

## Medical Policy

### Supportive Day Program

**Policy Number: 108**

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

**Overview**

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

**Criteria (SCO only)**

Mass General Brigham Health Plan covers supportive day programs for its SCO members when the program addresses social isolation by providing structured activities and social engagement in the community. To be eligible for supportive day program services, the member must meet all of the criteria below. Services are authorized for up to one year.

1. The member has completed a comprehensive in-home assessment within 90 days of requesting the service; and
2. The requested service is included in the member's individualized plan of care; and
3. The member requires a non-medical environment that offers structured programming and encourages socialization in order to maintain the member's health and welfare; and
4. The member is able to independently manage their activities of daily living (ADLs, see Definitions below); and
5. The member is able to independently manage their medications; and
6. The member is alone for long periods of time.

**Exclusions:**

1. The member is admitted to a hospital or skilled nursing facility, or residing in an assisted living, group home, or other supervised setting
2. The member receives day habilitation, adult day health, or other similar day programs.
3. The member requires assistance with ADLs and/or IADLs and may be better served by an adult day health program.
4. The member does not meet all of the eligibility criteria described above.
5. The services began before the member's service plan was developed.
6. The services are being provided to an individual other than the eligible member.

7. The member is a resident or inpatient of a hospital, nursing facility, Intermediate Care Facility for Individuals with Intellectual Disability, or any other medical facility subject to state licensure or certification.
8. The member is receiving duplicative services paid for by MassHealth or a third-party organization.
9. The member has reached their maximum allowable hours for the requested service and additional hours have not been approved.

**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, CMS had no guidelines for supportive day programs.**

**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 had no guidelines or regulations for supportive day programs relevant to Mass General Brigham ACO members.**

**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. **As of Mass General Brigham Health Plan’s most recent policy review, CMS had no guidelines for supportive day programs, and MassHealth had the following regulation, which did not include medical necessity guidelines:**

- [130 CMR 630.000: Home- and Community-Based Services Waiver Services Manual](#)

**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
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem

**Definitions**

Activities of Daily Living (ADLs): Activities that are related to personal care, specifically bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.

**Related Policies:**



- [Adult Day Health](#)
- [Adult Foster Care](#)
- [Day Habilitation](#)
- [Definition of Skilled Care](#)
- [Group Adult Foster Care](#)
- [Home Accessibility Adaptations](#)
- [Home Health Care](#)
- [Long-Term Services and Supports](#)
- [Personal Care Attendant and Personal Care Management Agency Services](#)
- [Transitional Assistance Services](#)

### **Effective Dates**

January 2026: Effective date.

### **References**

130 CMR 630.000 Home- and Community-Based Services Waiver Services Manual.

<https://www.mass.gov/doc/home-and-community-based-services-waivers-regulations-1/download>.

651 CMR 3.00: Home Care Program. <https://www.mass.gov/doc/651-cmr-3-home-care-program/download>.

Frail Elder Waiver: information for applicants and participants. <https://www.mass.gov/info-details/frail-elder-waiver-information-for-applicants-and-participants#ii-eligibility-criteria-for-the-frail-elder-waiver>.

MA Frail Elder Waiver (0059.R08.00). <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82036>.

Senior Care Options Contract, Appendix S.

