



## Supportive Home Care Aide (SHCA) Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Supportive Home Care Aide (SHCA)		
<b>MNG #: 083</b>	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
<b>Benefit Type:</b> <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	<b>Approval Date:</b> 9/2/2021	<b>Effective Date:</b> 2/06/2022; 8/10/2023; 1/1/2025
<b>Last Revised Date:</b> 5/30/2022; 8/10/2023; 3/14/24;11/14/2024; 3/18/2025	<b>Next Annual Review Date:</b> 9/2/2022; 5/30/2023; 8/10/2024; 11/14/2025	<b>Retire Date:</b>

### OVERVIEW:

Supportive Home Care Aide (SHCA) provides Homemaker, Personal Care, and Home Health Aide services. The SHCA has specialized course training specifically for the care of persons with both Alzheimer's dementia and related disorders (ADRD) or serious mental illness when the member's condition impacts the provision of care, which prevents completion of Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL).

### 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.

**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.

**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.



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**Home Health Aide** – Trained personnel who provide personal care and/or assist members following an established plan of care ordered by the prescribing practitioner, and member-specific home health aide care instructions created by the RN or therapist supervising the HHA. A person who performs certain personal care and other health-related services as described in 130 CMR 403.000: Home Health Agency.

**Homemaker**– A person who performs light housekeeping duties (e.g., cooking, cleaning, laundry, and shopping) for the purpose of maintaining a household.

**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.

**Personal Care** – Services provided to a participant, which may include physical assistance, supervision, or cueing of participants, for the purpose of assisting the participant to accomplish activities of daily living (ADLs), including, but not limited to, eating, toileting, dressing, bathing, transferring, and ambulation.

**Time For Task Tool** - 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:**

SHCA requires prior authorization. Authorization is provided for the service type - Homemaker, Personal Care, or Home Health Aide. In addition, the requesting clinician must provide information relevant to the duties of and care provided by an SHCA; that is, how the member's diagnosis impacts care and strategies for addressing it.

#### **Clinical Coverage Criteria:**

1. To be eligible to receive SHCA, the member must:
  - a. Meet the Clinical Coverage Criteria for the service type the member will receive from the SHCA (i.e., Homemaker, Personal Care Services, or Home Health Aide); and
  - b. Have a diagnosis of ADRD or serious mental illness that impacts the provision of care; and
2. Member requires emotional support, which may include cueing and supervision of the member's participation during completion of the ADLs listed below, or during hands on ADL care and IADL completion by the SHCA; and
3. A CCA MDS or GSSC/LTSC Assessment has been completed no more than 6 months before the date of the PA request; and
4. A CCA Time for Task Tool or Functional Assessment has been completed no more than 6 months before the date of the PA request, based on the aforementioned assessment (#3); and
5. Documentation must support the hours requested; and
6. SHCA must be appropriate, non-duplicative, and part of the member's individual care plan that outlines what type of tasks, aligning with the goals, will be provided; and
7. Any other documentation requested by CCA to support the medical necessity review such as, but not limited to, clinical documentation, member's interim/final GAFC plan of care, evaluations or assessments that support the signs and symptoms pertinent to the chronic or post-acute medical, cognitive, or behavioral health condition.



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### LIMITATIONS/EXCLUSIONS:

CCA plan does not pay for SHCA Services when:

1. SHCA is requested for anticipatory or preventative needs or supervision outside of ADL and IADL activities
2. **SHCA is** duplicative of other services that provide personal care services, including, but not limited to:
  - Personal Care Attendant (PCA) service
  - Personal Care service
  - Adult Foster Care (AFC) service
  - Group Adult Foster Care service
  - Assisted Living Service
  - Home health Aide service
  - Supportive Home Care Aide (SHCA) service
3. SHCA is duplicative of other services that provide IADL services unless there are unique member-specific needs requiring consideration, and those other services do not duplicate services the Personal Care worker are expected to provide:
  - Companion Service with or without transportation
  - Grocery Shopping and Delivery service
  - Homemaker service
  - Home Delivered Meals service
  - Laundry Service
4. SHCA 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.
5. SHCA may not be provided in Adult Day Health centers, Day Habilitation Centers, group homes, or in combination with any other service or setting that includes assistance with ADLs.
6. If there is a family member or other caregiver who is providing services that adequately meet the member's needs, the SHCA would not be approved.
7. Authorizations must not exceed the standard of time of the CCA Functional Assessment Tool or the CCA Time for Task Tool Guidelines.
8. The combination of SHCA with homemaker, home health aide, personal care, individual support and community habilitation, and COMP 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.



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### 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.

CPT/HCPCS CODE	CODE DESCRIPTION
S5125	Supportive Home Care Aide; per 15 minutes

### REFERENCES:

1. 651 CMR 3.01 Department of Elder Affairs Home Care Program. Accessed 10/24/2024. <https://www.mass.gov/doc/651-cmr-3-home-care-program/download>
2. 130 CMR: DIVISION OF MEDICAL ASSISTANCE: 130 CMR 630.000: HOME- AND COMMUNITY-BASED SERVICES WAIVER SERVICE. Accessed 10/24/2024. <https://www.mass.gov/doc/130-cmr-630-home-and-community-based-services-waiver-services/download>
3. MassHealth Guidelines for Medical Necessity Determination for Home Health Services. Accessed 10/24/2024. <https://www.mass.gov/doc/home-health-services-3/download>
4. 130 CMR: DIVISION OF MEDICAL ASSISTANCE: 130 CMR 403.000: HOME HEALTH AGENCY. Accessed 11/8/2024. <https://www.mass.gov/doc/130-cmr-403-home-health-agency/download>

### 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



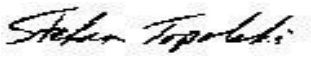
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another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

### REVISION LOG:

REVISION DATE	DESCRIPTION
3/18/2025	Template update
12/17/2024	Utilization Management Committee approval
11/14/2024	Revised Overview; Added definitions; Added Limitation to service hours to 84, with exception; Formatting to current MNG template; Editorial revisions.
3/14/24	MNG title change. Template updated.
8/10/23	Part time definition of 35 hours per week eliminated.
5/30/2022	Template changed to include PA requirements and benefit type.

### APPROVALS:

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

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