



Day Habilitation and Day Habilitation Individualized Staffing Supports Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Day Habilitation and Day Habilitation Individualized Staffing Supports		
MNG #: 053	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input 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 type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 3/4/2021; 9/14/23	Effective Date: 6/19/2021; 9/14/23
Last Revised Date: 3/4/2021; 9/14/2023;	Next Annual Review Date: 3/4/2022; 9/14/2024;	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 (DH) services are provided in a community, nonresidential site-based setting for members with intellectual or developmental disabilities who have skilled needs and/or who could benefit from a structured day program that promotes and facilitates independent living and self-management in the community. Day Habilitation programs typically run 6 hours per day and are provided Monday through Friday. Through the Service Needs Assessment and the Day Hab Leveling Tool, services are based on a Day Habilitation Service Plan (DHSP) that may include skilled nursing services and health care supervision, developmental skills training, therapy services (including PT, OT, ST, and behavior management), and assistance with activities of daily living (ADLs). Certain members may need supplemental services in the form of additional one-to-one staff assistance to participate in a Day Habilitation program. These one-to-one services are referred to as Individualized Staffing Supports (ISS), formerly known as Day Hab Supplement. ISS service level must not be used to enhance general staffing in a DH program, but to provide support to a specific member or members.

CCA determines medical necessity for Day Habilitation and Day Habilitation Individualized Staffing Supports through a prior authorization (PA) process, based on medical necessity, that identifies member’s service level as Low-Need, Moderate-Need, High-Need and if applicable, ISS. Members can be authorized for Day Habilitation and Day Habilitation ISS services for up to 2 years.

A member residing in a nursing facility may receive Day Habilitation services to improve the member’s level of independent functioning. Typically, the member is transported to a Day Habilitation provider site. However, Day Habilitation services may be provided within the nursing facility when the member is so medically frail that transport to a Day Habilitation

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provider site outside the nursing facility presents a significant risk to the health and safety of the member.

DEFINITIONS:

Activities of Daily Living (ADLs) – 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 or ambulation.

Day Habilitation (DH) – a service, for individuals with an intellectual disability (ID) or a developmental disability (DD), that is based on a day habilitation service plan that sets forth measurable goals and objectives and prescribes an integrated program of activities and therapies necessary to reach the stated goals and objectives.

Day Habilitation Leveling Tool – a tool (previously known as the Severity Profile Tool) that is completed based on the results of the Service Needs Assessment. The DH Leveling Tool indicates whether the member is in the Low-Need, Moderate-Need, or High-Need category.

Day Habilitation Service Manager (DHSM) – individual who manages cases, ensuring that members’ service plans are implemented, reviewed, updated as appropriate, and maintained.

Day Habilitation Service Plan (DHSP) – a written plan of care for each member that sets forth realistic and measurable member-driven goals that prescribe an integrated program of individually designed activities and/or therapies necessary to achieve these goals. The objective of the plan is to help the member reach his or her optimal level of physical, cognitive, psychosocial, occupational capabilities, and wellness.

Department of Developmental Services (DDS) – an agency of the Commonwealth of Massachusetts established under M.G.L. c. 19B.

Developmental Disability – a severe, chronic disability that:

1. is attributable to other conditions found to be closely related to ID, apart from mental illness, which results in the impairment of general intellectual functioning or adaptive behavior similar to that of persons with ID, and which requires treatment or services similar to those required for such persons;
2. is manifested before a person reaches 22 years of age;
3. is likely to continue indefinitely; and
4. results in substantial functional limitations in three or more of the following major areas:
 - a. self-care;
 - b. understanding and use of language;
 - c. learning;
 - d. mobility;
 - e. self-direction; or
 - f. capacity for independent living.

Individualized Staffing Supports (ISS) – one-to-one staff support provided to a member to enable the member to participate in a DH; this includes direct care and nursing.

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Instrumental Activities of Daily Living (IADLs) – activities related to independent living that are incidental to the care of the member and that include, but are not limited to, household management tasks, laundry, shopping, housekeeping, meal preparation and cleanup, transportation, care and maintenance of medical equipment and adaptive devices, medication management or any other need determined by the DH provider as being instrumental to the health care and general well-being of the member.

Intellectual Disability (ID) – a disability characterized by significant limitations in both intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical skills and that originates before the individual attains age 22. The meaning of ID is consistent with the standard contained in the 12th edition of the American Association on Intellectual and Developmental Disabilities' Intellectual Disability: Definition, Classification, and Systems of Supports (2021) or any subsequent publication.

Interdisciplinary Team (IDT) – the team consists of the Registered Nurse (RN)/health care supervisor, developmental specialist, DHSM, and program director. The IDT must also include the following clinical members: a physical therapist, speech and language pathologist, occupational therapist, and behavioral professional. Other health care professionals may be included, as applicable.

Level II Preadmission Screening and Resident Review (Level II PASRR) – a comprehensive evaluation and determination performed by DDS for any individual seeking admission or continued stay in a Medicaid nursing facility, in accordance with 42 CFR 483.100, to determine whether an individual suspected of having intellectual or other developmental disability has such a condition and if so, whether the individual requires the level of services provided by a nursing facility, and if so, whether specialized services are required.

Member – a person who is enrolled in the CCA once care (ICO) or CCA Senior Care Options (SCO) plan.

Nursing Facility (NF) – an institution (or a distinct part of an institution) which is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, rehabilitation services for the rehabilitation of injured people, people with disabilities, or sick persons, or on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services.

Primary Care Provider (PCP) – a physician, physician assistant, or nurse practitioner who operates under the supervision of a physician.

Service Needs Assessment (SNA) – a compilation of evaluations by the clinical members of the IDT (Registered Nurse, OT, PT, SLP, Behavior Professional). The SNA determines a member's level of functioning, needs, and strengths, and makes specific recommendations for DH to address identified needs.

Significant Change – a major change in the member's status that

- (1) impacts more than one area of the member's health status; and
- (2) requires the professional interdisciplinary team's review or revision of the DHSP.

Specialized Services – services specified by EOHHS for an NF resident with ID or DD which, combined with services



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provided by the nursing facility or other service providers, result in treatment that meets the requirements of 42 CFR

483.440 (a)(1).

DECISION GUIDELINES:

Clinical Coverage Determination:

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 Criteria: DAY HABILITATION

1. Commonwealth Care Alliance may cover Day Habilitation services when the following are met:
 - a. The member must have a diagnosis of an intellectual disability, or developmental disability as defined above and certified in writing by a PCP; AND
 - b. The member must need Day Habilitation to acquire, improve, or retain their maximum skill level and independent functioning; or
 - c. If the member is receiving hospice services, member must meet the clinical criteria in (a) and (b) above, and the DH provider must obtain in writing from the member's hospice provider that DH is not providing services related to the member's terminal illness, and the DH service to be provided are not equivalent to or duplicative of hospice services; or
 - d. If the member resides in an NF and DDS has determined via a Level II PASRR that the member requires specialized services.

2. CCA determines the level of need for each member by considering the member's individualized medical and behavioral needs, as well as the member's Service Needs Assessment (SNA) and DH Leveling Tool completed and interpreted by the clinical members of the DH provider's interdisciplinary team (IDT). The DH provider must assess the member's needs using the SNA and the DH Leveling Tool upon admission and at least every two years. There are three service levels for Day Habilitation:
 - a. Low-Need Member – scores between one and 41
 - b. Moderate-Need Member – scores between 42 and 71
 - c. High-Need Member - scores 72 or higher

Clinical Criteria: INDIVIDUAL STAFFING SUPPORTS

1. Commonwealth Care Alliance may cover DH Individualized Staffing Supports (ISS) services when the following are met:
 - a. The member must have a diagnosis of an intellectual disability, or developmental disability as defined above and

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certified in writing by a PCP; and

- b. The member must have met the Clinical criteria for Day Habilitation as described above; and
- c. The member has a need for additional individualized staffing support identified by the SNA and the DH Leveling Tool, in order for the member to acquire, improve, or retain their maximum skill level, safety, and independent functioning, a member may qualify for ISS; and
- d. The member requires at least one hour of authorized ISS per day (can be combined RN/LPN/Direct Care)

2. DH ISS are based on Time-To-Task (TTT) Guidelines for the MassHealth DH program. Time estimates are guidelines for determining the amount of 1:1 time required to perform activities of daily living (ADLs), instrumental activities of daily living (IADLS), range of motion (ROM) exercises, and behavioral interventions as outlined in the qualifying criteria below. The ISS qualifying criteria are:

- a. **Toileting.** Physical assistance (maximum or total assistance) with bowel and/or bladder needs. The member requires the assistance of at least two staff persons with using the toilet, commode, bedpan, urinal, or incontinent briefs/pads, including transfers; hygiene and clothing adjustment; bowel and bladder and routines; cleaning/changing toileting equipment (foley bag, ostomy care, catheter, etc.).
- b. **Mobility (Transfers Unrelated to Toileting and Repositioning).** The member requires physical assistance (maximum or total assistance) from at least two staff persons due to a mobility impairment that prevents unassisted transferring or use of prescribed durable medical equipment. This includes transfer or movement between surfaces to/from chair, wheelchair, standing position (excludes to/from toilet). Members may require mobility assistance to move to and from a lying or sitting position, turning side to side, and positioning body while using physical therapy (PT) equipment, i.e., standers, stretching mats, etc., or a chair or wheelchair.
- c. **Eating.** The member requires physical assistance (maximum or total assistance) with eating and drinking due to either a physical or cognitive impairment or the member requires physical assistance with tube feeding or other special nutritional/dietary needs. Members requiring assistance with cutting food or other set-up do not require ISS assistance with eating.
- d. **Range of Motion Exercises.** The member requires physical assistance (maximum or total assistance) with movement of a joint or extremity by another person solely for the purpose of maintaining or improving the distance and direction through which a joint can move, or to alleviate pain or reduce severe spasms/cramping (must be part of the PT or OT program/DHSP recommended by PT or OT SNA).
- e. **Assistance with Medical and Other Health-Related Needs.** The member requires physical assistance (maximum or total assistance) with activities unrelated to the administering of medication, i.e., airway care, treatment of wound care and/or application of dressings to wounds, frequent intervention throughout the day to prevent exacerbation of one or more chronic medical conditions, etc.
- f. **Behavioral Interventions.** The member requires assistance/staffing support due to behaviors that interfere

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with the member's engagement in DH programming, including one-to-one behavioral management, intervention, or monitoring to safely engage in daily DH programming. Examples of behaviors which may qualify the member for ISS are elopement, aggression, self-injury, property destruction, disrobing, and pica-related episodes.

DETERMINATION OF NEED:

Prior Authorization:

1. Prior authorization determines the medical necessity for Day Habilitation and DH ISS as described above, under the Clinical Criteria section, and in accordance with 130 CMR 419.000.
2. Requests for prior authorization must be submitted to CCA as outlined in the CCA Provider Manual
3. As a prerequisite for payment of Day Habilitation, including ISS level of service, prior authorization must be obtained before the first date of service delivery and at various intervals. CCA may take up to 14 days to process a request.
4. Prior authorizations (PA) must be submitted at the following intervals:
 - a. Initial PA – Before the first date of service delivery; services will not be approved retroactively
 - b. Interim PA – Day Hab members with the potential need for ISS which may be granted for a period of up to 60 days, with no documents required. Note: Interim PAs will not have a medical necessity review
 - c. Re-authorization – For members with an existing prior authorization a new authorization request should be submitted at least 14 calendar days before the existing authorization end date
 - d. Significant Change – Upon a major change in the member's status if the change impacts one or more areas of the member's health status; the change can be either permanent or temporary
 - e. Transfer from one DH provider to another DH provider. Note: During the transition period from DDS- funded services (formerly known as DH Supplement) to ISS, Admin DH ISS PAs will be transferred to the accepting DH provider

Prior Authorization Documentation:

1. Documentation of medical necessity for Day Habilitation or Individualized Staffing Supports must include, at a minimum, the following:
 - a. The member must have a diagnosis of an intellectual disability, or developmental disability as defined above, certified in writing by a PCP; and
 - b. CCA Standardized Prior Authorization Request Form; and
 - c. Service Needs Assessment; and
 - d. Day Habilitation Leveling Tool (previously referred to as Severity Profile); and
 - e. Day Habilitation Service Plan; and
 - f. MassHealth Day Habilitation Individualized Staffing Supports Time-To-Task, if applicable.

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- g. If requesting services for a member enrolled in hospice, a signed notification from the hospice provider that the DH program is not providing services related to the member's terminal illness
- h. If requesting services for a member residing in a nursing facility, Level II PASRR.
- i. Any additional supporting documentation such as behavior support plans, additional medical and clinical documentation.

2. Interim DH ISS and Admin DH ISS (formerly DDS DH Supplement) PA do not require clinical documentation for submission. Interim PAs will not have a medical necessity review and units for an Interim ISS PA are based on the best estimate of need for the member.

LIMITATIONS/EXCLUSIONS:

Exclusions:

The following are non-reimbursable services:

- a. Vocational and prevocational training services;
- b. Sheltered workshops and other work-related services;
- c. Educational services which involve traditional classroom instruction of academic subjects, tutoring, and academic counseling;
- d. Day Habilitation services for members who reside in intermediate care facilities for persons with intellectual disabilities;
- e. Research and experimental services.

Limitations:

CCA does not pay for:

- a. DH ISS when duplicative of another service, such as, a personal care attendant (PCA) during the member's attendance at the DH program
- b. ISS that exceeds 30 hours per week
- c. Canceled sessions
- d. If the provider has not received prior authorization from CCA
- e. The member is inpatient or a resident of a hospital, nursing facility, or intermediate care facility for the intellectually disabled, except for on the dates of admission and discharge from such facility
- f. 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.

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

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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).

HCPCS Codes	Modifier	Description
Low Need		
S5102		Full per diem - Skills training and development, per diem (community program, low need)
S5101		Half per diem - Skills training and development, half per diem (community program, low need)
S5100	U5	Quarter per diem - Skills training and development, quarter per diem (community program, low need)
Moderate Need		
S5102	TG	Full per diem - Skills training and development, per diem, complex/high tech level of care (community program, high need)
S5101	TF	Half per diem - Skills training and development, half per diem, intermediate level of care (community program, moderate need)
S5100	U5 TF	Quarter per diem - Skills training and development, quarter per diem, intermediate level of care (community program, moderate need)
High Need		
S5102	TG	Full per diem - Skills training and development, per diem, complex/high tech level of care (community program, high need)
S5101	TG	Half per diem - Skills training and development, half per diem, complex/high tech level of care (community program, high need)
S5100	U5 TG	Quarter per diem - Skills training and development, quarter per diem, complex/high tech level of care (community program, high need)
Nursing Facility		
S5102	U1	Full per diem - Skills training and development, per diem (nursing facility, one to two or one to three staffing level)
S5102	U2	Full per diem - Skills training and development per diem (nursing facility, one to one staffing level)
S5102	22	Full per diem - Skills training and development, per diem, unusual procedural service, when the service(s) provided is greater than that usually listed for the listed procedure (supplemental staffing for nursing facility residents in community day habilitation)
S5101	U1	Half per diem - Skills training and development, half per diem (nursing facility, one to two or one to three staffing level)

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S5101	U2	Half per diem - Skills training and development, half per diem (nursing facility, one to one staffing level)
S5101	22	Half per diem - Skills training and development, half per diem, unusual procedural service, when the service(s) provided is greater than that usually listed for the listed procedure (supplemental staffing for nursing facility residents in community day habilitation)
Individualized Staffing Support		
T1019		ISS - Direct Care/Program Staff
T1019	TE	ISS - Licensed Practical Nurse (LPN)
T1019	TD	ISS - Registered Nurse (RN)

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

- 130 CMR 419.00 MassHealth Day Habilitation regulations
- 101 CMR 348.00 Rates for EOHHS Day Habitation Program Services
- Guidelines for Medical Necessity Determination for Day Habilitation

RELATED REFERENCES:

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 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.



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REVISION LOG:

REVISION DATE	DESCRIPTION
12/31/23	Utilization Management Committee approval
9/14/2023	Added a new PA type, Revised template, Revised title of MNG, Revised Overview section, Added Definitions section, Revised titles under Decision Guidelines to better reflect content in each of the sections and added sub sections – Prior Authorization and Prior Authorization Documentation sections, revised Limitations/Exclusion section, Removed Key Care Planning Section, Updated Regulatory Notes Section and Revised Related References

APPROVALS:

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