

**Connecticut Medical Assistance Program**

Provider Bulletin 2020-68

Policy Transmittal 2020-49

October 2020

Deidre S Gifford, MD, MPH, Commissioner

Effective Date: March 1, 2020
Contact: dana.robinson-rush@ct.gov**TO: Home Health Agencies, Access Agencies and Hospice Agencies****RE: CMAP COVID-19 Response – Bulletin 41: Temporary Flexibility of Face-to-Face Requirements for Home Health Evaluations/Assessments**

This policy transmittal supplements the guidance provided in the following provider bulletins: PB 20-28 CMAP COVID-19 Response - Bulletin 13: Emergency Temporary Telemedicine Coverage/ Telephonic Coverage for Specified Home Health Services and Hospice Services and PB 20-34 CMAP COVID-19 Response – Bulletin 21: Select Added Services to the Emergency Temporary Telemedicine Coverage/ Telephonic Coverage for Specified Home Health Services.

The U.S. Centers for Medicare and Medicaid Services (CMS) within the Department of Human and Health Services (HHS) recently approved a waiver requested by the Department of Social Services (DSS) which temporarily allows flexibility in the federal requirements of when the face-to-face (F2F) encounter for evaluation of home health services must be completed. Specifically, under the waiver, the face-to-face encounter may now be completed “at the earliest time, not to exceed 12 months from the start of service” and also may continue to be completed up to 90 days before the start of service, as allowed under standard requirements.

The home health agency must arrange for the evaluation/assessment to be completed as quickly as possible and must include a written explanation of any delay beyond standard required timeframes in the member’s health record for auditing purposes.

This temporary flexibility is effective retroactive for dates of service from March 1, 2020 until the termination of the federal public health emergency (PHE) declaration, as extended by HHS. DSS intends to notify providers in writing once the federal PHE declaration has ended. At that time, the standard federal face-to-face requirements will automatically resume (up to 90 days before start of service and no more than 30 days after the start of service).

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions:

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution:

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

Responsible Unit:

DSS, Division of Health Services, Medical Policy Section; Dana Robinson-Rush, Health Program Assistant, email: Dana.Robinson-Rush@ct.gov.

Date Issued: October 2020