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PROGRAM INSTRUCTION (PI)

EOEA PI - 23-05
REF: EOEI PI-19-02
EOEA: PI-09-13
EOEA PI-14-01

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

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

DATE: November 1, 2023

RE: New Home Care Services and Service Description Updates

Purpose:

This Program Instruction (PI) identifies new services and updates purchased service descriptions for the Home Care Program, including the 1915(c) Home and Community Based Services Frail Elder Waiver as of November 1, 2023. This PI supersedes any related, previously issued service descriptions.

Background and Program Implications:

The Executive Office of Elder Affairs (EOEA) is responsible for establishing and defining the in-home support services offered through its Home Care Program. The service descriptions contained in this PI have been revised in accordance with the amended Frail Elder Waiver (Waiver) with additional input from the Aging Service Access Points (ASAPs).

The following are new purchased services, in all home care programs, including the Waiver:

- Assistive Technology
- Video Communication & Monitoring (VCAM)

The following are existing purchased services in all home care programs have been amended to include a telehealth option:

- Alzheimer's/Dementia Coaching
- Companion
- Evidenced Based Programs
- Certified Older Adult Peer Specialist (COAPS) – Supporting Older Adults Remotely (SOAR)
- Transitional Assistance

The following is a new purchased service, in home care programs excluding the Waiver:

- Electronic Comfort Pets (ECP)

Required Actions:

ASAPs must use the attached service descriptions as “Attachment A” for EOE standard Provider Agreements.

Effective Date:

November 1, 2023

Contact:

If you have any questions regarding this Program Instruction, please contact Joel Bartlett, Home Care Provider Coordinator at: Joel.D.Bartlett@mass.gov

Attachments:

Attachment A Service Descriptions

Provider Agreement

Attachment A

Alzheimer's/Dementia Coaching

Alzheimer's/Dementia Coaching (Habilitation Therapy) is a service designed to assist Consumers and caregivers in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. 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.

Alzheimer's/Dementia Coaching can be provided to a Consumer and caregiver via telehealth (including telephone and live video) in the event in-person cannot be scheduled successfully. In-person should remain the first option to build rapport, consumer engagement, and to adequately observe living space. If consumers and caregivers are appropriate for telehealth option, ASAP Care Manager will be made aware following Habilitation Coach visit as indicated on documentation provided from qualified agency.

Provider Agreement

Attachment A

Assistive Technology

Assistive Technology Service includes purchasing, leasing, or otherwise providing Assistive Technology devices (e.g., tablets, smart phones, laptops, etc.) to Consumers, specifically to support the delivery of services as indicated in the Consumers' service plan of care and to support the Consumers' ability to engage in such services via telecommunication or telehealth.

This service may include technical assistance for (1) the Consumer; (2) the family members, guardians, advocates, or authorized representatives of the Consumer, where appropriate; and, (3) professionals or other individuals who provide services to or are otherwise substantially involved in the major life functions of Consumers. Assistive Technology Service must be authorized by the Care Manager, Service Coordinator, or Care Manager/Clinical Manager as part of the Consumer's individual service plan. For MassHealth Consumers, only equipment not covered by the MassHealth State Plan, or equipment that the Consumer does not already have or have access to, may be purchased through the Assistive Technology Service. The maximum allowable cost of this service is \$500.00 per year per consumer.

Assistive Technology equipment shall be purchased by the ASAP and provided to Consumers. Section 3.15.3 of the ASAP contract states that an ASAP must "follow a method of procurement in accordance with all applicable rules, regulations, and instructions issued by EOE." For the limited purpose of providing this service, an ASAP may utilize available vendors of such equipment, including local and national retailers, existing vendors under contract with an ASAP, or approved vendors listed on the Commonwealth's statewide contract.

Vendors of Assistive Technology equipment must be qualified to sell such equipment and do so in the regular course of their business. ASAPs are encouraged to examine multiple options before selecting a vendor and utilize existing relationships that they may have with qualified vendors or negotiate discounts for bulk purchases that could result in a reduction of cost for the equipment.

ASAPs, as not for profit agencies that contract with that state, have the option to utilize the statewide list of providers to assist with identifying a potential provider of Assistive Technology as needed. The statewide list of providers can be found at the link below:

<https://www.mass.gov/service-details/non-profit-purchasing-programs>

Vendors of Assistive Technology must provide equipment that:

1. meets the demands and needs of the service being fulfilled;
2. meets industry standards;
3. provides a competitive marketplace value.

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Companion

Companion services consist of non-medical care and supervision, and socialization provided to a functionally impaired adult. Companions may assist or supervise the consumer with such tasks as meal preparation, laundry, and shopping. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the consumer. This service is provided in accordance with a therapeutic goal in the service plan.

Companion services are available to be provided to a consumer via telehealth (including telephone and live video) to provide additional socialization and reduce isolation. Consumers would interact with companions via telecommunications, maintaining relationships, hobbies, and beneficial engagement. A person-centered approach with the consumer shall be taken, and the consumer decides on whether an in-person or telehealth option is preferred.

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Electronic Comfort Pet (ECP)

An Electronic Comfort Pet (ECP) is a realistic, mechanical/robotic comfort animal or pet, usually in the form of a cat or dog, but may include other animal variations that simulates movements, sounds, and responses of the actual animal. ECPs are highly effective in soothing a person with Alzheimer's Disease and Related Dementias (ADRD), helping to keep them engaged, provides redirection, and allows the caregiver to attend to other activities. Consumers experiencing anxiety and/or other behavioral health conditions, chronic conditions including, but not limited to heart disease, neurological disorders, cancer, or a hearing or vision impairment, as well as those experiencing social isolation or loneliness may also benefit from the ECP.

Service Options:

Basic: Consumer can use product out of the box or with minimal support from their caregiver.

Advanced: Consumer requires support in the use of the product due to advanced components such as software updates or application programming.

Consumers may receive two ECP per three-year timeframe. A Consumer may have an ECP at their own residence as well as at an alternate site such as a day program or family member's home. Care Managers may replace a lost or damaged ECP not to exceed two ECPs per three-year period.

Rate is dependent on a basic or advanced service model. The maximum allowable cost for the ECP service is \$600.00 per ECP per Consumer and two ECPs per three-year timeframe. One ECP is equal to one unit.

Rate methodology is a market rate value and dependent on features and amenities, such as voice commands, connectivity to smart phone, application programming etc.

Care managers should ensure the Consumer is interested in an ECP, confirm the Consumer or caregiver is able to replace the ECP battery, and evaluate the use of the ECP during in-home, virtual, and hybrid assessments.

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Evidence-Based Education Programs (EBPs)

Evidence-Based Education Programs (EBPs) educate Consumers and provide them with tools to help them better manage chronic conditions (including, but not limited to, diabetes, heart disease, arthritis, HIV/AIDS, depression), and to better manage/prevent falls. EBPs promote the active engagement of Consumers to undertake self-management of chronic conditions by teaching behavior management and personal goal setting.

EBPs also provide education to caregivers to help increase caregiver knowledge, skills, self-efficacy and well-being. EBPs can also help family and friends caring for older adults with long term health conditions develop skills to cope with the everyday demands of caregiving and improve confidence for better selfcare.

EBPs are either peer-facilitated self-management workshops that typically meet weekly for six or eight weeks or one-to-one personalized interventions with a trained coach.

EBP 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) the appropriate exercise for maintaining and improving strength, flexibility, and endurance; 3) the 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. Workshops and/or one-to-one personalized trainings are highly interactive, where mutual support and success build Consumer confidence in their ability to manage their health and maintain active and fulfilling lives.

Transportation may be authorized and provided as a separate purchased service to assist with a Consumer's access to EBPs.

In A&D, the service unit type is per session which is defined as an individual workshop. Consumers may enroll in no more than two EBPs per calendar year. A completer of an education program is defined as a participant who attends 4 of the 6 sessions or 5 of the 8 sessions.

EBPs may include, but are not limited to:

- Arthritis Self-Management Program (English and Spanish)
- Better Choices, Better Health
- Cancer: Thriving and Surviving Program
- Chronic Disease Self-Management Program (CDSMP)
- Chronic Pain Self-Management Program
- Cuidando Con Respeto (Spanish Savvy Caregiver Program)
- Diabetes Self-Management Program
- Enhance Wellness
- Fit for Your Life
- Healthy Eating for Successful Living

- Healthy Ideas (identifying depression empowering activities for seniors)
- Living La Vida Dulce (Spanish Diabetes Self-Management Program)
- Matter of Balance (falls prevention)
- Positive Self-Management Program (HIV/AIDS)
- Powerful Tools for Caregivers
- Savvy Caregiver
- Tai Chi for Healthy Aging
- Tomando Control de su Salud (Spanish CDSMP)

A provider agencies' EBP facilitator must be trained and certified by the Healthy Living Center of Excellence or by the Self-Management Resource Center. Facilitators must possess a Certificate of good standing from the Healthy Living Center of Excellence or the Self-Management Resource Center.

Evidence Based Programs are available to be provided via telehealth (including telephone and live video) to support Consumers and provide options for participants that may benefit from class due to extenuating circumstances.

Provider Agreement

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Peer Support

Peer Support is designed to provide targeted recovery services to Consumers with behavioral health diagnoses. Peer Support includes mentoring Consumers 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, completing housing paperwork, accompanying the Consumer for walks to various community locations, and generally engaging with the Consumer to reduce isolation. Peer support may be provided in small groups or one peer providing support to a Consumer. Peer Support promotes and assists the Consumer's ability to participate in self-advocacy. Peer Support utilizes trained peer specialists as coaches who have lived experience of behavioral health challenges, trauma, and/or substance use to promote person-centered care and attainment of measurable personalized recovery goals. Peer Support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with behavioral health conditions, substance use disorders, or both. This mutuality, often called “peerness” between a Peer Support specialist and person in or seeking recovery, promotes connection and inspires hope.

Transportation may be authorized and provided as a separate purchased service to assist with the Consumer's access to Peer Support services; the Certified Older Adult Peer Specialists (COAPS) may accompany the Consumer and would be a separate authorized service.

Peer Support can be an ongoing service. Weekly recurring Peer Support may not exceed 16 hours per week for the Consumer.

Peer Support must be provided through Peer Support Provider Agencies, including Peer Support Providers contracting with the Department of Mental Health, and individual Certified Older Adult Peer Specialists (COAPS).

Individuals providing Peer Support must have a Certificate of successful completion of Certified Older Adults Peer Specialist training¹ and be employed at a Peer Support Provider Agency. Certified Older Adult Peer Specialists (COAPS) are individuals who are 50 and older with personal experience of behavioral health challenges and/or substance use and who are in recovery. Certified Older Adult Peer Specialists (COAPS) provide hope, empowerment, choices, and opportunities to older adults that promote behavioral health and substance use recovery in a supportive environment through shared experience.

Supporting Older Adults Remotely (SOAR)

Supporting Older Adults Remotely (SOAR) is designed to address the whole health of older adults in the community by improving resilience, hope, optimism, cognitive ability, and physical and mental health-related quality of life through evidence-based practices. SOAR consists of education on older adult mental health and normal age-related changes, older adult peer support, technology training, life review, mindfulness, and tools to help with cognitive challenges around memory, reasoning, and information-handling. The SOAR service is delivered using technology (including telephone and live video) engagement with Consumers. The SOAR service is designed to be 12 one hour weekly sessions for structured module engagement with additional sessions permitted for person centered Consumer driven engagement. SOAR Training curriculum includes collaborative goal setting, video instructions, interactive storyboards, role-play prompts, and peer-led videos.

SOAR Training satisfies the requirement for Older Adult Peer Specialist training for MA.

Within the EOEA Home Care Program, Certified Older Adult Peer Specialist (Peer Support) is an approved service for Consumers enrolled in homecare.

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Transitional Assistance

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 tenancy. Allowable expenses are those necessary to enable a person to establish a basic household 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; and, (i) activities to assess need, arrange for and procure needed resources related to personal household expenses, specialized medical equipment, or community services.

Transitional Assistance Services are provided only to the extent that they are reasonable and necessary as determined through the service plan development process, are clearly identified in the service plan, and the individual is unable to meet such expense, or the services cannot be obtained from other sources. Transitional Assistance Services do not include room and board (i.e., monthly rental or mortgage expenses and food), regular utility charges, or household appliances or items that are intended for purely diversional/recreational purposes.

Transitional Assistance Services include only the non-recurring expenses described above 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 individual is establishing his or her living arrangement. Transitional Assistance Services comprising home accessibility adaptations must be initiated during the 180 days prior to discharge.

Goods and services are reimbursable, care management is not reimbursable. No service is billable until the individual becomes a Consumer. The ASAP care manager is responsible for working with the individual to develop a list of needs for transition and coordinating the purchase and delivery of goods and services. This coordination is part of care management, not Transitional Assistance. The ASAP pays individual providers, such as landlords, utility companies, service agencies, furniture stores, and other retail establishments for Transitional Services depending on the identified needs of the individual.

Transitional Assistance service coordination with the Consumer may be provided remotely via telehealth (including telephone and live video) based on the participant's needs, preferences, goals, and choice as determined during the person-centered planning process.

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Virtual Communication and Monitoring (VCAM)

Virtual Communication and Monitoring (VCAM) is a service that provides a personal emergency and non-emergency response service. VCAM functionality includes:

- A response device that enables a 2-way audio and video connection and provides 24/7 access to a response center;
- The capacity for Consumer-initiated requests for emergency and non-emergency response from a response center; and
- The capacity for scheduled assistance by response center staff as established through the person-centered planning process.

VCAM includes a personal emergency and non-emergency response service accessed through an interactive, non-intrusive monitoring system and 2-way audio and video device. VCAM devices are placed in an agreed upon location within the home, based on the Consumer's desire for the location. Consumers will be informed and educated about appropriate locations on where to locate their device. The Consumer 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 consumer. The Consumer always has control over the device including whether the camera is turned on or off. The system must have visual or other indicators that inform the Consumer when the VCAM system is activated. Placement of VCAM devices will be considered based on assessed need, privacy and rights, and the agreement of the Consumer and others who live in the home. Consent from the Consumer and others in the home must be documented in the Consumer's record.

This service supports Consumers' 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. With the supervision provided through the VCAM device, Consumers will be able to independently manage tasks such as taking their medications, with the additional support and supervision from the response center. VCAM supports the Consumers' health, welfare, and safety, enhancing Consumers' independence in their homes, while decreasing their dependence on others to provide physical assistance with some tasks.

The provider of VCAM service is responsible for troubleshooting, re-education, and correction of any technology issues or failures.

In the event of an equipment failure or a power outage, the response center will notify Consumer's informal supports and the ASAP that the device has been turned offline. Consumer's informal supports and ASAP staff will respond to the notification and follow up as needed.

Consumers 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 service.

The negotiated reimbursement rate includes the device and response center subscription, which pays for 24/7 access to staff at the response center. VCAM service may include device installation and set up costs as a separate service authorization, but regulatory guidelines exclude ongoing provision fees related to internet service.