

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

Transmittal Letter DH-32

RE:	Day Habilitation Manual (Revised Regulations)
FROM:	Leslie Darcy, Chief, Long-Term Services and Supports
TO:	Day Habilitation Providers Participating in MassHealth
DATE:	May 2024

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Summary

MassHealth has revised its regulations at 130 CMR 419.000: *Day Habilitation Center Services* to correct the title in a heading and to correct a citation. These regulations are effective May 10, 2024.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at <u>www.mass.gov/masshealth-transmittal-letters</u>. <u>Sign up</u> to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

Questions

If you have questions about the information in this transmittal letter, please

- Contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or
- Email your inquiry to <u>provider@masshealthquestions.com</u>.

New Material

The pages listed here contain new or revised language.

Day Habilitation Manual

Pages iv, 4-9, and 4-10

Obsolete Material

The pages listed here are no longer in effect.

Day Habilitation Manual

Pages iv, 4-9, and 4-10 — transmitted by Transmittal Letter DH-31

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(D) Notice of Determination of Prior Authorization.

<u>Notice of Approval</u>. If the MassHealth agency or its designee approves a request for prior authorization, it will send written notice to the member and the DH provider.
<u>Notice of Denial or Service Modification</u>. If the MassHealth agency or its designee denies, or modifies, a request for prior authorization of DH, the MassHealth agency or its designee will notify both the member and the DH provider. The notice will state the reason for the denial or service modification and contain information about the member's right to appeal and the appeal procedure.

(3) <u>Right of Appeal</u>. A member may appeal a service denial or modification by requesting a fair hearing in accordance with 130 CMR 610.000: *MassHealth: Fair Hearing Rules*.

(E) <u>Review</u>. The MassHealth agency, or its designee, may at any time review the medical necessity of the provision of DH and DH ISS to MassHealth members, including, but not limited to, instances in which there has been a significant change in the member's status as defined in 130 CMR 419.402.

419.408: Quality Management

DH providers must participate in any quality management and program integrity processes established by the MassHealth agency including making any necessary data available and access to visit the provider's place of business upon request by the MassHealth agency or its designee.

419.409: Conditions of Payment

(A) The MassHealth agency pays for DH in accordance with the applicable payment methodology and rate schedule established by EOHHS, including supplemental staffing for those who reside in an NF and attend a community-based DH and for DH provided in NFs. Rates of payment for DH do not cover or include any room and board.

(B) Payment for services is subject to the conditions, exclusions, and limitations set forth in 130 CMR 419.000 and 130 CMR 450.000: *Administrative and Billing Regulations*.

(C) The MassHealth agency pays a DH provider for DH only if

(1) the member receiving DH is eligible under 130 CMR 419.403;

(2) the member meets the clinical eligibility criteria for DH in accordance with 130 CMR 419.406;

(3) the DH provider has obtained prior authorization for DH and DH ISS, if applicable, in accordance with 130 CMR 419.407;

(4) the DH provider is not billing for days that are non-covered under 130 CMR 419.431;

(5) the DH provider bills at the payment level authorized by the MassHealth agency or its designee; and

(6) for members who reside in an NF, the member's Level II PASRR conducted by DDS determines that the member requires specialized services.

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(D) <u>Transition between Two DH Providers</u>. If a member changes from one DH provider to another DH provider, a new SNA and DH Leveling Tool is required and the new DH provider must obtain a new PA, and for DH ISS if applicable. The previous DH provider must discharge the member from its DH program before the new DH provider may bill the MassHealth agency for DH. The MassHealth agency will pay only one DH provider per day for the provision of DH to a member.

(E) Every two years or upon significant change, the DH provider must review each member in its care to ensure that the clinical eligibility criteria for DH continues to be met. A DH provider may not bill and the MassHealth agency will not pay for any member who does not meet the clinical criteria for DH.

(F) The MassHealth agency's payment to a DH provider ends on the date on which a member no longer meets the clinical criteria for DH described in 130 CMR 419.406 or is no longer receiving DH, whichever comes first.

(G) <u>Day Habilitation Individualized Staffing Supports</u>. DH ISS will only be paid to the provider if there is a valid PA on file.

(H) The MassHealth agency pays for DH provided by a participating DH in an NF where the member resides if the conditions of 130 CMR 419.409 and 130 CMR 419.433 are met.

(I) The MassHealth agency pays for DH delivered at an approved site and census.

419.410: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

The MassHealth agency pays for all medically necessary day habilitation services for EPSDT-eligible members in accordance with 130 CMR 450.140: *Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services: Introduction*, without regard to service limitations described in 130 CMR 419.000, and with prior authorization.

419.411: Transportation Services

(A) <u>Transportation Service</u>. Transportation service provides for transporting members from the member's home to the DH provider (for the provision of DH services) or from the DH provider to the member's home, including assisting the member while entering and exiting the vehicle, as appropriate. For the purposes of this section, a home includes any residential service locations, as well as private dwellings.

(B) <u>Provision of Transportation</u>.

(1) DH providers may provide transportation service as defined at 130 CMR 419.411(A) either directly or through a subcontractor.

(2) The transportation plan must be documented in the member's record.

(C) <u>Rates of Payment</u>. The MassHealth agency pays DH providers for transportation in accordance with the applicable payment methodology and rate schedule established by EOHHS.