

**AFFORDABLE HOME AND COMMUNITY BASED CARE FOR FRAIL ELDERERS -
SERVICES OFFERED BY THE MASSACHUSETTS OFFICE OF ELDER AFFAIRS
AND AGING SERVICE ACCESS POINTS**

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Massachusetts has a network of 27 private, not-for-profit home care corporations also known as Aging Service Access Points (ASAPs). The ASAPs are set up geographically, with each one serving a defined geographical region. For information as to which ASAPs cover which towns, please contact 1-800-AGEINFO or visit their website at www.800ageinfo.com.

The ASAP program is governed by 651 CMR 3.00. A copy of the regulations can be obtained by calling the Office of Elder Affairs at 617-727-7750, <http://www.mass.gov>, or by calling the local ASAP.

The goal of the ASAP system is to provide frail elders with services which will enable them to live independently with dignity and comfort in their own homes, preventing or postponing the need for institutional care. In order to receive services through the ASAP program, elders must meet certain clinical and income guidelines. The guidelines can be obtained by calling the local ASAP.

In addition to meeting financial guidelines, applicants to ASAP programs must also meet clinical guidelines. These vary a bit by each program, but are always based on an assessment of the "Functional Impairment Level" which measures impairments with:

1. Activities of Daily Living (ADLs) which include bathing, dressing eating, toileting, continence, transferring and mobility;
2. Instrumental Activities of Daily Living (IADLs) which are meal preparation, shopping, laundry, money management, housework, transportation, ability to use the telephone, outdoor mobility and medication management; and
3. Critical Unmet Needs including ADLs, meal preparation, shopping, medical transportation, and need for home health services or respite care.

Details of each ASAP program and also some non-ASAP programs are part of this handout.

The ASAPs participate in the Home and Community Based Waiver program. Enrollment in the Waiver is first based on clinical standards. The client must meet the clinical standards required to obtain nursing home care as described in 130 CMR

456.409. This is often referred to as the "Score 3" as qualifying clients require a combination of three services including assistance with ADLs and at least one nursing service (which might include medication management, positioning, skilled monitoring, etc.). The criteria in the community are interpreted less stringently than in the nursing home.

Clients must also qualify financially. There are three ways that client may qualify. One, they are financially eligible due to their exceptionally low income and meeting all qualifications for MassHealth Standard. There is a second waiver by which clients who meet the clinical standards and have income up to 300% of the federal poverty level (\$1,809 in 2006) can qualify for MassHealth.

Finally, married clients who meet the either of the previous two income guidelines AS INDIVIDUALS and who, AS INDIVIDUALS, own countable assets worth \$2,000 or less may qualify if they take advantage of the spousal waiver. This allows MassHealth to consider the couple as if they were financially divorced. This provides many planning possibilities.

Due to the Commonwealth's financial situation, admission to all ASAP programs may be governed by a state-directed waiting list for services. Under previous wait list guidelines, all applicants may receive an assessment by an ASAP casemanager and their needs are reviewed. Utilizing a matrix that includes type of need (critical versus non-critical) and the availability of formal and non-formal supports, applicants are placed into one of 4 priority wait list. There is currently no wait list but it would not be surprising if one were implemented in the future.

In the past, several categories of clients were not subjected to the wait list. These include:

- a. Persons receiving hospice services and in need of ASAP services to supplement care;
- b. Persons under the Protective Services program where the provision of ASAP services will alleviate the protective issue
- c. Persons receiving services under the Home and Community Based Waiver programs.
- d. Persons eligible for ECOP program who are not MassHealth eligible.
- e. Persons who can be discharged from a care facility but must have home care to return to the community due to complete lack of support

As one can imagine, any wait list and lack of accessibility to services causes a tremendous amount of difficulty for elders, their families and other service providers, in addition to the ASAPs themselves. Intake remains open during wait list periods in order to document the on-going needs to the state and to provide information and referral to elders and families.

Programs available through the ASAP system include the following:

State Home Care Program

A. Eligibility criteria

- (1) Age of 60 years or older
- (2) Resides in the geographical area served by the ASAP
- (3) Income for the individual or couple is at or below the ASAP income guidelines. Income guidelines can be found on the Elder Affairs website (www.mass.gov) and follow links to Executive Office of Health and Human Services, Office of Elder Affairs, and the state home care program).
- (4) Elder is determined to be frail based on assistance needed with activities of daily living (ADLs) or instrumental activities of daily living (IADLs).

B. Fees

The Home Care Program operates on a sliding fee scale, which is based on the elder or couple's gross income. The ASAP can require proof of income. There is no asset test, beyond the income generated by the assets. Fees range from \$0 to \$140 per month. The current guidelines are attached.

C. Home Care Services

The core service is case management. The following services are provided either directly by the ASAP or by contract with other vendors:

*Homemaker	*Personal Care	*Home-delivered meals
*Adult Day Health	*Supportive Day Care	*Home Health services
*Transportation	*Adaptive Housing	*Senior Companions
*Personal emergency Response system	*Chore Services	*Supportive Home Care Aide
	*Medication Dispensing System	

As noted above, the service package is limited by state budget constraints and is developed by the case manager in consultation with the elder and family.

MassHealth and Spousal Waiver Programs

A. Introduction

This is a special federal program added to the Social Security Act in 1981. It permits states to provide home and community care for elders as an alternative to institutionalization. The federal government reimburses the state 50% of the cost of services provided through the Waiver program. The ASAP assesses clients for clinical eligibility for the waiver. Programs of All-Inclusive Services

(PACE) now have the ability to process their own waivers for existing clients.

The Spousal Waiver is a component of the waiver program. Through the Spousal Waiver, one member of a couple may be eligible for MassHealth if that elder meets the program criteria listed below, as well as the MassHealth income and asset limits for a single person. MassHealth allows for a spouse's income and assets to be waived only under these circumstances.

The waiver programs mean that if the person in need of services has income below the waiver limit AND meets the clinical criteria of the program, it may be possible to rearrange assets in order to qualify for MassHealth and, possibly, an increased service package.

B. Eligibility criteria

- (1) Age of 60 or older
- (2) MassHealth recipient (or applying through the spousal waiver)
- (3) Receiving services through an ASAP
- (4) Medically eligible for nursing home placement, as determined through the usual screening process and reassessments
- (5) Income of up to 300% of the federal poverty level, or \$2,163 as of January 1, 2014. This amount is adjusted annually, when there are adjustments to federal income benefits.

C. MassHealth/Spousal Waiver Services

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| * Homemaker | * Personal Care | * Home delivered meals |
| * Social Day Care | * Transportation | * Senior companion |
| * Chore | * Adaptive housing | * Respite services |

D. Referral process

A MassHealth Waiver is generated internally within the ASAP but Spousal Waivers can be called into the Intake Unit. Once the elder is found eligible for services, the ASAP nurse will prescreen for nursing home eligibility. If the elder is eligible, the MassHealth application should then be completed. As a practical matter, the MassHealth application should generally be submitted by the ASAP along with all of the relevant waiver paperwork. Each ASAP handles this differently. Permission to Share Information forms should be completed for both the representative completing the application and the ASAP case manager.

Community Choices Initiative

A. Introduction

Community Choices is a program that was jointly developed by the Office of Elder Affairs and the Office of Medical Assistance. The goal is to save the state money by providing a cost effective service plan to assist eligible elders in

remaining in the community and avoiding or postponing nursing home placement.

B. Eligibility

- (1) Age 60 or older and meets State Home Care eligibility criteria
- (2) Community MassHealth recipient with standard coverage. Those with MassHealth Basic or MassHealth managed by an HMO are NOT eligible.
- (3) Enrolled in/eligible for the 2176 MassHealth/Spousal Waiver Program.
- (4) At imminent risk for nursing facility placement and meets one of the first four criteria below and one or more clinical characteristics of criteria (e):
 - a. Was actively seeking nursing facility placement within the last six months.
 - b. Recently (within the last 30 days) experienced a serious medical event, a regressing in physical or cognitive functional ability or has a cumulative deterioration in functional ability (such as that seen with Alzheimer's or Parkinson's Disease)
 - c. Was discharged from a nursing facility in the last 30 days
 - d. Is at risk of nursing facility admission due to the instability or lack of capacity of informal or formal supports
 - e. Has one or more of the following clinical characteristics:
 - * Needs 24 hours supervision because of complex health conditions
 - * Experiences a significant cognitive impairment
 - * Is unable to manage/administer prescribed medications
 - * Experiences frequent episodes of incontinence
 - * Requires daily supervision/assistance with multiple ADLs

C. Program services:

All MassHealth reimbursed services are covered in this program, including: Personal Care, Homemaker, Supportive Home Care Aide, Home Health Services, Home Delivered Meals, Social Day Care, Heavy Chore, Companion, Grocery Shopping and Transportation. Services that are covered under the State Plan (paid for directly by MassHealth) include Personal Emergency Response systems, Adult Day Health, Home Health Services, Personal Care Attendant and Adult Foster Care. Home Health Services can be paid for by either MassHealth or Community Choices.

D. State Plans

The ASAPs are not responsible for the approval of the State Plan (those services paid for directly by the state). However, services need to be coordinated with the vendors providing services to ensure that the total cost of services provided directly by the state and the ASAP is more cost effective than nursing facility placement. The total package of services may be quite extensive.

- E. Referrals
Questions regarding the Community Choices program should be directed to the program coordinator in each ASAP. Direct referrals can be made to the Intake department.

Enhanced Community Options Program (ECOP)

- A. Introduction
The Enhanced Community Options Program (ECOP) was developed through an agreement with the Office of Elder Affairs and Office of Medicaid to provide services to frail elders that are at risk of nursing facility placement, but may not be MassHealth eligible. This program receives additional funding from both offices that is separate from the State Home Care reimbursement rate through the Office of Elder Affairs. There are a limited number of these slots. The additional funding allows the ASAPs to provide enhanced service plans to these frail elders to assist in preventing or postponing nursing facility placement. The reimbursement rate for ECOP services is adjusted annually.
- B. Eligibility criteria
 - (1) Age 60 or older
 - (2) Income for an individual or couple is at or below the ASAP income guidelines
 - (3) Elder is determined frail based on assistance needed with ADLs/IADLs
 - (4) Elder is determined eligible for nursing facility placement by an ASAP RN
 - (5) Cost of elder’s service plan is greater than twice the State Home Care reimbursement rate
 - (6) Elders with MassHealth are eligible and enrolled in the Home and Community Based Waiver program and then usually enrolled in the Community Choices Initiative. However, MassHealth is not required to be in the ECOP program.
- C. Fee for service
The ECOP program operates on the same sliding fee scale as does the State Home Care program.
- D. ECOP services
The core service is case management. The following services are provided either directly by the ASAP or by contract with other vendors:

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| *Homemaker | *Personal Care | *Home-delivered meals |
| *Adult Day Health | *Supportive Day Care | *Home Health services |
| *Transportation | *Adaptive Housing | *Senior Companions |
| *Personal emergency Response system | *Chore Services | *Supportive Home Care Aide |
| | *Medication Dispensing | |

ASAP nurse, and Office of Medicaid. The service package may be much greater than that available through the general ASAP/State Home Care guidelines.

The wage for PCA workers, as paid by the state, is currently \$12.98/hour.

This program is also not subject to the wait list criteria as applicants have MassHealth.

B. Eligibility Criteria

- (1) Over age 60 or disabled - the spousal waiver is not available for persons under the age of 60
- (2) Member of MassHealth Standard (the PCA program can work with clients with deductible periods, but it is more complex)
- (3) Consumer is capable of handling the paperwork or has an appropriate representative to handle it.

C. Fee for Service

There is no fee for the service beyond MassHealth coverage.

D. Services

The services to be provided are defined by the consumer and the Independent Living/ASAP nurse. The consumer may hire family members other than a spouse or legally responsible party (such as parent of a minor child or legal guardian).

Respite Services

A. Introduction

Respite care provides a caregiver with temporary assistance or relief from the responsibilities associated with daily care of an elder family member or friend. A caregiver is defined as either (a) a family member over the age of 18 who provides daily care for a frail elder whether or not the family member lives with the elder; OR (b) a non-family member over the age of 18

B. Eligibility

The elder must be over 60 years old, frail and require daily care. Persons under the age of 60 with a diagnosis of Alzheimer's Disease or related disorders are also eligible.

C. Fee for service

The Respite Services program is available to elders and caregivers at all income levels. The fee, if the elder is over the income limit of the State Home Care program, is a percentage of the cost of the services provided.

D. Services

The services available under the Respite Program include:

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| * Respite Companions | * Homemakers | * Personal Care |
| * Home Health Aide | * Skilled nursing | * Supportive Day Care |
| * Adult Day Health | * Transportation | * Home Delivered Meals |
| * Personal Emergency Response Systems | | |

Elder Care Advisor Program

A. Introduction

The Elder Care Advisor program is an enhanced in-home Information and Referral Service. The Elder Care Advisor provides information about community resources including but not limited to: homemaker agencies, visiting nurses, adaptive equipment, financial and legal services and long term care options. The Elder Care Advisor may assist in creating and implementing a care plan. The Elder Care Advisor provides short-term follow up and referrals for more intensive care services, such as private geriatric care managers, if necessary.

B. Eligibility Criteria

The Elder Care Advisor program serves elders and caregivers who may not be eligible for State Home Care because of income or other factors.

C. Fee for service

There is no fee for this service.

Options Counseling

A. Statewide initiative supporting people and their choices of where to live and receive services. Options counselors explain long term services, connect consumers to resources, meet with consumers wherever they are – home, hospital, rehabilitation facility, etc. Will do in-person or phone interviews. This is designed to be a short term intervention.

B. Eligibility criteria

Live in area served by the ASAP; any age with disability, over age 60, family members or caregivers

Fee for service - none

Adult Family Care (AFC) Programs

A. Introduction

These programs are not offered by all ASAPs but much of the state is covered by at least one agency. There is a statewide program called Caregiver Homes, operated by SeniorLink (866-797-2333 or www.caregiverhomes.com) This program provides family living to elders and disabled adults who can no longer live alone. Participants may share either the caregiver's or the care receiver's home. The caregiver provides assistance in personal care, meal preparation, diet, medication administration, shopping, transportation, and supervision. Caregivers are recruited, trained and supervised by the agency. Participants are matched to caregivers on the basis of common interests, care requirements, location and physical accessibility of the home. Short term respite is also available. Each ASAP sets its own parameters for per diem service and room/board rates. MassHealth participants may be able to attend Adult Day Health or sheltered workshop programs as determined to be needed. Services provided by certified health agencies may also be used when a personal care task cannot be performed by the host family.

Effective February 1, 2007, there are two tiers of Adult Family Care, based on the care recipient's frailty. The per diem rate for care is based on the tier. There are also per diem rates for room and board and administration.

B. Eligibility Criteria

- (1) Elderly or disabled
- (2) Have a primary medical condition, but be oriented to time and place (but might have some intermittent periods of confusion)
- (3) Must have physician approval
- (4) Need hands on assistance with ADL's
- (5) Must be continent or have a manageable incontinence and be ambulatory with no more than a one person assist
- (6) May be confused or forgetful but generally able to communicate needs
- (7) Must be cooperative with care plan
- (8) Be able to remain alone for up to 3 hours, if appropriate; 24 hour care may be required.
- (9) May be private pay or MassHealth member

C. Caregiver Criteria

- (1) May be a family member (except a spouse) or friend of the participant
- (2) Must pass a CORI check and be at least 21 years old
- (3) Must be able to provide a private bedroom in home environment
- (4) Must complete training necessary for the client's needs
- (5) Must be able to carry out a written plan of care with support of the Caregiver Homes agency staff

D. Fee for service

- (1) Participant pays room and board based on criteria set by the individual ASAP (e.g. a percentage of income or a per diem rate)
- (2) MassHealth or private pay reimburses caregiver for personal care services at a set daily rate. Rate varies by the level of care required.
- (1) MassHealth or private pay reimburses the agency for case manager and Nursing supervision