



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Day Habilitation		
MNG #: 53	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 3/4/2021	Effective Date: 05/22/2021
Last Revised Date:	Next Annual Review Date: 03/04/2022	Retire Date:

OVERVIEW:

Please work directly with the Department of Developmental Services (DDS) for any member you think may be appropriate for this service.

Day Habilitation: A site-based program of services primarily for individuals with developmental and/or intellectual disabilities to help them achieve their optimal level of physical, cognitive, psychosocial, and occupational capabilities. The Day Habilitation provider develops a written plan of care for each participant that sets forth realistic and measurable goals and that prescribes an integrated program of individually designed activities and therapies necessary to reach these goals. Services include nursing and healthcare supervision by a registered nurse (including medication administration and monitoring), developmental skills training, therapy services (PT, OT, speech/language therapy, behavior management), and assistance with activities of daily living (ADLs). Some Day Habilitation centers may also provide services to enhance the functional capabilities of individuals with other diagnoses that impact cognitive, psychosocial, and occupational skills, such as autism and ischemic and traumatic brain injury. Providers must be under contract to both the Department of Development Services and MassHealth. Upon referral, the provider’s interdisciplinary team must review the comprehensive assessments of referring provider(s) in order to determine whether the member is likely to benefit from Day Habilitation services.

DECISION GUIDELINES:

Clinical Eligibility: In order to be eligible for Day Habilitation, the member must meet the following criteria:

- The member must have a diagnosis of an intellectual disability, a developmental disability, or another diagnosis (e.g., acquired brain injury, autism) that impacts cognitive, psychosocial, occupational, or physical functioning;
- The member must have a personal physician or medical clinic that may be contacted for consultation, examinations, and emergencies;
- Within 12 months before admission, the member must have had a comprehensive evaluation by a referring provider that includes the following:
 - A written assessment of his or her social skills;
 - A written assessment of his or her medical, mental, functional, and developmental status; and



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- A home assessment that includes a family history and the person's developmental history and a description of adaptation to the home environment.
- The member must have a record of all past and present immunizations and diagnostic tests;
- Members residing in nursing facilities must have been recommended for specialized services as a result of a preadmission screening. The Day Habilitation provider must keep a copy of the recommendation in the member's record.

Determination of need: In order to receive Day Habilitation, the member must meet all of the following criteria:

- The member meets the clinical eligibility standard above;
- The member must need and expect to benefit from Day Habilitation services designed to improve his or her level of independent functioning;
- Quarterly reviews must demonstrate progress toward the goals in the member's Day Habilitation Service Plan.

LIMITATIONS/EXCLUSIONS:

Exclusions:

The following are non-reimbursable services:

- Vocational and prevocational training services;
- Sheltered workshops and other work-related services;
- Educational services which involve traditional classroom instruction of academic subjects, tutoring, and academic counseling;
- Functional maintenance services for members who have received maximum benefit from day programs;
- Day Habilitation services for members who reside in intermediate care facilities for persons with intellectual disabilities;
- Research and experimental services.

Limitations:

CCA does not pay for:

- Canceled sessions;
- Portions of the day not spent at the site, unless the provider documents that the member was receiving services from program staff in a community setting.

KEY CARE PLANNING CONSIDERATIONS:

Services for members with intellectual and developmental disabilities must be coordinated with appropriate state agency staff at the Department of Developmental Services.

AUTHORIZATION:



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Day Habilitation requires prior authorization. Authorization decisions must be made on the basis of an in-person assessment of the member by a CCA nurse practitioner, physician assistant, or registered nurse.

H2014 Day Habilitation (skills training and development) per 15 minutes

REGULATORY NOTES:

130 CMR 419.00 MassHealth Day Habilitation regulations

101 CMR 348.00 EOHHS Day Habitation Program Services

<http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-348.pdf>

RELATED REFERENCES:

High Opiate Patient Engagement (HOPE) members are patients with chronic pain and a care plan to limit opiate pain therapy to safer lowered doses. HOPE members may benefit from and are eligible for these DST-guided services even when they do not meet all criteria. Clinicians requesting these services or an extension of these services for HOPE members please do the following:

- 1) Read the SOP's [Approach to Chronic Pain SOP 090](#) & [Pain Management in HOPE Members SOP 091](#)
- 2) Consider your member's causes of discomfort and functional goals
- 3) Imagine how a different application of this service and/or more of this service may help them achieve higher function
- 4) Write this explanation for your request for central authorization of unusual or additional services beyond what this DST normally recommends
- 5) Document a PROMIS-29 measure of our members' level of function and comfort
- 6) All HOPE variations to this standard DST-driven care need to be reviewed quarterly (every 3 months)
- 7) Quarterly reviews must show member engagement/compliance with HOPE guidelines including both **BH and **Complementary/Alternative therapy
- 8) Quarterly reviews must show increased function or maintenance of function if that is the goal and member satisfaction with a new PROMIS-29 evaluation in order to consider a further extension of HOPE-related services. Member satisfaction alone is not sufficient to continue services.
- 9) CCA's goal remains to improve members' safe and successful function without opiate pain medication. When this happens then HOPE-related service extensions may be tapered and discontinued as tolerated

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	



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REVISION LOG:

REVISION DATE	DESCRIPTION

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3/4/2021

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