

MassHealth Adult Day Health (ADH) Provider Supplemental Payment Request Form



Pursuant to MassHealth Adult Day Health (ADH) Provider Bulletin 31, ADH providers may be eligible to receive a one-time supplemental payment if they experienced a 20% decrease or greater in average on-site daily attendance at one or more of their ADH program sites in January and/or February 2022 due to the Omicron variant surge.

In order to obtain the one-time supplemental payment, eligible ADH providers must complete and submit this request form by April 1, 2022, and retain a copy in their records as part of their receipt of the one-time supplemental payment.

Through this request form, ADH provider agencies attest that they (1) have been, and continue to be, actively enrolled and billing for ADH services provided through MassHealth, and (2) experienced at least a 20% decrease in average on-site daily attendance in January and/or February 2022, as compared to their average daily attendance in November 2021.

Providers may be subject to sanction for false reporting in accordance with MassHealth provider regulations at 130 CMR 450.238, and which may include administrative fines, suspension, and/or termination from the MassHealth program.

Section 1: Provider Information

Official Business Name:

Doing Business As:

Street Address:

Street Address 2:

City or Town:

State:

Zip Code:

MassHealth Provider ID:

Section 2: Authorized Signatory

Identify the individual who is authorized to sign this attestation. This individual must be authorized to make legal commitments on behalf of the provider.

Name:

Position:

Email Address:

Phone Number:

Section 3: Attestation

I, the named authorized signatory identified above, hereby certify under the pains and penalties of perjury that I am the administrator or other duly authorized officer or representative of the official business identified above, located at the official business address identified above, and that the information provided in this attestation is true and accurate.

Specifically, I represent and warrant that:

The ADH program site listed above was open and actively enrolled and billed for ADH services in January and February 2022, and that the program site experienced at least a 20% decrease in average on-site daily attendance compared to the average daily attendance in November 2021, during the following month(s):

(Check all that apply)

☐ January 2022

☐ February 2022

Under the pains and penalties of perjury, I hereby certify that the information provided on this form is true and accurate.

Authorized signatory signature:

The provider agency must submit a copy of this attestation to EOHHS by email to either of the following addresses: karen.l.seck@mass.gov or danielle.sheehan@mass.gov and maintain a copy of this attestation, along with any accompanying documentation, including daily attendance sheets and billing spreadsheets as well as any other relevant information resulting from the distribution of these funds, in its files.