




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

MassHealth
Adult Day Health Bulletin 19
August 2020

TO: Adult Day Health Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Medicaid Director 

RE: **Additional Guidance and Requirements for Reopening Adult Day Health Programs During Phase III**

Background

This bulletin is being issued pursuant to the Department of Public Health's July 2, 2020, Order Regarding Services Provided in Congregate Settings (the "DPH Order"). Pursuant to the DPH Order, effective July 6, 2020, day programs that are overseen by an agency under the Executive Office of Health and Human Services (EOHHS) and that have completed an attestation certifying that they meet clinical and safety standards and requirements set forth in EOHHS guidance may provide services in congregate settings in accordance with the EOHHS guidance. The EOHHS guidance for day programs is available at [Massachusetts Day Program Reopen Approach – Minimum Requirements for Health and Safety](#). All ADH providers must adhere to the requirements set forth in the EOHHS guidance.

In addition to the above, the following requirements and additional guidance apply to all MassHealth-participating **adult day health** (ADH) programs. The requirements and additional guidance set forth in this bulletin may be revised in a subsequent ADH provider bulletin as the Commonwealth's COVID-19 status evolves over time and public health experts learn more about the virus.

Additional Guidance and Requirements

1. ADH programs must complete the [Phase 3 EOHHS Day Programming Planning & Preparation Checklist](#) with provider attestation and return it to MassHealth via email to karen.l.seck@mass.gov and/or danielle.sheehan@mass.gov prior to operating the program in the congregate setting. In addition, providers must open their congregate setting within 30 days of the publication of this bulletin in order to provide remote/telehealth services.
2. In determining whether a participant will be returning to the ADH provider's congregate program site, ADH providers should share the [Risk/Benefit Discussion Tool](#) with participants and their caregivers/guardians to elicit conversations with all participants/caregivers/guardians regarding the personal, health, and situational experiences in determining the feasibility of each participant returning to the program. The purpose of the risk/benefit discussion is to help the

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participant/caregiver/guardian determine whether the benefits of the participant returning to the program outweigh the risks. Nothing in the tool or any accompanying document should be construed to waive or limit provider liability. Additionally, providers should prioritize in-person congregate services for participants whose needs cannot be adequately provided via telehealth or in the home.

3. ADH providers must send a complete roster of participants returning to the ADH provider's congregate setting to MassHealth via email to karen.l.seck@mass.gov and/or danielle.sheehan@mass.gov. The roster must contain the participant's complete name, MassHealth ID #, and the days in which the participant will be attending the program's congregate site. If additional participants return to the ADH provider's congregate site at a later date, the ADH provider must send an updated roster to MassHealth.
4. For the period between July 6, 2020, and July 31, 2020, when an ADH provider resumes services at its congregate site, the ADH provider must submit claims for ADH services pursuant to [101 CMR 310:00: Rates for Adult Day Health Services](#). Retainer payment claims through July 31st must be submitted pursuant to [AB 20-72: 101 CMR 310.00](#).
5. Amended Care Plans for remote ADH services may be continued until the participant returns to receiving adult day services in the ADH provider's congregate site. Additionally, all care plans must be amended to reflect the participant's needs and services provided when the participant returns to receiving ADH services at the ADH provider's congregate site.
6. Participants not returning to the congregate setting may continue to receive remote services with the following:
 - a. On a monthly basis, one of the remote services must include a conversation with the participant to reassess whether or not the participant wants to return to the program and whether or not the participant wishes to continue receiving remote services. This conversation alone does not constitute a remote service.
 - b. If the participant no longer wants to receive remote services, but expresses interest in returning to the program in the future, the provider may keep the participant on their roster and discontinue remote services and the submission of claims. However, the provider must update the Participant Enrollment Agreement per regulatory requirements set by the licensing entity (see 105 CMR 158.034(D)(5)) to indicate the participant is on a temporary leave and amend the days per week to reflect that the participant is temporarily not attending the program. The revised agreement must be maintained in the participant's health record. It is expected that providers outreach to the member once per month to reassess whether or not the participant wants to return to the program. This outreach does not constitute a remote service.
 - c. If the participant no longer wants to return to the day program, follow safe discharge planning.
7. All regulatory program requirements remain in effect whether the participant is receiving services in the congregate setting or remotely. There will be no additional extensions for prior authorizations. Providers must complete reevaluation prior authorizations in a timely manner, ensuring that there is no lapse in services. PCP order signatures may be waived, if the provider has been unsuccessful in obtaining, through December 31, 2020.

8. Admissions to ADH can occur only if the individual attends the program in the congregate setting. No admissions can occur for remote services only.
9. A significant change or releveling cannot be completed while the participant is remote only.
10. Participants' in-person and remote service days must not exceed their pre-COVID weekly schedule.
11. If a participant has been discharged during the public health emergency and later expresses interest in returning to the ADH provider's congregate site, the ADH provider must complete the admission and prior authorization process. In this case, the participant's original ASAP eligibility notice for that participant can be used for readmission.
12. ADH providers may deploy a staff person to a participant's residence to assist the participant with ADLs and ADH services related to the participant's care plan. ADH services provided in the participant's home must not overlap or duplicate any other services the participant is receiving that provide assistance with ADLs or therapies (i.e., residential, PCA, or home health services).
13. If any participant, regardless of payer source, attending the ADH provider's congregate site or a staff participant working at the ADH provider's congregate site tests positive for COVID-19, the ADH provider must notify MassHealth by emailing karen.l.seck@mass.gov and/or danielle.sheehan@mass.gov. In this case, MassHealth may also request the provider's COVID-19 screening plan, isolation and discharge plan, and communication plan.
14. Providers who are directed to shutter their doors for a period of time due to an exposure or outbreak of COVID-19 within their program/facility or who are issued directives due to an uptick in community infection, are able to continue to provide remote services to all of their participants for a maximum of three times per week until participants can safely return to the congregate program.
15. ADH providers should frequently check the CDC website and the Massachusetts Department of Public Health website and guidance to ensure that they are informed of, and implementing, the most current guidance.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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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

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