



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

MassHealth
Home Health Agency Bulletin 68
September 2021

TO: Home Health Agencies Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

RE: Extended MassHealth Telehealth Policy for Home Health Services and New Telehealth Documentation Requirement

Introduction

On January 31, 2020, the United States Secretary of Health and Human Services (Secretary), pursuant to authority under section 319 of the Public Health Service Act (42 U.S.C. § 247d), issued a determination that a nationwide public health emergency had existed since January 27, 2020 (“the FPHE”). The Secretary has since issued renewals of the FPHE, on April 21, 2020; July 23, 2020; October 2, 2020; January 7, 2021; April 15, 2021; and July 19, 2021. On March 10, 2020, the Governor issued the Declaration of State of Emergency within the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, which expired June 15, 2021.

In light of the FPHE and the state declaration, MassHealth introduced a telehealth policy that, among other things, allowed qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (telephone and live video).

Due to the continued FPHE, MassHealth is issuing this extended COVID-19 bulletin which supersedes Home Health Agency bulletins 60 and 63.

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 receive home health services.

This bulletin:

- a. describes a COVID-19-related telehealth flexibility for MassHealth home health services that will remain in effect beyond September 13, 2021, until the end of the FPHE;
- b. clarifies that telehealth visits may be used for follow-up visits that do not require any hands-on care; and
- c. describes a new recordkeeping and documentation requirement regarding telehealth services.

Home Health Telehealth Guidance

MassHealth home health agencies may deliver clinically appropriate, medically necessary MassHealth-covered home health services to MassHealth members via telehealth (including

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telephone and live-video), in accordance with the standards in this bulletin and notwithstanding any regulation to the contrary, including physical presence requirements in 130 CMR 403.000: *Home Health Agency*. Home health agencies must follow all prior authorization (PA) requirements under 130 CMR 403.410: *Prior Authorization Requirements* and must meet all requirements under the MassHealth Home Health Medical Necessity Guidelines.

MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth home health services delivered through telehealth, as long as such services are medically necessary and clinically appropriate and comply with the guidelines established 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.

Home health telehealth visits may be used for home health services that

- a. the member has provided consent for;
- b. are follow-up visits that do not require any hands-on care;
- c. pertain to any ongoing review of the member's assessment; or
- d. pertain to the discharge visit.

Follow-up visits do not include evaluations or re-evaluations and may be conducted telephonically if appropriate, but live video is preferred.

Home health telehealth visits may not be used for

- a. any service that requires hands-on care;
- b. any start of care (SOC) assessment visit;
- c. any resumption of care visit; or
- d. any recertification visits.

Provision of Continuous Skilled Nursing (CSN) Services via Telehealth

A MassHealth home health agency may provide CSN services via telehealth (including telephone and/or live video) as determined necessary by the home health agency provider. The provision of CSN services via telehealth is limited to consultative services that the member has provided consent for and for services that do not require hands-on care. Telehealth visits should be billed using the same procedure codes for services delivered face-to-face. The number of units billed per CSN consultative visit or recertification visit should correspond to the length of time the home health agency provided via telehealth (e.g., a 30-minute consultative or recertification visit would equate to two units of CSN services).

Member Consent

Providers must obtain verbal consent from a member, and the member's caregiver/legal guardian if applicable, before the initiation of home health services via telehealth. Providers must also document the consent in the member's record.

In obtaining the member's consent, MassHealth home health agencies must provide the member with the following information about telehealth:

A statement explaining

- What a telehealth involves;
- What is expected from the member, as well as the adult foster care/group adult foster care provider;
- Any relevant privacy considerations; and
- The fact that the member may revoke, at any time, their consent for the rendering of services via telehealth.

Billing Instructions and Payment Rates for Home Health and CSN Services Delivered via Telehealth

Rates of payment for home health services delivered via telehealth will be the same as rates of payment for home health services delivered via traditional (e.g., in-person) methods set forth in [101 CMR 350.00: Rates for Home Health Services](#) and [101 CMR 361.00: Rates for Continuous Skilled Nursing Services](#).

Home health agencies must include modifier “GT” when submitting claims for services delivered via telehealth. When providing CSN services, home health agencies should not use the GT modifier.

Failure to include modifier “GT” when submitting claims for services delivered via telehealth except when providing CSN services, may result in the imposition of sanctions pursuant to 130 CMR 450.238-450.240.

Important note: Although MassHealth allows reimbursement for the delivery of certain home health services via telehealth as described in this bulletin, MassHealth does not require providers to deliver services via telehealth.

Documentation of Home Health Services Delivered via Telehealth Services and Encounter Requirements

All documentation requirements of 130 CMR 403.000 apply when home health services and/or CSN services are delivered via telehealth and the documentation must also include:

- a) Indication in the visit note that the service was provided via telehealth;
- b) Description in the visit note of the rationale for service via telehealth; and
- c) For dates of service on or after September 13, 2021, the following new visit note:

On [DATE], member has requested and verbally consented to their comprehensive evaluation, reevaluation, and/or visit being completed via telehealth due to COVID-19. On [DATE], therapist staff discussed the safety protocols that are used during any in-person visit, including but not limited to PPE use and COVID precautions but member still requested telehealth instead of an in-person visit.

Failure to maintain documentation requirements for services delivered via telehealth, may result in the imposition of sanctions pursuant to 130 CMR 450.238-450.240.

Additional Information

For the latest Massachusetts-specific information, visit www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19.

The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at www.cdc.gov/coronavirus/2019-ncov/hcp/index.html.

MassHealth Website

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Questions

If you have questions about the information in this bulletin, please contact the Long-Term Services and Supports (LTSS) Provider Service Center.

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