




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

MassHealth
Day Habilitation Bulletin 12
August 2020

TO: Day Habilitation Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Medicaid Director 

RE: **Additional Guidance and Requirements for Reopening Day Habilitation Programs During Phase III**

Background

This bulletin is being issued pursuant to the Department of Public Health's July 2, 2020, Order Regarding Services Provided in Congregate Settings (the "DPH Order"). Pursuant to the DPH Order, effective July 6, 2020, day programs overseen by an agency under the Executive Office of Health and Human Services (EOHHS) that have completed an attestation certifying that they meet clinical and safety standards and requirements set forth in EOHHS guidance may provide services in congregate settings in accordance with the EOHHS guidance. The EOHHS guidance for day programs is available at [Massachusetts Day Program Reopen Approach – Minimum Requirements for Health and Safety](#). All **day habilitation** (DH) providers must adhere to all requirements set forth in the EOHHS guidance.

In addition to the above, the following requirements and additional guidance apply to all MassHealth-participating DH programs. The requirements and additional guidance set forth in this bulletin may be revised in a subsequent DH provider bulletin as the Commonwealth's COVID-19 status evolves over time and public health experts learn more about the virus.

Additional Guidance and Requirements

1. DH programs must complete the [Phase 3 EOHHS Day Programming Planning & Preparation Checklist](#) with provider attestation and return it to MassHealth via email to . karen.l.seck@mass.gov and/or danielle.sheehan@mass.gov prior to operating the program in the congregate setting. In addition, providers must open their congregate setting within 30 days of the publication of this bulletin in order to provide remote/telehealth services.
2. In determining whether a participant will be returning to the DH provider's congregate program site, DH providers should share the [Risk/Benefit Discussion Tool](#) with participants and their caregivers/guardians to elicit conversations with all participants/caregivers/guardians regarding the personal, health, and situational experiences in determining the feasibility of each participant returning to the program. The purpose of the risk/benefit discussion is to help the participant/caregiver/guardian determine whether the benefits of the participant returning to the program outweigh the risks. Nothing in the tool or any accompanying document should be construed to waive or limit provider liability. Additionally, providers should prioritize in-person

congregate services for participants whose needs cannot be adequately provided via telehealth or in the home.

3. DH providers must send a complete roster of participants returning to the DH provider's congregate site to MassHealth via email to karen.l.seck@mass.gov and/or danielle.sheehan@mass.gov. The roster must contain the participant's complete name, MassHealth ID #, and the days in which the participant will be attending the DH provider's congregate site. If additional participants return to the DH provider's congregate site at a later date, the DH provider must send an updated roster to MassHealth.
4. For the period between July 6, 2020, and July 31, 2020, when a DH provider resumes services at its congregate site, the DH provider must submit claims for DH services pursuant to [101 CMR 348:00: Day Habilitation Program Services](#). Retainer payment claims through July 31st must be submitted pursuant to [AB 20-71: 101 CMR 348.00](#).
5. Amended Day Habilitation Service Plans (DHSP) for remote DH services may be continued until the participant returns to receiving day habilitation services in-person at the DH provider's congregate site. When a participant returns to receiving day habilitation service at the congregate site, the participant's DHSP must be additionally amended within 45 business days of the participant's return to in-person DH services.
6. Participants not returning to the congregate setting may continue to receive remote services with the following:
 - a. On a monthly basis, one of the remote services must include a conversation with the participant to reassess whether or not the participant wants to return to the program and whether or not the participant wishes to continue receiving remote services. This conversation alone does not constitute a remote service.
 - b. If the participant no longer wants to receive remote service, but expresses interest in returning to the program in the future, the provider may keep the participant on their roster and discontinue remote services and the submission of claims. It is expected that providers outreach to the member once per month to reassess whether or not the participant wants to return to the program. This outreach does not constitute a remote service.
 - c. If the participant no longer wants to return to the day program, follow safe discharge planning.
7. All regulatory program requirements remain in effect whether the participant is receiving services in the congregate setting or remotely.
8. Participants not receiving either congregate or remote services during the public health emergency, but who express interest in returning to the program in the future, may be kept on the provider's roster but suspended from the program. When the participant returns to the congregate setting, the DH provider must complete all necessary assessments, service needs assessments, and service plans within 45 days of the participant's return to programming.
9. A significant change or releveling cannot be completed while the participant is remote only.
10. Admissions to DH can occur only if the individual attends the program in the congregate setting. No admissions can occur for remote services only.

11. Participants' in-person and remote service days must not exceed their pre-COVID weekly schedule.
12. Service needs assessments or clinical assessments that expired during the DH provider's program closure must be completed within 90 days of the participant returning to the congregate day program setting.
13. Service needs assessments with expiration dates that occur during the DH provider's program closure, may be completed by DHSMs or program directors throughout the remainder of the public health emergency. Initial service needs assessments for new admissions must be completed in accordance with 130 CMR 419.000 and involve all interdisciplinary team members (SLP, OT, PT, behavior specialist). Semi-annual reviews are required to be completed by program staff involved in the participants' DHSPs and must be approved by the DHSM or program director. Review by Additional Interdisciplinary Team members (SLP, OT, PT, behavior specialist) is waived through the remainder of the public health emergency.
14. DH providers with more than one site location may transfer participants to one of their alternate site locations for congregate or remote services, if the participant, caregiver, and service coordinators are all in agreement and the transfer is clearly documented in the participant's record. The documentation must include COVID-19 public health emergency language.
15. DH providers may deploy a staff person to a participant's residence to assist the participant with ADLs and indirect therapies related to the participant's DH Service Plan. Provision of DH services in the participant's home must not overlap with, or duplicate, any other services the participant is receiving that provide assistance with ADLs or therapies (i.e., residential, PCA or home health services).
16. If any participant, regardless of payer source, attending the DH provider's congregate site, or a staff participant working at the DH provider's congregate site, tests positive for COVID-19, the DH provider must notify MassHealth by emailing karen.l.seck@mass.gov and/or danielle.sheehan@mass.gov. In this case, MassHealth may also request the provider's COVID-19 screening plan, isolation and discharge plan, and communication plan.
17. Providers who are directed to shutter their doors for a period of time 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 services to all of their participants for a maximum of three times per week until participants can safely return to the congregate program.
18. DH providers should frequently check the CDC website and the Massachusetts Department of Public Health 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 any questions about the information in this bulletin, please contact the Long Term Services and Supports (LTSS) Provider Service Center.

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