



Grocery Shopping and Delivery Service Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Grocery Shopping and Delivery Service		
MNG#: 072	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Original Approval Date: 6/3/2021;	Effective Date: 1/1/2025; 3/13/2025
Last Revised Date: 10/12/2023; 10/10/2024; 3/13/2025	Next Annual Review Date: 6/3/2022; 10/12/2024; 10/10/2025	Retire Date:

OVERVIEW:

Grocery Shopping and Delivery Service is a community-based service that supports members with physical, medical, cognitive, and/or mental health condition, that improves health status, to maintain integrated living in the community by utilizing local stores and delivery mechanisms to provide assistance with ordering, shopping, delivering and/or putting away and storing groceries for members who are unable to safely or effectively accomplish this task. Members are responsible for paying for any groceries that are ordered or purchased.

DEFINITIONS:

Activities of Daily Living (ADLs) - Fundamental personal-care tasks performed daily as part of an individual's routine of self-care. ADLs include, but are not limited to, eating, toileting, dressing, bathing, transferring, and mobility/ambulation.

Department of Medical Assistance (DMA) - The single state agency in Massachusetts that administers Medicaid (Title XIX of the Social Security Act Amendments).

Frail Elder – An applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing facility services to receive certain waiver services at home if he or she meets clinical, age and financial eligibility requirements; is permanently and totally disabled, and would be institutionalized in a nursing facility, unless the member receives one or more of the services administered by the Executive Office of Elder Affairs under the HCBS Waiver-Frail Elder authorized under section 1915(c) of the Social Security Act.

Frail Elder Home and Community Based Waiver - A waiver of federal requirements granted to the Commonwealth, by the U.S. Department of Health and Human Services under 42 U.S.C. § 1396n(d), that allows DMA to pay for home and community-based services for MassHealth members who meet MassHealth criteria for Nursing Facility services but continue to reside in the community and agree to receive a waiver service.

Geriatric Support Services Coordinator (GSSC) - A coordinator for CCA SCO members responsible for arranging, coordinating and authorizing the provision of Long-Term Support Services (LTSS) based on the member's needs assessment, care plan, and with the agreement of the care team.



Grocery Shopping and Delivery Service Medical Necessity Guideline

Grocery Shopping/Delivery Services - Ordering groceries, shopping for groceries, delivering groceries, and assisting with storage of groceries as needed.

Home Delivered Meals (HDM) - Meals provided to members to assist with the maintenance of optimal nutrition and health status.

Homemaker (HM) – Agency assistance with one or more of the Instrumental Activities of Daily Living (IADLs) that are incidental to the care of the member and that include, but are not limited to, laundry, shopping, housekeeping, meal preparation and cleanup, transportation (accompanying the member to medical providers and other appointments), or any other medical need determined by the provider as being instrumental to the health care and general well-being of the member.

Individualized Care Plan (ICP) – A plan developed by the member and the member’s Care Team which identifies the member’s health-related goals/needs, such as obtaining services for physical and mental health care and getting long term services and supports.

Instrumental Activities of Daily Living (IADLs) - Activities related to independent living that are incidental to the care of the member and that include, but are not limited to, household-management tasks, laundry, shopping, housekeeping, meal preparation and cleanup, transportation (accompanying the member to medical providers and other appointments), care and maintenance of wheelchairs and adaptive devices, medication management and any paperwork required for receiving prescribed medications within the qualified setting, or any other medical need determined by the provider as being instrumental to the health care and general well-being of the member.

Long Term Support Coordinator (LTSC) - A coordinator for CCA One Care members, who is responsible for arranging and coordinating the provision of Long-Term Support Services (LTSS) based on the member’s needs assessment, care plan, and with the agreement of the care team.

Member — A person who is enrolled in the CCA One Care (ICO) or CCA Senior Care Options (SCO) plan

Prior Authorization - Prior assessment that must be conducted to evaluate whether the service requested is deemed medically necessary and meets the specific requirements outlined in the health plan’s documents. It is based on information provided (e.g., letter of medical necessity, medical records, etc.) to determine whether the proposed services meet the clinical requirements for medical necessity, which includes appropriateness, effectiveness, and level of care.

Provider - An organization that contracts with CCA as the provider for Grocery Shopping and Delivery Service

Supportive Home Care Aide (SHCA) – Provides services to members with Alzheimer’s/dementia or behavioral health needs to assist with ADLs and IADLs. These services include personal care, shopping, menu planning, meal preparation including special diets, laundry, light housekeeping, escort, and socialization/emotional support.

Transportation - The provision of transportation to enable a member to gain access to community services, activities and resources.



Grocery Shopping and Delivery Service Medical Necessity Guideline

DECISION GUIDELINES:

Clinical Criteria:

Commonwealth Care Alliance may cover Grocery Shopping and Delivery Services when all of the following are met:

1. The member has one or more physical, medical, cognitive, and/or behavioral health conditions that impair the member's ability to perform grocery shopping tasks; and
 - a. The need for Grocery Shopping and Delivery Services are documented in the member's ICP; and
 - b. Assistance is needed with one or more of the following Instrumental Activities of Daily Living (IADLs):
 - I. Meal preparation
 - II. Light Housework
 - III. Laundry
2. The member or Aide is unable to access a grocery store due to location of the grocery store (e.g., rural areas) by means of own transportation or CCA transportation.

NOTE: SCO member participants of the Frail Elder Waiver (FEW) program 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.

EXCEPTIONS/LIMITATIONS/EXCLUSIONS:

1. The member is responsible for the full cost of food.
2. Grocery Shopping and Delivery services are only provided to meet the needs of the member.
3. Grocery Shopping and Delivery services cannot be authorized as a financial support as CCA does not cover the cost of the food.
4. Members are to utilize the grocery store linked to the specific provider and may not get access to their preferred stores.
5. CCA does not pay for Grocery Shopping and Delivery Services in any of the following circumstances:
 - a. The Grocery Shopping and Delivery Service Provider has not received prior authorization from CCA.
 - b. The Grocery Shopping and Delivery Service are duplicative of other services in which assistance with ordering or shopping for groceries can be provided, such as, but not limited to, a member residing in a Group Home or Assisted Living Facility, Adult Foster Care, PCA, Homemaker, Inpatient in a hospital or nursing facility.
 - c. The member's legally responsible relative or spouse is willing capable of grocery shopping.
 - d. When local grocery stores, applications or third-party entities can shop and deliver food free of charge for a member who is unable to access a grocery store.

Prior Authorization Documentation:

Documentation of medical necessity for Grocery Shopping and Delivery Services must include, at a minimum, the following:

1. CCA Standardized Prior Authorization Request Form
2. Evidence that the member has one or more physical, medical, cognitive, or mental health condition that impairs the member's ability to perform Grocery Shopping and one or more of the qualifying IADLs:
 - a. Meal Preparation
 - b. Light Housework
 - c. Laundry



Grocery Shopping and Delivery Service Medical Necessity Guideline

3. CCA Member Care Plan
4. CCA Clinical Assessment or GSSC/LTSC assessment within 90 days of request to support eligibility as described in the Clinical Criteria section above for an Initial or Increase; or
5. CCA Clinical Assessment or GSSC/LTSC assessment within one year of authorization request to support eligibility as described in the Clinical Criteria section above for a Re-authorization.
6. Other Clinical Evaluation(s) may also be submitted to support medical necessity.

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.

HCPSC Codes	Description
S5121	Grocery Shopping and Delivery

REFERENCES:

1. MassHealth Division of Medical Assistance. Home- and Community-Based Services Waivers Manual; 130 CMR 630.000 <https://www.mass.gov/doc/130-cmr-630-home-and-community-based-services-waiver-services/download>
2. MassHealth Department of Elder Affairs 651 CMR 3.00: HOME CARE PROGRAM. <https://www.mass.gov/doc/651-cmr-3-home-care-program/download>
3. MassHealth Division of Medical Assistance. 130 CMR 450.000: ADMINISTRATIVE AND BILLING REGULATIONS. 450.204: Medical Necessity. <https://www.mass.gov/doc/130-cmr-450-administrative-and-billing-regulations/download>
4. MassHealth Division of Medical Assistance. 130 CMR 403.000: HOME HEALTH AGENCY. <https://www.mass.gov/doc/130-cmr-403-home-health-agency/download>
5. TITLE 42—THE PUBLIC HEALTH AND WELFARE. USCODE-2023-title42-chap7-subchapXIX-sec1396n. Compliance with State plan and payment provisions. <https://www.govinfo.gov/content/pkg/USCODE-2023-title42/pdf/USCODE-2023-title42-chap7-subchapXIX-sec1396n.pdf>
6. TITLE XIX—GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS https://www.ssa.gov/OP_Home/ssact/title19/1900.htm

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



Grocery Shopping and Delivery Service Medical Necessity Guideline

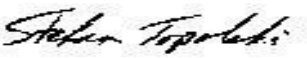
(including complying with Plan's Provider Manual specifications).


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

REVISION LOG:

REVISION DATE	DESCRIPTION
3/13/2025	Template update; Revised definitions and replaced "consumer" with "member" throughout per MH review; otherwise editorial.
10/15/2024	Utilization Management Committee Approval
10/10/2024	Removed some definitions, updated document to align with current MNG template, and editorial revisions.
10/10/2023	Updated Title, added 'Definitions' section, revised Headings, added 'Prior Authorizations' sections and removed 'Key Care Planning Considerations' section.

APPROVALS:

Stefan Topolski, MD	Senior Medical Director
CCA Senior Clinical Lead [Print]	Title [Print]
	3/13/2025
Signature	Date

Nazlim Hagmann, MD	Chief Medical Officer
CCA CMO or Designee [Print]	Title [Print]
	3/13/2025
Signature	Date