



Retainer Payments for Day Habilitation Programs Summary Guidelines

Issued May 15, 2020

Pursuant to authorities granted in Administrative Bulletins 20-34 & 20-52 published by the Executive Office of Health and Human Services (EOHHS), the Department of Developmental Services (DDS) is issuing the following guidance regarding the approval and payment of retainer payments for Day Habilitation, Facility Day Habilitation and Day Habilitation Supplemental Services.

Background

The COVID-19 public health emergency has required the temporary closure of Day Habilitation program sites and forced providers of Day Habilitation, Day Habilitation Supplemental Services, and Facility Day Habilitation services to modify both the manner in which they deliver services and the hours and scope of their services. These changes in modality are not contemplated in the current rate methodologies and structures for Day Habilitation services under 101 CMR 310.00 or Day Habilitation Supplemental Services under 101 CMR 424.00. Accordingly, EOHHS is establishing additional rate provisions under 101 CMR 310.00 & 101 CMR 424.00 that address on-going fixed costs, retention of staff and the changes in modality associated with COVID-19 and which will ensure the continued delivery of these critical services.

Retainer Payments

Pursuant to authorities granted in Administrative Bulletins 20-34 & 20-52, DDS is establishing the following processes regarding the approval of retainer payments for the following DDS Activity Codes. Retainer payments are effective for the period of April 1, 2020 – June 30, 2020.

- Day Habilitation Supplemental Services (Activity Code 3285)
- Day Habilitation (Activity Code 3664)
- Facility Day Habilitation (Activity Code 3764)

Providers may submit monthly billing for retainer payments for each eligible individual in their contracts. Providers may submit attendance through normal Service Delivery Report (SDR) billing in Enterprise Invoice Management (EIM) using unique retainer payment attendance status codes. Attendance may be submitted for each day that an individual is normally scheduled to receive supports, based on current authorizations from the DDS Area Office. For example, if an individual was scheduled to receive 3 hours of Day Habilitation Supplemental Supports on Mondays, Wednesdays, and Fridays, the provider should submit attendance for 12 15-minute units for Monday, Wednesday and Friday using the retainer attendance status code. Retainer attendance will be reimbursed at the current contracted rate for each individual.

Retainer payment billing will be reimbursed up to the encumbrance ceiling of the contract (the maximum obligation listed in EIM). Any retainer payment billing that is submitted in excess of the encumbrance ceiling will not be reimbursed.

Contract Amendments

In order to facilitate the remittance of retainer payments, DDS Regional Contract Offices will be processing amendments to contracts in these activity codes. Amendment amounts are being determined based on actual program utilization in FY20 prior to the public health emergency, as well as any outstanding service authorizations that have not previously been recognized in the contract. Amendments shall be calculated based upon the determination of what units of service would have been provided for the duration of the year under normal circumstances.

The Regional Contract Office shall inform providers of new contract totals and providers shall update Service Summary Forms and submit them via email. In order to complete amendments within necessary timelines, and due to constraints caused by remote working, Contract Offices may process updates in MMARS/EIM immediately upon notification of the amendment amount to the provider and prior to receipt of the amended Service Summary Form.

Eligibility

Providers are required to develop or amend Individual Service Plans (ISP) to meet the individuals' needs while they remain home. The ISPs must identify the types and anticipated frequency of engagements being provided by staff to the individual during the COVID-19 public health emergency.

A provider is eligible for retainer payments for an individual during each month the provider engages with the member **at least, but not limited to, once per week** and where the provider retains sufficient staff to fulfill the requirements.

Engagements with individuals should ensure the on-going health and safety of individuals in their homes and minimize risk of decompensation and emergency service utilization. Individual engagements may include, but are not limited to:

1. Checking for COVID-19 symptoms and triaging, as needed;
2. Coordinating care and activities of daily living (ADL), as well as instrumental activities of daily living (IADL) for individuals without formal supports at home;
3. Conducting mental and emotional wellness checks and supports;
4. Employing interventions to promote individual orientation of person, place and time;
5. Monitoring and encouraging progress towards individual's day habilitation service plan goals;
6. Evaluate service need areas, such as self-help, sensory motor skills, communication, independent living, affective development, social and behavior development and wellness;
7. Providing caregiver support, especially for informal caregivers supporting the individual;
8. Providing caregiver support and supplying positive behavior support strategies.

Additionally, for Day Habilitation Supplemental Services, **providers may only submit attendance for individuals where they have also made retainer payment claims to MassHealth for the Day Habilitation program on the same date.**

Retainer Payment Billing and Attendance Status Codes

EIM is being reconfigured with new attendance status codes to enable providers to bill for retainer payments in DDS activity codes 3285, 3664, and 3764. Attendance under these codes will be paid at the same contracted rate, but the new attendance codes are necessary to differentiate between normal service delivery and retainer payments.

Effective for April 1, 2020 – June 30, 2020, providers should no longer submit attendance using standard attendance status codes and may only submit attendance using the retainer payment codes. Any attendance that has already been submitted using standard attendance codes must be voided and re-submitted using the appropriate retainer payment codes. Any future attendance that is submitted using standard attendance codes will be rejected and providers will be required to re-submit.

All retainer payment billing should be submitted using the new attendance status code associated with the type of service that individuals normally receive. For example, if you normally report Day Habilitation Supplemental Services using attendance status code XB, you should now use code XN in the attendance calendar.

Activity Code	Service Code	Existing Attendance Code	New Retainer Attendance Code
3285 - Day Habilitation Supplement	DH SUPP DC 1	XA	XM
	DH SUPP DC 2	XB	XN
	DH SUPP LPN	XC	XO
	DH SUPP RN	XD	XP
	DH SUPP DC 1X2	XE	XQ
	DH SUPP DC 2X2	XF	XR
3664- Day Habilitation Services DDS Purchased	DH STATE 1L	XA	XM
	DH STATE 2M	XB	XN
	DH STATE 3H	XC	XO
3764 - Facility Day Habilitation	DH FACIL 1L	XA	XM
	DH FACIL 2M	XB	XN
	DH FACIL 3H	XC	XO

DDS shall make these attendance status codes available in EIM as of May 20, with retroactive availability to April 1, 2020. Once codes are active in EIM, providers may immediately submit attendance for April. Attendance for May and June may be submitted starting the first day of June and July, respectively.