



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Assisted Living Services (SPA/Group Adult Foster Care in Assisted Living Residences)		
MNG #: 068	<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: 5/6/2021	Effective Date: 08/21/2021
Last Revised Date:	Next Annual Review Date: 5/6/2022	Retire Date:

OVERVIEW:

Assisted Living Services (“ALS”) : A residential service that includes 24-hour personal care and support services (homemaker, chore, personal care services, meal preparation) that are furnished to participants who reside in a Money Follows the Person (MFP) qualified assisted living residence (“ALR”) that includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security certified by the Executive Office of Elder Affairs.¹ Services may also include social and recreational programs, and medication assistance. Nursing and skilled therapy services are incidental rather than integral to the provision of ALS. ALS are based upon an individual plan of care and include: assistance with Activities of Daily Living (“ADLs”), Instrumental Activities of Daily Living (“IADLs”), and other personal care as needed, nursing services and oversight and care management. Thus, ALS has two components: interdisciplinary care management provided by the ALR’s RN and care coordinator AND daily personal care.

The member pays the cost of room and board, usually through an income subsidy known as Supplemental Security Income (“SSI”). (See Department of Transitional Assistance regulation at 106 CMR 327.220.)

DECISION GUIDELINES:

Clinical Eligibility: SCO members must be Nursing Home Certified.

In addition, in order to be eligible for ALS, the member must have a medical, cognitive, or behavioral-health related condition that impairs his/her ability to independently complete ADLs. The member must require daily physical assistance or cueing and supervision during the task in order for the member to complete at least one of the following activities:

1. Bathing when the member requires either direct care or constant supervision and cueing during the entire activity;
2. Dressing when the member requires either direct care or constant supervision and cueing during the entire activity;

¹ For GAFC provided outside of an ALR, see the Clinical Decision Support Tool for GAFC.



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3. Toileting, bladder or bowel, when the member is incontinent of bladder or bowel or requires scheduled assistance or routine catheter or colostomy care;
4. Transfers when the member must be assisted or lifted to another position (i.e., physical assistance);
5. Ambulation when the member must be physically steadied, assisted, or guided in ambulation, or is unable to self-propel a wheelchair appropriately without the assistance of another person; and
6. Eating when the member requires constant supervision and cueing during the entire meal, physical assistance by the staff with a portion of, or the entire meal.

Determination of need: In order to receive ALS, the member must have a medical, cognitive, or behavioral-health related disability such that he or she requires 24-hour personal care and supervision and requires the health and psychosocial oversight of a provider's multidisciplinary team.

LIMITATIONS/EXCLUSIONS:

Limitations

- Members receiving ALS may also receive up to 2 days per week of ADH.
- Agency Personal Care, Home Health Aide, and Supportive Home Care Aide may be provided (see below), but only by an outside agency.

Exclusions:

- CCA does not pay the cost of room and board or deposits.
- ALS cannot be authorized as emergency shelter.
- ALS may not be combined with Adult Foster Care (AFC). Chore, Home Delivered Meals, Homemaker, Home Modifications/Adaptations, PCA or Respite. There are no exceptions to these restrictions.

KEY CARE PLANNING CONSIDERATIONS:

- If the member meets the clinical eligibility standard but does not require the specific features of Assisted Living, ADL needs must be met through other long-term services, such as PCA or ADH.
- PERS may be authorized if the Assisted Living Residence does not have a call system and the use of PERS has been approved by the Executive Office of Elder Affairs as part of its certification review.
- Agency Personal Care, Home Health Aide, or Supportive Home Care Aide may be authorized in addition to ALS if the CCA clinician determines that the member's ADL assistance needs exceed what the ALR can fully provide; for example, if the member requires extensive assistance with toileting. Such services may not be provided for the purpose of supervising the member.

AUTHORIZATION:

ALS 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. (Contract RN assessments may not be used for the purpose of determining clinical eligibility for Assisted Living Services.)



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Service plans are 7 days per week.

REGULATORY NOTES:

- 106 CMR 327.220 Eligibility Requirements for SSP
- 130 CMR 408.00 MassHealth Adult Foster Care Program Regulations
- 130 CMR 630.000 Home- and Community-Based Services Waiver Services
- 651 CMR 12.00: Certification Procedures and Standards for Assisted Living

RELATED REFERENCES:

This DST guide is not a rigid rule. CCA has the mission to address all of our complicated members’ health needs. Care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members’ unique health challenges. CCA encourages our clinicians to clearly document our members’ unique health contexts when requesting care which does not meet this formal DST’s conditions and recommendations.

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

- MassHealth Group Adult Foster Care Guidelines (1991)

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION



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APPROVALS:

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Signature

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Title [Print]

5/6/2021

Date

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5/6/2022

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