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**Administrative Bulletin 20-33**

**101 CMR 310.00: Adult Day Health Services**

**Effective April 23, 2020**

**Additional Rate Provisions Applicable to Certain Adult Day Health Providers to Compensate for Costs Associated with Coronavirus Disease 2019 (COVID-19)**

**Purpose, Scope, and Effective Period**

The Executive Office of Health and Human Services (EOHHS) is issuing this administrative bulletin pursuant to the authority of COVID-19 Order No. 20: *Order Authorizing the Executive Office of Health and Human Services to Adjust Essential Provider Rates During the COVID-19 Public Health Emergency* and Executive Order 591: *Declaration of State of Emergency to Respond to COVID-19*. In light of the state of emergency declared in the Commonwealth due to COVID-19, EOHHS, which administers the Massachusetts Medicaid program known as “MassHealth,” is establishing additional rate provisions under 101 CMR 310: Rates for Adult Day Health Services that address on-going fixed costs, retention of staff and required changes in service modalities for the provision of Adult Day Health services due to COVID-19, and as further described in this administrative bulletin.

This administrative bulletin is effective as of April 23, 2020, and shall apply to dates of services April 1, 2020, through June 30, 2020.

**Disclaimer:** This administrative bulletin is not authorization for a provider’s use of the adjusted rate or service. Authorization for the provision of, and billing and payment for, adult day health services are pursuant to the MassHealth Adult Day Health regulations at 130 CMR 404.000.

**Background**

The COVID-19 public health emergency has required the temporary closure of adult day health program sites and forced providers of adult day health services to modify both the manner in which they deliver services and the hours and scope of their services. These changes in modality are not contemplated in the current rate methodologies and structures for adult day health services under 101 CMR 310.00. Accordingly, EOHHS is establishing additional rate provisions under 101 CMR 310.00 that address on-going fixed costs, retention of staff and the changes in modality associated with COVID-19 and which will ensure the continued delivery of these critical services.



## **Additional Rate Provisions to Address COVID-19**

The regulation at 101 CMR 310.03 is being temporarily expanded to include the following provisions, which are intended to address the required changes in service modality for adult day health services as a result of COVID-19.

Note: Providers may have submitted claims prior to the issuance of formal guidance around retainer payments. For claims that were submitted for dates of service on or after April 1<sup>st</sup>, providers are required to void those claims and resubmit claims based on the guidance outlined in this administrative bulletin. Providers should no longer submit 15-minute unit claims for services provided via telehealth for dates of service April 1, 2020, through June 30, 2020.

### 101 CMR 310.03 (d): Coronavirus Disease 2019 (COVID-19) Retainer Payments.

#### (i) Payment Methodology

- a. Retainer payments will be reimbursed on a per member, per day basis at 100% of the current per diem rate for Adult Day Health (ADH) services. ADH claims for transportation service, however, are not eligible for retainer payments.
- b. Providers should submit a per diem claim for a member for each day in which that member would have been scheduled to attend the provider's ADH program. Claims should be submitted using the modifier U6. For example, if a member was scheduled to attend a provider's ADH program on Mondays, Wednesdays, and Fridays, the provider should submit a per diem claim for Monday, Wednesday and Friday using the retainer modifier.
- c. Providers should submit claims for retainer payments to the appropriate payor.
- d. Retainer payments will be provided for claims dated April 1, 2020 – June 30, 2020.

#### (ii) Eligibility for Retainer Payments

- a. Providers are required to develop or amend individual care plans to meet the members' needs while they remain home. The care plans must identify the type and anticipated frequency of engagements being provided by ADH staff to the member during the COVID-19 public health emergency.
- b. A provider is eligible for retainer payments for a member during each month the provider engages with the member at least, but not limited to, once per week and where the provider retains sufficient staff to fulfill the requirements.
- c. Engagements with members should ensure the on-going health and safety of members in their homes and minimize risk of decompensation and emergency service utilization. Member engagements may include, but are not limited to:
  - i. Checking for COVID-19 symptoms and triaging, as needed;
  - ii. Identifying and addressing any nutritional needs or deficiencies,

- iii. Appropriately monitoring, managing and refilling member medications;
  - iv. Coordinating care and activities of daily living (ADL), as well as instrumental activities of daily living (IADL) for members without formal supports at home;
  - v. Providing members and their families with language and interpretation supports;
  - vi. Conducting mental and emotional wellness checks and supports;
  - vii. Employing interventions to promote member orientation of person, place and time;
  - viii. Providing caregiver support, especially for informal caregivers supporting members with dementia.
- d. For MassHealth Fee for Service (FFS) members: MassHealth will supply ADH providers with a monthly form to be completed by the provider outlining when and how the provider engaged with each member for whom the provider submitted claims for retainer payments during that month. ADH providers will be required to complete and submit the form to MassHealth each month and no later than 15 days after the end of the month.

### **Public Comment**

EOHHS will accept comments on the rate established via this bulletin through May 7, 2020.

Individuals may submit written comments by emailing: [ehs-regulations@state.ma.us](mailto:ehs-regulations@state.ma.us). Please submit written comments as an attached Word document or as text within the body of the email with the name of this bulletin in the subject line. All submissions of comments must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit comments by email may mail written comments to EOHHS, c/o D. Briggs, 100 Hancock Street, Quincy, MA 02171.

EOHHS may adopt a revised version of this bulletin taking into account relevant comments and any other practical alternatives that come to its attention.