MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 (COVID-19)

Updated as of March 27, 2020

Contents

Disclaimer

To mitigate the spread of COVID-19, MassHealth is committed to enabling Members to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity for the duration of this public health emergency. In addition to the allowable flexibilities described in this document, MassHealth is working to determine if there are any additional flexibilities necessary. If so, MassHealth will provide further guidance describing any such additional flexibilities. Please refer to the MassHealth website for additional information and updates: https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers.

Unless otherwise stated, information provided in this document is effective for the duration of the state of emergency declared via Executive Order No 591.

For Adult Day Health Providers

MassHealth is aware that the Department of Public Health issued an order on March 24, 2020 instructing Adult Day Health programs to close their day sites due to the COVID-19 public health emergency. While Adult Day Health program day sites are closed pursuant to that order, Adult Day Health programs may continue to provide services via telehealth to MassHealth members as described below.

- **Prior Authorization Extensions**
  Adult Day Health Providers may request the continuation of an existing prior authorization. That provider must submit an extension request via email to *support@masshealthltss.com* prior to the end date of the existing prior authorization. Such extension requests must have the following note in the subject line: "COVID-19 ADH PA Extension". Extension requests will be approved for periods up to 90 days.

- **Telehealth Nursing and In-home Services**
  Nursing staff at an Adult Day Health provider may conduct once or twice daily check-ins to MassHealth members via telehealth (including telephone and live video) to check on current health of the member and make referrals or outreach to PCPs, family, or others as necessary. These check-ins will help to assess the medication administration needs, nutritional needs and behavioral health needs of the member. Adult Day Health Nursing staff must coordinate follow up to the extent possible, including but not limited to onsite delivery of nursing services to the member's home. The performance and delivery of care management activities via telehealth must be clearly documented in the member's record. Providers should bill using the 15-minute unit rate for ADH services when billing for services provided via Telehealth.

- **Telehealth Social/Behavioral Services**
  Social service staff or activities professionals at an Adult Day Health provider may conduct once or twice daily via telehealth (including telephone and live video) outreach to members to review any social service needs and screen for any mental health concerns. These telehealth outreach calls may also provide caregiver support related to behavioral management, dementia specific care, emotional support to the caregivers. The goal of this outreach is to reduce isolation and mental health decline of the member and maintain highest level of functioning. The performance and delivery of care management activities via telehealth must be clearly documented in the member's record. Providers should bill using the 15-minute unit rate for ADH services when billing for services provided via Telehealth.

- **Telehealth Nutritional Services**
  In conjunction with the telehealth nursing function, telehealth (including telephone and live video) outreach to the member of an Adult Day Health program can be conducted once or twice daily to determine the nutritional needs of the members and access to food. If assessed and warranted, referrals to meals on wheels should be made. The performance and delivery of care management activities via telehealth must be clearly documented in the member's record. Providers should bill using the 15-minute unit rate for ADH services when billing for services provided via Telehealth.

For Day Habilitation Providers

MassHealth is aware that the Department of Public Health issued an order on March 24, 2020 instructing Day Habilitation programs to close their day sites due to the COVID-19 public health emergency. While Day Habilitation program day sites are closed pursuant to that order, Day Habilitation programs may continue to provide services via telehealth to MassHealth members as described below.

- **Telehealth Nursing**
  Nursing staff at a Day Habilitation provider may conduct once or twice daily check-ins to MassHealth members via telehealth (including telephone and live video) to check on current health of the member and make referrals or outreach to PCPs, family, or others as necessary. These check-ins will help to assess the medication administration needs, nutritional needs and behavioral health needs of the member. The performance and delivery of care management activities via telehealth must be clearly documented in the member's record. Providers should bill using the 15-minute unit rate for Day Habilitation services when billing for services provided via Telehealth.

- **Telehealth Indirect Therapy**
  Staff at a Day Habilitation provider may conduct indirect therapies related to a MassHealth member's Day Habilitation Service Plan via telehealth (including telephone and live video). The performance and delivery of activities related to a member's Service Plan must be clearly documented in the member's record. Providers should bill using the 15-minute unit rate for Day Habilitation services when billing for services provided via Telehealth.

- **Indirect Therapy In-Home Services**
  For members without formal supports at home, a Day Habilitation provider may deploy a staff person to the member's residence to assist the member with ADLs and indirect therapies related to the member's Day Habilitation Service Plan. The performance and delivery of activities related to a member's Service Plan must be clearly documented in the member's record. Providers should bill using the 15-minute unit rate for Day Habilitation services when billing for services provided via telehealth. These services may not overlap with any other formal supports (PCA, HH, etc.)

For Adult Foster Care Provider Agencies

- **Initial Evaluations**
  Prior to conducting an initial evaluation of a Member for Adult Foster Care services, an Adult Foster Care Provider Agency should administer screening questions by telephone in order to assess the Member for symptoms of COVID-19.

    - If the Member is determined to be asymptomatic, the Adult Foster Care Provider Agency should administer the initial evaluation for Adult Foster Care services according to normal procedure.

- If the Member is determined to be symptomatic (i.e. has a fever higher than 100.3 degrees, or new respiratory symptoms such as cough, shortness of breath, or sore throat, or has been diagnosed with COVID-19) or the Adult Foster Care Provider Agency is unable to perform the evaluation either face to face or through video conferencing, they should refer the Member to their PCP who will determine the most appropriate action.
- **Required signatures on Physician Summary Forms and PCP Order Forms** may be waived. Providers are still responsible for completing these forms and submitting them for Prior Authorization purposes.
- **Member signature requirements** may be waived as long as the Provider documents the date, time, and verbal attestation from the Member, and includes the note 'Covid-19' on required documents for record keeping purposes.

- **Reassessments and Significant Changes**
  An Adult Foster Care Provider Agency may conduct a reassessment to an existing prior authorization for Adult Foster Care services via telehealth (including telephone and live video), in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), and as determined necessary by the Adult Foster Care Provider Agency. Required signatures on Physician Summary Forms and PCP Order Forms, and Member signature requirements are waived until further notice. However, all other required information for prior authorization requests must be submitted to MassHealth Long Term Services and Supports (LTSS) Provider Portal (https://www.masshealthltss.com). Providers should bill the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face.

- **Physical Exams**
  If a Member has not had a primary care provider (PCP) visit within the last 90 days to meet program requirements for either initial or reassessment, MassHealth will accept documentation of a PCP visit within the last 18 months. Providers must document in the member record if a caregiver is unable to secure a physical examination prior to the start of service or in accordance with regulations requiring physical examinations and TB screenings every two years.

- **Prior Authorizations**
  - **Extensions**
    Adult Foster Care Provider Agencies may request the continuation of an existing prior authorization. That provider must submit an extension request to MassHealth Long Term Services and Supports (LTSS) Provider Portal (https://www.masshealthltss.com) prior to the end date of the existing prior authorization. Such extension requests must have the following note in the comments field: "COVID-19". Extension requests will be approved for periods up to 90 days.
  - **Signature Requirements**

If a Provider's clinical staff is unable to sign a PA request electronically or via wet signature, the comment section should include the phrase 'COVID-19 clinical sign-off' in the LTSS Provider Portal.

- **Caregiver Logs**
  Member and Caregiver signature requirements may be waived. Providers should document the date, time, and verbal attestation from the Caregiver on Caregiver logs and include the note 'Covid-19' on required documents for record keeping purposes.

- **Care Management Activities**
  An Adult Foster Care Provider Agency may conduct any required in-person care management activities, via telehealth (including telephone and live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), as determined necessary by the Adult Foster Care Provider Agency. The performance and delivery of care management activities via telehealth must be clearly documented in the Member's record.

For Group Adult Foster Care Provider Agencies

- **Initial Evaluations**
  Prior to conducting an initial evaluation of a Member for Group Adult Foster Care services, a Group Adult Foster Care Provider Agency should administer screening questions by telephone in order to assess the Member for symptoms of COVID-19.
  - If the Member is determined to be asymptomatic, the Group Adult Foster Care Provider Agency should administer the initial evaluation for Group Adult Foster Care services according to normal procedure.
  - If the Member is determined to be symptomatic (i.e. has a fever higher than 100.3 degrees, or new respiratory symptoms such as cough, shortness of breath, or sore throat, or has been diagnosed with COVID-19) or the Group Adult Foster Care Provider Agency is unable to perform the evaluation either face to face or through video conferencing, they should refer the Member to their PCP who will determine the most appropriate action.
  - **Required signatures on Physician Summary Forms and Member signature requirements** may be waived. Providers should document the date, time, and verbal attestation from the Member, and include the note 'Covid-19' on required documents for record keeping purposes.

- **Reassessments**
  A Group Adult Foster Care Provider Agency may conduct a reassessment to an existing authorization for Group Adult Foster Care services via telehealth (including telephone and live video), in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), and as determined necessary by the Group Adult

Foster Care Provider Agency. Member signature requirements are waived. Providers should bill the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face.

- **Care Management Activities**
  A Group Adult Foster Care Provider Agency may conduct any required in-person care management activities, via telehealth (including telephone and live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), as determined necessary by the Group Adult Foster Care Provider Agency. The performance and delivery of care management activities via telehealth must be clearly documented in the Member's record. Providers should bill the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face.

- **Direct Care Aide Activities**
  Prior to providing Direct Care Aide Services, the Group Adult Foster Care Provider Agency should administer screening questions via telephone in order to assess the Member for symptoms of COVID-19.
    - If the Member is determined to be asymptomatic, Direct Care Aides should continue to provide care to Members in the home. The Group Adult Foster Care Provider Agency should evaluate the needs of each Member in order to determine the daily need and frequency of visits.
    - If a Member becomes symptomatic, the Agency should refer the Member to their PCP for the most appropriate course of action.

For PCA Program: Personal Care Management Agencies

- **Initial Evaluations**
  Prior to conducting an initial evaluation for Personal Care Attendant Services, a Personal Care Management Agency should administer screening questions via telephone in order to assess the Member for symptoms of COVID-19.
    - If the Member is determined to be asymptomatic, the Personal Care Management Agency may administer the initial evaluation for Personal Care Attendant Services according to normal procedure.
    - If the Member is determined to be symptomatic (i.e. has a fever higher than 100.3 degrees, or new respiratory symptoms such as cough, shortness of breath, or sore throat, or has been diagnosed with COVID-19) or the Personal Care Management Agency is unable to perform the evaluation either face to face or through video conferencing, they should refer the Member to their PCP who will determine the most appropriate action.

- **Reassessments and Adjustments**
  A Personal Care Management Agency may conduct a reassessment and/or an adjustment to an existing prior authorization for Personal Care Attendant Services via telehealth (including telephone and live video) in accordance with the standards set

forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), and as determined necessary by the Personal Care Management Agency. Requests for adjustments to Member PAs must be submitted to MassHealth Long Term Services and Supports (LTSS) Provider Portal (https://www.masshealthltss.com), however Member signature requirements are waived until further notice. Such requests must have the following note in the comments field: "COVID-19". Providers should bill the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face.

- ***School Hours***
  A Personal Care Management Agency should not request an adjustment for Consumers whose PA reflects time spent in school to accommodate additional time needed while Consumers are out of school. MassHealth will be adjusting all affected PAs with school time using already approved vacation time to calculate the number of units required. The adjustment time will be effective from March 16, 2020 for 90 days. Once the adjustments are completed, notification to Consumers and PCM Agencies will be sent following usual processes, including written notifications and information available on the MassHealth Long Term Services and Supports (LTSS) Provider Portal (https://www.masshealthltss.com). In addition, once all PA adjustments are completed for each PCM agency, Optum will provide the PCM Agency through secure email a spreadsheet of all impacted PAs to assist with PCM Agency tracking.

- ***Day Programs***
  For Consumers whose PA reflects time spent in Adult Day Health centers or for Day Habilitation services that are now closed, Personal Care Management Agencies will be provided through secure email a spreadsheet of those Consumers who may be impacted. Personal Care Management Agencies will be able to note on the spreadsheet the Total Number of Additional Hours per Week of additional PCA hours needed to adjust impacted PAs and send it back to MassHealth within 7 business days of receipt for Optum to complete the PA adjustments. Additional hours for the days that Consumers would have been at an Adult Day Health center or receiving Day Habilitation services should be up to a maximum of 6 hours per day. The adjustment time will be effective from March 16, 2020 for 90 days. Once the adjustments are completed, notification to Consumers and PCM Agencies will be sent following usual processes, including written notifications and information available on the MassHealth Long Term Services and Supports (LTSS) Provider Portal (https://www.masshealthltss.com). In addition, once all PA adjustments are completed for each PCM agency, Optum will provide the PCM Agency through secure email a spreadsheet of all impacted PAs to help with PCM Agency tracking.

- **Prior Authorization Extensions**

Personal Care Management Agency may request the continuation of an existing prior authorization. That provider must submit an extension request to MassHealth Long Term Services and Supports (LTSS) Provider Portal (https://www.masshealthltss.com) prior to the end date of the existing prior authorization. Such extension requests must have the following note in the comments field: "COVID-19". Extension requests will be approved for periods up to 90 days.

- **Signature Requirements**
  - Required physician/nurse practitioner/physician assistant signatures for the purpose of approving Prior Authorization requests are waived until further notice.
  - Clinical staff signatures for the purpose of signing Evaluations and Prior Authorization requests may be waived. The staff member should document the date, time, attestation, and 'Covid-19' in the PA request.
  - Consumer, Surrogate, and Legal Guardian signatures may be waived.
    - For the purpose of PA submission, Consumer, Surrogate, or Legal Guardian must provide verbal agreement to the PCA evaluation. The PCM agency should document the date, time, attestation of agreement, and 'Covid-19' in the PA request.
    - For the purpose of all other required paperwork; documentation should support the discussion of such paperwork and the date, time, and verbal attestation from the Consumer, Surrogate, or Legal Guardian, and include the note 'Covid-19' on required documents for record keeping purposes.

- **Standard Documentation to Include with a Prior Authorization Request for Personal Care Attendant (PCA) Services**
  MassHealth is waiving the requirement to submit the additional documents listed on the PCA-SD form when requesting a Prior Authorization. The Personal Care Management Agency, however, remains obligated to determine other services the member is receiving to ensure there is no duplication of personal care services. The Personal Care Management agency must list the other services a member is receiving in the comments section of the PA request, including schedules of those other services and any pertinent information. The comment section should also indicate that the additional documents listed in the PCA-SD form were not submitted pursuant to this Covid-19 guidance.

- **Intake and Orientation and Functional Skills Training**
  A Personal Care Management Agency may conduct Intake and Orientation and all forms of Functional Skills Training via telehealth (including telephone and live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), and as determined necessary by the Personal Care Management Agency. The performance of these functions shall be billed per usual protocols and their performance and delivery via telehealth must be clearly documented in the Member's record. Providers should bill the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face.

- **Consumer Communications of Temporary Suspension of Overtime Policy**
  Personal Care Management Agencies should inform Consumers of the temporary suspension of the overtime policy described in this guidance document.

- **Consumer Communications of the Use of Electronic Timesheet**
  Personal Care Management agencies should inform Consumers of the value of adopting the electronic timesheet at their respective Fiscal Intermediary for the purpose of ensuring timely payroll. Personal Care Management agencies should direct Consumers to their Fiscal Intermediary for assistance in accessing the electronic timesheet.

- **Consumer Communications around the Completion of New Hire Paperwork**
  Personal Care Management agencies should inform Consumers and PCAs, to the extent possible, to reach out to their Fiscal Intermediaries to utilize available technologies in expediting and simplifying the completion of New Hire Paperwork.

For PCA Program: Consumers who Employ PCAs

- **Overtime Policy**
  MassHealth is temporarily suspending the overtime limits (weekly hour limits) listed under 130 CMR 422.418(A) for the PCA program. Pursuant to this change, until further notice, a Consumer may schedule a PCA to work overtime hours without requiring prior authorization from MassHealth. Consumers should schedule their PCAs with the health and well-being of both Consumer and PCA in mind.

For PCA Program: Fiscal Intermediaries working on behalf of Consumers

- New Hire Orientation in-person classes are temporarily suspended. During this period of suspension, the following applies:
  - New Hire Orientation sanctions will be suspended for a period of 30 days for all PCAs currently sanctioned.
  - During this 30 day period, all PCAs may satisfy the new hire orientation training requirement by taking the online training, including PCAs who are no longer within the first three months of employment and PCAs who are currently receiving a sanction due to having not previously taken the New Hire Orientation within the required time frame.
  - The 9-month grace period for taking the New Orientation will be paused for a period of 30 days.
  - MassHealth will update this information if it determines that the temporary 30-day suspension needs to be extended.

- **Overtime Non-Compliance**

Fiscal Intermediaries will cease sending letters to Consumers and PCAs for overtime non-compliance. Consumers, however, will continue to receive notices of overbilling for the purpose of record keeping and self-adjustment as needed.

For Durable Medical Equipment Providers

- **Prior Authorization Extensions**
  Durable Medical Equipment Providers or Oxygen and Respiratory Equipment Providers may request a continuation of an existing prior authorization. The provider must submit an extension request via email to *support@masshealthltss.com* prior to the end date of the existing prior authorization. Such extension requests must have the following document in the comments field: "COVID-19". Extension requests will be approved for up to 90 days.

- **Delivery of Durable Medical Equipment (DME) and Oxygen and Respiratory monthly supplies**
  Notwithstanding those sections of the DME & Oxygen Payment and Coverage Guideline Tool that prohibit DME and Oxygen and Respiratory Therapy providers from delivering more than a 30-day supply of covered medical supplies to a MassHealth Member, those providers may deliver up to a 90-day supply of those medical supplies upon the Member's request. Providers must clearly document in the Member's chart and when submitting claims that the provider delivered an increased supply due to "COVID-19". Providers must also include, in the Member's chart and with the claims, the dates of service (DOS) and time period the delivery will encompass.
    - **Billing Guidelines for delivery of supplies provided up to a 90-day Period:**
      - Providers are requested to submit one claim per delivery.
      - The first line of the claim should coincide with the delivery date.
      - Providers should submit separate line items identifying the specific months the delivery encompasses and include the allowed monthly limit on each claim line.
      - Providers are requested to pay close attention to any prior approvals that might be expiring and request an extension if needed. Any months that you are billing should have an active prior approval in place, if PA is required.
      - Do not bill a three-month delivery on one line item with one date of service to avoid your claim being denied.

Example of submitting a claim for T4521: *Adult sized disposable incontinence product brief/diaper, Small, each 1 unit = each, 248 per month.*

Line item 1: Date of delivery 04/01/2020	*units 248*	*add price: $213.60*
Line item 2: Date 05/01/2020	*units 248*	*add price: $213.60*
Line item 3: Date 06/01/2020	*units 248*	*add price: $213.60*
		Total 640.80

- **Sample list of supplies that can be delivered and billed for up to a 90-day supply (but not limited to):**
  - Diabetic Supplies
  - Absorbent supplies
  - Enteral Supplies
  - Wound Care supplies.

- **Member or Member's designee signature on delivery ticket**
  Notwithstanding the requirements of 130 CMR 409.419(A), DME and Oxygen and Respiratory Therapy providers should not ask the Member or the Member's designee to sign a delivery slip at the time that the provider delivers DME and Oxygen and Respiratory Therapy supplies or equipment to the Member's home. Providers must document the following on the delivery slip, "Signature not required related to COVID-19".

- **Face-to-Face requirement**
  In accordance with 42 CFR 440.70(f)(6), MassHealth will permit physicians and other qualified non-physician practitioners, as appropriate, to conduct any face-to-face encounter required by 42 CFR 440.70 via telehealth (including telephone and live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-). DME and Oxygen and Respiratory Therapy providers must (1) verify that the physician or qualified non-physician practitioner performed the encounter and (2) include documentation of that encounter in the member's records

For Home Health Agencies providing Intermittent Home Health Services and Continuous Skilled Nursing (CSN) Services

- **Availability of Caregivers**
  If, as determined by a Home Health Agency, that a member's family member or primary caregiver who is providing care to a member pursuant to 130 CMR 403.409(D), is unable to continue to provide care due to COVID-19, the Home Health Agency may request from the MassHealth agency additional home health and/or Continuous Skilled Nursing services, as applicable, to ensure the member's medical needs continue to be met. These additional home health services and/or Continuous Skilled Nursing services may be authorized for periods of up to 90 days.

- **Provision of Intermittent Home Health Services via Telehealth**
  A Home Health Agency Provider may provide appropriate home health services via telehealth (including telephone and/or live video)) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), as determined necessary by the Home Health Agency Provider. The provision of home health services via telehealth should be billed per usual protocols and the performance and delivery via telehealth must be clearly

documented in the Member's record. Providers should bill the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face. Providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth. The Place of Service code can be included beginning April 1, 2020 for dates of service beginning March 12, 2020.

- **Provision of CSN Services via Telehealth**
  A Home Health Agency Provider may provide member/family consultative CSN services via telehealth (including telephone and/or live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), as determined necessary by the Home Health Agency Provider. The provision of CSN services via Telehealth is limited to consultative services and should be billed using the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face. Providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth. The Place of Service code can be included beginning April 1, 2020 for dates of service beginning March 12, 2020. The number of units billed per CSN consultative visit should correspond to the length of time the home health agency provided via Telehealth (i.e. a 30 minute consultative visit would equate to two units of CSN services).

- **Performance of Face-to-Face Encounter Requirements via TeleHealth**
  In accordance with 42 CFR 440.70(f)(6), MassHealth will permit physicians and other qualified non-physician practitioners, as appropriate, to conduct any face-to-face encounter required by 42 CFR 440.70 via telehealth (including telephone and/or live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-). The home health agency must ensure documentation of the face-to-face encounter in the Member's record as specified in 130 CMR 403.420(E)(3).

- **Timeframe to Acquire Signatures on Plans of Care**
  MassHealth will allow home health agency providers additional time to obtain the signed plan of care. The home health agency may obtain the signed plan of care either before the first claims submission or within 90 days from the first claims submission as long as the requirements outlined in 130 CMR 403.420 are met, effectively extending the physician signature timeframe from 45 days to 90 days.

- **Prior Authorization Extensions**
  Home Health Agency Providers may request the continuation of an existing prior authorization. The provider must submit an extension request via email to support@masshealthhltss.com prior to the end date of the existing prior authorization. Such extension requests must have the following note in the comments field: "COVID-19". Extension requests may be approved for periods up to 90 days depending on the home health agency's ability to assess the member's continuing need for home health services. All approved extensions will be based off of the

member's most recently authorized frequency for home health services. PA extensions will not be approved for requests to increase the frequency of services.

- **Temporary Expansion of Home Health Aide Services**
  As described further in MassHealth Home Health Agency Bulletin 56, for the duration of the state of emergency declared via Executive Order No. 591, MassHealth will permit Home Health Agency Providers to provide home health aide services to MassHealth members with an existing prior authorization for PCA services when a member is experiencing a disruption in receipt of PCA services due to COVID-19. Refer to Home Health Agency Bulletin 56 for further information.

For Community Case Management Program (CCM)

- **Acquiring Signatures on PCA Surrogate Forms**
  CCM may waive Consumer, Surrogate, and Legal Guardian signatures. CCM should document the date, time, and verbal attestation from the Consumer, Surrogate, or Legal Guardian, and include the note 'Covid-19' on required documents for record keeping purposes.

- **Telehealth**
  CCM may conduct an Initial Evaluation, Care Management Activities, Comprehensive Needs Assessment, and Reassessment for all services CCM provides and authorizes for MassHealth Members via telehealth (including telephone and/or live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus- disease-2019-covid-19-providers#provider-bulletins-) as determined necessary by the Community Care Management Program.

For Independent Nurse Providers

- **Temporary Change to Limit of Hours**
  MassHealth is temporarily expanding the maximum limit of hours described in 130 CMR 414.409(C) from 60 hours provided in a consecutive 7-day period to 80 hours in a consecutive 7-day period; and from 12 hours in a consecutive 24-hour period to 16 hours in a consecutive 24-hour period. All requests to temporarily increase the frequency of continuous skilled nursing service delivery must be authorized by the Community Case Management Program.

- **Availability of Caregivers**
  If, as determined by the Independent Nurse, that a Member's family member or primary caregiver who is providing care to the Member pursuant to 130 CMR 403.414(I), is unable to continue to provide care due to COVID-19, the Independent Nurse may request from the MassHealth agency additional Continuous Skilled Nursing services, as applicable, to ensure the Member's medical needs continue to be

met. These additional Continuous Skilled Nursing services may be authorized for periods of up to 90 days.

- **Provision of CSN Services via Telehealth**
  An Independent Nurse Provider may provide member/family consultative CSN services via telehealth (including telephone and/or live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), as determined necessary by the Independent Nurse. The provision of CSN services via telehealth is limited to consultative services and should be billed using the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face. Providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth. The Place of Service code can be included beginning April 1, 2020 for dates of service beginning March 12, 2020. The number of units billed per CSN consultative visit should correspond to the length of time the Independent Nurse provided via Telehealth (i.e. a 30 minute consultative visit would equate to two units of CSN services).

For Hospice Agency Providers

- **Timeframe on Certification of Terminal Illness**
  If a Member's physician is unable to complete and submit to the Hospice Agency Provider written certification of terminal illness for a Member's initial 90-day certification period, or any subsequent recertification periods, the Hospice Agency Provider may acquire an oral certification within 2 calendar days and the written certification before the Hospice Agency Provider submits a claim for payment to the MassHealth agency in accordance with CFR 418.22(3).

- **Telehealth**
  A Hospice Agency Provider may conduct required in-person activities as described at 130 CMR 437.423 via telehealth (including telephone and live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), and as determined necessary by the Hospice Agency Provider. The performance of these functions shall be billed per usual protocols and the performance and delivery via telehealth must be clearly documented in the Member's record. Providers should bill the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face.

- **Contracted Staff**
  Per 42 CFR 418.64, a Hospice Agency Provider may use contracted staff for core services only under extraordinary circumstances (i.e., to supplement hospice employees in order to meet patients' needs during periods of peak patient load.) If contracting is used, the hospice must continue to maintain professional, financial, and

administrative responsibility for the services in accordance with current regulations and policy.

For Therapy Providers (Physical, Occupational, Speech)

- **Prior Authorization Extensions**
  Therapy Providers may request the continuation of an existing prior authorization. The provider must submit an extension request via email to support@masshealthltss.com prior to the end date of the existing prior authorization. Such extension requests must have the following note in the comments field: "COVID-19". Extension requests may be approved for periods up to 30 days depending on the therapy provider's ability to assess the member's continuing need for therapy services. PA extensions will not be approved for requests to increase the frequency of services.

- **Telehealth**
  A Therapy Provider may conduct required in-person activities via telehealth (including telephone and live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), as determined necessary by the Therapy Provider. The performance of these functions shall be billed per usual protocols and the performance and delivery via telehealth must be clearly documented in the Member's record. Providers should bill the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face. Providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth. Providers will be able to bill MassHealth for these services delivered via telehealth beginning April 1, 2020, for dates of service beginning March 12, 2020.

For HCBS Waiver Providers

- HCBS Waiver service providers should reference the MassHealth guidance for Agency In-Home Care, Non-Agency In-Home Care, and Community Day Program COVID-19 Guidance, as applicable, as well as guidance throughout this document that pertains to providers of LTSS services most similar to the waiver services they provide. If it is unclear which set of guidance is most applicable, providers may contact the University of Massachusetts Medical School Disability and Community Services HCBS Provider Network Administration Unit as follows:
  - Phone: toll free (855) 300-7058
  - Email: ProviderNetwork@umassmed.edu

- If, as determined by an HCBS Waiver Provider, that a Member's family member or primary caregiver who is providing care to a Member, is unable to continue to provide care due to COVID-19, the HCBS Waiver Provider may request from the waiver case manager additional HCBS Waiver services, as applicable, to ensure the

Member's needs continue to be met. These additional HCBS services may be either additional hours of the current services authorized or may include authorization of new service types.

- An HCBS Waiver Provider may conduct required in-person activities (e.g., Adult Companion and Individual Support and Community Habilitation) as described at 130 CMR 630.00 via telehealth (including telephone and live video) in accordance with the standards set forth in the All Provider Bulletin 289 located on the MassHealth website (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins-), and as determined necessary by the HCBS Waiver Provider. The performance of these functions shall be billed per usual protocols and the performance and delivery via telehealth must be clearly documented in the Member's record. For 15-minute and per-visit services, waiver service providers should bill the same procedure codes for services delivered via telehealth as appropriate for those services delivered face-to-face.

- Member signature requirements may be waived as long as the Provider documents the date, time, and verbal attestation from the Member, and includes the note 'Covid-19' on required documents for record keeping purposes.

For Nursing Facilities

- **Coverage of COVID-19 Quarantine in a Nursing Facility**
  There may be instances in which Nursing Facilities will need to quarantine Members infected with COVID-19 for public health reasons or otherwise cannot safely discharge a Member due to COVID-19 exposure or risk, even though these Members may no longer require a Nursing Facility level of care. MassHealth will pay Nursing Facilities for Members no longer requiring a Nursing Facility level of care but who must be quarantined in the facility or otherwise cannot be safely discharged due to COVID-19. Nursing Facilities should complete the following steps in order be paid by MassHealth:
    - For any Member to whom the above circumstances apply, Nursing Facilities must email Meera.Ramamoorthy@mass.gov and Jacqueline.Fratus@mass.gov, with subject line **LTC COVID-19** and in the body of the email include:
      - Provider number
      - Member name
      - Member MassHealth ID
      - Date of confirmed or suspected COVID-19 diagnosis of member or caregiver
      - *Nursing facilities must use a **state secure email** to send such requests. If a provider has not used a state secure email before, the provider must email Meera.Ramamoorthy@mass.gov and Jacqueline.Fratus@mass.gov for further instructions.*
    - MassHealth will extend eligibility for the duration the Member is quarantined and/or until the Member can be safely discharged to the community, to allow

the Nursing Facility to bill MassHealth for Members who no longer require a Nursing Facility level of care. If the Member has a PPA, their PPA will be $0 beginning the month of notification, and for the duration the Member is quarantined and/or until the Member can be safely discharged to the community.

- **When the Member is ready for safe discharge,** nursing facilities must email Meera.Ramamoorthy@MassMail.State.MA.US and Jacqueline.Fratus@mass.gov, at MassHealth with subject line **LTC COVID-19 Discharge** that includes a Discharge SC-1 indicating when the member has been discharged.
  - *Nursing facilities must use a **state secure email** to send such requests. If a provider has not used a state secure email before, the provider must email Meera.Ramamoorthy@mass.gov and Jacqueline.Fratus@mass.gov for further instructions.*

- **Medical Leave of Absence Bed-Hold Days**
  Notwithstanding the limits described in MassHealth Nursing Facility Bulletins 138 and 139, MassHealth is temporarily lifting the 20-day limit for paid Medical Leave of Absence bed-hold days in cases where Members may not be safely discharged back to the Nursing Facility or must be safely quarantined due to COVID-19. All such instances must be clearly documented in the Member's record.

For Chronic Disease and Rehabilitation Hospitals (CDRHs)

- **Suspension of the 45-day nonpayment Administrative Day (AD) policy**
  - Pursuant to All Provider Bulletin 289 (March 2020), chronic disease and rehabilitation inpatient hospitals may bill MassHealth for members no longer requiring an inpatient level of care but who must be quarantined in the hospital or otherwise cannot be safely discharged due to COVID-19 by switching the members to administrative day (AD) status. Notwithstanding any contrary requirements in 130 CMR 435.412, MassHealth will consider all administrative days **directly related to COVID-19** as reimbursable.
    - Chronic disease and rehabilitation inpatient hospitals rendering COVID-19-related services to MassHealth members will be paid in accordance with the administrative day rate specified in their Chronic Disease and Rehabilitation Hospital Contract.
    - Chronic disease and rehabilitation hospitals must document in the patient record the specific COVID-19 related reason requiring administrative days.
  - For dates of service on or after March 10, 2020, CDRH providers should bill using the short-stay Administrative Day occurrence code 21 for MassHealth members meeting the criteria listed above, **who are currently in or entering the 45-day AD window only**:

Occurrence code:	*Rate:*
21	*CDRH-specific short-stay Administrative Day (AD) per diem*

- **Pre-Admission Screenings**
  Pursuant to All Provider Bulletin 291, notwithstanding 130 CMR 435.408: *Screening Program for Chronic-Disease and Rehabilitation Hospitals*, MassHealth will not require pre-admission screening of members seeking admission to Chronic Disease and Rehabilitation Hospitals (CDRH). Instead, a CDRH may admit a member after submitting a notification of admission packet to MassHealth, with the below documentation. The admission will be subject to concurrent and retrospective review as clinically indicated.
  - A CDRH seeking to admit a member may admit the member after submitting a notification of admission packet to MassHealth Office of Clinical Affairs (OCA), with the following documentation:
    - Admission notes
    - Clinical notes over the last 3 days in the acute hospital (documenting clinical and functional status)
    - CDRH attestation of patient needs
  - Upon receipt of an admission packet with the above required information, OCA will assign a "PAS number" to the admission for payment purposes.