

Medical Policy

Transitional Assistance Services

Policy Number: 107

	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 transitional assistance services.

Criteria

Mass General Brigham Health Plan covers transitional assistance services for its SCO members when the services are non-recurring, set-up expenses for the member's primary residence, and the member would otherwise be responsible for these expenses. To be eligible for transitional assistance services, the member must meet all of the criteria below. Services are authorized for up to 6 months.

1. The member has a documented medical, cognitive, or physical condition that impairs their ability to undertake tasks to increase their independence; and
2. The member has completed a comprehensive in-home assessment within the past year; and
3. The member needs assistance with two or more Instrumental Activities of Daily Living (IADLs, see Definitions below); and
4. The requested service is included in the member's individualized plan of care.
5. The member is currently in a nursing facility, hospital, or other provider-operated living arrangement and is going to be discharged to a community living arrangement; and
6. The member needs support with at least one of the following, and the task is required for the member's safe transition to the community:
 - a. Finding and applying for appropriate housing;
 - b. Paying a security deposit for a lease on an apartment or home;
 - c. Arranging details for the move into the apartment or home;
 - d. Acquiring essential furnishings such as furniture, window coverings, food preparation materials; and bed and bath linens;
 - e. Setting up utilities such as telephone, electricity, heating, and water, including paying any fees or deposits required for setup;

- f. Arranging any services required prior to occupancy of the home or apartment such as pest extermination and/or a one-time cleaning;
 - g. Moving expenses;
 - h. Home accessibility adaptations; and
 - i. Any activities necessary for arranging or procuring resources related to personal household expenses, specialized medical equipment, or community services; and
7. The member does not have support or someone residing in the home who can be responsible for these expenses.
 8. The expenses are incurred during the 180 days prior to discharge or during the period when the participant is establishing his or her living arrangement.
 9. The organization providing these services is under contract with the Massachusetts Rehabilitation Commission or the Department of Developmental Services in accordance with its standards, requirements, policies, and procedures for the provision of transitional assistance services to persons with disabilities.

Exclusions:

1. Monthly rent or mortgage payments
2. Food
3. Regular utility payments
4. Items that are purely for diversion or recreation
5. Any services that are not necessary for the member's safe transition to the community
6. Transitional assistance services requests for home accessibility adaptations made outside of the 180 days prior to discharge
7. The member does not meet all of the eligibility criteria described above.
8. The services began before the member's service plan was developed.
9. The services are being provided to an individual other than the eligible member.
10. The member is receiving duplicative services paid for by MassHealth or a third-party organization.
11. 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 transitional assistance services.**



Mass General Brigham ACO 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 guidance or regulation for transitional assistance services 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. **At the time of Mass General Brigham Health Plan’s most recent policy review, CMS had no guidelines for transitional assistance services, and MassHealth had the following regulations, which did not include medical necessity guidelines:**

- [130 CMR 630.000: Home- and Community-Based Services Waiver Services Manual](#)
- [651 CMR 3.00: Home Care Program](#)

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
T2038	Community transition waiver; per service

Definitions

Instrumental Activities of Daily Living (IADLs): Per MassHealth, these are activities instrumental to the care of the member’s health and include tasks such as:

1. Household services: physically assisting with household management tasks incidental to the member’s care, including laundry, shopping, and housekeeping;
2. Meal preparation and clean-up: physically assisting a member to prepare meals;
3. Transportation: accompanying the member to medical providers; and
4. Special needs: assisting the member with:
 - a. The care and maintenance of wheelchairs and adaptive devices;
 - b. Completing the paperwork required for receiving IADL services; and
 - c. Other special needs approved by the MassHealth agency as being instrumental to the health care of the member.

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](#)
- [Supportive Day Program](#)

Effective Dates

January 2026: Effective date.

References

101 CMR 359.000: Rates for Home and Community-Based Services Waivers. <https://www.mass.gov/doc/rates-for-home-and-community-based-services-waivers-effective-july-1-2023-0/download>.

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.

