*Commonwealth of Massachusetts*
*Executive Office of Health and Human Services*
*Office of Medicaid*
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**MassHealth**
**Day Habilitation Program Bulletin 22**
**January 2022**

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

**FROM**: Amanda Cassel Kraft, Assistant Secretary for MassHealth [signature]

**RE**: **COVID-19 Guidance and Requirements for Day Habilitation Programs throughout the Remainder of the Federal Public Health Emergency**

## Background

Due to the continued risks of COVID-19 for MassHealth members seeking or receiving Day Habilitation (DH) services, MassHealth is extending existing COVID-19 guidance for DH programs until the end of the federal COVID-19 public health emergency. The guidance and requirements in this bulletin supersede guidance in Day Habilitation Program Bulletin 20: *COVID-19 Guidance and Requirements for Day Habilitation Programs through the Remainder of the Federal Public Health Emergency*. All DH providers **must continue** to adhere to the requirements set forth in the EOHHS guidance for community day programs: EOHHS COVID-19 Guidance for Day Programs, issued August 4, 2021.

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 federal public health 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 nurse per 130 CMR 419.416 (C)(4); 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 federal public health emergency, DH services do not have to be provided in a congregate setting. During this period, DH services may be provided in a residential setting and may be community-based rather than site-based.

3. DH providers may deploy a staff person to a member's residence to assist the member with incidental activities of daily living (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 Day Habilitation Program Bulletin 21: *Continuation of Hybrid Service Delivery for Day Habilitation Providers throughout the Remainder of the Federal Public Health Emergency* for additional guidance regarding in-person remote service provision.

4. An 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. Traditional DH services are provided as site-based services in the program setting. DH providers must engage in transitioning members to traditional DH by the end of the federal public health emergency. Members who remain reluctant to return or for whom the DH provider is unable to accommodate the member with site-based services due to staffing shortages, transportation limitations, etc., may continue to receive remote DH services through the end of the federal public health emergency only as follows:

   a. The DH provider must develop a *return to program plan* for members receiving only remote services. This plan must be reviewed with the member at a minimum of one time per month. The return to program plan may be incorporated into the member's existing DHSP or be a separate document. The return to program plan must be kept part of the member's permanent record and be available to MassHealth upon request. This plan must set a return to program date and a plan to meet that date. The plan should be updated accordingly to denote any changes in the member's status to return.
   b. When providers are discussing the return to program plan with participants, risks and benefits of returning to site-based services must be incorporated into the conversations. The Risk/Benefit tool, however, is no longer required for members returning to the site-based services.
   c. If the member indicates that they do not want to return to continue to receive DH services, either remotely or at provider's day program, the DH provider must proceed with safe discharge planning, ensuring that necessary services are aligned to meet the member's needs.

6. Through the end of the federal public health emergency, semiannual reviews are required to be completed by DH program staff involved in the member's DHSP and must be approved by the Day Habilitation Service Manager (DHSM) or program director and by the nursing staff. Review by additional interdisciplinary team (IDT) members (SLP, OT, PT, behavior specialist), however, is waived through the remainder of the federal public health emergency.

7. Through the remainder of the federal public health emergency, service needs assessments 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 IDT members.

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 federal public health emergency language.

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. Notwithstanding the requirements set forth in the MassHealth DH provider regulations at 130 CMR 419.407(A)(2)(a), for the period of the federal public health emergency, new admissions to DH can occur with a copy of their most recent annual physical exam along with documentation from an office or telehealth visit to their PCP within the last year.

11. A member may attend an alternate DH program for any reason, including the closure of the member's original provider, to receive the service delivery that best aligns with the member's needs. DH providers may utilize the existing service needs assessment (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 federal public health 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 (130 CMR 419.407 (A)(2)). A complete SNA and CA (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. Regardless of payer source, if any DH participant attending the DH provider's congregate site tests positive for COVID-19, the DH provider must submit a report to MassHealth in the format requested by MassHealth. 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 format requested by MassHealth. In either case, MassHealth may request the provider's COVID-19 screening plan, isolation and discharge plan, and communication plan.

    **Immediate Reporting Required**: If a DH provider is informed that a staff member, participant, or vendor tests positive for COVID-19, the provider must immediately, within 24 hours, complete the following four steps.

    1) Inform the Local Board of Health (LBOH) and work with them to develop appropriate communication messages.
    2) Inform employees and participants and caregiver/guardians of the confirmed case in a manner that protects the affected individual's confidentiality.
    3) Call the DPH Epidemiology Line at (617) 983-6800 if needed, allowing providers to receive appropriate infection control guidance.
    4) Inform MassHealth by submitting the online form: Adult Day Health Positive COVID-19 Reporting Form.

15. 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.

Sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## 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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