




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MassHealth
Adult Day Health Bulletin 10
August 2002

TO: Adult Day Health Providers Participating in MassHealth
FROM: Wendy E. Warring, Commissioner 
RE: Changes in Clinical Assessment for Adult Day Health Services

Background

To be eligible for MassHealth, individuals must meet financial standards. To be covered for certain MassHealth services, members or applicants must meet clinical criteria. The Division or its agent determines clinical eligibility for adult day health services based upon documentation submitted by the provider and the member's physician.

New Forms

This bulletin provides you with copies of the newly revised forms:

- the Request for Services (formerly called the MassHealth Long Term Care Assessment form); and
- the Minimum Data Set for Home Care (MDS-HC).

These forms are the basis for approving referrals for long term care placement, conversions to MassHealth, and dementia-specific reimbursement covered under the Home and Community-Based Services Waiver, in addition to adult day health.

Begin using these forms as soon as you receive them. As of September 1, 2002, the assessment agent will not accept the old forms.

Supplies of the Forms

You may photocopy the forms as needed. To obtain supplies of the forms, use the information below to mail or fax your request. Include your provider number, address, telephone number, the exact title of the publication, and the date of issuance.

MassHealth Forms Distribution
P.O. Box 9101
Somerville, MA 02145
Fax: 703-917-4937

***Additional
Documentation***

In addition to the MDS-HC and the Request for Services, the adult day health provider must supply the Division's assessment agent with any additional information requested by the local Aging Service Access Point (ASAP) to process referrals and annual screenings under the Home and Community-Based Services Waiver.

Clinical Assessment

Each provider must complete the MDS-HC form and the Request for Services. The provider must then mail these forms to the appropriate ASAP.

***Who May Complete
the MDS-HC
Assessment***

The program registered nurse is the assessment coordinator. The assessment coordinator's signature certifies the accuracy and completeness of the MDS-HC assessment.

The program registered nurse must complete the MDS-HC; however, a licensed social worker (LSW, LCSW or LICSW) may complete the following sections of the MDS-HC: AA – Name and Identification Numbers, BB – Personal Items, CC – Referral Items, B – Cognitive Patterns, C – Communication/Hearing Patterns, E – Mood and Behavior Patterns, F – Social Functioning, G – Informal Support Services, and O – Environmental Assessment.

Each individual who completes a portion of the MDS-HC should sign and certify the sections he or she completed in Section R (Assessment Information: signatures, title, sections, date).

ICD-9 Codes

The MDS-HC assessment requires the use of ICD-9-CM Codes for medical diagnoses. ICD-9-CM code books are available at local medical supply stores and some local bookstores. ICD-9-CM codes are also available on the Internet.

Future Trainings

Periodic trainings will be held for new providers. Please contact the Division for dates and locations.

Questions

If you have any questions about this bulletin, please contact the MassHealth Provider Services Department at 617-628-4141 or 1-800-325-5231.
