



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

<b>Medical Necessity Guideline (MNG) Title: Supportive Home Care Aide (SHCA)</b>		
<b>MNG #: 083</b>	<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	<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; 8/10/2
<b>Last Revised Date:</b> 5/30/2022; 8/10/2023; 3/14/24	<b>Next Annual Review Date:</b> 9/2/2022; 5/30/2023; 8/10/2024;	<b>Retire Date:</b>

**OVERVIEW:**

Supportive Home Care Aide (SHCA) provides Homemaker, Personal Care, and Home Health Aide services, in accordance with the definitions and requirements established for those services, specifically to 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 Activities of Daily Living (ADL) or IADL. Services comply with the Supportive Home Care Aide Standards issued by the Massachusetts Executive Office of Elder Affairs and MassHealth Home and Community Based Services Frail Elder Wavier.

SHCAs have completed the 75-hour training for Home Health Aides and an additional training in one of two areas:

- **ADRD:** A 12-hour course developed by the Alzheimer’s Association that is provided by a licensed clinician who has completed a Train The Trainer session with the Association. Topics include understanding ADRD, behavior as communication, approaches to personal care, and the facilitative model.
- **Behavioral Health:** A 12-hour course that addresses depression, personality disorders, substance use, limit setting, use and neglect, and the stigma of mental illness.

The provider supervises SHCAs weekly, either in person or by phone, and holds quarterly meetings with SHCAs to provide enhanced support and clinical oversight.

**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.
- **Instrumental Activities of Daily Living (IADLs)** - Activities related to independent living that are incidental to the



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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.

- **Home Health Aide** – 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.
- **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.

### DECISION GUIDELINES:

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

### Clinical Coverage Criteria:

**Clinical eligibility:** To be eligible to receive SHCA, the member must:

- Meet the clinical eligibility guidelines for the service type the member will receive from the SHCA (i.e., Homemaker, Personal Care, or Home Health Aide);
- Have a diagnosis of ADRD or serious mental illness that impacts the provision of care;
- The primary focus is to provide emotional support to complete the duties listed below with the members participation which included cueing and supervision or hands on ADL and IADL care.
- To receive SHCA the requesting clinician must determine that services are required to maintain the health and welfare of the member, and that the guidelines for limitations and exclusions have been met. A Time for Task Tool must be completed to determine the tasks and time needed.

### SHCA Duties include:

#### Activities of Daily Living (ADL)

- Bathing
- Brushing hair and teeth
- Dressing
- Using the bathroom
- Assist with Feeding
- Assist with mobility
- Medication reminders



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### Instruments of Daily Living (IADL)

Maintaining a clean, uncluttered home is an important part of caring for people with Alzheimer’s. Supportive Aides often help with light housekeeping, including:

- Vacuuming
- Sweeping
- Dusting
- Laundry
- Linen changes
- Errands and transportation
- Menu planning and preparation, including special diets and healthy eating
- Grocery shopping
- Socialization and emotional support Mental Health and/or Alzheimer’s supportive care

### LIMITATIONS/EXCLUSIONS:

- SHCA may not be authorized for possible or preventative needs.
- SHCA services are not covered when duplicative services are provided to the member.
- CCA does not pay for SHCA 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.
- 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.
- SHCA may not be combined with GAFC or Consumer-Directed Personal Care Attendant (PCA), except when agency services are provided as back-up for PCA.
- Hours must not exceed the standards of CCA’s functional assessment.
- 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.
- Up to 10 hours per week of SHCA may be authorized for members receiving Adult Foster Care (AFC Level II) for the purpose of providing respite to the AFC Caregiver.

### 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
T1004	Services of a qualified nursing aide, up to 15 minutes
S5125	Attendant care services; per 15 minutes

### RELATED REFERENCES:

1. 651 CMR 3.01 Department of Elder Affairs



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2. 130 CMR: DIVISION OF MEDICAL ASSISTANCE: 130 CMR 630.000: HOME- AND COMMUNITY-BASED SERVICES WAIVER SERVICE

### 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.

### REVISION LOG:

REVISION DATE	DESCRIPTION
3/14/24	MNG title change. Template updated.
8/10/24	Part time definition of 35 hours per week eliminated.
5/30/2022	Template changed to include PA requirements and benefit type.

### APPROVALS:

David Mello

Senior Medical Director Utilization Review  
and Medical Policy

\_\_\_\_\_  
CCA Senior Clinical Lead [Print]

\_\_\_\_\_  
Title [Print]



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_____ <b>Signature</b>	_____ 8/10/2023 <b>Date</b>
_____ Whitney Moyer <b>CCA Senior Operational Lead [Print]</b>	_____ Vice President, LTSS <b>Title [Print]</b>
_____ <i>Whitney Moyer</i> <b>Signature</b>	_____ 8/10/2023 <b>Date</b>
_____ Nazlim Hagmann, MD <b>CCA CMO or Designee [Print]</b>	_____ Chief Medical Officer <b>Title [Print]</b>
_____ <i>Nazlim Hagmann</i> <b>Signature</b>	_____ 8/10/2023 <b>Date</b>