



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

MassHealth
Adult Day Health Bulletin 18
August 2020

TO: Adult Day Health Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Medicaid Director 

RE: **Guidance for Adult Day Health (ADH) Providers Delivering Telehealth/Remote Services During the COVID-19 Public Health Emergency**

Background

Through All Provider Bulletins 289, 291, 294, and 298 and in response to the 2019 novel coronavirus (COVID-19) outbreak, MassHealth introduced a telehealth policy that, among other things, permits qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video). By the terms of those bulletins, the referenced telehealth policy remains effective for the duration of the Governor's March 10, 2020, Declaration of a State of Emergency within the Commonwealth due to COVID-19.

The purpose of this bulletin is to consolidate and restate, with relevance to ADH services, MassHealth's current telehealth policy (as reflected in All Provider Bulletins 289, 291, and 294), as well as in-home setting services and extend that policy through December 31, 2020.

Restated Telehealth Policy

MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth-covered services delivered through telehealth, so long as such services are medically necessary, clinically appropriate, and comport with the guidelines set forth 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.

Billing and Payment Rates for Services Delivered via Telehealth or an In-Home Setting

Rates of payment for services delivered via telehealth or in an in-home setting will be the same as rates of payment for services delivered via traditional (e.g., in-person congregate setting) methods set forth in the applicable regulations. All providers must include place of service code 02 when submitting a claim for services delivered via telehealth/remote/in-home settings.

MassHealth has created a partial per diem service code (S5101) and rate equal to three hours of ADH services provided for all qualifying telehealth and in-home setting services.

Services delivered via telehealth/remote/in-home may be billed only for on the day in which the service was delivered.

ADH providers can submit up to three partial per diem claims per member per week for services delivered.

Providers may submit claims either on a monthly basis or more frequently throughout the month after the service is delivered.

Telehealth, Remote, and In-Home Setting Service Requirements

1. Remote/telehealth services are provided via telephone, video conferencing, or in-person (i.e., in an in-home setting, not in the congregate program setting) to assist in maintaining the highest level of functioning and safety for the member as they remain in their home or residential setting. Remote services for ADH are more clearly defined as a service that is typically provided in the congregate setting, with specific objectives and goals for the member but performed via telehealth, in-person, or video interaction.
2. Remote/telehealth services, as well as any in-person services provided in an in-home setting, are planned engagements with remote schedules for the participants. Participants and programs must align on a schedule of services to be delivered to the member on a weekly basis.
3. Payment rates in 101 CMR 310.00 apply to adult day health services provided by eligible providers through remote/telehealth or in-person services, where:
 - a. Remote services are provided to members only if the provider's congregate site is open and in operation within 30 days of the publication of this bulletin;
 - b. Services align with the member's individualized plan of care and promote the prevention of decompensation in mental and physical status due to isolation in the home;
 - c. Care management and follow-up from telehealth interaction with member and/or caregiver provides necessary interventions to maintain safety in the home;
 - d. Remote services may be provided only on days in which a member does not attend programming in the congregate setting; and
 - e. Remote services can only be delivered and billed for up to three times per week at the partial per diem rate only (up to three hours of services).

Qualifying Telehealth, Remote, and In-Home Setting Services

To qualify as a remote service or in-home setting service eligible for partial per diem reimbursement, a provider must deliver at least two of the following activities in a given remote engagement:

- Coordinating care and activities of daily living (ADLs), as well as instrumental activities of daily living (IADLs) for individuals without formal supports at home or those with changing service needs;
- Conducting mental and emotional wellness checks and supports;
- Employing interventions to promote individual orientation of person, place, and time;

- Monitoring and encouraging progress toward individuals' care plan goals;
- Evaluating service need areas, such as self-help, sensory motor skills, communication, independent living, affective development, social and behavior development, and wellness;
- Providing caregiver support, especially for informal caregivers supporting the individual and caregivers supporting members with dementia, as well as supplying positive behavior support strategies;
- Identifying and addressing any declining health conditions;
- Identifying and addressing any nutritional needs or deficiencies;
- Appropriately monitoring, managing, and refilling member medications;
- Providing members and their families with language and interpretation supports;
- Conducting nursing assessments, social service assessments, and clinical interventions either in person or using a video platform whenever possible;
- Hosting scheduled and structured video group activities led by a staff person with a specific objective of goal for participants; and
- Providing nursing services and interventions, including health and wellness education.

Services Excluded from Billable Telehealth and Remote Delivery

The following telehealth and remote delivery services are not billable.

- Meal delivery
- Covid-19 symptom checks at the member's residence by driver
- Arranging for members' attendance in the congregate setting

Documentation of Telehealth, Remote, and In-Home Setting Services

All remote/telehealth/in-person service delivery must be clearly documented in the member's record, noting how the service provided promoted the prevention of decompensation of member's baseline and/or care management services that were provided to maintain safety in the home. Documentation of telehealth must indicate that the visit was completed via telehealth due to COVID-19, note any limitations of the visit, and include a plan to follow up on any medically necessary components deferred due to those limitations.

Providers must complete the Remote Services Log for each month remote services are provided, delineating the services that were provided to each member. The Remote Services Log must be submitted to karen.l.seck@mass.gov and/or danielle.sheehan@mass.gov at MassHealth by the 15th of the month following the service month.

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Questions

If you have any questions about the information in this bulletin, please contact the Long Term Services and Supports (LTSS) Provider Service Center.

Contact Information for MassHealth LTSS Provider Service Center

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