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Administrative Bulletin 20-52

101 CMR 424.00: Rates for Certain Developmental and Support Services

Effective May 14, 2020

Additional Rate Provisions Applicable to Certain Day Habilitation Program 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 is establishing additional rate provisions under 101 CMR 424.00: Rates for Certain Developmental and Support Services that address on-going fixed costs, retention of staff, and required changes in service modalities for the provision of Day Habilitation Supplemental Services due to COVID-19, and as further described in this administrative bulletin.

This administrative bulletin is effective as of May 14, 2020, and will 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, Day Habilitation Supplemental Services are pursuant to authorization by the purchasing governmental unit.

Background

The COVID-19 public health emergency has required the temporary closure of Day Habilitation program sites and forced providers of Day Habilitation Supplemental 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 Day Habilitation Supplemental Services under 101 CMR 424.00. Accordingly, EOHHS is establishing additional rate provisions under 101 CMR 424.00 that address on-going fixed costs, retention of staff and the changes in modality associated with COVID-19 and that will ensure the continued delivery of these critical services.



Additional Rate Provisions to Address COVID-19

The policy at 101 CMR 424.03 is being temporarily expanded to include the following provisions, which are intended to address the required changes in service modality for Day Habilitation Supplemental 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 1st, 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.

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 rate for Day Habilitation Supplemental Services.
- b. Providers should submit 15-minute unit claims for an individual for each day in which that individual would have been scheduled to receive Supplemental Supports at the provider's Day Habilitation program. For example, if a member was scheduled to receive 3 hours of supplemental supports on Mondays, Wednesdays, and Fridays, the provider should submit a claim for 12 15-minute units for Monday, Wednesday, and Friday using the retainer attendance status code.
- c. Retainer payments will be provided for claims dated April 1, 2020, through June 30, 2020.

(ii) Eligibility for Retainer Payments

- a. Providers are required to develop or amend individual Plans of Care (POCs) to meet the individuals' needs while they remain home. The POCs must identify the types and anticipated frequency of engagements being provided by staff to the individual during the COVID-19 public health emergency
 - b. A provider is eligible for retainer payments for an individual 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 individuals should ensure the on-going health and safety of individuals in their homes and minimize risk of decompensation and emergency service utilization. Individual engagements may include, but are not limited to:
 - 1. Checking for COVID-19 symptoms and triaging, as needed;
 - Coordinating care and activities of daily living (ADL), as well as instrumental activities of daily living (IADL) for individuals without formal supports at home:
 - 3. Conducting mental and emotional wellness checks and supports;
 - 4. Employing interventions to promote individual orientation of person, place and time:
 - 5. Monitoring and encouraging progress towards individual's day habilitation service plan goals;

- 6. Evaluate service need areas, such as self-help, sensory motor skills, communication, independent living, affective development, social and behavior development and wellness;
- 7. Providing caregiver support, especially for informal caregivers supporting the individual
- 8. Providing caregiver support and supplying positive behavior support strategies.

Public Comment

EOHHS will accept comments on the rate established via this administrative bulletin through May 28, 2020.

Individuals may submit written comments by emailing: 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 administrative 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 Kara Solimini, 100 Hancock Street, 6th Floor, Quincy, MA 02171.

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