Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Personal Assistance Services & Supports (PASS)

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☐ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health One Care - (a dual-eligible product); 857-304-6304)

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Personal assistance services & supports (PASS) is designed to enable children and youth with special health care needs to grow, develop and live as independently as possible in their homes and community. It is a comprehensive integrated program that includes intermittent, limited, or extensive one-to-one personal assistance services needed to support, improve or maintain functioning in age-appropriate natural settings. It is available to children diagnosed with certain physical, developmental, behavioral, or emotional conditions living at home. PASS is designed to assist children and youth with attaining goals and identifying objectives within three areas:

- Activities of daily living
- Making self-preserving decisions
- Participating in social roles and social settings

PASS is not for children exhibiting marked impairment involving self-control, severe disturbances in thinking, perception, mood or learning disabilities. All treatment objectives are individually determined and associated with specified activities and interventions with a schedule for participation, and measurable outcomes. PASS is not intended to replace or supplement school-based services, behavioral health treatment, certified nursing services, or respite.

Treatment intensity is based on the individual needs of a child. A qualified PASS agency is responsible, along with a qualified health professional, for all assessment and service plan development.

Clinical Guideline Coverage Criteria

Admission Coverage Criteria

The Plan considers Personal Assistance Services and Supports (PASS) as reasonable and medically necessary when **ALL** of the following are met for admission:

1. Member is less than 21 years of age; **and**
2. A less intensive or restrictive level of care would not be appropriate to meet the Member's needs nor would a more intensive level of care; **and**
3. The Member has a formal DSM or corresponding ICD-CM psychiatric, medical, or developmental diagnosis made by a licensed health care professional within the last two years. The professional must have a competence in child psychology, child psychiatry, or child development; **and**
4. The Member demonstrates symptoms and behaviors consistent with a current DSM/ICD diagnosis that requires therapeutic intervention for functional impairments that significantly interferes with or limits the member's role or functioning in family, school, or community activities; **and**
5. The Member lives with parent/guardian in the home; and the parent/guardians are capable and willing to participate, accept the responsibilities of, and cooperate with the program requirements outlined in the PASS Service Plan; **and**
6. The Member has the capacity to maintain or improve functioning in physical, behavioral, or cognitive development; communication; socialization; and community participation with PASS; **and**
7. PASS can be provided in the home or community without compromising the member's or worker's health and safety.

Continuation Coverage Criteria

The Plan considers continuation of Personal Assistance Services and Supports (PASS) as reasonable and medically necessary when **ALL** of the following are met:

1. Member continues to meet admission criteria; **and**
2. Severity of condition(s) and resulting impairment continue to require PASS service plan to maintain and/or improve level of adaptive and functional skills. Clinical information must show that the member is disabled with evidence of functional impairment(s); **and**
3. The Member's progress in relation to goals is clearly evident, measurable, and described in observable terms; **and**
4. Parent/guardian is participating, accepting the responsibilities of, and cooperating with the program requirements as indicated by PASS Service Plan; **and**
5. Coordination of care and real time discharge planning are continuing

Discharge Coverage Criteria

The Plan considers termination of Personal Assistance Services and Supports (PASS) when **ONE** of the following is met for admission:

1. Member meets criteria for a less/more intensive level of care; **and**
2. Member has demonstrated sufficient improvement and/or the Service Plan goals and objectives have been successfully met; and continued services are not necessary to prevent the decline of member's functioning; **and**
3. Member or parent/guardian is not successfully following program rules or regulations and is no longer capable or willing to participate to the extent required as agreed upon and has withdrawn consent for treatment. PASS provider must be able to display multiple documented attempts to work with the member/parent/guardian; **and**
4. Member's home environment poses a safety risk to the PASS worker or agency staff; **and**
5. The Member no longer needs assistance beyond the family/guardian to perform age-appropriate cognitive, physical and social activities; **and**
6. Member no longer resides in the community with parent/guardian; **and**
7. Member turns 21 years of age.

Limitations

The Plan considers personal assistance services and supports (PASS) as not reasonable or medically necessary for **ANY** of the following:

1. PASS will not replace Private Duty Nursing or Certified Nursing Assistants services. If nursing or CNA services are needed along with PASS, these services will not be provided concurrently
2. Member will not use PASS for Respite or childcare
3. PASS will not be used in isolation when other support services are indicated. PASS is expected, when applicable, to be used as a complement to other services (family or individual psychotherapy, medical treatments, school services and Early Intervention

4. PASS will not be used as a substitute for mental health services provided by licensed professional clinicians.

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1016	Case Management
T1027	Family Training and counseling for child development, per 15 minutes
H2016	Comprehensive community support services, per diem

References:

1. State of Rhode Island, EOHHS, Model Contract for Medicaid Managed Care Services, winter 2017, Attachment O: Mental Health, Substance Use and Developmental Disabilities Services for Children.
2. State of Rhode Island, EOHHS, Practice Standards, Providers of Personal Assistance Services and Supports, January 1, 2016: Accessed at Eohhs.ri.gov/sites/g/files/xkgbur226/files/Portals/0/Uploads/Documents/PASS_Standards_Jan_2016.pdf on January 8, 2024.

Approval And Revision History

October 21, 2020: Reviewed by IMPAC, renewed without changes.

Subsequent endorsement date(s) and changes made:

- November 4, 2020: Fax number for Unify updated.
- August 18, 2021: Reviewed and approved by IMPAC, Removal of codes G0177, H2021, H2022, H2037, G0151, G0152, G1053, G1059, G1060, G0161, H0036, H0037, H0039, H0040, H2015, H2016, T1040 and T1041. Addition of code T1016.
- September 15, 2021: Reviewed by IMPAC, renewed without changes.
- April 7, 2022: Template updated.
- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes.
- April 19, 2023: Reviewed by Medical Policy Approval Committee (MPAC). Code T1023 will no longer require PA for RITogether. Removed from MNG effective April 19, 2023.
- August 16, 2023: Reviewed by MPAC, renewed without changes, template updated effective November 1, 2023
- December 20, 2023. Reviewed by MPAC. Removal of prior authorization from policy. This will be maintained as a coverage guideline effective February 1, 2024
- September 19, 2024: Reviewed by MPAC, renewed without changes effective November 1, 2024
- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members

under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.