




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

MassHealth
Home Health Agency Bulletin 64
March 2021

TO: Home Health Agencies Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: **COVID-19 Related Administrative Flexibilities for Home Health Providers-Extension**

Introduction

In light of the March 10, 2020, Declaration of State of Emergency within the Commonwealth due to the 2019 novel coronavirus (COVID-19) outbreak, MassHealth authorized certain COVID-19 related administrative flexibilities to long-term services and supports (LTSS) providers. These flexibilities were communicated in a guidance document titled [MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 \(COVID-19\)](#) (hereinafter referred to as the 'MassHealth COVID-19 LTSS Flexibilities document'). MassHealth subsequently replaced this guidance with Home Health Agency (HHA) Bulletin 61.

The purpose of this bulletin, which supersedes HHA Bulletin 61, is to update MassHealth's COVID-19 related flexibilities for providers of MassHealth-covered home health services, and with the goal of helping to ensure members retain access to appropriate home health services, promote social distancing, and mitigate the spread of COVID-19. The guidance in this bulletin replaces all previously issued guidance for MassHealth home health providers described HHA Bulletin 61 and in the MassHealth COVID-19 LTSS Flexibilities document.

This bulletin applies to members receiving home health services on a fee-for-service basis, including members enrolled in the Primary Care Clinician (PCC) plan who are receiving MassHealth-covered home health services.

This bulletin describes COVID-19 related flexibilities for MassHealth providers of home health services with the following effective periods.

- a. Flexibilities effective until the end of the federal Public Health Emergency (PHE); and,
- b. Flexibility with no end date.

Flexibilities Effective Until the End of the Federal PHE

Timeframe to Acquire Signatures on Plans of Care

Through the end of the federally declared PHE, home health agency providers have additional time to obtain a member's signed plan of care. The home health agency may obtain the signed plan of care either before the first claims submission or within 90 days from the first claims submission as

long as the requirements outlined in 130 CMR 403.420 are met. This effectively extends the physician signature or allowable non-physician signature from 45 days to 90 days.

Prior Authorization Extensions

Through the end of the federally declared PHE, home health agency providers may request a continuation of an existing prior authorization (PA). The provider must email an extension request to support@masshealthtss.com prior to the end date of the existing PA. Such extension requests must have "COVID-19" in the comments field and should provide justification for continuing home health services. Extension requests may be approved for periods up to 30 days. No more than three extension requests will be approved. A new PA will be required after the three extension requests have been used. All approved extensions will be based off the member's most recently authorized frequency for home health services. To increase the frequency of services, providers must file a new request for PA. PA extensions will not be approved for requests to increase the frequency of services.

Availability of Caregivers

Through the end of the federally declared PHE, if a home health agency determines a family member or primary caregiver who is providing care to a member pursuant to 130 CMR 403.409(D), is unable to continue to provide care due to COVID-19, the home health agency may request from MassHealth additional home health and/or continuous skilled nursing (CSN) services, as applicable, to ensure the member's medical needs continue to be met. These additional home health services and/or CSN services may be authorized for periods of up to 90 days.

Home Health Aide Supervision

Through the end of the federally declared PHE, MassHealth is waiving home health agency provider requirements related to supervision of home health aides, which require a nurse to conduct an onsite visit every two weeks. This includes waiving the requirements for a nurse or other professional to conduct an onsite visit every two weeks to evaluate if aides are providing care consistent with the plan of care, as this may not be physically possible for a period of time. This also includes a temporary suspension of the two-week aide supervision requirement by a registered nurse for home health agencies. Home health agencies are encouraged to continue supervision through virtual methods during the public health emergency.

12-Hour Annual In-Service Training Requirement for Home Health Aides

Through the end of the federally declared PHE, MassHealth is modifying the requirement that home health agencies must ensure that each home health aide receives 12 hours of in-service training in a 12-month period. In accordance with section 1135(b)(5) of the Act, we are postponing the deadline for completing this requirement throughout the public health emergency and through the first full quarter after the public health emergency concludes.

Performance of Face-to-Face Encounter Requirements via Telehealth

Through the end of the federally declared PHE, MassHealth will permit physicians and other qualified non-physician practitioners, as appropriate, to conduct any face-to-face encounter required by 42 CFR 440.70 via telehealth (including telephone and/or live video) in accordance with the standards in All Provider Bulletin 314. The home health agency must ensure documentation of the face-to-face encounter in the member's record as specified in 130 CMR 403.420(E)(3).

Flexibility with No End Date

Providers Qualified to Order Services and Establish a Plan of Care

Pursuant to a change in federal law implemented via the Coronavirus Aid, Relief, and Economic Security (CARES) Act, MassHealth is expanding the medical practitioners who may order home health services and establish a member's plan of care as described in 130 CMR 403.420. Pursuant to this change, in addition to physicians, a nurse practitioner, clinical nurse specialist, or a physician assistant may: (1) order home health services; (2) establish and periodically review a member's plan of care for home health services (e.g., sign the plan of care), and (3) certify and re-certify the member's plan of care. This change applies to all services provided by a home health agency, including CSN services.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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. No text in the body or subject line is needed.

Questions

The MassHealth LTSS Provider Service Center is open from 8 a.m. to 6 p.m., Monday through Friday, excluding holidays. LTSS providers should direct questions about this bulletin or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

Contact Information for MassHealth LTSS Provider Service Center

Phone: Toll-free (844) 368-5184

Email: support@masshealthltss.com

Portal: MassHealthLTSS

Mail: MassHealth LTSS
PO Box 159108
Boston, MA 02215

FAX: (888)-832-3006

LTSS Provider Portal: Trainings, general Information, and future enhancements will be available at www.MassHealthLTSS.com.