



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

MassHealth
Home Health Agency Bulletin 83
April 2023

TO: Home Health Agencies Participating in MassHealth

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

RE: **COVID-19 Flexibilities after the End of the Public Health Emergency**

Background

On January 31, 2020, the United States Secretary of Health and Human Services determined that a nationwide public health emergency had existed since January 27, 2020. The Secretary renewed the Federal Public Health Emergency (FPHE) on April 21, 2020, July 23, 2020, October 2, 2020, January 7, 2021, April 15, 2021, and July 19, 2021. On January 30, 2023, the Secretary announced that the FPHE will end on May 11, 2023.

Due to the decision by the Secretary to end the FPHE, MassHealth is issuing this bulletin, effective May 12, 2023. It will replace all prior FPHE-related bulletins, specifically Home Health Agency Bulletins 63 and 64.

Introduction

This bulletin communicates home health provider requirements that were suspended during the FPHE and that will be enforced after the FPHE ends. This bulletin also communicates changes in requirements implemented during the FPHE that will continue past the end of the FPHE.

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.

Flexibilities Ending May 11, 2023

Prior Authorization Extensions

Following the end of the FPHE, MassHealth will end this flexibility allowing providers to extend a prior authorization (PA) by submitting a written request to MassHealth. Providers must follow regulatory requirements regarding PA requests established at 130 CMR 403.000.

Availability of Caregivers

Following the end of the FPHE, MassHealth will end this flexibility allowing home health services to be provided when an available caregiver is unable to serve a member due to COVID-19. Providers must follow 130 CMR 403.409(D) for availability of other caregivers.

Home Health Aide Supervision

Following the end of the FPHE, MassHealth will end this flexibility waiving supervision requirements of home health aides. Providers must comply with supervision requirements outlined in 130 CMR 403.416 (A) *Conditions of Payment* and with the Medicare Conditions of Participation.

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

Following the end of the FPHE, providers will have through the first full quarter after the end of the FPHE to comply with the 12-Hour Annual In-Service Training Requirement for home health aides outlined in 130 CMR 403.416 (A) *Conditions of Payment* and the Medicare Conditions of Participation. Following this extension and any further extension by CMS, MassHealth will end this flexibility.

Flexibilities Continuing on May 12, 2023

Timeframe to Acquire Signatures on Plans of Care

Effective May 12, 2023, this flexibility will continue under the authority of this bulletin until MassHealth has updated home health agency regulations at 130 CMR 403.000. Providers must obtain a member's signed plan of care either before the first claims submission or within 90 days from the first claims submission.

MassHealth issued Home Health Agency Bulletin 80 which provides additional processes to allow home health agencies time to obtain the member's physician or ordering non-physician's signature on the member's home health plan of care. For further guidance, see that bulletin.

Face-to-Face Encounters via Telehealth

Effective May 12, 2023, per the Consolidated Appropriations Act of 2023, MassHealth will continue to allow telehealth services for a face-to-face visit through December 31, 2024. The face-to-face visit may only be conducted via two-way audio-video telecommunications technology that allows for real-time interaction.

MassHealth Telehealth Policy for Home Health Services

Effective May 12, 2023, consistent with the federal Consolidated Appropriations Act of 2023, MassHealth will continue to cover home health services provided by telehealth until December 31, 2024, or such other time specified by MassHealth via regulation or by Congress. See Consolidated Appropriations Act, 2023, H.R.2617, Sec. 4113, 117th Cong. (2022). Please see below for additional telehealth guidance for home health 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 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*

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Health Agency. Home health agencies must follow all 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

- the member has provided consent for;
- are follow-up visits that do not require any hands-on care;
- pertain to any ongoing review of the member's assessment, including the member's 60-day recertification for home health services; or
- pertain to the discharge visit.

Follow-up visits do not include initial evaluations or certifications for home health services and may be conducted by telephone if appropriate, but live video is preferred.

Home health telehealth visits may not be used for

- any service that requires hands-on care;
- any start of care (SOC) assessment visit; or
- any resumption of care visit.

Member Consent

Providers must obtain verbal consent from a member, and the member's caregiver/legal guardian if applicable, before beginning 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 a statement explaining

- what a telehealth visit involves;
- what is expected from the member, as well as the home health provider;
- any relevant privacy considerations; and
- that the member may revoke, at any time, their consent for the rendering of services via telehealth.

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Billing Instructions and Payment Rates for Home Health 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](#).

Home health agencies must include modifier “GT” when submitting claims for services delivered via telehealth.

Failure to include modifier “GT” when submitting claims for services delivered via telehealth may result in 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 and Encounter Requirements

All documentation requirements of 130 CMR 403.000 apply when home health services are delivered via telehealth, and the visit note must

- state that the service was provided via telehealth; and
- include the rationale for service via telehealth.

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

MassHealth Website

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

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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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