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

MassHealth
Adult Day Health Bulletin 29
January 2022

TO: Adult Day Health Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth

RE: COVID-19 Guidance and Requirements for Adult Day Health Programs throughout the Remainder of the Federal Public Health Emergency

Background

Due to the continued risks of COVID-19 for MassHealth members seeking or receiving Adult Day Health (ADH) services, MassHealth is extending existing COVID-19 guidance for ADH programs until the end of the federal COVID-19 public health emergency. The guidance and requirements in this bulletin supersede guidance published in Adult Day Health Bulletin 27: *COVID-19 Guidance and Requirements for Adult Day Health Programs through the Remainder of the Federal Public Health Emergency*. All ADH providers **must continue** to adhere to the requirements set forth in the EOHHS guidance for community day programs: EOHHS COVID-19 Guidance for Day Programs, issued August 4, 2021.

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 ADH provider regulations at 130 CMR 404.000, for the period of the federal public health emergency due to COVID-19, ADH services do not have to be provided in a congregate setting. During this period, 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*. Email questions about ADH licensure requirements to DPH.BHCSQ@MassMail.State.MA.US.

2. ADH providers may deploy a staff person to a member's residence to provide ADH services aligned with 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 activities of daily living (ADLs) or therapies (e.g., residential, personal care attendant, or home health services). Incidental ADL assistance is acceptable.

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. Traditional ADH services are provided as site-based services in the program setting. ADH providers must engage in transitioning members to traditional ADH by the end of the federal public health emergency. Members who remain reluctant to return or for whom the ADH provider is unable to accommodate the member with site-based services due to staffing shortages, transportation limitations, etc., may continue to receive remote ADH services through the end of the federal public health emergency only as follows:

    a. The ADH provider must develop a *return to program plan* for members receiving only remote services. This plan must be reviewed with the member at a minimum of one time per month. The return to program plan may be incorporated into the member's existing care plan or be a separate document. The return to program plan must be kept as part of the member's permanent record and available to MassHealth upon request. This plan must set a return to program date and a plan to meet that date.
    b. When providers are discussing the return to program plan with participants, risks and benefits of returning to site-based services must be incorporated into the conversations. The Risk/Benefit tool, however, is no longer required for members returning to the site-based services.
    c. If the member indicates that they do not want to return to the ADH provider's day program by the end of the federal public health emergency, the ADH provider must proceed with safe discharge planning, ensuring that necessary services are aligned to meet the member's needs.

5. Through the end of the federal public health emergency, 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 wants 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. If a member has been discharged during the federal COVID-19 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.

9. 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 MassHealth in the format requested by MassHealth. 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 format requested by MassHealth. In either case, MassHealth may request the provider's COVID-19 screening plan, isolation and discharge plan, and communication plan.

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

   1) Inform the Local Board of Health (LBOH) and work with them to develop appropriate communication messages.
   2) Inform employees and participants or caregiver/guardians of the confirmed case in a manner that protects the affected individual's confidentiality.
   3) Call the DPH Epidemiology Line at (617) 983-6800 (this is a separate and distinct step from contacting the LBOH), which allows for providers to receive appropriate infection control advice.
   4) Inform MassHealth by submitting the online form: Adult Day Health Positive COVID-19 Reporting Form.

10. 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.

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Questions

If you have questions about the information in this bulletin, please contact the Long Term Services and Supports (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