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FOLLOW UP INFORMATION RE: CCM Member and Family Quarterly Call: 3/17/2023

AGENDA

TOPIC	TIME
Temporary Pause on Re-Assessments – Data Outcomes	3:00 – 3:30
Independent Nurse Regulations and Family Feedback	3:30 – 4:00
CCM Member and CCM Family Feedback	4:00 – 4:30

CCM Member and CCM Family Feedback and Follow up

Temporary Pause on Re-Assessments – Data Outcomes

1. CCM families asked questions regarding data collection and outcomes.

- i. Were all CCM members/families contacted at the end of the pause to confirm hours?
- ii. What was the average number of hours filled for the 68 members who saw an increase?
- iii. Of the members who asked for assistance, how many saw no increase in hours?

OLTSS Response: Yes, all CCM members and families were contacted at the beginning and end of the temporary pause to confirm their CSN hours. For the 68 members who reported an increase during the temporary pause, the average number of hours increased was 21 hours per week. Of the members who asked for assistance from CCM, 91 did not have any increase in hours.

2. CCM families asked questions regarding CCM clinical managers' outreach process.

- i. Were calls made to Independent Nurses during the pause?
- ii. During the calls, can CCM ask why agencies do not have nurses on staff looking for work?

OLTSS Response: CCM Clinical Managers made calls to Independent Nurses and CSN and Home Health agencies to find available nurses for CCM families who requested assistance. CCM only called Independent Nurses if the CCM member/family indicated they wanted work with an Independent Nurse. While calling agencies, CCM asked if the agency had nurses available or if they were willing to recruit for nurses that met each specific member's needs and criteria.

- iii. Could you tell us more about the CCM clinical manager's outreach process?
 - a. Were agencies called repeatedly to check on status of waitlist? Or were only new referrals made?
 - b. How were outreach efforts documented. Was it 1 call, 1 referral? How many outreach efforts did families request?

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OLTSS Response: CCM Clinical managers called Independent Nurses and CSN and Home Health agencies, seeking available nurses based on CCM members' and families' preferences. When calling agencies, the CCM CM would make a referral to the agency and would make follow up calls every 1-2 weeks to check in on the status of that referral and recruitment by the agency. Outreach efforts were documented including the number of phone calls and the number of providers contacted. CCM did not ask families to specify a number of outreach efforts.

3. CCM families asked questions about the end of the pause and next steps.

- i. Why would we pause when CSN workforce initiatives haven't gone live and we haven't seen a significant increase in filled hours

OLTSS Response: MassHealth and CCM launched the Temporary Pause on LTSS Re-Assessments based on CCM family feedback, which included a request to initiate this type of work immediately. MassHealth and CCM discussed the outcomes of the temporary pause throughout the entire pause period. From reviewing the data, the temporary pause did not have a significant impact on filled CSN hours. The outcome of the temporary pause demonstrated further that there are not enough CSN nurses to fill the present authorized hours for CSN services. Ultimately, MassHealth and CCM agreed to end the pause as we continue to work on initiatives to increase the CSN workforce.

- ii. Should the effort be more on recruiting new nurses into Homecare instead of calling the same nurses we call?

OLTSS Response: MassHealth appreciates the need to increase the CSN workforce. We have several initiatives which are focused on recruitment and retention of CSN nurses. We are also working on a procurement for a care/case management entity to support the CCM population. This entity as planned would support member care including workforce recruitment for nurses and other LTSS services.

- iii. Will MassHealth consider continuing a pause on re-assessments or consider an emergency extension of banked (unused) hours?

OLTSS Response: During the temporary pause, families who had their LTSS re-assessment due during the pause period had the option to postpone their assessment for another year. In these instances, CCM would issue a new prior authorization for the CCM member, using their current service record and authorized services. For families who chose this option, their unused CSN hours from the previous year did not transfer to their new authorization. For all MassHealth services, when a prior authorization ends, unused services may not be transferred to a different prior authorization. This is because prior authorization is established based on a member's medical necessity for a specified period of time. In other words, prior authorization is directly tied to medical necessity for a member and directly tied to the determined timeframe on the prior authorization.

- iv. Will CASP continue to make calls every month?

OLTSS Response: The CASP program will continue to function with outreach to providers and members. Ultimately, the CASP program will be phased out with the introduction of the online CCM Nurse Directory. However, CCM will continue to support members who are unable to access the online directory.

Independent Nurse Regulations and Family Feedback

1. CCM families asked questions about Independent Nurses and record keeping requirements.

- i. What constitutes a 'secure location' for INs maintaining member records?
- ii. Do INs keep records electronically? If so, "secure" is very important to define.
- iii. Consider amending regulations to require records to be completed before the end of shift.
- iv. Please consider making a universal template for INs and agencies to use.

OLTSS Response: Independent Nurses are required to maintain a copy of the member's record in a secure location that is accessible by the Independent Nurse, for purposes of audit. This is in addition to the requirement that the Independent Nurse maintains a copy of the member's record in the member's home and makes the record available to the member, their family, and any designee indicated by the member or family upon request. We will amend the regulation to include examples of what constitutes a "secure" location, such as a locked file cabinet or password protected electronic medical record system. Independent Nurses are required to abide by the Health Insurance Portability and Accountability Act (HIPAA). MassHealth regulations require Independent Nurses to keep an up-to-date medical record of all interventions. They also require the IN to make every attempt to coordinate care and/or change in shifts with other CSN providers.

MassHealth is developing medical templates that will be available to Independent Nurses to use. We are not at this time developing templates for agencies. MassHealth is also exploring the possibility of establishing a universal electronic medical record database for CSN services.

If families are concerned that a member's records are not being held securely by an IN, please notify your CCM clinical manager.

2. CCM families asked questions about prior authorization requirements.

- i. Do clinical managers have to review the plan of care prior to submitting a prior authorization for a provider?

OLTSS Response: CCM Clinical Managers create the prior authorization for CSN providers, and the CSN provider must obtain a copy of the prior authorization before providing services. Clinical Managers are not required to review the Plan of Care for each CSN provider serving the member; however, they do typically review the Plan of Care during the LTSS nursing assessment. Additionally, if a provider requests an increase in authorized hours, the Clinical Manager might ask to review their Plan of Care. Each CSN provider requires their own Plan of Care and must obtain a signed Plan of Care prior to providing services.

3. CCM families asked questions about the hours worked by Independent Nurses.

- i. Families had to sign off on nursing timesheets for agencies before they moved to electronic systems. Could we implement timesheets for INs?

OLTSS Response: MassHealth will consider this suggestion.

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- ii. Can INs be required to complete an attestation form stating the total hours they work (in CSN or outside) do not exceed the hours set by the regulations (60 hours)?

OLTSS Response: MassHealth does not have oversight or line of sight into INs work outside of CSN services. However, MassHealth is considering amendments to the IN regulations to allow CCM members/families to request an IN work up to 16 hours in a 24-hour consecutive period. In instances where a CCM member/family requests having an IN work more than 12 hours in a consecutive 24-hour period (maximum of 16), MassHealth will require INs to submit a signed attestation to CCM that they do not work for another member or employer during the remaining 8 hours of the same 24-hour period.

4. CCM families asked questions about the IN enrollment process and requirements.

- i. Can you please explain the IN Enrollment process to families so we know all steps and can try to expedite the enrollment process?

OLTSS Response: MassHealth has put together a Fact Sheet for members and families regarding the IN enrollment process. We are planning to share this resource along with other information about IN enrollment on the CCM member webpage, which can be found at <https://mass.gov/ccm>. If families have additional questions about the enrollment process, we encourage them to reach out to their CCM clinical manager.

- ii. Does the IN provider vaccine bulletin still put the pressure on the parents to monitor?

OLTSS Response: INs who were in network in October 2021 were required to complete the primary series of COVID vaccinations and a booster unless the member they served waived this requirement. Any INs who newly enrolled since October 2021 are required to complete the primary series. Our vendor, Optum, is in charge of monitoring compliance with this requirement. INs are required to share their vaccination status with families they work with or with families considering working with them upon request.

5. CCM families asked questions about IN training and oversight.

- i. Could we provide pay and improve training for INs?

OLTSS Response: Per CMS, MassHealth can only provide payment for delivery of services to the member, so we are unable to compensate INs for attending administrative trainings through Optum. MassHealth is launching the CSN Training Grant, which will provide clinical training to the CSN workforce, including INs. MassHealth will be providing stipends for Independent Nurses who participate in the training program.

- ii. Are LPNs limited in the services they can provide? What supervision requirements do they have?

OLTSS Response: LPNs can operate as INs and perform all CSN tasks. They are considered to be under the general direction and supervision of an ordering physician who signs the Plan of Care/issues nursing orders for the LPN.

6. CCM families asked questions about when they have concerns regarding an IN.

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- i. Can CCM or MassHealth have an on-call team of nurses during off hours for handling concerns with INs?
- ii. Are complaints about INs kept in a centralized manner? Who should we call with concerns?
- iii. When a family rejects a nurse because they are working too many hours, can a flag be added to them so other families are aware?

OLTSS Response: MassHealth and CCM do not have the capacity to respond to IN concerns after hours at this time. If you experience an issue with an IN that requires an immediate response, we encourage you to reach out to the member's physician or to call 911 if there is an emergency. All other issues with an IN should be reported to your CCM clinical manager. MassHealth reviews all complaints of misconduct with CCM and with the member/family as applicable. Depending on the outcome of these discussions, MassHealth will have CCM connect with the IN to discuss these concerns, report the nurse to the Board of Registration in Nursing, audit the nurse, and or terminate the IN as a MassHealth provider. Mas.

MassHealth and CCM cannot 'flag' providers as they are not employees of MassHealth, but rather independent contractors. As such, MassHealth may only oversee the requirements of MassHealth enrollment and regulations. If you experience an issue with an IN related to them working too many hours outside of CSN (ie: IN falling asleep during their shift, safety concerns related to IN being tired), please report them to your CCM Clinical Manager. CCM and or MassHealth will follow up with the IN to address these concerns.