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 (unskilled nursing services)
7) Consumer-Directed Care (CDC) Program
8) Emergency Response System (Personal; Cellular)
9) Environmental Accessibility Adaptations
10) Evidence-based Education Programs
11) Goal Engagement Program
12) Grocery Shopping and Delivery
13) Home-based Wandering Response System
14) Home-Delivered Meals
15) Home Delivery of Pre-Packaged Medications
16) Home Health Aide Services (Non-Certified Provider)
17) Home Safety/Independence Evaluation
18) Homemaker Services
19) Laundry Services
20) Medication Dispensing System
21) Orientation and Mobility Services
22) Peer Support (ASAP FEW Service)
23) Personal Care Services
24) Respite Services (Caregiver Relief)
25) Supportive Day Program
26) Supportive Home Care Aide
27) Transitional Services
28) Virtual Communication and Monitoring (VCAM)

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.

Clinical Assessment - A comprehensive, person-centered evaluation using the assessment instrument required for the applicable program or benefit to identify the member's medical, behavioral health, functional, environmental, and support needs and inform the individualized care plan and service authorizations.

Frail Elder Waiver (FEW) - A MassHealth home- and community-based services waiver for eligible individuals who meet applicable MassHealth financial, categorical, and clinical eligibility requirements, including nursing facility level of care, and who can be safely supported in a home- or community-based setting under an approved waiver plan of care.

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.

Significant Change - A material change in the member's medical condition, cognitive or behavioral health status, functional ability, caregiver availability, living arrangement, environment, or service need that may require reassessment or revision of the ICP or service plan.

Policy

This Policy applies to the following Fallon Health products:

☐ Fallon Medicare Plus
☐ MassHealth ACO
☒ NaviCare HMO SNP
☐ PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
☐ Community Care

Prior authorization is required for all services in this policy, except where specifically noted.

Fallon Health Clinical Coverage Criteria

General Coverage Requirements

Medical Necessity

Fallon Health considers Community-Based LTSS services medically necessary when all of the following are met:

- The member has an assessed medical, cognitive, behavioral health, functional, environmental, or caregiver-related need.
- The requested service addresses an identified need and supports safe community living.
- The amount, frequency, duration, and scope of the service are supported by the assessment and person-centered care planning process.
- The service is appropriate, nonduplicative, and consistent with applicable MassHealth requirements.
- The service is authorized in accordance with the member's Individualized Care Plan (ICP), service plan, and applicable waiver requirements, when applicable.

Prior Authorization and Reauthorization

- Services requiring prior authorization must meet applicable service-specific criteria.
- Effective January 1, 2027, contracted ASAPs and applicable rendering providers are responsible for submitting initial authorization, reauthorization, extension, and significant-change requests with supporting clinical documentation.
- Reauthorization requests must include updated assessment information and documentation supporting continued medical necessity.
- Significant changes in medical, cognitive, behavioral, functional, environmental, living, or caregiver circumstances require reassessment and review of authorized services.
- Authorization requests for time-based services must include documentation supporting the requested service hours based on the member's assessed ADL and IADL needs.

Documentation Requirements

Documentation must:

- Support the member's assessed condition, limitation, or need.
- Demonstrate how the requested service addresses that need.
- Support the requested amount, frequency, duration, and scope of service.
- Identify applicable ICP, service-plan, or waiver-plan goals.
- Address potential duplication with other services, benefits, residential-setting responsibilities,

community resources, or voluntary informal supports.

Frail Elder Waiver (FEW) Requirements

For members enrolled in the Frail Elder Waiver:

- Coverage determinations must comply with applicable MassHealth waiver requirements and the approved waiver plan of care.
- Authorization criteria may not be more restrictive than applicable MassHealth requirements.
- Fallon Health will not impose utilization controls that limit the amount, duration, or scope of an otherwise medically necessary waiver service.
- Coverage determinations must be individualized and based on the member's assessed needs, preferences, goals, and overall plan of care.
- A service may not be denied, reduced, suspended, or terminated solely because a lower-cost alternative exists unless the alternative is available, appropriate, sufficient, and capable of safely meeting the member's needs in the community.

Provider Requirements

Providers must meet all applicable MassHealth, waiver, contractual, licensure, certification, training, and scope-of-practice requirements.

Telehealth

Services may be delivered through telehealth when permitted by applicable MassHealth requirements, waiver service specifications, contractual requirements, and the member's person-centered plan of care. Telehealth services must be clinically appropriate and consistent with the member's preferences.

Service Limits

In accordance with 130 CMR 630.000, homemaker, home health aide, personal care, adult companion, individual support, community habilitation, and supportive home care aide services are limited in combination to 84 hours per week unless an exception is authorized under applicable MassHealth requirements. Approved exceptions must be documented in the member's plan of care.

Universal Exclusions

- Services may not duplicate another service, support, benefit, residential-setting responsibility, community resource, or informal support that is available, appropriate, and responsible for addressing the same assessed need.
- Services are not payable during an institutional stay when the service is included in the institution's responsibility or cannot lawfully be provided in that setting, unless otherwise permitted under applicable MassHealth requirements.

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.

Eligibility Criteria

1. A documented diagnosis of Alzheimer's disease or a related dementia by a qualified treating practitioner acting within the practitioner's scope of practice.
2. When caregiver coaching is requested, an available caregiver or authorized representative is willing to participate in the applicable coaching component.
3. Demonstrated need for coaching to manage symptoms and support caregiver education.

a. Service Delivery: Provided by personnel who meet the qualifications established by the applicable MassHealth requirement, waiver service specification, provider agreement, and scope-of-practice standard.
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 no more than two electronic comfort animals within a three-year period, up to a combined maximum of $600, consistent with the applicable waiver service specification. *2026 SCO Contract, Appendix S; CMS-approved Massachusetts Frail Elder Waiver MA.0059.R08.00, Appendix C, C-1/C-3, "Assistive Technology – Electronic Comfort Animals."*

Assistive Technology for Telehealth

Description/Overview

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

Eligibility Criteria:
1. Member must be able to benefit from telehealth support.
2. The member must have or be able to obtain through the requested service or another available resource, the connectivity required for the authorized telehealth use.
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:
1. The Assistive Technology for Telehealth benefit is limited to $500 during each five-year period.
2. Duplicate equipment available through Transitional Assistance, VCAM, another benefit, or existing member resources is not covered. *2026 SCO Contract, Appendix S; CMS-approved Massachusetts Frail Elder Waiver MA.0059.R08.00, Appendix C, C-1/C-3, "Assistive Technology 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.
Special Considerations
- Behavioral health consultation required for hoarding or unsanitary conditions.
- Limited providers available for hazardous environments.

Eligibility Criteria
1. Assessment must show the home poses health/safety risks.
2. Task must be unusual and necessary for safe living conditions.
3. Functional impairment must be documented.
4. Behavioral health consult required for hoarding or comorbid conditions.
5. 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 landlord is responsible for the task.
- The task is actually a home accessibility adaptation (refer to the relevant guidelines).
- The service is for maintenance, improvement, or accessibility adaptation of a group home, residential habilitation site, or other provider-owned setting.
- The moving service or related moving expenses are not covered.

Companion Services

Description/Overview
Companion services are a 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.

Eligibility Criteria
1. The member must have an assessed need for supervision, cueing, or social support that can be appropriately addressed through companion services. Living alone or social isolation may support, but is not an independent prerequisite for, coverage.

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.
- Services that are purely recreational or for diversion are not covered.

Complex Care Training and Oversight (formerly Skilled Nursing Services)

Description/Overview
Provides specialized training and supervision for caregivers managing members with complex medical needs. Service components may include:
- Medication management (e.g., medication pre-filling).
- Development and updates to care plans (required for other cooccurring services such as HHA).
- 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 this 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.

Consumer Directed Care Program (CDC)

Description/Overview
Consumer Directed Care (CDC) is a self-directed service delivery model within the Massachusetts Home Care Program that allows an eligible member, or authorized surrogate, to recruit, hire, train, schedule, supervise, and dismiss direct care workers. The member functions as the Employer of Record and receives support from a Fiscal Intermediary (FI) for payroll, tax, and administrative functions.

Depending on the approved service plan, CDC workers may provide:
- Personal Care Services
- Homemaker Services
- Chore Services

Eligibility Criteria
The member must:
- Be eligible for the Massachusetts Home Care Program.
- Have an assessed need for assistance with ADLs and/or IADLs.
- Be able to direct their own care or have an authorized surrogate who can manage employer responsibilities on their behalf.
- Comply with Electronic Visit Verification (EVV) requirements, as applicable.

Exclusions/Limitations
Fallon Health will not authorize CDC when:
- The member does not meet the clinical criteria for the underlying authorized service. CDC is a service delivery model and does not independently establish eligibility or medical necessity for a service.
- The requested service is primarily for convenience, companionship alone, recreation, socialization, household members, or general supervision unrelated to documented functional limitations.

Emergency Response System (ET/CPERS)

Fallon Health prior authorization is not required. The member's need for PERS services must be assessed and documented as clinically appropriate and medically necessary, and the service must be assessed for and included in the member's applicable ICP and/or waiver service plan prior to delivery, consistent with applicable MassHealth and SCO requirements.

Description/Overview

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

ET/CPERS Features
- Landline or cellular-enabled devices with GPS.
- Immediate access to emergency assistance.

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. The member or an available support person must be able to use, respond to, or support operation of

the device as required for the selected system.
4. Must understand how and when to use the device.
5. Must be at risk of emergency situations or institutionalization.

Environmental Accessibility Adaptations / Home Modifications

Description/Overview

Environmental Accessibility Adaptations are physical modifications to a member's home that are necessary to improve accessibility, safety, independence, or the ability to remain in the community.

- Covered modifications may include ramps, lifts, bathroom modifications, doorway modifications, accessibility-related structural changes, and other medically necessary adaptations.

Eligibility Criteria

Environmental Accessibility Adaptations may be approved when all of the following are met:

1. The member resides in a home that is suitable for the requested modification.
2. The need for the modification is identified through assessment and included in the member's care plan.
3. The modification is necessary to support the member's health, safety, accessibility, independence, or ability to remain in the community.
4. The modification is medically necessary and cost-effective.
5. A lower-cost alternative is not available, appropriate, and sufficient to meet the member's assessed need.
6. The provider meets applicable licensure, building code, and waiver requirements.

Required Documentation

1. Written order or prescription for the requested modification, if required.
2. Medical necessity documentation based on an in-home evaluation by a qualified clinician, such as a PT or OT.
3. Home modification plan, including:
    - Description of the proposed modification
    - Provider quote and cost estimate
4. Member or property-owner authorization, as applicable.
5. Documentation supporting residence ownership or approval from the property owner, when required.

Exclusions/Limitations

Fallon Health will not cover:

- General home improvements, maintenance, repairs, or upgrades not directly related to the member's accessibility or safety needs.
- Modifications that are the responsibility of a landlord or another third party.
- Modifications to provider-owned or provider-operated residential settings.
- Modifications that are unsafe, unnecessary, or not medically necessary.
- Requests for individuals other than the eligible member.
- Removal of previously installed modifications.
- Service contracts or maintenance agreements.
- Modifications not included in the approved home modification plan.

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.
    - 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.

Goal Engagement Program

Description/Overview: A highly individualized, person-centered service that uses the member's strengths to improve safety, functional independence, motivation, and engagement in daily life. The multidisciplinary model may include occupational therapy, nursing, and home-safety or repair coordination.

Eligibility Criteria: The member is enrolled in the applicable Frail Elder Waiver benefit; has an assessed barrier affecting ADLs, IADLs, health maintenance, safety, motivation, or community engagement; and requires coordinated intervention beyond routine care management to achieve a documented person-centered goal.

Required Documentation:
- Current assessment;
- ICP/waiver service plan with measurable goals and expected outcomes;
- OT evaluation of ADLs, IADLs and home safety;
- RN documentation of medical or behavioral factors affecting function;
- proposed interventions, responsible providers, frequency and duration; and documentation that services are non-duplicative.

Limitations: Up to 10 in-home visits and up to $1,800 in authorized home-safety purchases per member per calendar year, consistent with the applicable waiver specification. The service may not duplicate Home Safety/Independence Evaluation or another service addressing the same need at the same time.

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.

Eligibility Criteria
- The member is unable to obtain groceries due to functional, cognitive, behavioral, medical, environmental, or transportation barriers

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 contracted provider.

Home-Based Wandering Response System

Eligibility Criteria
- The member has a documented wandering or elopement risk.
- The requested system is appropriate for the member and residence.
- A response and backup plan is documented.

Required Documentation
- Assessment supporting wandering risk and need for the system.
- Description of the requested device and response plan.
- Requested duration and applicable care-plan goal.

Exclusions/Limitations
- General-purpose tracking or surveillance.
- Convenience-based use.
- Non-covered internet or service costs.

Home-Delivered Meals

Description/Overview
Home-Delivered Meals (HDM) provide prepared meals to members who are unable to obtain or safely prepare adequate meals due to medical, cognitive, behavioral, or functional limitations. Services support nutrition, health maintenance, and safe community living.
- Meals may include therapeutic or culturally appropriate options based on the member's dietary needs.

Eligibility Criteria
To qualify for Home-Delivered Meals (HDM), the member must meet one or more of the following:
- The member lacks adequate support to obtain or prepare meals.
- The member is at nutritional risk or requires dietary support due to a medical condition.
- The member has a physical, cognitive, behavioral, or medical condition that limits the ability to obtain, prepare, or consume food.
- The member lacks the resources or ability to safely prepare meals.

Required Documentation
Documentation must support the need for Home-Delivered Meals and include:
1. Relevant diagnoses and functional limitations.
2. Barriers to obtaining, preparing, or consuming food.
3. Nutritional risk factors or dietary needs, when applicable.

Exclusions/Limitations
Fallon Health will not cover Home-Delivered Meals when:
- Meals are included in the responsibility or payment of an institutional or residential setting, unless otherwise permitted by the applicable benefit, waiver, or contract.
- Meals are intended for other household members.
- The service is used as financial support or an income supplement.
- A comparable community meal resource is available, appropriate, and sufficient to meet the member's assessed nutritional needs.

Home Delivery of Pre-Packaged Medications

Description/Overview:

Pharmacy delivery of customized prefilled medications, including blister packs or prefilled syringes, to the member’s residence. Medication cost is not included. The provider coordinates with the case-management entity and reports medication nonadherence concerns, an unanswered delivery, or a prescriber-directed change affecting delivery on the same business day.

Eligibility Criteria

- The member has an assessed need for customized packaging and delivery to support safe medication adherence.
- The member can use or has support to use the packaging.

Required Documentation:
- Current medication list and prescriber/pharmacy information
- Identified adherence or access barrier
- Functional or cognitive findings supporting the service
- Documentation that the member can use the packaging
- Delivery and escalation plan
- Requested frequency and duration

Exclusions/Limitations:
This service authorization does not cover:
- The medication itself
- Routine pharmacy delivery without waiver-level customized packaging and case-manager coordination

Home Health Aide Services

Description/Overview
Home Health Aide (HHA) services provide hands-on assistance with ADLs and certain health-related tasks for members with medical, cognitive, or behavioral health needs. Services are provided under applicable nursing supervision and may include:
- Assistance with ADLs, including bathing, grooming, dressing, toileting, transferring, mobility, and eating
- Medication assistance that does not require skilled nursing
- Basic dressing changes, as directed by a healthcare provider
- Care of orthotic or prosthetic devices
- Incidental IADL assistance within the authorized scope of service

Eligibility Criteria
Home Health Aide services may be approved when all of the following are met:
- The service is medically necessary to support personal care, health maintenance, or treatment-related needs.
- The member requires hands-on assistance with one or more ADLs or other covered health-related tasks.
- The amount, frequency, and duration of services are supported by the member's assessment and plan of care.
- Provider qualifications and caregiver requirements comply with applicable MassHealth requirements and waiver service specifications.
- Documentation includes an RN- or LPN-developed plan of care from the home health agency.

Exclusions/Limitations
Fallon Health will not authorize Home Health Aide services when:
- The service is provided in an Adult Day Health program, Day Habilitation program, dialysis center, or concurrently with another service that includes the same ADL assistance.
- Homemaker, respite, or chore services are requested as Home Health Aide services.
- Incidental tasks, such as cleaning or meal preparation, are the primary purpose of the service.
- Combined hours for Home Health Aide, Supportive Home Care Aide, Homemaker, Personal Care, Individual Support, Community Habilitation, and Companion services exceed the limits established by applicable MassHealth requirements.

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

- Providers must meet applicable MassHealth, licensure, and scope-of-practice requirements.
- Services must be performed by:
    - Licensed OT
    - Certified OT assistant or student under OT supervision

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.
    - 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

Eligibility Criteria

1. The member must have an assessed functional limitation that prevents safe or effective performance of one or more covered homemaker tasks. The requested tasks and service time must be supported by the assessment and individualized care plan.
2. Homemaking tasks include:
    a. Meal preparation
    b. Light housework
    c. Grocery shopping
    d. Laundry
3. Other supports must be reviewed and documented to avoid duplication.

4. 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 services in the following situations:
- Services are 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.

Laundry Services

Fallon Health prior authorization is not required. The member's need for laundy services must be assessed and documented as clinically appropriate and medically necessary, and the service must be assessed for and included in the member's applicable ICP and/or waiver service plan prior to delivery, consistent with applicable MassHealth and SCO requirements.

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.

Eligibility Criteria
1. The member lacks access to usable laundry equipment or cannot safely use available equipment because of an assessed physical, cognitive, behavioral, functional, or medical limitation.
2. Member cannot travel to a laundromat.

Exclusions/Limitations:
- 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).

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. The member must have a documented risk of medication nonadherence resulting from functional, cognitive, behavioral, or environmental limitations, and an automated medication dispensing system must be reasonably necessary to support safe medication management.
2. Member or caregiver must be able to operate the system (e.g., replace trays).

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
- Member has in-home service that includes medication administration (PCA, AFC, MAV)

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

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 meet applicable MassHealth qualifications and certification requirements for Orientation and Mobility services.

Exclusions/Limitations:

- Not covered for members without a diagnosis of legal blindness or vision impairment.
- Travel time for orientation and mobility services is not covered.

Peer Support Services (ASAP FEW Service)

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.
3. The amount, frequency, and duration of Peer Support must be based on the member's assessed behavioral health needs and person-centered goals.

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 incidental tasks like light housekeeping and meal preparation.

Eligibility Criteria

Personal Care Services (PCS) may be approved when all of the following are met:

1. The member must require hands-on assistance, cueing, or supervision to complete one or more ADLs because of a documented medical, physical, cognitive, or behavioral condition.
2. Incidental IADL assistance may be authorized when included within the service scope and supported by the assessment.

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.

Respite Services (Caregiver Relief)

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. Respite may be authorized when necessary to provide temporary relief to an unpaid caregiver supporting a member who cannot safely care for themselves independently.
2. The respite provider must meet applicable MassHealth requirements and qualifications for the authorized setting.
3. Respite is authorized in the amount, frequency, duration, and setting documented as necessary to provide temporary relief to an unpaid caregiver, subject to the member's applicable benefit, waiver service plan, and contractual limitations.

Exclusions/Limitations:
- Not covered for relief or substitute staff for paid providers.
- Not covered during a period in which another service or support is actually providing the same caregiver-relief function to the 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.

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 can safely participate in the program with the level of ADL support permitted within the program's service scope.
3. The member's medication needs can be safely managed within the program's permitted service scope and the member's care plan.
4. The member has an assessed need for structured, non-medical programming, social engagement, or supportive monitoring that is addressed by the program.
5. The program is designed to support the member's emotional, cognitive, and physical 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:

- Need emotional support, which may include cueing and supervision during ADLs, or hands-on help with ADLs/IADLs by the SHCA.
- Have a diagnosis of Alzheimer's/Dementia or a documented emotional/behavioral health issue.
- 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 requested service is outside the applicable SHCA service definition or does not address an assessed need related to the member's Alzheimer's disease, related dementia, or behavioral health condition.
2. 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.

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 be authorized and included in the member's ICP or waiver plan of care, incurred within the timeframe established by the

applicable MassHealth requirement or waiver service specification, and 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.

Virtual Communication and Monitoring (VCAM)

Fallon Health prior authorization is not required. The member's need for VCAM services must be assessed and documented as clinically appropriate and medically necessary, and the service must be assessed for and included in the member's applicable ICP and/or waiver service plan prior to delivery, consistent with applicable MassHealth and SCO requirements.

Description/Overview: Two-way communication, monitoring, and response technology that supplements in-person supports and helps a member remain safely in the community.

Eligibility Criteria: The member has an assessed safety, monitoring, cueing, or communication need that can be addressed through VCAM; can self-manage with the support or has an available support person; the service adds a distinct function beyond existing supports; and a backup plan is in place for equipment or connectivity failure.

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.

Required Documentation: Assessed need and risk; VCAM functions and monitoring schedule; response protocol; member preference and consent; provider qualifications; backup plan; requested frequency and duration; and ICP/waiver-plan goal.

Exclusions/Limitations: VCAM may not replace necessary hands-on care, or be used solely for social or recreational communication.

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 for informational purposes only. Inclusion of a code does not constitute or imply coverage. Coding, modifiers, units, and prior authorization requirements must be verified against the member's benefit, applicable provider contract, Fallon Health fee schedule, and current authorization requirements. Laundry Services and PERS-type electronic response devices do not require prior authorization.

CPT/HCPCS Codes

Service Category	Code(s)	Description / Coding Note	PA Requirement
Alzheimer's/Dementia Coaching	S5111	Home care training, family; per session	Required
Assistive Technology – Electronic Comfort Animals	T2029 UB U1	Specialized medical equipment, unspecified, waiver services	Required
Assistive Technology for Telehealth	T2029 UB U1	Specialized medical equipment, unspecified, waiver services	Required
Chore Services	S5120; S5121	Chore services, per 15 minutes; per diem	Required
Companion Services	S5135; S5136	Companion care for adults, per 15 minutes; per diem	Required
Complex Care Training and Oversight	G0299; G0300; G0299 UD; G0300 UD T1502; T1503	RN/LPN home health services, as applicable Medication administration by qualified professional, per visit	Required
Consumer Directed Care (CDC)	Underlying approved service code(s)	CDC is a service-delivery model; use the code for the authorized underlying service	Required
Emergency Response System / PERS / Cellular PERS	S5160; S5161 RR	Installation/testing; monthly service fee	No PA Required
Environmental Accessibility Adaptations / Home Modifications	S5165	Home modifications, per service	Required
Evidence-Based Education Program	T2025	Waiver services, not otherwise specified; per session	Required
Goal Engagement Program	G0152 G0299 G0300 S5165	OT/Home Safety Evaluation LPN Services RN Services Home Modifications	Required
Grocery Shopping and Delivery	S5121	Chore service, per diem, when contracted for this service	Required
Home-based Wandering Response System	T2029 UB U1	Specialized medical equipment, unspecified, waiver services	Required
Home-Delivered Pre-Packaged Medications	T2025 T5999	Waiver Service, NOS, per session Supply/service not otherwise specified	Required
Home-Delivered Meals	S5170	Home-delivered meals, per meal	Required
Home Health Aide Services	G0156; G0156 UD; G0493	Home health aide and related RN assessment services, as applicable	Required
Home Safety/ Independence	G0152	Qualified occupational therapist	Required

Service Category	Code(s)	Description / Coding Note	PA Requirement
Evaluation		service in the home health setting	
Homemaker Services	S5130; S5131	Homemaker service, per 15 minutes; per diem	Required
Laundry Services	S5175	Laundry service, external, professional; per order	No PA Required
Medication Dispensing System	A9279; T5999	Monitoring device, monthly; installation/supply, as applicable	Required
Orientation and Mobility Services	H2021	Community-based wraparound service, per 15 minutes	Required
Peer Support Services	H0038	Self-help/peer services, per 15 minutes	Required
Personal Care Services (Agency)	T1019; T1020; S5141	Personal care/attendant care, per 15 minutes or per diem, as applicable	Required
Respite Services	H0045; S9125; S5150; S5151; T1005	Respite services, setting and unit as applicable	Required
Supportive Day Program	T2025	Waiver Service, NOS	Required
Supportive Home Care Aide	S5125; S5126; T1004	Attendant/supportive home care aide service, unit as applicable	Required
Transitional Services	T2038	Community transition waiver service, per service	Required
Virtual Communication and Monitoring (VCAM)	S5160 S5161 RR	Installation/testing; monthly service fee	Not Required

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 Senior Care Options Contract, applicable Frail Elder Waiver and LTSS provisions, including the requirements governing authorization criteria, utilization controls, service amount, duration and scope, and consideration of the member's complete Individualized Care Plan.
4. Fallon Health ASAP Payment Policy Updated 1/1/2027

Policy history

Origination date: 01/01/2026

Review/Approval(s): Technology Assessment Committee: 09/22/2026 (annual review; added coverage criteria for 5 additional LTSS services: Consumer-Directed Care Program, Goal Engagement Program, Home-Based Wandering Response System, Home Delivery of Pre-Packaged Meals and Virtual Communication and Monitoring (VCAM))
Utilization Management Committee: 10/21/2025 (origination; approved as written), 10/20/2026 (annual review; approved with addition of coverage criteria for 5 additional LTSS services).

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 applies applicable MassHealth regulations, medical-necessity guidelines, waiver service specifications, provider bulletins, and contractual requirements when making coverage determinations for MassHealth-covered services. 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 follows CMS 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.