

Complex Care Assistant Frequently Asked Questions

1. What are complex care assistant services?

Complex care assistant (CCA) services are a unique service for MassHealth members who meet the medical necessity requirements for Continuous Skilled Nursing (CSN) services. This service type provides more support for Community Case Management (CCM) members. It also offers a path to pay caregivers for specialized care to medically complex MassHealth members. This service does not replace CSN services. CCA services complement CSN services and provide an additional care option. CCAs work through a CSN agency. They can perform more skilled tasks than a home health aide (HHA).

2. Who can get CCA services?

MassHealth members who qualify for CSN services can get CCA services. All CCM members are eligible for CCA services, but the services must not duplicate other services they receive. These services are optional for CCM members and families.

3. Who can provide CCA services?

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

Members can only get CCA services through CSN agencies. Not all CSN agencies may provide CCA services, nor are they required to do so. MassHealth keeps a list of CSN agencies who provide CCA services on the MassHealth CCM webpage at [mass.gov/info-details/agencies-providing-csn-services](https://www.mass.gov/info-details/agencies-providing-csn-services). CCM clinical managers also have a list they can give to families.

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

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

Service Type	Care Tasks	Training	Supervision
Complex Care Assistant (CCA)	ADLs, Incidental Services, and Enhanced Care Services	Must meet home health aide training/competency requirements and complete training and competency program for enhanced care tasks (at least 10 hours). Includes option for a competency evaluation instead of training for both home health aide qualifications and enhanced care services training.	Every 14 days, with options for virtual supervision. Every 60 days in person supervisory assessment with the CCA.

Service Type	Care Tasks	Training	Supervision
Home Health Aide (HHA)	ADLs, Incidental Services	Must meet home health aide qualifications. (Either 75-hour training, CNA, or complete competency evaluation.)	Every 14 days if receiving skilled care from the agency. Every 60 days if the agency is only providing home health aide services.
Personal Care Attendant (PCA)	ADLs and IADLs	4-hour administrative training.	No supervision – this is a consumer-directed program.

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

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

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

Enhanced Care Services. These are a specific set of tasks that CCAs may provide. For more details, please refer to question seven.

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

A parent can serve in multiple roles. They cannot provide both services at the same time.

6. What can a CCA do?

CCAs can provide “personal care services,” which include all the same tasks that a HHA can provide. CCAs can also perform “enhanced care services” that do not need the skills, judgement, or assessment of a nurse. These services include:

- **Enteral G-tube/J-tube feedings.** This includes pump set up/discontinuation and/or administering bolus feeds; does not include changing or replacing of equipment.
- **Skin care, including application of OTC products or routine G-tube/J-tube care.** This includes the application of non-medicated over-the-counter products or routine G-tube/J-tube care; stomas requiring care; or simple dressing changes that do not need medications, medicated, or specialized dressing products.
- **Oxygen therapy.** CCAs help replace oxygen tubing or nasal cannula and set oxygen at ordered flow rate as long as the care is not in response to a respiratory event requiring the judgement and assessment of a nurse.
- **Oral (dental) suction to remove superficial oral secretions.** This includes suctioning of superficial secretions in the oral cavity, and set up and cleaning of suction device.

- **Ostomy and catheter care.** CCAs empty/change ostomy bag or urinary collection devices and clean skin where skilled skin care, recording, observation or reporting isn't required. This doesn't include the replacement of catheters.
- **Modified meal preparation.** CCAs prepare diets that do not need a nurse to administer. This may include modification of meal consistency as directed.
- **Equipment management and maintenance.** This includes wheelchairs, CPAP/BiPAPs, and oxygen and respiratory care equipment. CCAs provide simple cleaning and monitoring. They also report any equipment issues to a nurse supervisor and the CSN agency, including the associated agency paperwork.
- **Application and removal of braces, splints, and/or pressure stockings.**
- **Transportation to medical providers / pharmacy** (by driving the member or going alone).

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

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

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

Please note: Hiring and onboarding requirements may differ by agency. They will likely require standard employee trainings, background checks, and completing relevant tax paperwork, among other items. Complex care assistants are expected to complete the same requirements as all other agency employees.

8. What are the training requirements for CCAs?

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

- A CCA must meet home health aide training and competency requirements. These include
 - completing a 75-hour training and competency evaluation; or
 - completing a competency evaluation; or
 - being a certified nursing assistant (CNA).
- A CCA must complete the training and evaluation requirements for enhanced care services. These include
 - Completing at least 10 hours of in person training and a competency evaluation; or
 - Completing a competency evaluation.

NOTE: You will only need to complete training and/or demonstrate competency for the enhanced care tasks which are specific to the CCM member. For example, if the member

does not require tube feedings, you would not need to complete training and/or demonstrate competency in tube feedings.

- A 12-month enhanced care evaluation must be conducted by a nurse for all CCAs. The enhanced care evaluation will happen annually. The evaluation will review the member-specific care tasks performed by the CCA. New training and competency evaluations will be provided as necessary.

9. How are CCA hours authorized?

CCM will conduct an assessment to determine the number of medically necessary CCA hours the CCM member can receive. Because several CCA tasks may overlap with, and duplicate, other services the member receives (for example, PCA, HHA, and CSN services), the CCM clinical manager will work with the member to identify which services they would like to have performed by which role. For example, both PCAs and CCAs can perform activities of daily living (ADLs). If the member has PCA services and would like to add CCA services, the clinical manager will work with the member or their family to determine which ADLs the member would like the PCA to provide and which the member would like the CCA to provide.

10. Can CCA hours be adjusted if a member has a change in their nursing or PCA schedule?

A member may be able to move hours from one service type to another if the task they want to move is appropriate for the service type, and if it's not a duplicated service.

Example 1: A member's nursing or PCA provider has a schedule change that will impact the member's services. (This might be due to leaving an agency, a planned vacation, or an unplanned absence or illness.) The family wants to increase the amount of CCA hours the member can get. The member can only increase their hours for those tasks that can be performed by a CCA. This means that not all of their CSN hours would be directly transferred to CCA. Only enhanced care tasks that the member requires could be moved from the CSN authorization to the CCA authorization for the requested duration.

Example 2: A member wants to move medication administration from their PCA hours to their CCA hours. PCAs are allowed to administer medication at the direction of the member or their surrogate, but CCAs are not. The member can't move their hours for medication administration from PCA to CCA because the CCA cannot perform this service.

To move hours from one service type to another, the prior authorizations (PAs) for both services need to be adjusted. The member must still have enough applicable services under each authorization to remain eligible. For example, in order to be eligible for PCA services, the PCA authorization must include at least two activities of daily living (ADLs). If the member wants to move an ADL from their PCA authorization to their CCA authorization, they need to make sure they still have at least two ADLs under their PCA authorization to continue to get services.

To adjust a PA, the member or their family should contact their CSN agency. The member, their family, and the CSN agency will discuss the change and any impact to the member's plan of care, and collaborate with other service entities as needed (such as PCM for PCA services).

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

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

MassHealth can reimburse a CCA for services that were medically necessary until the member is under the care of hospital staff. MassHealth cannot reimburse for CCA services while a member is admitted to or under the care of the hospital. This is considered a duplication of services.

12. What are the supervision requirements for CCAs?

CCAs will be supervised in two formats.

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

The 60-day in-person supervisory visit can happen at the same time as the 14-day supervisory visit. If the CCM member also gets CSN services from the same agency employing the CCA, the 14-day supervisory visit and the 60-day supervisory visit can be done along with the a nurse's CSN shift. Neither of these visits will use a member's authorized CSN hours.

These supervision requirements are the same as the HHA requirements. These requirements are established by the Centers for Medicare & Medicaid Services (CMS).

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

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

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

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

14. Are family caregivers hired as CCAs required to submit documentation for CCA hours performed?

Yes. All MassHealth services require documentation of services provided. CSN agencies will be developing their own documentation templates for CCAs to complete. We have discussed the

idea of creating a care checklist to make this process easier for families. However, this is up to each individual agency. Agencies are responsible for submitting documentation to CCM for a member's CCA assessment/reassessment.

15. Can I have both CCA services and PCA services?

Yes, as long as you

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

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