

Frail Elder Waiver Service Descriptions



Service:	Service Definition (Scope):
<p>Habilitation - Alzheimer's/Dementia Coaching</p>	<p>Alzheimer's/Dementia Coaching (Habilitation Therapy) is a service designed to assist participants in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.</p> <p>Alzheimer's/Dementia Coaching creates and maintains a positive experience for a person experiencing the effects of a dementia related illness. The objective is to provide education and support to the consumer and caregiver and to provide suggestions to modify elements of the environment that may exacerbate the symptoms of the disease. Habilitation Coaches provide knowledge and expertise to caregivers (and the person with the disease when appropriate) in understanding the disease process and pitfalls to avoid, as well as techniques of communication, behavior management, structuring the environment, creating therapeutic activities and planning for future care needs.</p> <p>This service may be provided remotely via telehealth based on the participant's needs, preferences, and goals as determined during the person-centered planning process and reviewed by the Case Manager during each scheduled reassessment as outlined in Appendix D-2-a of the Frail Elder Waiver. This service may be delivered remotely via telehealth 100% of the time. The methods and minimum frequency with which participants will receive face-to-face contact to ensure health and welfare are described in Appendix D-2-a of the Frail Elder Waiver.</p>
<p>Home Health Aide</p>	<p>Home Health Aides provide healthcare assistance and help with personal care for participants whose care needs exceed the scope of Personal Care worker expertise and training as specified in Elder Affairs Personal Care Guidelines. Participants appropriate for Home Health Aide services have specialized care needs that waiver Personal Care service workers are not qualified to provide, which may include but are not limited to: inability to transfer more than 50% of their body weight, have extensive mobility limitations, require the use of a mechanical lift, require special skin care, require ostomy care or have other unstable medical conditions. Services are provided under the supervision of an RN and include: personal care, including incontinence care; assistance with ambulation and transfers; medication cueing and reminders; activities that support the participant's person-centered goals; and routine care of prosthetic and orthotic devices.</p> <p>Home Health Aide services are primarily delivered in the waiver participant's home. In circumstances where Home Health Aides accompany waiver participants into the community, they may deliver services outside of the home.</p> <p>Services defined in 42 CFR §440.70 that are provided in addition to home health aide services furnished under the approved State Plan. Home health aide services under the waiver differ in nature, scope, supervision arrangements, or provider type (including provider training and qualifications) from home health aide services in the State Plan. The difference from the State Plan is as follows: Agencies that provide Home Health Aide services under the waiver do not need to meet the requirements for participation in Medicare, as provided in 42 CFR §489.28. In addition, unlike State Plan Home Health benefits, waiver Home Health Aide services may be provided when the waiver participant is not receiving other skilled nursing or therapy services.</p> <p>Home Health Aide is not duplicative of Personal Care or Supportive Home Care Aide. These services differ by the type of assistance they provide and level of worker training, as described in their service definitions. Through the person-centered planning process, the participant's care needs and level of complexity are matched to the most appropriate waiver service, given those factors. This service may not be delivered at the same time as Personal Care or Supportive Home Care Aide, as each of those services provides a different level of assistance</p>

Service:	Service Definition (Scope):
Homemaker	<p>The Homemaker service includes assistance with: shopping, menu planning, laundry, and the performance of general household tasks such as meal preparation and routine household care provided by a qualified homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.</p> <p>The person-centered planning process assures that waiver services are meeting the waiver participant's goals and assessed needs. The process identifies all services and supports and ensures that there is no duplication among them, or with Medicaid state plan services.</p> <p>This service may not be provided at the same time when other services that include incidental housekeeping tasks are being provided to complete the same task and address the same need.</p> <p>This service does not provide minor home repairs, maintenance, and heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress.</p> <p>When a waiver participant may be concurrently receiving two services that are nominally duplicative or overlapping, duplication of tasks is not allowable. The case manager is responsible to ensure that the documentation in the participant's electronic record supports the service delivery and illustrates that there is no duplication. When more than one provider is involved, the care plan must describe how services from multiple providers are coordinated.</p>
Personal Care	<p>A range of assistance to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cueing and supervision to prompt the participant to perform a task. Such assistance may include assistance in bathing, dressing, personal hygiene and other activities of daily living, and medication reminders in accordance with Elder Affairs' Personal Care Guidelines. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the care plan, this service may also include such housekeeping chores as bed-making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health or welfare of the individual, rather than the individual's family. Personal care services may be provided on an episodic or on a continuing basis.</p> <p>Personal care under the waiver differs in scope, nature, supervision arrangements, and/or provider type (including provider training and qualifications) from personal care services in the State Plan. Personal care under the waiver may include supervision and cueing of participants. The waiver service is an agency model of care.</p> <p>The person-centered planning process assures that waiver services are meeting the waiver participant's goals and assessed needs. The process identifies all services and supports and ensures that there is no duplication among them, or with Medicaid state plan services.</p> <p>Personal Care is not duplicative of Supportive Home Care Aide or Home Health Aide. These services differ by the type of assistance they provide and level of worker training, as described in their service definitions. Through the person-centered planning process, the participant's care needs and level of complexity are matched to the most appropriate waiver service, given those factors.</p> <p>This service may not be delivered at the same time as Supportive Home Care Aide or Home Health Aide, as each of those services provides a different level of assistance. This service may not be provided at the same time when other services that include housekeeping tasks are being provided to complete the same task and address the same need.</p> <p>Personal Care workers may assist or supervise the participant with tasks such as meal preparation and housekeeping chores when the tasks are incidental to the Personal Care service but may not perform these activities as discrete services.</p> <p>When a waiver participant may be concurrently receiving two services that are nominally duplicative or overlapping, duplication of tasks is not allowable. The case manager is responsible to ensure that the documentation in the participant's electronic record supports the service delivery and illustrates that there is no duplication. When more than one provider is involved, the care plan must describe how services from multiple providers are coordinated.</p>

Service:	Service Definition (Scope):
Respite	<p>Waiver services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Federal Financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.</p> <p>Respite Care may be provided to relieve informal caregivers from the daily stresses and demands of caring for a participant in efforts to strengthen or support the informal support system. In addition to respite care provided in the participants home or private place of residence, Respite Care services may be provided in the following locations:</p> <ul style="list-style-type: none"> • Respite Care in an Adult Foster Care Program provides personal care services in a family-like setting. A provider must meet the requirements set forth by MassHealth and must contract with MassHealth as an AFC provider. • Respite Care in a Hospital is provided in licensed acute care medical/surgical hospital beds that have been approved by the Department of Public Health. • Respite Care in a Rest Home provides residential care for clients in a supervised, supportive and protective environment. A Rest Home must be licensed by the Department of Public Health. • Respite Care in a Skilled Nursing Facility provides skilled nursing care; rehabilitative services such as physical, occupational, and speech therapy; and assistance with activities of daily living such as eating, dressing, toileting and bathing. A nursing facility must be licensed by the Department of Public Health. • Respite Care in an Assisted Living Residence provides personal care services by an entity certified by the Executive Office of Elder Affairs. • Respite Care in an Adult Day Health program provides an organized program of health care and supervision, restorative services, and socialization for elders who require skilled services or physical assistance with activities of daily living. Nutrition and personal care services are also provided to participants. Adult Day Health programs must be approved for operation by MassHealth. <p>Respite services provided in an Adult Foster Care Program, Hospital, Rest Home, Skilled Nursing Facility or Assisted Living Residence may include the costs of room and board.</p> <p>This service may not be provided at the same time as a waiver service that includes ADL supports (Personal Care, Home Health Aide, Supportive Home Care Aide).</p>
Assisted Transportation	<p>Provision of assistance, escort, and transportation to enable participants to access waiver services, and other community services, activities, and resources, as specified by the waiver participant's service plan. Assisted Transportation is a service designed to provide participants with the entire transportation service while maintaining functional independence and assurance from assistance providers while in the community.</p> <p>This service is offered as a separate service, in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State Plan, defined at 42 CFR §440.170(a) (if applicable) and at 130 CMR 407.000. This service differs from other existing State Plan and waiver transportation services in two key ways: (1) it includes assistance and escort to support the participant throughout the duration of the outing and (2) it allows for transportation to non-medical appointments and community outings. This service is provided only in circumstances when the waiver participant's needs align with these service elements. Assisted transportation services under the waiver are offered in accordance with the participant's service plan.</p> <p>Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge are utilized.</p> <p>Participants may not receive duplicative services from Assisted Transportation, the MassHealth State Plan Medical Transportation, or the Transportation waiver service at time-of-service provision. The person-centered planning process assures that waiver services are meeting the waiver participant's goals, and that there is no duplication among them, or with Medicaid state plan services.</p> <p>The cost of transportation is not included in Chore, Companion, Personal Care, and Homemaker services. This is a distinct service with a distinct cost.</p>

Service:	Service Definition (Scope):
Assistive Technology - Electronic Comfort Animals	<p>This service includes purchase or other acquisition costs of battery operated, life-like, interactive animals that facilitate companionship without assuming the responsibilities and expense of taking care of a real animal. This service helps combat the effects of loneliness and allows consumers to receive similar gratification and comfort that they would get from live animals.</p> <p>This service includes device installation and set-up costs. This service does not include internet service installation, set-up costs, and ongoing service provision fees.</p> <p>Electronic Comfort Animals are realistic, robotic comfort animals that simulate movements, sounds, and responses of the actual animal. With realistic fur and interactive sensors that respond to petting and hugs, Electronic Comfort Animals are calming, and provide a sense of purpose to consumers.</p> <p>These types of products are highly effective in soothing a person with Alzheimer's disease and related dementias, keeping them engaged, and reducing anxiety. This service also provides similar benefits to participants with a wide range of other conditions. This service is used to support waiver participants who express feelings of loneliness, anxiety, or a desire for companionship, as identified through the person-centered planning process.</p> <p>Case managers will discuss the need for assistance or training on how to use the service and will provide that help if needed.</p>
Assistive Technology for Telehealth	<p>This service includes purchase, lease, or other acquisition costs of cell phones, tablets, computers, and ancillary equipment necessary for the operation of the Assistive Technology devices that enable the participant to engage in telehealth. This service includes device installation and set-up costs. This services does not include internet service installation, set-up costs, and ongoing service provision fees.</p> <p>These devices are not intended for purely diversional/recreational purposes. This service may include technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and technical assistance for professionals or other individuals who provide services to or are otherwise substantially involved in the major life functions of participants. Assistive Technology for Telehealth must be authorized by the waiver Case Manager in the waiver Plan of Care (the Comprehensive Service Plan). Only items not covered by the State Plan may be purchased through the Waiver.</p> <p>Service only available if participant does not already have or have access to such a device.</p> <p><i>\$500 limit, every five years.</i></p> <p><i>Participants may not receive duplicative devices through both the Transitional Assistance service and the Assistive Technology for Telehealth service. The Assistive Technology for Telehealth service evaluation includes identification of technology already available and assesses technology modifications or provision of a new device based on demonstrated need.</i></p> <p><i>Participants who receive a device through the VCAM service that may be used for telehealth may not receive a duplicative device through this service.</i></p>
Chore	<p>Services needed to maintain the home in a clean, sanitary and safe environment. This service includes minor home repairs, maintenance, and heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is examined prior to any authorization of service.</p> <p>The person-centered planning process assures that waiver services are meeting the waiver participant's goals and assessed needs. The process identifies all services and supports and ensures that there is no duplication among them, or with Medicaid state plan services.</p> <p>This service does not provide routine, light housekeeping assistance; it is focused on heavy chores or repairs.</p>

Service:	Service Definition (Scope):
Companion	<p>Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the participant with such tasks as meal preparation, laundry and shopping. The provision of companion services does not entail hands-on nursing or ADL care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. This service is provided in accordance with a therapeutic goal in the service plan.</p> <p>This service may be provided remotely via telehealth based on the participant's needs, preferences, and goals as determined during the person-centered planning process and reviewed by the Case Manager during each scheduled reassessment as outlined in Appendix D-2-a of the Frail Elder Waiver. This service may be delivered remotely via telehealth 100% of the time. The methods and minimum frequency with which participants will receive face-to-face contact to ensure health and welfare are described in Appendix D-2-a of the Frail Elder Waiver.</p> <p>The person-centered planning process assures that waiver services are meeting the waiver participant's goals and assessed needs. The process identifies all services and supports and ensures that there is no duplication among them, or with Medicaid state plan services.</p> <p>This service may not be provided at the same time when other services that include incidental housekeeping tasks are being provided to complete the same task and address the same need. Companions may assist or supervise the participant with tasks such as meal preparation, laundry, and shopping when the tasks are incidental to the Companion service but may not perform these activities as discrete services.</p> <p>When a waiver participant may be concurrently receiving two services that are nominally duplicative or overlapping, duplication of tasks is not allowable. The case manager is responsible to ensure that the documentation in the participant's electronic record supports the service delivery and illustrates that there is no duplication. When more than one provider is involved, the care plan must describe how services from multiple providers are coordinated.</p>
Complex Care Training and Oversight	<p>Complex Care Training and Oversight is a periodic, episodic service that includes medication management, filling medication cassettes, as well as development and ongoing management and evaluation of the participant's Home Health Aide Plan of Care, for purposes of monitoring the participant's underlying conditions or complications to ensure the unskilled care is successfully addressing the participant's needs. Complex Care Training and Oversight includes the provision of education and services requiring specialized skills related to the participants health conditions promoting health and welfare.</p> <p>Complex Care Training and Oversight services listed in the service plan that are within the scope of the State's Nurse Practice Act and are provided by a Registered Nurse or a Licensed Practical Nurse with a valid Massachusetts license. Agencies that provide Complex Care Training and Oversight services under the waiver do not need to meet the requirements for participation in Medicare, as provided in 42 CFR §489.28.</p>
Enhanced Technology/Cellular Personal Emergency Response System (ET/CPERS)	<p>Enhanced Technology/Cellular Personal Emergency Response System (ET/CPERS) provides personal emergency response service. ET/CPERS functionality includes:</p> <ul style="list-style-type: none"> • Cellular capacity that is built into the ET/CPERS device, allowing emergency calls to go to the response center by converting the signal to cellular. • The participant presses the help button and there is immediate response 24/7 via 2-way voice connection through the ET/CPERS device. <p>ET/CPERS also includes fall detection technology, as needed.</p> <p>Agencies that provide ET/CPERS under the waiver are not required to enroll with MassHealth as a provider of MassHealth State Plan PERS. This service does not duplicate services available through the State Plan.</p> <p>Participants may not receive duplicative services from ET/CPERS and the MassHealth State Plan Personal Emergency Response System or the Virtual Communication and Monitoring waiver service.</p> <p>The reimbursement rate includes the device and response center subscription, which pays for 24/7 access to staff at the response center.</p>

Service:	Service Definition (Scope):
Environmental Accessibility Adaptation	<p>Those physical adaptations to the private residence of the participant or the participant's family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant.</p> <p>Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an approved adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).</p> <p>Home accessibility adaptations may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.</p>
Evidence Based Education Programs	<p>Evidence Based Education Programs provide participants with education and tools to help them better manage chronic conditions such as diabetes, heart disease, arthritis, HIV/AIDS and depression, to better manage/prevent falls, or to appropriately manage/assist their caregivers in provision of their care (eg., for individuals with dementia). All Evidence Based Education Programs are provided either as peer-facilitated self-management workshops that meet weekly for six or eight weeks or as 1:1 interventions with a trained coach. They promote participant's active engagement to undertake self-management of chronic conditions by teaching behavior management and personal goal-setting. Topics include diet, exercise, medication management, cognitive and physical symptom management, problem solving, relaxation, communication with healthcare providers and dealing with difficult emotions. Each course requires trained facilitators who adhere to prescribed, evidence-based and validated modules for each workshop. Workshops are broken down to include training in: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) optimal nutrition, 6) decision making, and 7) how to evaluate new treatments. Classes and/or 1:1 trainings are highly interactive, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.</p> <p>The person-centered planning process assures that waiver services are meeting the waiver participant's goals and assessed needs, and that there is no duplication among them, or with Medicaid state plan services.</p> <p>Evidence Based programs may include but are not limited to: Chronic Disease Self-Management Program (CDSMP), Tomando Control de su Salud (Spanish CDSMP), Arthritis Self-Management Program (English and Spanish), Chronic Pain Self-Management program, Diabetes Self-Management Program (English and Spanish), Positive Self-Management Program (HIV/AIDS), A Matter of Balance falls prevention, Healthy Ideas (identifying depression empowering activities for seniors), Healthy Eating for Successful Living, Savvy Caregiver, Powerful Tools for Caregivers, Enhanced Wellness, and Fit for Your Life.</p> <p>This service may be provided remotely via telehealth based on the participant's needs, preferences, and goals as determined during the person-centered planning process and reviewed by the Case Manager during each scheduled reassessment as outlined in Appendix D-2-a. This service may be delivered remotely via telehealth 100% of the time. The methods and minimum frequency with which participants will receive face-to-face contact to ensure health and welfare are described in Appendix D-2-a of the Frail Elder Waiver.</p>

Service:	Service Definition (Scope):
Goal Engagement Program	<p>The Goal Engagement program is a set of highly individualized, person-centered services that use the strengths of the waiver participant to improve their safety and independence. Goal Engagement Program services engage participants to identify and address their goals related to increasing functional independence, improving safety, decreasing depression and improving motivation, including addressing barriers to achieve and maintain maximum functional independence in their daily lives. The person-centered planning process assures that waiver services are meeting the waiver participant's goals and assessed needs, and that there is no duplication among them, or with Medicaid state plan services.</p> <p>Participants receive a structured set of home visits conducted by a multidisciplinary team consisting of an Occupational Therapist (OT), a Registered Nurse (RN), and a home repair specialist. The participant and OT work together to identify areas of concern using a standardized assessment tool. Areas evaluated include ADLs, IADLs, maintaining health and community engagement. Based on the assessment, the OT may recommend strategies that can be implemented by the home repair specialist to increase home safety and mitigate conditions that pose a risk or barrier to safe, independent daily functioning, such as changes necessary for fall prevention. Using a motivational interviewing approach, the OT engages the participant to develop goals based on difficulties found in the self-report, observations during the assessment, and what the participant identifies is meaningful activity for them in order to preserve their independence and prevent institutionalization. The participant and OT develop an action plan for addressing these goals. At each visit, the participant reviews their goals, refines them as desired, and practices the action plan with the assessor. Each visit includes training the participant to harness their motivation to work toward their goals.</p> <p>Complementing the OT work, the RN addresses medical issues that inhibit daily function, such as pain, mood, medication adherence and side effects, strength and balance, and communication with healthcare providers. RN visits focus on goals set by the participant rather than on adherence to medical regimens unless this is the participant's goal.</p> <p>Each member of the multidisciplinary Goal Engagement Program team focuses on the participant's identified goals to customize the service according to the action plan. Accordingly, this service includes coordination between the OT, RN and home repair specialist to ensure services are targeted to meet the goals identified by the participant.</p>
Grocery Shopping and Delivery	<p>Grocery Shopping and Delivery includes the following tasks: obtaining the grocery order, shopping, delivering the groceries, and assisting with storage as needed.</p> <p>The person-centered planning process assures that waiver services are meeting the waiver participant's goals and assessed needs. The process identifies all services and supports and ensures that there is no duplication among them, or with Medicaid state plan services.</p> <p>This service may not be provided at the same time when other services that include the tasks of grocery shopping and delivery are being provided to complete the same task and address the same need.</p>
Home Based Wandering Response Systems	<p>Home Based Wandering Response Systems are communication alert systems for participants at risk for wandering. Participants are outfitted with a device that transmits signals using technology such as GPS or radio frequency. Using GPS technology, Home Based Wandering Response Systems are programmed to provide an alert signal when a person goes outside a designated perimeter. This differs from the ET/CPERS service, where the participant proactively presses the help button in order to request assistance. The service includes 24/7 emergency response and location assistance in the event the participant wanders.</p>
Home Delivered Meals	<p>Home Delivered Meals provide well-balanced meals to clients to maintain optimal nutritional and health status. Each meal must comply with the Executive Office of Elder Affairs' Nutrition Standards, and be religiously and ethnically appropriate to the extent feasible. Home Delivered Meals service includes the preparation, packaging and delivery of meals by trained and supervised staff. More than one meal may be delivered each day provided that proper storage is available in the home. Home delivered meals do not include or comprise a full nutritional regimen.</p> <p>The person-centered planning process assures that waiver services are meeting the waiver participant's goals and assessed needs. The process identifies all services and supports and ensures that there is no duplication among them, or with Medicaid state plan services.</p> <p>This service may not be provided at the same time when other services that include the task of meal preparation for the same meal are being provided.</p>

Service:	Service Definition (Scope):
Home Delivery of Pre-packaged Medication	<p>Home Delivery of Pre-packaged Medication services provide delivery of medications by a pharmacy to a participant's residence. Medication can include, but is not limited to, pre-filled, blister packs, and pre-filled syringes. The cost of the medication is not included in the service.</p> <p>In addition to providing delivery of medications, the role of the provider includes:</p> <ul style="list-style-type: none"> • Reporting to the case management entity any participant concerns, including medication non-adherence • Reporting to the case management entity within the same business day, when the participant does not answer the door • Notifying the case management entity the same business day, when the Physician has contacted the pharmacy regarding a change in prescription in order to convey the change in medication and if applicable, request a change in delivery schedule. <p>Waiver participants may have access to home delivery of prescription medications through their MassHealth State Plan pharmacy benefit, Medicare Part D plan, or other prescription drug coverage. This waiver service includes features above and beyond what those plans would provide: customized packaging for the recipient to assist them in taking their medications properly and coordination with waiver case managers. If a participant's assessed needs indicate that these features would be helpful to the participant, then this waiver service is discussed. The waiver case manager would ensure that this service does not duplicate home delivery of the same medications by the waiver participant's prescription drug plan.</p>
Home Safety/Independence Evaluations (formerly Occupational Therapy)	<p>Home Safety/Independence Evaluations is a periodic, episodic service provided by an Occupational Therapist (OT) to provide in-home evaluations to identify and mitigate home safety risks. The service includes observation and assessment of the participant's normal functioning and completion of day-to-day tasks, including but not limited to ADLs and IADLs, in their living environment. The service also includes recommendations to modify or adapt the participant's approach to such activities and tasks to prevent further injury or disability. The service could also include recommendations to enhance home safety, including recommendations for home repair, modification or assistive devices needed to enable the participant to engage in recommended self-care strategies Home Safety/Independence Evaluation services must be authorized by the Case Manager in the service plan. This service is not subject to the Medical Referral Requirements found at 130 CMR 432.415 (MassHealth Therapist Regulations that describe the medical referral requirements necessary as a prerequisite to MassHealth payment) or the requirements for Prior Authorization found at 130 CMR 432.417 (MassHealth Therapist Regulations that describe the prior authorization process for therapy services). This service cannot be provided in settings other than the participant's place of residence. The Home Safety/Independence Evaluation service may not be provided at the same time that a participant is enrolled in the Goal Engagement Program waiver service.</p>
Laundry	<p>Laundry includes pick up, washing, drying, folding, wrapping, and returning of laundry.</p> <p>The person-centered planning process assures that waiver services are meeting the waiver participant's goals and assessed needs. The process identifies all services and supports and ensures that there is no duplication among them, or with Medicaid state plan services.</p> <p>This service may not be provided at the same time when Homemaker or Companion services are being provided for the specific need of laundry assistance.</p> <p>When a waiver participant may be concurrently receiving two services that are nominally duplicative or overlapping, duplication of tasks is not allowable. The case manager is responsible to ensure that the documentation in the participant's electronic record supports the service delivery and illustrates that there is no duplication. When more than one provider is involved, the care plan must describe how services from multiple providers are coordinated.</p>

Service:	Service Definition (Scope):
Medication Dispensing System	<p>Medication Dispensing System is an automated medication dispenser that allows a participant with medication compliance problems to receive pill form medications at appropriate intervals through audible/visual cueing. This system organizes a pre-filled supply of pills and is programmed to deliver the correct dosage of medications when appropriate. The product is lockable and tamper-proof and has a provision for power failure. The cost of the medication is not included in the service.</p> <p>The Medication Dispensing System shall be authorized only when a responsible formal/informal caregiver can demonstrate the ability to pre-fill medications and monitor the system. The provider must furnish detailed instructions to the caregiver regarding the operation of the system, as well as a signed, written agreement between the provider and the caregiver clearly delineating the responsibilities of each party.</p> <p>The formal/informal caregiver is responsible for system monitoring, making sure that the system is functioning appropriately. The formal/informal caregiver is also responsible for dispensing medications at appropriate intervals.</p> <p>Agencies that provide Medication Dispensing Systems under the waiver are not required to meet the requirements for participation in Medicaid, as provided in 130 CMR 409.00 (MassHealth Durable Medical Equipment regulations that describe the provider eligibility requirements and program rules). This service does not duplicate services available through the State Plan.</p>
Orientation and Mobility Services	<p>Orientation and Mobility (O&M) services teach an individual with vision impairment or legal blindness how to move or travel safely and independently in his/her home and community and include (a) O&M assessment; (b) training and education provided to participants; (c) environmental evaluations; (d) caregiver/direct care staff training on sensitivity to blindness/low vision; and (e) information and resources on community living for persons with vision impairment or legal blindness. O&M Services are tailored to the individual's need and may extend beyond the home setting to other community settings as well as public transportation systems.</p>
Peer Support	<p>Peer Support is designed to provide targeted recovery services to older adults with behavioral health diagnoses. Peer Support assistance includes mentoring participants about self-advocacy and participation in the community, including, but not limited to, such activities as accessing a senior center, getting to medical appointments or a hospital for a medical procedure, assisting with care transitions, and housing paperwork, accompanying for walks to various community locations, and generally engaging to reduce isolation. Peer support may be provided in small groups or peer support may involve one peer providing support to another peer, the waiver participant. Peer support promotes and assists the waiver participant's ability to participate in self-advocacy. The service utilizes trained peers as coaches who have lived experience with mental illness to promote patient-centered care and attainment of measurable personalized recovery goals.</p> <p>This service may be provided remotely via telehealth based on the participant's needs, preferences, and goals as determined during the person-centered planning process and reviewed by the Case Manager during each scheduled reassessment as outlined in Appendix D-2-a of the Frail Elder Waiver. This service may be delivered remotely via telehealth 100% of the time. The methods and minimum frequency with which participants will receive face-to-face contact to ensure health and welfare are described in Appendix D-2-a of the Frail Elder Waiver.</p>
Senior Care Options (SCO)	<p>Waiver participants age 65 and older may choose to voluntarily enroll in a Senior Care Options (SCO) program, a Massachusetts managed care program for dually eligible elders. Waiver participants who choose to enroll in a SCO will receive all waiver services through the SCO.</p> <p>Senior care organizations authorize, deliver, and coordinate all services currently covered by Medicare and Medicaid, including primary, acute, and specialty care; community and institutional long-term care; behavioral health; medical transportation; and drugs.</p> <p>Enrollment in SCO does not substitute for the requirement included in Appendix B-6-a of the Frail Elder Waiver that a participant must receive at least one waiver service per month in order to maintain waiver eligibility.</p>

Service:	Service Definition (Scope):
Supportive Day Program	<p>Supportive Day Programs provide support services in a group setting to help participants recover and rehabilitate from an acute illness or injury, or to manage a chronic illness; or for waiver enrollees have an assessed need for increased social integration and/or structured day activities. The services include assessments and care planning, health related services, social services, therapeutic activities, nutrition, and transportation. These services focus on the participant's strengths and abilities while maintaining their connection to the community and helping them to retain their daily skills.</p>
Supportive Home Care Aide	<p>Supportive Home Care Aides (SHCA) perform personal care and/or homemaking services in accordance with waiver definitions, in addition to providing emotional support, socialization, and escort services to clients with Alzheimer's Disease/Dementia or emotional and/or behavioral problems.</p> <p>Supportive home care aide services are provided to participants with Alzheimer's Disease/Dementia or behavioral health needs, where the complexity of their needs requires the additional training and skills of a worker with training beyond that required for a homemaker, companion, personal care worker or home health aide.</p> <p>The person-centered planning process assures that waiver services are meeting the waiver participant's goals and assessed needs. The process identifies all services and supports and ensures that there is no duplication among them, or with Medicaid state plan services.</p> <p>Supportive Home Care Aide is not duplicative of Personal Care or Home Health Aide. These services differ by the type of assistance they provide and level of worker training, as described in their service definitions. Through the person-centered planning process, the participant's care needs and level of complexity are matched to the most appropriate waiver service, given those factors.</p> <p>This service may not be delivered at the same time as Personal Care or Home Health Aide, as each of those services provides a different level of assistance. This service may not be provided at the same time when other services that include housekeeping tasks are being provided to complete the same task and address the same need. Supportive Home Care Aides may assist or supervise the participant with homemaking tasks when the tasks are incidental to the Supportive Home Care Aide service but may not perform these activities as discrete services.</p> <p>When a waiver participant may be concurrently receiving two services that are nominally duplicative or overlapping, duplication of tasks is not allowable. The case manager is responsible to ensure that the documentation in the participant's electronic record supports the service delivery and illustrates that there is no duplication. When more than one provider is involved, the care plan must describe how services from multiple providers are coordinated.</p>

Service:	Service Definition (Scope):
Transitional Assistance	<p>Transitional Assistance services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: (a) assistance with housing search and housing application processes; (b) security deposits that are required to obtain a lease on an apartment or home; (c) assistance arranging for and supporting the details of the move; (d) essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (e) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (f) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; (g) moving expenses; (h) necessary home accessibility adaptations; (i) activities to assess need, arrange for and procure need resources related to personal household expenses, specialized medical equipment, or community services; and (j) cell phones, tablets, computers, and ancillary equipment necessary for the operation of the devices that enable the participant to participate in telehealth. Transitional Assistance Services are furnished only to the extent that they are reasonable and necessary as determining through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. Transitional Assistance Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.</p> <p>Transitional Assistance services include only those non-recurring set up expenses incurred during the 180 days prior to discharge from a nursing facility or hospital or another provider-operated living arrangement to a community living arrangement or during the period following such a transition during which the participant is establishing his or her living arrangement. Transitional Assistance services comprising home accessibility adaptations must be initiated during the 180 days prior to discharge.</p> <p>(Only direct expenses for goods and services are reimbursable under this waiver. The case manager works with the participant to develop a list of needs for transition. The case manager coordinates the purchase and delivery of goods and services. This coordination is part of case management, not Transitional Assistance. The ASAP pays individual providers, such as landlords, utility companies, service agencies, furniture stores, and other retail establishments. Thus, "providers" of this service are any of the above, depending on the identified needs of the participant.)</p> <p>This service includes device installation and set up costs but excludes installation and set-up and ongoing provision fees related to internet service.</p> <p>This service may be provided remotely via telehealth based on the participant's needs, preferences, and goals as determined during the person-centered planning process as outlined in Appendix D of the Frail Elder Waiver. This service may be delivered remotely via telehealth 100% of the time. The methods and minimum frequency with which participants will receive face-to-face contact to ensure health and welfare are described in Appendix D of the Frail Elder Waiver.</p>
Transportation	<p>Service offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the service plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State Plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's service plan. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge are utilized.</p> <p>Participants may not receive duplicative services from Assisted Transportation, the MassHealth State Plan Medical Transportation, or the Transportation waiver service at time-of-service provision. The person-centered planning process assures that waiver services are meeting the waiver participant's goals, and that there is no duplication among them, or with Medicaid state plan services.</p>

Service:	Service Definition (Scope):
Virtual Communication and Monitoring (VCAM)	<p>Virtual Communication and Monitoring (VCAM) provides personal emergency and non-emergency response service. VCAM functionality includes:</p> <ul style="list-style-type: none"> • A response device that enables a 2-way audio and video connection and provides 24/7 access to a response center. • The capacity for participant-initiated requests for emergency and non-emergency response from a response center. • The capacity for scheduled assistance by response center staff as established through the person-centered planning process. <p>VCAM includes a personal emergency and non-emergency response service through an interactive, non-intrusive monitoring system and 2-way audio and video device. Devices are placed in an agreed upon location within the home, based on the participant's person-centered care planning and desire for location of a device. The participant always has the option to relocate or transport a device within the home to their desired location. These devices are activated at pre-determined times or as needed by the participant. The participant has control over the device at all times, including where to locate the device in the home and whether the camera is turned on or off. The system must have visual or other indicators that inform the participant when the VCAM system is activated. Placement of VCAM devices will be considered based on assessed need, privacy and right considerations, and the agreement of the participant and others who live in the home. Consents from the participant and others in the home will be documented in the participant's record.</p> <p>VCAM video monitoring devices are not installed in a fixed location in the home and are under the control of the waiver participant at all times. Participants will be informed and educated about appropriate locations on where to locate their device.</p> <p>This service supports participants' independence in their home and communities while minimizing the need for onsite staff presence and intervention. The use of VCAM supports the goal of maintaining independence in the least restrictive environment. Participants will be able to independently manage tasks like taking their medications with the additional support and supervision from the response center. This will increase the participants' health, welfare, and safety, and will enhance participants' independence in their homes, while decreasing their dependence on others to provide physical assistance with some tasks. VCAM empowers participants to be more active in their daily care needs.</p> <p>The inclusion of VCAM as part of the person-centered care planning process will include education on participant roles, utilization of the device, and identification of the participant's choices regarding when the device should be active and/or frequency of engagement. Participants can reach out to their Case Managers at any time to request assistance and/or re-education on VCAM devices. The provider of VCAM service is responsible for troubleshooting, re-education, and correction of any technology issues or failures.</p> <p>A backup plan is part of the development of the person-centered care planning process, authorization of the VCAM service, and part of the contract with the provider of the VCAM service. In the event of an equipment failure or a power outage, the response center will notify the ASAP/SCO that the device has been turned offline. ASAP/SCO staff will respond to the notification and follow up as needed. Non-emergency and scheduled VCAM services are limited to cost effective, incidental remote supports that are not duplicative of other Medicaid services. Participants may not receive duplicative services from VCAM and the MassHealth State Plan Personal Emergency Response System or the Enhanced Technology/Cellular Personal Emergency Response System waiver service. The reimbursement rate includes the device and response center subscription, which pays for 24/7 access to staff at the response center.</p> <p>Participants may not receive duplicative services from VCAM and the MassHealth State Plan Personal Emergency Response System or the Enhanced Technology/Cellular Personal Emergency Response System waiver service.</p> <p>The reimbursement rate includes the device and response center subscription, which pays for 24/7 access to staff at the response center.</p>