



Alzheimer’s Coaching Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Alzheimer’s Coaching		
MNG #: 062	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Premier <input checked="" type="checkbox"/> MA Medicare Value <input checked="" type="checkbox"/> RI Medicare Preferred <input checked="" type="checkbox"/> RI Medicare Value <input checked="" type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Approval Date: 4/1/2021;	Effective Date: 06/19/2021
Last Revised Date:	Next Annual Review Date: 4/1/2022;	Retire Date:

OVERVIEW:

Alzheimer Coaching provides caregivers of individuals with Alzheimer’s disease and other dementias strategies and techniques to improve the quality of life of the Alzheimer’s patient. Alzheimer Coaching services educate caregivers on Alzheimer’s and dementia, habilitation therapy, communication skills, personal care, behavior and communication, and working with families. Through Alzheimer Coaching, the caregiver learns to support the behaviors associated with Alzheimer’s, to simplify tasks and allow the Alzheimer’s patient to participate in his own care, to speak in ways that accommodate language changes, and to confidently maintain a positive relationship with the member with Alzheimer’s disease and other dementias. Alzheimer’s coaching providers must have completed the Alzheimer’s Association curriculum in order to provide this service.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

Clinical Eligibility:

Alzheimer Coaching is appropriate for the caregivers of members diagnosed with Alzheimer’s, particularly if the caregiver feels concern about the member’s behavior or is unsure of how best to engage with and care for the member. The needs and diagnoses of the member with Alzheimer’s must be well documented in the care plan.



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Determination of need:

Alzheimer Coaching is a covered benefit for the caregivers of members determined to meet clinical eligibility guidelines by their CCA team.

LIMITATIONS/EXCLUSIONS:

Alzheimer Coaching is relevant only for caregivers of members diagnosed with Alzheimer's disease and related dementias and can be authorized for a maximum of 12 sessions per year.

KEY CARE PLANNING CONSIDERATIONS:

The Alzheimer's Association curriculum is required for providers. Alzheimer Coaching providers must have 87 hours of training: 75-hour Home Health Aide course and an additional 12 hours of training relating to the responsibilities of Alzheimer Coaching. Alzheimer Coaching is linked to habilitation therapy, a non-medical method of care for people with Alzheimer's that aims to strengthen Alzheimer's patients' current abilities through task simplification and communication techniques designed to accommodate improved connection between caregiver and patient.

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

Prior authorization is required for Alzheimer Coaching with code S5111 with a limit of up to 12 sessions per year. Authorizations decisions must be made on the basis of an assessment of the member by a CCA are team member and must be documented in the medical record. Authorization is required for each episode of coaching and must be evaluated and deemed medically necessary.

REGULATORY NOTES:

N/A

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is



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supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

RELATED REFERENCES:

1. <https://alzheimerscareresourcecenter.com/coaching-for-caregivers/>
2. Moore, Beverly L., “What is Habilitation Therapy.” stilmee.com/PDFs/Habilitation_Therapy.pdf.
3. Sweet Grapes, Inc., StilMee, “Who We Are: History.” stilmee.com/who/history.aspx.

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

Douglas Hsu, MD

CCA Senior Clinical Lead [Print]

Signature

Vice President, Medical Policy and Utilization
Review

Title [Print]

1/4/2019

Date

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4/1/2021

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Date