Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Home Health Aide		
MNG #: 071	**☒SCO ☒One Care** **☐ MAPD-MA Medicare Preferred** **☐ MAPD-MA Medicare Value** **☐ MAPD-RI Medicare Preferred** **☐ MAPD-RI Medicare Value** **☐ DSNP-RI Medicare Maximum**	**Prior Authorization Needed?** **☒Yes ☐No**
Clinical: ☒	**Operational: ☐**	**Informational: ☐**
Medicare Benefit: **☒Yes ☐No**	**Approval Date:** 6/3/2021	**Effective Date:** 08/21/2021
Last Revised Date: **9/2/2021**	**Next Annual Review Date:** 6/3/2022; 9/2/2022	**Retire Date:**

OVERVIEW:

The Home Health Aide (HHA) services require hands-on assistance throughout the task or until completion with at least 2 activitiesof daily living (ADLs). Assistance with ADLs provided by a HHA is defined as activities related to personal care, specifically the following: bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating. HHA services for assistance with ADLs may be approved for periods of up to 90 calendar days, and as described below. ADLs, such as bed-making, dusting and vacuuming, are incidental to the care furnished, and should not be the major focus of the HHA time provided in the home.

DECISION GUIDELINES:

Clinical eligibility: In order to be eligible to receive HHA, the following must be met:

- Services must be medically necessary for care of the member
- The following conditions are required for Home Health Aide services
    - Provides hands-on assistance throughout the task or until completion, with at least 2 ADLs defined as: bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.
    - The frequency and duration of the HHA services are directly related to the amount oftime needed for hands-on care.
    - Services provided must be in the member's residence except for the need for hands-on assistance with transportation.
    - Additional skilled care related to the skilled nursing or physical therapy-certified plan of care which is supervised by a Registered Nurse (RN) or therapist employed or contracted by the same home healthagency as the HHA. Such as:
        - assist with medication reminding or hand the bottle/pill box to the member and the water to the member but may not touch the medication
        - complex transfer with mechanical lift
        - compression stockings

- repositioning in bed
- routine ostomy care
- routine urinary catheter care
- simple dressing changes that do not require the skills of a registered or licensed nurse
- skin checks
- special diet (food consistency mechanically soft/pureed) which requires supervision for swallowing
- Assist with vital signs such as
    - blood pressure
    - temperature
    - weight checks

- Services must be ordered by a physician and be included in the plan of care which includes the frequency and duration order.

Determination of need: In order to receive HHA, the authorizing clinician must determine that the services are medically necessary to provide personal care to the member, to maintain the member's health, or to facilitate treatment of the member's injury or illness; and that the guidelines for Limitations/Exclusions have been met.

LIMITATIONS/EXCLUSIONS:

Exclusions:

- HHA may not be authorized for possible or preventative needs or to provide supervision for safety.
- CCA does not pay for home health services provided in a hospital, nursing facility, intermediate care facility for persons with intellectual disabilities, or any other institutional facility setting providing medical, nursing, rehabilitative, or related care.
- HHA may not be provided in Adult Day Health centers, Day Habilitation Centers, dialysis or in combination with any other service or setting that includes assistance with ADLs.
- HHA may not be combined with Group Adult Foster Care (GAFC) or Consumer-Directed Personal Care Attendant (PCA), except whenagency services are provided as back-up for PCA.
- When a family member or other caregiver is providing services, including nursing/HHA services, that adequately meet the member's needs, it is not medically necessary for HHA to provide such services

Limitations:

- Authorizations must not exceed the standards of CCA's One Care Personal Care Time for Task Guidelines or SCO Personal Care Assessment Tool.
- Services must be part time and intermittent not intended for 24-hour supervision
- Services must be part time or intermittent no more than 8 hours per day total of 35 hours per week.
- Services may be granted on a 60 to 90-day basis in order to provide services for members such as those with quadriplegia, amyotrophic lateral sclerosis (ALS), muscular dystrophy, or who use a respirator to facilitate transitions to a community setting, transitioning to a lower level of service or to a residential service to ensure

that an individual at risk for medical facility admission can remain in the community OR to stabilize a member's medical condition.

- Respite Services – a range of services provided on a short-term or intermittent basis in response to the need for relief of those persons who normally provide this care

KEY CARE PLANNING CONSIDERATIONS:

- The care team must ensure that services are non-duplicative.
- Service hours requested are determined by CCA's One Care Personal Care Time for Task Guidelines or SCO Personal Care Assessment Tool.
- The services are no costlier than medically comparable care in an appropriate institution (for example, long-term care or chronic disease and rehabilitation hospital care) and the least-costly form of comparable care available in the community, and the member prefers to remain at home.
- It is important to support and maintain the involvement of informal supports in the member's care.
- Less costly alternatives to personal assistance services must be considered, such as home modifications or assistive devices that promote the member's greatest degree of independence in performing ADLs and instrumental ADLs (IADLs) or provided by a less costly service such ascombination of PCA and home making services.
- PCA services may be indicated for members who require medication administration (as opposed tocueing and supervision, as well as certain forms of physical assistance such as opening prescription containers and reading medication labels).
- HHA services are not interchangeable with PCAservices

AUTHORIZATION:

HHA requires prior authorization. Authorization decisions must be made based on an in-person, in-home assessment of the member by a registered nurse, nurse practitioner or physician assistant as well as any other relevant information, e.g., medical diagnosis. As part of the authorization process, a RN must complete a HHA plan of care. The service hours MUST be determined by CCA's One Care Personal Care Time for Task Guidelines or SCO Personal Care Assessment Tool.

The plan may be completed by an RN employed by the Home Health Agency. An RN visit for the purpose of evaluating the ADL needs of a member and the creation of an HHA plan of care is a reimbursable visit (unlike RN visits solely for the purpose of supervision of HHA services).

G0156 Home Health Aide per 15 minutes

REGULATORY NOTES:

- 130 CMR 403.000: Home Health Agency
- Medicare Benefit Policy Manual Chapter 7, section 50.2: Home Health Aide Services

- Medicare Benefit Manual Chapter 7, Sections 30 - Conditions Patient Must Meet to Qualify for Coverageof Home Health Services (Rev. 10438, Issued: 11-06-20, Effective: 03-01-20, Implementation: 01- 11-21)
- 130 CMR 422.00: MassHealth Personal Care Attendant Services
- MassHealth Home Health Agency Bulletin 54 June 2019
- 130 CMR 630.000: HOME- AND COMMUNITY-BASED SERVICES WAIVER SERVICES

RELATED REFERENCES:

CCA has the mission to address of all our complicated members' health needs. To support the member in the community safely and promote independence. Home Health Aide services are community-based. Community services are not considered urgent or emergent. It is important to understand this concept. This benefit is based on the member medical needs and any informal supports they may receive in the community.

The care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet the formal Medical Necessity Guidelines conditions and recommendations.

*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.

Disclaimer:

This Medical Necessity Guideline is not a rigid rule. As with all 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 description of the member's unique clinical circumstances will generally be required.

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

Medical Necessity Guideline

REVISION DATE	DESCRIPTION

APPROVALS:

Avideep Chawla
CCA Senior Clinical Lead [Print]

Director, UM
Title [Print]

Signature

6/3/2021
Date

Doug Hsu
CCA Senior Operational Lead [Print]

VP Medical Policy & Utilization Review
Title [Print]

Signature

6/3/2021
Date

Lori Tishler
CCA CMO or Designee [Print]

SVP Medical Services
Title [Print]

Signature

6/3/2021
Date