



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

MassHealth
Adult Day Health Bulletin 26
September 2021

TO: Adult Day Health Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth

RE: COVID-19 Guidance for Hybrid Services throughout the Federal Public Health Emergency (Updated September 2021)

Background

This bulletin consolidates and restates, with relevance to adult day health (ADH) services, MassHealth's telehealth policy (as reflected in [all provider bulletins 289, 291, 294, 303, and 314](#)), as well as policies for services provided in an in-home setting. In addition, this bulletin extends these ADH policies through the federal COVID-19 public health emergency.

This bulletin supersedes all information outlined in [Adult Day Health Bulletin 20: Guidance for Adult Day Health Providers Delivering Multi-Model Hybrid Services during the COVID-19 Public Health Emergency](#).

Restated Telehealth Policy for ADH Services

MassHealth has outlined specific requirements regarding technologies used to deliver ADH services via telehealth and will continue to allow reimbursement for MassHealth-covered ADH services delivered through telehealth, as long as such services are medically necessary and clinically appropriate, and comport with the guidelines set forth in this bulletin. Providers are encouraged to use appropriate technologies to communicate with individuals and should, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.

Billing and Payment Rates for Multi-Model Hybrid Service Delivery

Payment rates for services delivered through hybrid service delivery, outlined below, will be the same as payment rates for services delivered via traditional (e.g., in-person, site-based setting) methods set forth in the applicable regulations. All providers must include place-of-service code 02 when submitting a claim for services delivered via telehealth/remote/in-home settings.

Providers should bill for remote services, including in-home services, as described herein, using the partial per diem codes. After services are provided, providers should bill only for the day on which the service was delivered.

If a member is out of the area, as a means to be closer to family or other caregiver, the provider may continue to provide remote services to that member if the services are scheduled and planned before

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the delivery of the service. Remote services are not acceptable for members outside the Commonwealth.

After the services are delivered, providers may submit claims either on a monthly basis or more frequently throughout the month.

Multi-Model Hybrid Service Requirements

1. Remote/telehealth services for ADH are services that are typically provided in the congregate, site-based, setting, with specific objectives and goals for the member but performed via telehealth, in-person outside of the program site, or through video interaction.
2. Remote/telehealth services, as well as any in-person services provided in an in-home setting, are planned engagements for the member. The member and the ADH provider must agree on a schedule of services to be delivered to the member on a weekly basis.
3. Clearly delineated adult day health payment rates in 101 CMR 447.00: *Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act* apply to adult day health services provided by eligible providers through remote/telehealth or in-person services, where:
 - a. services align with the member's individualized plan of care, including the member's "return to program" plan of care, and promote the prevention of decompensation in mental and physical status due to isolation in the home; and
 - b. services provided remotely mirror services provided during site-based services.
4. Video interaction, group telephonic, and in-home services may be delivered up to five days per week throughout the remainder of the federal public health emergency. Only one service may be delivered to a member per day.
5. Services provided telephonically on a one-to-one basis to members throughout the months of July and August may be delivered up to five days per week. Telephonic services provided on a one-to-one basis during the months of September and October are limited to three days per week. Telephonic services provided on a one-to-one basis during the months of November and December are limited to two times per week. Only one service may be delivered to a member per day.
6. Members attending site-based services and who receive one-to-one telephonic services on alternate days, may continue to do so through the end of August. For service dates in September and beyond, those members may not receive one-to-one telephonic services. All other remote services, i.e., video and group telephonic services, in-person remote/doorstep and in-home services, are billable on alternate days of site-based attendance throughout the remainder of the federal public health emergency.

Qualifying Multi-Model Hybrid Remote/Telehealth Services

For an ADH program to be able to provide remote services eligible for reimbursement, the program must deliver services in the congregate setting for those members who require or desire traditional day program services. To qualify for eligible ADH reimbursement, a provider must deliver services that fall into one of the following three categories:

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- **Center/Site-Based Services** — Traditional day program services provided in a site-based day program setting.
- **Remote Services** — Services provided by staff through video, telephone, or outside a member's home. Staff provide skilled services and monitoring, such as working on specific health-related goals, diet education, medication monitoring, coordinated care efforts, and clinical interventions. Additional services include, providing scheduled, direct, and interactive group activities held on a web-based video platform or a telephone group conference call that allows for each member to participate to the extent that they are able, as well as work on habilitative or preventive goals.

Doorstep Remote Services — Activity supplies, interacting with members, checking on overall well-being, and providing health education. These are also considered remote services. Remote and in-home services may not be provided on days in which a member attends programming in the provider's congregate setting.

- **In-Home Services** — Services intended to serve as “eyes on” services for members who have been receiving remote services, recognizing that the way someone presents on the phone or video may not represent the full picture. Before the delivery of in-home services, a self-COVID-19 screening must be performed by the staff before entering the home, and a COVID-19 screening must be performed with the member before entering the home, following the screening protocol outlined in *EOHHS COVID-19 Guidance for Day Programs* dated June 14, 2021.

Personal protective equipment (PPE) must be worn as indicated in *EOHHS COVID-19 Guidance for Day Programs* dated June 14, 2021.

Functions Excluded from Billable Multi-Model Hybrid Service Delivery

The following are not billable:

- Meal delivery
- Grocery shopping
- COVID-19 symptom checks at the member's residence by driver
- Arranging for members' attendance in the congregate setting
- Delivery of materials/activity packets absent any additional service provision
- Unscheduled check-ins with members and or caregivers
- One-to-one telephonic service outside of the parameters listed above.

Documentation of Multi-Model Hybrid Service Delivery

All remote service delivery must be clearly documented in the member's record, noting how the provided service promoted the prevention of decompensation of member's baseline and/or aligned with the member's plan of care. Documentation must indicate the mode of the service, i.e., telephonic, video, in-person, in-home, and include a plan to follow up on any medically necessary components.

For in-home service provisions, providers must clearly document in the member's record the services delivered for each full hour of service.

Providers must maintain accurate attendance records for each date of service on which services were provided to members in the congregate setting. Members' scheduled remote services must be documented and maintained onsite. The ADH provider must document scheduled remote services for each date for which services are billed and make this information available to the MassHealth agency or its designee upon request.

ADH providers must submit utilization data on a biweekly basis in the form and format required by MassHealth.

MassHealth Website

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

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Questions

If you have any questions about the information in this bulletin, please contact the Long Term Services and Supports (LTSS) Provider Service Center.

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