



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 11
December 2002

TO: Adult Day Health Providers Participating in MassHealth

FROM: Wendy E. Warring, Commissioner

RE: Clinical Assessment Requirements for MassHealth Members in Adult Day Health Programs

Background

The Adult Day Health (ADH) program regulations have been revised. The new regulations outline a new, tiered level of service provided in ADH programs. As of November 1, 2002, providers are able to receive payment for services provided at basic and complex level-of-care and a Health Promotion and Prevention Rate.

Clinical Assessment

Due to the implementation of the new ADH program regulations and the levels-of-care in the new regulations, providers must assure that members are being served at the appropriate level of care and that they are billing MassHealth at the appropriate payment rates.

Providers must complete the Minimum Data Set-Home Care (MDS-HC) assessment tool within 90 days of November 1, 2002, the effective date of the new regulations, on all MassHealth members served in ADH programs who were admitted before November 1, 2002.

MassHealth members admitted on or after November 1, 2002, do not need a MDS-HC completed within 90 days. For those members, please follow assessment requirements as outlined in the revised ADH regulations.

Providers must keep a copy of the member's MDS-HC assessment in the member's record. Assessments completed annually and when there is a significant change must be kept at the ADH program. The Division will periodically review medical records to ensure that the appropriate level of care has been assigned and that the provider is billing the correct rate of payment.

When requesting an approval for services, as outlined in Adult Day Health Bulletin 10, the MDS-HC must be mailed to the local Aging Service Access Point.

Assessment Dates

The new regulations require providers to complete the MDS-HC for significant change and member status and annually for all MassHealth members served in ADH programs. Please refer to ADH program regulations for complete information on significant change requirements.

The annual assessment for MassHealth members must be completed on the anniversary of the date of admission.

If the significant change assessment was completed within 15 days of the anniversary of the date of admission, a new annual assessment is not required. This assessment will be used for both the significant change and the annual review.

Supplies of the Forms

You can mail or fax your request to obtain supplies of the MDS-HC form. 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

Claims Adjustments

Rates for non-dementia-specific ADH services were increased as of August 1, 2002. Providers who were paid for claims for dates of service August 1, 2002, through October 31, 2002, at the old rate, may submit for an adjustment of the paid claim in order to receive the increased rate.

Adjustments are applicable for claims paid for ADH services. However, adjustments are not applicable for claims paid for members who also received dementia-specific services (Service Codes X9842 and X9842).

Questions

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