Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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MassHealth
Day Habilitation Program Bulletin 18
September 2021

TO: Day Habilitation Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

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

Background

This bulletin consolidates and restates, with relevance to Day Habilitation (DH) 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 DH policies through the federal COVID-19 public health emergency.

This bulletin supersedes all information outlined in Day Habilitation Bulletin 13: *Guidance for Day Habilitation Providers Delivering Multi-Model Hybrid Services during the COVID-19 Public Health Emergency*.

Restated Telehealth Policy

MassHealth is not imposing specific requirements for technologies used to deliver DH services via telehealth and will allow reimbursement for MassHealth-covered DH services delivered through telehealth, as long as such services are medically necessary, 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 congregate 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, they 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 the delivery of the service. Remote services are not acceptable for members outside of 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 are direct interactions with the member or the member's caregiver, provided via telephone, video conferencing, or in-person (i.e., in an in-home setting, not in the congregate program setting) to assist in maintaining the highest level of functioning and safety for the member as they remain in their home or residential setting. Remote services for DH are a service that is typically provided in the congregate setting, with specific objectives and goals for the member but performed via telehealth, in-person outside of the congregate site, or video interaction.

2. Remote/telehealth services, as well as any in-person services provided in an in-home setting, are planned engagements for the members. The member and the DH provider must agree on a schedule of services to be delivered to the member on a weekly basis.

3. Clearly delineated day habilitation 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 day habilitation services provided by eligible providers through remote/telehealth or in-person services, where:
   a. services align with the member's individualized Day Habilitation Service Plan (DHSP), including the member's "return to program" plan, 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 a DH 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 DH reimbursement, a provider must deliver services that fall into one of the following three categories:

- **Center-Based Services —** Traditional day program services provided in a congregate-care 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 telephone conference call that allow for each member to participate to the extent they are able, as well as work on DHSP goals and objectives.

  Doorstop Remote Services —Providing activity supplies, interaction 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 congregate setting.

- **In-Home Services** — Intended to serve as "eyes on" for those 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 services 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 (DHSP). Documentation must indicate that the visit was completed remotely or in-home due to COVID-19 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 DH 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.

DH 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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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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