



## Grocery Shopping and Delivery Service Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Grocery Shopping and Delivery Service</b>		
<b>MNG#: 072</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>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input checked="" type="checkbox"/>	<b>Informational:</b> <input checked="" type="checkbox"/>
<b>Benefit Type:</b> <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	<b>Approval Date:</b> 6/3/2021;	<b>Last Annual Review Date:</b>
<b>Last Revised Date:</b> 10/12/2023;	<b>Next Annual Review Date:</b> 6/3/2022; 10/12/2024;	<b>Retire Date:</b>

**OVERVIEW:**

Grocery Shopping and Delivery Service is a community-based service that supports members with physical, medical, cognitive, and/or mental health condition, that improves health status, to maintain integrated living in the community by utilizing local stores and delivery mechanisms to provide assistance with ordering, shopping, delivering and/or putting away and storing groceries for members who are unable to safely or effectively accomplish this task. Members are responsible for paying for any groceries that are ordered or purchased.

**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.
- **Assisted Living Residence or Residence** - Any entity certified by Elder Affairs under 651 CMR 12.00, however organized, whether conducted for profit or not for profit, which meets all of the following criteria:
  - provides room and board; and Assisted Living Services (Specialized Personal Assistance (SPA)) Medical Necessity Guideline 2023
  - provides, directly by its employees or through arrangements with another organization which the entity may or may not control or own, Personal Care Services for three or more adults who are not related by consanguinity or affinity to their care provider; and
  - collects payments or third-party reimbursements from or on behalf of Residents to pay for the provision of assistance with the Activities of Daily Living, or arranges for the same
- **Assisted Living Services** - services consist of personal care and supportive services (for example, homemaker, chore, personal care services, meal preparation) that are furnished to participants who reside in an assisted living residence (ALR) that meets all applicable requirements of 42 CFR441.301(c)(4) (Home and Community-based Settings Rule), and include 24-hour, on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety ,and security. Services may also include social and recreational programs, and



## **Grocery Shopping and Delivery Service Medical Necessity Guideline**

medication assistance (consistent with ALR certification and to the extent permitted under State law). Nursing and skilled therapy services are incidental rather than integral to the provision of Assisted Living Services. Intermittent skilled nursing services and therapy services may be provided to the extent allowed by applicable regulations

- **Care Partner (CP)** - The person assigned to member who is responsible for their care and services. The CP is the primary contact for all members.
- **Clinical Assessment** - The comprehensive screening process of documenting a member's need using the Minimum Data Set (MDS) tool to form the basis for prior authorization.
- **Clinical Evaluations** - Nursing, fall risk, nutritional, skin, and other clinical or psychosocial evaluations, or Time For Task Tool (TFTT) assessment completed.
- **Companion Services** - nonmedical care, supervision, and socialization provided to a participant. Companions may assist or supervise the participant with such light household tasks as meal preparation, laundry, and shopping
- **Family Member** - A spouse, parent of a minor member, including adoptive parent, or any legally responsible relative of the member.
- **Frail Elder** – an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing-facility services to receive certain waiver services at home if he or she meets clinical, age and financial eligibility requirements; is permanently and totally disabled, and would be institutionalized in a nursing facility, unless the member receives one or more of the services administered by the Executive Office of Elder Affairs under the HCBS Waiver-Frail Elder authorized under section 1915(c) of the Social Security Act.
- **Frail Elder Home and Community Based Waiver** - A waiver of federal requirements granted to the Commonwealth, by the U.S. Department of Health and Human Services under 42 U.S.C. § 1396n(d), that allows DMA to pay for home and community-based services for MassHealth members who meet MassHealth criteria for Nursing Facility services but continue to reside in the community and agree to receive a waiver service.
- **Geriatric Support Services Coordinator (GSSC)** - is a coordinator for CCA SCO members responsible for arranging, coordinating and authorizing the provision of Long-Term Support Services (LTSS) based on the member's needs assessment, care plan, and with the agreement of the care team.
- **Grocery Shopping/Delivery Services** - Ordering groceries, shopping for groceries, delivering groceries, and assisting with storage of groceries as needed Home Delivered Meals (HDM): Meals provided to Consumers to maintain optimal nutrition and health status Homemaker Services: Services to assist a client with Instrumental Activities of Daily Living provided in accordance with homemaker standards issued by Elder Affairs
- **Home Delivered Meals (HDM)** - Meals provided to Consumers to maintain optimal nutrition and health status



## Grocery Shopping and Delivery Service Medical Necessity Guideline

- **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 (HM)** – Agency assistance with one or more of the Instrumental Activities of Daily Living (IADLs) that are incidental to the care of the member and that include, but are not limited to, laundry, shopping, housekeeping, meal preparation and cleanup, transportation (accompanying the member to medical providers and other appointments), or any other medical need determined by the provider as being instrumental to the health care and general well-being of the member.
- **Instrumental Activities of Daily Living (IADLs)** - Activities related to independent living that are incidental to the 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.
- **Long Term Support Coordinator (LTSC)** - is a coordinator for CCA One Care members responsible for arranging, coordinating and authorizing the provision of Long-Term Support Services (LTSS) based on the member’s needs assessment, care plan, and with the agreement of the care team
- **Member** — a person who is enrolled in the CCA One Care (ICO) or CCA Senior Care Options (SCO) plan
- **Personal Care (PC) Agency Service** - Personal Care through an agency for hands-on assistance or cueing which may include assistance in bathing, dressing, personal hygiene, other activities of daily living, reminders with medications, health-related tasks, and medical escort. The PC Agency is expected to complete Instrumental Activities of Daily Living (IADLs), which are essential to the health or welfare of the individual, rather than the individual’s family.
- **Prior Authorization** - Prior assessment that must be conducted to evaluate whether the service requested is deemed medically necessary and meets the specific requirements outlined in the health plan’s documents. It is based on information provided (e.g., letter of medical necessity, medical records, etc.) to determine whether the proposed services meet the clinical requirements for medical necessity, which includes appropriateness, effectiveness, and level of care.
- **Provider** - An organization that contracts with CCA as the provider for Grocery Shopping and Delivery Service
- **Supportive Home Care Aide** – services provided to participants with Alzheimer’s/dementia or behavioral health needs to assist with ADLs and IADLs. These services include personal care, shopping, menu planning, meal preparation including special diets, laundry, light housekeeping, escort, and socialization /emotional support
- **Transportation** - The provision of transportation to enable a Consumer to gain access to community services,



## Grocery Shopping and Delivery Service Medical Necessity Guideline

activities and resources.

### **DECISION GUIDELINES:**

#### **Clinical Coverage Determination:**

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 Criteria:**

1. Commonwealth Care Alliance may cover Grocery Shopping and Delivery Services when the following are met:
  - a. The member has one or more physical, medical, cognitive, and/or mental health condition that impairs the member's ability to perform grocery shopping tasks and that impairs one or more of the qualifying Instrumental Activities of Daily Living (IADLs):
    - i. Meal preparation
    - ii. Light Housework
    - iii. Laundry
  - b. Grocery Shopping and Delivery Services must be provided in accordance with the member's Care Plan

### **DETERMINATION OF NEED**

#### **Prior Authorization:**

1. Prior authorization determines the Medical Necessity for Grocery Shopping and Delivery Service supports as described above, under the Clinical Criteria section.
2. Requests for prior authorization must be submitted to CCA as outlined in the CCA Provider Manual
3. As a prerequisite for payment of Grocery Shopping and Delivery Service, prior authorization must be obtained before the first date of service delivery and at various intervals. CCA may take up to 14 days to process a request
4. Prior Authorization requests must be submitted at the following intervals:
  - a. Initial Authorization - Before the first date of service delivery; services will not be approved retroactively
  - b. Re-authorization – For members with an existing prior authorization a new authorization request should be submitted at least 14 calendar days before the authorization end date

#### **Prior Authorization Documentation:**

1. Documentation of medical necessity for Grocery Shopping and Delivery Services must include, at a minimum, the following:
  - a. CCA Standardized Prior Authorization Request Form.
  - b. Evidence that the member has one or more physical, medical, cognitive, or mental health condition that impairs the member's ability to perform Grocery Shopping and one or more of the qualifying IADLs:
    - i. Meal Preparation



## **Grocery Shopping and Delivery Service Medical Necessity Guideline**

- ii. Light Housework
- iii. Laundry
- c. CCA Member Care Plan; and
- d. CCA Clinical Assessment or GSSC/LTSC assessment within 90 days of request to support eligibility as described in the Clinical Criteria section above for an Initial or Increase: or
- e. CCA Clinical Assessment or GSSC/LTSC assessment within one year of authorization request to support eligibility as described in the Clinical Criteria section above for a Re-authorization.
- f. Other Clinical Evaluation(s) may also be submitted to support medical necessity

### **EXCEPTIONS/LIMITATIONS/EXCLUSIONS:**

#### **Exceptions**

1. 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
2. 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.

#### **Limitations**

1. The member is responsible for the full cost of food.
2. Grocery Shopping and Delivery services are only provided to meet the needs of the member
3. Grocery Shopping and Delivery services cannot be authorized as a financial support as CCA does not cover the cost of the food
4. Members may have to utilize the grocery store linked to the specific provider and may not get access to their preferred stores

#### **Exclusions - CCA does not pay for Grocery Shopping and delivery Services in the following circumstances:**

1. The Grocery Shopping and Delivery Service Provider has not received prior authorization from CCA
2. The Grocery Shopping and Delivery Service are duplicative of other services in which assistance with ordering or shopping for groceries can be provided, such as, but not limited to, a member residing in a Group Home or Assisted Living Facility, Adult Foster Care, PCA, Homemaker, Inpatient in a hospital or nursing facility
3. The member's legally responsible relative or spouse is capable of grocery shopping
4. When local grocery stores, applications or third-party entities can shop and deliver food free of charge for a member who is unable to access a grocery store

#### **AUTHORIZATION:**

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing 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



## Grocery Shopping and Delivery Service Medical Necessity Guideline

requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

HCPCS Codes	Description
S5121	Grocery Shopping and Delivery

**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:

- Home- and Community-Based Services Waivers Manual; 130 CMR 630.000
- Department of Elder Affairs 651 CMR 3.00: HOME CARE PROGRAM

**RELATED REFERENCES:**

**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
10/10/2023	Updated Title, added ‘Definitions’ section, revised Headings, added ‘Prior Authorizations’ sections and removed ‘Key Care Planning Considerations’ section.



### Grocery Shopping and Delivery Service Medical Necessity Guideline

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**APPROVALS:**

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