




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Adult Day Health Bulletin 16
August 2019

TO: Adult Day Health Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: **Aging Services Access Point (ASAP) Clinical Assessment Process and Documentation Requirements for Initial Prior Authorization Requests for Adult Day Health Services**

Background

This bulletin provides guidance about the prior-authorization (PA) process for ADH services described in 130 CMR 404.406: *Clinical Assessment and Prior Authorization*. Specifically, this bulletin provides guidance on requirements for assessing clinical eligibility for MassHealth coverage of ADH services. Assessments are performed by Aging Services Access Points (ASAPs) and are required for initial PA for ADH services.

PA Requirement

In accordance with 130 CMR 404.406 (B)(5), an ADH provider seeking PA for ADH services to a MassHealth member must submit Prior Authorization (PA) requests

in the form and format as required by MassHealth. The ADH provider must include all required information, including, but not limited to, documentation of the completed clinical assessment conducted by the MassHealth agency or its designee; other nursing, medical, or psychosocial evaluations or assessments; and any other documentation that the MassHealth agency or its designee requests in order to complete its review and determination of prior authorization.

Additionally, in accordance with 130 CMR 404.406(B)(6), MassHealth may require additional assessments when making a PA decision, which may include a completed Minimum Data Set for Home Care (MDS-HC) or other assessment as designated by MassHealth.

**MassHealth
Adult Day Health Bulletin 16
August 2019
Page 2 of 3**

Process for Requesting ASAP Clinical Assessment *for Initial PA Requests*

To comply with the requirements of 130 CMR 405.406(B)(5) and (6), the ADH provider must complete and submit to the member's local ASAP the following MassHealth referral forms.

- A **Request for Services** form that has been completed and signed by the ADH provider's registered nurse (RN). This form is available on the LTSS Provider Portal under ADH Prior Authorization.
- An **[Adult Day Health Primary Care Provider \(PCP\) Order Form](#)** that has been completed by the ADH provider's RN and by the member's PCP, and which has been signed by both. This form is also available on the LTSS Provider Portal under ADH Prior Authorization.

Once an ADH provider has submitted completed versions of these forms to the member's local ASAP, the ASAP will complete an assessment of the member within five days. Note that only completed forms, signed and dated within 90 days of submission, will trigger an ASAP assessment.

Within 48 hours of completing an assessment of a member, the ASAP will issue a MassHealth Payment of Adult Day Health Services eligibility form to the member and the ADH provider, indicating the ASAP's assessment of the member's clinical eligibility for MassHealth coverage of ADH services.

When submitting initial PA requests on the MassHealth LTSS Provider Portal at www.masshealthltss.com, the ADH provider must upload the MassHealth Payment of Adult Day Health Service's eligibility form, along with the MassHealth **[ADH PCP Order Form](#)**. **The process of obtaining the ASAP Clinical Assessment and submitting the eligibility form is needed only for initial PA requests.**

For additional guidance on PA for ADH services, refer to the **[Guidelines for Medical Necessity Determination for Adult Day Health](#)** and the ADH PA Provider Portal Training Guide. All materials, including all required PA forms and documentation, can be accessed through the LTSS Provider Portal at www.masshealthltss.com/s/article/ADH-Provider-Resources.

**MassHealth
Adult Day Health Bulletin 16
August 2019
Page 3 of 3**

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have any questions about the information in this bulletin, please contact the LTSS Provider Service Center.

Contact Information for MassHealth LTSS Provider Service Center

Phone: Toll-free (844) 368-5184
Email: support@masshealthltss.com
Portal: www.MassHealthLTSS.com
Mail: MassHealth LTSS
PO Box 159108
Boston, MA 02215
Fax: (888) 832-3006