

An Introduction to MassHealth Long Term Services and Supports for ACOs, MCOs & CPs

MassHealth Office of Long Term Services
and Supports (OLTSS)

June 2018

Training Goals



- Care managers, care coordinators, and physician offices within ACOs, MCOs and Community Partners are often the first contact for a member who is seeking help.
- After this training, you will:
 - Know the difference between Long Term Services and Supports (LTSS) available through the MassHealth State Plan and those available through our Home And Community Based Services (HCBS) Waivers
 - Become familiar with the current array of LTSS Services delivered through ACOs and MCOs as “Other Covered Services” and those delivered directly by MassHealth
 - Have a basic understanding of what each of those services are and who they serve (see pages 7 through 29 in the Guide)
 - Understand how to use the Introduction to MassHealth Long Term Services and Supports and Other Covered Services Guide; and
 - Learn where to go for information for LTSS or Other Covered Service options beyond those managed by OLTSS

DISCLAIMER: This presentation is for informational purposes only. ACOs, MCOs, Community Partners, and providers must refer to their MassHealth Contracts, regulations, bulletins, and provider manuals, as appropriate, for all applicable requirements for their respective programs and MassHealth services.

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Section I.

Understanding the Role of LTSS and Other Covered Services for Members

What are State Plan LTSS and Other Covered Services?



- **Programs and services managed by the Office of Long Term Services and Supports (OLTSS)** enable hundreds of thousands of people with disabilities and chronic conditions in Massachusetts to:
 - **live with independence and dignity in their daily lives,**
 - **participate in their communities to the fullest extent possible, and**
 - **improve their overall quality of life.**
- Services are available to MassHealth members based on their coverage type and clinical eligibility (see slide 7 for coverage type information, and slides 19-27 for information about clinical eligibility criteria)
- Most people receive these services in their home or at community programs. Some people get these services in a facility where they live, like a nursing facility
- The focus of this presentation is the array of services managed by OLTSS but these services can be accessed through a number of different ways

What are State Plan LTSS and Other Covered Services?



➤ **These services can be *things* that help a person do activities:**

- grab bars to help with mobility at home
- a wheelchair
- a device that helps with hearing or vision
- a device that helps with communication
- other kinds of durable medical equipment (DME)
- prosthetics, orthotics or oxygen and respiratory supplies
- a repair or training for DME

➤ **These services can be a *person* that helps with activities:**

- bathing
- getting dressed
- shopping
- doing laundry
- managing medications
- living more independently in the home and community

OLTSS Services for Members by Coverage Type



OLTSS Services	MassHealth Standard	MassHealth CommonHealth	MassHealth Family Assistance	MassHealth Care Plus
Community- Based LTSS Services				
Adult Day Health	Yes	Yes	No	No
Adult Foster Care	Yes	Yes	No	No
Continuous Skilled Nursing (may be provided by Independent Nurses or Home Health Agencies)	Yes	Yes	No	No
Day Habilitation	Yes	Yes	No	No
Group Adult Foster Care	Yes	Yes	No	No
Personal Care Attendant Program	Yes	Yes	No	No
Facility-Based LTSS Services				
Nursing Facilities (over 100 days)	Yes	Yes	No	Yes
Chronic Disease and Rehabilitation Hospitals (over 100 days)	Yes	Yes	Yes	Yes

- Individuals in Family Assistance with HIV will receive coverage for all medically necessary services.

OLTSS Services for Members by Coverage Type



OLTSS Services	MassHealth Standard	MassHealth CommonHealth	MassHealth Family Assistance	MassHealth Care Plus
Other Covered Services				
Chronic Disease and Rehabilitation Hospital Services (for the first 100 days)	Yes	Yes	Yes	Yes
Durable Medical Equipment, Orthotics and Prosthetics, Oxygen and Respiratory Therapy	Yes	Yes	Yes	Yes
Home Health Agency (except Continuous Skilled Nursing)	Yes	Yes	Yes	Yes
Hospice Services	Yes	Yes	Yes	Yes
Nursing Facility Services (for the first 100 days)	Yes	Yes	No	Yes
Therapy Services (Physical Therapy, Occupational Therapy, Speech Therapy)	Yes	Yes	Yes	Yes

- Individuals in Family Assistance with HIV will receive coverage for all medically necessary services.

How State Plan LTSS Differs from Services Delivered through HCBS Waivers



- MassHealth also offers **Home and Community Based Services Waiver Programs** that include an additional array of home and community based services for members who have MassHealth Standard and have facility level of care needs, and who would like to receive care in the community as an alternative to care in a facility. Each waiver has different clinical eligibility criteria. These waivers include:
 - ***Two HCBS Waivers for Persons with Acquired-Brain Injury (ABI)***
 - ABI Residential Habilitation Waiver
 - ABI Non-Residential Waiver
 - ***One HCBS Waiver for Persons with Traumatic Brain Injury (TBI)***
 - TBI Waiver
 - ***Two Moving Forward Plan (MFP) HCBS Waivers for disabled adults***
 - MFP Residential Supports (MFP-RS) Waiver
 - MFP Community Living (MFP-CL) Waiver
 - ***Three HCBS Waivers for Adults with Intellectual Disabilities***
 - Adult Supports Waiver
 - Community Living Waiver
 - Intensive Supports Waiver
 - ***One HCBS Waiver for Frail Elders***
 - Home and Community Based Services Waiver for Frail Elders
 - ***One HCBS Waiver for Children with Autism***
 - Children's Autism Waiver

Facts about State Plan LTSS and Other Covered Services



- About 263,000 +/- MassHealth enrollees currently use OLTSS Services
- 30% of all MassHealth spending (\$5.5 billion annually)
 - 74% spent in community settings
- **LTSS meet members' diverse and complex care needs across the lifespan** including seniors, adults and children with disabilities, and individuals who have intermittent or temporary needs following an acute care stay
- **Each LTSS program helps people address daily living needs and includes a health care component.** Different types of people can provide these services:
 - A personal care attendant (PCA)
 - A home health aide
 - A family member or friend, where applicable

Understanding How Individuals May Indicate a Need for State Plan LTSS and Other Covered Services



- Some individuals may self identify as people with disabilities and request information and access to services
- Some individuals may not directly ask for these services but care managers, care coordinators, and physician offices within ACOs, MCOs, and Community Partners should be able to identify individuals who may benefit from them
- Care managers, care coordinators, and physician offices may be able to identify members who need help remaining at home through:
 - ED use, missing scheduled appointments, health needs screenings, discussions with the individual during the appointment, or how the individual presents during the appointment
- Providers, care coordinators, and care managers should discuss potential needs for these services with the individual, and consider referring the individual for further assessment if they indicate that they need assistance
- In all cases, an individual may decide to decline specific types of assistance because of their preferences, goals or desires



Section II.

How Members Access State Plan LTSS and Other Covered Services through MassHealth

How Members Access LTSS and Other Covered Services Through MassHealth



- MassHealth gives members options that allow them to access State Plan LTSS-through different delivery systems. These include:
 - **MassHealth ACOs and MCOs-** ACO/MCO enrollees access certain types of LTSS services through MassHealth directly and certain “Other Covered Services” through their ACO or MCO
 - **MassHealth Integrated Care Programs-** One Care, Senior Care Options (SCO) and Program for All-Inclusive Care for the Elderly (PACE) enrollees access LTSS services through their MassHealth Integrated Care Program which typically includes services covered by Medicare for dually-eligible members
 - **MassHealth Fee For Service System-** through MassHealth directly

How Members Access State Plan LTSS and Other Covered Services

State Plan LTSS and Other Covered Services	Who Covers this Service?		
	For members enrolled in an Accountable Care Partnership Plan, or MCO	For members enrolled in a Primary Care ACO, the PCC Plan or Members in MassHealth FFS	For members enrolled in SCO, PACE or One Care
Community Based LTSS Services			
Adult Day Health	MassHealth covers this service directly	MassHealth covers this service directly	The member's plan covers this service
Adult Foster Care	MassHealth covers this service directly	MassHealth covers this service directly	The member's plan covers this service
Continuous Skilled Nursing	MassHealth covers this service directly	MassHealth covers this service directly	The member's plan covers this service
Day Habilitation	MassHealth covers this service directly	MassHealth covers this service directly	The member's plan covers this service
Group Adult Foster Care	MassHealth covers this service directly	MassHealth covers this service directly	The member's plan covers this service
Personal Care Attendant Program	MassHealth covers this service directly	MassHealth covers this service directly	The member's plan covers this service
Facility-Based LTSS Services			
Chronic Disease and Rehabilitation Hospitals (CDRH) (over 100 days)	MassHealth covers for eligible members via MassHealth FFS	MassHealth covers for eligible members via MassHealth FFS	The member's plan covers this service
Nursing Facilities (NF) (over 100 days)	MassHealth covers for eligible members via MassHealth FFS	MassHealth covers for eligible members via MassHealth FFS	The member's plan covers this service
Other Covered Services			
Chronic Disease and Rehabilitation Hospitals (CDRH) (for the first 100 days)	The member's Accountable Care Partnership Plan or MCO covers this service	MassHealth covers this service directly	The member's plan covers this service
Durable Medical Equipment, Orthotics and Prosthetics, Oxygen and Respiratory	The member's Accountable Care Partnership Plan or MCO covers this service	MassHealth covers this service directly	The member's plan covers this service
Home Health (Nursing Visits, Home Health Aide, and Therapies, excludes Continuous Skilled Nursing)	The member's Accountable Care Partnership Plan or MCO covers this service	MassHealth covers this service directly	The member's plan covers this service
Hospice	The member's Accountable Care Partnership Plan or MCO covers this service	MassHealth covers this service directly	The member's plan covers this service
Nursing Facilities (NF) (for the first 100 days)	The member's Accountable Care Partnership Plan or MCO covers this service	MassHealth covers this service directly	The member's plan covers this service
Therapy Services (Physical Therapy, Occupational Therapy, Speech Therapy)	The member's Accountable Care Partnership Plan or MCO covers this service	MassHealth covers this service directly	The member's plan covers this service

FFS= The MassHealth Fee for Service System

Other Covered Services through ACOs and MCOs



- As of March 1, 2018, MassHealth began offering an expanded selection of health plan options to managed care eligible members. These new options are Accountable Care Organizations (ACOs)
- Three types of ACOs: Accountable Care Partnership Plan; Primary Care ACO; and MCO-Administered ACO
- MassHealth will also continue to offer Managed Care Organizations (MCOs) and the Primary Care Clinician (PCC) Plan as managed care options
- Over 1 million members are enrolled in ACOs and MCOs
- They have access to certain OLTSS Services (i.e. Other Covered Services) as well as a comprehensive array of physical health and behavioral health services and a set of Other Covered Services currently covered by the ACOs and MCOs
- Other LTSS services are provided on a fee-for-service (FFS) basis by MassHealth directly, outside the ACOs and MCOs

How Community Partners Support Members with LTSS Services



- All ACOs and MCOs work collaboratively with MassHealth-contracted Community Partners (CPs)
- Behavioral Health (BH) CPs provide care management and care coordination to members with significant behavioral health needs, including to members who also have LTSS needs
- Long Term Services and Supports (LTSS) CPs provide LTSS care coordination and navigation to members with complex LTSS needs
- Approximately 35,000 members are anticipated to be supported through the BH CP and 20,000 – 24,000 will be supported through the LTSS CP



Section III.

How to use the Introduction to MassHealth Long Term Services and Supports and Other Covered Services Guide

Overview of the Guide



- The Guide primarily describes OLTSS services
- Services may be covered directly by MassHealth or, in the case of Other Covered Services (see Slides 25-27), by the Accountable Care Partnership Plan or MCO
- The Guide includes:
 - A description of each service
 - General clinical eligibility requirements for each service (complete clinical eligibility requirements are available in MassHealth regulation, or as applicable from the Accountable Care Partnership Plan or MCO in which the member is enrolled)
 - Whether the service requires prior authorization, service authorization or member assessment
 - Who covers this service/program
 - How to connect members with service providers
 - How to begin the authorization process

Connecting Members to Services



Steps to connect a member with a LTSS Service:

1. Help the member choose a preferred service provider in their area
 2. Contact the service provider to determine if they are able to provide the service to the member (if provider is unable to serve the member, repeat Step 1)
 3. The service provider will assess the member and submit an authorization request to the ACO, MCO, MassHealth or its designee, depending on the service type, requesting a level of care or amount and duration of the service (for more information see each service chart in the Guide)
 4. The service provider will work with the member to shepherd the service authorization and medical necessity documentation through the authorization process (as required), with assistance from the member's prescribing provider or providers
 5. The service provider will assist the member if the member's authorization request is not approved, or not approved for the requested amount. Any additional documentation should be submitted through the service provider
- For LTSS Services covered directly by MassHealth, service providers can be located using the MassHealth provider directory:
<https://masshealth.ehs.state.ma.us/providerdirectory/>.
 - For Other Covered Services that an Accountable Care Partnership Plan or MCO cover, please contact the health plan for information about in-network providers.

OLTSS Community-Based Services



Members in ACOs, MCOs, and in the PCC Plan access the services below through MassHealth directly.

Adult Day Health (ADH) (p7 in the Guide)

- A service provided in a structured day setting that includes assistance with ADLs, nursing, therapeutic services, nutrition, and transportation to and from the program
- For members who require a skilled service; or require physical assistance or cueing and supervision to complete at least one or more activities of daily living (ADLs) in a structured day setting
- See 130 CMR 404.407 for complete clinical eligibility requirements

Day Habilitation (DH) (p11 in the Guide)

- A service designed to build skills, improve functioning, and facilitate independent living and self-management skills
- For members with an intellectual or developmental disability who have skilled service needs or could benefit from a structured day setting that promotes and facilitates independent living and self-management in the community
- See 130 CMR 419.434 for complete clinical eligibility requirements

OLTSS Community-Based Services



*Members in **ACOs**, **MCOs**, and in the **PCC Plan** access the services below through MassHealth directly.*

Adult Foster Care (AFC) (p9 in the Guide)

- A service that provides assistance with personal care and nursing oversight and care management of the caregiver's provision of personal care by a live-in caregiver
- AFC members live with a qualified paid caregiver, or a qualified caregiver lives with the member
- For members who require physical assistance or cueing & supervision for 1+ ADLs
- See 130 CMR 408.416 for complete clinical eligibility requirements

Group Adult Foster Care (GAFC) (p12 in the Guide)

- A service that provides assistance with personal care and nursing oversight and care management of the direct care worker's provision of personal care
- Services are provided to members that reside in a GAFC qualified setting
- For members who require physical assistance for 1+ ADLs

OLTSS Community-Based Services



Members in **ACOs**, **MCOs**, and in the **PCC Plan** access the services below through MassHealth directly.

Continuous Skilled Nursing (p10 in the Guide)

- For members with medically complex needs who require 2 or more continuous hours of skilled nursing. Continuous Skilled Nursing (CSN) may be provided by Home Health Agencies or Independent Nurses
- *CSN includes Nursing visits of 2 or more continuous hours. Members who receive this service are also assigned to Community Case Management services*
- See 130 CMR 403.409(H) and 130 CMR 414.409(F) for complete clinical eligibility requirements

Personal Care Attendant (PCA) Program (p13 in the Guide)

- A service that provides assistance with personal care needs. The program is self-directed by the member or their surrogate
- For members who require hands-on physical assistance with 2+ ADLs
- See 130 CMR 422.403(C) for complete clinical eligibility requirements

Reflection Question



Jasmine is 43 years old, lives in an apartment by herself, and uses a wheelchair. Jasmine needs help with bathing, dressing, and toileting. She is looking for support to assist her in getting ready for her job at a doctor's office and support with personal care throughout her day both at home and at her office.

Which of the personal care options below might be a good fit for Jasmine?

- A. Group Adult Foster Care (GAFC)**
- B. Adult Foster Care (AFC)**
- C. Personal Care Attendant Program (PCA)**

The Answer Is.....



C. The Personal Care Attendant Program may be the best fit for Jasmine. Since Jasmine is 43 years old, living in her own apartment, working full time, and needs assistance in her home as well as during working hours, the Personal Care Attendant Program provides Jasmine with the services and flexibility she needs both at home and at work.

Further, AFC requires that the caregiver and individual live in the same home. GAFC requires that a member live in a qualifying housing setting such as assisted living or senior housing. Another distinguishing feature between AFC, GAFC, and the PCA Program is that the PCA program is self-directed. If Jasmine selected and qualified for the PCA program, she would be responsible for hiring, training, and directing her PCA, putting her directly in charge of her own care. Therefore, Jasmine may prefer the PCA program over other similar options, but it is important to ask Jasmine about her preferences.



OLTSS Other Covered Services

Members in a **Primary Care ACO** or in the **PCC Plan** will access these services directly through MassHealth. Members in an **Accountable Care Partnership Plan** or **MCO** will access these services through their Accountable Care Partnership Plan or MCO.

Home Health (p23 in the Guide)

- *Home Health Agencies provide skilled nursing, therapy, and home health services in the member's home*
- See 130 CMR 403.409 for complete clinical eligibility requirements

Therapy Services (p28 in the Guide)

- *These services include: Physical therapy, Occupational therapy, and Speech and language therapy*
- See 130 CMR 403.417 for complete clinical eligibility requirements

Hospice (p25 in the Guide)

- Provides Medical and palliative (comfort) care for individuals who are terminally ill. Care is provided by an interdisciplinary team
- See 130 CMR 437.000 for complete requirements

OLTSS Other Covered Services



Members in a **Primary Care ACO** or in the **PCC Plan** will access these services directly through MassHealth. Members in an **Accountable Care Partnership Plan** or **MCO** will access these services through their Accountable Care Partnership Plan or MCO.

Durable Medical Equipment (p19 in the Guide)

- Includes the purchase, rental & repair of medically necessary equipment or supplies
- *DME are made or used to primarily fulfill a medical purpose and are generally not useful in the absence of disability, illness or injury and can withstand repeated use*
- *Medical supplies are made to fulfill a medical purpose and are consumable or disposable*
- See 130 CMR 409.417 for complete clinical eligibility requirements

Orthotics and Prosthetics (p21 in the Guide)

- Includes the purchase, fitting & adjustment of medically necessary shoes, braces, artificial limbs, and splints
- See 130 CMR 442.000 and 130 CMR 428.000 for complete requirements

Oxygen & Respiratory Equipment (p22 in the Guide)

- Includes the purchase, rental and repair of medically necessary oxygen and respiratory equipment and supplies used in the treatment of pulmonary diseases
- See 130 CMR 427.000 for complete requirements

OLTSS Other Covered Services



*Members in a **Primary Care ACO** or in the **PCC Plan** will access these services directly through MassHealth. Members in an **ACO** or **MCO** will access these services through their ACO or MCO.*

Short Term (first 100 Days) Chronic Disease and Rehabilitation Hospitals (p18 in the Guide)

- Provides chronic disease and rehabilitation hospital level of care in an inpatient setting
- See 130 CMR 435.409 for clinical eligibility requirements

Short Term (first 100 Days) Nursing Facilities (p26 in the Guide)

- Provides skilled nursing and other care in a facility setting
- See 130 CMR 456.409 for clinical eligibility requirements

Reflection Question



Mike does not communicate with speech as a result of living with Muscular Dystrophy and has been prescribed a communication device to communicate. He uses a pointer on his head to type messages on a key board that reads his text out loud. This is a type of device called an augmentative communication device.

Which of the following will MassHealth cover for Mike under Equipment and Supplies?

- A. Purchase of his speech augmentative communication device
- B. Purchase and repair of his speech augmentative communication device
- C. Neither the purchase or repair of his speech augmentative communication device

The Answer Is.....



B. MassHealth will cover the purchase and repair of Mike's augmentative communication device.



Section IV. Case Study

LTSS Case Study



- You are a Primary Care Physician meeting a new ACO patient with medical and LTSS and other covered service needs.
- Brandon is a 55 year-old man with Type II diabetes mellitus who has a history of stroke and hemiplegia. He has difficulty administering his insulin that is needed once per day. He had multiple recent hospitalizations for high and low blood sugars related to his diabetes.
- He was determined to be disabled by the Social Security Administration and receives SSDI income. He does not currently participate in any employment, volunteer, or community activities. He has some difficulty with activities of daily living (ADL), including bathing and dressing. He does not receive any Home Health or other long term services and supports.
- How would you proceed with identifying options for his care?



Section V. Provider Resources

Provider Resources - Principles and Philosophies Behind the Use and Delivery of OLTSS Services



- Independent Living Philosophy:
 - “Independent living is not doing things by yourself, it is being in control of how things are done”-Judy Heumann, US Department of State, Special Advisor on International Disability Rights
- Recovery Model:
 - The recovery model is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”-Substance Abuse and Mental Health Services Administration
- Person Centered Planning:
 - A process, driven by the individual, which helps them to construct and describe what they want and create a plan based on the individual’s goals and strengths

Provider Resources: MassHealth's Integrated Care Programs



- This training primarily focuses on OLTSS services accessed through an MCO, Accountable Care Partnership Plan or through MassHealth's Fee for Service System.
- MassHealth offers three types of programs for dually eligible members* who also have Medicare, who meet specific age and disability guidelines:
 - **One Care Plans** integrate Medicare (Parts A, B and D), MassHealth, Behavioral Health, and Long Term Services and Supports (LTSS) services for members with disabilities who are between the ages of 21 and 64 years
 - **Program of All Inclusive Care for the Elderly (PACE)** is administered by MassHealth and Medicare for members over the age of 55 years who have Medicare (or are dually eligible) who agree to receive care through a local PACE center
 - **Senior Care Options Plans (SCO)** integrate Medicare and MassHealth plans for members over the age of 65 years

*Eligible MassHealth-only members may also participate in SCO or PACE programs.



Provider Resources: Information and Training



MassHealth website

- MassHealth website with access to information, notices, and tools relevant to providers
- www.mass.gov/masshealth-for-providers
- <https://www.mass.gov/lists/masshealth-guidelines-for-medical-necessity-determination>



Provider bulletins and Fact Sheets

- Provider bulletins and Fact Sheets can be found at
- <https://www.mass.gov/masshealth-provider-bulletins> and at
- <https://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers>



Webinars

- Webinar series will be hosted by MassHealth to train providers on a variety of topics
- <https://www.masshealthtss.com>



MassHealth Innovations

- MassHealth page describing innovations in delivery system and payment models, member engagement, and the use of data to monitor and improve performance
- www.mass.gov/hhs/masshealth-innovations



Provider Resources: Information and Training



MassHealth Provider Directory

- Provider listings for State Plan Services and Services provided directly through MassHealth (see each ACO or MCO for their provider directories):
- <https://masshealth.ehs.state.ma.us/providerdirectory/>








MassOptions

- For more information about Massachusetts LTSS and other covered services:
- <https://www.massoptions.org>

Welcome to the Provider Directory!

Use the table below to make sure you're searching in the right place for the providers you're looking for:

Important: This site is **not** for members in the following plans: ACO Partnership Plan, MCO, SCO, PACE, or One Care.


Search for providers in one of these plans:		Primary Care	Specialists	Behavioral Health
	MassHealth Network Also for age 65+ and those with secondary insurance	SCROLL DOWN	SCROLL DOWN	CLICK HERE
	Primary Care Clinician (PCC) Plan	SCROLL DOWN	SCROLL DOWN	CLICK HERE
	Partners HealthCare Choice*	CLICK HERE	SCROLL DOWN	CLICK HERE
	Steward Health Choice*	CLICK HERE	SCROLL DOWN	CLICK HERE
	Community Care Cooperative*	CLICK HERE	SCROLL DOWN	CLICK HERE

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Questions?