



**MassHealth**  
**Home Health Agency Bulletin 54**  
**June 2019**

**TO:** Home Health Agencies Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary for MassHealth  
**RE:** Revisions to MassHealth Coverage of Home Health Aide Services

### **Introduction**

This bulletin communicates a change to MassHealth's coverage of home health aide services. A MassHealth member may receive home health aide services for hands-on assistance with activities of daily living (ADL) without the need for a concurrent home health skilled nursing or therapy service. This bulletin also addresses prior authorization and billing processes impacted by this service change.

While this revision extends the circumstances in which MassHealth members may receive home health aide services for 90-day prior authorization periods, other services remain available to meet the needs of members who require assistance with ADLs with one-year prior authorization periods. Such services include Adult Foster Care (AFC), Personal Care Attendant (PCA) services, or services available through a MassHealth Home and Community-based Services waiver (HCBS waiver). Please review page 5 of this bulletin for a more detailed outline of ADL assistance available through these other MassHealth programs.

This home health service change is **effective July 1, 2019**, and is in accordance with 42 CFR 440.70(B)(2).

Pursuant to this change, a member may receive medically necessary home health aide services without having a concurrent skilled nursing or therapy need when the member requires hands-on assistance throughout the task or until completion with at least 2 activities of daily living (ADLs). Assistance with ADLs provided by a home health aide is defined as activities related to personal care, specifically the following: bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating. Home health aide services for assistance with ADLs may be approved for periods of up to 90 calendar days, and as described below.

All other MassHealth conditions of payment and medical necessity criteria for MassHealth coverage of home health aide services remain the same. Conditions of payment and changes to the prior authorization (PA) process for home health aide services are described below.

## **MassHealth Conditions of Payment for Home Health Aide Services**

MassHealth pays for medically necessary home health aide services when the following conditions are met:

1. home health aide services are medically necessary and
  - a. are provided pursuant to skilled nursing or therapy services; and/or
  - b. provide hands-on assistance throughout the task or until completion, with at least 2 activities of daily living (ADLs) defined as: bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.
2. the frequency and duration of the home health aide services must be ordered by the physician and must be included in the plan of care for the member;
3. the services are medically necessary to provide personal care to the member, to maintain the member's health, or to facilitate treatment of the member's injury or illness;
4. PA, where applicable, has been obtained as described below; and
5. the home health aide is supervised by a registered nurse or therapist, as applicable.
  - a. For members receiving home health aide services pursuant to a skilled nursing or therapy need, the home health aide is supervised by a registered nurse or therapist for skilled nursing services or therapy services, respectively, employed or contracted by the same home health agency as the home health aide. In the event that the home health agency contracts for, rather than directly employs, home health aides, such aides must be supervised in accordance with 42 CFR 484.80(h).
  - b. For members who are receiving home health aide services not pursuant to a skilled nursing or therapy need, a registered nurse must make an on-site visit no less frequently than every 60 days in order to observe and assess each home health aide while he or she is performing care, in accordance with 42 CFR 484.80(h)(iii)(2).

Please note that MassHealth does not pay for homemaker, respite, or chore services. See 130 CMR 403.416(C). When a home health aide visits a member to provide a health-related service, the home health aide may also perform some incidental services that do not meet the definition of a home health aide service (for example, light cleaning, preparing a meal, removing trash). However, the purpose of a home health aide visit must not be to provide these incidental services, since they are not health-related services.

MassHealth pays for home health aide services only on an intermittent or part-time basis unless there is an applicable exception to this requirement. See 130 CMR 403.424. As provided under 130 CMR 403.424(A) “[s]ervices are intermittent if up to eight hours per day of medically necessary nursing visits and home health aide services, combined, are provided seven days per calendar week for temporary periods of up to 30 days” and

## **MassHealth Conditions of Payment for Home Health Aide Services**

“[s]ervices are part time if the combination of medically necessary nursing visits and home health aide services does not exceed 35 hours per calendar week, and those services are provided on a less-than-daily basis.”

## **Prior Authorization (PA) of Home Health Aide Services for Assistance with ADLs**

PA of home health aide services for hands-on assistance with ADLs is required prior to the initiation of home health aide services when the member is not receiving concurrent skilled nursing or therapy services from the home health provider. Home health agencies may request an expedited PA if the member meets medical necessity for an expedited request. Expedited PA requests will be adjudicated within 72 hours of receipt.

Home health agencies will be required to submit a prior authorization request through the LTSS Provider Portal. In addition, the following documentation must be submitted with all PA requests for home health aide services for hands-on assistance with ADLs:

### For members new to home health services

1. Completed LTSS Provider Portal PA request
2. Documentation of the physician's verbal order
3. The initial assessment visit note conducted by a RN or therapist including a list of home health aide tasks that the member needs
4. For members age 21 and older and all members enrolled in an HCBS waiver:  
Completed Member Connection Form with proof of delivery
5. Member-specific discharge plans (may be included in the initial assessment visit note)

### For members receiving home health aide services with nursing/therapy who are switching to only home health aide services for hands-on assistance with ADLs

1. Completed LTSS Provider Portal PA request
2. Signed plan of care
3. For members age 21 and older and all members enrolled in an HCBS waiver:  
Completed Member Connection Form with proof of delivery (see below)
4. Member-specific discharge plans reviewed and updated as applicable
5. One week of home health aide visit notes and one week of nursing/therapy notes (if applicable)
6. Home health aide services plan of care created by the aide's supervising RN

## **Prior Authorization (PA) of Home Health Aide Services for Assistance with ADLs**

### **For members requiring a renewal to the authorization of home health aide services for hands-on assistance with ADLs**

1. Completed LTSS Provider Portal PA request
2. Signed Plan of Care
3. Member-specific discharge plans reviewed and updated as applicable
4. One week of home health aide notes
5. The most recent RN visit note
6. Home health aide services plan of care created by the aide's supervising RN

Members may be authorized to receive home health aide services for hands-on assistance with ADLs for periods of up to 90 calendar days. Home health agencies are expected to begin discharge planning during the initial assessment visit of the member.

In subsequent PA requests when a member's medical necessity continues to require home health aide services for hands-on assistance with ADLs, home health agencies must review and update the member's discharge plans, as applicable. MassHealth will not adjudicate any subsequent PA requests without submission of an updated discharge plan.

PA requirements for home health aide services provided concurrently with skilled nursing or home health therapy services will continue to follow the home health agency provider regulations at 130 CMR 403.000: *Home Health Agency Services*.

### **Member Connection Form (for members enrolled in an HCBS waiver and for all members age 21 and older)**

Home health agencies must complete and submit a Member Connection Form for members enrolled in an HCBS waiver and for all members age 21 and older. The Member Connection Form is required to be submitted upon initial intake or when such members have been receiving skilled nursing/therapy services but are switching to only home health aide services for hands-on assistance with ADLs.

To determine whether a member is currently enrolled in an HCBS waiver, home health agencies must check the Eligibility Verification System (EVS). If the home health agency determines that the member is currently enrolled in an HCBS waiver, the home health agency must send the Member Connection Form to the appropriate state entity that manages the member's HCBS waiver services, as indicated on the Member Connection Form. The home health agency must then communicate and coordinate with the member's waiver program before submitting prior authorization to MassHealth, to ensure coordination with the member's existing care plan.

If the member is not enrolled in an HCBS waiver, but is age 21 or older, the Member Connection form should be submitted to the member's local ASAP for MassHealth Options Counseling.

## **Billing for Home Health Aide Services for Assistance with ADLs**

Effective July 1, 2019, home health agencies will be required to use the following procedure code and modifier to bill for home health aide services for assistance with ADLs provided when the member is not receiving concurrent home health skilled nursing or therapy services:

G0156 UD: Services of home health aide in the home health setting (ADL support) (15 minute units) (PA required prior to start of care)

The new procedure code and modifier for home health aide services for assistance with ADLs will be reimbursed at the same rate as home health aide services provided concurrently with skilled nursing or home health therapy services.

In addition, home health agencies will be required to use the following procedure code to bill for a RN assessment visit every 60 days provided to any member utilizing home health aide services for hands-on ADL support:

G0493: Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition (PA required prior to start of care)

Home health agencies may not bill for other home health services during the same time period that a member is receiving home health aide services for hands-on ADL support.

## **Additional MassHealth Services that Provide ADL Supports**

MassHealth offers a number of services that provide assistance with ADLs. These include

- Personal Care Attendant (PCA) Program
- Adult Foster Care (AFC)
- Adult Day Health (ADH)

MassHealth also offers personal care services through many of its HCBS Waivers.

Through use of the Member Connection Form, home health agencies are expected to assist members age 21 or older, who are not enrolled in an HCBS waiver, in learning about their care options by submitting the Member Connection Form to the member's local ASAP, which can provide options counseling.

## **EPSDT and Home Health Aide Services**

The MassHealth agency pays for all medically necessary home health agency services, including home health aide services, for EPSDT-eligible members in accordance *with 130 CMR 450.140: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services: Introduction*, without regard to service limitations, and with prior authorization.

## **MassHealth Website**

This bulletin is available on the MassHealth website at [www.mass.gov/masshealth-provider-bulletins](http://www.mass.gov/masshealth-provider-bulletins).

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

## **Questions**

The MassHealth LTSS Provider Service Center is open, 8 am to 6 pm ET, Monday through Friday, excluding holidays. LTSS Providers should direct their questions about this letter or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

| <b>Method</b>               | <b>Contact Information for MassHealth LTSS Provider Service Center</b>  |
|-----------------------------|---|
| <b>Phone</b>                | Toll-free <b>1-844-368-5184</b>   |
| <b>Email</b>                | <a href="mailto:support@masshealthtss.com">support@masshealthtss.com</a>  |
| <b>Portal</b>               | MassHealthLTSS.com  |
| <b>Mail</b>                 | MassHealth LTSS<br>PO Box 159108<br>Boston, MA 02215  |
| <b>Fax</b>                  | <b>1-888-832-3006</b>   |
| <b>LTSS Provider Portal</b> | Trainings, general Information, and future enhancements will be available at <a href="http://www.MassHealthLTSS.com">www.MassHealthLTSS.com</a> . |