



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

MassHealth
Personal Care Agency Bulletin 9
September 2021

TO: Personal Care Agencies Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

RE: Extended MassHealth Telehealth Policy for Personal Care Management (PCM) Functions, Personal Care Attendant (PCA) Program, 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).

This bulletin explains MassHealth’s policy for the use of telehealth by Personal Care Management (PCM) agencies that perform administrative functions on behalf of MassHealth for the Personal Care Attendant (PCA) program. The guidance in this bulletin will remain in effect until the final date of the FPHE due to COVID-19. The MassHealth telehealth policy for PCM agency functions ensures members retain access to appropriate PCA services, while promoting social distancing and mitigating the spread of COVID-19.

This bulletin relates to MassHealth PCA services received on a fee-for-service basis, including services received by members enrolled in the Primary Care Clinician (PCC) plan who receive PCA 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.

Personal Care Management (PCM) Agency Telehealth Guidance

In lieu of in-person visits, MassHealth Personal Care Management (PCM) agencies *may* conduct telehealth (including telephone or live video) in accordance with the standards in this bulletin and as determined necessary by the PCM agency, based on members' needs.

MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth PCM services delivered through telehealth, as long as such services 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.

EOHHS does not require PCM agencies to perform their administrative functions via telehealth/virtual visit, and PCM agencies are encouraged to continue to provide their administrative functions in-person as necessary and appropriate, and as requested by members. PCM agencies must clearly document in the member record if the member refuses an in-person visit.

PCM agencies may perform the following functions via telehealth:

- **Initial clinical evaluations:** PCM agencies may conduct initial clinical evaluations via telehealth, provided such visits utilize **live video** technology. Initial evaluations may not be conducted via telephone only. The Executive Office of Health and Human Services (EOHHS) strongly encourages PCM agencies to conduct initial evaluations in-person with proper personal protective equipment (PPE). Where appropriate, initial evaluations may also be conducted via hybrid model, using a combination of live video and in-person visits; and
- **Clinical re-evaluations, In-Person Issue Focused Functional Skills Training (FST) sessions, In-Person Comprehensive FST sessions, Intake and Orientation visits, discharge planning sessions, and adjustments to existing prior authorizations:** PCM agencies may perform these functions via telehealth, provided such visits utilize, at minimum, teleconferencing technology (the use of live video technology is preferred, where appropriate). EOHHS strongly encourages PCM agencies to conduct the above visit types in-person with proper PPE. Where appropriate, such visits may also be conducted via hybrid model, using a combination of live video and in-person visits.

If a PCM agency is unable to conduct an initial clinical evaluation in-person or via live video, the agency should refer the corresponding member to their primary care provider.

Member Consent

PCM agencies must obtain verbal consent from a member, and the member's surrogate and/or legal guardian if applicable, before the initiation of any telehealth conducted by PCM staff. **PCM agencies must document this consent in the member record.**

In obtaining the member's consent, PCM agencies must provide the member with information about telehealth, including a statement explaining:

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

Documentation Requirements and Billing Instructions for PCM Services Delivered via Telehealth

All relevant documentation requirements of 130 CMR 422.000 and the Personal Care Management Functions contract still apply when PCM services are delivered via telehealth. In addition to such requirements, documentation of every telehealth must 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], 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.

Providers must bill the same procedure codes for services delivered via telehealth as appropriate for services delivered in-person. **PCM agencies must include Place of Service Code 02 when submitting claims for services delivered via telehealth, as described in this bulletin.** Only the following procedure codes are eligible for billing using the Place of Service Code 02 in accordance with this bulletin:

Code	Modifier	Brief Description*
99456		Initial evaluation of a member to determine the need and extent of the need for personal care services
99456	TS	Re-evaluation of a member to determine the need and extent of the need for personal care services
T1023		Per session charge for intake and orientation services provided to a member who does not yet have prior authorization (PA) for PCA services
T2022	U1	Required Quarterly Comprehensive (in person) Functional Skills Training (FST) visits during the first year of approved PCA services
T2022	U2	Required Annual Comprehensive (in person) Functional Skills Training (FST)
T2022	U3	Issue-Focused (in person) Functional Skills Training (FST)

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Code	Modifier	Brief Description*
T2022	U5	Functional Skills Training (FST) (in person) within 10 days of identifying a new surrogate

* Please refer to 101 CMR 309.00 for a full description of the rates noted above.

Please note that PCM agencies may not include a Place of Service Code 02 when billing for services that are not typically delivered in-person, such as claims for Issue-Focused Telephonic Functional Skills Training. Similarly, PCM agencies may not include a Place of Service Code 02 when billing for services delivered in-person, without the need for a telehealth as described herein.

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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