

## Medical Necessity Guidelines: Long-Term Services & Supports (LTSS) for Tufts Health Unify

Effective: May 1, 2023

<b>Prior Authorization Required</b>	<b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	
<p><b>Applies to:</b></p> <p><b>COMMERCIAL Products</b></p> <p><input type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> <li>CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b></p> <p><input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</p> <p><input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304</p> <p>*The MNG applies to Tufts Health Unify Members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b></p> <ul style="list-style-type: none"> <li>Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

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## OVERVIEW

Long-term services and supports (LTSS) encompass a variety of health, health-related, and social services that assist individuals who lack the capacity for self-care due to physical, cognitive, or mental conditions or disabilities. LTSS includes assistance with activities of daily living (ADLs, such as eating, bathing, and dressing) and instrumental activities of daily living (IADLs, such as housekeeping and managing money) over an extended period of time. The goal of LTSS is to facilitate optimal functioning to allow Members to live with independence and dignity in their daily lives, participate in their communities, and increase their overall quality of life. This medical policy addresses Adult Day Health, Adult Foster Care, Day Habilitation, Group Adult Foster Care, and Personal Care Attendant Program.

## COVERAGE GUIDELINES

Tufts Health Plan may authorize coverage of the following services:

### **ADULT DAY HEALTH (ADH)**

Adult day health services provide skilled nursing care, supervision, and health related support services in a structured community-based non-residential day setting. Members are able to receive assistance with their ADLs, nutritional and dietary services, counseling services, social /recreational and therapeutic activities, and social services case management while in attendance of the program. These services are designed to allow members to stay mentally and physically active, reduce isolation, monitor, and improve health and prevent decline of their abilities. ADH services are provided Monday through Friday and typically run about 6 hours per day.

Tufts Health Plan may authorize the coverage of ADH services when **ALL** of the following criteria are met:

1. The Member requires services in a structured adult day health setting;
2. The Member has one or more chronic or post-acute medical, cognitive, or mental health condition(s) identified by the Member's PCP that require active monitoring, treatment or intervention and ongoing observation and assessment by a nurse, without which the Member's condition will likely deteriorate;
3. The Member requires one or both of the following be provided by the ADH program;
  - a) At least one skilled service (as noted in 130 CMR 404.000 MA Adult Day Health regulation) ordered by a physician that fall within the professional disciplines of nursing, physical, occupational, and speech therapy; **OR**
  - b) At least daily or on a regular basis hands-on (physical) assistance or cueing and supervision, throughout the entire activity (as determined clinically appropriate by the ordering physician and the ADH program nurse developing the plan of care) with at least;
    - i. **one or more** of the following ADLs when required at the ADH program to qualify for basic ADH services:
      - (a) bathing—a full body bath or shower or a sponge (partial) bath which may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area that may include personal hygiene such as combing or brushing of hair, oral care, shaving, and when applicable applying make-up; **OR**
      - (b) toileting: member is incontinent (bladder or bowel) or requires scheduled assistance or routine catheter or colostomy care; **OR**
      - (c) transferring: member must be assisted or lifted to another position; **OR**
      - (d) mobility (ambulation: member must be physically steadied, assisted or guided in mobility, or is unable to self-propel a wheelchair appropriately without the assistance of another person; **OR**
      - (e) eating: member requires constant supervision and cueing during the entire meal or physical assistance with a portion or all of the meal).
    - ii. **3 or more** of the ADLS listed above to qualify for complex ADH services

**Note:** Prior authorization requests for Adult Day Health (ADH) services must contain the following information:

- The member's level of care: basic or complex
- Clinical assessment (MDS) completed by the Adult Day Health (ADH) program that has been conducted prior to admission, on an annual basis or upon a significant change
- A PCP order form for Adult Day Health (ADH) services
- The member's Adult Day Health (ADH) care plan

### **Limitations**

Tufts Health Plan does not cover ADH services when:

- The Member is a resident or at an inpatient status at a hospital, nursing facility, or intermediate care facility for people with intellectual disabilities.
- Examples of services that are considered duplicative of ADH and thus cannot be provided concurrent with the provision of ADH services include, but not limited to:
  - Services provided by a Home Health Agency while the member is in attendance at the ADH program
  - PCA services provided during the time the Member is at the ADH program
  - Companion services
  - Skilled services, such as medication management

### **ADULT FOSTER CARE (AFC)**

AFC is a service that is delivered to a Member in a qualified setting within the community. It is provided by a multidisciplinary team and a qualified Adult Foster Care (AFC) caregiver, who lives in the residence and is responsible for the 24-hour supervision and assistance with ADLs, Instrumental Activities Of Daily Living (IADLs) and any other personal care as needed. The Adult Foster Care (AFC) services caregiver is selected, supervised, and paid by the Adult Foster Care (AFC) provider. A Member receiving AFC services may live in their own home with an AFC caregiver or may live in the home of their AFC caregiver, who provides the AFC services. The program is under the supervision of a registered nurse and the multi-disciplinary team (including AFC care management) in accordance with each Member's written plan of care.

Tufts Health Plan may authorize the coverage of AFC services when **ALL** of the following criteria are met:

1. The Member's PCP has ordered AFC;
2. AFC care will be delivered by a qualified AFC caregiver;
3. Documentation (including clinical assessment) and plan of care supports the Member's clinical status and need for or continuation of AFC;
4. The Member has a medical or mental condition that requires daily hands-on physical assistance or cueing and supervision throughout the entire activity in order for the Member to successfully complete, **ONE**:
  - a) **at least one** of the following activities **for AFC Level I Service**:
    - i. Bathing: A full-body bath or shower or a sponge (partial) bath that may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area plus personal hygiene that may include the following: combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying make-up; **OR**
    - ii. Dressing: upper and lower body, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers; **OR**
    - iii. Toileting: The member is incontinent (bladder and/or bowel), or requires routine catheter or colostomy/urostomy care, or needs cueing and supervision or physical assistance with toileting and cleansing after elimination; **OR**
    - iv. Transferring: Member must be assisted or lifted to another position; **OR**
    - v. Mobility (ambulation): The Member must be physically steadied, assisted, or guided during ambulation, or is unable to self-propel a wheelchair appropriately without the assistance of another person; **OR**
    - vi. Eating: The Member requires constant supervision and cueing during the entire meal or needs to be physically assisted in eating (fed) for all or a portion of the meal.

Members who are physically capable of eating but have a cognitive impairment that requires constant cueing and supervision to eat are deemed to require assistance with eating. Members needing help only with cutting up food or other set-up do not require assistance with eating.

**OR**

**AFC Level II Service**

- b) **at least daily hands-on physical assist with three ADLs** described above; **OR**
- c) **at least daily hands-on physical assist with two ADLs** described above **AND** management of **one** behavior that requires frequent caregiver intervention as described below:
  - i. Wandering: moving with no rational purpose, seemingly causing general disruption, including difficulty in transitioning between activities;
  - ii. Verbally Abusive Behavioral Symptoms: threatening, screaming, or cursing at others;
  - iii. Physically Abusive Behavioral Symptoms: hitting, shoving, or scratching;
  - iv. Socially Inappropriate or Disruptive Behavioral Symptoms: disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing, or throwing food or feces, rummaging, repetitive behavior, or causing general disruption; or
  - v. Resisting Care: refusing care (physically or verbally) or interfering with assistance.

**Note:** Prior authorization requests for Adult Foster Care (AFC) services must contain the following information:

- The member's level of care: Level 1 or Level 2
- A clinical assessment (MDS) completed by the Adult Foster Care (AFC) that has been conducted prior to admission, on an annual basis, upon a significant change or upon transfer from one Adult Foster Care (AFC) provider to another Adult Foster Care (AFC) provider
- A PCP order form for Adult Foster Care (AFC) services
- The member's Adult Foster Care (AFC) care plan

**Limitations**

Tufts Health Plan does not cover AFC services when:

- The Member is a resident or at an inpatient status of a hospital, nursing facility, or intermediate facility for people with intellectual disabilities
- The live-in caregiver cannot be a legally responsible relative (i.e. spouse of the Member or parent of a minor Member)
- Examples of services that are considered duplicative of AFC and thus cannot be provided concurrent with the provision of AFC services include, but not limited to:
  - Personal Care Assistance services (PCA, PC, HHA)
  - Group Adult Foster Care services

**CHORE (LIGHT & HEAVY)**

Chore services (light and heavy) provide assistance to members to maintain their home in a clean, sanitary, and safe manner. Heavy chore services include but are not limited to assistance with minor home repairs, general maintenance, and household chores such as washing floors, windows, walls, taking down loose rugs and tiles and moving heavy items of furniture to provide safe access and egress. Light chore services include assistance with vacuuming, dusting, dry mopping, cleaning bathrooms and kitchens. Members can be authorized for light chore or heavy chore services for up to 1 year.

Tufts Health Plan may authorize the coverage of chore services in an outpatient setting when **ALL** of the following criteria are met:

1. The member must have a physical, medical, or cognitive cognition that impairs their ability to complete associated task(s) allowing them to maintain their home or prevent environmental defects that are hazardous to their health or safety;
2. The member does not have an informal support or someone residing in the immediate household who can provide assistance with the associated task(s);

3. The task(s) are not considered the responsibility of member's property management company, housing authority, or landlord pursuant to a lease agreement;
4. Heavy chore services are utilized on a one-time or short-term basis;
5. Heavy chore and light chore services are appropriate, non-duplicative, and part of the member's individual care plan.

**COMPANION SERVICES (COMP)**

Companion services provide non-medical care, supervision, and socialization to a Member. COMP services may assist or supervise the Member with light household tasks such as meal preparation, laundry, and grocery shopping as well as an escort to appointments for Members who do not require any hands-on care or assistance. The Member can be authorized for companion (COMP) services for up to 6 months.

Tufts Health Plan may authorize the coverage of COMP services when **ALL** of the following criteria are met:

1. The Member must have a physical, mental, or cognitive condition that requires supervision or support;
2. COMP services must be appropriate, non-duplicative and part of the Member's individual care plan that outlines what COMP services will be provided.

**Limitations**

Tufts Health plan does not cover COMP services when:

- COMP services are purely recreational or diversionary in nature.

**DAY HABILITATION (DH)**

Day habilitation services are provided in a community-based setting for Members with intellectual or developmental disabilities who have skilled needs and/or who could benefit from a structured day program that promotes and facilitates independent living and self-management in the community. Day habilitation programs typically run 6 hours per day and are provided Monday through Friday. Services are based on a day habilitation service plan that may include skilled nursing services and health care supervision, developmental skills training, therapy services (including PT, OT, ST, and behavior management), and assistance with ADLs. Members can be authorized for Day Habilitation (DH) services for up to 2 years.

Tufts Health Plan may authorize the coverage of DH services in an outpatient setting when **ALL** of the following criteria are met:

1. All Members, except those who are residents of an NF, must meet the following clinical eligibility criteria for receipt of DH:
  - a) The Member is under the care of a physician
  - b) The Member has an intellectual **or** developmental disability as defined by MassHealth in 130CMR 419.402 and certified by a primary care physician:
    - i. Intellectual Disability (ID) – significantly sub-average intellectual functioning existing concurrently with and related to significant limitations in adaptive functioning. ID originates before 18 years of age **OR**
    - ii. A severe, chronic disability that
      - (a) is attributable to other conditions found to be closely related to ID, apart from mental illness, which results in the impairment of general intellectual functioning or adaptive behavior similar to that of persons with ID, and which requires treatment or services similar to those required for such persons;
      - (b) is manifested before a person reaches 22 years of age;
      - (c) is likely to continue indefinitely; **and**
      - (d) results in substantial functional limitations in three or more of the following major areas:
        - 1) self-care;
        - 2) understanding and use of language;
        - 3) learning;
        - 4) mobility;
        - 5) self-direction; **OR**
        - 6) capacity for independent living.

- c) Documentation of the need for DH for the Member to acquire, improve, or retain their maximum skill level and independent functioning

**Note:** Prior authorization requests for Day Habilitation (DH) services must contain the following information:

- The member's Day Habilitation (DH) level of care: low need, moderate need, high need
- A clinical assessment performed by the Day Habilitation (DH) provider that confirms the following:
  - The member has been seen by their PCP within the last 12 months
  - The member has had comprehensive evaluation by a referring entity that includes a written assessment of the member's social skills
  - The member has had a written assessment of the member's medical, mental, functional, and developmental status
- The member's Day Habilitation (DH) service plan

### **Limitations**

Tufts Health plan does not cover DH services when:

- The Member is a resident or at an inpatient status at a hospital, nursing facility, or intermediate care facility for people with intellectual disabilities, except if the service is recommended as a specialized service pursuant to PASRR
- Services that are considered duplicative of DH and thus cannot be provided concurrent with the provision of DH services include:
  - PCA services provided during the time the Member is at the DH site
  - HHA Services provided during the time the Member is at the DH site

### **GROCERY & SHOPPING (GRO)**

GRO services provide assistance to members to order groceries, shop for groceries, deliver groceries and assist with the storage of groceries as needed. Members are responsible for paying for any groceries that are ordered or purchased and may not be able to utilize SNAP benefits. Members can be authorized for GRO services for up to 6 months.

Tufts Health Plan may authorize the coverage of GRO services when **ALL** of the following criteria are met:

1. The member must be either homebound or infrequently leaves the home due to a physical or mental condition;
2. The member does not have an informal support or someone residing in the immediate household who can provide assistance with ordering or shopping for groceries;
3. The member is unable to carry or lift items independently or with assistance;
4. The member is unable to utilize any other grocery delivery service offered by local supermarkets/applications;
5. The member does not receive any other service in which assistance with ordering or shopping for groceries can be provided;
6. Grocery & Shopping (GRO) services must be appropriate, non-duplicative, and part of the member's individual care plan.

### **GROUP ADULT FOSTER CARE (GAFC)**

Group Adult Foster Care (GAFC) services provide assistance with ADLs and IADLs up to 2 hours per day, on a daily basis to members living in an assisted living residence (ALR) or an elderly/disabled housing complex within the community. Members appropriate for GAFC may include, but are not limited to the following: individuals who currently reside in the community or are hospitalized and are at high risk of requiring nursing home placement; patients discharged from nursing homes, and chronically disabled individuals who require supervision. Members receive oversight of their care from a registered nurse and social worker/care manager through the GAFC provider. Members can be authorized for GAFC services for up to 1 year.

Tufts Health Plan may authorize the coverage of GAFC services when **ALL** of the following criteria are met:

1. The service is physician ordered/approved;
2. The Member is capable of participating in the program:

- a. Member can communicate his/her needs (is oriented to time, place and person but may have periods of confusing or forgetfulness)
- b. Member does not exhibit behavior harmful to his/herself or others;
- 3. The Member requires daily assistance with **at least one** of the following ADLS:
  - a. Mobility/Transfers
  - b. Taking Medications
  - c. Bathing & Grooming
  - d. Dressing & Undressing
  - e. Eating
  - f. Toileting
- 4. The Member may benefit from some ADL assistance at home, but generally does not require more than 2 hours a day of ADL support.

**Note:** Prior authorization requests for GAFC services must include the following information:

- A clinical assessment (MDS) completed by the Group Adult Foster Care (GAFC) provider
- A physician summary
- The member's Group Adult Foster Care (GAFC) care plan

**LIMITATIONS:**

Tufts Health plan does not cover GAFC services when:

- The Member is a resident or at an inpatient status at a hospital, nursing facility, or intermediate care facility for people with intellectual disabilities or certain other residential facilities subject to state licensure or certification.
- Services that are considered duplicative of GAFC and thus cannot be provided concurrent with the provision of GAFC include:
  - Personal Care Assistance services (PC, PCA, HHA)
  - AFC services

**HOME DELIVERED MEALS (HDMs)**

HDMs provide members with well balanced meals (hot, cold, or frozen) that meet federal and state guidelines. Members can be authorized for home delivered meals for up to 1 year.

Tufts Health Plan may authorize the coverage of HDMs services when **ALL** of the following criteria are met:

1. The member must have a physical, medical, or cognitive condition that results in their inability to prepare and/or shop for nutritionally adequate meals;
2. The member does not have access to or has inadequate kitchen facilities;
3. The member cannot attend a congregate meal site due to being homebound or infrequently leaving the home or the member is ineligible for receiving meals through a congregate meal site;
4. The member does not receive any other service in which they can assistance with meal preparation and/or shopping;
5. Home Delivered Meals (HDM) must be appropriate, non-duplicative, and part of the member's individual care plan;
6. Home Delivered Meals (HDM) should not exceed 1 meal per day unless the member has an extraordinary circumstance that would result in food insecurity or health issues which has been identified and documented by the Care Manager or LTSS Coordinator;
7. The type of meals required (breakfast, lunch, dinner) must be specified in the member's functional assessment completed by the LTSS Coordinator.

**HOME HEALTH AIDE (HHA)**

HHA services are provided under the supervision of registered nurse or licensed therapist and provide higher acuity members with hands on assistance with ADLs. HHA services may also include assistance with simple dressing changes as ordered by a provider, medication assistance that typically would be self-administered and does not require skill of a nurse, routine care of orthotic/prosthetic devices, and activities that support skilled therapies. HHA services may provide incidental assistance with Instrumental Activities Of Daily Living (IADLs), but the purpose of HHA services cannot solely be for assistance with these tasks. An example of a higher acuity member is a member who requires assistance

with respiratory treatments such as a nebulizer or oxygen and/or are less than 50% weight bearing. Members can be authorized for HHA services for up to 90 days

Tufts Health Plan may authorize the coverage of HHA services when **ALL** of the following criteria are met:

1. The member must have a medically predictable and/or recurring need for nursing services or therapy services;
2. The member must require hands-on assistance with **at least two** of the following ADLs:
  - a. Bathing
  - b. Grooming
  - c. Dressing
  - d. Toileting/continence
  - e. Transferring/ambulation
  - f. Eating
3. HHA services must be medically necessary to maintain the member's health or facilitate the treatment of the member's injury or illness;
4. The frequency and duration of HHA services must be ordered by the member's physician and must be included in the physician's plan of care for the member;
5. HHA services must be appropriate, non-duplicative, and part of member's individual care plan (e.g., home health aide may be providing ADL assistance and additional IADL services, which could potentially be duplicative);
6. The member's Care Manager must verify the member's level of acuity through the functional assessment conducted by the LTSS Coordinator and/or the clinical assessment completed by the servicing provider.

#### **HOMEMAKING (HM) SERVICES**

Homemaking (HM) services provide assistance to members with Instrumental Activities Of Daily Living (IADLs) including grocery shopping (closest to the member's residence), menu planning, meal preparation, laundry of the eligible member's items only and light housekeeping of the member's primary living areas of the kitchen, bathroom, living room and the member's bedroom. Members can be authorized for homemaking services for up to 1 year.

Tufts Health Plan may authorize the coverage of HM services when **ALL** of the following criteria are met:

1. Member must have a physical, mental, or cognitive condition that prevents them from performing at least one IADL;
2. Member must live alone or with another adult who is unable to perform homemaking duties either due to their own disability or to having dependent children younger than 18;
3. Member must be present in the home in order to receive services;
4. Homemaking services must be appropriate, non-duplicative, and part of the member's care plan;
5. Member does not receive any other service in which assistance can be provided with these tasks;
6. Time allocated should be determined by the amount of tasks/service that is being performed with documentation of specific services and medical necessity.

#### **INDEPENDENT LIVING SKILLS TRAINING (IL-ST)**

IL-ST is a service that provides regular or intermittent support designed to develop, maintain and or/maximize the Member's independent functioning in self-care, physical and emotional growth, socialization, communication and vocational skills to achieve the objective of improved health and welfare; and to support the ability of the member to establish and maintain a residence to live in the community. Members can be authorized for IL-ST services for up to 6 months.

Tufts Health Plan may authorize the coverage of IL-ST services when **ALL** of the following criteria are met:

1. The member must have goals identified by the Care Manager or LTSS Coordinator and requires ongoing support related to **at least one** of the following areas:
  - a) Consumer/Legal Rights
  - b) Education/Training
  - c) Employment
  - d) Finances/Budgeting
  - e) Healthcare/Nutrition
  - f) Housing



- g) Self-Care/Daily Living
- h) Personal/Self-Help
- i) Social/Recreation

### **LAUNDRY (LAU) SERVICES**

Laundry services provide members with assistance in picking-up laundry, washing, drying, folding and delivery of personal laundry items. Members can be authorized for laundry services for up to 6 months. Laundry services are typically provided once per week and includes one bag for items under 20 pounds. Members with items that are than 20 pounds may require multiple bags and and/or a greater frequency of services. Documentation of specific need and medical necessity is required and must be indicated in the member's functional assessment completed by the LTSS Coordinator. Members can be authorized for laundry services for up to 1 year.

Tufts Health Plan may authorize the coverage of LAU services when **ALL** of the following criteria are met:

1. The member must have a physical, mental, or cognitive condition that prevents them from being able to perform laundry tasks at home at local facilities;
2. The member does not have access to an operable washer and dryer in their home or building;
3. The member is unable to travel to a laundromat to perform laundry tasks;
4. The member does not receive any other service in which assistance can be provided with laundry tasks;
5. The member does not have an informal support or someone who resides in the immediate household who can provide assistance with laundry tasks;
6. Laundry services must be appropriate, non-duplicative, and part of the member's individual care plan.

### **PERSONAL CARE SERVICES (PC)**

PC services provide members with hands-on assistance, prompting or cueing, and supervision to assist lower acuity members with their ADLs, medication reminders, and other tasks such as housekeeping and meal preparation when specifically outlined in care plan. Personal Care (PC) services may provide incidental assistance with Instrumental Activities Of Daily Living (IADLs), but the purpose of PC services cannot solely be for assistance with these tasks. Members can be authorized for PC services for up to 6 months

Tufts Health Plan may authorize the coverage of PC services when **ALL** of the following criteria are met:

1. The member must require prompting, cueing, supervision, or physical assistance with **at least one** of the following ADLs:
  - a) Bathing
  - b) Grooming
  - c) Dressing
  - d) Toileting/Continence
  - e) Transferring/Ambulation
  - f) Eating
2. PC services must be appropriate, non-duplicative, and part of member's care individual plan;
3. The member's Care Manager must verify the member's level of acuity through functorial assessment conducted by the LTSS Coordinator and/or the clinical assessment completed by the servicing provider.

### **PERSONAL CARE ATTENDANT (PCA)**

Personal Care Attendant (PCA) services are a self-directed program that allows members and/or their surrogate (if applicable) to recruit, hire, train and supervise a PCA that provides physical assistance with the member's ADLs and IADLs. The Member can choose their PCM from the list of available PCMs in their geographical area. PCA services are often provided in the Member's home, but may be provided elsewhere in the community at the direction of the Member. A clinical evaluation helps to determine the need for PCA services and the hours of physical assistance that a member requires. For Members residing with a spouse or family members, it is expected that they provide assistance with IADLs rather than the PCA. PCA services also work with a fiscal intermediary provider that perform employer and payroll related administrative tasks. Members can be authorized for Personal Care Attendant (PCA) services for up to 1 year.

Tufts Health Plan may authorize the coverage of PCA services when **ALL** of the following criteria are met:

1. The Member’s disability is permanent or chronic in nature and impairs the Member’s functional ability to perform ADLs and IADLs without physical assistance;
2. The Member requires physical assistance with **two or more** of the following ADLs\*:
  - a) mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;
  - b) assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered;
  - c) bathing or grooming: physically assisting a member with bathing, personal hygiene, or grooming;
  - d) dressing: physically assisting a member to dress or undress;
  - e) passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;
  - f) eating: physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs; and
  - g) toileting: physically assisting a member with bowel or bladder needs.

**\*Note:** Tufts may authorize coverage of PCA services when the member requires assistance in the form of cueing and supervision when it is incorporated into the Member’s Individualized Care Plan (ICP).

**Limitations**

Tufts Health Plan does not cover PCA services when:

- A Member’s PCA is a relative (cannot be a legally responsible relative) (e.g. spouse of the Member or parent of a minor Member)
- A Member’s PCA cannot be the Member’s surrogate
- Member is a resident or at an inpatient status at a hospital, nursing facility, or intermediate care facility for people with intellectual disabilities
- Services are for babysitting, recreation, advocacy, guiding/coaching, or safety
- Services are provided to a Member during the time a member is participating in a community funded program, including, but not limited to, day habilitation, adult day health, adult foster care, or group foster care, etc.

**SUPPORTIVE HOME CARE AIDE (SHCA)**

SHCA is a Home Health Aide (HHA) with specialized training related to diagnosis. Services are provided to members with Alzheimer’s/dementia related disease or emotional and/or behavioral health problems to assist with their ADLs and IADLs. SHCA services can also provide emotional support, socialization, and escort services. Members can be authorized for SHCA services for up to 1 year.

Tufts Health Plan may authorize the coverage of SHCA services when **ALL** of the following criteria are met:

1. The member must have a medically predictable recurring need for nursing services or therapy services;
2. Members must have a diagnosis of Alzheimer’s/dementia related disease or documented emotional and/or behavioral health problem;
3. The frequency and duration of Supportive Home Care Aide (SHCA) services must be ordered by the physician and must be included in the physician’s plan of care for the member;
4. Supportive Home Care Aide (SHCA) services must be medically necessary to maintain the member’s health or to facilitate the treatment of the member’s injury or illness;
5. Supportive Home Care Aide (SHCA) services must be appropriate, non-duplicative and part of the member’s individual care plan.

**CODES**

The following CPT code(s) require prior authorization:

**Table 1: CPT Codes**

CPT Code	Description
99509	Home visit for assistance with activities of daily living and personal care

The following HCPCS code(s) require prior authorization:

**Table 2: HCPCS codes**

HCPCS Code	Description
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
H0043	Supported housing, per diem
H2014	Skills training and development, per 15 minutes
S5100	Day care services, adult; per 15 minutes
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem
*S5120	Chore services; per 15 minutes
*S5121	Chore services; per diem
*S5130	Homemaker service, NOS; per 15 minutes
*S5131	Homemaker service, NOS; per diem
*S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes
*S5136	Companion care, adult (e.g., IADL/ADL); per diem
S5140	Foster care, adult; per diem
S5165	Home modifications; per service
*S5170	Home delivered meals, including preparation; per meal
*S5175	Laundry service, external, professional; per order
*S9977	Meals, per diem, not otherwise specified
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)

**\*These codes can be authorized for up to 1 year.**

#### REFERENCES

1. Massachusetts Department of Elder Affairs: 651 CMR 3.00: Home Care Program, 2017. [mass.gov/regulations/651-CMR-3-home-care-program](https://www.mass.gov/regulations/651-CMR-3-home-care-program)
2. Commonwealth of Massachusetts Health Regulations. Division of Medical Assistance. Accessed July 8, 2021:
3. 130 CMR 404.00: Adult day health services, 2018. [mass.gov/regulations/130-CMR-40400-adult-day-health-services](https://www.mass.gov/regulations/130-CMR-40400-adult-day-health-services).
4. 130 CMR 408.000:Adult Foster Care, 2017. [mass.gov/doc/130-cmr-408-adult-foster-care/download](https://www.mass.gov/doc/130-cmr-408-adult-foster-care/download),
5. 130 CMR 630.000: Home – and Community-Based Services waiver Services, 2019. [mass.gov/regulations/130-CMR-63000-home-and-community-based-services-waiver-services](https://www.mass.gov/regulations/130-CMR-63000-home-and-community-based-services-waiver-services)
6. 101 CMR 348.00: Day Habilitation Program Services, 2018. [mass.gov/regulations/101-CMR-34800-day-habilitation-program-services](https://www.mass.gov/regulations/101-CMR-34800-day-habilitation-program-services)
7. 130 CMR 450.000 Group Adult Foster Care Group Adult Foster Care and Manual for MassHealth Providers, 2021. [mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations](https://www.mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations).
8. 130 CMR 403.00: MassHealth Home Health Agency Bulletin 54, June 2019. [mass.gov/files/documents/2019/06/17/pb-hha-54.pdf](https://www.mass.gov/files/documents/2019/06/17/pb-hha-54.pdf).
9. 130 CMR 422.00: Personal Care Services, 2019. [mass.gov/regulations/130-CMR-42200-personal-care-attendant-services](https://www.mass.gov/regulations/130-CMR-42200-personal-care-attendant-services)

#### APPROVAL HISTORY

July 27, 2021: Reviewed by the Integrated Medical Policy Advisory Committee with an effective date of 10/1/2021.

Subsequent endorsement date(s) and changes made:

- October 20, 2021: Reviewed by IMPAC; HCPCS codes S5125, T1028 and T2041 removed effective 1/1/2022
- April 7, 2022: Template updated
- December 1, 2022: Reviewed by MPAC, renewed without changes
- March 15, 2023: Reviewed by MPAC with an effective date of May 1, 2023; specific services and associated codes identified that can be authorized for up to 1 year.

#### **BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

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