



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

MassHealth
Managed Care Entity Bulletin 69
October 2021

TO: One Care Plans, Program of All-inclusive Care for the Elderly Organizations, and Senior Care Organizations Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

RE: Coronavirus Disease 2019 (COVID-19) Updated Guidance for Integrated Care Plans

Applicable Managed Care Entities and PACE Organizations

- Accountable Care Partnership Plans (ACPPs)
- Managed Care Organizations (MCOs)
- MassHealth's behavioral health vendor
- One Care Plans
- Senior Care Organizations (SCOs)
- Program of All-inclusive Care for the Elderly (PACE) Organizations

Background

On March 18, 2020, MassHealth issued guidance to One Care plans, Program of All-inclusive Care for the Elderly (PACE) organizations, and Senior Care Organizations (SCOs), collectively called "Integrated Care Plans," that described program flexibilities and expectations related to COVID-19. This bulletin provides updated flexibilities and requirements related to COVID-19 and supersedes the prior guidance for Integrated Care Plans issued by MassHealth in March 2020. Although the Commonwealth's state of emergency terminated on June 15, 2021, the updated flexibilities and requirements in this bulletin will be effective November 3, 2021, through the end of the federal public health emergency.

Terminology

For purposes of this document, "member" refers to an individual either enrolled in or engaging with the Integrated Care Plan for pre-enrollment activities, including eligibility assessment or determination activities.

General

- Integrated Care Plans shall follow guidance and directives, including as updated from time to time, from:
 - Centers for Disease Control and Prevention (CDC) (www.cdc.gov/coronavirus/2019-ncov/index.html)
 - Centers for Medicare and Medicaid Services (CMS) (www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page and www.cms.gov/newsroom)
 - Massachusetts Department of Public Health (DPH) (www.mass.gov/2019coronavirus)
 - MassHealth, including All Provider and MCE Bulletins and other guidance (www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers)
- For the provision of **covered services** to One Care, PACE, and SCO enrollees, Integrated Care Plans must comply with all applicable 2019 Novel Coronavirus (COVID-19) guidance documents posted on DPH's website (mass.gov/2019coronavirus), as well as additional MassHealth guidance (www.mass.gov/info-details/covid-19-public-health-guidance-and-directives#for-in-home-caregivers-), MassHealth bulletins, and any subsequent updates.
- Integrated Care Plans must follow DPH's guidance related to Personal Protective Equipment at www.mass.gov/info-details/covid-19-public-health-guidance-and-directives#caregivers-

The flexibilities, requirements, and guidance outlined in this document are effective for the duration of the **federal public health emergency**. This timeframe and the flexibilities and requirements outlined in this bulletin may be extended or otherwise updated as needed.

Accessibility, Accommodations, and Communication Access

Integrated Care Plans must continue to ensure that the accessibility, accommodations, and communication access needs of members are met, including through the assessment and care planning process, when accessing services and supports, and for ongoing care management activities.

Assessments

For assessment activities occurring on or after the effective date of this bulletin, Integrated Care Plans must ensure that:

- All assessments are provided in accordance with the member's accessibility and communication needs, including but not limited to access to an interpreter if needed. If appropriate for the member's communication needs, interpreter services may be provided via alternative means (e.g., remote video, remote audio, or a combination thereof).
- All members' needs are addressed, and Plans must screen for any unmet needs and services that may be required to address those needs, including emergency services.

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- Before any in-person assessment the Integrated Care Plan staff member, contractor, or provider must screen themselves and the member – including anyone who lives in the member’s home - for symptoms or diagnosis of COVID-19.
- For in-person assessment, the Plans must have policies and procedures regarding the use of Personal Protective Equipment (PPE), including the provision of PPE to staff and masks for members as needed for these in-person activities.
- **Plans must conduct in-person assessments in the member’s home or other location of their choosing, as described in the Plan’s contract:**
 - For One Care, Comprehensive Assessments and MDS-HC Assessments
 - For SCO, Initial Assessments, Re-assessments, and MDS-HC Assessments
 - For PACE, Assessments, Re-assessments, and MDS-HC Assessments
- For any members who have not been seen in-person since September 30, 2020, by their primary care provider (PCP), a specialist acting as the member’s PCP, a behavioral health provider, or Integrated Care Plan staff in the course of conducting an assessment, the Integrated Care Plan must make best efforts to engage with the member via an in-person visit within 120 days of the issuance of this bulletin, and evaluate whether the member has experienced a change in status that would necessitate an updated assessment. Plans must develop criteria for prioritizing these members, considering factors such as clinical complexity, support needs, individuals who have never been seen in person, and those with a change in status since their last assessment.
- The subsequent in-person assessment may warrant an updated care plan. The Plan must provide the member the opportunity to agree to any changes to their care plan by signing or otherwise approving as their accommodation needs require. The Plan must also afford the member appeal rights.
- For services requiring in-person evaluation to determine changes in a member’s needs, if the in-person evaluation or other necessary steps cannot be completed due to a COVID-19 case, the Integrated Care Plan must extend the member’s relevant service authorization(s) for 90 days, or longer if needed to complete the in-person assessment.
 - Integrated Care Plans must provide such extensions for covered services in at least the amount, duration, and scope as such extensions covered through MassHealth through its fee-for-service program.
 - SCO plans must also provide such extensions in at least the amount, duration, and scope as such extensions covered through MassHealth and the Executive Office of Elder Affairs through the Frail Elder Waiver. See www.mass.gov/resource/masshealth-coronavirus-disease-2019-covid-19-providers.
- Plans must not prohibit staff, contractors, or other entities from conducting in-person assessments for Integrated Care Plan enrollees, except in the event of a COVID-19 case (as noted below), and must not have policies or procedures in place that would favor assessments being conducted through alternate means or prevent in-person assessments.

Exceptions to In-person Assessment

One Care and SCO plans must ensure that assessments are conducted in-person, **except in the specific circumstances listed below**. PACE organizations must make best efforts to ensure assessments are conducted in-person, but may rely on applicable PACE guidance issued by the Centers for Medicare and Medicaid Services (CMS) to conduct assessments remotely in accordance with federal requirements when needed for the duration of the federal public health emergency.

- In the event of a COVID-19 case for the member or someone in their household, or for the assessor, and in accordance with applicable DPH and CDC quarantine protocols, the Assessment may be rescheduled. The Plan must still ensure that any urgent or time-sensitive needs of the member are assessed and addressed in a timely manner.
- Members may decline in-person assessment and request an assessment be performed via alternative means.
- For members who decline in-person assessment, Plans must make best efforts to conduct such assessment with the member via remote video technologies, including by providing members with access to appropriate devices and internet as needed for these purposes.

Reporting and Documentation for Assessments Conducted through Alternative Means

Plans must ensure that any assessments conducted through alternative means (e.g., telephonically, through remote video technologies, such as telehealth, FaceTime, Skype, WhatsApp, etc.) are documented in the member's health record and centrally tracked, **including whether the assessment was conducted via remote video or via audio only**. Such documentation and centralized tracking must be shared with MassHealth as requested. For One Care plans, such documentation and centralized tracking must also be shared with MassHealth and CMS as requested. If the Integrated Care Plan must conduct the assessment through alternative means, the Plan must document the reason(s) for the member's decision to decline an in-person assessment, and document steps it proposes to take to address the member's reasons for discomfort with in-person visits. Such information must be documented in the member's health record and centrally tracked in a form and format that may be easily shared with MassHealth and CMS upon request.

Care Management

For care management activities occurring on or after the effective date of this bulletin, One Care and SCO plans must ensure that the care management requirements listed below are met. PACE organizations must make best efforts to provide care management services as described below but may continue to rely on applicable PACE guidance issued by CMS to provide such services remotely in accordance with federal requirements when appropriate for the duration of the federal public health emergency.

- Plans must provide all care management activities (including care management, care coordination, and case management) in accordance with the member's accessibility and communication needs, including but not limited to access to an interpreter if needed. If appropriate for the member's communication needs, interpreter services may be provided via alternative means (e.g., remote video, remote audio, or a combination thereof).

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- Plans must address all of members' needs, and Plans must screen for any unmet needs and services that may be required to address those needs, including emergency services.
- Before any in-person care management engagement with a Member, the Integrated Care Plan staff member, contractor, or provider must screen themselves and the Member—including anyone who lives in the Member's home—for symptoms or diagnosis of COVID-19.
- For in-person care management activities, the Plans must have policies and procedures regarding the use of Personal Protective Equipment (PPE), including the provision of PPE to staff and masks for members as needed for these in-person activities.
- Except as described in this bulletin, the March 2020 COVID-19 limitations on in-person care management activities are lifted.
- For any members with whom regular in-person engagement was reduced due to COVID-19, Integrated Care Plans must return to in-person engagement as appropriate to meet each member's needs, including by other entities involved in care management for Integrated Care Plan enrollees.
- Integrated Care Plans must ensure that all care plans are approved by the member in accordance with contractual requirements for the program, although Integrated Care Plans may allow for flexibility in providing electronic or other means for members to approve. Plans must provide members with the right to appeal changes in services, including amount, duration, and scope, based on assessments performed in person or using alternative means.
- Plans must not have policies prohibiting in-person care management activities for staff, contractors, or other entities, except in the event of a COVID-19 case (as noted below).

Exceptions to In-person Care Management

One Care and SCO plans must ensure that care management activities are conducted in accordance with contract requirements, **except in the specific circumstances listed below**. PACE organizations may rely on applicable PACE guidance issued by CMS to conduct care management activities in-person or remotely in accordance with federal requirements when needed for the duration of the federal public health emergency.

- In the event of a COVID-19 case for the member or someone in their household, care management may be provided via alternative means.
- Members may decline in-person care management and request care management engagement be performed via alternative means.
- For members who decline in-person care management, Plans must make best efforts to conduct such care management activities with the member via remote video technologies, including by providing members with access to appropriate devices and internet as needed for these purposes.

Critical Incident Reports

- Integrated Care Plans must follow DPH guidance on reporting COVID-19 suspected or confirmed cases, or potential exposures. Individual cases do not need to be separately reported to MassHealth via a Critical Incident Report.

- Integrated Care Plans must use a Critical Incident Report to inform MassHealth of suspected or confirmed COVID-19 cases that impact continuity of operations or that require the closure of a PACE Center.

Program Attendance

PACE programs must allow members flexibility to determine whether to visit the PACE Center in-person on their scheduled days and communicate affirmatively to Members that choosing not to attend the PACE Center will not impact their eligibility for or enrollment in PACE.

All Integrated Care Plans must allow members flexibility to forego participation in any site-based programs at the member's option, and communicate affirmatively to members that choosing not to attend a site-based program will not impact their eligibility for or enrollment in such site-based programs.

Integrated Care Plans must augment services provided in a member's home for members who forego participation at site-based programs or who now prefer to receive services in home rather than in site-based settings.

Food and Meals Delivery for Members

SCOs and PACE organizations may authorize additional meals and/or grocery delivery as appropriate to member needs if other services have been interrupted such that the member's access to food is at risk.

One Care plans should consider providing meal preparation and grocery delivery for members, especially when services for meal preparation and food access authorized in accordance with the member's care plan are disrupted or at risk.

All Integrated Care Plans must exercise the flexibility necessary to ensure members' access to food, including through flexible access to transportation services.

Additional Supports and Assistance

Plans must continually evaluate member needs for, and provide support to, members in accessing additional supports and benefits as needed. Examples include but are not limited to:

- Connecting members to resources and helping them complete and submit applications for food assistance, housing, financial assistance, heating assistance, and other state agency and federal benefits for which they may be eligible
- Assistance and services that address social determinants of health
- Access to PPE necessary for the in-home and community-based provision of health care and supportive services

MassHealth Website

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Questions

If you have questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.