



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

MassHealth
Adult Day Health Bulletin 21
January 2021

TO: Adult Day Health Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Additional Guidance and Requirements for Adult Day Health Programs during the Public Health Emergency

Background

In light of the state of emergency declared in the Commonwealth due to COVID-19, the Executive Office of Health and Human Services (EOHHS), which administers the Massachusetts Medicaid program known as MassHealth, is providing the following additional guidance and requirements to adult day health (ADH) programs. The guidance and requirements set forth in this bulletin supersede guidance published in MassHealth Adult Day Health Bulletin 19: *Additional Guidance and Requirements for Reopening Adult Day Health Programs during Phase III*. However, all ADH providers must continue to adhere to the requirements set forth in the EOHHS guidance for day programs: [Massachusetts Day Program Reopen Approach – Minimum Requirements for Health and Safety](#).

All regulatory program requirements not directly referenced in this bulletin remain in effect, whether the member is receiving ADH services in the congregate setting or remotely.

Additional Guidance and Requirements

1. Notwithstanding the requirements set forth in the MassHealth Adult Day Health (ADH) provider regulations at 130 CMR 404.000, for the period of the state of emergency declared in the Commonwealth due to COVID-19, ADH services do not have to be provided in a congregate setting. During the state of emergency, MassHealth ADH services may be provided in a residential setting and may be community-based rather than site-based.

If an ADH provider intends to provide in-home services, outside the parameters of traditional ADH services, the provider must submit a written request to the Department of Public Health (DPH) for a special project, as set forth in 105 CMR 158.029: *Licensure of Adult Day Health Programs*. Questions about ADH licensure requirements may be directed to: DPH.BHCSQ@MassMail.State.MA.US.

2. ADH providers may deploy a staff person to a member's residence to assist the member with incidental ADLs and ADH services related to the member's care plan. ADH services provided in the member's home must not overlap or duplicate any other services the member is receiving that provide assistance with ADLs or therapies (e.g., residential, personal care attendant, or home health services). Please refer to MassHealth Adult Day Health Bulletin 20: *Guidance for Adult Day Health Providers Delivering Multi-Model Hybrid Services during the COVID-19 Public Health Emergency* for additional guidance regarding in-person remote service provision.

MassHealth
Adult Day Health Bulletin 21
January 2021
Page 2 of 4

3. Amended care plans for remote ADH services may be continued until the member returns to receiving ADH services in the ADH provider's congregate site. Additionally, all ADH care plans must be amended to reflect the member's needs and services provided when the member returns to receiving ADH services at the ADH provider's congregate site.
4. Members not returning to the congregate setting may continue to receive remote ADH services as follows:
 - a. On a monthly basis, the ADH provider must have a conversation with the member to reassess whether the member wants to return to the ADH provider's congregate setting and whether the member wishes to continue receiving remote ADH services. Note: This conversation alone does not constitute the delivery of a remote ADH service.
 - b. If the member no longer wants to receive remote ADH services but expresses interest in returning to the ADH program's congregate setting in the future, the ADH provider may keep the member on their roster and discontinue remote ADH services and the submission of claims. However, the ADH provider must update the ADH Participant Enrollment Agreement per regulatory requirements set by the licensing entity (see 105 CMR 158.034(D)(5)) to indicate that the member is on a temporary leave and amend the days per week to reflect that the member is temporarily not attending the ADH provider's ADH program. The revised agreement must be maintained in the member's participant health record. ADH providers must outreach to the member once per month to reassess whether the member wants to return to the ADH provider's ADH program. Note: This outreach does not constitute a remote ADH service.
 - c. If the member indicates that they do not want to return to the ADH provider's day program in the future or receive remote ADH services, the ADH provider must proceed with safe discharge planning.
5. Through the end of the state of emergency, personal care physician (PCP) signatures on PCP order forms may be waived for reevaluating prior authorizations (PAs), if the ADH provider has been unsuccessful in obtaining them. Signed PCP order forms, however, are required for all initial and significant change PAs.
6. Admissions to ADH can occur only if the ADH provider is able to conduct the required assessments for the member in-person, either in the congregate setting, the individual's residence, or other mutually agreed-upon location.
7. If a member wishes to attend an alternate ADH program for any reason, including due to a closure of their current ADH program, the ADH provider of the new ADH program must try to obtain, if possible, the member's Aging Services Access Points (ASAP) eligibility letter and most current PCP order from the closing ADH provider to be used for PA. All required assessments and care plan documents must be completed by the new provider, in accordance with MassHealth and DPH regulations and guidance. Assessments must be completed in person, either in the congregate setting, the member's residence, or at some other mutually agreed-upon location.
8. A member may increase the number of days in which they attend an ADH provider's ADH program, either in person or remotely, if it is determined by the ADH provider that additional ADH services would assist in maintaining the health and safety of the member. The increase in ADH service days and the reason for that increase must be documented in the member's participant record.

**MassHealth
Adult Day Health Bulletin 21
January 2021
Page 3 of 4**

9. If a member has been discharged during the public health emergency and later expresses interest in returning to the ADH provider's congregate site, the ADH provider must complete the admission and PA process. In this case, the member's original ASAP eligibility notice can be used for readmission.
10. Regardless of payer source, if any ADH participant attending the ADH provider's congregate site tests positive for COVID-19, the ADH provider must submit a report to the MassHealth agency in the form and format requested by the MassHealth agency. If a staff member working at the ADH provider's congregate site tests positive for COVID-19, the ADH provider must also notify MassHealth in the form and format requested by MassHealth. In either case, MassHealth may request the provider's COVID-19 screening plan, isolation and discharge plan, and communication plan.

(A) Immediate Reporting

If an ADH provider is informed that a staff member, participant, or vendor tests positive for COVID-19, then the provider must immediately, within 24 hours, complete the following four steps:

- i. Contact the Local Board of Health (LBOH) and work with them to develop appropriate communication messages.
- ii. Inform employees and participants and/or caregiver/guardians of the confirmed case (confidentiality must be maintained).
- iii. Call the [DPH Epidemiology Line](#) at 617-983-6800 (this is a separate and distinct step from contacting the LBOH), which creates a cluster so that the epidemiology team can track any associated cases.
- iv. Inform MassHealth by emailing Karen Seck at Karen.L.Seck@mass.gov and Danielle Sheehan at Danielle.Sheehan@mass.gov if the program has been instructed to or chosen to temporarily suspend onsite services due to COVID19.

(B) Regular, Ongoing Reporting

Submit *weekly* [Adult Day Health Positive COVID-19 Reporting Form if there are unreported positive cases or no known positive cases for the week prior](#). Forms are due every Tuesday no later than 11:59 p.m. and are required of all programs.

11. ADH providers who are directed to close their congregate site for a specific number of days due to an exposure or outbreak of COVID-19 within their program/facility, or who are issued directives due to an uptick in community infection, are able to continue to provide remote ADH services to all of the member's attending their ADH program for a maximum of five services per week until the members can safely return to the congregate program.
12. ADH providers that temporarily suspend onsite services must notify MassHealth before the suspension of services by emailing Karen.L.Seck@mass.gov or Danielle.Sheehan@mass.gov. The notification must include the date of suspension of onsite services, the date of resumption of onsite services, and a copy of the notification sent to all participants informing them of the suspension of onsite services. For the period beginning December 1, 2020, through January 4, 2021, an ADH provider may temporarily suspend onsite services. After January 4, 2021, ADH providers may suspend their onsite services due to cautionary reasons only for a period of 14 days, following the notification requirements listed above.

**MassHealth
Adult Day Health Bulletin 21
January 2021
Page 4 of 4**

13. ADH providers must frequently check the Centers for Disease Control and Prevention (CDC) website, the Massachusetts DPH website, and the MassHealth website and guidance to ensure that they are informed of, and implementing, the most current guidance.

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 Long Term Services and Supports (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