



CONFIDENTIAL; FOR POLICY DEVELOPMENT PURPOSES ONLY

The guidance in this bulletin will remain in effect for 90 days after the final date of the Governor's Declaration of a State of Emergency due to COVID-19.

#### Adult foster care provider <u>may use</u> telehealth for:

 Initial evaluations, provided such telehealth uses teleconferencing technology. EOHHS strongly encourages providers to conduct initial evaluations in-person with proper personal protective equipment (PPE). There may be certain circumstances in which telehealth use via videoconference is appropriate. In those circumstances, evaluations may be conducted via hybrid model, using a combination of telehealth and inperson methodology as appropriate;

(<u>https://www.mass.gov/doc/adult-foster-care-bulletin-18-masshealth-telehealth-policy-for-adult-foster-care-and-group-adult-foster-care-services-0/download</u>)

 Reassessments, including reassessments based on significant change, provided such telehealth uses teleconferencing technology. EOHHS strongly encourages providers to conduct reassessments in-person with proper PPE. There may be certain circumstances in which telehealth use via videoconference is appropriate. In those circumstances, reassessments may be conducted via hybrid model, utilizing a combination of the telehealth and in-person methodology as appropriate;

 Care management and nursing oversight visits or community health worker visits if applicable, provided the prior care management or nursing oversight visit was not provided via telehealth. MassHealth strongly encourages providers to resume conducting care management and nursing oversight visits in-person with proper PPE. There may be circumstances for which telehealth is utilized in lieu of an in-person visit. It is the responsibility of the provider to make the determination if telehealth is appropriate for that particular visit, and the provider must document the reason in the member record. Telehealth cannot be utilized in consecutive months unless it has been approved by EOHHS on a case-by-case basis.

## Adult foster care provider <u>may not use</u> telehealth for:

- Caregiver assistance with activities of daily living or instrumental activities of daily living, inclusive of cueing and supervision of such activities;
- Initial evaluations of members for whom providers are unable to conduct an initial evaluation in-person or using teleconferencing technology. Such members should be referred to their primary care physicians.
- Reassessments, including reassessments based on significant change, of members for whom providers are unable to conduct such reassessments inperson or using teleconferencing technology. Such members should be referred to their primary care physicians.
- Consecutive care management visits provided via telehealth; and
- Consecutive nursing oversight visits provided via telehealth.

#### **Member Consent**

Providers must obtain verbal consent from a member, and the member's caregiver/legal guardian if applicable, before the initiation of adult foster care services via telehealth. Providers must also document the consent in the member's record. In obtaining the member's consent, providers must provide the member with the following information about telehealth.

A statement explaining:

- What a telehealth visit entails;
- What is expected from the member, as well as the AFC provider; and
- Any relevant privacy considerations, and that the member may revoke their consent for telehealth services at any time.

# COVID-19-related Administrative Flexibilities for Adult Foster Care Provider

## Flexibilities Effective Until the End of the Federal Public Health Emergency (PHE)

#### **PCP Physical Examination Requirements:**

- If a member is unable to secure a physical examination within 12 months to meet adult foster care program requirements for either initial evaluations or reassessments, MassHealth will accept record of a telehealth visit from the PCP in lieu of an in-person physical examination. Telehealth checkup and well-visit notes may be accepted as substitutes for in-person physicals when those notes include diagnoses, medication, and symptom review.
- Alternatively, if a member has not had a primary care provider (PCP) visit within 12 months to meet adult foster care program requirements for either initial evaluations or reassessments, the Executive Office of Health and Human Services (EOHHS) will also accept documentation of a PCP visit and physical examinations within the last 24 months, provided the date of the physical examination is clearly documented in the member record.

(https://www.mass.gov/doc/adult-foster-care-bulletin-19-covid-19-related-administrative-flexibilities-for-adult-foster-care-and-group-adult-foster-care-providers-0/download)

## COVID-19-related Administrative Flexibilities for Adult Foster Care Provider (cont'd)

## Waiver of Caregiver and Employee Physical Examinations and Tuberculosis Screenings Prior to the Start of Services or Employment:

Adult foster care providers must clearly document if a caregiver or employee is unable to secure a physical examination or tuberculosis screening prior to the start of employment (or start of service for caregivers) due to COVID-19.

## Waiver of PCP and Member Signatures:

Required signatures on Physician Summary Forms and PCP Order forms are waived. Providers are still responsible for completing these forms and submitting them for prior authorization purposes. Member signature requirements are 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.

## Uniform Core Assessment (UCA) Updates

The Uniform Core Assessment (UCA) project is something MassHealth has been contemplating for a while, and we've had discussions about it with different provider groups over the last few years. The idea for the project is that we design one clinical assessment tool (for example, the MDS-HC) that can be used for as many FFS programs as possible.

# Uniform Core Assessment (UCA) Updates (cont'd)

- The rationale for the UCA project stems from a problem many MassHealth programs have encountered over the years. There are many different clinical assessments used across all our LTSS programs. The downside of this is:
  - Members are subject to repeated, duplicative assessments as they navigate the LTSS system.
  - Providers, case managers, and other qualified stakeholders cannot go to one place to see all the assessments a member has received.
  - Because assessment data is not all in one place, and because the data across different types of assessments is inconsistent, MassHealth is limited in the ability to do comparisons and analyze trends across our populations and programs. As you can imagine, this has been a big problem during COVID.

# Uniform Core Assessment (UCA) Updates (cont'd)

- In order to continue to move forward with the project, MassHealth is
  releasing a solicitation for a company to build a web portal that will allow
  assessors to conduct the assessments using the UCA and store the
  assessment data so they can be viewed by others.
- MassHealth is in the process of looking for a vendor now, since the government procurement process and the time to build a system can take some time. Our goal is to implement the UCA within two years.
- MassHealth will continue to share updates about the progress of the UCA tool, how it will be used, and other project developments.





# Q & A





## **Contact Information for MassHealth LTSS Provider Service Center**

Phone: Toll-free (844) 368-5184 Email: support@masshealthltss.com Portal: www.MassHealthLTSS.com Mail: MassHealth LTSS PO Box 159108 Boston, MA 02215 Fax: (888) 832-3006

# Thank you for having us!