



Laundry Services Delivery Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Laundry Services Delivery		
MNG #: 069	<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: 6/3/2021	Last Annual Review Date:
Last Revised Date: 7/7/2022;	Next Annual Review Date: 6/3/2022; 7/7/2023;	Retire Date:

OVERVIEW:

Laundry services include washing, drying, folding, and delivery of basic personal laundry. It can be provided by qualified CCA contracted providers and vendors, and it should only be provided when the member has a functional impairment that prevents them from doing laundry. The need for Laundry services should be based on a Minimum Data Set (MDS), in-person functional assessment, and a Geriatric Support Service Coordinator (GSSC) or Long-Term Support Coordinator (LTSC) assessment that is completed within 90 days of the request for services. The authorization will be reviewed along with the recent assessments to determine medical necessity.

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.

Clinical Eligibility: In order to be eligible for Laundry Services, all or one of the following criteria must be met:

- Laundry services must be provided in accordance with the member goals as stated in the individualized care plan, and
- When the individuals with physical, mental, and/or cognitive impairments are unable to safely or effectively perform an activity, and
- For whom having such services will support their improved health status and their ability to maintain integrated living in the community.



Laundry Services Delivery Medical Necessity Guideline

Determination of need:

- Member must have functional impairment(s) that prevents the individual from doing laundry. Laundry services may not be provided to the benefit of other household members. In order to be eligible for laundry services, documentation should support that laundry service is required for successful community living, to ensure the health and welfare of the member, and that the guidelines for limitations and exclusions have been met.

LIMITATIONS/EXCLUSIONS:

- As with other long-term support services, laundry services are not covered when the member is capable of performing the task or when a relative, caregiver, community/volunteer agency, or third-party payer is responsible for laundry-related tasks.
- Laundry services are only provided to meet the needs of the member. Laundry for other household members cannot be included in bags.
- Laundry services cannot be authorized as a financial support (to save the cost of supplies or laundromat fees).
- Laundry services may not be provided if the member receives another service that includes time to complete laundry tasks such as, homemaker, personal care agency services, Personal Care Attendant (***if the authorized hours include time for laundry***); care team must ensure that services are non-duplicative.

KEY CARE PLANNING CONSIDERATIONS:

- Laundry services may be included as part of the duties performed by a homemaker, adult companion, personal care attendant, or supportive home care aide. If the member has other ADL and/or IADL needs, these options should be explored prior to initiation of a laundry delivery service.
- Homemaker should be considered when there is more than one IADL need.
- A review of other existing supports in the care plan should be done before initiating laundry services to prevent duplication of services.
- If laundry facilities are not available within the home, laundry services can be considered in lieu of an aide (e.g., homemaker, adult companion, personal care attendant, or supportive home care aide) performing the laundry task.
- It is important to support and maintain the involvement of informal supports in the member's care.
- SCO members on the Frail Elder Waiver (FEW) 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.
- SCO and One Care: to determine if the member meets the criteria of eligibility for laundry services, a recent (within 90 days of the request) MDS, functional assessment or GSSC/LTSC Assessment is needed.



Laundry Services Delivery Medical Necessity Guideline

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).

- Laundry is authorized at one unit per week. One unit of Laundry equals one bag; and each bag of laundry equals 20 pounds or less.
- Authorizations for laundry services are entered in the authorization system in weekly increments for up to 6 months in duration.
- Greater than one bag per week can be considered with appropriate clinical justification, e.g., members with high needs such as incontinence. One extra unit/bag will be provided for each 26-week period to capture any additional laundry in the form of bedding or unanticipated soiled clothing.

HCPSC Code	Description
S5175	Laundry service, external, professional; per order

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:

1. MassHealth, 130 CMR 630.402: Home- and Community-Based Services Waiver Services – Definitions
2. MassHealth, 130 CMR 630.400: Home- and Community-Based Services.
3. MassHealth, 651 CMR 3.00: Home Care Program.

RELATED REFERENCES:

1. Commonwealth of Massachusetts. (2022). *Division of medical assistance 130 CMR 630.000: Home- and community-based services waiver services*. Retrieved from <https://www.mass.gov/doc/130-cmr-630-home-and-community-based-services-waiver-services/download>
2. Commonwealth of Massachusetts. (2017). *Department of elder affairs 651 CMR 3.00: Home care program*. Retrieved from <https://www.mass.gov/doc/651-cmr-3-home-care-program/download>



Laundry Services Delivery Medical Necessity Guideline

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

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.

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION
7/7/2022	Annual review, template update.

APPROVALS:

Avideep Chawla
CCA Senior Clinical Lead [Print]

Signature

Director, Utilization Management
Title [Print]

6/3/2021

Date

Douglas Hsu, MD, MPH
CCA Senior Operational Lead [Print]

VP Medical Policy & Utilization Review
Title [Print]



**Laundry Services Delivery
Medical Necessity Guideline**

6/3/2021

Signature

Date

Lori Tishler, MD, MPH
CCA CMO or Designee [Print]

SVP Medical Services
Title [Print]

6/3/2021