

## Reimbursement Policy

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# Day Habilitation

**Policy Number:** 2133

**Version Number:** 4

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<b>Product Applicability</b>	<input type="checkbox"/> <b>All Plan+ Products</b>
<b>Well Sense Health Plan</b>	<b>Boston Medical Center HealthNet Plan</b>
<input type="checkbox"/> NH Medicaid	<input type="checkbox"/> MassHealth MCO
<input type="checkbox"/> NH Medicare Advantage	<input type="checkbox"/> MassHealth ACO
	<input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct
	<input checked="" type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

## Policy Summary

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The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

## Prior-Authorization

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Please refer to the Plan's Prior Authorization Requirements Matrix at [www.bmchp.org](http://www.bmchp.org).

## Definitions

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Activities of Daily Living (ADL) – fundamental personal care tasks performed daily as part of an individual's routine self-care. ADLs include, but are not limited to, eating, bathing, transferring, and mobility or ambulation.

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Day Habilitation - a service, for individuals with an intellectual disability (ID) or a developmental disability (DD), that is based on a day habilitation service plan that sets forth measurable goals and objectives, and prescribes an integrated program of activities and therapies necessary to reach the stated goals and objectives.

Day Habilitation Program - a structured, goal-oriented active treatment program of medically oriented, therapeutic, and habilitation services to raise recipients' levels of functioning and facilitate independent living and self-management in their communities.

Developmental Skills Training – a series of planned, coordinated, goal-oriented services that are designed to improve the functional abilities of a person with an intellectual disability or developmental disability. Such services include, but are not limited to, self-help skills, sensorimotor skills, communication skills, independent living skills, affective development skills, social development skills, and behavioral skills.

Skilled Services - services ordered by a physician that fall within the professional disciplines of nursing, physical, occupational, and speech therapy.

## **Provider Reimbursement**

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Day habilitation providers are reimbursed for services rendered to members with an intellectual disability or another developmental disability. Day habilitation services include the following:

- Nursing services and health-care supervision
- Developmental skills training
- Speech/language therapy, occupational therapy, physical therapy, and behavior management
- Assistance with activities of daily living (ADLs)
- Day habilitation service management

The Plan reimburses day habilitation services in both a community-based setting and a nursing facility.

### ***Community-Based Day Habilitation***

Payment for day habilitation services in the community are divided into three categories reflecting a high, moderate, or low level of member function based on the scores of a Severity Profile.

A Severity Profile must be completed upon each admission to the day habilitation program, annually, and whenever there is a significant change in a member's functional level. The levels of need are categorized by score as follows:

- Low-Need Member – scores between 1 and 41
- Moderate-Need Member – scores between 42 and 71
- High-Need Member – scores 72 or higher

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In addition, when appropriate, the Plan reimburses for supplemental staffing when a member resides in a nursing facility but attends a community-based program.

### ***Nursing Facility Day Habilitation***

A member residing in a nursing facility may receive day habilitation services to improve the member's level of independent functioning. These services may be provided within the nursing facility or the member may be transported to a community-based day habilitation provider.

For services rendered in the nursing facility, the Plan reimburses for day habilitation services based on the staff to participant ratio.

### **Service Limitations**

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The Plan does not reimburse a day habilitation provider for the following:

- Vocational and prevocational training services, which include vocational-skills assessment, career counseling, job training, and job placement
- Sheltered workshops and other work-related services, which provide participants with work skills and supervised employment for the production of saleable goods
- Educational services, which involve traditional classroom instruction of academic subjects, tutoring, and academic counseling
- Functional maintenance services, which are a planned combination of social, vocational, and recreational services designed for chronically disabled people who need continuing services to maintain skills necessary to allow them to live in the community, but who have generally received maximum benefit from inpatient or day programs
- Day habilitation services provided to members residing in intermediate-care facilities for persons with intellectual disability
- Day habilitation when provided to a member 21 years of age or older who is receiving hospice services
- Day habilitation when provided more than five days per week and six hours per day per member
- Research and experimental services
- Canceled sessions or any sessions missed by a member, for any reason
- Any portion of a day during which the member is absent from the site, unless the provider documents that the member was receiving services from the program staff in a community setting
- Services provided to a member who has been determined to be unable to benefit from day habilitation services

### **Applicable Coding and Billing Guidelines**

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Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

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## Day Habilitation Coding

Community-Based Services		
HCPCS	Description	Instructions
H2014	Skills training and development, per 15 minutes (community program, low need)	The minimum allowable unit for day habilitation services is one (1).  The maximum allowable units for day habilitation services are twenty four (24).
H2014 TF	Skills training and development per 15 minutes, intermediate level of care (community program, moderate need)	
H2014 TG	Skills training and development, per 15 minutes, complex/high tech level of care (community program, high need)	
H2014 22	Skills training and development, per 15 minutes, unusual procedural services, when the service(s) provided is greater than that usually listed for the listed procedure (supplemental staffing for nursing facility residents in community-based day habilitation)	
Facility Services		
HCPCS	Description	Instructions
H2014 U1	Skills training and development, per 15 minutes (nursing facility, one to two or one to three staffing level)	
H2014 U2	Skills training and development, per 15 minutes (nursing facility, one to one staffing level)	
T2003	Nonemergency transportation; encounter/trip	Staff transportation to nursing facility, bill per one-way trip up to a maximum of two trips. Use this in conjunction with H2014 TG and TF only when services occur in a nursing facility.

## Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
10/21/2015	01/01/2016	Payment Policy	SCO Product Subgroup

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<b>Policy Revisions History</b>			
<b>Review Date</b>	<b>Summary of Revisions</b>	<b>Revision Effective Date</b>	<b>Approved by</b>
08/20/2019	Annual Review	10/01/2019	Payment Policy Committee
09/21/2021	Annual review	11/01/2021	Payment Policy Committee
04/19/2022	Annual Review	05/01/2022	Payment Policy Committee

### **Other Applicable Policies**

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- General Billing and Coding Guidelines, 2136
- General Clinical Editing and Payment Accuracy Review Guidelines, 2137
- Modifiers, 2145

### **References**

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- MassHealth Day Habilitation Manual (DH-27)
- MassHealth Day Habilitation Provider Manual (DH) Subchapter 6
- 130 CMR 419.000: Day Habilitation Center Services
- 101 CMR 348.00 Day Habilitation Program Services

### **Disclaimer Information**

This Policy provides information about the Plan’s reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member’s benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan’s discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan’s audit policies, refer to the Provider Manual.

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