MassHealth

UMass Chan Medical School

Commonwealth Medicine

Community Case Management

Onboarding Guide for New Members

May 2022

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1. Welcome & Introduction

Welcome to Community Case Management (CCM). This onboarding guide will provide you with the information you need to know about CCM, including your role as a CCM Member, the responsibilities of the CCM team, the CCM assessment process, and authorization of MassHealth continuous skilled nursing (CSN) services and MassHealth long-term services and supports, to help you safely remain at home.

Please review this guide. Your CCM Clinical Manager can answer any questions you may have after reviewing this guide or about any information in this guide.

My CCM Clinical Manager: _____

CCM Clinical Manager Telephone: _____

CCM Clinical Manager Email: _____

CCM 1-800 Line: 1-800-863-6068

CCM General Email: commcase@umassmed.edu

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2. Role of CCM

Community Case Management (CCM) provides coordination of MassHealth Community Long Term Services and Supports (LTSS) to eligible MassHealth Members with complex medical needs and their caregivers.

MassHealth defines a complex care member eligible for CCM as a MassHealth Member whose medical needs require continuous skilled nursing (CSN) services (or a nurse visit of more than 2 hours of nursing service) to be cared for safely at home.

MassHealth contracts with UMass Chan Medical School (UMass Chan) to provide CCM services. UMass Chan hires registered nurses to serve as CCM Clinical Managers to conduct in-home assessments, determine eligibility for MassHealth CSN services, and provide assistance to CCM Members in coordinating in-home care needs. All eligible Members will be enrolled into CCM and assigned a CCM Clinical Manager to serve as the single point of contact for MassHealth LTSS and coordinate and approve services on behalf of MassHealth.

CCM helps Members live at home by managing and authorizing the LTSS that are determined to be medically necessary. In addition to CSN services, CCM also manages and authorizes the following:

- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), including enteral and absorbent products and supplies
- Home Health services (skilled nursing visits, home health aides)
- Oxygen and Respiratory equipment
- Personal Care Attendant (PCA) services
- Therapy services (occupational therapy, physical therapy, and speech therapy)

3. The CCM Team

The CCM Team includes clinical and administrative support staff who work together to help you access the appropriate MassHealth LTSS to live safely at home and in the community.

CCM Clinical Manager

Each Member has a CCM Clinical Manager, who is a registered nurse, to be your single point of contact and to coordinate and approve long-term services and supports on behalf of MassHealth. The CCM Clinical Manager's role is to complete an in-person assessment (a review of your care needs) to determine if you qualify for MassHealth CSN services. If you are eligible for CSN services, the Clinical Manager will develop a plan based on your needs. This plan is referred to as your "Service Record" and details your authorized services.

The CCM Clinical Manager will coordinate and approve other MassHealth services. These services may include personal care attendant (PCA), home health aide, durable medical equipment (DME), oxygen and respiratory equipment, medical supplies, and therapy services. The Clinical Manager works with other CCM clinicians (Specialists)—which include physical, occupational, respiratory, and speech therapists, pharmacists, and social

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workers (CCM Specialist Team)—to coordinate other MassHealth services such as DME, oxygen and respiratory equipment, orthotics and prosthetics, and therapy services. Your CCM Clinical Manager can also provide information about other MassHealth and community-based services and programs.

In addition, your CCM Clinical Manager can be at hospital and nursing facility discharge planning meetings. They can support you and your caregivers as you move back home by ensuring you have the services you need to transition safely.

CCM Specialist Team

CCM Specialists are available to help you (a CCM Member), CCM Clinical Managers, and MassHealth Providers. The team includes licensed occupational, physical, respiratory, and speech therapists, pharmacists, and social workers. CCM Specialists work with CCM Clinical Managers to coordinate and approve other MassHealth services such as DME, oxygen and respiratory equipment, orthotics and prosthetics, and therapy services.

The CCM Specialist Team can help you better understand your service options based on your unique medical and community service needs. Below are examples of information they can provide:

- Attend your annual assessment visit with your CCM Clinical Manager
- Make a home visit to talk about equipment concerns and/or other community supports you may need
- Assist your CCM Clinical Manager in evaluating your personal care needs
- Explain to you the prior authorization process, including specific prior authorization decisions
- Provide an understanding of the MassHealth system
- Work with providers and other community partners to get the services and equipment to live safely at home

CCM has the following specialists:

Occupational Therapists (OT)

CCM OTs can answer questions about accessing some DME. These include things like bathing systems, car seats, and occupational therapy services. The CCM OTs also work with the CCM Clinical Manager and may come to your home to complete an evaluation for personal care services.

Physical Therapists (PT)

CCM PTs can answer questions about accessing other DME needs. This can include things like wheelchairs and other mobility/seating systems, hospital beds, lift systems, and physical therapy services.

Respiratory Therapists (RT)

CCM RTs help with requests for breathing supports. This includes oxygen and respiratory equipment such as suction machines, ventilators, and tracheostomy tubes and supplies.

Speech-Language Pathologists or Speech Therapists (ST)

CCM STs help with requests for communication devices and accessories, and speech and language therapy services.

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Pharmacists

CCM pharmacists are available to review medications and consult with your care team (physicians, nurse practitioners, nurses, etc.) on recommendations, including medication administration improvements.

Social Workers (SW)

CCM SWs help CCM Members and their families understand what state agency/community programs and services are available. They can also help you access behavioral health support, learn about and get public benefits, and figure out what other supports could pay for items not covered by MassHealth.

CCM Administrative Support Team

All CCM team members can be reached by contacting our CCM administrative support staff through our toll-free telephone number, **1-800-863-6068**, or via email at commcase@umassmed.edu. CCM administrative staff are available Monday through Friday, 8:30 am to 5 pm, to accept referrals for new CCM Members, connect Members to CCM Clinical Managers and Specialists, and answer general questions regarding CCM.

4. In-Person Long-Term Services and Support Assessment (LTSS Assessment)

The CCM team utilizes an in-person LTSS Assessment to determine eligibility for MassHealth CSN services, including developing a CCM Service Record that lists the authorized CSN services and other LTSS that will support you safely living at home.

What to Expect

The LTSS Assessment is completed in your home, the hospital, or a mutually agreed upon location, and allows the CCM Clinical Manager to gather detailed information from you, your primary caregivers, and in-home providers, and determine your eligibility for MassHealth CSN services.

Using an assessment tool (a document used to gather information about your medical needs), the CCM Clinical Manager will meet with you (and your guardian or legal representative, as applicable) and ask very specific questions about your skilled nursing interventions required in each involved body system (for example respiratory, gastro-intestinal, or neurology interventions), including documenting how many times per day and for how long you need the skilled nursing intervention. For example, some questions for a Member with skilled nursing interventions for respiratory needs may include:

- Does the Member require suctioning? What type? How frequently? How long does it take?
- Does the Member require nebulizer treatments? How frequently? Are there multiple medications involved?
- Does the Member require oxygen? How frequently? Does it require titration?

A copy of the LTSS assessment used by CCM can be found in Appendices A and B.

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During the assessment, the CCM Clinical Manager will also gather information related to current medications, DME you currently use, recent emergency room visits or hospital admissions, the need for family education on providing care, if you attend school or a day program, and the involvement of other state agencies. In addition, the CCM Clinical Manager may observe the nursing interventions being completed in the home and may review the in-home documentation left by your nursing providers.

During the assessment, the CCM Clinical Manager may also identify that PCA services may be beneficial. A PCA is a person who can help you with the daily activities that you need support with because of your condition or illness. For example, a PCA can help with bathing, dressing, and eating. They may also be able to help you with other household services. These may include laundry, shopping, and housekeeping tasks. PCA services require a separate assessment (PCA evaluation) by the CCM Clinical Manager and CCM OT, and may be done at the time of the LTSS Assessment or during a separate home visit. More information on PCA services can be found in Section 9: *Finding a PCA*.

The length of the in-person LTSS Assessment visit can vary, depending on the number and complexity of skilled nursing interventions reported and if a PCA evaluation is needed. However, on average, an LTSS Assessment may take up to two to three hours to complete.

How to Prepare

The LTSS Assessment is not intended to be a stressful process for Members, families, and caregivers. However, we know that discussing personal medical information and waiting for a decision on authorized CSN hours can cause some anxiety. Preparing for this assessment visit in advance is not required but may help reduce stress and make the visit go more smoothly.

If you have been newly referred to CCM, prior to your LTSS Assessment make a list of the types of skilled nursing interventions or care that you require, how frequently they occur, and the length of time it takes to complete each skilled nursing intervention, as well as any other MassHealth services you may currently receive.

If you are a CCM Member and have had an LTSS Assessment completed in the past, review your most recent assessment, and make note of any interventions, including times and frequencies for each intervention, that may have changed since that time. If you receive PCA services, also review your most recent PCA evaluation.

In addition, gather copies of the following documents to provide to your CCM Clinical Manager during the visit:

1. Individualized Education Plan (IEP), if applicable
2. Individualized Family Service Plan (IFSP), if applicable
3. Individualized Service Plan (ISP), if applicable
4. Summary of Benefits from your private insurance, if applicable*
5. List of current medications
6. List of physicians
7. Any relevant documentation from your treating providers, including service visit notes, diagnoses, relevant letters, and any recent documentation from recent in-patient facility stays

** Summary of Benefits can be obtained through your employer (if your insurance plan is purchased through your employer) or by calling the telephone number on the back of your primary insurance card.*

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Who can Attend

It is up to you who attends your LTSS Assessment visit. You can invite anyone you choose, including a family member, primary caregiver, current nursing provider, and case manager from another state agency or organization. You may request that any CCM Specialist also attend the visit.

Outreach to Providers

As part of the LTSS Assessment process, your CCM Clinical Manager may contact members of your care team to obtain input regarding your skilled nursing needs, as well as other care needs or provided supports. This may include talking with your primary care physician or other treating clinician(s), nursing provider(s), primary insurer(s), or state agency case managers. If you would like CCM to contact a specific provider, please let your CCM Clinical Manager know during your visit.

Document Reviews

As part of the LTSS Assessment process, your CCM Clinical Manager will request copies of certain clinical documentation to review and confirm the skilled nursing interventions reported during your in-person visit. This can include recent nursing notes from your nursing providers(s), a physician plan of care, and a medication administration record.

In addition, your CCM Clinical Manager will review any of the additional documents you provided at the visit to confirm that services authorized do not duplicate any other services you are currently receiving and to ensure that MassHealth is the payer of last resort. If duplicate services are identified, your CCM Clinical Manager will work with you and your providers to identify the single set of services that best meet your needs.

Calculating Continuous Skilled Nursing Hours

In order to determine the appropriate amount of CSN services, your CCM Clinical Manager will review the interventions reported in the LTSS Assessment, any documentation of the skilled nursing interventions delivered by the hospital or nursing provider, and the input received from your servicing providers. Each skilled nursing intervention is considered based on the level of complexity, intensity, frequency, order (such as, can tasks be done at the same time, or must they be done separately), and the need to evaluate their effectiveness.

When reviewing your need for interventions, the CCM Clinical Manager also evaluates your hospitalizations and emergency room visits, frequency of illness that impacts your health status, frequency and complexity of medication administration, daily changes in your health status, and other duplicate services.

In determining hours, the CCM Clinical Manager then quantifies the time required to perform a specific skilled nursing intervention and documents each intervention's clinical rationale and medical necessity. The result is the determination of the total amount of CSN services (hours per week) that is medically necessary (per MassHealth Regulations) to maintain the Member safely at home.

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In-School and Out-of-School Hours

Many CCM Members receive nursing services in school or at a day program. During the assessment process, your CCM Clinical Manager will ask what other services you are receiving and the payment source. For example, if you are in school, the Clinical Manager will review a copy of your IEP to see what services the school has agreed to provide when you are in school and to determine if there is any duplication with the CSN services that MassHealth will authorize. For instance, if you attend school five days per week and the school provides a nurse 1.5 hours per day for GI-related interventions that occur while you are in school, including G-tube feeding, your CCM Clinical Manager will not authorize CSN hours for that same task during those school times/days. (Please note: If you require the same intervention on a day you attend school but the intervention also takes place before or after school, the CCM Clinical Manager will authorize out-of-school CSN hours to account for the task.)

Your CCM Clinical Manager will authorize medically necessary CSN services and provide you with authorization, as applicable. The authorization will list the total number of CSN hours authorized per week for those weeks you are in school (subtracting the duplicate interventions as described above) and list the total number of CSN hours authorized per week for those weeks you are not in school (such as, holidays, school vacations, and summers). This is often referred to as "in-school hours" and "out-of-school hours." If you have a change in your in-school or out-of-school hours, you should contact CCM to discuss an adjustment.

Multidisciplinary Team

On occasion, the CCM Clinical Manager may need assistance from other CCM clinicians to quantify a specific intervention or determine the medically necessary CSN hours. In these cases, the CCM Clinical Manager may present your case at an internal Multidisciplinary Team meeting which includes other CCM Clinical Managers, Specialists, and supervisory staff. During these meetings, the Multidisciplinary Team may determine the authorized CSN hours or provide recommendations on additional provider outreach or document reviews.

Decision Communication

Your CCM Clinical Manager will communicate via telephone once the assessment process is completed and authorized CSN (and PCA when applicable) hours have been determined. During that telephone call, you can ask questions and discuss the rationale for the decision, including if the authorized CSN hours have changed since your last assessment (as applicable). If you disagree with the authorized CSN (or PCA) hours, you can discuss further with your CCM Clinical Manager on this call.

After this initial call, the CCM Clinical Manager will send you a copy of your completed LTSS Assessment and CCM Service Record, which details the services authorized. You will be asked to review these documents, sign, and then return the CCM Service Record to CCM Clinical Manager if you agree with the authorized services.

If you disagree with the authorized CSN hours, you have the right to appeal the decision (refer to Section 11: *Right to Fair Hearing*).

A template of the CCM Service Record can be found in Appendix C.

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Reductions in Nursing Hours

There may be times when your LTSS Assessment results in a decrease in authorized CSN services compared to your last LTSS Assessment. This reduction may be due to a change in your medical care that resulted in fewer nursing interventions, such as removing a tracheostomy, and the interventions and hours authorized previously for tracheostomy care are no longer medically necessary.

Weaning Plan

When a reduction of CSN services is appropriate, your CCM Clinical Manager will ensure that services are not removed abruptly. To allow for a safe transition to the new authorized hours, your CCM Clinical Manager may gradually reduce your CSN services over the course of weeks or months. This gradual reduction is known as a Weaning Plan and allows you and your primary caregivers to adjust to the new level of services and modify your in-home nursing schedule as necessary.

For example, at your most recent LTSS Assessment, your CCM Clinical Manager shows a reduction in authorized CSN hours from 72 hours per week to 56 hours per week due to a reduction in the number of daily IV medications. Previously, you were receiving 72 hours per week of CSN services. Based on this change, your CCM Clinical Manager may authorize:

- 72 hours per week for two weeks,
- 64 hours per week for two weeks, and
- 56 hours per week for the remainder of the authorization period.

5. Understanding the Prior Authorization Process

CCM helps Members live at home by managing and authorizing medically-necessary LTSS through the MassHealth prior authorization process. MassHealth uses the prior authorization process to determine if MassHealth will cover a prescribed procedure, service, or medication before it is provided to you. The CCM team manages the LTSS prior authorization process for all CCM Members. *In some cases, you may have another insurance carrier that covers LTSS. Your CCM Clinical Manager will determine if a prior authorization is also needed from MassHealth in these situations.*

When is a Prior Authorization Required

In most cases, a prior authorization is required before receiving the service or equipment. For the LTSS most frequently authorized by CCM, prior authorization requirements are as follows:

Type of LTSS	Prior Authorization Required **Before** Receiving Service
Continuous Skilled Nursing (CSN) Services	Yes
Durable Medical Equipment (DME), Prosthetics, Orthotics, and Supplies	Yes
Oxygen & Respiratory Equipment and Supplies	Yes

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Type of LTSS	Prior Authorization Required **Before** Receiving Service
Personal Care Attendant (PCA) Services	Yes
Occupational Therapy Services (outpatient)	**After 20 visits** within a **12-month** period*
Physical Therapy Services (outpatient)	**After 20 visits** within a **12-month** period*
Speech-Language Therapy Services (outpatient)	**After 35 visits** within a **12-month** period*
Occupational Therapy Services (in-home)	**After 20 visits** within a **calendar year***
Physical Therapy Services (in-home)	**After 20 visits** within a **calendar year***
Speech-Language Therapy Services (in-home)	**After 35 visits** within a **calendar year***

**Please ask your CCM Clinical Manager if a prior authorization is required for you for therapy services.*

How to Access Services and Request a Prior Authorization

For most LTSS, you will need to work directly with your CCM Clinical Manager or primary care physician to begin the process. However, for any LTSS, your CCM Clinical Manager or other members of the CCM Team can help you navigate the prior authorization process for other LTSS, including how to access services and request a prior authorization.

Type of LTSS	Who do I Contact to Access Services	What Happens Next*
CSN Services	CCM Clinical Manager	Your CCM Clinical Manager will conduct an in-home assessment and will authorize prior authorization(s) for CSN services once you select your CSN provider(s) (Home Health agency, CSN agency, and/or Independent Nurses).
DME, Prosthetics, Orthotics, and Supplies	Primary care practitioner or other prescribing provider (PCP)	Your PCP or other prescribing provider will write a prescription and letter of medical necessity, if required, for DME, **Prosthetics, Orthotics, and Supplies**. In collaboration with your prescribing provider and your insurance carrier, if applicable, a MassHealth Provider(s) will be identified to deliver the service. That provider will submit a prior authorization and required documentation to CCM.

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Type of LTSS	Who do I Contact to Access Services	What Happens Next*
Oxygen & Respiratory Equipment and Supplies	PCP or prescribing provider	Your PCP or other prescribing provider will write a prescription and letter of medical necessity, if required, for oxygen and respiratory equipment and supplies. In collaboration with your prescribing provider and your insurance carrier, if applicable, a MassHealth Provider(s) will be identified to deliver the service. That provider will submit a prior authorization and required documentation to CCM.
PCA Services	CCM Clinical Manager	Your CCM Clinical Manager will conduct an in-home PCA evaluation and authorize a prior authorization for PCA services after you select a Personal Care Management agency.
Therapy Services	PCP or other prescribing provider	Your PCP or other prescribing provider will write a prescription for therapy services. In collaboration with your prescribing provider and your insurance carrier, if applicable, a MassHealth Provider(s) will be identified to deliver the service. That provider will submit a prior authorization and required documentation to CCM when you reach the required visits.

**The Member has the right to choose a provider but may be limited by availability, location, and private insurance requirements.*

Selecting a MassHealth Provider

Your CCM Clinical Manager and Specialist Team can provide you with the information you need to select the right MassHealth Provider for your medically necessary LTSS. This could include providing you lists of approved providers for CSN and PCA services or sharing DME company names that service your specific town or provide a specific service. MassHealth also has an interactive Provider Directory for Members, which can be found at https://masshealth.ehs.state.ma.us/providerdirectory/.

In some cases, you may have another insurance carrier that covers LTSS. You will need to work directly with your insurance carrier to obtain the list of eligible providers to ensure they accept both your other insurance and MassHealth.

When selecting a MassHealth Provider, you may also want to think about any preferences or other requirements you may have. Some examples of questions to consider:

- Does the Provider service your city or town?
- Does the Provider have staff who speak a specific language or understand your cultural or religious requirements?

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- When or how frequently do you want equipment or supplies delivered? (*Note: Providers may be limited based on the quantity of equipment or supplies authorized, and their availability.*)
- What schedule do you want a nurse or PCA to work?
- Does the Provider also accept my primary insurance (if you have primary insurance)?

Requesting a Change to a Prior Authorization

There will be times during your approved prior authorization period when a change in provider or in the amount, frequency, or duration of service may be needed. If at any time you believe a change is needed, you should contact your CCM Clinical Manager to discuss it further.

For example, if there is a change in your medical needs and you have more skilled nursing interventions, contact your CCM Clinical Manager. Your CCM Clinical Manager will want to discuss the changes with you and your providers and may need to conduct another assessment to determine if a change in service is appropriate.

There may be other situations where you find the need for a change in your CSN prior authorization. For example, you may have two different nursing providers, each providing 40 hours per week of CSN services. Due to a staffing change, you may decide to change schedules so that you have one nursing provider filling 60 hours per week of CSN services and the other provider filling 20 hours per week of CSN services. These changes will require a change to your prior authorization for each provider, and you should contact your CCM Clinical Manager to discuss further. (This requirement does not apply if you have multiple nurses from one agency.)

Sometimes, you may have a DME prior authorization that needs a change. For example, you may have an approved prior authorization for a specific number of tracheostomy (trach) ties. Due to an illness, you find you are using many more trach ties than you are authorized for and need more trach ties delivered. This change will require a change to your prior authorization, and you should contact your PCP and DME provider to discuss further.

6. MassHealth Providers for Continuous Skilled Nursing (CSN) Services

CSN services may be delivered to you at home by three different types of MassHealth Providers, Home Health Agencies, CSN Agencies, and Independent Nurses. Members can select the type of provider they would like to use and may decide to use a combination of providers.

Home Health Agency

A home health agency (HHA) is a public or private organization that provides CSN services, skilled nursing visits, home health aide services, or other therapy services to individuals living at home or in the community. HHA providers are required to follow MassHealth regulations at *130 CMR 403.000: Home Health Agency* and *130 CMR 450.000: All Provider Manual*, in addition to other relevant state and federal laws and regulations.

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HHA providers employ licensed practical nurses and registered nurses, and these nurses provide CSN services to CCM Members. Agency nurses receive clinical supervision and oversight through the HHA provider.

HHA providers are required to maintain a complete medical record (including physician orders, nursing notes, medication record, and plan of care) for your care and document any care provided by the nurses in your home.

HHA providers must leave the complete medical record in your home for review by you, your caregiver(s), and other CSN providers. This medical record may be in the form of paper documents or an electronic record made available to you through technology equipment left in your home (with appropriate login and password information).

Continuous Skilled Nursing Agency

A CSN agency is a public or private organization that provides CSN services. CSN agency providers are required to follow MassHealth regulations at *130 CMR 403.000: Home Health Agency* and *130 CMR 450.000: All Provider Manual*, in addition to other relevant state and federal laws and regulations.

CSN agency providers employ licensed practical nurses and registered nurses, and these nurses provide CSN services to CCM Members. Agency nurses receive clinical supervision and oversight through the CSN agency.

CSN agency providers are required to maintain a complete medical record (including physician orders, nursing notes, medication record, and plan of care) for your care and document any care provided by the nurses in your home.

CSN agencies must leave the complete medical record in your home accessible to you, your caregiver(s), and other CSN providers. This medical record may be in the form of paper documents or an electronic record made available to you through technology equipment left in your home (with appropriate login and password information).

Independent Nurse

An independent nurse (IN) is a licensed nurse who independently enrolls as a MassHealth Provider to provide CSN services. IN providers are required to follow MassHealth regulations at *130 CMR 414.000: Independent Nurse Services* and *130 CMR 450.000: All Provider Manual*, in addition to other relevant state and federal laws and regulations.

IN providers work for themselves and are not employed by MassHealth or affiliated with any HHA provider, CSN agency, or other organization. IN providers do not receive clinical supervision or oversight from MassHealth or CCM.

MassHealth does not pay an IN 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 IN.

IN providers are required to maintain a complete medical record (including physician orders, nursing notes, medication record, and plan of care) and document any care provided by the nurse.

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IN providers must leave the complete medical record in your home accessible to you, your caregiver(s), and other CSN providers. This medical record may be in the form of paper documents or an electronic record made available to you through technology equipment left in your home (with appropriate login and password information).

7. Finding a Nurse

Once CCM has completed your in-home LTSS Needs Assessment and determined the number of CSN services that you will be authorized for per week, you will need to select MassHealth Providers to fill these approved hours. CSN hours can be filled by nurses from a HHA provider, CSN agency, Independent Nurse (IN) providers, or a combination of the three.

Developing a Schedule

Before reaching out to a HHA provider, CSN agency, or IN provider, you should decide what type of schedule you want for your CSN hours. It is important to determine which days of the week you want to have nurses in the home providing CSN services. You will want to think about what times of day (or work shifts) would be most appropriate for nurses to be available to meet your nursing needs. You should also consider when there may be other caregivers available to provide care, such as family members or friends. From there, you will want to write down this preferred schedule so that the HHA provider, CSN agency, or IN provider can determine if they have the availability to meet your needs.

Resources Available

Your CCM Clinical Manager can help you determine what type of schedule might work best for you based on your nursing needs. The CCM Clinical Manager will also provide you with a list of HHA providers, CSN agencies, and IN providers, including contact information, and can assist you in contacting CSN providers and determining who might be available to provide CSN services to you.

Co-Vending Opportunities

Authorized CSN hours can be provided by a HHA provider, CSN agency, IN provider, or any combination of the three. Using multiple providers to fill your authorized CSN hours is known as "co-vending." Ultimately, you can decide the number of providers you want to fill authorized CSN hours and provide care in your home. For example, you are authorized to receive 80 CSN hours per week. After setting your preferred schedule, reaching out to multiple HHA providers, CSN agencies, and IN providers, and interviewing nurses, you decide that HHA A, CSN agency A, IN #1, and IN #2 will best meet your nursing needs. You would ask your CCM Clinical Manager to authorize a prior authorization for each provider for 20 hours to fill the authorized 80 CSN hours.

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Interviewing Tips

When talking with potential HHA providers, CSN agencies, and IN providers or interviewing potential nurses, you should first consider the following:

- What skills does the nurse need to have to take care of you?
- Do you have a gender preference for your nurse? Are you or is your caregiver comfortable providing training to CSN providers?
- Do you have a language request for the nurse?
- Do you have any cultural/religious considerations? Can the nurse accommodate these considerations?
- Do you have a pet(s) in your home? Does the nurse have any concerns (allergies, etc.) regarding this pet(s)?
- Are there people who smoke in the home? Is this an issue for the nurse? Does the nurse smoke? Is this an issue for you?

Selecting a Nurse

Outreaching to potential HHA providers, CSN agencies, and IN providers and interviewing nurses does require effort and impacts the time it takes to fill CSN hours. It is important to be thoughtful in your decision-making and identify a nurse(s) who can meet your skilled nursing needs and personal preferences while ensuring you feel comfortable having this nurse in your home.

Once you select a nurse(s), you contact the HHA provider(s), CSN agency(ies), or IN provider(s) to determine and confirm the schedule that the nurse will work, including the total hours of CSN services they will provide per week, as well as the start date.

Contacting CCM to Create a Prior Authorization

Prior to having the selected CSN provider(s) begin filling your CSN hours, you must contact your CCM Clinical Manager to create and approve a prior authorization. CSN providers cannot begin working until they receive notification from CCM that the prior authorization has been approved.

The CCM Clinical Manager will create and approve a prior authorization one to two business days after your call is placed to your CCM Clinical Manager. The CCM Clinical Manager will then contact you and your CSN provider(s) to inform them that prior authorization(s) has/have been approved. You will also receive a letter in the mail from MassHealth with prior authorization details, including the hours authorized for the selected provider(s) and the start and end date of the prior authorization(s).

8. Unfilled Nursing Hours

There may be times during your CSN services prior authorization time when you find that you have been unable to fill all your approved CSN hours. For example, perhaps you have been unable to find a CSN provider to meet your preferences and schedule needs, or your current nurse has become sick and cannot work.

NOTE: Throughout this guide, references to the "CCM Member" or "Member" may also apply to you if you are a parent, guardian, or caregiver of a CCM Member.

Contacting CCM

When you have unfilled nursing hours or there is an anticipated disruption in nursing services in the upcoming weeks/month, it is important to contact your CCM Clinical Manager so that they are aware of your situation and can determine how best to assist you.

Resources Available

Your CCM Clinical Manager can help you determine what may be the best approach to filling your CSN hours. In some cases, a schedule change, a change in CSN providers, or working with many CSN providers (co-vending) may help. Some Members may need to use other MassHealth services, such as the CSN/PCA Option, or skilled nursing visits until their nursing hours are filled.

The CCM Clinical Manager can assist you with enrollment into the CSN Access Support Program and will also provide you with a list of HHA providers, CSN agencies, and IN providers, including contact information, and can assist you in contacting CSN providers and determining who might be available to provide CSN services to you.

Continuous Skilled Nursing (CSN) Access Support Program

The CSN Access Support Program helps Members identify CSN Service Providers (HHA providers, CSN agencies, and IN providers) to fill authorized CSN services. Once enrolled, your CCM Clinical Manager will work with you to identify your preferences for CSN services. The Member preference assessment considers identified clinical skills required, shift preferences (including available or unfilled shifts), language preferences, cultural/religious preferences, and other factors that may impact finding an appropriate nurse, such as the presence of pets and smoking in the home. CCM will outreach to participating HHA and IN providers via targeted emails. Responses from providers will be shared with you so you can connect to interview the available nurse provider.

9. Finding Personal Care Attendant (PCA) Services

Personal Care Attendant Services

A PCA is a person who is recruited and hired by you or your designated surrogate to help with the daily activities that you need support with because of your condition or illness. Your PCA can physically assist you in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs). At least two ADLs, such as mobility, bathing/grooming, dressing/undressing, passive range-of-motion exercises, eating, and toileting, must require physical (hands-on) assistance. IADLs include household services such as laundry, shopping, housekeeping, meal preparation, transportation to medical providers, and other special needs.

In the MassHealth PCA Program, the PCA consumer (the person receiving PCA services) is the employer of the PCA, and is fully responsible for recruiting, hiring, scheduling, training, and, if necessary, firing PCAs. If you cannot manage your PCA program, including but not limited to the tasks detailed above, then a surrogate can be identified to oversee and manage your PCA program.

NOTE: Throughout this guide, references to the "CCM Member" or "Member" may also apply to you if you are a parent, guardian, or caregiver of a CCM Member.

Accessing Personal Care Attendant Services

When you meet or speak with your CCM Clinical Manager, they may discuss PCA services with you. The CCM Clinical Manager and CCM OT must conduct an initial in-home PCA evaluation (assessment) to determine if you qualify for PCA services, including the type and level of assistance you need to perform your ADLs and IADLs. This PCA Evaluation can be done at the same time as your LTSS Assessment or at another time. (If you are using the CSN/PCA option, an additional assessment is not needed.)

If you qualify for PCA Services, your CCM Clinical Manager will explain the PCA Program to you, assess your ability to manage the PCA Program independently, and authorize a prior authorization for PCA services after you select a Personal Care Management (PCM) agency.

Personal Care Management Agency Responsibilities

MassHealth contracts with PCM Agencies to provide a variety of services that will support you while you are participating in the PCA Program. Your CCM Clinical Manager will provide you with a list of PCM Agencies near your home so that you can select one as your PCA provider.

Your selected PCM agency will provide skills training to help you manage the PCA Program successfully, including how to hire, schedule, and train your PCAs. They will also work with you to develop a written Service Agreement that describes your role and responsibilities, as well as those of others involved in your PCA services. The Service Agreement will include a backup plan if your regularly scheduled PCA is unable or unavailable to work for you.

You can contact your PCM agency at any time to ask questions about the PCA Program and to seek additional help and skills training.

Fiscal Intermediary Responsibilities

A fiscal intermediary (FI) is an agency contracted with MassHealth and selected by your PCM agency to help you with the employer-required tasks of employing a PCA. With the assistance of the FI, you will be able to pay your PCAs with MassHealth funds.

Communication with CCM

You can contact your CCM Clinical Manager at any time to ask questions about your PCA services or to request additional PCA services. There may be times during your approved prior authorization period when a change in the amount, frequency, or duration of service will be needed. If at any time you believe a change is needed, you should contact your CCM Clinical Manager to discuss further.

In addition, the MassHealth PCA Consumer Handbook, available through your CCM Clinical Manager, can provide you with more information about the PCA Program. You can also access the MassHealth PCA Consumer Handbook online via https://www.mass.gov/doc/personal-care-attendant-handbook/download.

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10. Accessing Other Services and the Role of CCM

While enrolled in CCM, CCM Members can access a variety of other MassHealth and state agency programs and services. Your CCM Clinical Manager will work with you to identify other programs and services that may be beneficial and will make appropriate referrals as needed.

During your in-person LTSS Assessment visit, your CCM Clinical Manager will ask you about any other services you may be receiving from other state agencies or services paid by other insurance plans. This is to confirm that the services authorized do not duplicate any other service you are currently receiving and to ensure that MassHealth is the payer of last resort. If duplicate services are identified, your CCM Clinical Manager will work with you and your providers to identify the single set of services that best meet your needs.

Other MassHealth and State Agency Programs

Your CCM Clinical Manager can work with you and your care team to access other MassHealth or state agency services that may provide support to you and your caregivers. Included below are some examples of these services. You should contact your CCM Clinical Manager to discuss these further.

Adult Foster Care (AFC): A program for individuals age 16 and older who require physical assistance or reminders and supervision for one or more ADLs, such as eating, dressing, and bathing. AFC Members live with a qualified paid caregiver and AFC services are provided in the Member's home. Services provided by the AFC Member's caregiver include assistance with personal care, medication, meals, laundry, nursing oversight, and care management. AFC is available through MassHealth.
https://www.mass.gov/regulations/101-CMR-35100-adult-foster-care

Day Habilitation: A structured treatment program provided in the community at a designated provider site and in a group environment. Day habilitation services are designed to meet the goals and objectives of the individuals served in the program. The program can help individuals build skills, improve functioning, facilitate independent living, and develop self-management skills. It serves adults eligible for MassHealth with an intellectual or developmental disability. Day Habilitation is administered by MassHealth.
https://www.mass.gov/regulations/130-CMR-419000-day-habilitation-center-services

Enhanced Coordination of Benefits (ECOB) Program: A specialized UMass Chan program that works with eligible MassHealth Members to ensure they receive the most comprehensive insurance coverage available. MassHealth Members may have access to additional insurance benefits through an employer, spouse, parent, or COBRA. The ECOB Program helps members and families get or maintain private health insurance and is a free service provided by Massachusetts for eligible MassHealth Members.
https://www.mass.gov/service-details/masshealth-coordination-of-benefits-cob

Group Adult Foster Care (GAFC): A program for adults age 22 and older who require physical assistance with one or more ADLs such as eating, dressing, and bathing. Services are provided in a qualified group housing setting. Services include assistance with personal care, medication, meals, laundry, nursing oversight, and care management. GAFC is available through MassHealth.
https://www.mass.gov/lists/group-adult-foster-care-manual-for-masshealth-providers

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Home Modification Loan Program: A program that provides no-interest and low-interest loans to modify the home of adults and children with disabilities and elders to allow people to remain in their homes and live more independently. Some examples of projects funded include ramps, lifts, and bathroom and kitchen adaptations. The Home Modification Loan Program is administered by the Massachusetts Rehabilitation Commission (MRC).
https://www.mass.gov/home-modification-loan-program-hmlp

Hospice: An all-inclusive benefit designed to meet all of a person's medical and palliative (comfort) needs related to a terminal illness. By electing hospice services, Members over the age of 21 waive their right to certain MassHealth-covered services related to the treatment of the terminal illness for which hospice services were elected. Examples of waived services for such Members include CSN services, Skilled Nursing visits, or HHA services. However, persons under the age of 21 are not subject to this waiver of other services. Hospice services are available through MassHealth.
https://www.mass.gov/regulations/101-CMR-34300-hospice-services

Respite Services: Respite services provide caregivers with an opportunity for rest or to attend to their own personal needs. Respite services may be offered inside or outside of the home and are available through a variety of programs and agencies. Some examples of respite options include the Department of Developmental Services (DDS) Southeast Region Respite Home and the Department of Public Health (DPH) Medical Review Team.
https://www.mass.gov/lists/dds-southeast-region-respite-home
https://www.mass.gov/medical-review-team

Turning 22: Turning 22 provides transition services for young people with severe disabilities as they leave special education and transition into the adult service system. Turning 22 services are available through the MRC and DDS.
DDS: https://www.mass.gov/lists/essential-dds-transition-information
MRC: https://www.mass.gov/mrc-transition-services-for-students-and-youth

Pharmacy Consultations

The CCM Specialist Team includes pharmacists who are available to review medications and consult with your care team (physicians, nurse practitioners, nurses, etc.) on recommendations, including medication changes or medication administration improvements that may reduce your skilled nursing interventions or improve your quality of life. However, it is important to note that the CCM Pharmacist can only make recommendations; any changes to your medications must be made by your prescribing provider.

Your CCM Pharmacist can also assist if you have difficulty obtaining MassHealth-covered medications from your local pharmacy. In these situations, you should contact your CCM Clinical Manager to discuss further.

State Agency Case Managers

Many CCM Members have a case manager from other state agencies or insurances. Case managers may be provided through DPH, DDS, the Massachusetts Commission for the Blind, the Early Intervention program, MRC, and/or a private insurance company.

Your enrollment in CCM will not change these relationships. Your CCM Clinical Manager will, if you agree, communicate and work closely with other case managers and agencies as necessary.

NOTE: Throughout this guide, references to the "CCM Member" or "Member" may also apply to you if you are a parent, guardian, or caregiver of a CCM Member.

11. Right to Fair Hearing and Complaint Process

CCM Members have the right to request a fair hearing for any MassHealth LTSS authorized by CCM Clinical Managers or Specialists. After your CCM Clinical Manager completes your in-person LTSS Assessment, you will receive a copy of your completed LTSS Assessment, your CCM Service Record, and the Fair Hearing Request Form. In addition, anytime your CCM Clinical Manager or Specialist changes or denies a prior authorization request, you will receive a decision notice (letter) in the mail from MassHealth that also includes the Fair Hearing Request Form.

A copy of the Fair Hearing Request Form can be found in Appendix D.

How to Request a Fair Hearing (Appeal)

If you disagree with the services authorized on your CCM Service Record during your LTSS Assessment visit or any CCM prior authorization decision, you can file a request for a fair hearing with the MassHealth Board of Hearings. Requests are filed by completing the Fair Hearing Request Form provided and forwarding it to the address on the form. You will receive a Fair Hearing Request Form when you receive a copy of the CCM Service Record (sent by mail or email from CCM) and a prior authorization decision notice (sent via mail from MassHealth).

You must file a request for a fair hearing with the MassHealth Board of Hearings within 30 calendar days of the date noted on the CCM Service Record or prior authorization decision notice date (received via mail from MassHealth) if a CCM Service Record wasn't provided.

Appeal Process

All appeals related to CCM decisions are handled by the MassHealth Board of Hearings and conducted by an impartial hearing officer.

After you submit your appeal paperwork, the MassHealth Board of Hearings will send you a notice of your hearing date, time, and place at least 10 calendar days before your scheduled hearing date.

At the hearing, you may represent yourself or be represented by a lawyer or other representative at your own expense. You may contact a local legal service or community agency to get advice or representation at no cost. You may attend the hearing in person or via telephone. CCM has an appeals nurse that attends hearings in person and represents the decisions made by CCM Clinical Managers and Specialists. In addition, your CCM Clinical Manager or Specialist may attend the appeal via telephone.

After the appeal hearing, you will receive a decision notice in the mail from the MassHealth Board of Hearings within 90 days of your hearing. Any changes made to the service(s) appealed will be made per this notice from the MassHealth Board of Hearings.

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Services During the Appeal Process

During the appeal process, your other authorized MassHealth services will remain in place and your prior authorizations will not change. The appeal process may only impact the services being appealed and reviewed by the Board of Hearings.

Aid Pending

You may be eligible to keep the service(s) you appealed between the time you appeal and the time the Board of Hearings decides to approve or deny your appeal. This is also known as "aid pending." You will keep your benefits if your completed and mailed hearing form is received by the Board of Hearings either before the benefit stops (as detailed in the prior authorization decision notice) or within 10 calendar days from the mailing date of the MassHealth notice, whichever is later.

If you decide to keep your benefits between the time the appeal is pending and then lose your appeal, you may have to pay back the cost of the benefits you received. If you do not get benefits and then win your appeal, MassHealth will restore your benefits.

You will keep your benefits if your completed and mailed hearing form is received by the Board of Hearings either before the benefit stops (as detailed in the prior authorization decision notice) or within 10 calendar days from the mailing date of the MassHealth notice, whichever is later.

Complaints Against CCM Staff

If at any time during your participation in CCM you are not happy with the way you were treated or the assistance you received from a CCM staff member, you may file a complaint with the appropriate manager via telephone or in writing. The appropriate manager can be identified in Appendix E. Written complaints should be sent to Jessica Carpenter at the address in Appendix E. CCM will respond to your complaint within one (1) business day and resolve your issue within seven (7) business days.

Complaints Against a MassHealth LTSS Provider

If at any time you are concerned with the care you received or the way you were treated by a MassHealth LTSS Provider and would like to file a complaint, you can contact your CCM Clinical Manager and ask to lodge a complaint. Your CCM Clinical Manager will ask you for specific details about your complaint and work to resolve your complaint within seven (7) days. Your complaint will be shared with MassHealth.

NOTE: Throughout this guide, references to the "CCM Member" or "Member" may also apply to you if you are a parent, guardian, or caregiver of a CCM Member.

12. Communication from CCM

As your single point of contact for MassHealth LTSS, you will communicate with your CCM Clinical Manager frequently. Depending on the services you need, you may also communicate with Specialists on occasion. Some examples of common communications from CCM are included below.

Pre-Visit Telephone Call

Your CCM Clinical Manager will contact you before your annual LTSS Assessment is due. During this phone call, the CCM Clinical Manager will schedule your visit and discuss information you should have available at the visit, including:

1. Individualized Education Plan(IEP), if applicable
2. Individualized Family Service Plan (IFSP), if applicable
3. Individualized Service Plan (ISP), if applicable
4. Summary of Benefits from your private insurance, if applicable*
5. List of current medications
6. List of physicians
7. Any relevant documentation from your treating providers, including service visit notes, diagnoses, relevant letters, and any recent documentation from recent in-patient facility stays

**Summary of Benefits can be obtained through your employer (if your insurance plan is purchased through your employer) or by calling the telephone number on the back of your primary insurance card.*

Your CCM Clinical Manager will also send you a letter with the information noted above. In addition, you will receive a telephone call from your CCM Clinical manager at least one business day before your scheduled visit to confirm the location, date, and time.

Quarterly Telephone Calls

During your first year as a CCM Member, your CCM Clinical Manager will contact you every three months (quarterly) to support you and help coordinate services. This quarterly contact is usually a telephone call but can also be a secure email or site visit, depending on your preference.

During this telephone call, your CCM Clinical Manager may ask you about nursing services, including the providers you are using and if you are having any difficulty filling your nursing hours, and provide ways to assist you. The CCM Clinical Manager will also ask if you have had any hospitalizations or changes in insurance or received any new services, such as through school or other state agencies.

After the first year, your CCM Clinical Manager will ask if you want to continue having quarterly calls. While you may decide to stop the quarterly calls, you can contact your CCM Clinical Manager at any time to ask questions, discuss your services, or restart quarterly calls.

NOTE: Throughout this guide, references to the "CCM Member" or "Member" may also apply to you if you are a parent, guardian, or caregiver of a CCM Member.

Assessment Decisions

Your CCM Clinical Manager will contact you via telephone once the assessment process is completed and authorized CSN (and PCA when applicable) hours have been determined. During that call, you can ask questions and discuss the rationale for the decision, including if the authorized CSN hours have changed since your last assessment. If you disagree with the authorized CSN (or PCA when applicable) hours, you can discuss further with your CCM Clinical Manager on this call.

After this call, the CCM Clinical Manager will send you a copy of your completed LTSS Assessment and CCM Service Record, which details the services authorized. You will be asked to review these documents and, if you agree with the services authorized, to sign and return the CCM Service Record to your CCM Clinical Manager.

Prior Authorization Decisions

There are several different scenarios in which your CCM Clinical Manager or CCM Specialist may contact you to discuss a prior authorization decision.

For any new CSN and PCA services, CCM will work with you to identify a provider(s). Once you identify a provider, your CCM Clinical Manager will create a prior authorization and contact both you and your providers so that you know when work can begin.

If your CSN provider or PCM agency contacts your CCM Clinical Manager to change your prior authorization, your CCM Clinical Manager will contact you to discuss before making any changes.

If CCM receives a prior authorization request from a MassHealth Provider for other services, such as DME, oxygen and respiratory equipment and supplies, orthotics and prosthetics, or therapy services, your CCM Clinical Manager or Specialist will review the request. You may be contacted by your CCM Clinical Manager to discuss the request further or to obtain more information. If the request is approved or changed, you will receive a decision notice (letter) in the mail from MassHealth that provides information on the prior authorization and the CCM decision. If the service is changed based on medical necessity or if the service is denied, your CCM Clinical Manager or Specialist will contact you to discuss the reason for the change or denial, the right to appeal, and offer any alternatives to the requested service, equipment or supplies.

Social Work Outreach

After you are enrolled in CCM, you will receive a telephone call from the CCM SW to answer any questions you may have, review the resources available in this guide, and discuss the support that the CCM SW can provide to you and your family. CCM SWs help CCM Members and their families understand what state agency/community programs and services are available. They can also help you access behavioral health support, learn about and get public benefits, and figure out what other supports may be available to pay for items not covered by MassHealth.

NOTE: Throughout this guide, references to the "CCM Member" or "Member" may also apply to you if you are a parent, guardian, or caregiver of a CCM Member.

13. Other Important Times to Contact CCM

Your CCM Clinical Manager can serve as a resource to you if they know of changes in your condition or become aware of situations that you or your caregiver are dealing with at the time.

Hospitalizations

You should contact your CCM Clinical Manager if you visit the emergency department or are hospitalized. There may be changes in your condition that require a change in your CSN or PCA services, or perhaps there are other services or equipment that would be beneficial to your care needs.

Increase in Skilled Nursing Needs

You should contact your CCM Clinical Manager if there is a change in your medical needs and you have more skilled nursing interventions than you are currently authorized for. Your CCM Clinical Manager will want to discuss the changes with you and your providers and may need to conduct another assessment to determine if a change in service is appropriate.

Temporary Loss of Caregiver

You should contact your CCM Clinical Manager if your caregiver cannot perform the care they usually provide due to a short-term illness, surgery, or another situation. The CCM Clinical Manager will discuss care needs and offer alternatives, such as additional providers or increased services.

Improvements in Skilled Nursing Needs

You should contact your CCM Clinical Manager if there has been a change in your condition that has improved and decreased your need for skilled nursing interventions. Your CCM Clinical Manager will want to discuss the changes with you and your providers and may need to conduct another assessment to determine if a change in service is appropriate.

Terminating CSN Services

You should contact your CCM Clinical Manager if you no longer want to utilize CSN services. Your CCM Clinical Manager will discuss your decision with you and work with you to end your enrollment in CCM.

Provider Issues

You should contact your CCM Clinical Manager if you have issues or concerns with a MassHealth Provider, including how you were treated or the services you received. Your CCM Clinical Manager with work with you and other CCM staff, as appropriate, to address your concerns.

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14. Important Contact Information

Community Case Management: (800) 863-6068 (TTY: (508) 421-6129) commcase@umassmed.edu

MassHealth

MassHealth Customer Service: (800) 841-2900 (TTY: (800) 497-4648)

MassHealth Board of Hearings (BOH): (617) 847-1200 or (800) 655-0338

MassHealth Enhanced Coordination of Benefits Program: (833) 886-3262 ECOB@umassmed.edu

MassHealth Health Insurance Premium Payment Program: (800) 462-1120

State Agencies

Department of Children and Families (DCF) *Area Office Coverage:* (617) 748-2000
Child-at-Risk Hotline: (800) 792-5200

Department of Developmental Services (DDS) *Central Office:* (617) 727-5608 (TTY: (617) 727-9842)

Department of Mental Health (DMH) *Central Office:* (617) 626-8000
Emergency/Crisis Line: (877) 382-1609

Department of Public Health (DPH): (617) 624-9000 (TTY: (617) 624-6001)

Disabled Persons Protection Commission (DPPC): (617) 727-6465

Massachusetts Rehabilitation Commission (MRC) Central Office: (617) 204-3600 (TTY: (800) 245-6543)

Pediatric Palliative Care Network: (508) 961-2004 (TTY: (617) 624-5992) Pediatric.Palliative.Care@state.ma.us

NOTE: Throughout this guide, references to the "CCM Member" or "Member" may also apply to you if you are a parent, guardian, or caregiver of a CCM Member.

15. Appendices

Appendix A: Community Long Term Care Needs Assessment

Appendix B: Community Case Management Individualized Assessment for Skilled Nursing Interventions

Appendix C: Community Case Management (CCM) Service Record

Appendix D: MassHealth Fair Hearing Request Form

Appendix E: Community Case Management (CCM) Complaint, Dispute, and Appeals Process

NOTE: Throughout this guide, references to the "CCM Member" or "Member" may also apply to you if you are a parent, guardian, or caregiver of a CCM Member.

Community Long Term Care Needs Assessment

Member Name: **Date of Assessment:** **MID #:**

The following information was obtained on the date of assessment.

CCM Phone Number: 800-863-6068 Fax: 508-421-5905
E-mail: CommCase@umassmed.edu

Clinical Manager:

Demographic Information

DOB:

Member's Address:

Phone Number: **Alternate Phone Number**:

Name of Parent [ ] or Guardian [ ]:

Member lives in Group Home:
If Yes, Name and Phone number of Group Home contact:
Primary contact for member: Guardian: **Group Home**:

Is Member in foster care?:
If Yes, name and phone number of DCF Contact:

Is Member followed by DPPC/DDS:
If Yes, name and phone number of DPPC/DDS contact:

Primary Language Spoken: **Interpreter needed? Yes [ ] No [ ]**
Name of interpreter:

Medical Information

Height: inches [ ] cm [ ]	**Weight**: lbs. [ ] kg [ ]	**Allergies**:
Gestational Age:	**Immunizations up to date?**	**If no, reason**:

Diagnoses

Primary Diagnosis:

Associated Diagnoses:

Physician & Hospital Information

Name	Location	Specialty	Office Number

Medications

Medication	Dose	Route	Frequency

Medical History

List who was present during the visit including the Member:

Primary Caregiver: **Relationship**:

Location of Assessment:

Hospital Contact if Appropriate:

Proposed Discharge Date if Appropriate:

Hospitalizations in the Past Year

N/A (Not Applicable) [ ] **UTA (Unable to Assess) [ ]**

Month of Hospitalization	Reason	Number of Days

Emergency Room Visits in the Past year

N/A [ ] **UTA [ ]**

Month of E.R. Visit	Reason

Current Home Care Services

NA [ ] UTA [ ]

Service	Authorized (# of hours/wk)	Filled (# of hours/wk)

Community Long Term Care Needs Assessment

Member Name: **Date of Assessment:** **MID #:**

CSN		
CSN/PCA option		
SNV		
HHA		
PCA		

If not filled, explain:

Are there other members in the home receiving CSN?:

If yes: List the name of member(s), the number of hours per week authorized and the provider(s) involved:

Does the primary caregiver(s) and, if applicable, the member feel they have received a proper in-service and training from the servicing provider(s) for the skilled nursing services and the equipment?: [ ] Yes or [ ] No

If "no", have you requested further training?: [ ] Yes or [ ] No

CLTC Service(s) paid for by private insurance, including Medicare:

Independent Motor Status/Self Care

[ ] Unable [ ] Holds Head Up [ ] Roll [ ] Sit [ ] Crawl [ ] Walk

ADLs	Age app	Independent	Needs assist	1 assist	2 assists
Transfers					
Bathing					
Toileting					
Dressing					

How does your child communicate to you:

Current Equipment in Use

Suction machine	[ ]	**Bed (Type, Mattresses, and Specialty Beds)**	[ ]
Pulse oximeter	[ ]	**Strollers, Wheelchairs**	[ ]
Mechanical ventilation []CPAP []BIPAP []Vent	[ ]	**Seating (Activity Chairs, High/Low Chairs, Other)**	[ ]
Oxygen [ ]gas [ ]liquid [ ]stationary [ ]portable		**Transfer (Type of Lift)**	[ ]
O2 Concentrator	[ ]	**Cervical support devices**	[ ]
Compressor (mist)	[ ]	**Body Jacket**	[ ]

Member Name: **Date of Assessment:** **MID #:**

Percussor	[ ]	**Hand splints**	[ ]
Inexsufflator	[ ]	**AFO's**	[ ]
HFCWO vest	[ ]	**Helmets**	[ ]
Nebulizer	[ ]	**Car Seat**	[ ]
AMBU	[ ]	**Stander/type**	[ ]
Tracheostomy tubes/backups **Type:** **Size:**	[ ]	**Gait Trainer**	[ ]
HME/Thermovent	[ ]	**Shower /bath chair/describe**	[ ]
Passey Muir Speaking Valve and/or tracheostomy cap	[ ] [ ]	**Communication Equipment (Devices/Software)**	[ ]
BP cuff/dynamap	[ ]	**Commodes**	[ ]
Feeding pump	[ ]	**Walker**	[ ]
NG/NJ/ND/G/J tubes	[ ]	**Adaptive Aids (list)**	[ ]
IV/CVL/PICC/Broviac/POC	[ ]		
Urinary catheters	[ ]	**Other equipment:**	[ ]

Member Name: **Date of Assessment:** **MID #:**

Ostomy bags	[ ]		
Wound vac	[ ]		

COMMUNITY SERVICES

List all currently involved agencies and the services they are providing:

State Agencies

If applicable, list services (including respite, case management and residential services) that are provided by other sources such as the Massachusetts Commission for the Blind, the Department of Public Health, the Department of Children and Families, the Department of Education, The Department of Mental Health, The Department of Developmental Services, and an early intervention program. Include the frequency of service and the name and telephone number of the case manager.

NA [ ] UTA [ ]

List here:

Signed plan obtained from family? (IFSP, IEP, 504, ISP): [ ] Yes or [ ] No

AFC/GAFC Plan of Care received from agency providing AFC?: [ ] Yes or [ ] No

Services provided:

If "no" please explain:

EI [ ] School [ ] Dayhab [ ]

School/Program Name:

Service	Frequency	Payer (school/insurance):
CSN		
PT		
OT		
Speech		
Other		

Therapies Outside of Educational Plan

Service	Frequency/location (home, outpatient, etc)	Payer
PT		
OT		
Speech		
Other		

Other (support groups, community affiliations):

Review CCM services available (see CCM Specialist insert): [ ]

Would you like to speak with any of the Specialists (if yes, about what)?:

Comments:

Review of Nursing/Medical Reports

Nursing Progress Notes	**[ ] Yes or**	**[ ] No**	
485/Plan of Care	**[ ] Yes or**	**[ ] No**	
Hospital Discharge Summary	**[ ] Yes or**	**[ ] No**	**[ ] N/A**
Other Supportive Medical Records	**[ ] Yes or**	**[ ] No**	**[ ] N/A**
MassHealth Claims reviewed	**[ ] Yes or**	**[ ] No**	**[ ] N/A**
MassHealth Eligibility Reviewed	**[ ] Yes or**	**[ ] No**	**[ ] N/A**

[ ] N/A [ ] UTA

Please list below all who participated in this assessment, including their credentials and/or relationship to Member:

Follow-up Items:

Member Name: **Date of Assessment:** **MID #:**

Community Case Management
Individualized Assessment for Skilled Nursing Needs

Revised 2/7/2012

Member Name:	Date of Assessment:		MID:	DOB:
Nursing Interventions	**Time (in minutes)**	**Frequency (x per day)**	**Clinical Rationale/Medical Necessity**	**Total minutes per day**
Teaching needs of the caregiver				
Respiratory				
Tracheostomy care	0.00	0.00		0.00
Suction Type/frequency	0.00	0.00		0.00
Mechanical Ventilation Care Management (CPAP, BIPAP, Ventilator)	0.00	0.00		0.00
O2 Desaturations frequency	0.00	0.00		0.00
Oxygen	0.00	0.00		0.00
Chest physiotherapy /frequency	0.00	0.00		0.00
Nebulizer treatments	0.00	0.00		0.00
Inhalers	0.00	0.00		0.00
Skilled Assessment/respiratory	0.00	0.00		0.00
Cardiac/Autonomic Instability				
Skilled assessment/cardiac	0.00	0.00		0.00
Gastro-Intestinal (GI)/Nutrition				
Oral feeds/frequency-*only scored if at risk for aspiration	0.00	0.00		0.00
NG/ NJ/ND tube feeds/frequency	0.00	0.00		0.00
G/J tube Care frequency	0.00	0.00		0.00
G/J tube feedings frequency	0.00	0.00		0.00
Adjustments and Venting frequency	0.00	0.00		0.00
Intake and Output frequency	0.00	0.00		0.00
Elimination management/frequency	0.00	0.00		0.00
CVL/PICC/Broviac Care	0.00	0.00		0.00
Parenteral line assessment	0.00	0.00		0.00

Community Case Management

Individualized Assessment for Skilled Nursing Needs

Revised 2/7/2012

Member Name:	Date of Assessment:		MID:	DOB:
Nursing Interventions	**Time (in minutes)**	**Frequency (x per day)**	**Clinical Rationale/Medical Necessity**	**Total minutes per day**
TPN infusion management/frequency	0.00	0.00		0.00
Skilled Assessment/GI	0.00	0.00		0.00
Genito-Urinary (GU)				
Catheter care/frequency	0.00	0.00		0.00
Ostomies care/frequency	0.00	0.00		0.00
Skilled assessment/GU	0.00	0.00		0.00
Wound Care/Skin				
Wound Care frequency	0.00	0.00		0.00
Skilled assessment/Skin	0.00	0.00		0.00
Neurological				
Seizures frequency	0.00	0.00		0.00
Skilled assessment/neurological	0.00	0.00		0.00
Pain Management				
Pain management frequency:	0.00	0.00		0.00
Skilled assessment/Pain	0.00	0.00		0.00
Musculoskeletal				
Skilled assessment/Musculoskeletal	0.00	0.00		0.00
Other considerations in Skilled Care Needs				
Skilled assessment needs related to fluctuation in Medical status:	0.00	0.00		0.00
Is there any other information about your child's care that you would like to add to this assessment?				

Community Case Management

Individualized Assessment for Skilled Nursing Needs

Revised 2/7/2012

Member Name:	Date of Assessment:	MID:	DOB:

Nursing Interventions	Time (in minutes)	Frequency (x per day)	Clinical Rationale/Medical Necessity	Total minutes per day
In-School nursing paid by school/# hours 130 CMR 517.008				
CSN paid by another source/# hours 130 CMR 517.008				
* Insurance				
* State agency				
Assessment completed by:	Total minutes			**0.00**
Abimelech Velazco,	Total hrs/wk			**0.00**

COMMUNITY CASE MANAGEMENT (CCM) - SERVICE RECORD

Date of Assessment: **[ ] Initial Assessment [ ] Re-assessment** [ ] N/A

Date Service Record Mailed for Member's Signature:

DEMOGRAPHIC INFORMATION

Member Name:	MassHealth MID:
Primary Residence:	Birth Date: Age: Gender:
Phone Number:	Name of Clinical Manager:
Alternate Phone Number:	Signature of Clinical Manager:
Name of Primary Caregiver:	Assessment Location: Other:

MEDICAL INFORMATION

Primary Diagnosis:

Associated Diagnoses:

APPROVED MASSHEALTH LONG TERM SERVICES AND SUPPORTS (LTSS)

The services listed below have been approved in accordance with MassHealth Regulations, including but not limited to: 130 CMR 450.204, 130 CMR 403.000, 130 CMR 414.000, 130 CMR 503.000, 130 CMR 422.000

Nursing/PCA Provider	Service Type	Payer	Frequency	Duration	Start Date	End Date

CSN Authorized Hours: [] Unchanged [] Increased [] Decreased

If CSN Authorized Hours Increased or Decreased, list areas impacting decision:

PCA Authorized Hours: [] Unchanged [] Increased [] Decreased

If PCA Authorized Hours Increased or Decreased, list areas impacting decision:

All other MassHealth prior authorization requests for Long Term Services and Supports will be reviewed by CCM in accordance with MassHealth Regulations, including but not limited to: 130 CMR 450.204, 130 CMR 403.000, 130 CMR 427.000, 130 CMR 503.000, 130 CMR 409.000, 130 CMR 442.000, 130 CMR 428.000.

Oxygen/Respiratory Supplies Durable Medical Equipment and Medical Supplies Orthotics/Prosthetics Home Health Therapy Services

Member Name: Date of Assessment:

THIRD PARTY LIABILITY INFORMATION

[ ] N/A

Insurance Carrier:	Case Manager Name (if available):
Policy Holder Name:	Phone Number:
Policy Number(s):	Is other Parent/Legal Guardian Employed? If yes, Employee Name:
Group #:	Employer Name:

New TPL? [ ] Yes [ ] No

COMMUNITY CASE MANAGEMENT (CCM) SERVICE RECORD

The CCM Clinical Manager is responsible for assessing and authorizing all of your MassHealth Long Term Services and Supports (LTSS). If you have been authorized for continuous skilled nursing services, then the Clinical Manager will be the single point of entry for all your MassHealth LTSS service requests. LTSS services include nursing, personal care attendant, home health aide, durable medical equipment and supplies, oxygen and respiratory, and therapies.

The Clinical Manager will provide you with a list of MassHealth continuous skilled nursing providers and, if appropriate, personal care management providers.

The member is responsible for choosing and contacting a MassHealth provider for services that have been authorized. The member should contact the Clinical Manager at 508.856.8292 whenever the member's health condition changes, including hospitalizations, when insurance coverage has changed, or if you need assistance accessing MassHealth LTSS authorized services.

OTHER INFORMATION PROVIDED

SERVICE CONTRACT

☐ Agree ☐ Disagree with the above Service Record

Signature: _____ Print Name: _____ Date: _____

Relationship to Member: _____

If you disagree with the Service Record, per the instructions and timeframes detailed on the *Complaint, Dispute & Appeals Process* document provided to you, you may:

1. Request an informal review with CCM
2. Request a Fair Hearing with the Board of Hearings
3. Request both an informal review and a Fair Hearing with the Board of Hearings

RIGHT TO APPEAL

I have been informed of the appeal process. I have received a copy of the Fair Hearing Request Form and understand that I have the right to file an appeal and receive a fair hearing before an impartial hearing officer from the Board of Hearings.

Signature: _____ Print Name: _____ Date: _____

Relationship to Member: _____

☒ Member Copy

☐ CCM Copy

CCM Hours of Operation: Monday - Friday 8:30 AM - 5:00 PM
1-800-863-6068

HOW TO ASK FOR A FAIR HEARING

Your Right to Appeal: If you disagree with the action taken by MassHealth, you have the right to appeal and ask for a hearing before an impartial hearing officer. You can also request a hearing if MassHealth did not act on your request in a reasonable time.

How to Appeal: You can fill out this hearing request form and send it with a copy of the notice you are appealing to the **Board of Hearings, Office of Medicaid, 100 Hancock Street, 6th floor, Quincy, MA 02171** or you can fax or efax these materials to **(617) 887-8797**. You can also call **(800) 841-2900** to fill out your request for a hearing form by telephone. If you have a question about your hearing, call (**617) 847-1200** or **(800) 655-0338**.

The Board of Hearings must receive your completed, signed request within 30 calendar days from the date you received the notice of our action. If you did not receive a written notice of the action to be taken, or MassHealth did not take an action on your application, you must file your request no later than 120 calendar days from the date the action took place or the date of the application.

If You Are Now Getting MassHealth Benefits: You may be eligible to keep your benefits between the time you appeal and the time that the Board of Hearings makes a decision to approve or deny your appeal. If you decide to keep your benefits between the time the appeal is pending, and then you lose your appeal, you may have to pay back the cost of the benefits you received. If you do not get benefits, and then you win your appeal, we will restore your benefits. You will keep your benefits if the hearing formis received either before the benefit stops or within 10 calendar days from the mailing date of the MassHealth notice, whichever is later. Please mark your choice in the **Other Information** section of the form.

Date of Fair Hearing: At least 10 days before the hearing, we will send you a notice telling you the date, time, and place of the hearing. Your hearing may be conducted by phone. You can ask us to reschedule a hearing, but you must have good cause. If you do not reschedule or appear on time to the hearing without documented good cause, your appeal will be dismissed.

Your Right to Be Helped at the Hearing: At the hearing, you may have a lawyer or other person represent you, or you may represent yourself. We will not pay for anyone to represent you. You may contact a local legal aid service or community agency to see if you can receive advice or representation at no cost. A hearing request can also be filed on your behalf by an individual authorized to act on your behalf. If someone other than a lawyer is acting on your behalf, please attach a copy of the document(s) authorizing that person to file a hearing request on your behalf (for example, Power of Attorney, Guardian, invoked Health Care Proxy).

If You Need an Interpreter, Assistive Device, or Other Accommodation: If you do not understand English or if you are hearing or sight impaired, we will provide an interpreter or assistive device at the hearing at no cost to you. We will also make other reasonable accommodations a person with a disability may need to participate in the hearing. Please tell us what you need in the **Other Information** section of the form.

Your Right to Review Your Case File: You and/or your representative can review your case file before the hearing. If you wish to review your case file, call (800) 841-2900, TTY: (800) 497-4648 (for people who are deaf, hard of hearing, or speech disabled).

Your Right to Ask to Subpoena Witnesses and Your Right to Question: You or yourrepresentative may write to ask that witnesses or documents be subpoenaed to the hearing. You or your representative may present evidence and cross-examine witnessesat the hearing. This means you can ask questions of witnesses. The hearing officer will make a decision based on all evidence presented at the hearing.

Impact on Other Household Members: Note that an appeal decision for one household member may change eligibility for other household members. If that happens, affected household members will receive a new eligibility notice explaining the changes.

FAIR HEARING REQUEST FORM

First Name: Middle Initial:

Last Name:

Mailing Address:

City: State: Zip:

Phone Number:

Member ID: Date of Birth:

Reason For Your Appeal (Circle any reason(s) that may apply.)
Income • Citizenship/Immigration status • Access to other insurance
Family size • Residency • Incarceration status • Other (see below)

Please explain why you are appealing.
Attach any documents that support your reason.

Other Information (Check all that apply.)

☐ I accept the proposed change in my coverage during the appeal process. If you check this line and you win your appeal, we will restore your original level of benefits.

☐ I want to keep the benefits during the appeal process that I was receiving before. If you check this line and you lose your appeal, you may have to pay back the cost of the benefits you received during your appeal.

☐ I need an interpreter. My language is _____
(We will provide the interpreter for the hearing.)

☐ I need an assistive device to communicate at a hearing. (Describe what type of device you need, and we will provide an assistive device for the hearing.)

☐ I need another accommodation for a disability.
(Describe the accommodation needed.)

☐ I need an expedited hearing.

☐ I want a phone hearing. My number is _____

Appeal Representative, if you have one

Name:

Phone number:

Mailing Address:

City: State: Zip:

Signature

The information on this form is true and accurate, to the best of my knowledge. I authorize MassHealth to provide me and my representative, if I have one, with my individual information, including federal and state tax information used inthe determination of my eligibility, for purposes of this appeal process.

Signature: Date:

First & Last Name (Print):

If this is signed by someone other than an appellant 18 years of age or older who has authority to file, please attach a copy of your authority to file the appeal on behalf of the appellant (for example, a copy of your power of attorney document or evidence of court appointment as a personal representative).

Community Case Management
Commonwealth Medicine
University of Massachusetts Medical School
333 South Street
Shrewsbury, MA 01545
Office: 800-863-6068 TTY: 508-421-6129
Fax: 508-421-5905 E-mail: CommCase@umassmed.edu

Community Case Management (CCM)
Complaint, Dispute & Appeals Process

Filing a Complaint

If at any time during your participation in Community Case Management (CCM) you are not happy with the way you were treated or the assistance you received from a CCM staff member, you may file a complaint with the appropriate manager via telephone (please refer to the contact information below) or in writing. Written complaints should be sent to Kerri Ikenberry at the address above. CCM will respond to your complaint within one (1) business day and resolve your issue within seven (7) business days.

Requesting a Fair Hearing with the Board of Hearings

If you disagree with the services authorized on your CCM Service Record during your Community Long Term Care Needs Assessment visit or any CCM prior authorization decision, you can file a request for fair hearing with the Board of Hearings by completing the ***Fair Hearing Request Form*** provided to you, and forwarding it to the address on the form. You must file a request for fair hearing with the Board of Hearings within thirty (30) calendar days of the Service Record date or prior authorization decision notice date (received via mail from MassHealth), if a Service Record wasn't provided. If you need an additional copy of the ***Fair Hearing Request Form*** please contact your Clinical Manager, or you may download the form from the MassHealth website at https://www.mass.gov/how-to/how-to-appeal-a-masshealth-decision.

In addition, following your request for a fair hearing, the Associate Director of Appeals & Regulatory Compliance will contact you prior to your scheduled fair hearing to ask if you would like to participate in an informal review.

Community Case Management: Contact Information		
Virdany Ruiz, BS, RRT	Clinical Coordinator, Allied Health Services: Manager - CCM Specialists: Occupational, Physical and Respiratory Therapy	(774) 455-5185
Terri Podgorni, RN, BSN	Associate Director, Care Management: Manager – CCM Clinical Managers (Nurses)	(508) 856-3982
Linda Phillips, RN	Associate Director, Appeals & Regulatory Compliance	(508) 856-1641
Kerri Ikenberry, RN	Executive Director, Community Based Services	(508) 421-5901