



MassHealth
Day Habilitation Program Bulletin 13
January 2021

TO: Day Habilitation Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Guidance for Day Habilitation Providers Delivering Multi-model Hybrid Services during the COVID-19 Public Health Emergency

Background

Through All Provider Bulletins 289, 291, 294, 298, and 303, 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 day habilitation (DH) services, MassHealth's telehealth policy (as reflected in All Provider Bulletins 289, 291, 294, and 303), as well as policies for services provided in an in-home setting and to extend these policies through the public health emergency.

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, as 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 Multi-model Hybrid Service Delivery

Payment rates for services delivered through hybrid service delivery, outlined below, will be the same as payment rates 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.

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Provider should bill for remote services, as described herein, using the partial per diem codes. Providers should bill for in-home services, described herein, using the appropriate per diem codes.

After services are provided, they should bill only for the day on which the service was delivered.

If a member is out of the area, as a means to be closer to family or other caregiver, the provider may continue to provide remote services to that member if the services are scheduled and planned before the delivery of the service. Remote services are not acceptable for members outside of the Commonwealth.

After the services are delivered, providers may submit claims either on a monthly basis or more frequently throughout the month.

Multi-model Hybrid Service Requirements

1. Remote/telehealth services are direct interactions with the member or the member's caregiver, 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 DH 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 outside of the congregate site, or video interaction.
2. Remote/telehealth services, as well as any in-person services provided in an in-home setting, are planned engagements for the members. The member and the DH provider must agree on a schedule of services to be delivered to the member on a weekly basis.
3. Payment rates in 101 CMR 445.00 apply to DH services provided by eligible providers through remote/telehealth or in-person services, where:
 - a. 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; and
 - b. care management and follow-up from telehealth interaction with member and/or caregiver provides necessary interventions to maintain safety in the home.
4. Remote and in-home services may be delivered up to five days per week. Only one service may be delivered to a member per day.

Qualifying Multi-model Hybrid Remote/Telehealth Services

For a DH program to be able to provide remote services eligible for reimbursement, the program must deliver services in the congregate setting for those members who require or desire traditional day program services. To qualify for eligible DH reimbursement, a provider must deliver services that fall into one of the following three categories:

- **Center-Based Services** — Traditional day program services provided in a congregate-care day program setting

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- **Remote Services** — Services provided by staff through video, telephone, or outside a member's home. Staff provide skilled services and monitoring, such as working on specific health-related goals, diet education, medication monitoring, coordinated care efforts, and clinical interventions. Additional services include providing scheduled, direct, and interactive group activities held on a web-based video platform or telephone conference call that allow for each member to participate to the extent they are able, as well as work on DHSP goals and objectives.

Doorstop Remote Services — Providing activity supplies, interaction with members, checking on overall well-being, and providing health education. These are also considered remote services. Remote and in-home services may not be provided on days in which a member attends programming in the congregate setting.

- **In-Home Services** — Intended to serve as “eyes on” for those members who have been receiving remote services, recognizing that the way someone presents on the phone or video may not represent the full picture.

Before the delivery of in-home services, a self-COVID-19 screening must be performed by staff before entering the home, and a COVID-19 screening must be performed with the member before entering the home, following the *Screening and Monitoring of Participants and Staff Guidelines in the Massachusetts Day Program Reopen Approach: Minimum Requirements for Health and Safety*, July 2, 2020.

Personal protective equipment (PPE) must be worn as indicated in the *Massachusetts Day Program Reopen Approach: Minimum Requirements for Health and Safety*, July 2, 2020.

Examples of in-home service delivery include, but are not limited to:

- 1:1 engagement with member to work on specific DHSP goals or objectives;
- 1:1 use of habilitative equipment with oversight of DH staff;
- clinical assessment (i.e., nursing, social service, and therapeutic activity assessments of members);
- incidental assistance with ADLs, not duplicative of any other services a member may receive;
- safety visits, general observation of the member in their home environment, care coordination, referrals to other entities or health care services, and follow-up as needed;
- tech support/web-based platform support for the member to join in remote service activities;
- activity calendar and supplies delivered with social engagement and instruction, if applicable;
- providing the opportunity for the member to engage in a video call with another member or staff at the program;
- providing health education (e.g., diabetes/healthy eating guidance);
- assessing and attending to the member's basic needs;
- providing socialization and engagement with members with dementia, offering some respite for the caregiver;
- 1:1 interaction or activity to reduce isolation and assess the member for possible additional needs.

Functions Excluded from Billable Multi-model Hybrid Service Delivery

The following are not billable:

- Meal delivery
- Grocery shopping
- Covid-19 symptom checks at the member's residence by driver
- Arranging for members' attendance in the congregate setting
- Delivery of materials/activity packets absent any additional service provision
- Unscheduled check-ins with members and/or caregivers.

Documentation of Multi-model Hybrid Service Delivery

All remote service delivery must be clearly documented in the member's record, noting how the provided service promoted the prevention of decompensation of member's baseline and/or aligned with the member's plan of care (DHSP). Documentation must indicate that the visit was completed remotely or in-home due to COVID-19 and include a plan to follow up on any medically necessary components.

For in-home service provisions, providers must clearly document in the member's record the services delivered for each full hour of service.

Providers must maintain accurate attendance records for each date of service on which services were provided to members in the congregate setting. Members' scheduled remote services must be documented and maintained onsite. The DH provider must document scheduled remote services for each date for which services are billed and make this information available to the MassHealth agency or its designee upon request.

DH providers must submit utilization data on a biweekly basis in the form and format required by MassHealth.

MassHealth Website

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

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

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

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