

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



Chapter 257 of the Acts of 2008

**In-Home Supports Provider Information and Dialogue
Session:**

DDS – Individual/Community Supports

MRC – Independent Living/Community Services

MCB – Residential Supports

December 18, 2014

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Agenda



- Chapter 257 of the Acts of 2008
- Review of Pricing Analysis and Rate Development Methodologies
- Definitions
- Staffing Patterns
- Productivity Chart and Billable Hours
- Operationalizing the Continuum
- Other Feedback
- Next Steps
- Questions/Feedback



Chapter 257 of the Acts of 2008 Regulates Pricing for the POS System



Chapter 257 places authority for determination of Purchase of Service reimbursement rates with the Secretary of Health and Human Services under MGL 118E. The Center for Health Information and Analysis (CHIA) provides staffing and support for the development of Chapter 257 pricing.

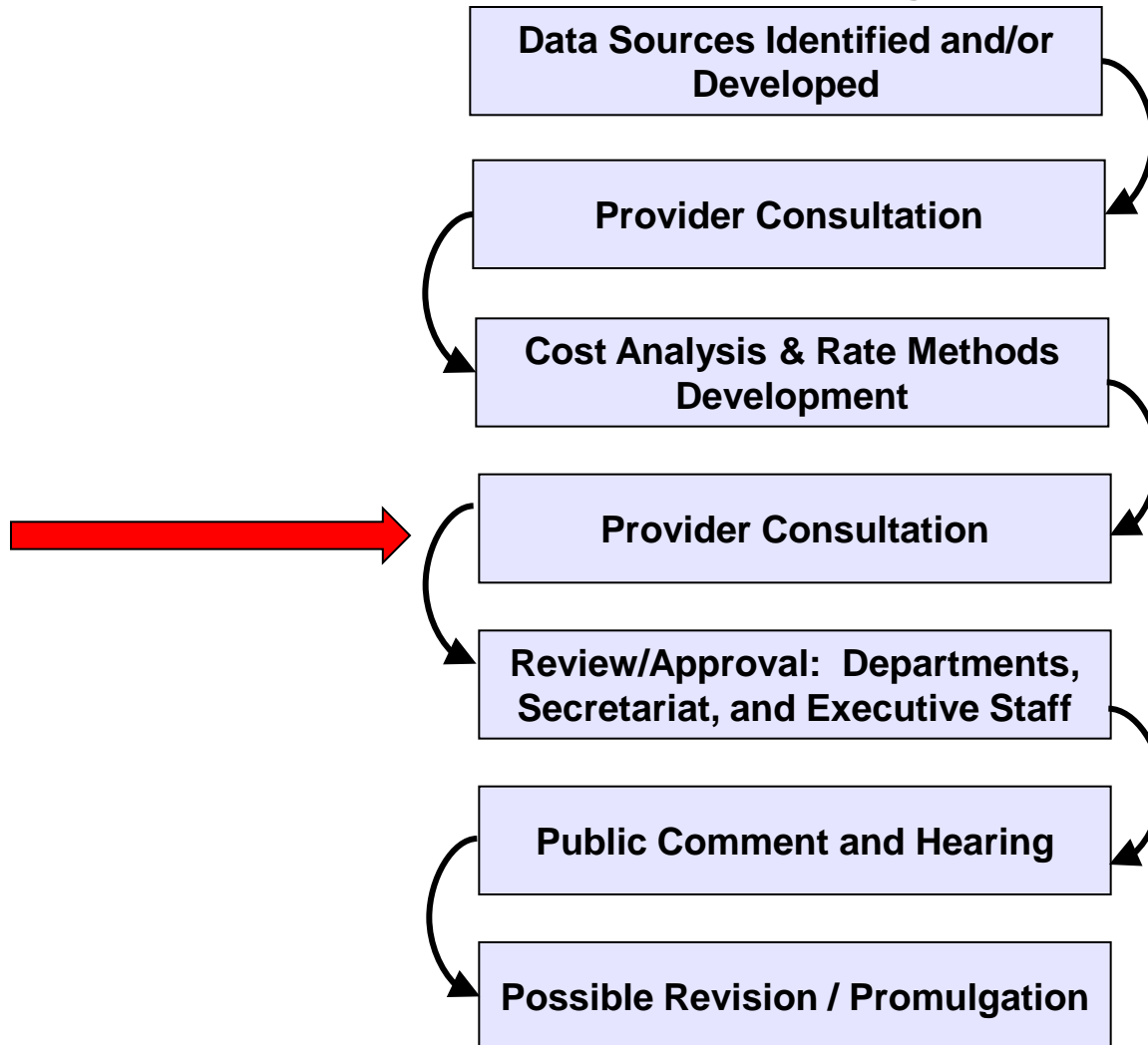
- Chapter 257 requires that the following criteria be considered when setting and reviewing human service reimbursement rates:
 - Reasonable costs incurred by efficiently and economically operated providers
 - Reasonable costs to providers of any existing or new governmental mandate
 - Changes in costs associated with the delivery of services (e.g. inflation)
 - Substantial geographical differences in the costs of service delivery



Process of Analysis, Development, Approval, and Hearing



Pricing Analysis, Rate Development, Approval, and Hearing Process





In-Home Supports Continuum Level Definitions



Level A

This is non-medical care service models that offers assistance, supervision and community access to clients to live in and maintain their own or a family home, and reinforce community ties on an on-going basis. This service may provide and/ or supervise tasks such as light housekeeping, meal preparation, and laundry as well as community inclusion. This service may be used to reinforce or strengthen daily living skills.

Level B

This model introduces oversight responsibilities and may include coordination in assessing and developing the Plan of Care/Service Plan. This service model assists and supports participants in matters related to personal finance, health, shopping, use of community resources, community safety, and other social and adaptive skills, enabling them to live independently in the community. For more complex cases involving persons with severe cognitive or physical disabilities accompanied by cognitive, sensory or emotional functional limitations, staff may support activities of daily living, and provide support or companionship.



In-Home Supports Continuum Level Definitions



Level C

This service model provides increased support navigation functions as the level of interventions necessary to sustain the client's independence becomes more complex. This service model begins to assess the client's needs and arrange for a broad array of health, assistive living technology, financial, transportation and social service resources on an on-going basis. This service model is expected to manage medical appointments and follow through, as well as communication between the medical providers, the client's family and staff members.

Level D

This service model includes enhanced service plan coordination and implementation activities as the level of supports required to sustain the client's independence further increases in complexity. This service model introduces clinical supervision as it supports medical coordination, medication management and/or behavioral intervention. The model provides more intensive services and oversight for the purpose of assessing and developing strategies to increase independent living skills. For more complex cases involving persons with severe cognitive or physical disabilities accompanied by cognitive, sensory or emotional functional limitations, staff implements plans by means of hands-on skill development, modeling and monitoring.



In-Home Supports Continuum Level Definitions



Level E

This service model incorporates staffing to serve clients with more challenging physical, behavioral, medical, substance abuse, and legal issues. This model provides intensive services for the purpose of assessing and developing systems/strategies to maintain independent living skills and is intended to serve individuals with severe cognitive or physical disabilities accompanied by a secondary physical, cognitive, sensory or emotional functional limitation. Additional coordination for back-up support with eating, toileting, transfers and medications is expected in this model. This service may include the coordination of PCA Surrogacy responsibilities (which may involve recruitment, screening, training and scheduling) for individuals in this model.

Level F

This service model provides rigorous services to individuals with multiple, co-occurring issues for the purpose of assessing, developing and implementing systems/strategies to maintain independent living skills to persons with severe cognitive or physical disabilities accompanied by cognitive, sensory or emotional functional limitations, behavioral, medical, substance abuse, legal, social communication, language or cultural differences that present obstacles to the continued ability to live in the community. This model may incorporate both PCA Surrogacy and Rep Payee responsibilities as well.



In-Home Supports Staffing Patterns (*Preliminary*)



	Level A	Level B	Level C	Level D	Level E	Level F
Program Manager	0.05	0.05	0.05	0.05	0.05	0.05
Clinical Supervisor			0.05	0.05	0.05	0.05
Community Support Worker			0.90	0.70	0.60	0.50
Counselor					0.40	0.50
Support Navigator		0.05	0.10	0.30		
IA / Cultural Facilitator		0.95				
Direct Care Staff	1.00					
Total Staff	1.05	1.05	1.10	1.10	1.10	1.10



In-Home Supports Billable Hours (Preliminary)



Billable Hours	Weeks	Hours	Total
Maximum Available DC Hours	52	40	2,080
Non-direct service hours			
Vacation/Sick/Personal	3	40	120
Holidays (10 Days)	2	40	80
Admin/Supervision/Misc. (xx hours per week)	47	Variable	Variable
Travel	47	Variable	Variable
Training	Variable	Variable	Variable

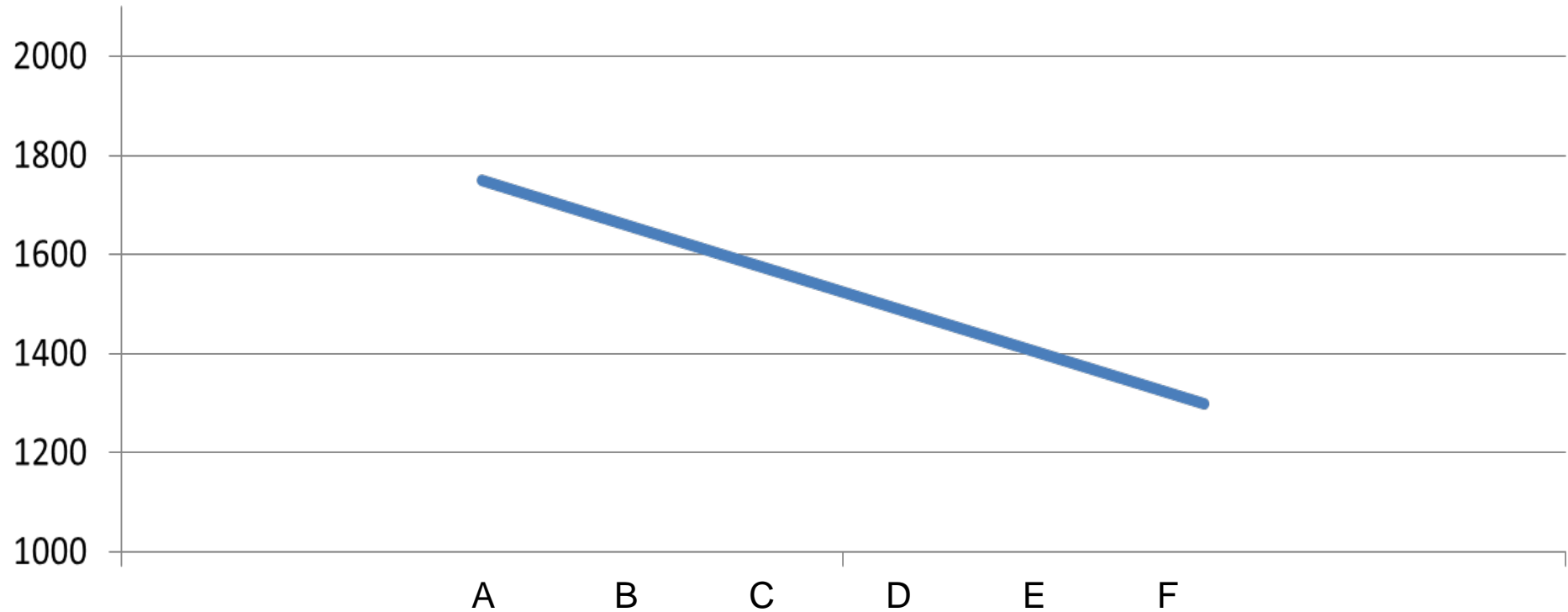
In-Home Supports	Preliminary Billable Hour s (Ranges)	Preliminary Percentage Ranges
Level A	1,600 – 1,770	77% - 85%
Level B	1,550 – 1,650	75% - 79%
Level C	1,500 – 1,600	72% - 76%
Level D	1,450 – 1,550	70% - 75%
Level E	1,400 – 1,500	67% - 72%
Level F	1,350 – 1,450	65% - 70%



In-Home Supports Billable Hours (*Preliminary*)



Preliminary Productivity Hours

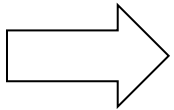




In-Home Supports Slotting



What is the most effective way to operationalize the In-Home Support Continuum?



How to operationalize and assign clients within the continuum is currently under discussion within DDS, MRC and MCB.

Some options being considered are:

Contract level consumer slotting resulting in a “rate blend”

Consumers will be assigned a level and unit allocation based on a needs assessment. A calculation will be performed to determine the total number of hours in each level and combined to determine a single blended rate for all consumers in that contract.

Program slotting

The consumer needs in the contract will result in the establishment of a “group level” rate based on the majority of needs.

Individual slotting

Each consumer will be assigned a level and unit allocation based on the level of service needed by the consumer.



In-Home Supports Other Feedback Items Received



- Clinical supervision
- Emergency on-call staffing
- Travel and mileage expenses
- Staffing approaches and differences
- Billable hours / productivity



In-Home Supports Next Steps



- Discuss provider feedback internally
- Recommend final rate review proposal to executive staff
- Propose rates via a draft regulation
- Public hearing – oral and written testimony
- Review submitted testimony, revise rates as needed
- Finalize rates



Questions/Feedback



The meeting presentation will be posted on Chapter 257 website:

www.mass.gov/hhs/chapter257

Comments and questions regarding Chapter 257 process can be sent to: EOHHSPOSPolicyOffice@state.ma.us