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**PROGRAM INSTRUCTION (PI)**

**EOEA PI-18-03**  
**Ref PI-09-11**

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

**FROM:** Alice Bonner, Secretary 

**DATE:** November 8, 2018

**RE:** **ENHANCED COMMUNITY OPTIONS PROGRAM (ECOP)**

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**Purpose:**

The Executive Office of Elder Affairs is issuing this Program Instruction (PI) in order to clarify requirements related to the Enhanced Community Options Program (ECOP). This PI supersedes EOEA-PI-09-11 as well as any other previously issued communications regarding the guidelines addressed herein.

**Background and Program Implications:**

The Enhanced Community Options Program was implemented in 1993 to provide a higher level of service in the community to elders who are ineligible for MassHealth Standard and meet the clinical requirements for nursing facility services. The goal of the program is to address the needs of nursing facility eligible elders who require enhanced service plans to live safely and independently in the community setting of their choosing.

**ECOP Eligibility Criteria:**

ECOP provides an enhanced service package to consumers who need certain types of services to live in the community. These services include nursing services, supportive home care aide, personal care, homemaker, home delivered meals, transportation, adult day health services, and/or other Home Care Program services as defined in 651 CMR 3.02.

Enrollment in ECOP is available to elders who are ineligible for MassHealth Standard. All elders eligible for MassHealth Standard who are nursing facility eligible must be enrolled in the Home and Community Based Services Waiver. Consumers who are eligible for MassHealth Standard but are not waiver eligible (e.g., a consumer who is aged 60-64 but not disabled or a consumer who is aged 60-64 but not financially eligible for the waiver), are eligible for ECOP.

To be eligible for enrollment in ECOP, consumers must meet the following criteria:

- Be determined to be eligible for the Home Care Program as defined in the Home Care Program regulations at 651 CMR 3.04 (2)(3) (4) (5).
- Be determined to require authorized services at a projected cost of at least 1.75 times the current monthly Home Care Program purchased services rate (Service Cost Eligibility Requirement).
- Be determined to be clinically eligible for nursing facility services as outlined in the MassHealth regulations at 130 CMR 456.409, and as determined by an in-person assessment performed by an ASAP Registered Nurse (RN). Such assessment must be performed utilizing an assessment tool approved by Elder Affairs;
- Be determined to be ineligible for MassHealth Standard.

If the consumer has received an on-site assessment by an ASAP RN as documented in a CDS within the past six months, a reassessment is not required unless there has been a change in the consumer's condition that may justify an assessment to determine ECOP eligibility. If an on-site assessment is not required, the ASAP RN must contact the consumer and/or family to provide notice that the consumer meets nursing facility level of care, and is eligible for the ECOP program.

#### **Required Actions:**

The ASAP must confirm that the consumer currently meets the Service Cost Eligibility Requirement. A hospitalization, receipt of Medicare-funded home health services, or other short-term change in services shall not impact the projection of the cost of services to meet this requirement.

The ASAP will identify consumers who may be eligible for ECOP through an interdisciplinary team that will:

- Conduct an onsite assessment by a case manager or ASAP RN if required by the eligibility criteria above;
- Determine ECOP eligibility by ASAP RN within 10 days of referral;
- Conduct ECOP re-determination by ASAP RN within 13 months of previous onsite assessment;
- Actively engage the consumer and his/her family members to determine a person-centered comprehensive plan of care that includes both case management, home care services and other formal and informal supports;
- Coordinate all services;
- Conduct on-going interdisciplinary case management activities;
- Conduct onsite reassessments as needed and at least once every three months;
- The ASAP RN shall determine continued nursing facility eligibility annually via an on-site in-person assessment using the Comprehensive Data Set (CDS);
- Complete the CDS at the 6-month reassessment and 12-month annual re-determination visit schedule and more frequently as required by changes in the consumer's circumstances, functional impairments, or service needs; and
- Conduct a consumer status reassessment at every home visit or through contact with care manager or ASAP RN and more frequently as required by changes in the consumer's circumstances, functional impairments, or service needs; and complete a CDS documenting the assessment.

Consumers enrolled in ECOP who do not meet the eligibility criteria for ECOP at reassessment or at the annual redetermination, but who do meet Home Care Program eligibility criteria, must be transferred to the Home Care Basic Program. If the ASAP makes a decision to deny, terminate, or reduce Home Care Program services, the ASAP must notify the consumer of his or her right to seek review of the decision. See 651 CMR 3.07(5). As set forth in 651 CMR 3.07(5)(b), the ASAP must inform the consumer when there has been a change in the source of funding of the consumer's services. The consumer does not have the right to appeal the change in the source of the funding.

**Effective Date:** November 1, 2018

**Contact:** If you have any questions about this program instruction, please contact **Lynn C. Vidler, Director of Home and Community Programs** at: [Lynn.Vidler@massmail.state.ma.us](mailto:Lynn.Vidler@massmail.state.ma.us).