



**MassHealth**  
**Day Habilitation Program Bulletin 21**  
**January 2022**

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

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth

**RE: Continuation of Hybrid Service Delivery for Day Habilitation Providers throughout the Remainder of the Federal Public Health Emergency**

## **Background**

Through All Provider Bulletins 289, 291, 294, 298, 303, 314 and 327, and in response to the 2019 novel coronavirus (COVID-19) outbreak, MassHealth introduced a telehealth policy that, among other things, permits qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video). MassHealth is extending the flexibilities of telehealth service and the referenced telehealth policy for the duration of the federal public health emergency due to COVID-19.

The purpose of this bulletin is to consolidate and restate, with relevance to day habilitation (DH) services, MassHealth's telehealth policy (as reflected in All Provider Bulletins 289, 291, 294, 303, 314 and 327), as well as policies for services provided in an in-home setting, and to extend these policies through the federal COVID-19 public health emergency.

This bulletin supersedes all information outlined in Day Habilitation Program Bulletin 18: *COVID-19 Guidance for Hybrid Services throughout the Federal Public Health Emergency*.

## **Restated Telehealth Policy**

MassHealth has outlined 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 (i.e., in-person, site-based 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.

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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 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 DH 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;
  - b. services provided remotely mirror services provided during site-based services; and
  - c. all remote services must be a direct interaction with the member unless the member is unable to interact due to functional limitations and the individual speaking on their behalf is acting as their proxy.
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 are limited to two times per week. Only one service may be delivered to a member per day. Each one-to-one telephonic service provision must be a minimum of 15 minutes in length.
6. Members who are attending site-based services may not receive one-to-one telephonic services. All other remote services, e.g., 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 center/site-based services 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 categories:

- **Center-Based Services.** These are traditional day program services provided in a congregate-care day program setting.
- **Group Video/Telephonic Services or One-to-One Video Service.** Staff provide skilled services and monitoring, such as working on specific health-related or DHSP goals, diet education, medication monitoring, coordinated care efforts, and clinical interventions. Additional services include scheduled, direct, and interactive group activities held on a web-based video platform or a telephone group conference call that allows for each member to participate to the extent that they are able, as well as work on habilitative or preventive goals.
- **One-to-One Telephonic Services (limited to fully remote members; limited to two times per week).** Staff provide skilled services and assessments to continue to identify any necessary health and safety measures, specifically for those members who lack informal supports in the home. One-to-one telephonic services can provide the appropriate clinical interactions with the member including those interactions needed for the completion of documentation requirements at 130 CMR 419.416(B) and 130 CMR 419.419(C). Appropriate one-to-one telephonic services include the following types of services:
  - a) nursing oversight to follow up on any medical types of issues and assessments;
  - b) Occupational Therapy, Physical Therapy, Speech & Language Pathology, or Behavioral Specialist interventions and assessments;
  - c) direct engagement with the member to work on individualized DHSP goals or objectives; and
  - d) individualized activity of engagement with member as if the member was attending a group service/programming in the center, i.e., completing an activity/curriculum with the member that was designed as part of the DH's daily programming.

Note that one-to-one telephonic services are not unscheduled telephone calls to check in on a member. These are scheduled and planned to provide specific services to a member who may not have access to other remote service options.

- **Remote Services Outside a Member's Home or Doorstep.** Delivery of activity supplies and interacting with members, checking on overall well-being, and providing health education. Can also include staff working directly with the member on DHSP goals and objectives.
- **In-Home Services.** Services intended to serve as "eyes on" for those members who have been receiving remote services, recognizing that the way a member 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

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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 inside a member's home regardless of member's vaccination status.

### **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
- Arrangement of 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 the length of time to provide the service. Documentation must also 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 MassHealth or its designee upon request.

DH providers must continue to 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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## **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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