



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

MassHealth
Managed Care Entity Bulletin 43
September 2020

TO: One Care Plans and Senior Care Organizations Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Medicaid Director 

RE: **Requirements for Adult Day Health Services Delivered Remotely (via Telehealth and In-Home Settings) and Enhanced Rates for Adult Day Health Services During the Reopening Period (August 1, 2020, through November 30, 2020)**

Background

MassHealth's mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. In support of that mission, MassHealth provides broad coverage of medically necessary health care services to its members. MassHealth partners with a wide variety of service providers, including vital safety net providers, in order to offer its members access.

In response to the 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). Services delivered via telehealth must be in compliance with the requirements found in [All Provider Bulletins](#) 289, 291, 294, and 298, and [Managed Care Entity Bulletins](#) 21, 29, and 39. One Care plans and Senior Care Organizations (SCOs) (referred to herein collectively as "integrated care plans" or "plans") must ensure that they deliver all covered services in an amount, duration, and scope that is no more restrictive than the MassHealth fee-for-service program.

This bulletin contains MassHealth's expectations for One Care Plans and SCOs (referred to herein collectively as "integrated care plans" or "plans") related to payment, coverage, and billing for the delivery of Adult Day Health (ADH) services remotely via telehealth or in an in-home setting.

Furthermore, in light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth is disbursing critical stabilization funding to support health care providers impacted by and responding to COVID-19. These providers are on the front lines of caring for MassHealth members.

Through this bulletin MassHealth is directing integrated care plans to institute temporary rate increases as set forth in this bulletin. These enhanced rates have been established to address reduced member utilization of day program services that is occurring as day programs ramp up and reopen following their required closure during the spring of 2020.

MassHealth will amend the integrated care plans' contracts as needed to reflect the requirements set forth in this bulletin.

This bulletin is not applicable to Program of All-Inclusive Care for the Elderly (PACE) organizations.

Requirements for ADH Services Delivered Remotely (via Telehealth and In-Home Settings)

In accordance with this bulletin, certain ADH services may be delivered remotely. Remote ADH services are services that would typically be provided in the congregate setting, with specific objectives and goals for the member, but are instead performed remotely. Remote ADH services include ADH services delivered:

1. Via telehealth, including telephone and live video conferencing; and
2. In-person in in-home settings (not in the congregate program setting).

Integrated care plans making provider payments for ADH services delivered remotely shall ensure that the following requirements are met.

1. Remote ADH services are provided to assist in maintaining the highest level of functioning and safety for the member as they remain in their home or residential setting.
2. Remote ADH services, as well as any in-person services provided in an in-home setting, are planned engagements with remote schedules for members. Members and programs must align on a schedule of services to be delivered to the member on a weekly basis.
3. Payment rates as described below apply to adult day health services provided by eligible providers remotely, where:
 - a. Remote ADH services are provided to members only if the provider's congregate site is open and in operation no later than September 25, 2020;
 - b. 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;
 - c. Care management and follow-up from telehealth interaction with the member or caregiver provides necessary interventions to maintain safety in the home;
 - d. Remote ADH services are provided only on days in which a member does not attend programming in a congregate setting; and
 - e. Remote ADH services can be delivered and billed for up to three times per week at the partial per diem rate only (up to three hours of services).

Billing and Payment Rate for Services Delivered via Telehealth or an In-Home Setting

MassHealth has created a partial per diem service code (S5101) and rate equal to three hours of ADH services provided, which may be billed for qualifying services delivered via telehealth and in an in-home setting. Through this bulletin, MassHealth is directing integrated care plans to implement the S5101 code (including the Complex Level of Care "TG" modifier as appropriate) with a rate set equal to three hours or 12 fifteen-minute units of ADH services at the plan's contracted rates in effect as of February 29, 2020, plus the enhanced amount as set forth below. Plans must conform their billing and payment policies with the requirements set forth below.

Rates of payment for services delivered via telehealth or in an in-home setting will be the same as rates of payment for services delivered via traditional (e.g., in-person congregate setting) methods under the plan's contracted rates in effect as of February 29, 2020, but should only be billed using the partial per diem service code (S5101). Codes other than S5101 may not be used to bill remote services.

For providers submitting claims for S5101 through SAMS (the claiming system used by Aging Services Access Points), distinguishing place of service as "Remote" in the service description will be used in place of O2 service code for S5101 claims.

For providers submitting claims for S5101 through a claiming system other than SAMS, place of service code O2 must be included when submitting a claim for services delivered via telehealth/remote/in-home settings.

Services delivered via telehealth/remote/in-home may be billed only for the day in which the service was delivered. ADH providers can submit up to three partial per diem claims per member per week for services delivered. Providers may submit claims either on a monthly basis or more frequently throughout the month after the service is delivered.

Qualifying ADH Services for Remote Delivery

In order for the ADH provider to receive payment for services delivered remotely using the S5101 code, the provider must deliver at least two of the following activities in a given engagement:

- Coordinating care and activities of daily living (ADLs), as well as instrumental activities of daily living (IADLs) for individuals without formal supports at home or those with changing service needs;
- Conducting mental and emotional wellness checks and supports;
- Employing interventions to promote individual orientation of person, place, and time;
- Monitoring and encouraging progress toward individuals' care plan goals;
- Evaluating service need areas, such as self-help, sensory motor skills, communication, independent living, affective development, social and behavior development, and wellness;
- Providing caregiver support, especially for informal caregivers supporting the individual and caregivers supporting members with dementia, as well as supplying positive behavior support strategies;
- Identifying and addressing any declining health conditions;
- Identifying and addressing any nutritional needs or deficiencies;
- Appropriately monitoring, managing, and refilling member medications;
- Providing members and their families with language and interpretation supports;
- Conducting nursing assessments, social service assessments, and clinical interventions either in person or using a video platform whenever possible;
- Hosting scheduled and structured video group activities led by a staff person with a specific objective of goal for members; and
- Providing nursing services and interventions, including health and wellness education.

Services Excluded from Billable Remote Delivery

Integrated care plans may not make payments to providers for the following activities as part of ADH services delivered remotely:

- Meal delivery;
- COVID-19 symptom checks at the member's residence by driver;
- Arranging for member's attendance in the congregate setting.

Documentation of ADH Services Delivered Remotely

To receive payment for services delivered remotely, ADH providers must clearly document all such service delivery in the member's record, noting how the service provided promoted the prevention of decompensation of member's baseline, or care management services that were provided to maintain safety in the home. Documentation of telehealth must indicate that the visit was completed via telehealth due to COVID-19, note any limitations of the visit, and include a plan to follow up on any medically necessary components deferred due to those limitations.

To receive payment for such services, providers must complete the Remote Services Log for each month remote services are provided, delineating the services that were provided to each member. The Remote Services Log must be submitted to either an identified contact at the integrated care plan, or to an identified contact at an Aging Services Access Point (ASAP) where plans utilize ASAPs in their claiming arrangements, by the 15th of the month following the service month.

Additional Guidance and Requirements for ADH Services Delivered Remotely

1. ADH programs must complete the Phase 3 EOHHS Day Programming Planning & Preparation Checklist with provider attestation, keep the attestation on file, and provide a copy of the attestation to integrated care plans upon request.
2. In determining whether a member will be returning to the ADH provider's congregate program site, integrated care plans, in consultation with ADH providers, should share the Risk/Benefit Discussion Tool with members and their caregivers/guardians to elicit conversations with all members/caregivers/guardians regarding the personal, health, and situational experiences in determining the feasibility of each member returning to the program. The purpose of the risk/benefit discussion is to help the member/caregiver/guardian determine whether the benefits of the member 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, integrated care plans and providers should prioritize in-person congregate services for members whose needs cannot be adequately provided via telehealth or in the home.
3. Integrated care plans must ensure that the member's amended care plan reflects the delivery of remote ADH services, which may be continued until the member returns to receiving adult day services in the ADH provider's congregate site. Additionally, all care plans must be amended to reflect the member's needs and services provided when the member returns to receiving ADH services at the ADH provider's congregate site.
4. On a monthly basis, integrated care plans must engage the member in a conversation to reassess whether or not the member wants to return to the program and whether or not the member wishes to continue receiving remote services.
 - a. If the member no longer wants to receive remote services, but expresses interest in returning to the program in the future, plans should inform the provider that the provider may keep the member 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 member is on a temporary leave and amend the days per week to reflect that the member is temporarily not attending the program. The revised agreement must be maintained in the member's health record.
 - b. If the member no longer wants to participate in the day program, integrated care plans and providers should follow safe discharge planning.

5. All regulatory program requirements remain in effect whether the member is receiving services in the congregate setting or remotely. Providers must complete reevaluation prior authorizations in a timely manner, ensuring that there is no lapse in services.
6. Remote ADH services delivered in an in-home setting must not overlap or duplicate any other services the member is receiving that provide assistance with ADLs or therapies (i.e., residential, PCA, or home health services).

Integrated care plans may waive PCP order signatures, if the provider has been unsuccessful in obtaining them, through December 31, 2020.

Integrated care plans should instruct their contracted ADH providers that if any participant, regardless of payer source, attending the ADH provider’s congregate site or a staff member 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 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.

Enhanced Adult Day Health Rates During Reopening Period

MassHealth is directing integrated care plans to increase payment rates temporarily to ADH providers for dates of service on or after August 1, 2020, through November 30, 2020, as specified in the tables below.

The integrated care plan must apply the percentage increases indicated in the table below to the integrated care plan’s contracted rates in effect as of February 29, 2020, with ADH providers, regardless of whether or not those rates are the same as the MassHealth fee-for-service rates.

If an integrated care plan has sub-capitated or other Alternative Payment Methodology (APM) arrangements with providers, including pass-through claiming arrangements with Aging Services Access Points (ASAPs), those payments to providers shall also be made in accordance with the plan’s established criteria for such arrangements and the payment methodology outlined in this bulletin. Plans shall not subject the required rate increases to any withhold arrangement with providers.

Enhanced Rates for Dates of Service on or after August 1, 2020, through September 30, 2020

For dates of service on or after August 1, 2020, through September 30, 2020, integrated care plans are directed to increase ADH payment rates by 40% over the plan’s contracted rates in effect as of February 29, 2020.

Service Description	Code	Unit	Rate Increase
Adult Day Health – Basic Level of Care	S5102	Per Diem	40%
Adult Day Health – Complex Level of Care	S5102 TG	Per Diem	40%
Adult Day Health – Basic Level of Care	S5100	Per 15 Min.	40%
Adult Day Health – Basic Level of Care*	S5101	Per 3 hours	40%
Adult Day Health – Complex Level of Care	S5100 TG	Per 15 Min.	40%

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Service Description	Code	Unit	Rate Increase
Adult Day Health – Complex Level of Care*	S5101 TG	Per 3 hours	40%
Adult Day Health - Transportation	T2003	Per trip	40%

Enhanced Rates for Dates of Service on or after October 1, 2020, through November 30, 2020

For dates of service on or after October 1, 2020, through November 30, 2020, integrated care plans are directed to increase payment rates by 25% over the plans contracted rates in effect as of February 29, 2020.

Service Description	Code	Unit	Rate Increase
Adult Day Health – Basic Level of Care	S5102	Per Diem	25%
Adult Day Health – Complex Level of Care	S5102 TG	Per Diem	25%
Adult Day Health – Basic Level of Care	S5100	Per 15 Min.	25%
Adult Day Health – Basic Level of Care*	S5101	Per 3 hours	25%
Adult Day Health – Complex Level of Care	S5100 TG	Per 15 Min.	25%
Adult Day Health – Complex Level of Care*	S5101 TG	Per 3 hours	25%
Adult Day Health – Transportation	T2003	Per trip	25%

*Including for ADH services delivered remotely, regardless of the duration of the remote engagement

Certification Requirements

Integrated care plans shall require ADH providers to certify, either directly to the plan or to an ASAP where plans use ASAPs in their claiming arrangements, that services are provided in compliance with the [Massachusetts Day Program Reopen Approach – Minimum Requirements for Health and Safety](#). Adult Day Health providers may be subject to recovery of overpayments by the integrated care plans if they are found to be noncompliant with the Minimum Requirements for Health and Safety, or if they have billed for ADH services in excess of the billing limits described in this bulletin

Integrated care plans shall certify on a monthly basis in a form and format specified by MassHealth to compliance with the payment requirements set forth in this bulletin. Such certification shall include certification that the plan has made timely payments as outlined in this bulletin, with no offsets to provider payments through withholds, sub-capitated payment arrangements, or other APMs.

MassHealth Website

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Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.