Mass General Brigham
Health Plan

Medical Policy
Day Habilitation

Policy Number: 092

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	One Care	Senior Care Options (SCO)
Authorization Required				X	X
No Prior Authorization					
Not Covered	X	X	X		

Overview

This document describes the guidelines Mass General Brigham Health Plan uses to determine medical necessity for day habilitation.

Criteria (One Care and SCO only)

Mass General Brigham Health Plan covers day habilitation for its One Care and SCO members when they meet the following eligibility criteria:

1. If the member is not a resident of a nursing facility:
    a. The member has an intellectual or developmental disability and as certified by the member's primary care provider (PCP); and
    b. The member needs day habilitation to acquire, improve, or retain their maximum skill level and independent functioning.
2. If the member is in a nursing facility, the Department of Developmental Services (DDS) must have determined via Level II Preadmission Screening and Resident Review (PASRR) that the member requires specialized services.
3. If the member is receiving hospice services, the day habilitation provider must obtain in writing from hospice provider that day habilitation is not providing services related to terminal illness, and that services provided are not equivalent to or duplicative of hospice services.

Exclusions:

1. Any portion of a day outside the approved rate structure during which the member is not receiving scheduled services from the day habilitation provider, unless the provider documents that the member was receiving services from the day habilitation provider's staff in a community setting.
2. Day habilitation provided to a member when the member's needs can no longer be met by the day habilitation as determined by the PCP and the professional interdisciplinary team in consultation, or by a qualified representative of MassHealth, DDS, or the department of public health (DPH).
3. Days or portion(s) of a day outside of the rate structure on which the following services are provided:
    a. vocational- and prevocational-training services, which include vocational-skills assessment, career counseling, job training, and job placement;

b. work-related services, which provide participants with work skills and supervised employment to produce saleable goods;

c. educational services, which involve traditional classroom instruction of academic subjects, tutoring, and academic counseling; and

d. social, vocational, and recreational services not administered through the DH provider.

4. Day habilitation provided to members residing in intermediate care facilities for those with intellectual disabilities.

5. Day habilitation provided more than five days per week and six hours per day per member;

6. Day habilitation provided at a site that has not been approved by MassHealth or its designee or does not have a current approval on file;

7. Day habilitation provided on or after the effective date of the discharge plan; and

8. Claims billed above the census on file as approved by MassHealth or its designee.

Medicare Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, Medicare had no NCD or LCDs for day habilitation.**

MassHealth Variation
Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham's most recent policy review, MassHealth did not have guidelines for medical necessity determination for day habilitation.**

One Care and SCO Variation
Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Authorized Code	Code Description
S5100	Skills training and development, quarter per diem
S5101	Half per diem - Skills training and development, half per diem

S5102	Skills training and development, per diem

Definitions

Developmental Disability: A severe, chronic disability that

1. is attributable to other conditions found to be closely related to intellectual disability, apart from mental illness, which results in the impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disabilities, and which requires treatment or services similar to those required for such persons;
2. is manifested before a person reaches 22 years of age;
3. is likely to continue indefinitely; and
4. results in substantial functional limitations in three or more of the following major areas:
    a. self-care;
    b. understanding and use of language;
    c. learning;
    d. mobility;
    e. self-direction; or
    f. capacity for independent living.

Intellectual Disability: A disability characterized by significant limitations in both intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical skills and that originates before the individual reaches 22 years of age. The meaning of intellectual disability is consistent with the standard contained in the 12th edition of the American Association on Intellectual and Developmental Disabilities' Intellectual Disability: Definition, Classification, and Systems of Supports (2021) or any subsequent publication.

Level II Preadmission Screening and Resident Review (Level II PASSR): A comprehensive evaluation and determination performed by DDS for any individual seeking admission or continued stay in a Medicaid nursing facility, in accordance with 42 CFR 483.100, to determine whether an individual suspected of having intellectual or other developmental disability has such a condition and if so, whether the individual requires the level of services provided by a nursing facility, and if so, whether specialized services are required.

Related Policies:

- Adult Day Health
- Adult Foster Care
- Definition of Skilled Care
- Group Adult Foster Care
- Home Health Care
- Personal Care Attendant Services

Effective Dates

January 2026: Effective date.

References

101 CMR 348.000 Rates for Day Habilitation Services https://www.mass.gov/doc/rates-for-day-habilitation-services-effective-august-1-2024-0/download

130 CMR 419.000 MassHealth Day Habilitation Manual https://www.mass.gov/doc/day-habilitation-dh-regulations-3/download