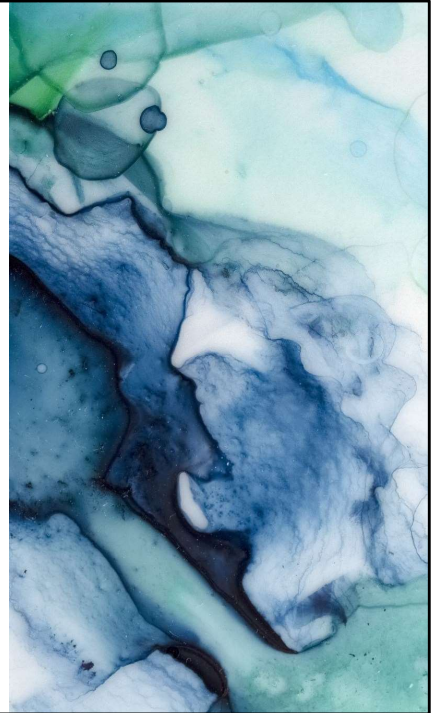


INDEPENDENT  
ASSESSMENT AGENCY  
(IAE)

Community Listening Session

Dignity Alliance Massachusetts



Good morning and welcome again to the Dignity Alliance IAE Listening Session. I am Jeni Kaplan, a Health Law Attorney at Massachusetts Law Reform Institute.

## IAE – IMPACT

240,000+  
Older Adults  
and  
Individuals with  
Disabilities



- Adult Foster Care
- Group Adult Foster Care
- Personal Care Attendant
- Day Habilitation
- Adult Day Health
- Senior Care Options
- PACE
- One Care

In February of this year, the Executive Office of Health & Human Services, through its MassHealth Office of Long-Term Services and Supports released a proposal to have one entity or one agency contractor conduct all the clinical evaluations and assessments, eligibility determinations, and payment rating category determinations for 8 MassHealth-funded long-term services programs. The IAE will impact these 8 programs, which work with over 240,000 older adults and individuals with disabilities to enable them to continue living independently in the community.

## PRESENTATION ROADMAP

- Introduction to IAE
- Overview of Procurement Timeline
- Summary of Stakeholder Feedback

This presentation will (1) provide a high-level overview of the (IAE) Independent Assessment Entity, which will be a repeat performance for those of you who attended the DAAHR forum, (2) review the timeline for IAE procurement or contract process, including the uncertainty around possible changes to the proposed IAE that will come with an amended Request for Response (RFR), and (3) present the major themes reflected across the responses to the IAE Request for Information (RFI). The goal is to provide a solid foundation for the panel discussions that follow. Any questions can be placed in the Q&A section and will be addressed either at the end of this power point presentation or after the panel discussions.

## KEY ABBREVIATIONS

- IAE = Independent Assessment Entity
- RFR = Request for Response
- RFI = Request for Information
- ASAP = Aging Service Access Point
- PCM Agency = Personal Care Management Agency
- CBO = Community-based Organizations
- LTSS = Long Term Services and Supports
- AFC = Adult Foster Care/Adult Family Care
- GAFC = Group Adult Foster Care
- Day Hab = Day Habilitation
- ADH = Adult Day Health
- PCA = Personal Care Attendant

Before we dive into substance, let's go over some abbreviations! This list covers the main abbreviations involved in discussions about the IAE. For example, LTSS, which stands for long-term supports and services, is the term for the category of programs and services offered in the community and includes the 8 programs that are part of the IAE.

The key terms you will hear me repeat are "RFR for the IAE," which stands for "Request for Response for the Independent Assessment Entity." The RFR is how MassHealth asks for bids from potential suppliers or contractors for the IAE services, and the RFR document contains the contract specifications or responsibilities for any organization or company that becomes the IAE. Another term I'll use is "IAE RFI," which stands for "Independent Assessment Entity Request for Information." The RFI process is the way MassHealth gathers information and comments from the community, individuals, providers, and other stakeholders.

## CURRENT COMMUNITY-CENTERED SYSTEM

- 400+ community-based organizations state-wide
- Connected to local resources
- Supporting individuals from application to appeal if needed
- Decades of experience

Currently, when a person needs community-based long-term services and supports, they work directly with a community-based provider or agency in their local area. The community service provider will assess and evaluate the individual and work with them to get the service authorization from MassHealth. Community providers and agencies also work with caregivers or assist members who need to appeal unfavorable MassHealth decisions.

Nurses, occupational therapists, intake coordinators, and care managers who work at each of these community-based organizations visit individuals in their homes to provide assessments, evaluations, and counseling about the program they are interested in. Community-based agencies also provide Options Counseling and Mass Options to help individuals understand the variety of long-term services and supports available, and often providers also refer or direct individuals to other community supports they may need.

Once a person is receiving LTSS, community-based providers also perform the annual reassessments necessary for people to keep the services and supports.

## IAE CHANGES – ACROSS THE BOARD

- Counseling on LTSS programs
- Clinical Evaluations conducted by RNs from single IAE
- e-CAS System
- Uniform Core Assessment
- Clinical Evaluation replaces Prior Authorization

The Request for Response (RFR) put out in February proposed that an IAE would take on the clinical assessments and evaluations for the 8 specific LTSS programs. Some of the changes that come with the IAE will impact all 8 programs in mostly the same way, removing expertise and performance from hundreds of experienced community-based organizations and instead using a single entity across the state to perform certain functions.

IAE intake staff will be provided with pre-approved information regarding the LTSS programs to provide to individuals eligible or interested in multiple programs.

Instead of registered nurses from local independent living centers, aging service access points, or other community providers performing clinical evaluations for individuals, nurses from the IAE will conduct all evaluations, which will also count as the prior authorization.

The IAE will use a new software platform called e-CAS, which will provide a computer-based clinical assessment and workflow management. Assessments will be done using a tool called the Uniform Core Assessment, instead of the current assessment tool.

## IAE CHANGES – PROGRAM SPECIFIC

### PCA Program

- Replaces in-home intake, orientation, and assessment with video or telephonic assessment
- Removes OT from RN/OT assessment with TTT

### PACE, One Care, and SCO

- Adds a separate, new in-person assessment by the IAE on top of the individual program assessments

As described in the RFR, the new IAE process also has changes that are program-specific. Overall, these changes negatively impact the process.

For the PCA program, certain assessments that currently happen in-person and in the home of consumers and are performed by skills trainers will occur instead by telephone or video call by IAE staff. Specifically, the assessment for whether an individual needs the assistance of a surrogate will happen over the phone or virtually and not in person. Clinical evaluations using the time-for-task tool (TTT) will no longer include the input of an occupational therapist.

For the PACE program, individuals will have to undergo a separate IAE eligibility evaluation on top of the interdisciplinary team evaluation as part of the process. For One Care and SCO, members will also have an additional evaluation on top of the assessment for services.

For other LTSS programs, such as AFC and AGFC, assessments for these services are already performed by an “independent entity” – currently ASAP nurses. The IAE has the potential to disrupt the close relationship between ASAPs and these LTSS providers.

## IAE TIMELINE

- RFR Issued  February 16, 2024
  - due date: April 2024\*
  - contract: Jan. 2025\*
  - pilot starts: Jan. 2026\*
- Notice of Opportunity for IAE Implementation Council  March 1, 2024
  - due date March 29\*
- RFI Issued  April 24, 2024
  - due date May 28\*

It is worth reviewing the procurement timeline to see how we got to the place we find ourselves right now.

MassHealth planned and developed the February RFR without input from the people impacted by this change or the community-based providers that work with them. The first version of the RFR dropped on February 16.

Stakeholders – which included MassHealth members directly impacted by the proposed changes, providers for the 8 covered programs, and many different community advocacy groups – objected immediately and directly to – what felt like a surprise – significant systemic change to valued LTSS programs. Less than a month later, MassHealth posted a Notice of Opportunity for the IAE Implementation Council, which at the time was pitched as vehicle for stakeholders to provide their input and concerns. But, as seen in the name, this group is limited to advising on plans and timelines for an existing IAE.



## IAE TIMELINE – CONT.

DAAHR Forum	→	June 24, 2024
IAE IAC Responses Submitted	→	June 28, 2024
RFI Responses Submitted	→	July 9, 2024
RFR Amendment	→	August 18, 2024
- due date: January 2025		
- contract: Summer 2025		
- pilot starts: Spring 2026		

At this point it is worth acknowledging that, in the face of community pushback, MassHealth has since worked to engage and respond to some concerns. For example, on June 24, Mike Levine and Leslie Darcy from MassHealth attended the community forum on the IAE hosted by Disability Advocates Advancing Our Healthcare Rights (DAAHR) to hear directly from those impacted by the proposed changes in the IAE.

You may have noticed several of the dates on the previous slide had asterisks; this was to note that many of these original deadlines have been reset and pushed back as a result of community activism. The application deadline for the Implementation Council was moved back to June 28, and the due date for the Request for Information was moved twice, with a final due date of July 9. Similarly, in April of this year, MassHealth changed the due date for the RFR to September 6, with a pilot start date of Winter 2026.

Last week on August 15, MassHealth issued a Second Communication Update stating that they intend to change the RFR to reflect the feedback provided through the RFI and this amended RFR will be posted no sooner than October of this year. An amendment also posted last week updated the RFR deadline again, setting a new due date of January 17, 2025, with a contract date of that summer and a pilot start date of spring 2026.

## MASSHEALTH'S REASONING

- Simplified way for members to know which LTSS they are eligible
- A common equitable member experience
- Timelier access to in-scope LTSS programs
- Reduced administrative burden on providers
- Reduced assessment burden on members
- Increased accountability and transparency around member experience

MassHealth's continued engagement on this issue is appreciated. And stakeholders remain united that the RFR should be withdrawn.

There is significant agreement that there are ways to improve people's experience in accessing long term supports and services. In documents and conversations with advocates, MassHealth has listed these reasons as the basis for moving to the IAE:

- Simpler options counseling
- Uniform member experience
- Shorter access times
- Lower burdens on consumers and providers

Responses to the RFI demonstrate that there are meaningful and effective ways to improve the system without resorting to an IAE. Moreover, the IAE has the potential to substantially weaken parts of the LTSS system that are most effective.

## 50+ RFI RESPONSES

- Community-based agencies and providers
  - Representing most affected LTSS programs
  - Providing expert insight into ways to improve LTSS access
- Coalitions and advocacy organizations
  - Representing older adults and individuals with disabilities
- Individual community members
- For-profit companies

In total, MassHealth received 52 responses to its RFI from individuals, agencies, organizations, and companies, with most submissions coming from community-based organizations. The overwhelming majority of the responses characterized the IAE as a poor solution to address legitimate concerns with LTSS access, and many advocated specifically that MassHealth withdraw the RFR.

## UNIVERSAL THEMES

- Significant and Negative Unintended Consequences
  - Decline in holistic, person-centered planning
  
- Lack of Understanding of LTSS experience
  - Under-values local agencies' role and expertise

Across the board, the comments from community stakeholders raised similar concerns and questions. As it stands now, the IAE will bring with it major changes to the member/consumer experience beyond their first steps in the process for getting LTSS. In the name of creating a more uniform, consistent experience, MassHealth is significantly undermining the ability of agencies to provide the careful, individualized assessment of a person's unique needs and development of a service plan. It appears that administrative efficiency is being prioritized at the expense of consumer-driven and consumer-centered planning.

The whole IAE idea is that clinical eligibility assessments can be surgically removed from community-based providers and agencies without impacting service planning or services delivery. This idea is wrong and shows a lack of understanding of LTSS. The eligibility assessment is part of a holistic process involving members, their families or caregivers, providers and agencies working together to put in place services and supports that allow a person to live and thrive in their community. The current LTSS process embeds the clinical evaluations in organizations both committed to consumer choice and community living, and deeply knowledgeable about the local resources and strengths and challenges of their particular communities.

## COMMUNITY LIVING VALUES

- Person-centered Planning
- Consumer-directed Care
- Dignity
- Holistic Approach
- Respect
- Self-Determination
- Member Preference

In particular, the development of the IAE reflects a profound disregard for the philosophy and principles of independent living, best understood through the famed slogan of the disability community: “Nothing about us without us.” Advocates have fought for decades for more inclusive approaches to planning and implementation of programs and services for individuals with disabilities to ensure empowerment, choice and community inclusion. Medicalized models of care minimize the values of dignity, respect, and self determination in order to maximize ideas like process improvement or efficient administration.

In changing the administrative process, MassHealth is burdening older adults and individuals with disabilities, with little to no benefit to them. The changes to the PACE, One Care, and SCO programs actually **increase** the assessment burden on members. This raises major concerns that the process under the IAE will have a negative impact on member engagement if the assessments or evaluations become more burdensome, intrusive, or unnecessary duplicative.

## INTEGRAL ROLE OF ASSESSMENT

- Building trust
- Connecting with individuals and, where appropriate, family or caregivers
- Care plan formation
- Informal needs identification and resource referral

The IAE also makes assumptions about the clinical eligibility process, taking an incorrect and narrow view of its role in care planning and service delivery. Pulling clinical assessments from community-based providers and agencies is not clinically or programmatically sound. For many LTSS programs, the eligibility assessment experience is the foundation on which the connection between a provider and a member is built. It is a critical part of forming a relationship and building trust and good communication. It is an opportunity for the provider or agency to understand fully the strengths and needs of the individual seeking LTSS.

For other LTSS programs, such as PACE or GAFC, pulling eligibility assessments away from local ASAPs and placing them in a single, state-wide entity has the potential to delay comprehensive assessments necessary for care planning.

## DIVERSITY OF PROGRAMS

### 400+ Providers and Agencies

- Unique cultural competencies
- Reflecting local diversity
- Connected to community resources
- Specific skills and expertise

While the 8 programs part of the IAE – from PCA to Day Hab, AFC, or One Care and SCO – all fall under the general heading LTSS, they are not the same. For example, the PCA program is a consumer/employer model where, once a member is found eligible for the services, they hire their own PCAs and work with a PCM. On the other hand, the AFC program has a variety of program types that offer different experiences and expertise; a member found eligible for AFC service generally will still have to meet the specific eligibility criteria for a particular provider, such as a certain level of services need or a specific age range.

For decades community-based organizations who know the individual being served have provided these services. They know the other providers and resources in the area, and they know each community's unique challenges. MassHealth cannot pull clinical evaluations from community-based organizations without hurting other aspects of care planning and delivery. For example, the IAE would negatively impact collaborative work between nurses, skills trainers, and other community-living staff.

No one IAE could replicate the particular clinical expertise, specialties, and cultural competencies of the community-based organizations across the state and their culturally-competent staff, immersed in geographical and economically diverse local communities.

## SOLUTIONS

- Pull back the IAE Request for Response
- Work with consumers, advocates, and providers
- Invest in the community-based system

Community stakeholders are united in their request that MassHealth pull back the RFR for the IAE and continue to engage **with** consumers, clients, and community-based agencies – who together have decades of knowledge and expertise – to simplify the current processes, reduce complexities, and streamline regulations that cause delays.

Unless there are any PowerPoint-specific questions, we will now move to the two panel presentations.

The first panel includes individuals with lived experience in the LTSS system, and the second panel includes representatives from current providers. The conversations we are about to have represent the types of brain-storming and exchange of ideas that should have happened before the RFR came out and should be happening moving forward to improve the LTSS system. What we are about to hear is not a complete list of possible improvements – in some cases, the ideas might not be practical or effective – but it is all important to the process of including stakeholders' voices and experiences in planning to improve LTSS. I will now pass the baton to Barbara L'Italien for the panel discussions.



## PANEL: PERSONS WITH LIVED EXPERIENCE

### Panelists:

Diane Huggon, The Arc of Massachusetts

- *Parent of an adult child who has a PCA*

Nancy Garr-Colzie, Board President, Center for Living & Working

- *PCA client*

## PANEL: PERSONS WITH LIVED EXPERIENCE – CONT.

**Moderator:** Barbara L'Italien, Executive Director, Disability Law Center

**Questions:**

1. Can you share your experience with the long-term services system or a particular long-term services program?
2. Can you describe what a clinical evaluation is like now, and what changes you are worried might happen if it is performed by an IAE?
3. Can you describe the relationship you have with your community-based provider or agency, how they may advocate for you or assist you with advocating for yourself for needed clinical hours and services?

## PANEL: REPRESENTATIVES OF PROVIDER ORGANIZATIONS

### Panelists:

Matt Pellegrino, Executive Director, Northeast Independent Living Program

- *Personal Care Management Agency*

Sindelle Robles, Vice President of Nursing, Nonotuck Resource Associates

- *Family Care Programs*

Lisa Prince, CEO, Tri-Valley

- *Aging Services Access Point*

Michele Keefe, Massachusetts Adult Day Health Services Association

- *Adult Day Health Services*

Joseph Rizzo, Owner, Gateway and Accord Adult Day Centers

## PANEL: REPRESENTATIVES OF PROVIDER ORGANIZATIONS – CONT.

**Moderator:** Barbara L'Italien, Executive Director, Disability Law Center

**Questions:**

1. What impact would the proposed IAE and the changes to the clinical evaluation process have on your organization or on the individuals you serve or work with?
2. As a service provider, what do you think could be changed in the current system that would accomplish the goals identified by MassHealth to improved access or streamlined evaluations for long-term services?
3. What concerns do you have about the long-term services system or the IAE proposal that MassHealth hasn't considered?

## CLOSING REMARKS

- Mike Levine
  - Assistant Secretary, Executive Office of Health and Human Services,  
Director, MassHealth
- Leslie Darcy
  - Chief, Long-Term Services and Supports at MassHealth
- Q&A - Time Permitting

FOR MORE INFORMATION

[dignityalliancema.org](http://dignityalliancema.org)