



Home Delivered Meals and Medically Tailored Meals Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Home Delivered Meals and Medically Tailored Meals		
MNG #: 066	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	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
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 4/1/2021;	Effective Date: 06/19/2021
Last Revised Date: 3/28/2022; 4/7/2022; 6/2/2022;	Next Annual Review Date: 4/1/2022; 4/7/2023; 6/2/2023;	Retire Date:

OVERVIEW:

Nutrition is an integral part of health maintenance, disease prevention, and chronic illness management. Programs have been developed to address issues of *food insecurity* and *malnutrition* for *older adults* and *adults with chronic conditions* so that they are able to “*age in place*,” maintain their medical conditions in their homes, and prevent avoidable hospitalizations. *Home-delivered meals* (HDM) and *Medically tailored meals* (MTM) are food delivery programs that are used to supplement nutrient intake and facilitate access to quality foods. Trained and supervised staff prepare, package, and deliver therapeutic (e.g., standard diabetic, renal, pureed) or MTM to eligible individuals. HDM provide non-tailored foods to individuals who are considered homebound due to illness, disability, or isolation, and who are food insecure due to limitations in their ability to procure and prepare food. The program can offer special therapeutic (e.g., low sodium, pureed, etc.) and culturally appropriate meals. MTM are home-delivered meals that are prepared and/or chosen by registered dietitian nutritionists or other qualified health professionals as part of a treatment plan. Studies have found that both programs have improved recipient’s diet quality and nutrient intake, and reduced food insecurity and the risk of malnutrition. Equally important, HDM have provided increased opportunities for socialization and both programs have contributed to an improved quality of life.

All requests for HDMs and MTMs require prior authorization (PA). Commonwealth Care Alliance (CCA) may use Change Healthcare InterQual and applicable medical necessity guideline (MNG) criteria when reviewing PA requests for HDMs and MTMs when available. This MNG applies when there is no applicable CMS (National Coverage Determination or Local Coverage Determination), MassHealth guidance, Change Healthcare InterQual criteria, or CCA MNG for HDMs and MTMs.



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DEFINITIONS:

Adults with Chronic Conditions or Chronically Ill Enrollees: An individual who has one or more comorbid and medically complex chronic conditions that is life-threatening and/or significantly limits the overall health or function of the enrollee, who has a high risk of hospitalization or other adverse health outcomes, or who requires intensive care coordination.

Age in Place: Means to allow seniors to manage their medical conditions and remain in their homes as opposed to being institutionalized.

Malnutrition: Refers to the deficiency or imbalance in nutrient intake. It is a condition that is characterized by multifactorial causality and results in worsening health conditions, disability, frailty.

Food Insecurity: Refers to the inability to acquire or consume an adequate quality or sufficient quantity of food appropriate for active and healthy living. Older adults or individuals with chronic conditions or impairments may be at an increased risk due to altered physiology and medical conditions that contribute to the development of malnutrition. This has been associated with poorer health due to poor dietary quality leading to increased disease complications, increased stress which worsens mental health, and having to make trade-offs between food and other necessities (e.g., medications) which impairs chronic disease management.

Home-Delivered Meals (HDM): Meal that meets the nutritional requirements set by the Department of Elder Affairs (in Massachusetts) and may be in the following forms of hot, cold, frozen, dried, canned, and/or shelf-stable. It is delivered by a nutrition service provider to eligible individuals who are at nutritional risk and based on clinical assessment has been determined to have a medical, cognitive, or behavioral health-related disability that impairs their ability to access community resources and procure and prepare nutritionally adequate meals.

Medically Tailored Meals (MTM): Meal that is tailored to meet the specific nutritional needs of the individual and to address their medical diagnosis or symptoms to ensure the best possible health outcomes. The meals are prepared under the supervision or in consultation with a registered dietitian nutritionist or qualified nutrition professional. They are delivered by a nutrition service provider to recipients who have a clinical condition that require a specific medical diet, who may experience barriers to following an appropriate dietary plan, and who are at a substantial risk of clinical deterioration.

Nutritional Risk: Nutritional risk may be present if the individual has (without wanting to) gained or lost ≥ 10 pounds in the previous six months, eats \leq two meals per day, eats few fruits/vegetables or milk products, takes \geq three different medications per day, has a condition or illness that necessitates a change in diet, and/or has a tooth or mouth problem that makes it difficult to eat.

Older Adult: According to the Department of Elder Affairs, an eligible older adult is an individual who is at least 60 years old. These individuals are at a life stage that is influenced by several health and social changes. They are at a greater risk of chronic diseases (e.g., cardiovascular disease and cancer) and health conditions that are related to bone and muscle mass (e.g., osteoporosis and sarcopenia).



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DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, 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.

Home-Delivered Meals (HDM)

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

1. An In-person assessment of the member is completed within the past 90 days,
 - a. Assessments that are made outside of the 90-day window will require another in-person assessment to be completed.
 - b. Assessments may be completed by a Community Clinician, Geriatric Support Services Coordinator (GSSC), or Long-term Supports Coordinator (LTSC).
 - i. Assessments conducted by a Contract Minimum Data Set Coordinator/Registered Nurse do not meet the requirement for an in-home assessment.
 - ii. Eligibility and the need for HDM may be evaluated by unlicensed care team members. This includes: GSSCs, LTSCs, and Community Health Workers (CHWs).
 - c. Assessments need to include the relevant information: medical diagnoses, available community resources, benefits, alternatives, functionality, and social determinants of health (SDOH) that make access to nutritious foods problematic.
 - i. SDOH may help to identify chronically ill enrollees whose health could be improved or maintained by HDM, but they cannot be used as the sole basis for eligibility.
 - ii. Considerations for additional primary supports (e.g., dietetic consultation) and utilization of community resources (e.g., congregate meals, brown bag programs, meal delivery, local food bank) should be made first before consideration of HDM. Referral to CHW for further assessment is recommended.
2. Based on clinical assessment, the member's Primary Care Practitioner (PCP) or CCA care team has determined that the member:
 - a. Has a medical, cognitive, or behavioral health-related disability:
 - i. that impairs their ability to access community resources, and procure and prepare nutritionally adequate meals, and
 - ii. Documentation of the condition or syndrome that underlies the disability and the nature of the functional impairment is required; and
 - b. Is at nutritional risk. Documentation of nutritional risk is required. Nutritional risk may be present if the member:
 - i. Has (without wanting to) gained or lost ≥ 10 pounds in the previous 6 months;
 - ii. Eats ≤ 2 meals per day;
 - iii. Eats few fruits, vegetables, or milk products;
 - iv. Takes ≥ 3 different medications per day; Has a condition or illness that necessitates a change in diet; or
 - v. Has tooth or mouth problems that make it difficult to eat.



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Once the criteria for HDM is met, CCA may cover the following:

1. One meal per day for ≥ 5 days per week for members who require supplemental nutrition or who are unable to prepare multiple or nutritionally complex meals independently;
2. Two meals per day for ≥ 5 days per week for members who are unable to prepare any meals due to physical and/or mental impairment AND who are at a high nutritional risk; or
3. Three meals per day for ≥ 5 days per week when review from a CCA Medical Director has determined the medical necessity of the quantity requested based on the member's clinical and nutritional needs.

Note: If the member is on the Frail Elder Waiver (FEW), they may require this service to maintain their eligibility for the waiver. In this instance, HDM may be approved as an exception to the existing limitations and exclusions. Consultation with the GSSC is recommended for further information.

Medically Tailored Meals (MTM)

CCA may cover MTM when all the following criteria are met:

1. An In-person assessment of the member is completed within the past 90 days; AND
 - a. Assessments that are made outside of the 90-day window will require another in-person assessment to be completed.
 - b. Assessments may be completed by a Community Clinician, GSSC, or LTSC.
 - i. Assessments conducted by a Contract Minimum Data Set Coordinator/Registered Nurse do not meet the requirement for an in-home assessment.
 - ii. Eligibility and the need for MTM may be evaluated by unlicensed care team members. This includes: GSSCs, LTSCs, and CHWs.
 - c. Assessments need to include the relevant information: Medical diagnoses, available community resources, benefits, alternatives, functionality, and SDOH that make access to nutritious foods problematic.
 - i. SDOH may help to identify chronically ill enrollees whose health could be improved or maintained by MTM, but they cannot be used as the sole basis for eligibility.
 - ii. Considerations for additional primary supports (e.g., dietetic consultation), utilization of community resources (e.g., congregate meals, brown bag programs, meal delivery, local food bank) and HDM should be made first before consideration of MTM. Referral to CHW for further assessment is recommended.
2. Based on clinical assessment, the member's PCP or CCA Care Team has determined that the member; AND
 - a. Has ≥ 2 medical, cognitive, or behavioral health-related conditions that impairs their ability to access community resources, procure and prepare nutritionally adequate meals, and adhere to the dietary recommendations; and
 - i. Documentation of the conditions or syndromes that underlies the disability, the nature of the functional impairment, and barriers to adherence is required; and
 - b. Has been hospitalized or used the emergency department ≥ 3 times in the past 6 months.
3. Dietary recommendations shall be ordered by the member's physician, registered dietitian nutritionist, or other qualified nutrition professional.

Once the criteria for MTM is met, Commonwealth Care Alliance may cover the following based on the contracted MTM vendor and Member plan: Community Servings: Ten meals per week. This includes 5 lunches, 5 dinners, snacks, and a quart of milk (Cannot be modified).



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Notes:

- CCA will consider requests for MTM if the above criteria are not met if the requesting provider or care team can provide a rationale where MTM will prevent avoidable inpatient or emergency department utilization. Consideration will be conducted on an individual basis by a CCA Medical Director to determine the medical necessity of the request based on the documentation provided and in the context of the above requirements.
- For members who have been recently discharged from a surgical and/or inpatient hospital stay OR who have a chronic condition and are at a high risk of adverse health outcomes, please refer to *Commonwealth Care Alliance's Standard of Practice (#549): Mom's Meals for CCA Members Post Facility Discharge with Qualifying Medicare Advantage Plans* for further information on coverage.

LIMITATIONS/EXCLUSIONS:

CCA will limit the following:

1. Initial authorizations for HDM or MTM will be for a maximum period of 6 months.
 - a. Additional authorizations after 6 months will require a review of the member's medical, behavioral, and cognitive condition and diagnoses, functionality, benefits, and social determinants of health.
 - b. Subsequent approvals will require the Care Team to consider and document the member's ability to be transitioned from HDM to the use of alternative community resources OR MTM to HDM.

CCA may not cover HDM and/or MTM, for the following but not limited to:

If the member and/or authorized representative is not home to receive the meal. An "authorized representative" may refer to a family member or caregiver.

1. If the member or anyone else in the household can procure food and prepare meals,
 - a. Documentation of the member or the household's inability to grocery shop or prepare meals
 - b. The Care team should assess whether the member could be independent with assistive or adaptive devices, home modification, or support/referral to OT/PT
2. If the HDM or MTM is provided as an income supplement,
3. If services are duplicative,
 - a. Assessment should be conducted to ensure that members do not receive HDM or meal preparation support through another service. This includes Adult foster care, Day services, Homemaker, other agency personal assistance services, and Personal Care Attendant (PCA).
4. If services are used solely to assist the member in making healthy eating choices.
 - a. For the member to be eligible for HDM or MTM, they must meet the respective clinical coverage criteria and request for the service.

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).



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HCPCS Code	Description
S5170	Home delivered meals, including preparation; per meal

REGULATORY NOTES:

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. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

Disclaimer

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.

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ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION
6/2/2022	Template update.
3/28/2022	Updates made to include medically tailored meals in the overview and criteria clarified in the clinical eligibility. Definitions added: age in place, chronically ill enrollee, malnutrition, food insecurity, home-delivered meals, medically tailored meals, nutritional risk, and older adults. Updated the template.
4/4/2022	Definition for home-delivered meals was updated. Exclusion that HDM and MTM should not be used for the sole purpose of changing eating habits, and duplicative services to include Personal Care Attendant (PCA) added. MTM Vendor's name Community Servings was added. Health outreach workers was changed to Community Health Workers (CHW).



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APPROVALS:

Douglas Hsu, MD, MPH

Vice President, Medical Policy and
Utilization Review

CCA Senior Clinical Lead

Title

4/1/2021

Signature

Date

[Click here to enter text.](#)

CCA Senior Operational Lead

Title

Signature

Date

Lori Tishler, MD

Senior Vice President, Medical Services

CCA CMO or Designee

Title

4/1/2021

Signature

Date