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**PROGRAM INSTRUCTION (PI)**

**EOEA: PI- 20-01**

**TO:** Aging Service Access Points (ASAPs)  
Executive Directors  
Nurse Managers  
Program Managers

**CC:** Interested Parties

**FROM:** Lynn C. Vidler, BSW, MBA, Director of Home and Community Programs

**DATE:** March 13, 2020

**RE:** REVISION OF COORDINATION AND REIMBURSEMENT OF HOME HEALTH SERVICES  
PROTOCOL

**Referencing and revoking:** PI-14-03

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**Purpose:**

This Program Instruction (PI) is issued in accordance with Section 1.13 of the Aging Services Access Points (ASAP) contract. The Executive Office of Elder Affairs (EOEA), in collaboration with ASAPs, is committed to an individualized, person-centered approach to providing Personal Care (PC) services to consumers. ASAPs support consumers in their homes with complex care needs and chronic conditions. This Program Instruction (PI) updates and clarifies the processes for assessment, care planning, communication, supervision, and payment by the ASAPs when

authorizing services by federally certified and/or non-certified agencies that provide Home Health Aide Services to consumers enrolled in a State Home Care Program.

**Background and Program Implications:**

PC services consist of physical assistance and verbal cuing with tasks such as bathing, dressing, grooming, ambulation, and transfers. PC services are provided to consumers who, based on a comprehensive in-home, person centered assessment by an ASAP RN, need assistance with these types of services.

When the ASAP RN determines a consumer is not appropriate for a Personal Care Homemaker (PCHM) level of care, the ASAP RN may authorize a home health aide to provide these services. Consumers with conditions/diagnoses that may not be appropriate for PCHM services include, but are not limited to: consumers with extensive paralysis or total immobility; consumers who cannot transfer more than 50% of their body weight or require the assistance of two (2) people or use of a mechanical lift; consumers with open wounds, or certain types of fractures including, but not limited to, those cast to immobilize; unstable medical conditions: and, those that require special skin care.

The ASAP RN assesses the consumer's overall functional and clinical status, the type and amount of care needed, the consumer's environment, and current support systems, both formal and informal, in determining the appropriate level of care.

ASAPs provide payment for Home Health Services as defined by *PI 09-13: Home Care Program Service Descriptions, Attachment A*, and *PI 19-02: New Home Care Services and Service Description Updates, Attachment A*. These services may include Home Health Aide, Complex Care Training and Oversight (formerly, Skilled Nursing (SN)), Physical Therapy (PT), Speech Therapy (ST), and Home Safety/Independence Evaluations (formerly Occupational Therapy (OT)).

**Required Actions:**

**I. Establishing the Plan of Care for Home Health Aide Service**

**a. Role of the ASAP**

The ASAP RN and Care Manager (CM) will determine the need for a Home Health Aide Service via an interdisciplinary conversation based on the ASAP RN's comprehensive in-home, person-centered assessment with the consumer. A consumer's need for Home Health Aide Services is based solely on the consumer's unique situation and needs which could be acute, chronic, stable, and/or terminal.

- i. The ASAP RN and CM will determine a need for HHA Service via an Interdisciplinary Team (IDT) conversation based on the ASAP RN's comprehensive in-home person-centered assessment of the consumer.

This IDT discussion must be documented in the consumer's electronic record.

- ii. The ASAP RN will communicate findings with the Provider Nurse by sending the Home Health Aide Communication Form (HHCF), Attachment 1. Such communication must include, at a minimum, the rationale for assessing the consumer at an HHA level of care, safety concerns, specialized equipment, and ADL/IADL needs.
- iii. On an annual basis, the ASAP RN will conduct a home visit to assess the consumer to ensure the level of care remains appropriate for the consumer. An updated HHCF will be completed and sent to the provider.
- iv. The ASAP shall comply at a minimum with the required Home Care Program reassessment schedule based on the consumer's care program enrollment and risk level.
- v. The ASAP is responsible for conducting a home visit if the consumer experiences a significant change (i.e., changes in the consumer's circumstances, functional impairments, or service needs) in health or functional status.
- vi. The ASAP is responsible to communicate any updates or changes in the consumer's health or functional status to the Provider Agency, including complex care cases.
- vii. The ASAP RN and CM will comply with the ASAP's interdisciplinary communication process.
- viii. The ASAP RN will review the HHA Plan of Care submitted by the Provider after the provider's initial assessment, annual reassessment, and upon any additional updates made by the provider nurse due to a consumer's change in status.
- ix. The ASAP will ensure the HHCF and Provider HHA Plan of Care are uploaded into the consumer's electronic record in accordance with the guidelines set forth by EOEa.
- x. The ASAP will assess the consumer for the potential to qualify for certified services and make a referral as appropriate.
- xi. The ASAP CM will develop and monitor a service plan, based on the consumer's assessed needs and risk level that meets the current Home Care Program requirements for which the consumer is enrolled.

b. Role of the Provider

- i. After review of the initial HHCF, the Provider RN will complete an in-home assessment of the consumer, create a comprehensive HHA Plan of Care that meets the consumer's ADL/IADL needs, and focuses on the consumer's daily routines and goals.
- ii. The Provider RN is responsible for matching the skill level of the aide with the service needs of the consumer, recognizing that the aide is an integral part of the consumer's care team.



- iii. The Provider nurse will orient and supervise the aide providing care to the consumer as outlined below in Section III: *Supervision of the Home Health Aide Service*.
- iv. In complex care cases or when specialized equipment is present, the Provider Nurse will be responsible for in-home, consumer specific orientation to the aide.
- v. The Provider must submit a copy of the HHA Plan of Care to the ASAP for review by the ASAP RN.
- vi. The Provider Nurse is required to conduct an in-home annual re-assessment of the consumer, update the HHA Plan of Care, and conduct supervision of the HHA.
- vii. Visits conducted by a Provider LPN require the supervising Provider RN to review the changes and co-sign and date the updated HHA Plan of Care before submitting to the ASAP.
- viii. If there is reasonable cause to believe a consumer has been abused, neglected, or financially exploited, the provider must immediately, day or night, contact the 24-hour ELDER ABUSE HOTLINE at 1-800-922-2275.

## **II. Communication between the ASAP and the Provider**

Communication between the ASAP and Provider Agency is required to ensure that the needs of the consumer are being met. In addition to the required HHCF and HHA Plan of Care, additional acceptable forms of communication include, but are not limited to: telephone calls, secure emails, and in-person case conferences.

- a. As identified above in Section I(a), the *Role of the ASAP*, the initial communication between the ASAP RN and the Provider Nurse will be via the HHCF.
- b. It is the mutual responsibility of the ASAP and Provider Agency to communicate any updates or changes in the consumer's health or functional status.
- c. The provider will communicate new assessment findings to the ASAP so the service plan can be updated by the ASAP if necessary.
- d. If changes to the HHA Plan of Care are necessary, the provider nurse must send an updated care plan to the ASAP for review by the ASAP RN.
- e. In complex care cases (those who require a more detailed care plan due to medical complexities, multiple service providers, and/or over 42 hours of personal assistance services), phone calls and/or case conferences may be needed to clarify issues and to ensure that consumer's needs are addressed appropriately.
- f. The ASAP and provider agency mutually assume the responsibility in evaluating and recognizing the potential that a consumer may qualify for skilled services that could be billed to a third party.
- g. The Provider must report to the ASAP the same business day any fall, hospitalization, addition or loss of a household member, consumer's absence

- from the home, alleged theft, alleged breakage of consumer's possessions, injury to employee or consumer, or consumer complaint.
- h. The Provider must report to the ASAP by the next business day a consumer's new address, name, or telephone number; new MD, new diagnosis, and any concerns.
- i. The ASAP must be notified of a canceled visit or any variation in service delivery from the service plan.

### **III. Supervision of the Home Health Aide Service**

- a. The Provider Nurse must perform an in-home review of the care plan at least quarterly to ensure the level of service provided is reviewed, updated if needed, and is meeting the service needs of the consumer.
- b. The Provider Nurse must perform quarterly in-home supervision of the HHA on a representative sample of consumers.

### **IV. Provider In-Home Visits**

- a. The initial assessment visit conducted by the provider agency, must be performed by an RN and is reimbursable upon ASAP receipt of HHA Plan of Care.
  - i. The initial visit must include orientation and supervision of the home health aide to the plan of care.
- b. The annual reassessment visit conducted by the provider agency, may be performed by a RN or LPN under supervision of the RN, and is reimbursable upon ASAP receipt of HHA Plan of Care.
  - i. The annual reassessment visit must include orientation and supervision of the home health aide to the plan of care.
- c. Quarterly visits for the purpose of supervision of the Home Health Aide Services may be performed by a RN or LPN, and are not reimbursable.

#### **Effective Date:**

This PI is effective April 6, 2020.

#### **Contact:**

If you have any questions regarding this PI please contact Desiree Kelley, Clinical Nurse Manager at 617-222-7410 or email [desiree.kelley@massmail.state.ma.us](mailto:desiree.kelley@massmail.state.ma.us).

#### **Attachments:**

Attachment 1- Home Health Aide Communication Form (HHCF)

# INSERT ASAP Letterhead/Logo

## Home Health Aide Communication Form (HHCF)

**\*This form is informational & is NOT a plan of care\***

### Consumer Information

<input type="checkbox"/> Initial	<input type="checkbox"/> Annual	<input type="checkbox"/> Status Change/ Interim Visit
Consumer:		SAMS ID:
Address:		Care Manager:
City/Town:		Contact for calls/visits:
Consumer Phone:		Contact Phone:

### HHA level of service needed due to:

<input type="checkbox"/> Transfer Assistance > 50%	<input type="checkbox"/> Unstable medical condition	<input type="checkbox"/> Special skin care
<input type="checkbox"/> Specialized Equipment:	<input type="checkbox"/> Complex:	<input type="checkbox"/> Other:

### Pertinent Assessment Information

Reported DX:		Allergies:
Significant Meds:		
Living Situation:	<input type="checkbox"/> Lives Alone	<input type="checkbox"/> With Spouse
	<input type="checkbox"/> With Child	<input type="checkbox"/> Other
Mental Status:	<input type="checkbox"/> Alert	<input type="checkbox"/> Oriented
	<input type="checkbox"/> Confused	<input type="checkbox"/> Memory Impairment
Diet:	<input type="checkbox"/> Regular	<input type="checkbox"/> Other:
Safety:	<input type="checkbox"/> Wandering	<input type="checkbox"/> Impaired Judgment
	<input type="checkbox"/> Poor Safety Awareness	<input type="checkbox"/> Other:
Fall History:	<input type="checkbox"/> Recent Falls	<input type="checkbox"/> Risk of Falls
Incontinence:	<input type="checkbox"/> Bladder	<input type="checkbox"/> Bowel
Skin Issues:		
Identified ADL Needs:	<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing
	<input type="checkbox"/> Incontinence Care	<input type="checkbox"/> Mobility
<input type="checkbox"/> Eating	<input type="checkbox"/> Toileting	<input type="checkbox"/> Transfers
Other Identified Needs:	<input type="checkbox"/> Housework	<input type="checkbox"/> Laundry
	<input type="checkbox"/> Meal Prep	<input type="checkbox"/> Med Reminders
<input type="checkbox"/> Other:		<input type="checkbox"/> Mobility Device:

### Additional Info:

### Other Services/Agencies Involved:

**Please Contact the ASAP RN with concerns, questions, or changes.**

ASAP RN Name:	Date:	Phone:
		Email:

**\*Please forward completed and signed HHA Plan of Care to XXXXXX.**