



## Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Home Delivered Meals		
MNG #: 066	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 4/1/2021;	Effective Date: 06/19/2021
Last Revised Date:	Next Annual Review Date: 4/1/2022;	Retire Date:

### OVERVIEW:

Home Delivered Meals (HDM): provide well-balanced meals to members to maintain optimal nutritional and health status. Each meal must comply with the federal regulations governing the nutrition program for the elderly.<sup>1</sup> Home Delivered Meals service includes the preparation, packaging, and delivery of meals by trained and supervised staff. Meals are most commonly delivered daily, provided that proper storage is available in the home.

Providers are required to offer therapeutic meals such as standard diabetic, cardiac, renal, pureed, etc. In addition, some may be contracted to offer meal choices that are culturally appropriate – Chinese, Kosher, Vietnamese, Russian, etc.

The Federal Regulations governing the nutrition program for the elderly require that:

- Each meal served must contain at least one-third of the current Recommended Dietary Allowances (RDA) for meals for persons aged 51 years + as established by the Food and Nutrition Board of the National Academy of Science, National Research Council
- The caloric range per meal must fall between 700-800 calories
- The fat content, based on total calories, must not exceed 30%-35%.
- The sodium content of the meal must fall within the range of a no added salt diet (3-4 gm/day)

### DECISION GUIDELINES:

**Clinical eligibility:** In order to be eligible to receive HDMs, the member must have a medical, cognitive, or behavioral-health related disability that impairs the member’s ability to access community resources and shop, cook, or feed him/herself. The care team must identify the condition or syndrome that underlies the disability, as well as the nature of the functional impairment.

<sup>1</sup> One provider, Community Servings, uses a different nutritional standard.



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### Determination of need:

In order to receive HDM, the authorizing clinician must determine that the member is at nutritional risk, and that the guidelines for limitations and exclusions have been met. Nutritional risk may be present if, for example, the member:

- Has, without wanting to, gained or lost 10 pounds or more in the previous six months
- Eats fewer than two meals per day
- Eats few fruits or vegetables or milk products
- Takes three or more different medications per day
- Has a condition or illness that necessitates a change in diet
- Has tooth or mouth problems that make it difficult to eat

### Medically Tailored Meals, e.g. Community Servings

In addition to meeting the above qualifications for nutritional risk, members who are initially accessing medically tailored meals must:

- Have a combination of at least two medical, cognitive, or behavioral health related diagnoses, identified either by their PCP or CCA Care Team, that impairs the member's ability to obtain, prepare, or consume medically appropriate food, given their diagnoses and social determinants of health (SDOH), and
- Have been inpatient or used the emergency room at least 3 times in the past 6 month period, or less if there are extenuating circumstances that could prevent avoidable inpatient or ED utilization.

Unlike standard HDM, which are pre-packaged, medically tailored meals are personalized based on dietary recommendations from the member's MD and/or dietitian. After initial authorization period, Care Team should consider ability to transition to standard HDM from medically tailored meals.

### LIMITATIONS/EXCLUSIONS:

- If the member receives daily HDM, he/she must be home to receive the meal. HDM is provided only when neither the member nor anyone else in the household is capable of providing for them. If the member lives with a relative or other caregiver, it should be determined if shopping and meal preparation will include the needs of the member. If household is unable to assume member's meal preparation and shopping needs, sufficient documentation should be provided.
- HDMs are not provided as an income support.
- 1 meal a day is recommended for members who require supplemental nutrition to improve the quality of their diet or who are unable to prepare multiple or nutritionally complex meals independently.
- 2 meals a day may be provided for members who are unable to prepare any meals due to physical/mental impairment or are at a very high nutritional risk (e.g. receiving chemotherapy).



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- If 3 meals a day are being considered, the requestor must thoroughly consider and document the member's clinical and nutritional needs, especially as 2 HDM per day can generally satisfy the caloric and nutritional values recommended for most adults.

### KEY CARE PLANNING CONSIDERATIONS:

- The care team must ensure that services are non-duplicative. HDM may not be provided if the member receives another service that includes meal preparation, such as Adult Foster Care, Day Services, Homemaker or other agency personal assistance services (if the authorized hours include time for meal prep), Personal Care Attendant – PCA (if the evaluation/care plan include time for meal prep).
- The care team should assess whether the member could be independent in meal preparation with assistive/adaptive devices or a home modification. Referral to OT/PT may be considered for further support.
- Careful consideration should be made of additional primary supports, such as dietetic consultation or addressing the underlying disorder with relevant clinical providers (e.g. PCP, HOW/BH, endocrinologist, neurologist, bariatric specialist, etc.) before pursuing request for HDM.
- As HDM is not intended to supplement income, the care team must consider whether a member's food needs can be met by community resources, such as congregate meals, brown bag programs, meal delivery, or a local food bank – accessed either by the member or their informal/formal caregiver. Referral to a Community HOW should be pursued as needed for assistance with food resource assessment, including:
  - Support for obtaining and preparing adequate meals
  - Review of the social determinants that make access to nutritious food problematic, and potential resources to overcome this
- SCO members on the Frail Elder Waiver (FEW) may require this service in their care plan to remain eligible for the waiver. This service may be approved as an exception to existing limitations/exclusions in those instances. Consult with the GSSC for additional information.

### AUTHORIZATION:

HDM requires prior authorization. Authorization decisions must be made on the basis of an in-person assessment of the member within the past 90 days, as well as any other relevant information, e.g., medical diagnoses. Assessment must include review of available community resources, benefits, and alternatives.

If the request for HDM is made beyond 90 days from the last assessment, an in-person clinical assessment (such as community clinician, GSSC, or LTSC assessment) should be completed. Assessments conducted by contract MDS RNs may contribute information to the decision process, but do not meet the requirement for an in-home assessment. Unlicensed care team members, such as GSSCs, Health Outreach Workers, and Long Term Supports Coordinators may evaluate eligibility and need for HDM based on functionality and social determinants of health (SDOH), and should



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review a service plan and/or alternative recommendations with the Care Team. Authorization requests are reviewed and determinations are made by the Authorization and Utilization Management Department, or delegated entity.

Care Team members must clearly and thoroughly document the components of their assessment resulting either in recommendation to authorize HDM or for alternative resource utilization.

### REGULATORY NOTES:

N/A

### RELATED REFERENCES:

651 CMR 4.00 Elder Affairs State Funded Nutrition Program

### ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

### REVISION LOG:

REVISION DATE	DESCRIPTION

### APPROVALS:

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Signature

Vice President, Medical Policy and Utilization Review

Title [Print]

1/4/2019

Date



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1/10/2018

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Signature

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Date