



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

MassHealth
Independent Nurse Bulletin 4
September 2021

TO: Independent Nurse Providers at Rehabilitation Centers Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

RE: Extended COVID-19 Related Administrative Flexibilities for Independent Nurses Including Telehealth 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 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 Independent Nurse (IN) Bulletins 1 and 2.

Due to the continued FPHE, MassHealth is issuing this bulletin. The purpose of this bulletin, which supersedes IN Bulletin 2, is to update MassHealth’s COVID-19 related flexibilities for MassHealth independent nurses providing continuous skilled nursing (CSN) services, including telehealth, and with the goal of helping to ensure members retain access to appropriate CSN services, promote social distancing, and mitigate the spread of COVID-19. The guidance in this bulletin replaces all previously issued guidance for MassHealth IN providers in IN Bulletins 1 and 2 and in the MassHealth COVID-19 LTSS Flexibilities document.

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

This bulletin describes COVID-19 related flexibilities for MassHealth independent nurses that will remain in effect until the end of the FPHE.

Temporary Change to Overtime Requirements

Through the end of the FPHE, notwithstanding the requirement at 130 CMR 414.416(A)(3), INs do not need to contact a minimum of two other CSN providers in attempts to find other nurses to fill CSN hours that exceed 40 hours for a complex care member. If an IN provides services that are otherwise in accordance with 130 CMR 414.416, MassHealth will provide an authorization for the overtime rate for up to 90 consecutive days, notwithstanding any durational limitations in the regulation, following review and approval by MassHealth.

Timeframe to Acquire Signatures on Plans of Care

Through the end of the FPHE, IN providers have additional time to obtain a member's signed plan of care. The IN may obtain the signed plan of care either before the first claims submission or within 60 days from the first claims submission, as long as the requirements outlined in 130 CMR 414.420 are met. This effectively extends the physician signature or allowable non-physician signature timeframe from 30 days to 60 days, as temporarily allowed by MassHealth.

Temporary Change to Limit of Hours

Through the end of the FPHE, MassHealth is temporarily expanding the maximum limit of hours described in 130 CMR 414.409(C) from 60 hours provided in a consecutive seven-day period to 80 hours in a consecutive seven-day period; and from 12 hours in a consecutive 24-hour period to 16 hours in a consecutive 24-hour period. All requests to temporarily increase the frequency of CSN service delivery must be authorized by MassHealth or its designee.

Availability of Caregivers

Through the end of the FPHE, if, as determined by the IN, a member's family member or primary caregiver who is providing care to the member pursuant to 130 CMR 403.414(I), is unable to continue to provide care due to COVID-19, the IN may request from MassHealth additional CSN services, as applicable, to ensure the member's medical needs continue to be met. These additional CSN services may be authorized for periods of up to 90 days.

Providers Qualified to Order Services and Establish a Plan of Care

Through the end of the FPHE, CSN services provided by an IN may be directed by a nurse practitioner, clinical nurse specialist, and/or physician assistant. Pursuant to this change in addition to physicians, a nurse practitioner, clinical nurse specialist, or a physician assistant may: (1) order CSN services; (2) establish and periodically review a member's plan of care for CSN services (e.g., sign the plan of care); and (3) certify and re-certify the members plan of care.

IN Telehealth Guidance

MassHealth independent nurses may deliver consultative CSN services that are clinically appropriate, medically necessary MassHealth-covered CSN 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 414.000: *Independent Nurse* and must meet all requirements under the MassHealth Medical Necessity Guidelines.

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

CSN telehealth visits may be used for CSN services that

- a. are consultative services;
- b. are not hands on care; and,
- c. the member has provided consent for.

CSN telehealth visits may not be used for

- a. any non-consultative CSN service;
- b. any hands-on care; and,
- c. services the member has not provided consent for.

Member Consent

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

In obtaining the member's consent, MassHealth IN providers must provide the member with the following information about telehealth:

A statement explaining

- a. what a telehealth visit entails;
- b. what is expected from the member as well as the IN;
- c. any relevant privacy considerations; and
- d. that the member may revoke their consent for telehealth services at any time.

Billing Instructions and Payment Rates for CSN Services Delivered via Telehealth

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

INs should not include the modifier "GT" when submitting claims for CSN services delivered through telehealth.

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Documentation of CSN Services Delivered via Telehealth Services and Encounter Requirements

All documentation requirements of [130 CMR 414.000: *Independent Nurse*](#) apply when 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

This bulletin is available 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.

Phone: Toll free (844) 368-5184
Email: support@masshealthtss.com
Portal: www.MassHealthLTSS.com
Mail: MassHealth LTSS
P.O. Box 159108
Boston, MA 02215
Fax: (888) 832-3006