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## **FOLLOW UP INFORMATION RE: Community Case Management Member and Community Case Management Family Quarterly Calls: October 22<sup>nd</sup> and 29<sup>th</sup>, 2024**

### **AGENDA**

<b>Topic</b>	<b>Time</b>
Updates on all CSN Service Delivery Enhancements	10/22 – 5:00 – 5:30 p.m. 10/29 – 2 – 2:30 p.m.
Feedback from CCM Members and CCM Families	10/22 – 5:30 – 6:30 p.m. 10/29 – 2:30 – 3:30 p.m.

### **CCM Member and CCM Family Feedback and Follow-up**

#### **1.Complex Care Assistant (CCA) program**

**CCM families** asked if MassHealth has considered creating a CSN to CCA flex option, and if not, what it would take to put that kind of a program in place.

**OLTSS Response:** Before MassHealth can consider creating an option like this, MassHealth needs a better system for tracking the CSN to PCA flex option. MassHealth has been searching for a solution to this. However, this work requires system changes and is not yet complete. Once MassHealth is better able to track the CSN to PCA flex option, we can consider implementing more flexibilities for CCA services.

**CCM families** asked about being compensated for working more than 40 hours in a week, when their agency employer will only schedule the family member for 40 hours.

**OLTSS Response:** MassHealth does not currently have an overtime reimbursement rate for CCA services, which may be why an agency will not schedule a CCA to work more than 40 hours in a week. CCM members may have more than one CCA provide services, which is a way that those additional hours could be used. CCAs can also be employed by more than one agency and can split hours between agencies if preferred. The CCM member web page on mass.gov contains a list of agencies providing CCA services and CCM Clinical Managers can also talk to families about agencies providing CCA services in their area.

**CCM families** asked MassHealth to consider an overtime rate or a rate increase for CCA

**OLTSS Response:** MassHealth conducts a rate review for CSN agency and independent nursing rates every two years, which includes a review of CSN rates and CCA rates. An overtime rate and or rate increase for CCA services would require more funding.

**CCM families** asked about plans for data collection on CCA services, including the reasons families choose to use CCA services.

**OLTSS Response:** MassHealth is adding questions to the next CCM member experience survey about CCA services; the next survey is expected to be shared with all members and

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families in early 2025. Also, if MassHealth can secure more funding, MassHealth would like to conduct qualitative interviews with families using the CCA service

## 2. Caregiver requirements in CSN regulations

**CCM families** shared that the regulation should reflect if primary caregivers need to take time away from caregiving for the CCM member to take care of other family members.

**OLTSS Response:** MassHealth plans to update this section of the regulation with inclusive language to capture scenarios not already specified in the regulations. In the meantime, MassHealth encourages CCM families to reach out to their CCM clinical manager to talk about any circumstances that come up which may cause them to need a temporary increase in services.

**CCM families** asked for clarification about the term, “primary natural caregiver,” and whether this refers only to family members.

**OLTSS Response:** A primary natural caregiver is the CCM member’s primary support and or caregiver who is connected to the member in some other way, such as a parent, spouse, other family member, or close friend.

## 3. CCM Nurse Directory

**CCM families** asked how they can report providers who may be contacting families inappropriately on the directory.

**OLTSS Response:** MassHealth encourages families to reach out to their CCM Clinical Manager about any inappropriate behavior by providers on the CCM Nurse Directory. CCM can also do some follow-up with Emily Lane, who is the project coordinator for the Directory and who can reach out to providers directly to address issues.

**CCM families** asked for the CCM Nurse Directory to include a feature allowing families to permanently remove names of providers from their search results.

**OLTSS Response:** CCM members and families can “hide” a name from their search results. The CCM Nurse Directory [Member Job Aid](#) includes instructions on how to use this feature. MassHealth is also working with the IT development team for the directory to address that providers who are “hidden” from search results are not able to search for and or message those same members.

## 4. CSN rate increases

**CCM families** shared concerns about different agency practices and how the recent CSN rate increases are being applied including, impact to shift differentials, paying holiday rates, and HR practices.

**OLTSS Response:** MassHealth does not have a wage passthrough for CSN reimbursement rates, so cannot mandate how agencies assign wages to nurse employees. MassHealth

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does want more insight into how the recent CSN rate increases are being applied and have implemented annual staffing report requirements which agencies are required to submit to MassHealth on their employee gross wages.

**CCM families** expressed a concern that the annual staffing report requirement is insufficient and a desire for a wage passthrough for CSN services to be implemented.

**OLTSS Response:** MassHealth is collecting wage information from agencies to provide data to help inform future policies and potential regulation changes.

MassHealth's understanding is that agencies are applying rate increases in a variety of ways, not just to direct nurse wages but also to provide raises to administrative staff, increase employee benefit packages, and other agency needs.

Also, MassHealth continues to collect cost report information from CSN agency providers every year, which includes information on agency profitability.

## 5. Documentation time for administrative increases for all CCM members

**CCM families** asked if providers must report the hours they spend on documentation separately from their nursing hours because of these administrative increases

**OLTSS Response:** Providers do not need to bill or document differently because of these administrative increases.

**CCM families** shared feedback that the 5% administrative increase for documentation time is not sufficient to cover all the time that nurses spend documenting during a shift.

**OLTSS Response:** MassHealth recognizes that nurse documentation time differs by nurse, member needs, and even shift to shift. The 5% administrative increase which is going into effect on December 15<sup>th</sup> was based on a general estimate for documentation time and available funding to support this initiative. MassHealth will take feedback from families and providers about this initiative and the possibility of increasing this percentage into consideration for the future, if more funding is available.

## 6. CSN training time and billing

**CCM families** asked if MassHealth can require agencies to use CSN training time units rather than standard CSN units when training nurses.

**OLTSS Response:** MassHealth cannot force an agency to use training time billing codes; however, these units are available to all providers when a new nurse is onboarding to a member's care for the first time. MassHealth's impression is that providers are happy about this policy change and the ability to bill for training time separately from standard CSN hours. MassHealth has heard from some larger agencies which work in other states that there may be some time lag in figuring out compliance for this program, because MA is the first state to implement an initiative like this. MassHealth will continue to work with agencies to support them in implementing CSN Training Time.

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**CCM families** asked if the CSN training time billing code allows the agencies to pay nurses at the full CSN rate.

**OLTSS Response:** Training time rates are the same as CSN rates except for the nighttime rate for single patient cases. Unfortunately, the MassHealth billing system is not currently able to support paying the same nighttime rate as our standard CSN rates. MassHealth is working to find a solution for this issue.

**CCM families** shared that some agencies are paying nurses less than the full CSN nursing rate for training time.

**OLTSS Response:** There is not currently a wage passthrough for CSN rates, including CSN Training Time. As a result, MassHealth cannot mandate that agencies pay specific wages for CSN Training Time.

## **7. Resources to help members navigate the overlap between DDS and MassHealth services**

**CCM families** asked about resources to help members navigate the overlap between DDS and MassHealth services

**OLTSS Response:** Members should reach out to their CCM clinical manager who will connect them with the CCM social worker who can provide more resources.

## **8. Comprehensive Case Management for CCM Members (C4M)**

**CCM families** asked if C4M would replace DPH care coordination for members who have that service and how the C4M service will be similar or different from DPH?

**OLTSS Response:** Members will be allowed to have care coordination through DPH and utilize the C4M service at the same time.

MassHealth hopes that if a C4M vendor is contracted, case managers through this new organization would be coordinating and collaborating with other care coordinators that members work with, including DPH.

MassHealth is envisioning C4M as a more robust, high touch case management service. The request for responses, which includes all the services a new entity must provide, was developed using feedback from CCM members and families as well as the CSN Advisory Council.

## **9. Unused hours during member hospitalization**

**CCM families** asked if unused complex care assistant (CCA) hours during a member's hospitalization can be used later during the prior authorization period?

**OLTSS Response:** Unused complex care assistant (CCA) hours do not accumulate on a prior authorization period in the same way that unused CSN hours do. This is a unique feature of CSN services, which does not apply to other services, including CCA.

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## 10. CSN Nurse Training program

**CCM families** asked if the program was successful, if it resulted in more IN's enrolling as MassHealth Providers, and if MassHealth plans to run the program again.

**OLTSS Response:** Nightingale Northern Nest (NNN) has had 60 nurses graduate from the full-cycle course to date, and MGH IHP has had 69 nurses graduate from the full-cycle course. Enrolled in ongoing and future courses, NNN has over 100 nurses with rolling completion dates through early spring 2025. MGH IHP has started their next cohorts, with 73 more nurses projected to graduate by Spring 2025.T

We have been tracking post-graduation activity with the contractors and our sources. Approximately 40% of all nurses who have enrolled into either training program are currently CSN Independent Nurses or Agency nurses. Currently, we also know that at least 12 more nurses have applied as MH INs or agency nurses. We'll continue to track and update at our quarterly meetings.

MassHealth does not have more funding currently to extend the CSN training programs.

## 11. MassHealth information sharing practices

**CCM families** asked if MassHealth can provide more opportunities for CCM members and families to provide feedback on proposed policy initiatives.

**OLTSS Response:** MassHealth has provided opportunities for CCM members and families to review proposed policy changes in the past and will think about how to do this with future proposed policy changes. Also, the CSN Advisory Council has provided and will continue to provide feedback to MassHealth about policy implementation, procurements, and other programs.

**CCM families** asked for MassHealth to share a summary of important regulation changes with families, in addition to sharing a link to the updated regulations, to highlight the changes most important to families.

**OLTSS Response:** MassHealth can look into providing a summary to families highlighting key changes and topics when sending out regulations.

**CCM families** asked for MassHealth to seek input and information from CCM members and families, in addition to providers. Specifically, families expressed interest in contributing information for the biennial CHIA report and about CSN agency practices.

**OLTSS Response:** The biennial CHIA report is a legislative requirement, established under Massachusetts General Law Chapter 12C Section 24, and includes 8 specific data points that must be included. These data points are mostly pulled through the MassHealth data system, by reviewing both claims and prior authorization data. Also, there are some data points which are related to the specific number of nurses providing CSN services within the state; MassHealth and CHIA must collect this information from CSN agencies as the employer of these nurses.

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MassHealth can consider creating a more systematic way to collect feedback from CCM members and families about working with CSN agencies more generally.

## **12. CSN nurses working in hospitals-**

**CCM families** asked if MassHealth has considered allowing CSN nurses to provide care to CCM members while they are hospitalized.

**OLTSS Response:** MassHealth has discussed the implications for CSN nurses when CCM members are hospitalized. MassHealth is not currently able to reimburse for CSN services while a member is hospitalized, as this would be considered duplicative for a member to receive CSN nursing while also receiving inpatient nursing services in the hospital.

**CCM families** shared feedback on the experience of CCM member hospitalizations, in which families are often tasked with providing significant care and support. Also, nursing ratios in the hospital are not necessarily the same as those at home, based on which unit the member is admitted to and the member's care needs.

**CCM families** asked if family members who are CCAs could be reimbursed for support provided to a CCM member while they are hospitalized,

**OLTSS Response:** MassHealth is not able to pay for CCA services while a member is hospitalized because this would be considered a duplication of services.

## **13. Why PCA authorized hours may be reduced when a family has nursing available**

**CCM families** asked why PCA authorized hours may be reduced when a family has nursing available.

**OLTSS Response:** Nurses support members with certain personal care tasks that may come up during a nursing shift, such as assisting the member with toileting if they need to go to the bathroom or cleaning up a member if they've soiled themselves. Time for these types of personal care tasks might then be removed from a PCA authorization for periods where a nurse is confirmed to be working with a member. PCA tasks that would not be completed by a nurse, such as help with laundry or other instrumental activities of daily living (IADLs) would not be removed from a PCA authorization regardless of whether a member has a nurse working in the home.

## **14. Billing code and authorization for nurse overlap during shift change**

**CCM families** asked if MassHealth could consider establishing a billing code and authorizing time for nurses to overlap during "shift change." Families explained this would allow for nurses to exchange information, as up to date nursing notes are not always available in the home.

**OLTSS Response:** MassHealth will take these points back for internal discussion. MassHealth regulations do require CSN providers, including agencies and Independent

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Nurses, to keep a copy of an up-to-date medical record in the member's home that is accessible by the member and or their family.

## **15. Documentation requirements for independent nurses**

**CCM families** asked about the status of creating templates for Independent Nurses (INs) to use.

**OLTSS Response:** MassHealth has created templates for INs which are available to all INs to use. These templates are available on the LTSS Provider Portal and include: A medication administration record, a treatment administration record, a member history documentation checklist, a nursing progress note, a plan of care record, an authorization to release protected health information, and a critical incident report.

**CCM families** shared a desire for families to be able to sign off on nursing plans of care along with the physician, especially for INs.

**OLTSS Response:** MassHealth will discuss this feedback internally.

**CCM families** asked if INs are required to share documentation with the family.

**OLTSS Response:** MassHealth regulations require that all CSN providers, including INs, have an up-to-date copy of the member's medical record in the member's home which is accessible to the member and or their family.

## **16. Oversight measures for independent nurses**

**CCM families** have asked questions about INs completing regular criminal offender and sexual offender background checks.

**OLTSS Response:** INs are required to complete CORI and SORI checks upon enrollment with MassHealth and each year during the month of their initial enrollment.

**CCM families** have asked questions about checking IN licensure on a more regular basis.

**OLTSS Response:** IN licenses are checked upon enrollment with MassHealth and monthly through an automatic licensure check system used by the Provider Enrollment team.

**CCM families** have asked questions about MassHealth providing clinical training to INs.

**OLTSS Response:** MassHealth does not provide clinical training or supervision to INs. INs are independent contractors, not employees of the state. MassHealth has, however, funded two clinical training programs for CSN services, which has offered an opportunity for providers including INs to receive hands on training in the care of medically complex MassHealth members. Also, MassHealth recently began authorizing CSN training time, which is available to INs and agency nurses, to reimburse providers for up to 8 hours of member-specific training when the nurse begins working with a member for the first time.



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**CCM families** have asked questions about improving the process for finding IN providers, including updating their contact information more regularly.

**OLTSS Response:** MassHealth has launched the online CCM Nurse Directory to help connect CCM members with available CSN providers more easily. MassHealth has conducted significant outreach to IN providers to encourage them to enroll in the directory, check their profiles regularly, and keep their information up to date. Also, CCM makes outreach to Independent Nurses every 90 days to request that they confirm or update their current contact information.

**CCM families** asked questions about the number of hours that an IN is allowed to work in a calendar week.

**OLTSS Response:** INs may not be reimbursed by MassHealth for more than 60 hours of CSN services in a calendar week. Also, MassHealth limits IN providers to billing for no more than 12 hours of CSN services in a 24-hour period. INs may work up to 16 hours in a 24-hour period under the following circumstances: (1) in an emergency, where no other paid or unpaid caregiver is available to care for the member; and (2) when the family has provided verbal or written confirmation that they agree with the IN working up to 16 hours in the same 24-hour period. In the second scenario, the IN must attest that they are not working during the remaining 8 hours of the same 24-hour period.

**CCM families** have asked questions about the process to become an IN, and how this process can be clarified for both providers and families.

**OLTSS Response:** MassHealth created the “[IN Getting Started Checklist](#),” which reviews the steps necessary for nurses to enroll as an Independent Nurse with MassHealth. This list is shared with providers who are interested in enrolling and is also available on the CCM member webpage. Also, MassHealth has recently been developing a summary of “expectations” for INs when they begin the application process, to better prepare providers for what that application process includes.

## **17. How complaints about nurses, including agency nurses and independent nurses, are handled**

**CCM families** asked how complaints about nurses, including agency nurses and INs, are handled.

**OLTSS Response:** CCM families are encouraged report issues with any CSN provider to their CCM clinical manager. CCM will follow up with the provider about the complaint, unless asked by the family not to. CCM will also escalate complaints to MassHealth to review and take further action as appropriate.

CSN providers, including CSN agencies and INs, are also required to submit critical incident reports to CCM. For CSN agencies, the agency is expected to report any corrective action to address the nurse’s behavior, which could include putting the nurse on administrative leave, requiring the nurse to complete training, and or termination of the nurse’s employment.



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Potential actions that could be taken by MassHealth based on a family report and or a critical incident report include the following:

- direct outreach to the provider about the complaint,
- conducting an onsite audit and or desk audit of the provider,
- reporting the provider to the Board of Registration in Nursing, sanctions, and or
- terminating the provider from MassHealth enrollment.

**CCM families** asked if MassHealth could create a support group for CCM families.

**OLTSS Response:** MassHealth is not able to create a support group for CCM members and families currently.

**CCM families** asked about how the CSN program budget is established.

**OLTSS Response:** The MassHealth budget is established by the Massachusetts legislature. CSN services do not receive their own individual budget but are included in the state budget as a line item with other MassHealth services. MassHealth proposes a budget based on a fiscal analysis which includes data on the current use of MassHealth services and the projected trends. MassHealth monitors these activities throughout the year and can work with the legislature to adjust if spend has significantly increased past the projected budget.