



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111  
[www.state.ma.us/dma](http://www.state.ma.us/dma)

**MassHealth**  
**Day Habilitation Bulletin 4A**  
**March 2001**

**TO:** Day Habilitation Providers Participating in MassHealth  
**FROM:** Wendy E. Warring, Commissioner  
**RE:** **Clarification of Day Habilitation Providers' Responsibilities**

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**Background**

This bulletin clarifies day habilitation provider responsibilities for assessment, planning, and documentation. These requirements apply to all members who receive day habilitation services and to all day habilitation programs, including those at nursing facilities.

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**Admission Requirements**

Before admitting an individual to a day habilitation program, the day habilitation provider must make a determination of the eligibility and appropriateness of day habilitation services. For MassHealth members who reside in nursing facilities, there must be a recommendation for specialized services. This recommendation is documented on the Pre-Admission Screening and Annual Resident Review (PASARR) form completed by the Department of Mental Retardation (DMR) or its designee. The PASARR form may be obtained from the local DMR office or Developmental Disabilities (DD) agency. Day habilitation providers must ensure that they obtain a copy of the most recent PASARR form and keep it in the member's file.

PASARR recommendations are subject to change. If the recommendation for specialized services changes, DMR or the DD agency will notify the provider. The provider may contact DMR or the DD agency if he or she disagrees with changes to the recommendation.

For all members receiving day habilitation services, the Division requires a physical examination by a licensed physician within the 12 months preceding admission to the program. If the member is a nursing facility resident, the resident's physician must write an order for day habilitation services, and the day habilitation provider must forward the order to the nursing facility for placement in the nursing facility file.

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***Service Needs  
Assessment***

For all members receiving day habilitation services, a Service Needs Assessment (SNA) must be completed. The SNA is a compilation of evaluations by qualified professionals. The evaluators determine the member's level of functioning, strengths, and needs, and then make specific recommendations for services to meet these needs. Relevant evaluations performed within one year of the review may be used as part of the SNA.

For members residing in nursing facilities, the PASARR is the starting point for the SNA. The PASARR identifies the specialized service need areas for which services are recommended. The SNA process must address each specialized service need area indicated for the member by reviewing or conducting relevant assessments and making specific recommendations for providing services that address the need area. If, following an assessment, the day habilitation provider determines that it is not appropriate to provide services for any of the identified specialized service need areas, the provider must contact his or her local DMR office or DD agency for instructions.

The SNA must be completed whenever a significant change (that is, a change that invalidates the current SNA) occurs. If no significant changes occur, then an SNA must be completed every five years.

Attached to this bulletin is a chart containing the specialized service need areas as indicated on the PASARR; a brief description of these areas of need; and the therapist/staff recommended to complete the SNA.

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***Day Habilitation  
Service Plan***

Once the SNA is complete, an interdisciplinary team (which must include the member, guardian, day habilitation case manager, and clinicians that have participated in the assessment) develops the Day Habilitation Service Plan (DHSP). DHSP is the new term for the Individual Service Plan (ISP) referenced in the day habilitation services regulations. However, the requirements for the plan remain the same.

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**Day Habilitation  
Service Plan**  
(cont.)

The member's DMR or DD service coordinator and, for nursing facility residents, the nursing facility social worker, should be invited to participate in the DHSP development. When developing the DHSP, the day habilitation provider should determine what other care plans (for example, a DMR ISP or a nursing facility care plan) have been, or are in the process of being, developed for the individual. To the extent practicable, and to avoid duplication, the development of the DHSP should occur at the same time as the development or review of other plans. The day habilitation provider must ensure, as appropriate, that the goals and objectives of the DHSP are consistent with those in the other plans. A copy of the DHSP must be forwarded to the DMR office or the DD agency and to the nursing facility so that it is incorporated into any existing care plan of the member. The DHSP must:

- be based on the SNA and must define specific goals based on the SNA recommendations;
- define behaviorally stated and measurable objectives that outline the steps to be taken to reach the goals;
- define the frequency and duration for which the service will be provided;
- be designed so as to integrate various activities, tasks, and, if appropriate, therapies into a set of realistic and measurable goals within established time limits;
- include the amount of service hours required to meet the goals and objectives and a schedule of service; and
- for nursing facility residents, address all of the specialized service need areas as detailed in the SNA.

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**Time Frames**

*Interim Plan*

Within five working days after the member's admission to the day habilitation program, the interdisciplinary team must design a plan for completion of the SNA and an interim program of activities and treatments until the DHSP is completed.

*DHSP*

Within 90 days after the member's admission to the day habilitation program, the interdisciplinary team must complete the DHSP.

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***Evaluation Process***

In order to ensure progress toward goals and objectives and identify significant changes, the DHSP should be evaluated on the following schedule.

*Monthly Review*

The day habilitation case manager must review the member's treatment and goals monthly. If there is significant change (for example, a change in the member's status, goals, objectives, or amount of service required, or, for nursing facility residents, a change in PASARR recommendations), the member's DMR or DD service coordinator must be notified immediately.

*Quarterly Review*

The interdisciplinary team must conduct, at least quarterly, a review of the member's progress. If, after its review, the team determines that change is necessary, the team must reformulate the DHSP based on the requirements identified under the DHSP. For nursing facility residents receiving day habilitation services in the nursing facility, the review must include an evaluation of need for in-facility day habilitation.

The interdisciplinary team should conduct its quarterly reviews with the DMR or DD service coordinator and in conjunction with the nursing facility care plan review.

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***Documentation***

The member's day habilitation case manager, health-care supervisor, and other individuals significantly involved in implementing the DHSP must maintain progress notes documenting the member's response to treatment or services provided.

For nursing facility residents, the DHSP and quarterly review must be forwarded to the nursing facility for placement in the member's nursing facility record.

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***Questions***

If you have any questions about this bulletin, contact the Division's Delivery Systems Unit at (617) 210-5629. If you need additional copies of the bulletin, please call the MassHealth Provider Services Department at (617) 628-4141 or 1-800-325-5231.

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## Day Habilitation Providers Specialized Service Needs Areas

Specialized Services Category	Description	Recommended Therapist/Staff
Self-Help Development	Medical, nutritional, toileting, dressing/grooming, eating, hygiene	Developmental Specialist Occupational Therapist
Sensorimotor Development	Ambulation, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, eye-hand coordination, visual motor perception	Physical Therapist Occupational Therapist
Communication Development	Expressive language (verbal and nonverbal), receptive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's function capacity, auditory functioning	Speech/Language Therapist Hearing Specialist
Social Development	Interpersonal skills, recreational/leisure skills, interests, relationships with others	Developmental Specialist
Independent Living Development	Meal preparation, budgeting and personal finance, survival skills, mobility skills (orientation to the neighborhood, town, city) laundry, housekeeping, shopping, bed making, care of clothing, orientation skills (for individuals with visual impairments)	Development Specialist Occupational Therapist
Affective Development	Interests and skills involved with expressing emotions, making judgments, making independent decisions	Appropriate Behavior Specialist Developmental Specialist
Behavior Development	Development of behavior appropriate to time and situation and reduction or elimination of maladaptive behavior	Appropriate Behavior Specialist
Academic/Education Development	Functional learning skills, following instructions, functional reading, writing and math	(Not a need area addressed in day habilitation)
Vocational Development	Work-related skills, including vocational and pre-vocational skills	(Not a need area addressed in day habilitation)