



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Senior Care Options Home and Community Based Services (HCBS)		
MNG #: 130	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D- SNP) (MA) <input 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	Approval Date: 12/23/2025	Effective Date: 01/01/2026; 02/12/2026
Last Revised Date: 02/12/2026	Next Annual Review Date: 02/12/2027	Retire Date:

OVERVIEW:

This medical necessity guideline defines the scope, eligibility, and regulatory framework for the Home and Community Based Services (HCBS), for SCO members, in accordance with their care plan.

MassHealth provides specific HCBS benefits, outlined in the 2026 SCO Contract, Appendix c.3-A, to eligible individuals who meet clinical requirements, do not live in a facility, and prefer to remain in their homes in the community when sufficient supports can be put into place to safely and effectively maintain in this setting.

This medical necessity guideline does not address Transportation services. Refer to **Member Handbook** and **MassHealth Transportation Manual**.

HCBS benefits for SCO members include:

- Adult Companion
- Alzheimer’s/Dementia Coaching
- Assistive Technology - Electronic Comfort Animals
- Assistive Technology for Telehealth
- Chore
- Complex Care Training and Oversight (unskilled)
- Enhanced Technology/Cellular Personal Emergency Response System (ET/CPERS)
- Environmental Accessibility Adaptation (home mods)
- Evidence Based Education Programs
- Goal Engagement Program
- Grocery Shopping and Delivery
- Home Based Wandering Response Systems
- Home Delivered Meals
- Home Delivery of Pre-packaged Medication
- Home Health Aide
- Home Safety/Independence Evaluations
- Homemaker
- Laundry
- Medication Dispensing System
- Orientation and Mobility Services
- Peer Support
- Personal Care (cueing and monitoring)
- Respite (caregiver relief)
- Supportive Day Program
- Supportive Home Care Aide
- Transitional Assistance
- Virtual Communication and Monitoring (VCAM)



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DEFINITIONS: (per Massachusetts 130 CMR 630.000 <https://www.mass.gov/doc/home-and-community-based-services-waivers-regulations-1>)

Adult Companion: Adult companion services must be provided in accordance with a therapeutic goal in the service plan. Adult companion services are covered where the adult companion enables the participant to function with greater independence within the participant's home or community.

Note: Services that are purely recreational or diversionary are not covered.

Alzheimer's/Dementia Coaching: A service that helps participants maintain self-help, socialization, and adaptive skills for home and community living. Coaches educate and support consumers and caregivers on:

- Disease understanding and communication techniques.
- Behavior management and environmental modifications.
- Therapeutic activities and future care planning.

May be delivered 100% via telehealth as outlined in Appendix D-2-a.

Assistive Technology – Electronic Comfort Animals: Provides battery-operated, interactive robotic animals to reduce loneliness and anxiety, offering comfort similar to live pets without care responsibilities. Includes purchase and setup (not internet costs). Supports participants identified through person-centered planning; case managers assist with training if needed.

Limit: 2 animals per 3 years, up to \$600 (e.g., replacement or for multiple locations).

Assistive Technology for Telehealth: An item, piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of participants, and to support the participant to achieve goals identified in their Plan of Care. This service includes purchase, lease, or other acquisition costs of cell phones, tablets, computers, and ancillary equipment necessary for the operation of the assistive technology devices that enable the individual to participate in telehealth.

Limit: \$500 every five years. No duplicate devices allowed through other waiver services (e.g., Transitional Assistance or VCAM). Evaluation must confirm need and check for existing technology.

Chore: An unusual or infrequent household maintenance task that is needed to maintain the participant's home in a clean, sanitary, and safe environment. Chores include heavy household work, such as washing floors, windows, and walls; tacking down loose rugs and tiles; and moving heavy items of furniture to provide safe access and exit.

Complex Care Training and Oversight (Unskilled): Periodic service by an RN or LPN to manage medication and develop/evaluate the Home Health Aide Plan of Care. Includes education and oversight to ensure unskilled care meets participant needs. Services follow the Nurse Practice Act. Agencies do not need Medicare participation.

Enhanced Technology/Cellular Personal Emergency Response System (ET/CPERS): Provides emergency response via a cellular enabled device with 24/7 two-way voice connection and optional fall detection. Includes device and response center subscription. Cannot duplicate State Plan PERS or VCAM services.



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Environmental Accessibility Adaptation (Home Mods): Physical adaptations to a participant's home to ensure safety and independence (e.g., ramps, grab bars, widened doorways, bathroom modifications, specialized systems for medical equipment). Excludes general home improvements and additions unless required for accessibility. Cannot be provided in non-member owned residences.

Evidence-Based Education Programs: Provide education and tools to help participants manage chronic conditions, prevent falls, and support caregivers. Delivered as peer-led workshops or 1:1 coaching using validated, evidence-based curricula. Topics include symptom management, exercise, medication use, nutrition, communication, and problem-solving. May be provided 100% via telehealth.

Frail Elder Waiver (FEW): A MassHealth HCBS waiver for individuals aged 60+ who meet nursing facility level of care, as defined by MassHealth, and choose to live in the community.

Goal Engagement Program: Person-centered services to improve safety, independence, and motivation through up to 10 home visits by an OT or RN, plus home safety modifications. Includes assessment, goal-setting, and action planning using motivational interviewing. Purchases for home safety limited to \$1,800 per participant per year; one program per calendar year.

Grocery Shopping and Delivery: Includes obtaining grocery orders, shopping, delivery, and storage assistance. Cannot duplicate other services performing the same tasks.

Home and Community-Based Services (HCBS): Services defined by the Massachusetts Frail Elder Waiver program, that support individuals in their homes or community settings, as an alternative to institutional care.

Home-Based Wandering Response Systems: Alert systems for participants at risk of wandering. Devices use GPS or radio frequency to signal when a person leaves a designated area. Includes 24/7 emergency response and location assistance. Differs from ET/CPERS, which requires the participant to press a help button.

Home Delivered Meals: Provides nutritionally balanced meals that meet Elder Affairs' standards and respect cultural/religious needs. Includes preparation, packaging, and delivery by trained staff. Does not replace a full nutritional regimen and cannot duplicate other meal-preparation services.

Home Delivery of Pre-Packaged Medication: Pharmacy delivery of medications in customized packaging (e.g., blister packs, pre-filled syringes) to assist adherence. Includes coordination with case managers and same-day reporting of issues. Medication cost not included. Service adds features beyond standard prescription plans.

Home Health Aide: Provides personal and healthcare assistance for participants with complex needs beyond Personal Care scope (e.g., transfers, mechanical lifts, ostomy care). Services are RN-supervised and may include ambulation, medication reminders, and prosthetic care. Not duplicative of Personal Care or Supportive Home Care Aide.



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Home Safety/Independence Evaluations: Occupational Therapist evaluates home safety and participant's ability to perform daily tasks. Includes recommendations for adaptations, assistive devices, and injury prevention. Must be authorized in the service plan and provided only in the participant's residence.

Homemaker: Provides assistance with shopping, menu planning, laundry, meal preparation, and routine household tasks when the usual caregiver is absent or unable. Excludes heavy chores or home repairs. Cannot duplicate other services performing the same tasks.

Laundry: Includes pick-up, washing, drying, folding, and return of laundry. Cannot duplicate Homemaker or Companion services for laundry tasks.

MassHealth Standard: A MassHealth coverage type offering comprehensive medical and long-term care benefits for eligible individuals.

Medication Dispensing System: Automated, lockable dispenser that organizes and cues pill medications at scheduled times. Requires a caregiver to fill and monitor the system. Medication cost not included. Service adds features beyond State Plan coverage.

Nursing Facility Clinical Level of Care (NHC): MassHealth standard determining if an individual requires nursing facility-level care based on medical and functional criteria.

Orientation and Mobility Services: Training for individuals with vision impairment or blindness to travel safely and independently at home and in the community. Includes assessment, environmental evaluation, caregiver training, and community living resources.

Peer Support: Ongoing services and support designed to assist participants to acquire, maintain, or improve the skills necessary to live in a community setting. This service provides support necessary for the participant to develop the skills that enable them to become more independent, integrated into, and productive in their communities. The service enables the participant to retain or improve skills related to personal finance, health, shopping, use of community resources, community safety, and other adaptive skills needed to live in the community. Limit: 16 hours/week.

Personal Care (Cueing and Monitoring): Services provided to a participant, which may include physical assistance, supervision or cuing 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.

Respite (Caregiver Relief): Short-term care for participants unable to care for themselves, provided to relieve primary caregivers. May occur at home or in approved settings (e.g., Adult Foster Care, hospital, rest home, skilled nursing facility, assisted living, adult day health). Room and board costs allowed only in approved facilities. Cannot overlap with ADL support services.

Senior Care Options (SCO): A MassHealth managed care program integrating Medicare and Medicaid benefits for eligible individuals aged 65+.



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Supportive Day Program: Group-based services offering health, social, and therapeutic activities, nutrition, and transportation to support recovery, manage chronic illness, or increase social engagement. Focuses on maintaining skills and community connection.

Supportive Home Care Aide (SHCA): Provides personal care, homemaking, emotional support, socialization, and escort services for participants with Alzheimer's, dementia, or behavioral health needs requiring advanced skills. Cannot duplicate Personal Care or Home Health Aide services. Homemaking tasks allowed only when incidental to care.

Transitional Assistance: Non-recurring expenses to help participants move from an institution or provider-operated setting to a private residence. Includes housing search, security deposits, essential furnishings, utility setup, moving costs, accessibility adaptations, and technology for telehealth. Excludes rent, food, regular utilities, and recreational items. Limited to expenses within 180 days before or after transition.

Virtual Communication and Monitoring (VCAM): Provides 24/7 emergency and non-emergency response through a two-way audio/video device connected to a response center. Participants can initiate calls or schedule assistance. Devices are portable, participant-controlled, and include privacy indicators. Supports independence and safety while reducing onsite staff needs. Cannot duplicate State Plan PERS or Enhanced Technology PERS services. Rate includes device and response center subscription.

DECISION GUIDELINES:

Prior authorization is required for all HCBS benefits. Requests are evaluated by the individual's Care Team, and must align with the goals and needs identified in the Individualized Care Plan (ICP) and meet specific medical necessity guidelines. The person-centered planning process assures that the most appropriate services meet the members' goals and assessed needs. The process identifies all services and supports and ensures that there is no duplication among them.

Clinical Coverage Criteria:

To qualify for and of the HCBS benefits listed above, there must be documented needs unmet by other formal or informal sources, as determined by one of the following in-person assessments:

1. Functional Assessment
2. Time for task tool (TFTT)
3. MDS-HC
4. GSSC/LTSC Assessment

Unmet needs may include:

1. IADL Needs:
 - i. Shopping (selecting food, clothing and completing the transaction)
 - ii. Transportation (arranging for or using buses to travel from place to place)
 - iii. Meal preparation (planning and making meals, using supplies and cleaning up)
 - iv. Housework (washing dishes, laundry and cleaning)
 - v. Managing medication and health (filling scripts, taking medication as prescribed, scheduling appointments).



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2. ADL Needs:

- i. Bathing
- i. Personal hygiene and grooming (washing hair, cleaning teeth, nail care etc.)
- ii. Toileting and continence
- iii. Eating/feeding
- iv. Dressing/undressing
- v. Mobility/transfers (walking, moving between surfaces)

NOTE: SCO member participants of the Frail Elder Waiver (FEW) program may have different requirements for a 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.

Service Eligibility Requirements:

1. Documentation must be found in the member record for each of the following elements:
 - i. The physical, behavioral or cognitive condition that requires additional support for the member; and
 - ii. How the service will directly support this condition must be in the care plan; and
 - iii. Full description of the member's functional limitations must be documented, based on an in-person visit, in either the Functional Assessment, or Time Tasking tool or GSSC/LTSC Assessment within 6 months of the service request; and
 - iv. Verification that services are non-duplicative and
 - v. Plan for how this service will maintain member in the community and
 - vi. Prior utilization of covered benefits within the past 24 months, that were not successful and require other HCBS for support.
2. If this is a change in service request, including additional hours, an in-person change in status MDS will be completed and must include:
 - i. The change in the member's medical condition, functional status, or living situation; and
 - ii. How change in member's condition affects the member's ability to perform the applicable IADLs and/or ADLs; and
 - iii. If the change is expected to be permanent or temporary
3. Any additional documentation requested by CCA to support medical necessity, such as:
 - a. Clinical documentation
 - b. Evaluations or assessments supporting chronic or post-acute medical, cognitive, or behavioral health conditions

In addition to the Service Eligibility Requirements above, some specific services require additional clinical coverage criteria, as outlined below.



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- A. Environmental Accessibility Adaptations (Home Modifications)
- B. Chore
- C. Home Delivered Meals
- D. Laundry
- E. Homemaker
- F. Adult Companion
- G. Grocery Shopping and Delivery
- H. Personal Care Services (Agency Delivery)
- I. Supportive Day Program
- J. Supportive Home Care Aide (SHCA)

A. Environmental Accessibility Adaptations (Home Modifications)

Commonwealth Care Alliance (CCA) may cover home accessibility adaptations when all the following criteria are met:

1. Proof of home ownership (see documentation requirements below); and
2. Member would be unable to access and/or reside in their home without the adaptations; and
3. The accessibility adaptations enable the member to function with greater independence within their home; or
4. The accessibility adaptations eliminate or decrease the need for direct human assistance (e.g. personal care services); and
5. Adaptations are reasonable and necessary and least costly alternative (e.g. use of home and community-based services, raised toilet seat vs. installation of comfort height toilet, relocation from second floor bedroom to first floor bedroom, installation of ramp vs. vertical lift) to enable the member to function safely and with greater independence within their home

Provider must submit all the following documentation:

1. Standard Written Order (SWO) or Prescription for home accessibility adaptation(s) requested; and
2. A signed LMN based on an in-home accessibility assessment, completed by the assessing Physical Therapist (PT) or Occupational Therapist (OT); and
3. A detailed Home Accessibility Adaptation/Modification Plan, including:
 - i. Detailed drawing of the Home Accessibility Adaptation/Modification; and
 - ii. The service provider's quote regarding the cost of the Home Accessibility Adaptation/Modification, including:
 - a. a labor detail sheet; and
 - b. the manufacturer's invoice for any products used under the HCPCS Code S5165 code; and
4. Home Accessibility Adaptation/Modifications - Acknowledgment and Agreement signed by homeowner(s); and
5. Proof of home ownership (deed or tax bill or mortgage statements)

NOTE: ALL requests for Home Accessibility Adaptations must include a completed Home Accessibility Adaptation Form.

Excluded are those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an approved adaptation (e.g., in order to improve entrance/egress to a residence



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or to configure a bathroom to accommodate a wheelchair). Home accessibility adaptations may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.

Air Conditioner

CCA may approve the purchase of a single 5000-8000 BTU 115-volt window mounted air conditioner when:

1. Member would be unable to reside in their home without the air conditioner; and
2. The air conditioner enables the member to function with greater independence within their home; or
3. The air conditioner eliminates or decreases the need for direct human assistance (e.g. personal care services); and
4. Air conditioner is reasonable and necessary and the least costly alternative to enable the member to function safely and with greater independence within their home. Documentation must include:
 1. Documentation of a respiratory illness (chronic obstructive pulmonary disease, asthma, or heart failure); and
 2. Documentation from ordering provider that an air conditioner for room temperature and humidity regulation is required as part of a treatment plan for a pre-existing medical condition and failure to provide air conditioner would result in severe exacerbation of a condition or risk to life.

CCA does not cover air conditioner when air conditioner is for use as comfort measure only; or air conditioner is provided in member's residence by a landlord, housing authority or other responsible third-party; or member has an air conditioner in good-working order.

Coverage for eligible members is limited to one 5000-8000 BTU window mounted room air conditioner or one portable A/C unit. Wall mounted A/C units are not covered. CCA does not cover installation of authorized air conditioner. Member must have the ability to install the A/C unit. One portable A/C unit may be approved if a standard window unit cannot be installed when Clinical Coverage Criteria are met, and the reason is clearly documented. Member's environment must allow for proper venting of portable A/C unit.

B. Chore

Commonwealth Care Alliance may cover chore services when all of the following criteria are met:

1. An unusual household task is required to be performed to attain/maintain member's home in a clean, sanitary, and safe condition and provide safe access and egress into/out of the home and within the home; and
2. Chore service is authorized in member's service plan;
 - i. In the case of hoarding or comorbid Behavioral Health (BH) conditions, consultation with BH and/or Care Team must be sought prior to requesting services if Chore services are being considered; and
3. Chore services exceed the scope of work, or the intensity of physical effort provided by homemaker services and are not duplicative of or a substitute for homemaker services; and
4. Family member is not capable of performing the task(s); and
5. A landlord is not responsible for provision of the task(s); and
6. In the case of rental property, the responsibility of the landlord, pursuant to a lease agreement, is examined before authorizing any chore services in a service plan, such as pest extermination.

This service does not provide routine, light housekeeping assistance; it is focused on heavy chores or repairs.

C. Home Delivered Meals

Commonwealth Care Alliance may cover Home Delivered Meals when the following are met:



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1. The member must live alone or be alone for extended periods.
2. The member must be at risk of malnutrition or require special dietary support.
3. Member must have documented functional limitations in standing, walking and/or be a fall risk

This service may not be provided at the same time when other services that include the task of meal preparation for the same meal are being provided.

D. Laundry

Commonwealth Care Alliance may grant exceptions to cover Laundry when all of the following are met:

1. The member resides in their own private residence. Members living in facilities are not eligible; in such cases, the Care Team should coordinate with the facility to address the member's needs.
2. Lives alone or has no informal supports (family members, friends, neighbors, or community agencies) exist to assist the member. All informal support options must be explored and documented prior to authorization.
3. No other formal supports in the home for the member or their living companion, that provides the same service.
4. If the laundry is off-site, must be homebound or leaves the home with difficulty.

This service is limited to one bag of laundry of 20 pounds per week; exceptions may be made to authorize an additional bag of laundry per week for incontinence. 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 Agency, Personal Care Attendant, or Supportive Homecare Aide.

E. Homemaker

CCA may cover homemaker services if all of the following criteria are met:

1. The member must have a physical, cognitive, or behavioral- related condition that impairs the member's ability to perform at least two of the following IADLs:
 - i. Meal preparation
 - ii. Light Housework
 - iii. Grocery shopping
 - iv. Laundry; and
2. The care team must identify the condition or syndrome that underlies the disability, as well as the nature of the functional impairment; and
3. The care team should assess whether the member could be independent with assistive/adaptive devices or a home modification.

F. Adult Companion

In order to be eligible to receive adult companion, the following criteria must be met:

1. The authorizing clinician must determine that adult companion is required for assistance in, or supervision of, such tasks as meal preparation, laundry, shopping, and to escort member to medical appointments in order to increase the independence of the member.



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G. Grocery Shopping and Delivery

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

1. 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.

H. Personal Care Services (Agency Delivery)

CCA may cover Personal Care services (PCS) when all of the following criteria are met:

1. The member has one or more chronic or post-acute medical, physical, cognitive, and/or behavioral conditions that requires daily assistance with at least one ADL described below. Such assistance must be either:
 - i. Hands-on (physical) assistance, or
 - ii. Cueing and supervision throughout the entire ADL; and
 - iii. How member's condition impairs their ability to perform two or more Instrumental Activities of Daily Living (IADLs) listed below:
 - a. Meal preparation
 - b. Light Housework
 - c. Grocery shopping
 - d. Laundry; and
 - iv. Identifies time required to complete each ADL and IADL; and
2. Member can be appropriately cared for in the home; and
3. Personal care services are included in the CCA Personal Care plan

I. Supportive Day Program

Commonwealth Care Alliance may cover Supportive Care when the following are met:

1. The member requires a non-medical, supportive environment that encourages socialization and structured programming to maintain the health and welfare of the member; and
2. The member is independent with ADLs per the MDS and or Functional Assessment ; and
3. The member is able to administer their own medication when needed; and
4. The member is alone for long periods of time.

J. Supportive Home Care Aide (SHCA)

To be eligible to receive SHCA, the member must:

1. 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
2. Have a diagnosis of ADRD or serious mental illness that impacts the provision of care; and



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- 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.

LIMITATIONS/EXCLUSIONS: Refer to 130 CMR 519.007 for updates

Authorizations are limited to 180 days

Homemaker, home health aide, personal care, adult companion, individual support and community habilitation, and supportive home care aide services, in combination are limited to no more than 84 hours per week.

Meals are limited to 1 meal per day

These services may be authorized when they are deemed essential to support a member’s wellness, recovery, self management of chronic conditions, and ability to live independently in the community. Requests are evaluated by the individual’s Care Team and must align with the goals and needs identified in the Individualized Care Plan (ICP). The person-centered planning process assures that services meet the member’s goals and assessed needs. The process identifies all services and supports to ensure that there is no duplication among them or with MassHealth state plan services and that all other available resources are exhausted prior to considering HCBS.

Duplicate services that address the same functional, physical, cognitive, or behavioral health need will be excluded.

Members who are living in or are admitted to a hospital, nursing facility, Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), or any other licensed medical facility are not eligible for these services.

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. 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. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. 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).

Code	Description * Codes may be subject to change based on federal guidance
T2038	Community transition, waiver; per service
S5135	Companion care, adult; per 15 minutes
S5101	Day care services, adult; per half day
E1399	Durable medical equipment, miscellaneous
T1505	Electronic medication compliance device, includes all components and accessories, not otherwise classified
S5160 (U8)	Emergency response system; installation and testing
S5162 (U8,TW)	Emergency response system; purchase only



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S5161 (U8,RR)	Emergency response system; service fee, per month (excludes installation and testing)
S5121	Heavy Chore Services; per 15 minutes; per diem
S5170	Home delivered meals, including preparation; per meal
S5165	Home modifications; per service
S5130	Homemaker service, NOS; per 15 minutes
S5175	Laundry service, external, professional; per order
T1019	Personal care services; per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
G0156	Services of a home health/hospice aide in home health or hospice settings; per 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting; per 15 minutes
T2029	Specialized medical equipment, not otherwise specified, waiver
S5125	Supportive Home Care Aide; per 15 minutes

REGULATORY NOTES:

[Home- and Community-based Services Waiver–Frail Elder 130 CMR 519.007](#)
[Nursing Facility Manual 130 CMR 456.409](#)

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.

RELATED REFERENCES:

ATTACHMENTS:

EXHIBIT A:	
EXHIBIT B	



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REVISION LOG:

REVISION DATE	DESCRIPTION
02/12/2026	Updated language and formatting for clarity (removed reference to home care program criteria). Added references to 130 CMR 630.000 and 130 CMR 519.007. Noted that codes may be subject to change based on federal guidance.

APPROVALS:

Jeffrey Sedlack	Senior Medical Director Utilization Review and Medical Policy
CCA Clinical Lead	Title
	2/12/2026
Signature	Date
CCA Senior Operational Lead	Title
Signature	Date
CCA CMO or Designee	Title