



Non-Certified Home Health Aide Services Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Non-Certified Home Health Aide Services		
MNG #: 071	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Preferred <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> DSNP-RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 6/3/2021	Effective Date: 08/21/2021
Last Revised Date: 9/2/2021; 7/13/2023;	Next Annual Review Date: 6/3/2022; 9/2/2022; 7/13/2024;	Retire Date:

OVERVIEW:

This guideline is specific to non-Medicare covered home health aide services provided typically provided by non-certified home care agencies. Home health aide services are provided under the supervision of registered nurse or licensed therapist and provide higher acuity members with hands-on assistance throughout the task or until completion with at least two (2) activities of daily living (ADLs). Assistance with ADLs provided by a HHA is defined as activities related to personal care, specifically the following: bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating. Home health aide services may also include assistance with simple dressing changes as ordered by a provider, medication assistance that typically would be self-administered and does not require skill of a nurse, routine care of orthotic/prosthetic devices, and activities that support skilled therapies. Home health aide services may provide incidental assistance with Instrumental Activities of Daily Living (IADLs), but the purpose of home health aide services cannot solely be for assistance with these tasks. An example of a higher acuity member is a member who requires assistance with respiratory treatments such as a nebulizer or oxygen and/or are less than 50% weight bearing.

This vendor requires the functional assessment and plan of care to be provided by a Commonwealth Care Alliance nurse. The vendor is not responsible for any skilled care needs or services. Only those services to fulfill the personal care and daily living care needs.

DEFINITIONS:

- **Activities of Daily Living (ADL)** – activities related to personal care, specifically bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.
- **Complex Care Training and Oversight** – Periodic, episodic service to develop, manage and evaluate a member’s home health aide plan of care, for purposes of monitoring the consumer’s underlying conditions or complications to ensure the unskilled care is successfully addressing the member’s needs.
- **Home Care Agency** - An entity which has entered a contract with an ASAP to provide one or more Home Care



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Program Services, including home health aide services.

- **Home Health Agency** – a public or private organization that provides nursing and other therapeutic services to individuals whose place of residence conforms to the requirements of 42 CFR 440.70(c). Home health agency providers are governed by 130 CMR 403.000.
- **Home Health Aide** – a person who is employed or contracted either by a certified home health agency or a non-certified home care agency and meets the qualifications of a home health aide to perform certain personal-care and other health-related services.

DECISION GUIDELINES:

Clinical eligibility: To be eligible to receive home health aide services, the following must be met:

- Services must be medically necessary for care of the member
- The following conditions are required for home health aide services:
 - Provides hands-on assistance throughout the task or until completion, with at least two (2) ADLs defined as: bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.
 - The frequency and duration of the home health aide services are directly related to the amount of time needed for hands-on care and Instrumental Activities of Daily Living (IADL)s as it has been determined by the CCA the-functional assessment of the time needed per day and per week.
- To receive home health aide, the authorizing clinician must determine that the services are medically necessary to provide personal care to the member, to maintain the member’s health, or to facilitate treatment of the member’s injury or illness; and that the guidelines for Limitations/Exclusions have been met.

LIMITATIONS/EXCLUSIONS:

Exclusions:

- Home health aide services may not be authorized for possible or preventative needs or to provide supervision for safety.
- CCA does not pay for home health aide services 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.
- Home health aide services may not be provided in Adult Day Health centers, Day Habilitation Centers, dialysis centers or in combination with any other service or setting that includes assistance with ADLs.
- Home health aide services are typically not be combined with Group Adult Foster Care (GAFC) or Consumer-Directed Personal Care Attendant (PCA), except when agency services are provided as back-up for PCA or requires 2 persons to provide the care, such as bed positioning and transfers.
- When a family member or other caregiver is providing services, including nursing and/or home health aide, that adequately meet the member’s needs, it is not medically necessary for the home health aide to provide such services. If a family member or other caregiver is not able to adequately or predictably meet the member’s needs, home health aide services may be authorized if all other



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medical necessity guidelines are met.

Limitations:

- Authorizations must not exceed the standards of CCA’s functional assessment for Activities of Daily living (ADL) and Instrumental Activities of Daily living (IADL)

AUTHORIZATION:

Prior Authorization:

Prior authorization of non-Medicare covered home health aide services is required prior to the initiation of home health aide services. Members may be authorized to receive home health aide services for hands-on assistance with ADLs for periods of up to 3 months. Authorized decisions must be made based on an in-person, in-home assessment of the member by a registered nurse, nurse practitioner or physician assistant as well as any other relevant information, e.g., medical diagnosis. As part of the authorization process, an RN must complete a home health aide plan of care. The service hours MUST be determined using CCA’s functional assessment tool(s).

The plan may be completed by an RN, or LPN under the supervision of an RN, employed by the home care agency. An RN visit for the purpose of evaluating the ADL needs of a member and the creation of a home health aide)plan of care is a reimbursable visit (unlike RN visits solely for the purpose of supervision of HHA services).

G0156 Home Health Aide per 15 minutes

For initial requests of home health aide services, the following documentation is required and is typically submitted to the CCA Utilization management (UM) Home Health (HH) team by the CCA care team:

- Functional Assessment (valid for one rolling year, expires after 365 days of the date of assessment unless the member’s status has changed)
- Plan of Care

For members requiring a re-authorization of home health aide services, the following documentation is required and is typically submitted to the CCA UM HH team by the CCA care team:

- Functional Assessment (valid for one rolling year, expires after 365 days of the date of assessment)
- Plan of Care

Authorized Codes:

HCPCS Code	Description
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
G0299	Complex Care Training and Oversight (management and evaluation of home health aide plan of care)



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REGULATORY NOTES:

- 130 CMR 403.000: Home Health Agency
- Medicare Benefit Manual Chapter 7, Sections 30 - Conditions Patient Must Meet to Qualify for Coverage of Home Health Services (Rev. 10438, Issued: 11-06-20, Effective: 03-01-20, Implementation: 01-11-21)
- 130 CMR 422.00: MassHealth Personal Care Attendant Services
- MassHealth Home Health Agency Bulletin 54 June 2019
- 130 CMR 630.000: HOME- AND COMMUNITY-BASED SERVICES WAIVER SERVICES

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:

CCA has the mission to address all our complicated members’ health needs. To support the member in the community safely and promote independence. home health aide services are community-based. Community services are not considered urgent or emergent. It is important to understand this concept. This benefit is based on the member medical needs and any informal supports they may receive in the community.

The care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members’ unique health challenges. CCA encourages our clinicians to clearly document our members’ unique health contexts when requesting care which does not meet the formal Medical Necessity Guidelines conditions and recommendations.

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:



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REVISION DATE	DESCRIPTION

APPROVALS:

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Signature

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7/13/2023

Date

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Date