



# Guidelines for Medical Necessity Determination for Day Habilitation

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These Guidelines for Medical Necessity Determination identify the clinical information that MassHealth uses to establish medical necessity of prior authorization (PA) requests for Day Habilitation (DH), including Individualized Staffing Supports (ISS) level of service. These Guidelines are based on generally accepted standards of practice, review of medical literature, and federal and state policies and laws applicable to Medicaid programs.

MassHealth DH providers should consult MassHealth regulations at [130 CMR 419.000](#) and [101 CMR 348.00](#), [MassHealth DH bulletins](#), and the [MassHealth Day Habilitation Provider Manual](#) for information about coverage, limitations, service conditions, and PA requirements. Providers serving members enrolled in the Senior Care Options (SCO) or the Program of All-inclusive Care for the Elderly (PACE) should refer to the SCO or PACE medical policies for covered services.

MassHealth requires PA (see Section III) for DH, including the ISS service level. MassHealth reviews requests for PA based on medical necessity. If MassHealth approves the request for PA, payment of claims is still subject to all general conditions of MassHealth, including member eligibility, other insurance, MassHealth's administrative and billing regulations and guidance, and MassHealth's DH program regulations and guidance.

## SECTION I. GENERAL INFORMATION

# 1

DH is a community-based, nonresidential service for MassHealth members with an intellectual disability (ID) or a developmental disability (DD). Programming is based on a day habilitation service plan (DHSP) which sets forth measurable goals and objectives and prescribes an integrated program of activities and therapies necessary to reach the stated goals and objectives.

DH is designed to meet the assessed health, daily living, skilled nursing, and therapeutic needs of members' cognitive, physical, complex medical, and behavioral health impairments. Certain members may need supplemental services in the form of additional one-to-one staff assistance in order to participate in a DH program. These one-to-one services are referred to as "Individualized Staffing Supports" (ISS). MassHealth determines medical necessity for DH and DH ISS through a PA process that identifies member's service level as Low-Need, Moderate-Need, High-Need and if applicable, ISS. If the member requires ISS, the PA will also determine the total units of ISS the member requires in order to participate in DH services.

PA determinations are made on a case-by-case basis and in accordance with [130 CMR 419.000](#).

## SECTION II. CLINICAL GUIDELINES

# 2

### A. CLINICAL ASSESSMENT TO DETERMINE LEVEL OF SERVICE

1. To be eligible for DH, a member must
  - a. have an ID or DD as certified by a PCP; and
  - b. require DH to acquire, improve, or retain their maximum skill level and independent functioning.
2. To determine the level of need for each DH member, MassHealth considers the member's individualized medical and behavioral needs identified through the DH provider's initial or biannual assessment of the member. Upon admission and at least every two years, the DH provider must assess the member's needs using the
  - a. Service Needs Assessment (SNA); and
  - b. DH Leveling Tool<sup>1</sup>.
3. The SNA and DH Leveling Tool are completed and interpreted by the clinical members of the provider's interdisciplinary team (IDT), composed of at least a nurse, physical therapist, speech and language pathologist, occupational therapist, and behavioral specialist. Some DH providers may include other health care professionals on the IDT if the DH provider has identified that their DH members have a specialized need for additional professionals.
4. The DH Leveling Tool indicates whether the member falls into the Low-Need, Moderate-Need, or High-Need category. PA will confirm the need level.
  - 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.

### B. CLINICAL ELIGIBILITY CRITERIA FOR DH ISS

To determine whether a member requires DH ISS, MassHealth considers the member's individualized medical and behavioral needs identified through the DH provider's initial or biannual assessment of the member. Upon admission and at least every two years, the DH provider must assess the member's needs via the SNA and DH Leveling Tool.

The SNA and DH Leveling Tool are completed and interpreted by the clinical members of the provider's interdisciplinary team (IDT), composed of at least a nurse, physical therapist, speech and language pathologist, occupational therapist, and behavioral specialist. Some DH providers may include other health care professionals on the IDT if the DH provider has identified that their DH members have a specialized need for additional professionals. If the SNA and DH Leveling Tool identify a need for additional individualized staffing supports in order for the member to acquire, improve, or retain their maximum skill level, safety, and independent functioning, a member may qualify for ISS. Generally, only members identified as "high need" are likely to also require ISS. However, members identified as "moderate" or "low need" may be determined to also require ISS if their clinical assessment demonstrates the necessity for ISS.

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<sup>1</sup> The DH Leveling Tool is the document currently and previously known as the Severity Profile.

DH ISS are not to be used to enhance general staffing in a DH program, but to provide support to a specific member or members.

DH ISS are based on Time To Task 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. These time periods are based on the **AVERAGE** time it takes a staff person to physically assist and provide individualized support to a member to perform a specific activity, depending on the level of physical assistance and behavioral support required by the member. **It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less time.** The guidelines were developed for use by professionals who evaluate a member's need for ISS and by clinical reviewers of PA requests for MassHealth DH ISS.

The ISS qualifying criteria are

1. **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.).
2. **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.
3. **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.
4. **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).
5. **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.
6. **Behavioral Interventions.** The member requires assistance/staffing supports due to behaviors that interfere 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.

## C. OTHER MEDICAL NECESSITY CRITERIA

MassHealth does not pay a DH provider or consider DH ISS to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. The member does not meet the medical necessity criteria described in A. above.
2. DH ISS is duplicative of another service, for example; a personal care attendant (PCA) [130 CMR 422.000] during the member's attendance at the DH program.
3. Clinical documentation, including SNA and DHSP, to support the need for DH and other records to support members' needs for DH ISS are missing, insufficient, and/or inconsistent.
4. Units of ISS services for which the DH provider has not received PA from MassHealth or its designee.
5. 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.

## SECTION III. PRIOR AUTHORIZATION FOR DAY HABILITATION INDIVIDUALIZED STAFFING SUPPORTS

# 3

PA determines the medical necessity for DH ISS as described under 130 CMR 419.407 and in accordance with 130 CMR 450.204: *Medical Necessity*. As a prerequisite for payment of DH ISS, the DH provider must obtain PA before the first date of claims submission for this service. Requests for PA for DH ISS must be submitted by an enrolled MassHealth DH provider through the MassHealth LTSS Provider Portal (Provider Portal).

A. PA is required under the following circumstances.

1. **Interim Prior Authorization**. DH providers may request an interim PA, which may be granted for up to 60 days following a member's admission to DH. This PA type allows the provider an initial assessment period to complete the required SNA and DH Leveling Tool to determine future staffing support needed for the member to fully engage in their DHSP.
2. **Prior to Providing Ongoing DH ISS (Initial PA)**. DH providers must submit requests for PA for ISS in a timely manner or up to 21 days prior to the Interim PA expiration.
3. **Biannual Reevaluation**. DH providers must submit reevaluation PA requests 21 days before the authorized end date. Services will not be approved retroactively if requests are submitted after the PA expires. PA is granted for up to two years.
4. **Significant Change in a Member's Needs**. DH providers must submit a significant change request upon a major change in the member's status if the change impacts one or more areas of the member's health status and the member requires increased DH ISS. The change in ISS can be either permanent or temporary.
5. **Transfer from One DH Provider to Another DH Provider**. (Transitioning for one DH program to another within a provider's organization is not considered a transfer.) The accepting

DH provider must submit a new PA that complies with the requirements of Section III.A. within five business days before the start of service. *Note: During the transition period from DDS-funded services to MassHealth ISS, Admin PAs will be transferred to the accepting DH provider.*

- B. DH ISS is authorized in 15-minute units. The minimum amount of authorized ISS is one hour. The maximum authorized time for ISS will not exceed 30 hours per week.

## SECTION IV. SUBMITTING FOR PRIOR AUTHORIZATION

# 4

### A. DOCUMENTATION

Requests for PA for DH ISS must be in the form and format specified by MassHealth and be submitted electronically by the MassHealth DH provider using the Provider Portal. Each submission must be accompanied by all necessary clinical documentation supplied by the DH provider that supports the medical necessity for this service.

Documentation of medical necessity for DH ISS must, at a minimum, include the following:

1. SNA;
2. DH Leveling Tool (previously referred to as Severity Profile);
3. Day Hab Service Plan (DHSP); and
4. Time-To-Task form

Providers may include additional supporting documentation such as behavior support plans, or additional medical and clinical documentation to demonstrate medical necessity for ISS.

**Note:** Clinical documentation is not required for the submission of an Interim PA. Interim PAs will not have a medical necessity review. Units for ISS in an interim PA are based on the provider's best estimate of need for the member.

### B. ADJUDICATION

MassHealth or its designee may take up to 21 calendar days to act on a request for PA for DH ISS, unless the request is expedited in accordance with this section.

If there is an urgent need for PA, the provider should explain in the Provider Portal the medical necessity for expediting the PA request.

A DH provider may request an expedited PA only under the following circumstances.

1. The member is being discharged from a hospital and has increased support needs to safely attend DH.
2. The member is being discharged from a nursing facility and has increased support needs to safely attend DH.

When requesting an expedited PA, the DH provider must submit the request and include the same documentation as described in Section IV. Upon receipt of the complete and comprehensive expedited PA request, MassHealth or its designee will make its determination within 72 hours.

### C. NOTICE OF APPROVAL, DENIAL, OR MODIFICATION OF A PA REQUEST

1. If MassHealth approves a PA request for DH ISS, MassHealth will send notice of the decision to the member and the DH provider.
2. If MassHealth denies or modifies a PA request for DH ISS, MassHealth will send notice of its decision to the member and the DH provider. The notice will state the reason for the denial or modification and will inform the member of the right to appeal and the appeal procedure in accordance with 130 CMR 610.000.
3. If MassHealth defers a PA request due to an incomplete submission or lack of documentation to support medical necessity, MassHealth will notify the DH provider via email of the deferral including the reason for the deferral and provide an opportunity for the provider to submit the incomplete or missing documentation.
4. If the provider does not submit the required information within 21 days of the date of deferral, MassHealth will deny the PA request and will send notice of its decision to the provider and the member in accordance with 130 CMR 409.418(F)(2). The provider may resubmit a new PA request that includes all required documentation.

### D. QUESTIONS

DH providers who have questions regarding PA should contact the LTSS Provider Service Center at [support@masshealthtss.com](mailto:support@masshealthtss.com) or (844) 368-5184.

### Selected References

1. [MassHealth Day Habilitation Provider Manual](#)
2. [MassHealth LTSS Provider Portal](#)

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These Guidelines are based on review of the medical literature and current practice in DH. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health-care provider for guidance or explanation.

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Approved by: \_\_\_\_\_



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