



Medical Necessity Guidelines

Medical Necessity Guideline (MNG) Title: Day Services		
MNG #: 063	<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	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 4/1/2021;	Effective Date: 06/19/2021
Last Revised Date:	Next Annual Review Date: 4/1/2022;	Retire Date:

OVERVIEW:

The Day Services Program is a structured, site-based day program that takes place in a non-residential setting separate from member’s private residence or other residential living arrangement for members with congenital or acquired brain injuries. The program provides assistance with the acquisition, retention, or improvement in socialization and adaptive skills. The services include assistance to learn activities of daily living and functional skills, language and communication, interpersonal skills, prevocational skills, socialization skills, and compensatory and cognitive strategies.

DECISION GUIDELINES:

Clinical Eligibility:

In order to be eligible for this program, member must meet the following requirements:

- Have an acquired brain injury
- Have a need for acquisition, retention and improvement in socialization and adaptiveskills

Determination of need:

In order to receive the Day Services Program, the authorizing clinician must determine that services are required to maintain the health and welfare of the member, the needs must be well documented in the member’s care plan, and that the guidelines for limitations and exclusions have been met.

LIMITATIONS/EXCLUSIONS:

The service must take place in a non-residential setting separate from member’s private residence or other residential living arrangement.

KEY CARE PLANNING CONSIDERATIONS:



Medical Necessity Guidelines

As above, the care team must carefully ensure that services authorized are non-duplicative and not overlapping.



Medical Necessity Guidelines

AUTHORIZATION:

Day Services requires prior authorization. S5102 UD Day services per day

REGULATORY NOTES:

- <https://www.mass.gov/doc/appendix-d-dementia-day-service/download>
- <http://www.mass.gov/eohhs/docs/masshealth/regs-provider/regs-home-community-based-services.pdf>
- <http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-357.pdf>
- <http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/114-3-54.pdf>

RELATED REFERENCES:

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

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Signature

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4/1/2021

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Medical Necessity Guidelines

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Date