

Adult Day Health Payment Policy

Policy

This policy applies to NaviCare® and Fallon Health Weinberg (MLTC) products.

NaviCare

Fallon Health Weinberg

NaviCare

COVID-19 ADH Services and Requirements:

Effective August 1, 2020, in response to the State of Emergency in Massachusetts due to 2019 novel coronavirus (COVID 19), Adult Day Health agencies are permitted to submit claims for both a temporary 3-hour rate as well as certain services that may be delivered remotely in accordance with MCE Bulletin 43. Remote ADH services include ADH services delivered:

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

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. Additionally, 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.

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 the plan by the 15th of the month following the service month.

Adult Day Health (ADH) is a program in a non-residential facility that provides nursing care, supervision, and health-related support services in a structured setting to persons who have physical, cognitive, or behavioral health impairments. The ADH program provides meals,

supervision, and assistance with medications, personal care, health care, and socialization through organized activities.

The program provides respite for the member's caregivers and support for the member's family which enables the member to continue to live in the community.

In order to effectively collaborate with the NaviCare Primary Care Team, the ADH Care assessment and the comprehensive care plan may be requested by the Nurse Case Manager representing the Primary Care Team.

The ADH Program must maintain administrative records as outlined in 105 CMR 158.031 and the daily attendance records may be requested by Fallon Health to verify claims submitted for payment. These records must be provided within seven (7) days of request by Fallon Health.

NaviCare members that qualify for Adult Day Health (ADH) Care following MassHealth Program Regulations (130 CMR 404.000) may attend licensed ADH Care Programs when criteria is met. The NaviCare Nurse Case Manager determines the level of ADH services based upon the member's ability to perform activities of daily living following MassHealth Program Regulations and Guidelines for Medical Necessity Determination for Adult Day Health. ADL assistance must be needed at least daily or on a regular basis at the ADHC.

All contracted ADH Care Programs must meet Massachusetts Department of Public Health Licensure of Adult Day Health Programs Regulations 105 CMR 158.000.

NaviCare members may attend Massachusetts Licensed ADH Care Programs when ADH Care Program is either:

- Contracted with Massachusetts Aging Service Access Point Agencies - the Aging Service Access Point Agency is responsible for paying the ADH Care Program when criteria is met following MassHealth Program Regulations (130 CMR 404.000) and Guidelines for Medical Necessity Determination for Adult Day Health and obtaining reimbursement from Fallon Health; or
- Contracted with Fallon Health NaviCare - prior authorization for the ADH payment levels (Basic or Complex) is determined by the NaviCare Primary Care Team when criteria is met following MassHealth Program Regulation Clinical Eligibility Criteria (130 CMR 404.000 – section 404.405) and Guidelines for Medical Necessity Determination for Adult Day Health.

Definitions:

Activities of Daily Living (ADL) – Fundamental personal care tasks performed daily as part of an individual's routine self-care. ADLs include, but are not limited to eating, toileting, dressing, bathing, transferring, and mobility/ambulation. .

Adult Day Health (ADH) - A community-based and non-residential service that provides nursing care, supervision, and health related support services in a structured group setting to NaviCare members who have physical, cognitive, or behavioral health impairments. The ADH service has a general goals of meeting the ADL, and/or skilled nursing therapeutic needs of NaviCare member delivered by a MassHealth agency-approved ADH provider that meets the conditions of 130 CMR 404.000.

Adult Day Health Program – A site-based program that is licensed by the Department of Public Health (DBP) under 105 CMR 158.00: Licensure of Adult Day Health Programs and that has been reviewed and approved by the MassHealth agency and by other appropriate authorities for the provision of ADH for a specific number of daily participants. If a provider offers ADH in more than one location, each location is a separate ADH program and must meet the provisions of 130 CMR 404.000.

Clinical Assessment – The screening process of documenting a member's need for ADH using a tool designated by the MassHealth agency and which assessment forms the basis for prior authorization of ADH.

Basic Payment Level – The payment rate established by Fallon Health for an ADH provider’s provision of ADH service to members who meet the criteria set forth in 130 CMR 404.414(D)(1)

Complex Payment Level – The payment rate established by Fallon Health for an ADH provider’s provision of ADH service to members who meet the criteria set forth in 130 CMR 404.414(D)(2).

Primary Care Team – a member’s interdisciplinary care team responsible for developing the member’s care plan. NaviCare employs RN Nurse Case Managers and Navigators as members of the Primary Care Team and the NaviCare RN determines the member’s eligibility for ADH

Reimbursement:

The following services are reimbursed:

- ADH that is provided by Plan-contracted providers and has been prior authorized.
- Transportation that is provided and coordinated by the ADH Center, if it is part of the member’s care plan and prior authorization has been obtained.

Prior authorization for both ADH and transportation services is required.

Referral and prior authorization requirements for services delivered via telehealth are the same as services delivered on an in-person basis; as such, telehealth services may require referral or prior authorization.

NaviCare billing/coding guidelines:

Services must be submitted in the following manner at the approved level of care ‘Basic’ OR ‘Complex’ utilizing modifiers as required for the approved level of care. The per diem service codes should be utilized for a full day of 6 hours or more; the partial per diem service codes should be utilized for less than a full day (effective for dates of service on or after 7/1/2021 per 101 CMR 447.00). Only one service may be delivered to a member per day.

Code	Modifier	Description
S5101		Basic level of care, (per 3 hours)
S5101	TG	Complex level of care, (per 3 hours)
S5102		Basic level of care, per diem
S5102	TG	Complex level of care, per diem
T2003		Non-emergency transportation; encounter/trip

Note: Utilization of S5100 and S5100 TG ended on 6/30/2021 (per 101 CMR 447.00).

ADH services require place of service (POS) 49.

Transportation services require POS 41.

ADH and Transportation services must be submitted separately.

Telehealth/Remote/In-Home ADH Services through the end of the federal COVID-19 public health emergency:

All providers must include place-of-service code 02 when submitting a claim for services delivered via telehealth/remote/in-home settings. After services are provided, providers 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 the Commonwealth.

Providers should bill for remote services, including in-home services, as described herein, using the partial per diem codes below:

Code	Modifier	Description
S5101		Basic level of care (per 3 hours)
S5101	TG	Complex level of care (per 3 hours)

Notwithstanding the requirements set forth in the MassHealth adult day health (ADH) provider regulations at 130 CMR 404.000, for the period of the federal public health emergency due to COVID-19, ADH services do not have to be provided in a congregate setting. During this period, MassHealth ADH services may be provided in a residential setting and may be community based rather than site-based.

Fallon Health Weinberg MLTC

There are two types of Adult Day Health (ADH): Social Adult Day Care and Medical Adult Day Care.

Eligible Plan members that are participants in Adult Day Health medical models must be Nursing Home Certifiable (NHC). They must require physical assistance for at least two activities of daily living (ADLs) and many have some form of Dementia.

Definitions:

Medical Model Adult Day Health is a program in a non-residential facility that provides services for elderly and/or handicapped participants. The Medical model program provides meals, supervision, and assistance with medications, personal care, health care, and socialization through organized activities. This program provides respite for the participant’s caregivers.

Social Model Day programs offer daily supervision of the elderly. These programs may include reality orientation, peer socialization, assistance with feeding and/or toileting, recreational activities (crafts, music, etc.), a hot nutritious meal, and family support. Adult Day Programs provide services from five to eight hours per day.

The Care Team is a foundation of support for the Plan member. It includes the Plan member as the primary member of the team, with the member’s PCP and their Care team as core supports to maintain the member’s wellbeing.

Reimbursement:

The following services are reimbursed:

- ADH that is provided by Plan-contracted providers and has been prior authorized.
- Transportation that is provided and coordinated by the ADH Center, if it is part of the member’s care plan and prior authorization has been obtained.

Prior authorization for both ADH and transportation services is required.

Fallon Health Weinberg billing/coding guidelines:

Services must be submitted in the following manner, or per contract terms:

Code	Modifier	Description
S5102		Basic level of care, per diem
S5102	TG	Complex level of care, per diem
S5102	UI	Health Promotion and Prevention, per diem

Place of service (POS)

This policy applies to services rendered in ADH (POS 49) and Transportation (POS 41) settings.

Policy history

Origination date: 04/01/2015
 Previous revision date(s): 07/01/2015 – Introduced policy.
 05/01/2016 - Annual review.
 Connection date & details: July 2017 - Updated NaviCare and FHW requirements.
 October 2018 – Updated NaviCare reimbursement section.
 April 2020 – Updated Policy, Prior Authorizatoin and Billing and Coding sections related to COVID-19 temporary telehealth coverage.

May 2020 – Update Policy and Billing and Coding sections related to COVID-19 temporary retainer payments.
July 2020 – Updated termination date of COVID-19 retainer payments
October 2020 – Updated Policy and Billing and Coding sections related to COVID-19 remote ADH services and 3-hour day attendance.
January 2022 – Updated NaviCare billing and coding guidelines.

The criteria listed above apply to Fallon Health Plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.