



## Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Alzheimer's Coaching</b>		
<b>MNG #: 062</b>	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input checked="" type="checkbox"/> MAPD-RI Medicare Preferred <input checked="" type="checkbox"/> MAPD-RI Medicare Value <input checked="" type="checkbox"/> DSNP-RI Medicare Maximum	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Medicare Benefit:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Approval Date:</b> 4/1/2021;	<b>Effective Date:</b> 06/19/2021
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 4/1/2022;	<b>Retire Date:</b>

**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 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.

**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



## Medical Necessity Guideline

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:**

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 care 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

**RELATED REFERENCES:**

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

**ATTACHMENTS:**

<b>EXHIBIT A</b>	
<b>EXHIBIT B</b>	

**REVISION LOG:**

REVISION DATE	DESCRIPTION



## Medical Necessity Guideline

### APPROVALS:

\_\_\_\_\_  
Douglas Hsu, MD

CCA Senior Clinical Lead [Print]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Vice President, Medical Policy and Utilization  
Review

Title [Print]

\_\_\_\_\_  
1/4/2019

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCA Senior Operational Lead [Print]

\_\_\_\_\_  
Title [Print]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lori Tishler, MD  
CCA CMO or Designee [Print]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Vice President of Medical Affairs  
Title [Print]

\_\_\_\_\_  
4/1/2021

\_\_\_\_\_  
Date