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PROGRAM INSTRUCTION (PI)

AGE-PI-25-05
Replace: PI-09-10

TO: Aging Service Access Points
Area Agencies on Aging

FROM: Lynn C. Vidler, Assistant Secretary, Care Continuum MBA, BSW

DATE: June 11, 2025

RE: **PRIORITY LEVEL ASSIGNMENT PROCESS & MANAGED INTAKE**

Purpose:

This Program Instruction (PI) provides guidance, sets expectations on the process for the Aging Service Access Points (ASAP) to:

- *Identify and assign Home Care Program applicants a designated Priority Level at Intake*
- *Provide guidance on the Managed Intake process once enacted by AGE*

Background:

The Executive Office of Aging & Independence (AGE) is issuing this Program Instruction (PI) to provide Aging Service Access Points (ASAPs) with the requirement of Priority Level assessment thereby establishing standard data entry requirements for new Home Care program consumers at the point of Home Care Program Enrollment following the point of Intake.

This PI also establishes the authority to enact a managed intake process at the point determined appropriate by AGE.

Implementation of this PI ensures all Home Care Applicants are assigned a Priority Level defined below as well as assessed the Functional Impairment Level (FIL) as defined in regulation 651 CMR 3.04 (5).

- Priority Level is only assigned at Intake and for the express purpose of a point in time assignment based on the Home Care applicant's assessed needs.
- FIL is an eligibility criteria determined at intake, reassessment, redetermination and anytime a consumer's functional status significantly changes.
- Priority Level is a separate category with a distinct purpose from FIL and Service Priority Matrix, which are described at 651 CMR 3.04(5).

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This PI supersedes AGE-PI-09-10 as well as any other previously issued communications regarding the guidelines addressed herein.

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Definitions:

Informal Support - A non-paid individual assisting a Home Care Applicant with any identified daily needs.

Formal Support - A paid individual, regardless of payor, assisting a Home Care Applicant with any daily needs.

Managed Intake - The process by which AGE has determined and implemented the need for applicants with certain Priority Level assignment (as established by AGE) be placed on a waitlist for Home Care program enrollment.

Priority Level - A number assigned to all Home Care Applicants based on a variety of factors inclusive of support (informal/formal), assessed needs (met or unmet at time of assessment), critical unmet needs as defined by 651 CMR 3.00, and services the applicant is receiving or will receive by the ASAP or other entities.

Waitlist - A pending category of Home Care Applicants with certain Priority Level assignments (as established by AGE) who are expected to be assessed and enrolled in the Home Care program once availability has been established during the timeframe in which AGE has implemented Managed Intake.

Waitlist Exceptions - Criteria defined by AGE that a Home Care Applicant who would otherwise be placed on the Waitlist must meet to move to the Home Care program enrollment process.

Functional Impairment Level (FIL) - To qualify for Home Care Services, an Applicant's must have a FIL and Service Priority that meets requirements to enroll. As defined in 651 CMR 3.02: an Applicant's initial FIL and Service Priority Matrix must be either 1-C, 2-C or 3-C to be eligible for the Home Care program. The degree of functional impairment experienced by an Applicant or Consumer as evidenced by an inability to complete Activities of Daily Living and Instrumental Activities of Daily Living. A FIL shall be determined for each Applicant or Consumer based on his or her inability to perform Activities of Daily Living (ADLs) and

Instrumental Activities of Daily Living (IADLs) per 651 CMR 3.04 (5)(b). The FIL is determined by counting the number of ADL and IADL impairments based on the assessment. The Functional Impairment Levels (FIL) are:

- FIL 1: four to seven ADL Impairments;
- FIL 2: two to three ADL Impairments;

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- FIL 3: one ADL Impairment and any number of IADL impairments; or six or more IADL Impairments;
- FIL 4: no ADL Impairments and four-five IADL Impairments;

Service priority includes determination of unmet needs:

- Non-critical Unmet Needs (NC). Unmet Needs which include one or more of the following: laundry, housework, shopping other than food shopping, transportation other than transportation for medical treatment, socialization, and telephone use; or
- Critical Unmet Needs (C). A Consumer's Unmet Needs which include one or more of the following: any Activity of Daily Living (ADL), meal preparation, grocery shopping, Medication Management, transportation for medical treatments, Respite Care Services for the consumer's caregiver, and any of the Home Health Services.

Home Care Eligibility:

If an applicant is determined to have functional impairments and critical unmet needs at the level of one of the first three categories of the Service Priority Matrix set forth at 651 CMR 3.04(5)(d) (FIL 1-3 with Critical Unmet Needs), or are found to have a FIL of 4-C, 1-NC, 2-NC, 3-NC, and 4-NC and meets one of the exception criteria found at 615 CMR 3.04(5)(g), they will be eligible for enrollment in the Home Care Program. Consumers who are found to have a FIL of 4-C, 1-NC, 2-NC, 3-NC, and 4-NC and do not meet one of the exception criteria below are not eligible for enrollment in the Home Care Program. Exceptions criteria found at 615 CMR 3.04(5)(g) are:

1. At Risk. Older Adults who are at risk due to a variety of factors, including, but not limited to substance abuse, cognitive, behavioral or mental health problems or cultural and/or linguistic barriers.
2. Protective Services. Older Adults who are receiving or are eligible to receive Protective Services as defined in 651 CMR 5.02 shall be eligible for Home Care program Services.
3. Congregate Housing. Older Adults residing in a Congregate Housing Facility.
4. Waiver Consumers. Older Adults who are eligible for the Medicaid Frail Elder Home and Community Based Services Waiver cannot be waitlisted.

Priority Level Assignments:

This PI introduces standard criteria for the assignment of a Priority Level for all Home Care Applicants when opened into the Home Care program. Priority Level Assignments are not the same as FIL.

Priority Level:

Assignment of Priority Levels allow ASAPs to distinguish applicants with the highest level of need and lowest level of support minimizing risk in the community. Priority Level is the method used to prioritize Applicants based on the assessment of Critical Unmet Needs, Non-critical Unmet Needs and existing support provided to the Applicant.

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All Home Care Applicant Priority Levels are required to be tracked within Aging & Disability (A&D). Instructions will be issued separately for the required documentation within A&D.

Priority Level Assignments:	Applicant Supports:	Primary assessed Applicant service Needs to be addressed by Home Care (Critical Need)	May have additional assessed service needs considered Non-Critical to be addressed by Home Care
Level 1:	Does not have informal supports or formal supports	1 or more of the following Critical Unmet Needs: <ul style="list-style-type: none"> • Personal Care • Home health services • Transportation to medical treatments • Medication Management • Grocery shopping 	<ul style="list-style-type: none"> • Housework • Laundry • Shopping other than food shopping • Transportation other than medical transportation • Socialization • Telephone Use
Level 2:	Has limited formal and/or informal supports (inadequate to meet demonstrated need); or the caregiver requires respite to continue involvement	1 or more of the following Critical Unmet Needs: <ul style="list-style-type: none"> • Personal Care • Home Health services • Transportation to medical treatments • Medication Management • Grocery Shopping 	
Level 3:	Has limited formal/informal supports	Critical Unmet Need of <ul style="list-style-type: none"> • Grocery Shopping 	
Level 4:	Has limited formal/informal supports	Critical Unmet Need of: <ul style="list-style-type: none"> • Meal Preparation 	

Each Home Care applicant is assigned a priority level as part of the Intake application procedure (see above chart). This may occur prior to in home assessment, at the point of assessment and enrollment into the home care program.

Managed Intake, Waitlist and Exceptions:

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As indicated in this PI, every applicant within the Home Care program is required to have a Priority Level assignment as described above. If AGE enacts Managed Intake process, AGE will monitor the number of open enrollment slots in the Home Care program and the number of consumers at each Priority Level and issue instructions about which groups of consumers may be enrolled (e.g., all Level 1, Level 2 enrolled in the Wait List Program in September, etc.).

- AGE requires that applicants who are assigned a Priority Level that would be subjected to a waitlist, and an exception does not apply, the ASAP must screen the applicant using the required tool, the Managed Intake Phone Screening, to support the individual being placed on the wait list.

When AGE enacts Managed Intake, ASAPs must:

1. Review all Home Care Applicant Priority Levels and establish a Waitlist based on guidance released by AGE.
2. Screen all Home Care Applicants for Waitlist Exceptions. Home Care Applicants who meet at least one following exception criteria are not subject to an active Managed Intake or Waitlist.
 - Applicants who are eligible for the Enhanced Community Options Program (ECOP) or the Frail Elder Waiver (FEW);
 - Active or triaged Protective Services consumers in need of Home Care Program Services;
 - Applicants being discharged from nursing facilities and hospitals, including chronic and rehabilitation hospitals, who need Home Care Program Services in order to return to the community;
 - Applicants enrolled in hospice care who require Home Care Program Services

All eligible applicants who meet one of the exception criteria described above shall be enrolled in the Home Care Program. All other applicants who are identified in a Priority Level group that AGE has communicated are subject to an active managed intake process and waitlist shall not be enrolled in the Home Care program but shall be put on the waitlist.

During an active Managed Intake, ASAPs are required to:

- Inform referral sources at the time of referral that the applicant may be enrolled in a program or placed on a waitlist, as appropriate
- Inform Applicants at the time of referral that the applicant may be enrolled in a program or placed on a waitlist, as appropriate
- Offer information regarding additional community sources of assistance that may be available to the applicant

Managed Intake Screening:

The Managed Intake Phone (MIP) Screening is to be completed and documented for all Home Care applicants who based on their Priority Level are subjected to a waitlist. For example, Managed Intake rules may require that all applicants who are identified as a Priority Level 4 be placed on a waitlist. The

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MIP Screening must be completed in its entirety, prior to an in-person intake assessment with the consumer and completed by a CM or Information and Referral (I&R) Specialist for all consumers who have been found to be a Priority Level subject to active managed intake or waitlist. The MIP Screening will include, at a minimum, sections to record ADL/IADL needs and FIL to support the consumer's priority level for home care program assessment and enrollment.

The MIP Screening is built off the current I&R assessment and Comprehensive Data Set (CDS) Assessment in A&D to ensure seamless maintenance of documentation and historical information for future MIP and CDS assessments.

If, at any point, a consumer who is on a waitlist experiences a change in support or needs and has been newly identified as a higher Priority Level, that is not subjected to a waitlist, ASAPs must have a process to transfer the consumer from the waitlist to the higher Priority Level assignment and then ensure the consumer receives an initial assessment for the Home Care program.

Required Actions:

ASAPs are required to implement the Priority Level assignment process for all Home Care Applicants in accordance with AGE guidance outlined in this PI. ASAPs must:

1. Create ASAP specific procedures and develop a process to implement the requirements outlined
2. Include in service plan development the provision of services to meet Critical Unmet Needs, Non-Critical Unmet needs and to maintain health & welfare of consumer in the community
3. Establish standardization at the ASAP for quality review in accordance with AGE timeframes outlined in this PI
4. Review data and coordinate with quality team to develop a process for improvement and remediation, and identify areas of retraining opportunities with staff
5. Establish standardization at the ASAP for quality review in accordance with AGE timeframes outlined in this PI
6. Establish processes to monitor Priority Level assignments during a period in which AGE implements Managed Intake, including,
 - a. Identification through reporting of Priority Level assignments subject to waitlist (when applicable)
 - b. Monthly review of completed MIP screenings to ensure applicants waitlisted due to their assigned priority level are accurate and consistent (when applicable)
7. Provide waitlist information to all applicants as directed by AGE

Effective Date: Immediately

Contact

Questions regarding this Program Instruction may be directed to the Director of Home and Community Programs: Devon Garon at Devon.Garon@mass.gov.