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

MassHealth
HCBS Waiver Provider Bulletin 4
September 2020

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

FROM: Amanda Cassel Kraft, Acting Medicaid Director

RE: Guidance for Home and Community-Based Services (HCBS) Waiver Providers Delivering Telehealth/Remote Services During the COVID-19 Public Health Emergency

Background

Through All Provider Bulletins 289, 291, 294, and 298 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). By the terms of those bulletins, the referenced telehealth policy remains effective for the duration of the Governor's March 10, 2020, Declaration of a State of Emergency within the Commonwealth due to COVID-19.

Massachusetts' federally approved Appendix K: Emergency Preparedness and Response and COVID-19 Addendum (Appendix K), as well as prior subregulatory guidance issued by MassHealth, further reflect MassHealth's current telehealth policy specific to HCBS Waiver services. The purpose of this bulletin is to consolidate and restate MassHealth's current telehealth policy for HCBS Waiver services (as reflected in All Provider Bulletins 289, 291, and 294, Appendix K, and prior subregulatory guidance), and extend that policy through February 28, 2021, consistent with Appendix K.

Restated Telehealth Policy

MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth covered services delivered through telehealth, so 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.

The following ABI and MFP Waiver services may be provided via telehealth, consistent with Appendix K:

- Adult Companion
- Assistive Technology (assessments, training)
- Community-Based Day Supports (facilitation of online or telephonic community integration/socialization activities)
- Community Support and Navigation
- Day Services
- Family Training
- Home Accessibility Adaptations (consultations, walk-throughs, planning)
- Home Health Aide (limited to cueing and supervision)
- Homemaker (facilitating online grocery orders, guidance/supervision for in-home tasks)
- Individual Support and Community Habilitation (habilitation, facilitating access to services)
- Orientation and Mobility Services (orientation to and training for accessing services during COVID-19 emergency)
- Peer Support
- Personal Care (limited to cueing and supervision)
- Physical Therapy, Occupational Therapy, and Speech Therapy
- Prevocational Services
- Skilled Nursing (where, based on clinical judgement of the nurse, the task can be effectively performed using telehealth)
- Specialized Medical Equipment (assessment and training)
- Supported Employment (facilitating remote work)
- Supportive Home Care Aide (limited to cueing and supervision)
- Transitional Assistance (planning, exploratory discussions, online shopping)
- Vehicle Modifications (consultations, planning)

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. All providers must include place of service (POS) code 02 when submitting a claim for services delivered via telehealth.

Services delivered via telehealth may be billed only for the day on which the service was delivered. Services, whether delivered 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.

Providers may submit claims either on a monthly basis or more frequently throughout the month after the service is delivered.

Telehealth and Remote Service Requirements

1. Telehealth/remote services are provided via telephone or video conferencing to assist in maintaining the highest level of functioning and safety for the member as they remain in their home or residential setting.

2. Telehealth/remote services are planned engagements with remote schedules for the participants. Participants and programs must agree on a schedule of services to be delivered to the member as outlined in the waiver plan of care.

3. Day services providers may deliver telehealth/remote services, when the following conditions are met.

    a. Remote services are provided to members only if the provider's day program site is open and in operation within 30 days of the publication of this bulletin. However, if no members wish to return in person, the provider may continue to deliver remote services if the provider has a comprehensive plan to reopen its day program site, which must be furnished to MassHealth upon request.
    b. Services align with the member's service need area or service plan and support the goals outlined in the waiver plan of care
    c. Follow-up from telehealth interaction with the member provides necessary interventions to maintain safety in the home.
    d. Remote services may only be provided on days on which a member does not attend programming in person.
    e. In-home services may not duplicate other in-home or residential services that the member already receives.
    f. Remote services can be delivered and billed only in accordance with the waiver plan of care.

Qualifying Telehealth and Remote Day Services Requirements

To be eligible for reimbursement for day services delivered via telehealth, a provider must deliver at least two of the following activities in a given remote engagement:

- Coordinate care and activities of daily living (ADLs), as well as instrumental activities of daily living (IADLs) for individuals without formal supports at home or those with changing service needs;
- Conduct mental and emotional wellness checks and supports;
- Employ interventions to promote individual orientation of person, place, and time;
- Monitor and encourage progress toward individuals' goals;
- Evaluate service need areas, such as self-help, sensory motor skills, communication, independent living, affective development, social and behavior development, and wellness;
- Provide caregiver support, especially for informal caregivers supporting the individual and caregivers supporting members with dementia, as well as supply positive behavior support strategies;
- Identify and address any declining health conditions;

- Identify and address any nutritional needs or deficiencies;
- Provide members and their families with language and interpretation supports;
- Host scheduled and structured video group activities led by a staff person with a specific objective or goal for participants;
- Provide individual or group support focused on the acquisition, retention, or improvement in self-help, socialization, and adaptive skills;
- Provide support for development of compensatory cognitive and other strategies; and
- Host scheduled and structured video group activities to promote health and wellness or provide health and wellness education.

Documentation of Telehealth and Remote Services

All telehealth/remote/in-person service delivery must be clearly documented in the member's record. Documentation of telehealth must indicate that the visit was completed via telehealth due to COVID-19, 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 Disability and Community Services HCBS Provider Network Administration Unit.

Contact Information for Disability and Community Services HCBS Provider Network Administration Unit

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The University of Massachusetts Medical School Disability and Community Services HCBS Provider Network Administration Unit is open 9 a.m. to 5 p.m. ET Monday through Friday, excluding holidays.