

An aerial photograph of the New York State Capitol building in Albany, New York, taken at dusk. The building's large, illuminated golden dome is the central focus on the right side. The sky is filled with dramatic, colorful clouds in shades of orange, yellow, and blue. In the background, the city skyline of Albany is visible, including several tall skyscrapers. A road with light trails from cars runs diagonally through the middle of the image, leading towards the city. The foreground shows a well-maintained lawn with a statue and a flagpole.

# Health and Human Services Reopening Approach

July 2020

## HHS Reopening: Phase 3

---

**Effective on the Commonwealth's Phase 3: Vigilant reopen date**, health care providers may continue to provide in-person procedures and services as authorized in Phase 2, with the addition of certain group treatment programs and day programs that were previously not allowable. All providers must maintain compliance with public health and safety standards. Moving into Phase 3 for the health care system is contingent on Massachusetts continuing to maintain sufficient statewide hospital bed capacity.

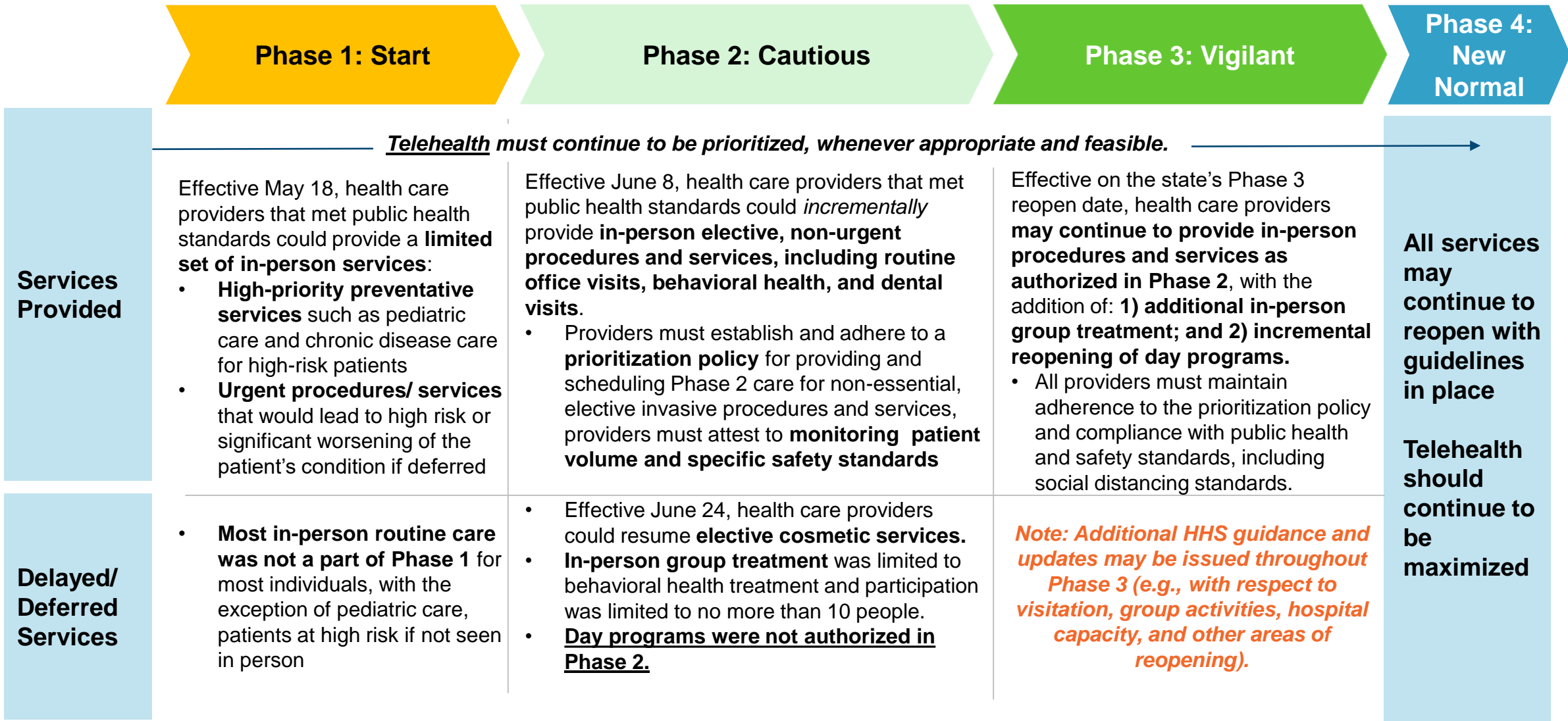
### Maintained Requirements from Phase 2

- ***Telehealth must continue to be utilized and prioritized, whenever feasible and appropriate.***
- Both the statewide and individual hospital/hospital system **bed capacity requirements continue:**
  - Statewide capacity must be >30% ICU and >30% inpatient bed capacity on an ongoing basis
  - Individual hospitals or hospital systems must maintain  $\geq 20\%$  total bed capacity, subject to close state monitoring.
  - These criteria may be modified during Phase 3 based upon relevant capacity and public health measures.
- Health care providers must maintain compliance with public health standards and specific guidelines, including PPE supply, infection control, and workforce and patient screening and testing protocols.
- Health care providers must continue to use **prioritization policies** established in Phase 2 for care delivery and scheduling. These prioritization criteria should continue to promote **equitable access to care** for all populations.
- Health care providers must continue to **monitor patient volume** for non-essential, elective invasive procedures and services, to reduce risk of COVID transmission and impact on health care system resources.

### Revised Requirements for Phase 3



- **All in-person group treatment programs may reopen**, subject to certain restrictions to ensure adequate social distancing. In Phase 2, only in-person group behavioral health treatment was allowable and participation was limited to no more than 6 people.
- **Incremental reopening of day programs** such as Adult Day Health, Day Habilitation, Community Based Day Supports and DMH clubhouses, subject to providers meeting certain public health and safety protocols. The Executive Office of Health and Human Services (EOHHS) is issuing separate guidance on the reopen approach for these programs.

**In Phase 3, health care providers may continue incremental resumption of all in-person health care services, with the addition of day programs and expanded criteria for group treatment.**



**Emergency and telehealth services available throughout**

# HHS Reopening: Summary of Services and Limitations

IN ALL PHASES:	Service	Phase 1	Phase 2	Phase 3
 Telehealth must be prioritized, whenever feasible and appropriate.	 ✓ All Emergency Care (Services and Procedures) and Telehealth Provided Throughout			
	Urgent Services and Procedures	✓	✓	✓
	Primary Care, Preventative Care, Behavioral Health Care, and Chronic Disease Management	✓ <i>(High-priority only)</i>	✓	✓
	Pediatric Care	✓	✓	✓
	Other Health Care Services (e.g. office visits, physical therapy, dental cleanings, vision care)	⚠ <i>(Only urgent services likely to become emergent if deferred)</i>	✓ <i>(Subject to clinical prioritization)</i>	✓ <i>(Subject to clinical prioritization)</i>
	Non-Essential, Elective Invasive Procedures and Services	-	✓ <i>(Subject to specific safety standards and clinical prioritization)</i>	✓ <i>(Subject to specific safety standards and clinical prioritization)</i>
	Elective Cosmetic Services	-	⚠ <i>(Restrictions lifted on June 24)</i>	✓ <i>(Subject to specific safety standards and clinical prioritization)</i>
	Day Programs	-	-	✓ <i>(Subject to specific safety standards)</i>
	Group Treatment	-	✓ <i>(Subject to specific safety standards)</i>	✓ <i>(Subject to specific safety standards)</i>

Public health and safety standards, including standards on PPE supply, workforce safety, patient safety, and infection control apply.

## Phase 3 Reopen Approach: Key Components

---

**1** In-Person Group Treatment Programs

**2** Day Programs

**3** Compliance and Attestation

**4** MassHealth Telehealth Policy Extension

# 1

## Phase 3 Reopen Approach: In-Person Group Treatment

---

**All In-person group treatment services may resume in Phase 3, subject to certain requirements as described below.** In Phase 2, only in-person group behavioral health treatment was allowable.

- **Telehealth and/or in-person one-on-one treatment should be prioritized** in lieu of group therapy when clinically appropriate.
- In-person **group treatment should only be utilized when, in the clinical judgment of the provider, the benefit significantly outweighs the risks for the participants**, taking into account each individual's circumstances and medical and social risk factors.
- **Providers must adhere to all DPH and CDC public health and safety standards**, including the Public Health and Safety Standards to which providers are required to attest for Phase 3 services.
  - In order to maintain social distancing, group treatment programs must be able to maintain 6 feet of distance between all individuals (including participants and staff), which is at least 113 square feet per person. Programs should assess their usable physical space when determining ability and capacity to serve participants.
    - *In Phase 2, group treatment was only allowed for behavioral health and participation was limited to no more than 6 people.*
- **No food or drink** may be served. No physical contact and sharing of materials.
- In-person group treatment sessions should be **limited to the minimum amount of time that the provider determines is clinically effective.**

## 2 Day Programs

---

- **Day programs including adult day health (ADH), day habilitation programs, DMH clubhouses, DDS community based day supports (CBDS) and BSAS day treatment/OP programs may resume in-person, group programming at a reduced capacity** to allow for proper social distancing and adherence to other infection control protocol
- Day program providers encouraged to continue delivering services remotely and through alternative, non-group methods when appropriate and feasible
- Prior to reopening, providers must develop a plan with the following components to facilitate in-person programming at reduced capacity:
  - A survey of all enrolled participants regarding their willingness and ability to return to the day program's physical site
  - Engage clients and their families with Risk/Benefit Discussion Tool to determine if the benefits of the participant returning to the program outweigh the risks.
  - Implement policies that prioritize participants who are unable to receive services in the home or through alternative, remote programming
  - Modified schedules to limit the number of participants on-site at one time and to the extent possible, ensure participants are attending with the same group each day
  - Programs intending to provide transportation must develop a transportation plan for following health and safety protocols
- **Providers must attest to meeting the requirements set forth in the guidance including but not limited to the following:**
  - Implement planning policies including issuance of a participant survey and risk/benefit discussion tool
  - Develop Transportation Plan that includes infection control strategies and maintenance of physical distancing while transporting participants
  - Allow for a minimum of 113 square feet per member to ensure proper social distancing among participants and staff
  - Limit group dining and activities to the extent feasible and subject to the above requirements
- EOHHS is collaborating with providers, stakeholders, and families to ensure approach **balances the health and safety of the clients with their clinical, behavioral and/or social need for such services**

# 3

## Phase 3 Reopen Approach: Compliance and Attestation

---

### Phase 3 Attestation Process

- Hospitals and other health care providers must complete a Phase 3 attestation if:
  - They have not yet completed a Phase 2 attestation; or
  - They intend to perform Phase 3 services, which include day programs and group treatment under expanded criteria beyond Phase 2 limitations.
- The Phase 3 attestation incorporates the bed capacity, public health and safety standards, and prioritization policies from Phase 1 and Phase 2. These criteria may be modified during Phase 3 based upon relevant capacity and public health measures.
- The form must be completed and signed before Phase 3 services are performed.
- The signed form must be publicly posted.
- In addition, DPH may require hospitals or other health care providers to complete the Phase 3 attestation form at a later date in order to continue all Phase 1, 2, or 3 services, as the result of potential modifications to the reopening criteria during Phase 3.

Health care providers, including hospitals, should **not** submit the Phase 3 attestation form to DPH.



# 4

## MassHealth will extend its current telehealth flexibility through at least December 31, 2020



Telehealth will remain an important part of MassHealth's strategy to ensure member access to critical healthcare services, and to promote continued adherence to safety precautions, including social distancing, during and after the COVID-19 emergency.

- **MassHealth will extend its current telehealth-related policies through at least December 31, 2020.**
- This includes extending the following policies:
  - (1) permitting qualified providers to deliver all clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth, including video and telephone, and
  - (2) providing that rates of payment for services delivered via telehealth will be the same as the rates of payment for such services delivered via traditional (i.e., in-person) methods set forth in the applicable regulations.
- MassHealth is continuing to develop a longer-term telehealth policy that will take effect at a to-be-determined date after December 31, 2020, which takes into consideration the aforementioned goals of preserving member access to healthcare services and ensuring the safety of our members and providers. This long-term policy will continue to support broad telehealth access for MassHealth members. Additional stakeholder engagement will take place in the coming months to inform this longer-term policy.