



## Home Delivered Meals and Medically Tailored Meals Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Home Delivered Meals and Medically Tailored Meals</b>		
<b>MNG #: 066</b>	<input checked="" type="checkbox"/> <b>SCO</b> <input checked="" type="checkbox"/> <b>One Care</b> <input type="checkbox"/> <b>MA Medicare Premier</b> <input type="checkbox"/> <b>MA Medicare Value</b> <input type="checkbox"/> <b>RI Medicare Preferred</b> <input type="checkbox"/> <b>RI Medicare Value</b> <input type="checkbox"/> <b>RI Medicare Maximum</b>	<b>Prior Authorization Needed?</b> <input type="checkbox"/> <b>Yes (always required)</b> <input checked="" type="checkbox"/> <b>Yes (only in certain situations. See this MNG for details)</b> <input type="checkbox"/> <b>No</b>
<b>Benefit Type:</b> <input type="checkbox"/> <b>Medicare</b> <input checked="" type="checkbox"/> <b>Medicaid</b>	<b>Approval Date:</b> 4/1/2021;	<b>Effective Date:</b> 06/19/2021
<b>Last Revised Date:</b> 3/28/2022; 4/7/2022; 6/2/2022; 3/14/2024; 8/8/2024	<b>Next Annual Review Date:</b> 4/1/2022; 4/7/2023; 6/2/2023; 3/14/2025; 8/8/2025	<b>Retire Date:</b>

**OVERVIEW:**

Home Delivered Meals (HDM) and Medically Tailored Meals (MTM) is a community-based food delivery program that support members with physical, medical, cognitive, and/or mental health conditions that impair their ability to access community resources, procure and prepare nutritionally adequate meals. Nutrition is an integral part of health maintenance, disease prevention, and chronic illness management. 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 and increased stress which worsens mental health.

HDM provide non-tailored foods to members who are considered homebound due to illness, disability, isolation, or who are food insecure due to limitations in their ability to procure and prepare food. The program can offer special therapeutic (e.g., cardiac, carbohydrate controlled, renal or meals with texture modifications like soft, ground or pureed, etc.) and culturally appropriate meals. MTM are home-delivered meals that are prepared and/or chosen by a Registered Dietitian, nutritionist, or other qualified health professionals as part of a treatment plan. Studies have found that both programs have improved recipient’s diet quality, nutrient intake, reduced food insecurity and the risk of malnutrition. Each meal meets one-third of the Daily Reference Intake (DRI) for older adults and can be delivered hot, cold, frozen, dried, canned, and/or shelf stable.

**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.
- **Body Mass Index (BMI)** – a person’s weight in kilograms divided by the square of height in meters. A high BMI can



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indicate high body fatness, and a low BMI can indicate too low body fatness.

- **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, other clinical or psychosocial evaluations, Time For Task Tool (TFTT) or GGSC/LTSC assessments.
- **Community Health Worker (CHW)** – A liaison, link, or intermediary between the CCA Interdisciplinary care team (IDT), health and social services providers, and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
- **Family Member** - A spouse or any legally responsible person living with member.
- **Food Insecurity** - Refers to the inability to acquire or consume an adequate quality or sufficient quantity of food appropriate for active and healthy living.
- **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
- **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
- **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.



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- **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
- **Member** — a person who is enrolled in the CCA One Care (ICO) or CCA Senior Care Options (SCO) plan
- **Nutritional Assessment.** A comprehensive nutritional assessment conducted by a qualified nutritionist
- **Nutritional Risk** - Nutritional risk may be present if the individual has a condition or illness that necessitates a change in diet or affects appetite, weight and/or how well nutrients are absorbed through the gut, unplanned weight gain/loss of  $\geq 5$  pounds in a month or  $\geq 10$  pounds in six months, takes  $\geq 3$  different medications per day that affect appetite/taste 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)
- **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 Home Delivered Meals or Medically Tailored Meals

### DECISION GUIDELINES:

#### Clinical Coverage Criteria:

**Home-Delivered Meals (HDM):** Prior authorization for Home Delivered Meals is required when requesting **15 meals or more per week**. Prior authorization is not required when requesting 14 meals or less per week.

1. Commonwealth Care Alliance may cover 15 or more Home Delivered Meals per week when the following are met:
  - a. The member has a physical, medical, cognitive, and/or mental health condition that impairs their ability to:
    - i. Access community resources or member requires assistance with grocery shopping and preparing nutritionally adequate meals; and
    - ii. Documentation of the conditions or syndromes that underlies the disability, the nature of the functional impairment, and barriers to adherence is required; and
    - iii. Member has three or more nutritional risk factors, such as, but not limited to:
      - a) At or below Ideal Body Weight
      - b) Unplanned weight loss/gain of  $\geq 5$  pounds in one month or  $\geq 10$  pounds in 6 months;



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- c) Eats less than the daily recommended allowance per day related to altered gastrointestinal function (e.g. vomiting, diarrhea, nausea, constipation), long term health conditions that affect appetite, weight, and/or how well nutrients are absorbed by the gut;
  - d) Takes dietary medication and/or supplements
  - e) Takes medications that decrease appetite or alters sense of taste
  - f) Has a change in medication for a chronic condition/disease or illness that necessitates a change in diet
  - g) Has a new/chronic medical condition/disease or illness that necessitates dietary intervention as essential components of comprehensive management of the condition/disease
  - h) Has tooth or mouth problems that make it difficult to eat
  - i) Members aged 60 or older that are isolated, frail or homebound
  - j) Member living at home with their caregivers(s), who are 60 years or older; **or**
- b. The Member does not have access to or has inadequate kitchen facilities

**Medically Tailored Meals (MTM):** Prior authorization is required for **all** Medically Tailored Meals.

1. Commonwealth Care Alliance may cover Medically Tailored Meals when the following are met:
  - a. Member meets Home Delivered Meals clinical coverage criteria from 1.a. above; and
  - b. Member has been hospitalized or used the emergency department  $\geq 3$  times in the past 6 months; or
  - c. Member is living with and advanced illness, such as, but not limited to, diabetes, heart failure, end stage renal or liver disease, HIV, wound healing and/or cancer

Note: MTM offered by Community Servings include ten meals (5 Lunches and 5 Dinners) per week, snacks and a quart of milk (this cannot be modified).

### DETERMINATION OF NEED

#### Prior Authorization:

1. Prior authorization determines the Medical Necessity for Home Delivered Meals and Medically Tailored Meals 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 Home Delivered Meals and Medically Tailored Meals, 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
  - c. Significant Change – Upon a significant change in condition
5. Assessment(s) Timeframe:
  - a. Initial request – within 90 days of the request
  - b. Reauthorization - within one year of the request
  - c. Significant Change in Condition – within 90 days of the request



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### Prior Authorization Documentation:

1. Documentation of medical necessity for Home Delivered Meals and Medically Tailored Meals program must include, at a minimum, the following:
  - a. Evidence that a member has a physical, medical, cognitive, and/or mental health condition that impairs their ability to:
    - i. Access community resources or requires assistance with grocery shopping and preparing nutritionally adequate meals; and
    - ii. At least three nutritional risk factor as described in the Clinical Coverage Criteria 1.a.iii. section above; or
    - iii. The Member does not have access to or has inadequate kitchen facilities; and
  - b. At least one of the following assessments within the timeframe as described in Determination of Need; Prior Authorization 5.a.b.c. section above:
    - i. CCA Clinical assessment;
    - ii. Time for Task Tool (TFTT)
    - iii. GSSC/LTSC assessment;
    - iv. Primary Care Physician (PCP) progress note;
    - v. Letter of Medical Necessity;
    - vi. Nutritional/Dietary Assessment
  - c. MTM must include dietary recommendations by:
    - i. Member's PCP, Registered Dietitian, or other qualified nutrition professional; or
    - ii. Evidence of >3 Emergency Department, Skilled Nursing Facility and/or hospital stay

### EXCEPTIONS/EXCLUSIONS:

#### Exceptions:

1. Frail Elder Waiver (FEW) Member may require this service to maintain their eligibility for the waiver. In this instance, HDM may be approved as an exception. Consultation with the GSSC is recommended for further information.
2. MTM will be considered if the above Clinical Coverage Criteria are not met, and 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 and a medical necessity determination will be made by a CCA Medical Director

#### Exclusions:

CCA considers Home Delivered Meals and Medically Tailored Meals not medically necessary for all other indications, therefore not covered. CCA plan does not pay for HDM/MTM:

- When HDM/MTM is duplicative of other services that provide for member's nutritional needs, including, but not limited to personal care agency, personal care attendant, homemaker, adult foster care
- When meals are provided by facility in which member is temporarily/permanently residing (e.g. hospital, nursing facility, group home, assisted living facility)
- To meet the needs of others in the member's household
- As an income supplement or financial support



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- When member’s family member (a spouse or any legally responsible person of the member) is capable of procuring and preparing nutritionally adequate meals
- When member has been assessed by a Community Health Worker (CHW) and it is determined member has access to community resources such as, but not limited to congregate meals, brown bag programs, meal delivery, local food bank.

### **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.

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

### **REGULATORY NOTES:**

- Home- and Community-Based Services Waivers Manual; 130 CMR 630.000
- Department of Elder Affairs 651 CMR 3.00: HOME CARE PROGRAM
- Department of Elder Affairs 651 CMR 4.00: State Funded Nutrition Program for Elderly Persons

### **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 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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### RELATED REFERENCES:

- Centers for Medicare and Medicaid Services. (2019). *Implementing supplemental benefits for chronically ill enrollees*. Retrieved from [https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/Downloads/Supplemental\\_Benefits\\_Chronically\\_Ill\\_HPMS\\_042419.pdf](https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/Downloads/Supplemental_Benefits_Chronically_Ill_HPMS_042419.pdf)
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- Department of Elder Affairs. (2013). *651 CMR 4.00: The state funded nutrition program for elderly persons*. Retrieved from <https://www.mass.gov/doc/651-cmr-4-the-state-funded-nutrition-program-for-elderly-persons/download>
- Executive Office of Elder Affairs. (2021). *Congregate meals & home-delivered meals*. Retrieved from <https://www.mass.gov/service-details/congregate-meals-home-delivered-meal>
- Executive Office of Elder Affairs. (2021). *Senior Nutrition Program Eligibility and How to Apply*. Retrieved from <https://www.mass.gov/service-details/senior-nutrition-program-eligibility-and-how-to-apply>
- Executive Office of Elder Affairs. (2020). *Standards and policies for the Massachusetts elderly nutrition program*. Retrieved from <https://www.wmeldercare.org/wp-content/uploads/2020/09/Attachment-J-Nutrition-Standards-EOEA.pdf>.
- The Commonwealth of Massachusetts. (2021). *Cyr, Act relative to establishing and implementing a Food and Health Pilot Program*. Retrieved from <https://malegislature.gov/Bills/192/SD1547>
- The Commonwealth of Massachusetts. (2019). *Garlick, Act relative to establishing and implementing a Food and Health Pilot Program*. Retrieved from <https://malegislature.gov/Bills/191/H4278.Html>

### REVISION LOG:

REVISION DATE	DESCRIPTION
8/8/2024	Update – No PA required for 14 meals or less per week
03/14/2024	Update PA requirements: Prior authorization for Home Delivered Meals (HDM) is required when
	requesting 15 meals or more per week. Prior authorization continues to be required for all Medically Tailored Meals (MTM). Remove requirement for additional authorization every 6-mos. Revised Title, Updated Definitions section, revised Clinical Criteria, Headings, added 'Prior Authorizations' sections, Revised Limitations/Exceptions/Exclusions section, updated Regulatory Notes and Related References. Updated template
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:

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CCA Senior Clinical Lead

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Title

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*David Mello*

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8/8/2024

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Signature

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Date

Nazlim Hagmann

Chief Medical Officer

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CCA CMO or Designee

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Title

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*Nazlim Hagmann*

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8/8/2024

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Signature

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Date