Transitioning to the Community
The Eligibility Process for the Massachusetts ABI and MFP Waiver Programs

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October 10, 2018

Presenters and Disclosures

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Goals of Today’s Presentation

Participants will:
1. Gain an understanding of the Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) 1915(c) Waiver Programs.
2. Identify common challenges when determining whether an individual can be safely served in the community within the ABI or MFP Waivers.
3. Identify three steps a case manager can take to facilitate the clinical eligibility process.
HCBS Waivers

HCBS waivers are also known as 1915(c) waivers. These waivers allow states to waive certain requirements that otherwise apply to the Medicaid program and provide flexibility to define:

- The target group of Medicaid beneficiaries to be served
- The maximum number of participants who may be served
- The services available to the target group
  - Waiver services are always in addition to what is already available through the Medicaid State Plan

Common Requirements of Massachusetts HCBS Waivers

- Participants must be at a facility level of care (LOC)
- Participants must have an ongoing need for waiver services and must receive waiver services on an ongoing basis at least once a month
- Participants must be able to be safely served in the community with available waiver and state plan services
- Participants in residential waiver must need 24 hour support and/or supervision
- MassHealth administers all HCBS waivers, with the sister EOHHS agencies having day-to-day responsibility for oversight and operations

ABI/MFP Waivers

Provide home and community-based services to support the transition of Medicaid-eligible persons from a nursing home or a long-stay hospital into the community.
Waiver Administrative and Operating Entities

- Executive Office of Health and Human Services (MassHealth)
  - Administers Waivers
  - On-going oversight
  - Financial Eligibility Determinations
- Department of Developmental Services (DDS)
  - Operates ABI-RH and MFP-RS Waivers
  - Case Management ABI-RH and MFP-RS Waivers
  - Quality Oversight of all ABI and MFP Waivers (4)
- UMass Medical School (UMMS)
  - Waiver enrollment management
  - Clinical Eligibility Determinations
  - Provider Network Administration
- Massachusetts Rehabilitation Commission (MRC)
  - Operates ABI-N and MFP-CL Waivers
  - Case Management of ABI-N and MFP-CL
  - Clinical Eligibility Oversight of all ABI and MFP Waivers (4)

ABI/MFP Waivers

- ABI Non-Residential Waiver
  - Designated for those who wish to live in their own home, and do not need 24/7 care
  - ABI-N
  - MFP-CL

- ABI Habilitation Waiver
  - Designated for those who wish to live in the community and require 24/7 care and oversight
  - ABI-RH
  - MFP-RS

- MFP Community Living Waiver
  - Designated for those who wish to live in their own home, and do not need 24/7 care

- MFP Residential Supports Waiver
  - Designated for those who wish to live in the community and require 24/7 care and oversight

ABI Waiver Participant Eligibility Requirements

- Residing in a nursing home or long-stay hospital for at least 90 consecutive days
- Has an acquired brain injury diagnosis; sustained at age 22 or older
- Be 22 years old or older and be disabled
- Meet the clinical requirements
- Need the waiver services available
- Meet the financial requirements to qualify for MassHealth
ABI-N Waiver Services

- Adult Companion
- Chore Service
- Community Based Day Supports
- Day Services
- Home Accessibility Adaptations
- Homemaker
- Individual Support and
  Community Habilitation
- Occupational Therapy
- Personal Care
- Physical Therapy
- Respite
- Specialized Medical Equipment
- Speech Therapy
- Supported Employment
- Transportation
- Transitional Assistance

ABI – RH Waiver Services

- Residential Habilitation
  (group home)
- Shared Living – 24 Hour Supports
- Assisted Living Services
- Community Based Day Supports
- Day Services
- Occupational Therapy
- Physical Therapy
- Specialized Medical Equipment
- Speech Therapy
- Supported Employment
- Transportation
- Transitional Assistance

MEP Waiver Participant Eligibility Requirements

- Residing in a nursing home or
  long-stay hospital for at least 90
  consecutive days
- Be 18 years old or older and be
disabled, or be age 65 or older
- Meet the clinical requirements
  and need the available waiver
  services
- Need the waiver services
  available
- Meet the financial requirements
to qualify for MassHealth
MFP - Residential Supports Waiver Services

- Residential Habilitation (group home)
- Shared Living – 24 Hour Supports
- Assisted Living Services
- Community Based Day Supports
- Community Support & Navigation
- Day Services
- Home Accessibility Adaptations
- Individual Support and Community Habilitation*
- Occupational Therapy
- Orientation and Mobility Services
- Peer Support
*Available in Assisted Living only

- Physical Therapy
- Prevocational Services
- Residential Family Training
- Skilled Nursing
- Specialized Medical Equipment
- Speech Therapy
- Supported Employment
- Transitional Assistance Services
- Transportation

MFP – Community Living Waiver Services

- Adult Companion
- Chore Service
- Community/Family Training
- Community Based Day Supports
- Community Support & Navigation
- Day Services
- Home Accessibility Adaptations
- Home Health Aide
- Homemaker
- Independent Living Supports
- Individual Support and Community Habilitation
- Occupational Therapy
- Orientation and Mobility Services
- Peer Support

- Physical Therapy
- Prevocational Services
- Respite
- Shared Home Supports
- Skilled Nursing
- Specialized Medical Equipment
- Speech Therapy
- Supported Employment
- Supportive Home Care Aide
- Transitional Assistance Services
- Transportation
- Vehicle Modification

- Confirm applicant age and facility setting meet waiver requirements
- Contact with facility to confirm:
  - Admission date, previous facility stays
  - Status of Legally Authorized Representative and obtain contact information
  - Whether accommodations are needed for the clinical eligibility visit
- Should applicant not meet either age or qualified facility, a denial notice is issued along with appeal rights
- Should the applicant meet the above requirements, an acknowledgement letter is issued with a request to return consent packet and medical record releases within 30 days
• Clinical eligibility assessment must be completed within 90 days
• In-person visit is scheduled with applicant and/or their legal representative
• Registered Nurse is assigned to visit
• Nurse reviews all available documentation, including previous eligibility records if prior waiver applicant

• Admission note and Current MDS 3.0
• Nursing Notes/Summary/Plan of Care/Medication Administration Records
• Annual Physician Assessment, Physician Progress Notes and any Specialty Consults, including Neuropsychiatric Evaluations
• Therapy Consult Reports/Treatment Sheets
• ADL Flow Sheets/Activity Notes
• Psychiatric Assessment Notes and Behavioral Care Plan
• Social Service History/Notes
• Hospital Discharge Summary
• Transfers to Hospitals for Urgent Care and/or ER Visits
• ABI diagnosis and documentation of year of initial injury or treatment
• Advanced Directives (i.e. DNR, HCP)
• Guardianship Decree, Rogers Petition and Health Care Proxy

• Conducts assessment by gathering current and historical data
• Interviews the applicant, facility staff and when applicable, legal guardian, informal supports and other significant contacts
• Utilizes a standardized assessment tool (MDS-HC) to assist with review of systems, level of function, skilled and unskilled needs, and level of care (LOC)
• Completes a risk assessment to determine level of risk mitigation required and applicant’s ability to be safely served in the community
• Completes a caregiver assessment to determine capabilities and reliability of informal supports
Factors Considered in the Community Risk Assessment:

- Legal/Forensic History
- Resides on Locked/Secure Unit/Restrictive Interventions
- Violence and Aggressive Behaviors
- Problematic Sexual Behaviors/Sex Offender Status
- Major Mental Illness
- Substance Addictions/Eating Disorders
- Unstable or Complex Medical Condition(s)
- Cognitive Issues/Dementia
- Failed Community/Facility Placements
- Other Community Safety Concerns

Multiple risk factors reviewed to determine need for further assessment and considerations.

- None of the risk factors are considered an automatic exclusion if present.
- All applicants are reviewed on an individual basis; many have multiple risk factors.

Community Risk Assessment may result in:

- Referring applicant for an evaluation by a Neuropsychiatrist or Forensic Psychologist
- Escalate case for presentation to Complex Waiver Clinical Eligibility Team Review

Nurse Reviewer completes a clinical assessment, including a summary that addresses:

- Current Status (age, location, facility, reason for admission, diagnoses)
- Medical History (functional abilities, limitations, medical complexity, behavioral concerns)
- Social and Family History (family and other social and informal supports)
- History of Community Placements
- Risk Summary and Community Support Needs
- Observations, Clinical Impressions and Recommendations for Services
Waiver Clinical Eligibility Review Team

Registered Nurses & Appeals Nurse

State Agency staff – MRC and DDS

Clinical Eligibility Review Team

- Multi-disciplinary clinical team meets weekly to review the clinical eligibility for complex applicants.
- Nurse reviewer presents the clinical assessment and identifies needs and risks and provides a recommendation to initiate the team discussion.
- The clinical team reviews applicant’s clinical summary, medical and psychosocial needs, complex risks and discusses community services to determine if applicant can be safely served within the terms of the applicable waiver.
- Additional follow-up maybe required, i.e. specialty consults, additional medical record requests, calls to medical providers, etc.

Clinical Redetermination, Status Redetermination and Waiver Transfers

Clinical Redetermination is completed every 12 months while participating in the waiver and includes the completion of the MDS-HC and the Level of Care Determination.

Status Redetermination and Waiver Transfer Request is completed when requested by MRC or DDS, or when concerns arise during the annual Clinical Redetermination process.

Nurse performs a clinical re-assessment to determine ongoing clinical eligibility.

2 Levels of Care Criteria:
- Nursing Facility Level of Care
- Chronic Hospital Level of Care
Challenges When Determining Clinical Eligibility

Balancing the Applicant’s right to self-determination while assessing the safety risk is the most challenging aspect of determining Clinical Eligibility:

- Can the Applicant be safely served within the terms of the applicable waiver?
  - Does the Applicant’s behavior or actions pose a risk to self or others?
  - Are identified risks be mitigated with services?
  - Are their care needs appropriate for the applicable waiver/waiver services?
  - Is the Applicant willing to participate in waiver services?
  - If the Applicant needs 24/7 care and supervision, but wants to live in the community, does the applicant have a willing and able informal caregiver(s)?

Clinical Waiver Ineligibility Process

Steps You Can Take to Facilitate the Clinical Eligibility Process

- Medical Records: Facilitate the submission of the applicant’s medical record to support their clinical evaluation
- Accommodations: Prepare the applicant for accommodations for the clinical eligibility interview
- Application: Support interested residents to fill out and submit the waiver application
- Appeal: If applicable, support applicant in the appeal process by ensuring collection and submission of needed documentation
- Staff & Supports: Ensure appropriate staff and collateral supports participate in the interview
- Financial: Assist applicants with financial documentation submission
- Identification: Identify residents interested in moving back to the community
New England Brain Injury
Waivers/Resources

Connecticut:  

Maine:  

Massachusetts:  

New Hampshire:  
http://www.bianh.org/disability.html

Rhode Island: No waiver available. Resources available to assist at http://biari.org/

Vermont:  
http://asd.vermont.gov/services/tbi-program

Questions?