



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**Day Habilitation Program Bulletin 14**  
**January 2021**

**TO:** Day Habilitation Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE: Additional Guidance and Requirements for Day Habilitation 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 day habilitation (DH) providers. The guidance and requirements set forth in this bulletin supersede guidance published in MassHealth Day Habilitation Bulletin 12: *Additional Guidance and Requirements for Reopening Day Habilitation Programs during Phase III*. However, all DH 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 DH services in the congregate setting or remotely.

### **Additional Guidance and Requirements**

1. **Adjusted Staffing Requirements:** Notwithstanding the staffing requirement set forth in the MassHealth DH provider regulations at 130 CMR 419.416 (C) (6), DH providers may use their current average daily onsite census to calculate staffing for the duration of the state of emergency. Providers may determine that additional staff are required to ensure that the Minimum Requirements for Health and Safety are met. DH provider congregate settings, however, must maintain the following minimum staffing: one staff member employed to oversee the daily operations of the program; one registered nurse, who must be onsite for the entire length of time members are present (additional nursing staff may be required if the onsite capacity exceeds 28); and the number of direct care staff to safely deliver DH services at the capacity in which the program is operating.
2. Notwithstanding the requirements set forth in the MassHealth DH provider regulations at 130 CMR 419.431 and 419.432, for the period of the state of emergency declared in the Commonwealth due to COVID-19, DH services do not have to be provided in a congregate setting. During the state of emergency, DH services may be provided in a residential setting and may be community-based rather than site-based.

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3. DH providers may deploy a staff person to a member's residence to assist the member with incidental ADLs and DH services related to the member's Day Habilitation Service Plan (DHSP). DH 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 Day Habilitation Bulletin 13: *Guidance for Day Habilitation (DH) Providers Delivering Multi-model Hybrid Services during the COVID-19 Public Health Emergency* for additional guidance regarding in-person remote service provision.
4. Amended DHSP for remote DH services may be continued until the member returns to receiving DH services in the DH provider's congregate site. When a member returns to receiving DH services at the congregate site, the member's DHSP must be amended within 45 business days of the member's return to in-person DH services.
5. Members not returning to a DH provider's congregate setting may continue to receive remote DH services as follows:
  - a. On a monthly basis, the DH provider must have a conversation with the member to reassess whether the member wants to return to the DH provider's DH program and whether the member wishes to continue receiving remote DH services. Note: This conversation alone does not constitute a remote DH service.
  - b. If the member no longer wants to receive remote DH services but expresses interest in returning to the DH provider's DH program in the future, the DH provider may keep the member on their roster and discontinue remote DH services and the submission of claims. The DH provider must document in the member's record that they have elected to suspend DH services due to the public health emergency. DH providers must outreach to the member once per month to reassess whether the member wants to return to the DH provider's DH program. Note: This outreach does not constitute a remote DH service.
  - c. If the member indicates that they do not want to return to the DH provider's DH program in the future, nor receive remote DH services, the DH provider must proceed with safe discharge planning.
6. During the state of emergency, semiannual reviews are required to be completed by DH program staff involved in the member's DHSPs and must be approved by the DHSM or program director and by the nursing staff. Review by Additional Interdisciplinary Team members (SLP, OT, PT, behavior specialist), however, is waived through the remainder of the state of emergency.
7. Through the end of the state of emergency, service needs assessments (SNA) and clinical assessments (previously known as severity profiles) that expire for existing members, may be completed by DHSMs or program directors. Initial service needs assessments for new admissions, however, must be completed in accordance with 130 CMR 419.417 and involve all interdisciplinary team members (SLP, OT, PT, behavior specialist).
8. DH providers with more than one site location may transfer members to one of their alternate site locations for congregate or remote DH services, if the member, caregiver, and service coordinators are all in agreement and the transfer is clearly documented in the member's record. The documentation must include COVID-19 public health emergency language.

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9. Admissions to DH can occur only if the DH provider is able to conduct the required assessments for the member in-person, either in the congregate setting or in the individual's residence or other mutually agreed-upon location.
10. Members may transfer to a new DH provider for any reason, including the closure of the member's original provider, and receive the service delivery that best aligns with the member's needs. DH providers may utilize their existing SNA and Clinical Assessment (CA) from the site the member transferred from. Once the transferred SNA and CA expire, the first SNA and CA completed by the new DH provider must be done in-person by the professional IDT members (OT, PT, SLP, behavior specialist). If the member is entirely new to DH, all required assessments must be completed by the new DH provider, in accordance with MassHealth regulations and guidance. Assessments must be completed in person in the congregate setting, in the participant's residence, or at some other mutually agreed-upon location.
12. If a member has been discharged from their DH program during the state of emergency and later expresses interest in returning to their DH provider's DH program, the DH provider must complete the admission process. Original admissions documentation from their referring entities may be used (419.407 (A)(2)). A complete Service Needs Assessment and Clinical Assessment (previously known as Severity Profile) must be completed by the DH provider's IDT to determine if there has been any change in the member's need level.
13. If a member splits their day between DH and a DDS-funded service, the DH provider must submit DH billing, using the 15-minute unit codes to accurately reflect the duration of time for the delivered MassHealth service.
14. If any DH participant, regardless of payer source, attending the DH provider's congregate site tests positive for Covid-19, the DH 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 DH provider's congregate site tests positive for COVID-19, the DH 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 a DH 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](mailto:Karen.L.Seck@mass.gov) and Danielle Sheehan at [Danielle.Sheehan@mass.gov](mailto:Danielle.Sheehan@mass.gov) if the program has been instructed to or chosen to temporarily suspend onsite services due to COVID19.

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**(B) Regular, Ongoing Reporting**

Submit **weekly** [Day Habilitation 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 11:59PM and are required of all programs.

15. DH Providers who are directed to close their congregate site for a specific amount of days due to an exposure or outbreak of COVID-19 within their program/facility, or who are issued directives to close their DH program's congregate setting due to an uptick in community infection, are able to continue to provide remote DH services to all of the members attending their DH program for a maximum of five services per week until the members can safely return to the congregate program.
16. DH Providers who temporarily suspend onsite DH services in their congregate setting must notify MassHealth before the suspension of services by emailing [Karen.L.Seck@mass.gov](mailto:Karen.L.Seck@mass.gov) or [Danielle.Sheehan@mass.gov](mailto: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, a DH provider may temporarily suspend onsite services. After January 4, 2021, DH providers may suspend their onsite services due to cautionary reasons only for a period of 14 days, following the notification requirements listed above.
17. DH 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 any questions about the information in this bulletin, please contact the Long Term Services and Supports (LTSS) Provider Service Center.

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