

Brain Injury Commission November 12, 2019	MassHealth
Options for Coverage	
Therapy Services: <ul style="list-style-type: none"> • Physical Therapy (PT) • Occupational Therapy (OT) • Speech Therapy 	Prior authorization required after 20 PT visits; 20 OT visits; 35 Speech Therapy visits in a 12-month period. No more than one individual visit and one group visit per day.
Inpatient stays	<p>Nursing facility stays require pre-admission clinical assessment. To be eligible, an individual must require a skilled service daily or a require assistance with a combination of 3 ADLs and nursing services (must include at least one nursing service provided at least three times per week).</p> <p>Chronic/rehabilitation hospital inpatient stays require pre-admission clinical assessment; no limits on length of stay; patients are re-assessed on a regular basis to confirm clinical level of care. To be eligible, an individual must require services that include at least daily physician intervention or the availability of medical services and equipment available only in a hospital setting.</p>
Equipment/devices	MassHealth covers a wide range of medical equipment. Prior authorization is required for purchase of equipment such as shower chairs, wheel chairs, hospital beds.

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In-home Services	<p>Personal Care Attendant (PCA) services are self-directed services available for MassHealth members who require physical assistance with two or more ADLs. Requires prior authorization, based on assessment conducted by the Personal Care Management (PCM) agency.</p> <p>Home Health Services</p> <ul style="list-style-type: none"> • Skilled Nursing <ul style="list-style-type: none"> ○ Intermittent Skilled Nursing includes visits up to two consecutive hours to provide targeted skilled nursing assessment for a medical need, discrete procedures or treatments. Prior authorization is required after 30 skilled nursing visits in a 90 day period. ○ Continuous Skilled Nursing is available when there is a clearly identifiable specific medical need for a nursing visit of more than two continuous hours. CSN requires prior authorization before start of care. • Home Health Aide - Requires physician-signed care plan every 60 days; IADLs are not approved, but time allotted for ADL support includes time to care for incidental services. <ul style="list-style-type: none"> ○ With Nursing/Therapy Services – Available when the individual has a skilled need requiring nurse/therapist. In this service, the home health aide directly supports care provided by a nurse or therapist, and may also provide assistance with personal care. Prior authorization is required after 60 hours in 90 days. ○ ADL Supports Only – Available when the individual does not have a skilled need, but requires hands-on assistance with 2+ ADLs: bathing, grooming, toileting/continence, transferring/ambulation, or eating. Prior authorization is required prior to first day of service. PA for periods of up to 90 calendars days.
Additional Information	<p>MassHealth covers long-term services and supports (LTSS) that assist individuals to maintain independence in the community, including Adult Day Health, Adult Foster Care, Group Adult Foster Care. In addition, services are available through MassHealth’s Home and Community Based Services (HCBS) Waivers.</p>

Brain Injury Commission November 12, 2019	Tricare
Options for Coverage	
<i>Number of days/visits of therapy:</i> <i>-PT/OT/Speech</i>	Tricare beneficiaries are allowed an initial allotment of days for treatment and given additional days per medical necessity based on the therapist's notes and standards of care.
<i>Inpatient rehabilitation:</i> <i>-Limits on length of stay</i> <i>-Medical/clinical eligibility criteria</i>	Inpatient rehab is based on medical necessity.
<i>Equipment/devices:</i> <i>-Coverage for purchase, maintenance, repair</i> <i>-Medical/clinical eligibility criteria</i>	Equipment/device coverage is based on Tricare policy and medical necessity determination.
<i>Availability of in-home services:</i> <i>-What type of services would be covered ?</i> <i>-Medical/clinical eligibility criteria</i>	In-home services are based on medical necessity.
<i>Additional information :</i>	Eligible for Case Management