



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Laundry Services Delivery		
MNG #: 069	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 6/3/2021	Effective Date: 08/21/2021
Last Revised Date:	Next Annual Review Date: 6/3/2022	Retire Date:

OVERVIEW:

Laundry services include washing, drying, folding, and delivery of basic personal laundry and can be provided by qualified CCA contracted providers and vendors. Laundry services are provided when a member is physically unable to do laundry and has no access to laundry facilities either within or outside the home. Laundry services may be needed if member is unable to access a laundromat independently via CCA transportation or if store is not within the member’s locality (town or neighboring towns) for aide to travel.

DECISION GUIDELINES:

Clinical Eligibility:

- Laundry services must be provided in accordance with the member goals as stated in the care plan.
- Laundry services may be used for individuals with physical, mental, and/or cognitive impairments who are unable to safely or effectively perform an activity and for whom having such services will support their improved health status and their ability to maintain integrated living in the community.

Determination of need:

- Member must not have access to laundry facilities in their home, or within a reasonable distance for aide to travel i.e., member is unable to access a laundromat independently via CCA transportation or if store is not within the member’s locality (town or neighboring towns).

LIMITATIONS/EXCLUSIONS:

- As with other homemaker services, laundry services are not covered when the participant or someone else in the household is capable of performing the tasks or when a relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for laundry related tasks.
- Laundry services are only provided to meet the needs of the member. Laundry for other household members cannot be included in bags.
- Laundry services cannot be authorized as a financial support (to save the cost of supplies or laundromat fees)



Medical Necessity Guideline

KEY CARE PLANNING CONSIDERATIONS:

- Laundry services may be included as part of the duties performed by a homemaker, adult companion, or supportive home care aide. These options should be explored prior to initiation of a delivery service.
- Evaluation of informal supports to provide the service should be considered (e.g., family member or friend).
- A review of other existing supports in the care plan should be done before initiating laundry services that may be duplicative.
- 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:

- Authorizations for laundry services are documented in weekly increments for up to 6 months in duration for SCO members and up to 6 months for OC members.
- Units are entered into the authorization system as 1 Unit per visit/pound.

\$5175 Laundry per order

REGULATORY NOTES:

Laundry Services are referenced as part of the Homemaking Services, Supportive Home Care Aide and Adult Companion definitions under Home and Community Based Services 630.402.

MassHealth Provider Manual; 130 CMR 630: Home- and Community-Based Services.

RELATED REFERENCES:

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

- MassHealth Provider Manual; 130 CMR 630: Home- and Community-Based Services.

Disclaimer:

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred)] should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a



Medical Necessity Guideline

description of the member's unique clinical circumstances will generally be required.

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

Avideep Chawla
 CCA Senior Clinical Lead [Print]

Signature

Director, UM
 Title [Print]

6/3/2021

Date

Doug Hsu
 CCA Senior Operational Lead [Print]

Signature

VP Medical Policy & Utilization Review
 Title [Print]

6/3/2021

Date

Lori Tishler
 CCA CMO or Designee [Print]

SVP Medical Services
 Title [Print]

6/3/2021