



Laundry Services Delivery Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Laundry Services Delivery		
MNG #: 069	<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
Last Revised Date: 7/7/2022; 11/14/2024; 3/18/2025	Next Annual Review Date: 6/3/2022; 7/7/2023; 11/14/2025	Retire Date:

OVERVIEW:

Laundry services is a community-based support service that assists members with physical, medical, cognitive, and/or behavioral health condition. This service helps improve health and enables members to maintain integrated living in the community by offering pick-up, washing, drying, folding, and delivery of basic personal laundry. Laundry service is for members who are unable to safely or effectively accomplish this task on their own.

DEFINITIONS:

Activities of Daily Living (ADLs) - Tasks, including the ability to bathe, dress/undress, eat, toilet, transfer in and out of bed or chair, move while in bed, and ambulate inside the home, and management of incontinence.

Care Team - A team that may consist of your primary care provider (PCP), a nurse practitioner, a registered nurse, a physician assistant, community health worker, or/and a geriatric support services coordinator (GSSC) who are responsible to coordinate all your medical care. "Coordinating" your services includes checking or consulting with you and other plan providers about your care and how it is going.

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.

Comprehensive Assessment - A review of a patient's medical history and current condition. It is used to determine the patient's health and how it might change in the future.

Family Member - A spouse or any legally responsible relative of the member.

Frail Elder Home and Community Based Waiver - A Home- and Community-Based Services (HCBS) waiver designed to make supports available to eligible elders aged 60 and older who meet the level of care for a nursing facility but prefer to remain in the community.

Geriatric Support Services Coordinator (GSSC) - A member of a senior care organization's primary care team who is responsible for arranging and coordinating long-term care and social support services for MassHealth members.



Laundry Services Delivery Medical Necessity Guideline

Individualized Care Plan (ICP) – A detailed document outlining a member’s specific healthcare needs, goals and preferences. It is developed through collaboration between the member and an interdisciplinary care team, and includes a description of how services and care will be integrated and coordinated among providers.

Instrumental Activities of Daily Living (IADLs) - Basic tasks, including the ability to prepare meals, do housework, do laundry, go shopping, manage medication, ambulate outside the home, use transportation, manage money, and use the telephone.

Long Term Support Coordinator (LTSC) - Independent community organization experts who work with patients as part of their One Care care team.

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

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.

DECISION GUIDELINES:

Clinical Coverage Criteria:

In order for a member to be eligible for Laundry Services, all of the following criteria must be met:

- The member has one or more, physical, cognitive and/or behavioral health condition prevents them from safely or adequately performing Laundry tasks; and
- The care team identifies the condition or syndrome that underlies the disability, as well as the nature of the functional impairment; and
- Laundry services must be provided in accordance with the member goals as stated in the individualized care plan; and
- A CCA Clinical Assessment (MDS) or GSSC/LTSC Assessment completed no more than 6 months before the date of the PA request; an in person assessment may be required; and
- Having such services will support the member’s health status and ability to maintain integrated living in the community; and
- Any other documentation at CCA request, that includes, but is not limited to other nursing, medical or psychosocial evaluations or assessments, in order to complete its review and determination of prior authorization.

LIMITATIONS/EXCLUSIONS:

- Laundry services are not covered when the member is capable of performing the task or when a family member, relative or caregiver is capable and willing to perform 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).
- Laundry services are not covered when the member receives another service that includes time for laundry tasks such as, but not limited to, Adult Companion, Adult Foster Care, Group Adult Foster Care, Home Health Aide, Homemaker services, other Laundry service, Personal Care services, Personal Care Attendant, Supportive Home



Laundry Services Delivery Medical Necessity Guideline

Care Aide; care team must ensure that services are non-duplicative.

- Laundry is authorized at one unit per week. One unit of Laundry equals one bag; and each bag of laundry equals 20 pounds or less. Two extra units/bags will be provided for each 52-week period to capture any additional laundry in the form of bedding or unanticipated soiled clothing. Requests for more than the above will require justification.
- SCO members on the 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.

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 Code	Description
S5175	Laundry service, external, professional; per order

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.

REFERENCES:



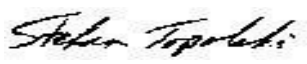
Laundry Services Delivery Medical Necessity Guideline


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3. MassHealth, 130 CMR 630.400: Home- and Community-Based Services. Retrieved from <https://www.mass.gov/doc/home-and-community-based-services-waivers-regulations/download>
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REVISION LOG:

REVISION DATE	DESCRIPTION
3/18/2025	Template update.
12/17/2024	Utilization Management Committee approval
11/14/2024	Annual review; Template update; reference added.
7/7/2022	Annual review, template update.

APPROVALS:

Stefan Topolski	Medical Director
CCA Clinical Lead	Title
	3/18/2025
Signature	Date

Nazlim Hagmann	Chief Medical Officer
CCA CMO or Designee	Title
	3/18/2025
Signature	Date