



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

MassHealth
Adult Foster Care Bulletin 21
September 2021

TO: Adult Foster Care and Group Adult Foster Care Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

RE: Extended MassHealth Telehealth Policy for Adult Foster Care and Group Adult Foster Care Services and New Telehealth Documentation Requirement

Introduction

On January 31, 2020, the United States Secretary of Health and Human Services (Secretary), pursuant to authority under section 319 of the Public Health Service Act (42 U.S.C. § 247d), issued a determination that a nationwide public health emergency had existed since January 27, 2020 (“the FPHE”). The Secretary has since issued renewals of the FPHE, on April 21, 2020; July 23, 2020; October 2, 2020; January 7, 2021; April 15, 2021; and July 19, 2021. On March 10, 2020, the Governor issued the Declaration of State of Emergency within the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, which expired June 15, 2021.

In light of the FPHE and the state declaration, MassHealth introduced a telehealth policy that, among other things, allowed qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (telephone and live video).

This bulletin supersedes Adult Foster Care Bulletin 18 and clarifies MassHealth’s policy for the use of telehealth for certain adult foster care services and certain group adult foster care services. The guidance in this bulletin will remain in effect until the end of the FPHE. The MassHealth telehealth policy for adult foster care/group adult foster care services will help ensure members retain access to appropriate adult foster care/group adult foster care services, while promoting social distancing and mitigating the spread of COVID-19.

This bulletin applies to members receiving adult foster care/group adult foster care services on a fee-for-service basis, including members enrolled in the Primary Care Clinician (PCC) plan who receive adult foster care/group adult foster care services.

This bulletin:

- a. describes a COVID-19-related telehealth flexibility for MassHealth adult foster care/group adult foster care services that will remain in effect beyond September 13, 2021, until the end of the FPHE;
- b. clarifies that telehealth visits may be used for visits that do not require any hands-on care; and
- c. describes a new recordkeeping and documentation requirement regarding telehealth services.

Adult Foster Care and Group Adult Foster Care Telehealth Guidance

MassHealth adult foster care providers and group adult foster care providers may deliver clinically appropriate, medically necessary MassHealth-covered adult foster care/group adult foster care services to eligible MassHealth members via telehealth (including telephone or live video), in accordance with the standards in this bulletin and notwithstanding any regulation to the contrary, including physical presence requirements in regulation at 130 CMR 408.000 and group adult foster care guidelines.

The Executive Office of Health and Human Services (EOHHS) is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth-covered adult foster care/group adult foster care services delivered through telehealth, as long as such services are medically necessary and clinically appropriate and delivered in accordance with 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 in-person services. Providers must inform members of any relevant privacy considerations.

EOHHS does not require providers to deliver adult foster care services via telehealth and may continue to provide services in-person as necessary or appropriate. Adult foster care/group adult foster care providers must clearly document in the member record if the member refuses an in-person visit.

Adult foster care and group adult foster care providers may use telehealth for

- Initial evaluations, provided such telehealth uses teleconferencing technology. EOHHS strongly encourages providers to conduct initial evaluations in-person with proper personal protective equipment (PPE). There may be certain circumstances in which telehealth use via videoconference is appropriate. In those circumstances, evaluations may be conducted via hybrid model, using a combination of telehealth and in-person methodology as appropriate;
- Reassessments, including reassessments based on significant change, provided such telehealth uses teleconferencing technology. EOHHS strongly encourages providers to conduct reassessments in-person with proper PPE. There may be certain circumstances in which telehealth use (via videoconference is preferred) is appropriate. In those circumstances, reassessments may be conducted via hybrid model, utilizing a combination of the telehealth and in-person methodology as appropriate; and
- Care management and nursing oversight visits or community health worker visits if applicable, provided the prior care management or nursing oversight visit was not provided via telehealth. MassHealth strongly encourages providers to resume conducting care management and nursing oversight visits in-person with proper PPE. There may be circumstances for which telehealth (via videoconference is preferred) is utilized in lieu of an in-person visit. It is the responsibility of the provider to make the determination if telehealth is appropriate for that particular visit, and the provider must document the reason in the member record. If telehealth is utilized in consecutive months the adult foster care/group adult foster care program director must be aware of the member's refusal of an in-person visit and the reason must be clearly documented in the member record.

Adult foster care and group adult foster care providers may not use telehealth for

- Caregiver or direct care aide assistance with activities of daily living or instrumental activities of daily living, inclusive of cueing and supervision of such activities;
- Initial evaluations of members for whom providers are unable to conduct an initial evaluation in-person or using teleconferencing technology. Such members should be referred to their primary care physicians; and
- Reassessments, including reassessments based on significant change, of members for whom providers are unable to conduct such reassessments in-person or using teleconferencing technology. Such members should be referred to their primary care physicians.

Member Consent

Providers must obtain verbal consent from a member, and the member's caregiver/legal guardian if applicable, before the initiation of adult foster care/group adult foster care services via telehealth. Providers must also document the consent in the member's record.

In obtaining the member's consent, providers must provide the member with the following information about telehealth:

A statement explaining

- What a telehealth involves;
- What is expected from the member, as well as the adult foster care/group adult foster care provider;
- Any relevant privacy considerations; and
- The fact that the member may revoke, at any time, their consent for the rendering of services via telehealth.

Documentation Requirements and Billing Instructions

All relevant documentation requirements of 130 CMR 408.000, 130 CMR 450.000, and Group Adult Foster Care Guidelines apply when adult foster care and group adult foster care services are delivered via telehealth. In addition to such requirements, documentation of telehealth must include:

- a. Indication in the visit note that the service was provided via telehealth;
- b. Description in the visit note of the rationale for service via telehealth; and
- c. For dates of service on or after September 13, 2021, the following new visit note:
On [DATE], member has requested and verbally consented to their visit being completed via telehealth due to COVID-19. On [DATE], adult foster care and group adult foster care services staff discussed the safety protocols that are used during any in-person visit, including but not limited to PPE use and COVID precautions but member still requested telehealth instead of an in-person visit.

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Providers must bill the same procedure codes for services delivered via telehealth as appropriate for services delivered in-person.

Failure to maintain documentation requirements for services delivered via telehealth, may result in the imposition of sanctions pursuant to 130 CMR 450.238-450.240.

Additional Information

For the latest Massachusetts-specific information, visit www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19.

The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at www.cdc.gov/coronavirus/2019-ncov/hcp/index.html.

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.

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