Community-Based LTSS Services
Clinical Coverage Criteria

Description

This policy supports the following services:

1) Alzheimer's/Dementia Coaching
2) Assistive Technology- Electronic Comfort Animals
3) Assistive Technology for Telehealth
4) Chore Services
5) Companion Services
6) Complex Care Training and Oversight (formerly Skilled Nursing Services)
7) Emergency Response System, Personal; Cellular; VCAM
8) Environmental Accessibility Adaptations
9) Evidence-based Education Programs
10) Grocery Shopping and Delivery
11) Home-Delivered Meals
12) Home Health Aide Services (Non-Certified Provider)
13) Home Safety Independence Evaluation
14) Homemaker Services
15) Laundry Services
16) Medication Dispensing System
17) Orientation and Mobility Services
18) Peer Support (ASAP FEW Service)
19) Personal Care Services
20) Respite Program
21) Supportive Day Program
22) Supportive Home Care Aide
23) Transitional Services

DEFINITIONS

Activities of Daily Living (ADLs)- These are essential personal care tasks that individuals perform daily. They include bathing, grooming, dressing, toileting and managing continence, transferring or walking, and eating.

Activity Time- Refers to the actual one-on-one time a home care professional spends assisting a member with ADLs and IADLs. This includes both physical help and verbal cueing or supervision needed to complete each task.

Clinical Assessment- A thorough evaluation process that uses the Minimum Data Set (MDS) tool to document a member's needs. This assessment forms the basis for determining whether services require prior authorization. Fallon Health NaviCare refers to this assessment as their Health Risk Assessment (HRA).

Frail Elder Waiver (FEW)- A designation for individuals certified by MassHealth or its agent as needing nursing facility-level care. Eligible members must meet age and financial criteria, be permanently and totally disabled, and receive one or more home-based services administered by the Executive Office of Elder Affairs.

Functional Assessment Tool- A structured questionnaire used to evaluate a member's health status and functional needs. It helps determine the time required for one-on-one support with ADLs and IADLs. Time estimates are based on standard guidelines but may vary depending on the member's level of need and behavioral support requirements.

Home Health Agency- An organization—either public or private—that delivers nursing and therapeutic services to individuals in their homes. These agencies must comply with federal regulations under 42 CFR 440.70(c) and are governed by 130 CMR 403.000.

Home Health Aide- A trained individual employed or contracted by a home health agency to provide personal care and health-related services. Their qualifications and scope of practice are defined by 130 CMR 403.416(B) and 42 CFR 484.80.

Homemaker- A person who performs routine household tasks such as cooking, cleaning, and laundry to help maintain a safe and functional living environment.

Individualized Care Plan (ICP)- A personalized document outlining the health services a member will receive and the method of delivery. It is developed collaboratively with the member and care team.

Instrumental Activities of Daily Living (IADLs)- These are basic tasks necessary for independent living, including meal preparation, housekeeping, laundry, shopping, transportation use, money management, and telephone use.

Interdisciplinary Care Team (ICT)- A collaborative group that includes the member, their Navigator, Clinical Care Manager (RN or Behavioral Health), Primary Care Provider (PCP), Geriatric Support Services Coordinator (GSSC), and other individuals chosen by the member. The team works together to coordinate care and develop the member's Individualized Care Plan.

Member- An individual enrolled in Fallon Health's NaviCare Senior Care Options (SCO) plan.

Minimum Data Set (MDS)- A standardized tool used for initial screening and comprehensive assessment of a member's needs. It is also referred to as the Clinical Assessment.

Occupational Therapy- A rehabilitative service that includes evaluation and treatment aimed at improving or maintaining the ability to perform ADLs. It addresses functional impairments caused by medical conditions, injuries, or congenital issues and promotes independence and quality of life.

Physical Therapy- A therapeutic service focused on restoring or maintaining physical function. It targets impairments in neuromuscular, musculoskeletal, cardiovascular/pulmonary, or integumentary systems through structured interventions to enhance mobility and physical performance.

Service Plan- A written outline detailing all services—waiver-funded, other funded, and informal supports—provided to meet the member's assessed needs and goals. It is developed through a person-centered planning process to help the member remain safely in the community.

Significant Change- A substantial and lasting shift in a member's condition that:

1. Is not expected to resolve without intervention.
2. Affects multiple aspects of the member's health.
3. Requires a review or update of the care plan by the interdisciplinary team.

Time To Task Tool (TFTT)- An evaluation method used to estimate the time needed for one-on-one assistance with ADLs and IADLs. It relies on standardized timeframes based on the level of support and behavioral needs of the member. These estimates may be adjusted depending on individual circumstances.

Policy

This Policy applies to the following Fallon Health products:
☐ Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
☐ MassHealth ACO
☒ NaviCare HMO SNP (Dual Eligible Medicare Advantage and MassHealth)
☐ PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
☐ Community Care (Commercial/Exchange)

Prior authorization is required for all services in this policy.

Fallon Health Clinical Coverage Criteria

General Prior Authorization Requirements

Authorization Process

- All services covered under this policy require prior authorization.
- Authorization decisions must be based on a face-to-face, in-home evaluation of the member and their living environment.
- This assessment must be conducted by a member of the Interdisciplinary Care Team (ICT).
- Approved services must be documented in both the service assessment and the member's Individualized Care Plan (ICP).

Clinical Coverage Criteria

Fallon Health considers services medically necessary when all of the following conditions are met:

1. Documented Condition: The member has a physical, cognitive, or mental health condition that necessitates the requested services. This must be reflected in the assessment and ICP.
2. Functional Impairment Identification: The care team must identify the underlying condition and describe the nature of the member's functional limitations.
3. Goal Alignment: Services must support the goals outlined in the member's ICP.
4. Appropriateness and Non-Duplication: Requested services must be suitable, not duplicative, and clearly defined in the care plan.
5. Community Integration: Services must help maintain or improve the member's health and support independent living in the community.

Required Documentation

1. Provider Order: A PCP order is required for new services or significant changes.
2. Assessments:
    - MDS, Health Risk Assessment, or GSSC Assessment completed within 3 months of the PA request.
    - In-person Functional Assessment completed within 3 months if assistance or supervision is needed.
3. Consistency: Documentation must support the requested services and hours.
4. Additional Evidence: Fallon Health may request further clinical documentation to support medical necessity.

Service Delivery Standards

Provider Qualifications

- Providers must meet EOHHS standards under 130 CMR 630.000.
- Providers must:
    - Ensure staff are properly trained.
    - Offer ongoing support and monitoring.
    - Follow quality improvement practices.
    - Be responsive to member needs.

- Maintain confidentiality.
- Have emergency protocols and required procedures in place.

Telehealth Services

- Companion, Evidence-Based Education, Peer Support, and Transitional Assistance may be delivered via telehealth.
- Telehealth providers must comply with HIPAA, HITECH, and Massachusetts privacy laws (M.G.L. Ch. 66A and Ch. 19A §23(a)).

General Limitation

The total combined hours for Companion, Personal Care Attendant, Homemaker, Home Health Aide, Personal Care (agency), Adult Day Health, Supportive Day Program, Day Habilitation, Group Adult Foster Care, and Supportive Home Care Aide services must not exceed 84 hours per week.
**However, exceptions to this limit may be allowed for up to 90 days in certain cases, such as:*

- *Supporting a member's ability to remain in the community*
- *Providing temporary relief for a caregiver*
- *Assisting with transitions to a new living arrangement*
- *Preventing admission to a medical facility*
- *Stabilizing a member's health condition*
- *Waiting for placement in a long-term care setting*

Any exception must be clearly documented in the member's individualized care plan.

Universal Exclusions for All Services

1. Members cannot receive duplicate services that address the same functional, physical, cognitive, or behavioral health need.
2. Members who are living in or are admitted to a hospital, nursing facility, Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), or any other licensed medical facility are not eligible for these services.

Note: SCO members on the Frail Elder Waiver (FEW) may need one or more of these services in their care plan to maintain waiver eligibility. In such cases, exceptions to these limits or exclusions may be approved. Please consult the GSSC for guidance.

Clinical Coverage Criteria by Service Type

Alzheimer's/Dementia Coaching (Habilitation Therapy)

Description/Overview:
This service supports individuals with Alzheimer's disease or other dementias by helping them maintain essential self-care, social, and adaptive skills. It also provides education and guidance to caregivers and includes recommendations for modifying the home environment to reduce symptoms and improve daily functioning. Services include:

- Habilitation Therapy: Techniques to preserve and enhance functional abilities.
- Caregiver Education: Training in communication, behavior management, and care planning.
- Behavioral Support: Strategies to manage dementia-related behaviors.
- Telehealth Option: May be delivered remotely based on member preferences and care planning.

Eligibility Criteria

1. A formal diagnosis of Alzheimer's or related dementia by a qualified physician.
2. Presence of a caregiver willing to participate in coaching.
3. Demonstrated need for coaching to manage symptoms and support caregiver education.
4. Service Delivery:

a. Provided by licensed professionals (RN, LICSW, LCSW, OT); trained and certified by the Alzheimer's Association
b. May be delivered in-person or via telehealth.

Exclusions/Limitations

Fallon Health will not approve this service if:

- The member does not have a physician-documented diagnosis of Alzheimer's Disease or Dementia.
- The provider does not meet the qualifications specified in the Clinical Coverage Criteria.

Assistive Technology – Comfort Animals

Description/Overview

Electronic comfort animals are robotic pets designed to simulate real animal behavior. They respond to touch and sound, offering emotional support and companionship.

- Beneficial for individuals with dementia, anxiety, or loneliness.
- Helps reduce agitation and promote engagement.
- Supports emotional well-being and therapeutic goals.

Eligibility Criteria:

1. Member must have a condition affecting emotional well-being or social engagement.
2. Comfort pet must be part of the ICP and approved by the care team.
3. Member must need emotional support not met by other means.
4. Behavioral health consultation must confirm benefit.
5. Documentation must include purchase estimate and provider qualifications.
6. Service Delivery:
    a. Includes acquisition, setup, and installation of battery-operated, interactive pets.
    b. Intended to reduce loneliness and provide emotional comfort.

Exclusions/Limitations:

- Internet installation, setup, or ongoing service fees are not included.
- Coverage is limited to two animals every three years, with a maximum benefit of $600.
- A second comfort animal may be approved only if the first is lost or if one is needed for home and another for a different location (such as a day program or family member's home).

Assistive Technology for Telehealth

Description/Overview

Provides members with the tools and support needed to access telehealth services effectively.

Covered Components

- Device Acquisition: Purchase or lease of phones, tablets, computers, and accessories.
- Installation and Setup: Technical setup of devices.
- Technical Support: Assistance for members and caregivers to ensure successful use.

Eligibility Criteria:

1. Member must be able to benefit from telehealth support.
2. Must have internet access.
3. Must lack necessary equipment.
4. Devices must be used for telehealth, not recreation.
5. Member or caregiver must be able to receive technical support.

Exclusions/Limitations:

- The benefit is capped at $500 every five years.
- The evaluation for this service will consider what technology the member already has and whether modifications or new devices are needed.
- Members cannot receive duplicate devices through both Transitional Assistance and Assistive Technology for Telehealth, or through VCAM if the device is used for telehealth.

Chore Services

Description/Overview

Chore services address household tasks that are beyond routine homemaking and are necessary to maintain a safe and sanitary living environment.

- Light Chores: Vacuuming, dusting, cleaning kitchens/bathrooms.
- Heavy Chores: Washing walls/windows, cleaning basements, moving furniture, yard work, snow removal, and addressing hoarding.
- Special Considerations
  - Behavioral health consultation required for hoarding or unsanitary conditions.
  - Limited providers available for hazardous environments.
- Comparison of Homemaker Services
  - Intensity: Heavy chores are more physically demanding.
  - Frequency: Performed infrequently vs. routine homemaking.
  - Scope: Focus on health and safety vs. general upkeep.

Eligibility Criteria

1. Assessment must show the home poses health/safety risks.
2. Task must be unusual and necessary for safe living conditions.
3. Service must be authorized in the care plan.
4. Functional impairment must be documented.
5. Behavioral health consult required for hoarding or comorbid conditions.
6. Task must exceed homemaker service scope.
7. Family or landlord must not be responsible for the task.

Exclusions/Limitations:

Fallon Health will not cover this service if any of the following situations exist:

- The service benefits other household members (for example, cleaning shared spaces or doing laundry for others).
- The member or another person in the home is able and willing to do the task.
- The landlord is responsible for the task.
- The member is receiving Adult Foster Care.
- Chore services are provided on a regular, ongoing basis.
- The service is for routine cleaning.
- The service duplicates homemaker services.
- The task is actually a home accessibility adaptation (refer to the relevant guidelines).
- The service is provided to anyone other than the eligible member.
- The service is for maintenance, improvement, or accessibility adaptation of a group home, residential habilitation site, or other provider-owned setting.
- The service or related moving expenses are not covered.

Companion Services

Description/Overview

Non-medical support aimed at reducing isolation and enhancing social engagement. Service Elements include:

- Supervision and social interaction.
- Light household assistance secondary to companionship.
- Service Delivery Options
  - May be provided in-person or via telehealth.
  - Must align with therapeutic goals in the care plan.

Eligibility Criteria

1. The assessing and authorizing clinicians must determine need for supervision or assistance with tasks.
2. Member must live alone, be socially isolated or at risk of isolation.

Exclusions/Limitations:

- Companion services do not include help with personal care or medication reminders/administration.
- These services cannot be provided in Adult Day Health centers, Day Habilitation centers, or alongside other services that involve supervision or oversight.

- Companion services must not duplicate other services that provide IADL support, unless there are unique member needs not addressed by those other services.
- Companion services cannot be combined with Group Adult Foster Care or Assisted Living, except as a medical escort.
- Services that are purely recreational or for diversion are not covered.
- If a member needs constant supervision, companion services are not appropriate; consider Adult Foster Care or Assisted Living instead.
- If a member can perform certain tasks but needs supervision, companion services may be suitable. If the member needs help with the task itself, homemaker or personal care services are more appropriate.

Complex Care Training and Oversight

Description/Overview

Provides specialized training and supervision for caregivers managing members with complex medical needs. Service components may include:

- Medication management (e.g., cassette filling).
- Development and updates to care plans.
- Monitoring of health conditions.
- Education in disease management and care techniques.

Eligibility Criteria

1. Member must have complex medical needs.
2. Caregiver must require training to manage these needs.
3. Training must be specialized and necessary.
4. Service Delivery Requirement:
    a. Provided by RN or LPN under RN supervision.
    b. Must comply with Massachusetts Nurse Practice Act.

Exclusions/Limitations:

Fallon Health will not cover tis service under the following circumstances:

- If the service is delivered by a home health agency that does not hold the required license.
- If the care is not provided by a Registered Nurse (RN) or by a Licensed Practical Nurse (LPN) working under the supervision of an RN.
- If the RN or LPN does not have a current, unrestricted Massachusetts nursing license, as required by state law.

Emergency Response System (ET/CPERS & VCAM)

Description/Overview

Technology-enabled services that ensure member safety through emergency and non-emergency response capabilities.

ET/CPERS Features

- Cellular-enabled devices with GPS.
- Immediate access to emergency assistance.

VCAM Features

- Two-way audio/video connection to a 24/7 response center.
- Visual indicators and education on device use.
- Backup plans for equipment failure.

Eligibility Criteria

1. Member must have a condition that limits ability to summon help.
2. Must live alone or be alone for long periods.
3. Must be able to use the device independently.
4. Must understand how and when to use the device.
5. Must be at risk of emergency situations or institutionalization.

Additional VCAM Service Eligibility Criteria:

1. VCAM must provide support beyond other services.

2. Member must lack in-person or PERS support.
3. Member must be capable of self-management with VCAM support.
4. Provider must be certified.
5. Must have a backup plan in case of system failure.

Exclusions/Limitations:

Fallon Health will deny coverage for emergency response devices under the following circumstances:

- If the member cannot use the device independently or does not understand how to use it safely.
- If the member lives in a facility that already provides 24-hour monitoring, making the device unnecessary.
- If the member already has a working emergency response device of the same type.
- If the member does not have a significant risk of falls or medical emergencies.

Environmental Accessibility Adaptations / Home Modifications

Description/Overview:

- Physical changes to the home environment to improve safety, accessibility, and independence. Covered Modifications may include:
    - Ramps, grab bars, stair lifts, vertical platforms.
    - Doorway widening, bathroom modifications.
    - Electrical/plumbing changes for accessibility.
    - Architectural services for design and compliance.
- Use in Transitions
    - May be covered under Transitional Assistance Services for facility discharge and community reintegration.
- Provider Requirements
    - Must be qualified and comply with all building codes and licensure standards.

Eligibility Criteria

1. The member must reside in a home that is structurally suitable for modifications.
2. Documentation confirming home ownership is required (see below).
3. The member's care plan must include the need for home accessibility modifications.
4. Without these adaptations, the member would be unable to safely live or access their home.
5. Modifications must promote independence or reduce reliance on personal care services.
6. The adaptations must be both necessary and cost-effective, with no viable lower-cost alternatives (e.g., raised toilet seat vs. comfort-height toilet, ramp vs. vertical lift).
7. Required Documentation
    a. A physician's order or standard written prescription for the requested modifications.
    b. A signed medical necessity letter based on an in-home evaluation by a licensed PT or OT.
    c. A comprehensive modification plan including:
        i. Detailed drawings of the proposed changes.
        ii. A provider quote with:
            a) Labor breakdown.
            b) Manufacturer invoice for items billed under HCPCS Code S5165.
    d. Signed homeowner agreement acknowledging the planned modifications.
    e. Proof of ownership (e.g., deed, mortgage statement, or tax bill).

Exclusions/Limitations:

Fallon Health does not pay for the following types of home modifications:

- Improvements that simply bring a home up to basic standards or add general utility, such as new carpeting, roof repairs, upgrades to heating or cooling systems, paving, decks, fences, or fixing pre-existing issues like plumbing or mold.

- Expanding the home's square footage, unless it's essential for accessibility (for example, to allow wheelchair access).
- Modifications that are legally the responsibility of a landlord or another third party.
- Requests where a less expensive solution is available (for example, using a raised toilet seat instead of installing a new toilet).
- Transitional services that are not directly needed for the member's safe move to the community.
- Changes made to group homes, residential habilitation sites, or other provider-owned settings.
- Costs related to regular maintenance, repairs, or general improvements to the member's residence.
- Modifications considered unsafe, unnecessary, or unreasonable (such as installing a pool or sauna).
- Services provided before the member's care plan is developed or not included in the care plan.
- Requests for someone other than the eligible member.
- Removal or remediation of previous adaptations or equipment when the member no longer needs them.
- Modifications not listed in the approved Home Modification Plan.
- Extended service contracts or maintenance agreements for installed equipment.

Evidence-Based Education Program

Description/Overview:

Structured learning programs based on validated research to improve health outcomes and self-management. Program Formats may include:

- Peer-led workshops (6–8 weeks).
- Individual coaching sessions.

Common topics include:

- Chronic disease management (e.g., diabetes, heart disease).
- Fall prevention.
- Caregiver support.
- Nutrition, exercise, medication adherence.
- Communication and emotional regulation.

Eligibility Criteria

1. The member must have a physical, cognitive, or mental health condition that would benefit from structured education.
2. The member must require training to manage their condition or improve self-care.
3. The member must live in a setting conducive to participating in educational programming.
4. Service Delivery Standards
    - Providers must be trained in validated, evidence-based models.
    - Programs must be goal-driven with measurable outcomes.
    - Services must align with the member's care plan and be reviewed during reassessments.
    - Ongoing support and monitoring must be included.
    - Services may be delivered entirely via telehealth if appropriate.

Exclusions/Limitations:

Fallon Health will not cover:

- Educational programs that are not based on validated, peer-reviewed research or lack a structured curriculum.
- Programs that duplicate education the member is already receiving through another service, such as a disease management program.

Grocery Shopping and Delivery

Description/Overview

Grocery Shopping and Delivery services assist members who are unable to shop independently due to physical, cognitive, or mental health limitations. These services help ensure consistent access to nutritious food, supporting the member's health and overall wellness.

- Tasks included in Grocery Shopping and Delivery:
  • Receiving and fulfilling grocery orders
  • Shopping for requested items
  • Delivering groceries to the member's home
  • Providing help with storing groceries as needed

Eligibility Criteria

1. The member must live alone or spend significant time alone.
2. The member must be at nutritional risk or have documented dietary needs.
3. The member must need help with one or more IADLs:
   - Meal preparation
   - Light housework
   - Laundry
4. The member or aide cannot access a grocery store due to location or lack of transportation.

Exclusions/Limitations:

Fallon Health does not cover:

- The cost of groceries themselves—only the shopping and delivery service.
- Services that do not directly benefit the member.
- Requests for shopping at stores other than those linked to the provider.
- Situations where:
  - The provider has not received prior authorization.
  - The service duplicates other supports (for example, if the member lives in a group home or receives similar help through another program).
  - A legally responsible relative or spouse can shop for the member.
  - Free shopping and delivery is available through local stores or third-party services.

Home-Delivered Meals

Description/Overview:

Home-Delivered Meals (HDM) are nutrition-focused services for individuals who cannot prepare meals due to physical, cognitive, or mental health challenges. These services aim to reduce food insecurity, support chronic disease management, and promote overall health.

- HDM provides ready-to-eat meals to homebound members in various formats:
  • Hot
  • Cold
  • Frozen
  • Dried
  • Canned
  • Shelf-stable
- Therapeutic meals (e.g., cardiac, renal, diabetic, texture-modified) and culturally tailored options are available based on individual dietary needs.

Eligibility Criteria:

1. The member must live alone or be alone for extended periods.
2. The member must be at risk of malnutrition or require special dietary support.
3. Prior Authorization Requirements
   - 7 meals/week or fewer: No prior authorization needed.
   - 8 meals/week or more: Requires prior authorization
     - The member has a condition that limits access to food or ability to prepare meals.
     - Documentation includes:
       - Diagnosis and functional limitations.
       - Barriers to food access.

- The member has three or more nutritional risk factors, such as:
  - Low body weight
  - Significant weight change
  - Reduced intake due to GI or chronic conditions
  - Use of supplements
  - Appetite-altering medications
  - Dietary changes due to medication
  - New or chronic condition requiring dietary intervention
  - Oral health issues
  - Isolation or frailty
  - Living with elderly caregivers
- The member lacks adequate kitchen facilities.

Exclusions/Limitations:

Fallon Health will not pay for home-delivered meals if:

- The member does not meet the medical necessity criteria.
- The service duplicates other supports for nutrition, such as personal care or homemaker services, or adult foster care.
- Meals are provided by a facility where the member is staying (hospital, nursing home, group home, assisted living).
- The meals are intended for other household members.
- The service is used as financial support or income supplement.
- A family member or responsible person can prepare adequate meals for the member.
- The member has access to community resources for meals, such as congregate meal programs or food banks.

Home Health Aide Services

Description/Overview

Home Health Aide Services deliver non-clinical, hands-on personal care for members with complex needs that go beyond standard Personal Care services. These services help individuals with chronic or post-acute medical, cognitive, or mental health conditions maintain independence and quality of life. Services may include:

- Personal Care: Support with ADLs such as bathing, grooming, dressing, toileting, transferring, walking, and eating
- Medication Support: Assistance with medications that do not require nursing expertise
- Basic Dressing Changes: As directed by a healthcare provider
- Care of Orthotic/Prosthetic Devices
- Supportive Activities for Skilled Therapies
- Non-skilled Personal Care: Delivered by non-certified home care agencies for eligible members

- Additional Notes:
  • Services are overseen by a Registered Nurse
  • May include incidental support with IADLs, but cannot be authorized solely for IADL assistance

Eligibility Criteria

1. Services must be medically necessary for personal care, health maintenance, or treatment support.
2. Member must need hands-on help with at least two ADLs:
   a. Bathing
   b. Grooming
   c. Dressing
   d. Toileting/continence
   e. Transferring/ambulation
   f. Feeding

3. Service frequency and duration must align with time needed to complete ADLs and incidental IADLs.
4. Documentation must include:
    a. Time-for-Task Tool or Functional Assessment (within 6 months).
    b. Fallon Service Plan
    c. RN or LPN-developed Plan of Care from the home health agency.

Exclusions/Limitations:

Fallon Health will not approve home health aide services if:

- The service is provided in adult day health centers, day habilitation centers, dialysis centers, or alongside other services that include ADL assistance.
- The member's condition is not medical, cognitive, or behavioral in nature.
- The service duplicates care already provided in another setting or by another provider.
- The member's needs can be met in a different setting or with a lower level of care.
- The member's condition is expected to improve without treatment.
- The service is for educational, vocational, or recreational purposes.
- There is no supporting clinical documentation or treatment plan.
- The service is considered experimental or research based.

Additional Limitations:

- Monitoring for unpredictable or anticipatory needs is not covered.
- Homemaker, respite, or chore services are not considered home health aide services.
- Incidental tasks (like cleaning or meal prep) performed during a health aide visit are not the primary purpose and are not covered.
- Authorizations must align with Fallon Health's assessment standards for ADLs and IADLs.
- The combined hours for home health aide, supportive home care aide, homemaker, personal care, individual support, community habilitation, and companion services must not exceed 84 hours per week.

Home Safety/Independence Evaluation (formerly Occupational Therapy)

Description/Overview

Home Safety/Independence Evaluations, previously referred to as Occupational Therapy, involve periodic in-home assessments by an Occupational Therapist to identify and address safety risks. These evaluations aim to prevent injury, promote independence, and support self-care.

- Evaluations may include:
  • Observation and Assessment: Review of the member's ability to perform ADLs and IADLs in their home environment
  • Recommendations: Suggestions for home modifications or adaptations to improve safety and support independence

Eligibility Criteria

1. Member must have a condition that impairs safe performance of ADLs/IADLs.
2. Evaluation must identify and mitigate home safety risks.
3. Must be authorized by a Case Manager and included in the care plan.

Documentation Requirements

- Clinical assessment (e.g., HRA, MDS) detailing safety concerns.
- Evaluation must be tied to care plan goals.
- OT must document observed risks and recommended interventions.

Provider Qualifications

- Must be a licensed Home Health Agency under 130 CMR 403.000.
- Services must be performed by:
- Licensed OT
- Certified OT assistant or student under OT supervision
- Providers must be trained in home safety and environmental risk mitigation.

Exclusions/Limitations:

- Evaluations must take place in the member's own residence; assessments performed in institutions or community centers are not eligible.
- The following are not covered:
  - Assessments intended for general home improvement or convenience rather than health or safety.
  - Services that duplicate existing supports (such as homemaker or personal care assistant).
  - If a household member who is legally responsible can safely perform the necessary tasks, coverage is not provided.
  - If the member lives in a facility where safety is already managed, evaluations are not covered.

Homemaker Services

Description/Overview

Homemaker Services assist members who are unable to manage household tasks due to physical, cognitive, or mental health conditions. These services help maintain a clean and safe living space and reduce the risk of institutionalization.

- Services may include routine tasks such as:
  - Cleaning
  - Laundry
  - Shopping
  - Meal preparation
- These services may be provided temporarily if a regular caregiver is unavailable. When a member lives with a spouse or legally responsible individual, shared household responsibilities are expected. Homemaker Services do not include heavy chores, ADL assistance, or medication reminders.

Eligibility Criteria

1. Member must have a condition that limits ability to perform at least two IADLs:
   a. Meal preparation
   b. Light housework
   c. Grocery shopping
   d. Laundry
2. Other supports must be reviewed and documented to avoid duplication.
3. Services must support health and community living.

Additional Considerations

- Assistive devices or home modifications should be considered before authorizing services.
- Requests must include:
  - Change in medical condition or living situation.
  - Impact on IADL performance.
  - Whether the change is temporary or permanent.

Exclusions/Limitations:

Fallon Health will not cover homemaking in the following situations:

- Homemaker services are not approved if a spouse or legally responsible person in the home is able and willing to assist with instrumental activities of daily living (IADLs).
- Services are not provided for the benefit of other household members (e.g., cleaning shared spaces or doing laundry for others).
- If the member lives in a provider-operated setting (such as assisted living) or receives another service that covers the requested IADL support, homemaker services are not authorized.
- If a less expensive alternative is available to meet the member's needs, homemaker services will not be approved.
- For chronic conditions, services may be authorized for up to one year; for acute conditions, up to 3–6 months, depending on recovery expectations.

- Combined hours for homemaker, home health aide, personal care, companion, and similar services are capped at 84 hours per week.
- Authorizations must align with the time standards set by the organization's assessment tools.

Laundry Services

Laundry Services support members who cannot perform laundry tasks due to physical, cognitive, or mental health limitations. These services help maintain hygiene and contribute to overall well-being. Laundry Services may include:

- Pick-Up and Delivery: Collecting and returning laundry from/to the member's home
- Washing, Drying, and Folding: Cleaning and organizing personal laundry items

Eligibility Criteria

1. Member lacks access to a working washer/dryer.
2. Member cannot travel to a laundromat.
3. Member does not receive other laundry assistance.
4. No informal support is available in the household.

Exclusions/Limitations:

- Laundry services are not covered if the member or a household member can perform the task.
- Only the member's laundry is eligible; laundry for others is excluded.
- Services cannot be used as financial support (e.g., to offset supply or laundromat costs).
- If the member receives another service that includes laundry assistance, additional laundry services are not covered.
- Standard authorization is one bag per week (up to 20 pounds); two extra bags per year may be allowed for special needs (e.g., bedding).
  *Requests for more require documentation of unique circumstances.

Medication Dispensing System

Description/Overview

The Medication Dispensing System helps members manage their medication schedules through automated devices that dispense medications at designated times. These systems promote adherence to prescribed regimens and reduce the risk of errors.

- Services may include:
  • Automated Dispenser: Devices with audio/visual alerts for medication reminders
  • Customized Packaging: Pre-filled trays with correct dosages
  • Secure Features: Lockable and tamper-resistant design
  • Power Backup: Measures to ensure functionality during power outages

Eligibility Criteria

1. Member must have documented medication adherence issues due to cognitive impairment or lack of caregiver support.
2. Must be prescribed at least 9 maintenance medications monthly.
3. Member or caregiver must be able to operate the system (e.g., replace trays).
4. Member must not be receiving duplicative services (e.g., MedMinder).
5. Member must lack in-home services that include medication administration (e.g., PCA, AFC).

Exclusions/Limitations:

- Not covered if the member already receives a MedMinder system.
- Not covered if the member has sufficient caregiver support at home for medication management.
- Not covered if the member receives medication management through other services (e.g., Adult Foster Care, Personal Care Attendant).
- Not covered if the member takes fewer than nine medications daily.

Orientation and Mobility Services

Description/Overview:

Orientation and Mobility Services teach individuals with visual impairments or legal blindness how to navigate safely and independently in their home and community. Services may include:

- Orientation and Mobility Assessment
- Member training and education
- Evaluation of the living environment
- Caregiver/staff training on sensitivity to vision loss
- Information and resources for community living

These services are customized to the member's needs and may extend to public transportation and other community settings.

Eligibility Criteria

1. The member must have a confirmed diagnosis of vision impairment or legal blindness.
2. Providers must hold either:
    a. a master's degree in special education with a focus on orientation and mobility, or
    b. a bachelor's degree plus a certificate in orientation and mobility from an ACVREP-accredited university program.
3. Providers must also demonstrate
    a. Experience and expertise in assessing the needs of individuals with vision impairment or legal blindness, including evaluating their abilities in their usual environment.
    b. Skills in training caregivers, direct care staff, or others involved in the member's daily life, specifically in understanding and supporting those with low vision or blindness.

Exclusions/Limitations:

- Not covered for members without a diagnosis of legal blindness or vision impairment.
- Not covered if the provider does not meet required qualifications.
- Travel time for orientation and mobility services is not covered.

Peer Support Services

Description/Overview

Peer Support Services offer recovery-focused assistance to older adults with behavioral health conditions. These services promote self-advocacy, community engagement, and reduced isolation through support from trained peers with lived experience. Services may include:

- Mentoring and Self-Advocacy
- Community Participation Support
- Activities to Reduce Isolation
- One-on-One or Group Support

Eligibility Criteria

1. The member must have a documented behavioral health condition.
2. Peer support is appropriate when the member needs mentoring and assistance to build self-advocacy, participate in the community, and reduce isolation.

Exclusions/Limitations:

- Peer support is limited to 16 hours per week and must focus on instruction rather than counseling.
- Services must be designed to enhance the member's ability to function in the community.

Personal Care Services

Description/Overview

Personal Care Services provide hands-on support, prompting, and supervision to help members with ADLs, medication reminders, and other tasks like light housekeeping and meal preparation, as outlined in the care plan.

- Services may include:
    • ADL Assistance: Bathing, grooming, dressing, toileting, transferring, walking, eating
    • Medication Reminders: Prompting and cueing for medication adherence
    • IADL Support: Bed-making, laundry, meal prep, escorting to appointments

- A qualified PCS agency is responsible for hiring, training, and managing Personal Care workers.

Eligibility Criteria

1. Fallon Health may authorize time for a Personal Care Worker to help with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
2. Before starting personal care services, informal supports should be considered.
3. More affordable options that help the member maintain independence, such as adaptive equipment (e.g., tub seats, raised toilet seats), should be evaluated first.
4. If the member's status changes and affects their ability to perform ADLs/IADLs, a new request for personal care service authorization must be submitted.
5. Personal Care Services (PCS) may be approved when all of the following are met:
6. The member has one or more chronic or post-acute medical, physical, cognitive, or behavioral conditions requiring daily help with at least one ADL.
    a. Assistance may be:
        i. Direct, hands-on help, or
        ii. Ongoing cueing and supervision throughout the ADL.
    b. Documentation must show how the member's condition limits their ability to perform ADLs and IADLs without help.
    c. The member must need prompting, supervision, or physical help with at least one ADL, such as:
        i. Mobility (steadying, guiding, or wheelchair assistance)
        ii. Bathing (full or partial, including personal hygiene)
        iii. Dressing (help with dressing or undressing, or supervision)
        iv. Eating/feeding (supervision or physical help during meals)
        v. Toileting (supervision or physical help with bowel/bladder needs)
        vi. Transferring (help moving to another position or supervision)
    d. Documentation must also show how the member's condition affects their ability to perform at least two IADLs, such as:
        i. Meal preparation
        ii. Light housework
        iii. Grocery shopping
        iv. Laundry
    e. The time needed for each ADL and IADL must be identified.
    f. The member must be able to be safely cared for at home.
    g. Documentation must support that PCS are necessary to maintain or improve the member's health.
    h. PCS must be the most cost-effective care option.
    i. If there is a significant change, the request must include:
        i. Details about the change in medical condition, function, or living situation,
        ii. How the change affects ADLs/IADLs,
        iii. Whether the change is permanent or temporary.

Exclusions/Limitations:

- Not covered for anticipatory needs or supervision outside of ADLs/IADLs.
- Not covered if provided for the benefit of other household members.
- Not covered in institutional or group settings, or when combined with other services that include ADL support.
- Not covered if deemed inappropriate, unsafe, or unnecessary.
- Not covered before the development or authorization of a service plan.
- Not covered if a household member can provide IADL support.
- Not covered if duplicative of other personal care services (e.g., PCA, AFC, group AFC, assisted living, home health aide, supportive home care aide).
- Not covered if duplicative of other IADL services unless there are unique needs not addressed by those services.
- Not covered for residents of facilities licensed to provide personal care.

- For chronic conditions, services may be authorized for up to one year; for acute conditions, up to 3–6 months.
- Authorizations must comply with organizational assessment tool standards.
- Combined hours for personal care, homemaker, supportive home care aide, home health aide, companion, and similar services are capped at 84 hours per week.

Respite Services

Description/Overview

Respite Services offer temporary care for individuals who cannot care for themselves, providing relief for unpaid caregivers. Defined under 130 CMR 630.000, these services allow caregivers time to rest or attend to personal matters.

- Respite care may be provided:
  - In the member's home
  - In licensed settings (e.g., nursing facilities, assisted living, hospitals)
- Duration typically ranges from a few hours to two weeks.

Eligibility Criteria

1. Fallon Health NaviCare may approve respite care if all of the following are true:
2. The member has a physical, medical, or cognitive condition that prevents self-care and relies on an unpaid caregiver for daily living support.
3. The member requests respite care to give their unpaid caregiver a temporary break.
4. The member does not have other available help for independent living activities.
5. Respite care is not being requested to replace paid staff.
6. The respite provider must be qualified under 130 CMR 630.000, offer waiver services, and have a signed agreement with MassHealth.
    a. The provider must meet all standards and requirements set by the Massachusetts Rehabilitation Commission (MRC) and be:
        i. Licensed as a hospital
        ii. Certified as an assisted living residence,
        iii. Licensed as a nursing facility,
        iv. Licensed as a respite care facility,
        v. Licensed as a rest home,
        vi. Enrolled in MassHealth as an adult foster care provider,
        vii. Able to meet site-based respite requirements set by Massachusetts.

Exclusions/Limitations:

- Not covered for relief or substitute staff for paid providers.
- Not covered during periods when other independent living assistance is available.
- Annual limit is 360 hours per member.

Supportive Day Program

Description/Overview

Supportive Day Programs offer a non-clinical, structured environment that promotes social interaction and supports members' overall well-being. These programs are ideal for individuals who are independent with ADLs but benefit from daily engagement.

- Services may include:
  • Social and Structured Activities
  • Basic Health Monitoring
  • Therapeutic Engagement
  • Nutritional Support (meals/snacks)
  • Transportation Assistance
  • Daily Respite for Working Caregivers

Eligibility Criteria

Fallon Health NaviCare may approve Supportive Day Program services when:

1. The member needs a non-medical, supportive setting that promotes socialization and structured activities for their health and well-being.
2. The member is independent with ADLs according to the Minimum Data Set (MDS).

3. The member can self-administer medication when necessary.
4. The member spends long periods alone and would benefit from more social interaction and structured activities.
5. The program is designed to support the member's emotional, cognitive, and physical health.
6. Prior authorization documentation must show the member's need for a supportive, non-medical environment that helps maintain their optimal functioning in the community.

Exclusions/Limitations:
Fallon Health NaviCare will not approve Supportive Day Program services under the following conditions:

1. The member resides in an assisted living facility or is admitted to a hospital or nursing home.
2. The member is already participating in Day Habilitation, Adult Day Health, or a similar structured day program.
3. The provider of the Supportive Day Program has not obtained prior authorization from Fallon Health.

Exception:
Adult Day Health is generally more suitable for individuals who need help with activities of daily living (ADLs) or instrumental activities of daily living (IADLs), as it includes support for these needs and medication management. However, Supportive Day Program may be approved if:

- The member has a longstanding history of attending the program,
- The service is clearly connected to the member's care plan objectives,
- The member can safely participate in the program despite any functional limitations.

Supportive Home Care Aide

Supportive Home Care Aide (SHCA) services provide personal care, homemaking, emotional support, and escort services to members with Alzheimer's/Dementia or behavioral health conditions. SHCAs are specially trained to assist individuals with these needs.

- Services may include:
  • Personal Care: Bathing, grooming, dressing, toileting, transferring, walking, eating
  • Homemaking: Meal prep, laundry, light cleaning, shopping
  • Emotional Support and Socialization
  • Escort Services: Accompanying members to appointments and outings

Eligibility Criteria

1. Prior authorization is required, based on the type of service (homemaker, personal care, or home health aide).
2. The clinician must provide details about the SHCA's duties and how the member's diagnosis affects care needs and strategies. To qualify for SHCA, the member must:
3. Need emotional support, which may include cueing and supervision during ADLs, or hands-on help with ADLs/IADLs by the SHCA.
4. Have a diagnosis of Alzheimer's/Dementia or a documented emotional/behavioral health issue.
5. Receive SHCA services that are appropriate, not duplicative, and included in the member's individualized care plan.

Exclusions/Limitations:
Fallon Health NaviCare does not authorize SHCA services in the following scenarios:

1. The request is for supervision or preventive care that does not involve direct assistance with ADLs or IADLs.
2. The service duplicates other personal care supports, such as:
   - Personal Care Attendant (PCA)
   - Personal Care services
   - Adult Foster Care (AFC)
   - Group Adult Foster Care
   - Assisted Living services
   - Home Health Aide
   - Another SHCA service

3. The service overlaps with other supports for IADLs, unless there are specific member needs that are not addressed by those other services, including:
    - Companion services (with or without transportation)
    - Grocery shopping and delivery
    - Homemaker services
    - Home-delivered meals
    - Laundry services
4. SHCA cannot be provided in settings such as Adult Day Health centers, Day Habilitation centers, group homes, or alongside other services that include ADL assistance.
5. If a family member or caregiver is already meeting the member's needs, SHCA will not be approved.
6. Authorizations must comply with the time standards set by Fallon Health's Functional Assessment Tool or Time for Task Tool.
7. The combined hours for SHCA, homemaker, home health aide, personal care, individual support, community habilitation, and companion services must not exceed 84 hours per week.*

Note: SHCA is considered distinct from Personal Care and Home Health Aide services as long as they are not provided at the same time. The type of assistance and training level differ between these services. The Interdisciplinary Care Team should use person-centered planning to determine which service best fits the member's needs.

Transitional Services

Transitional Services support individuals moving from institutional or provider-operated settings to private residences. These services help establish a safe and stable home environment.

Services may include:

- Housing Search and Application Support
- Security Deposit Assistance
- Moving Coordination
- Essential Household Furnishings
- Utility and Service Deposits
- Health and Safety Services (e.g., pest control, cleaning)
- Home Accessibility Modifications
- Personal Household Item Procurement
- Specialized Medical Equipment
- Community Service Access
- Telehealth Devices (e.g., phones, tablets, computers)

Eligibility Criteria

1. To be eligible for payment, transitional assistance expenses must: (1) Be authorized and included in the member's individualized care plan (ICP), (2) Be incurred within 180 days before discharge from a nursing facility, hospital, or other provider-operated living arrangement, or during the period after discharge, (3) Be necessary for the member's safe transition to the community.
2. The member must be moving from an institutional setting, such as a hospital, skilled nursing facility (SNF), or long-term acute care (LTAC) facility.

Exclusions/Limitations:

Transitional assistance does **not** cover the following types of expenses:

1. Costs related to rent, mortgage payments, food, utilities, or household items purchased solely for entertainment or recreation.
2. Expenses for setting up living spaces that are already owned or leased by a provider under the HCBS waiver, when those items or services are already included as part of the provider's responsibilities.
3. Any items or services that are not essential for ensuring the member's safe move into the community.
4. Equipment or devices that have already been supplied to the member through the Assistive Technology benefit.

Medicare Variation

N/A

MassHealth Variation

N/A

Limitations/Exclusions:

***Noted under each service above**

Evidence Summary

N/A

Analysis of Evidence (Rationale for Determination)

N/A

Coding

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

CPT/HCPCS Codes

Code	Description	Service Category
S5120	Light Chore Services; per 15 minutes	Chore Services
S5121	Heavy Chore Services; per diem	Chore Services
S5135	Companion care for adults, per 15 minutes	Companion Services
S5136	Companion care for adults, per-diem	Companion Services
S5165	Home modifications, per service	Environmental Accessibility Adaptations/ Home Modifications
S5121	Grocery Shopping and Delivery (Chore Services uses same code)	Grocery Shopping and Delivery Services
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Home Health Aide Services
G0156 UD	Services of home health aide in the home health setting for ADL support	Home Health Aide Services
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition provided every 60 days to members utilizing home health aide services for ADL support	Home Health Aide Services
S5130	Homemaker service, NOS; per 15 minutes	Homemaker Services
S5131	Homemaker service, NOS; per diem	Homemaker Services
S5175	Laundry service, external, professional; per order	Laundry Services
T1019	Personal Care Services, per 15 minutes.	Personal Care Services (agency)
T1020	Personal Care Services, per diem	Personal Care Services (agency)
S5141	Personal Care Agency (not PCA)	Personal Care Services (agency)
S5101	Day care services, adult; per half day	Supportive Day Program
S5102	Day care services, adult; per diem	Supportive Day Program
S5125	Attendant care services, per 15 minutes	Supportive Home Care Aide

S5126	Attendant care services; per diem	Supportive Home Care Aide
T1004	Supportive Home Care Aide	Supportive Home Care Aide
G0299	Direct skilled nursing services of registered nurse (RN) in the home health or hospice setting, each 15 minutes (use for Complex Care Training and Oversight)	Complex Care Training and Oversight/Skilled Nursing
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health setting (one through 30 calendar days)	Complex Care Training and Oversight/Skilled Nursing
G0299 UD	Direct skilled nursing services of a registered nurse (RN)in the home health setting (31+ calendar days)	Complex Care Training and Oversight/Skilled Nursing
G0300 UD	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health setting (31+ calendar days)	Complex Care Training and Oversight/Skilled Nursing
T1502	Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for medication administration visit.)	Medication Administration Visit/Skilled Nursing
T1503	Administration of medication other than oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for medication administration visit.)	Medication Administration Visit/Skilled Nursing
G0151	Services performed by a qualified physical therapist in the home health setting	Physical Therapy- Home Safety/Independence Evaluations
G0152	Services performed by a qualified occupational therapist in the home health setting	Occupational Therapy- Home Safety/Independence Evaluation
G0153	Service performed by a qualified speech/language pathologist in the home health setting	Speech Therapy
S5170	Home-delivered meals, including their preparation, per meal	Home-Delivered Meals
T2029 UB U1	Specialized Medical Equipment, unspecified, waiver services (used for Assistive Technology Equipment)	Assistive Technology- Comfort Pets Assistive Technology-Telehealth
H0038	Self-help/peer services, per 15 minutes (Peer Support)	Peer Support Services
T2038	Transitional Assistance	Transitional Assistance
H0045	Respite care services provided outside of the home, on a per diem	Respite Services
S9125	Respite care provided in the home, billed on a per diem basis	Respite Services
S5150	Unskilled respite care, not hospice, per 15 minutes	Respite Services
S5151	Unskilled respite care, not hospice; per diem	Respite Services
T1005	Respite care services, up to 15 minutes	Respite Services
T2025	Waiver Services; not otherwise specified (use for Evidence Based Education Programs, per session)	Evidence-based Education Program

H2021	Community-based wrap around services; per 15 minutes (use for orientation and mobility services; per 15 minutes)	Orientation and Mobility Services
S5111	Home care training, family; per session-Alzheimer's/Dementia Coaching (Habilitation Therapy)	Alzheimer's/Dementia Coaching
S5160	Cellular Network Emergency Response System; installation and testing	Emergency Response System (Personal, Cellular)
S5161 RR	Cellular Network Emergency Response System: service fee per month (excludes installation and testing)	Emergency Response System (Personal, Cellular)
A9279	Monitoring feature/device, standalone or integrated, any type, includes all accessories, components and electronics, not otherwise classified (use to bill for medication dispensing system; monthly)	Medication Dispensing System (to the extent not covered under Medicare Part D services for Dual Eligible Individuals or Pharmacy Services or DME)
T5999	Supply, not otherwise specified (use to bill for medication dispensing system; installation)	Medication Dispensing System (to the extent not covered under Medicare Part D services for Dual Eligible Individuals or Pharmacy

References

1. Home- and Community-Based Services Waivers Manual; 130 CMR 630.000
2. Department of Elder Affairs 651.CMR 3.00: Home Care Program. 651 CMR 3
3. Fallon Health 2026 SCO Contract: Appendix C, Exhibit 3 and Appendix S Frail Elder Waiver
4. Fallon Health ASAP Payment Policy Effective 1/1/2026

Policy history

Origination date: 01/01/2026
Review/Approval(s): Technology Assessment Committee: N/A
Utilization Management Committee: 10/21/2025 (origination; approved as written).

Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

For plan members enrolled in NaviCare, Fallon Health first follow's CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health

then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides members with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.