Home Health Aide Services Provided by Non-Certified Agency Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Home Health Aide Services Provided by Non-Certified Agency		
MNG #071	**☒ CCA Senior Care Options (HMO D-SNP) (MA)** **☒CCA One Care (Medicare-Medicaid) (MA)**	**Prior Authorization Needed?** **☐ Yes (always required)** **☐ Yes (only in certain situations. See this MNG for details)** **☒No**
Benefit Type: **☐ Medicare** **☒ Medicaid**	**Original Approval Date:** 6/3/2021	**Effective Date:** 08/21/2021; 03/25/25; 10/1/2025, 12/11/2025
Last Revised Date: 9/2/2021; 7/13/2023; 12/12/2024; 3/25/2025; 5/8/2025, 12/11/2025	**Next Annual Review Date:** 6/3/2022; 9/2/2022; 7/13/2024; 12/12/25, 12/11/2026	**Retire Date:**

OVERVIEW:

This guideline is specific to non-Medicare covered home health aide services which are part of a member's Medicaid-covered home care program. Non-skilled services provided by a non-certified home care agency may be covered for members with chronic conditions and disabilities. Home health aide services are provided under the supervision of registered nurse and provide members with hands-on assistance with activities of daily living (ADLs). Home health aide services may provide incidental assistance with Instrumental Activities of Daily Living (IADLs), but the purpose of home health aide services cannot solely be for assistance with IADL tasks.

Commonwealth Care Alliance will provide required documentation (e.g., assessments) to the non-certified agency vendor. The non-certified agency provides only **non-skilled** services to fulfill member's personal care and daily living care needs. The non-certified agency does not provide skilled care needs or services.

DEFINITIONS:

- **Activities of Daily Living (ADL)**: Activities related to personal care, specifically bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.
- **Activity Time:** The actual amount of necessary one: one time spent by a home care staff cueing/supervising and/or physically assisting the member to complete each Activity of Daily Living [ADL(s)] and Instrumental Activities of Daily Living [IADL(s)].
- **Clinical Assessment:** The comprehensive screening process of documenting a member's need using the Minimum Data Set (MDS) tool to form the basis for prior authorization.
- **Complex Care Training and Oversight:** Periodic, episodic service to develop, manage and evaluate a member's home health aide plan of care, for purposes of monitoring the consumer's underlying conditions or complications to ensure the unskilled care is successfully addressing the member's needs.
- **Functional Assessment Tool:** A set of questions about a member's health condition and functional needs used in

development of member's individualized care plan. Time for each activity is based on guidelines for determining the amount of one: one Activity Time required to perform activities of daily living (ADLs), instrumental activities of daily living (IADLS). These time periods are based on the standard of time it takes a staff person to provide individualized support to a member to perform a specific activity, depending on the level of assistance and behavioral support required by the member. It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less time.

- **Home Care Agency:** An entity which has entered a contract with an ASAP to provide one or more Home Care Program Services, including home health aide services. Non-certified home health agencies provide non-skilled services only.
- **Home Health Aide:** A person who is employed or contracted either by a certified home health agency or a non-certified home care agency and meets the qualifications of a home health aide to perform certain personal-care and other health-related services.
- **Instrumental Activities of Daily Living (IADL):** Certain basic environmental tasks required for daily living, including the ability to prepare meals, do housework, laundry, shopping, , use transportation, manage money, and use the telephone.
- **Minimum Data Set (MDS):** A standardized primary screening and assessment tool that serves as the foundation of the comprehensive assessment. Also referred to as the Clinical Assessment.
- **Time For Task Tool (TFTT):** An assessment based on the standard of time for determining the amount of one: one Activity Time required to perform activities of daily living (ADLs), instrumental activities of daily living (IADLS). These time periods are based on established guidelines for the standard of time it takes a staff person to provide individualized support to a member to perform a specific activity, depending on the level of assistance and behavioral support required by the member. It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less time.

DECISION GUIDELINES:

Members with chronic conditions or disabilities may receive non-skilled home health aide services provided by a non-certified home health agency for hands-on assistance with activities of daily living (ADL) without the need for a concurrent home health skilled nursing or therapy service.

Prior authorization of non-Medicare covered home health aide services provided by a non-certified agency require prior authorization. Members may be authorized to receive home health aide services for hands-on assistance with ADLs for periods of up to 3 months. Authorized decisions must be made based on an MDS and in-person, in-home functional assessment/TFTT of the member by a registered nurse (RN) as well as any other relevant information, e.g., medical diagnosis. As part of the authorization process, an RN must complete a Personal Care Plan. The service hours MUST be determined using CCA Time-For-Task Tool and/or Functional Assessment tool(s).

Clinical Coverage Criteria:

Commonwealth Care Alliance may cover non-skilled home health aide services when all the following criteria are met:

1. Services must be 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
2. Member requires hands-on assistance throughout the task or until completion with **two or more** qualifying ADLs a.-f.:

    a. bathing
    b. grooming

c. dressing
d. toileting/continence
e. transferring/ambulation
f. eating;

and

3. The frequency and duration of the home health aide services are directly related to the amount of time needed (per day and per week) to complete hands-on ADLs and incidental assistance with Instrumental Activities of Daily Living (IADL)s as determined by the CCA TFTT/Functional Assessment Tool; and CCA Clinical Assessment (MDS), GSSC or LTSC assessment completed within one year prior to request, documenting member's diagnosis and member's level of assistance needs; and
4. CCA Time-for-Task Tool or Functional Assessment completed within one year of the request, which documents time required to complete each ADL and IADL; and
5. CCA Personal Care Plan; and
6. Home Health Agency Plan of Care completed by an RN, or licensed practical nurse (LPN) under the supervision of an RN, employed by the non-certified home care agency.

LIMITATIONS/EXCLUSIONS:

Exclusions:

Commonwealth Care Alliance does not cover Home Health Aide services when:

1. Home health aide services are 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.
2. Home health aide services are provided in Adult Day Health centers, Day Habilitation Centers, dialysis centers or in combination with any other service or setting that includes assistance with ADLs.
3. The service is for a disorder not associated with a medical, cognitive, or behavioral chronic health condition.
4. The service replicates concurrent services provided in a different setting with similar treatment goals, plans, and therapeutic modalities.
5. The service replicates concurrent services provided by a different provider in the same setting with similar treatment goals, plans, and therapeutic modalities.
6. The services are more appropriately provided in a setting other than the member's home or the member's need is such that home-based services will not meet the need.
7. The Member's condition(s) does not require the level of professional service requested or the need can be met with a lower level of service, such as Personal Care Service worker.
8. The treatment is for a dysfunction that is self-correcting in nature and could reasonably be expected to improve without treatment.
9. The treatment is for educational, vocational, or recreational purposes.
10. There is no clinical documentation or treatment plan to support the need for the service or continuation of the service.
11. Services are considered research or experimental in nature.

Limitations:

1. Home health aide services are non-payable for monitoring of anticipatory and unpredictable services.

2. Homemaker, respite, and/or chore services are NOT considered home health aide services. When a home health aide (HHA) visits a member to provide health-related services, the HHA may also perform some incidental services that do NOT meet the definition of HHA services, such as light cleaning, preparing a meal, and/or removing trash. However, the purpose of the HHA visit must NOT be to provide these incidental services.
3. Authorizations should not exceed the standards of CCA's Functional Assessment for Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) or Time for Task Tool.
4. The combination of Home Health Aide Services with Supportive Home Care Aide (SHCA), Homemaker, personal care, individual support and community habilitation, and Companion services is limited to no more than 84 hours per week*.

   * Exceptions may be granted to the limit on a 90-day basis in order to maintain a member's tenure in the community, to provide respite to a caregiver who lives with the participant, to facilitate transitions to a community setting, to ensure that a participant at risk for medical facility admission is able to remain in the community, or to otherwise stabilize a participant's medical condition. Exceptions may also be granted for participants awaiting transition to a residential waiver. Exceptions to the 84 hour per week limit must be included in the participant's individual plan of care.

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

HCPCS Code	Code Description
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes

REGULATORY NOTES:

- 130 CMR 630.000: Home and Community Based Services Waiver Services. Accessed November 26, 2024. https://www.mass.gov/doc/home-and-community-based-services-waivers-regulations/download
- 130 CMR 403.00: Home Health Agency. Accessed November 26, 2024. https://www.mass.gov/doc/130-cmr-403-home-health-agency/download
- Commonwealth of Massachusetts, Executive Office of Health and Human Services. MassHealth Guidelines for Medical Necessity Determination for Home Health Services. Accessed November 26, 2024. https://www.mass.gov/doc/home-health-services-3/download
- Commonwealth of Massachusetts, Executive Office of Health and Human Services. MassHealth Home Health Agency Bulletin 54. Accessed November 26, 2024. https://www.mass.gov/doc/home-health-agency-bulletin-54-revisions-to-masshealth-coverage-of-home-health-aide-services-0/downloadi

Disclaimer:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based

InterQual© criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

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.

REVISION LOG:

REVISION DATE	DESCRIPTION
5/8/2025	Updated Limitations language to include #4 - 84hr limit per 130 CMR 630.000. Limitation #3 revised to read "Authorizations should not exceed the standards of CCA's Functional Assessment for Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) or Time for Task Tool".
3/25/2025	Template updated
12/17/2024	Utilization Management Committee Approval
12/12/24	Template updated. Definitions added. Clarification that non-certified HH services are non-skilled and provided for chronic conditions. Updated documentation requirements. Exclusions and exceptions added. Coding description updates.
9/12/24	MNG title change. Updated benefit type.

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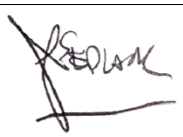
APPROVALS:

Jeffrey Sedlack	Senior Medical Director Utilization Review and Medical Policy
CCA Clinical Lead	**Title**
	12/11/2025
Signature	**Date**
CCA Senior Operational Lead	**Title**
Signature	**Date**
CCA CMO or Designee	**Title**
Signature	**Date**