



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

MassHealth
HCBS Waiver Provider Bulletin 23
October 2023

TO: Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) Waiver Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth *Mike Levine*

RE: **Guidance for Home- and Community-based Services (HCBS) Waiver Providers Related to the Expiration of the Federal Public Health Emergency**

Background

MassHealth put in place many flexibilities during the federal Public Health Emergency (PHE) relating to COVID-19. The federal PHE ended on May 11, 2023.

Massachusetts' federally approved *Appendix K: Emergency Preparedness and Response and COVID-19 Addendum* (Appendix K) ends six months after the expiration of the PHE, meaning that the flexibilities allowed under Appendix K will expire at the end of the day on November 11, 2023.

Telehealth Policy

Providers should familiarize themselves with All Provider Bulletin 374, which establishes MassHealth's agency-wide rules for reimbursement of services provided via telehealth, applicable to all MassHealth programs as of October 1, 2023. Providers should ensure the same rights of confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.

The following ABI and MFP Waiver services can no longer be provided via telehealth upon expiration of the Appendix K:

- Community-based Day Supports
- Home Accessibility Adaptations
- Home Health Aide
- Homemaker
- Orientation and Mobility Services
- Personal Care
- Physical Therapy, Occupational Therapy, and Skilled Nursing
- Specialized Medical Equipment
- Supportive Home Care Aide
- Vehicle Modifications

The following ABI and MFP Waiver services may continue to be provided via telehealth:

- Adult Companion
- Assistive Technology (evaluation and training component)
- Community Behavioral Health Support and Navigation
- Day Services (primarily delivered in person; telehealth may be used to supplement the scheduled in-person services)

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- Community Family Training
- Individual Support and Community Habilitation
- Peer Support
- Residential Family Training
- Speech Therapy
- Prevocational Services
- Supported Employment
- Transitional Assistance Services

Billing and Payment Rates for Services Delivered via Telehealth

Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations. To submit a claim for telehealth services, providers must include the POS code 02 on the claim. Telehealth services may be billed only for the day they were provided. Any services provided, via telehealth or in-person, must be authorized in the waiver plan of care. A waiver participant's in-person and remote service days must not exceed what is authorized in the waiver participant's waiver plan of care. Following the delivery of a service, providers may submit claims monthly or more frequently throughout the month.

Documentation of Service Delivery

All telehealth and in-person service delivery must be clearly documented in the member's record. The member's record must indicate whether the visit was completed in-person, via telephone, or via video-conferencing and/or other electronic modality; note any limitations of the visit; and include a plan to follow up any medically necessary components deferred due to those limitations.

MassHealth Website

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Questions

If you have any questions about the information in this bulletin, please contact the HCBS Provider Network Administration Unit.

Phone: Toll free (855) 300-7058

Email: ProviderNetwork@umassmed.edu

The HCBS Provider Network Administration Unit at ForHealth Consulting at UMass Chan Medical School is open 9 a.m. to 5 p.m. ET, Monday through Friday, excluding holidays.

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