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PI-09-12

To: Aging Services Access Points

From: Ann L. Hartstein *Just*

Date: September 21, 2009

RE: Community Choices Program

**Purpose:**

This Program Instruction (PI) describes the eligibility criteria and interdisciplinary case management standards for the Community Choices Program (Choices or Choices Program). This PI supersedes any other previously issued communications regarding the guidelines addressed herein.

**Background:**

The Community Choices Program is designed to provide intensive services to enrollees in the 1915(c) Home and Community Based Services Waiver (Waiver) who are at imminent risk of nursing facility admission. The Aging Services Access Point (ASAP) is reimbursed for case management as well as the actual cost of purchased services provided to these consumers.

**Choices Program Guidelines:**

1. Before enrolling a consumer in Choices, the ASAP must confirm that the consumer is enrolled in the Waiver;
2. Consumers must be eligible for MassHealth Standard in order to receive services in the Choices Program. Elder Affairs will not reimburse the ASAP for services provided to ineligible persons. ASAPs must verify Waiver participants' MassHealth eligibility at least

monthly in order to ensure that the ASAP will be reimbursed for services provided. Consumers found to be ineligible for MassHealth Standard must be immediately transferred to a non-Waiver program (ECOP or Home Care Basic Non-Waiver).

3. For those applicants who require the expanded financial eligibility rules associated with the Waiver (the "spousal rule" or the 300% of SSI), the ASAP determines clinical eligibility only. MassHealth determines financial eligibility. The ASAP may not enroll the applicant in any waiver program (Home Care Basic Waiver or Choices) until the applicant is determined to be eligible for MassHealth Standard.

### **Choices Eligibility Criteria:**

To be enrolled in the Choices Program, a consumer must meet the following eligibility criteria:

- 1) Eligible for and enrolled in the Waiver. Consumers must meet the following criteria in order to be eligible for enrollment in the Waiver:
  - a) Massachusetts resident 60 years of age or older;
  - b) Functional impairment level and need criteria for the Home Care Program as outlined in 651 CMR 3.03 (6) (a);
  - c) Clinical eligibility criteria for nursing facility services as outlined in the MassHealth regulations at 130 CMR 456.409;
  - d) MassHealth Standard member; and
  - e) In need of a Waiver service as determined by an ASAP. Subsequent to enrollment, continued eligibility is contingent upon receipt of a Waiver service from the ASAP.
- 2) Require authorized services at a projected cost of at least two times the current monthly Home Care Program purchased services rate (Service Cost Eligibility Requirement). If the authorized cost of services does not meet the minimum requirement of at least two times the current monthly Home Care Program purchased services rate, the consumer is no longer eligible for Choices and must be immediately transferred to Home Care Basic Waiver.

### **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.

Consumers enrolled in Choices who do not meet the eligibility criteria for Choices at reassessment or at the annual redetermination, but who do meet Waiver and Home Care Program eligibility criteria, must be transferred to the Home Care Basic Waiver 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 3.03(9). As set forth in 651 CMR 3.03(9)(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.

The ASAP will identify consumers who may be eligible for Community Choices. They will do this through an interdisciplinary team that will:

- Conduct a needs assessment;
- Determine eligibility;
- Work with the consumer and his/her family members to determine a service package that includes both waiver and state plan services, as well as other formal and informal supports;
- Coordinate all services, including state plan services;
- Conduct on-going interdisciplinary case management activities, including in-home reassessment visits as needed and at least once every three months; the ASAP RN must perform an on-site assessment of the consumer using the Comprehensive Data Set (CDS) at least once every 12 months;
- Complete the CDS at least every six months and more frequently as required by changes in the consumer's circumstances, functional impairments, or service needs; and
- Conduct a reassessment of the status of the consumer at every home visit or contact with the case manager or nurse, including any changes in his/her status, eligibility for the Choices Program, and need for services provided.

**Effective Date:**

This PI is effective September 1, 2009.

**Contact:**

If you have any questions, please contact Susan Tompkins-Hunt, Waiver Program Manager, at [Susan.Tompkins-Hunt@state.ma.us](mailto:Susan.Tompkins-Hunt@state.ma.us)