

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

Updated as of March 23, 2020

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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 Members may elect to remain in their homes and, as a result, that day programs may make a determination to temporarily close operations due to COVID-19 concerns and low census. MassHealth will work with the Adult Day Health provider industry to discuss.

- **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@masshealthtss.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 Members may elect to remain in their homes and, as a result, that day programs may make a determination to temporarily close operations due to COVID-19 concerns and low census. MassHealth will work with the Day Habilitation provider industry to discuss.

- **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 Hab services when billing for services provided via Telehealth.

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.

- **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 6 months.

- **Reassessments**

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 PCP 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.

- **Prior Authorization 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.

- **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. Member and Caregiver signature requirements are waived until further notice; however, Providers should document a verbal attestation from the Caregiver on Caregiver logs and other required documents for record keeping purposes. Providers should bill the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face.

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 PCP Summary Forms and Member signature requirements are waived until further notice; however, Providers should document a verbal attestation from the Member 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.

- **Cost Report Submission**

MassHealth extends the due date for the submission of Cost Reports for 90 days.

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.

- **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.

- **Signature Requirements**

- Required physician/nurse practitioner/physician assistant signatures for the purpose of approving Prior Authorization requests are waived until further notice.
- Consumer, Surrogate, and Legal Guardian signatures are waived until further notice.
 - For the purpose of PA submission, Consumer, Surrogate, or Legal Guardian must provide verbal agreement to the PCA evaluation. The PCM agency should note 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 a verbal attestation from the Consumer, Surrogate, or Legal Guardian; including ‘Covid-19’.

- **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@masshealthtss.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 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.

- **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 Agency Providers

- **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 Home Health Services via Telehealth**

A Home Health Agency Provider may provide appropriate home health 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->), 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.

- **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 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). Providers should bill the same procedure codes for services delivered via telehealth as appropriate for services delivered face-to-face.

- **Timeframe to Acquire Signatures on Plans of Care**

MassHealth will allow home health providers to 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. 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.

- **Temporary Expansion of Home Health Aide Services**

As described further in 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.
- Pursuant to 42 CFR 484.80(i), an individual providing personal care attendant-only home health aide services on behalf of a home health agency does not need to meet the home health aide training and certification requirements required under 42 CFR 484.80. The individual only needs to

meet the training requirements established by the state for personal care services and demonstrate competency in the personal care services the individual is required to furnish.

- Refer to Home Health Agency Bulletin 56 for further information.

For All Services authorized through the Community Case Management Program (CCM)

- **Acquiring Signatures on PCA Surrogate Forms**

For the next 90-days, CCM may acquire Member signatures on the PCA Surrogate Forms either electronically or via mail.

- **Telehealth**

The Community Case Management (CCM) Program 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 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

- **Availability of Caregiver**

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.

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)

- **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.

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 are waived until further notice; however, Providers should document a verbal attestation from the Member 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, and will issue additional guidance regarding appropriate billing for these Members in the future.
- **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.