that completing multiple assessments can be a burden for members and families. Ultimately, the assessment for CCA services will be available as part of the LTSS assessment for CSN services, HHA, and/or PCA services, to minimize the number of yearly assessments. However, as this service is new and most families' LTSS assessment will not be due at the time they would like to start receiving CCA services, a separate assessment for CCA services is needed. We are working with CCM to simplify this assessment as much as possible.

11. How can CCA hours be adjusted if a member has a change in their nursing or PCA schedule?

If a member/family wants to move hours from one service type to another, they may be able to do so – as long as the tasks are appropriate for each service type and there is no duplication of services. To move hours from one service type (such as PCA) to CCA services or vice versa, both services will need to have adjustments made to their prior authorizations (PAs). The care tasks that are being moved from one PA to another must be applicable to that service type. For example, PCAs are authorized to

administer medication at the direction of the member/member's surrogate while CCAs are not. In this case, a member/family could not move time authorized for medication administration from their PCA hours to their CCA hours. Additionally, if a member is moving services from one service authorization to another, they must still have enough applicable services on each authorization to remain eligible. For example, in order to be eligible for PCA services, the PCA authorization must include at least two activities of daily living.

In another example, if a nursing or PCA provider's schedule changes (for example, loss of provider, planned vacation, or other unexpected or unplanned absence) or if a nurse calls out sick for a week and the family would like to increase their CCA hours during that time, they would only be able to increase their CCA hours based on the tasks that are appropriate for a CCA. This means that not all of their CSN hours would be directly transferred to CCA; only enhanced care tasks that the member requires could be moved from the CSN authorization to the CCA authorization for the requested duration.

The process for adjusting a PA involves collaboration between the member/family, their CSN agency providing CCA services, and CCM, and other service entities as appropriate (such as PCM for PCA services). If a family would like to move hours from CCA to another service or vice versa, they should first connect with their CSN agency to discuss the desired change and come to an agreement regarding the impact to present services and the member's plan of care. Together, the family and the agency should reach out to CCM to request an adjustment be made to the associated PAs.

CCM will adjust the appropriate PAs and assessments for whichever services are impacted, ensuring there is no duplication of services and that the member remains eligible for each service as a result of this change. Adjusting the PA may take up to 14 days; however, the adjusted PAs for CCA and CSN can be dated retroactively to account for the time when the change took place. This adjustment can be retroactive to the date of the actual change, to ensure no gaps in billing/care. Please note that for PCA services, the PA adjustment cannot be dated retroactively and a physician's signature is required in some circumstances, so this process may take longer.

12. Can CCAs work overnight hours?

MassHealth regulations do not restrict the hours when a CCA may provide services. CSN agencies will work with their employees to establish schedules based on the member's care needs, the PA, and plan of care.

13. Can CCAs accompany a CCM member to the hospital?

MassHealth cannot reimburse for CCA services while a member is admitted to/under the care of the hospital, as this would be considered a duplication of services. However, MassHealth can reimburse for CCA services accompanying a member to the hospital as medically necessary, until the member is under the care of the hospital staff.

14. What are the supervision requirements for CCAs?

CCAs will be supervised in two formats:

1. An RN will provide in-person or virtual supervision every 14 days. The CCA does not have to be present for this supervision; and
2. An RN will provide in-person supervision every 60 days while the CCA is caring for the member.

The 60-day in-person supervisory visit may be completed at the same time as the 14-day supervisory visit. Additionally, if the CCM member is receiving CSN services from an RN from the CSN agency employing the CCA, the 14-day supervisory visit and the 60-day supervisory visit may be completed along with the RN's CSN shift. Neither of these visits will use a member's authorized CSN hours.

These supervision requirements mirror the HHA requirements, which are established by the Centers for Medicare and Medicaid Services (CMS).

15. Can training requirements be fulfilled online or remotely?

MassHealth regulations allow the use of online or remote training for CCA services, as long as the CSN agency or training organization meets the requirements established in the regulations and other guidance for the competency training and comprehension requirements.

16. How much will a CCA be paid? Will all agencies pay the same amount?

MassHealth will reimburse CSN agencies for CCA services at the rates specified in 101 CMR 361.00, which as of July 1, 2023, are \$11.25/15-minute unit. MassHealth is requiring a wage passthrough of 65%, meaning that at least 65% of the rate established in 101 CMR 361.00 must go to the CCA for services provided. This comes out to a gross wage of 29.25/hour.

The gross wage is subject to applicable taxes and any elected employee contributions or wage deductions, such as 401(k) withholdings.

The 65% wage passthrough sets a gross wage minimum that agencies are required to pay. Agencies may choose to pay above that rate. This rate is subject to review every two years and may be amended through rate amendments to the regulations at 101 CMR 361.00.

17. Will family caregivers hired as CCAs be required to submit documentation for CCA hours performed?

Yes. All MassHealth services are required to have documentation of services provided. CSN agencies will be developing their own documentation templates for CCAs to complete. We have discussed the idea of creating a care check list to make this process less burdensome for families. However, this is up to each individual agency. Agencies will be responsible for submitting documentation to CCM for a member's CCA assessment/reassessment.

18. Which agencies will be providing CCA services?

MassHealth is working with CSN agencies who are interested in providing CCA services. A list of CSN agencies who will be providing CCA services is on the CCM member webpage. This list will be updated

and will be shared with CCM clinical managers. Please speak with your CCM clinical manager if you need help finding a CSN agency providing CCA services in your area.

19. What is the difference between a complex care assistant, a home health aide, and a personal care attendant?

The following definitions and chart describe the differences between these three service types:

	Care Tasks	Training	Supervision
Complex Care Assistant (CCA)	ADLs, Incidental Services, and Enhanced Care Services	Must meet home health aide training/competency requirements and complete training and competency program for enhanced care tasks (at least 10 hours). Includes option for a competency evaluation instead of training for both home health aide qualifications and enhanced care services training.	Every 14 days, with some options for virtual supervision. Every 60 days in person supervisory assessment with the CCA.
Home Health Aide (HHA)	ADLs, Incidental Services	Must meet home health aide qualifications (either 75-hour training, CNA, or complete competency evaluation).	Every 14 days if receiving skilled care from the agency. Every 60 days if the agency is only providing home health aide services.
Personal Care Attendant (PCA)	ADLs and IADLs	4-hour administrative training.	No supervision – this is a consumer-directed program.

Activities of Daily Living (ADLs): activities related to personal care, specifically bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.

Instrumental Activities of Daily Living (IADLs): activities that are instrumental to the care of the member's health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork.

Incidental Services: Additional services that may be needed when ADLs are performed (for example, light cleaning, preparing a meal, removing trash).

Enhanced Care Services: These are a specific set of tasks that CCAs may provide. For more details, please refer to FAQ #6.

20. Can I have CCA services and PCA services?

MassHealth members can have both CCA services and PCA services as long as they

- meet the medical necessity criteria for both services
 - For PCA: member must need support with at least two ADLs
 - For CCA: member must require more than two hours of CSN services per day and must have care needs that can be safely performed by a CCA
- do not have duplication of services

If a member would like to have both services, the CCM clinical manager will work the member to identify which eligible services the member would like to have provided by a CCA and which eligible services the member would like to have provided by a PCA. Please note: if you have a CCA provide ADL support, you must have at least two ADLs that are provided by the PCA in order to meet the medical necessity criteria for both.

21. Can unused CCA hours accumulate and be used at any time during the PA period?

No. Only unused CSN services may be used throughout the PA period.

22. Are CCA services meant to replace CSN services?

No. CCA services are not meant to replace CSN services. CCA services are distinct from CSN services, as CCAs are not authorized to provide care that require the skills of a nurse.

23. Why is MassHealth creating CCA services?

MassHealth created this new service type because it was the fastest way to establish a paid family caregiver model and expand support for CCM members. Given the ongoing nursing workforce shortage, we understand that many families have been providing significant care to CCM members. MassHealth is committed to continuing to work on initiatives to bolster the CSN workforce.