

## Medical Necessity Guidelines Home- and Community-Based Services

**Policy Number: 102**

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### Overview

This document describes the guidelines Mass General Brigham Health Plan uses to determine medical necessity for long-term services and supports. These include the following services:

- [Chore Services](#)
- [Companion Services](#)
- [Complex Care Training and Oversight](#)
- [Grocery Services](#)
- [Home Delivered and Medically Tailored Meals](#)
- [Homemaker Services](#)

- [Laundry Services](#)
- [Respite Services](#)
- [Supportive Home Care Aide Services](#)

## Medicare Advantage

This is not a covered service for Medicare Advantage members.

## Mass General Brigham ACO

This is not a covered service for Mass General Brigham ACO members.

## One Care

This is not a covered service for One Care members.

## Senior Care Options (SCO)

Prior Authorization Required	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, or the member does not meet all of the medical necessity criteria for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. **At the time of Mass General Brigham Health Plan’s most recent policy review, CMS did not offer any guidelines for long-term services and supports.**

**MassHealth offers the following documentation:**

- [130 CMR 630.000: Home- and Community-Based Services Waiver Services Manual](#)
- [651 CMR 3.00: Home Care Program](#)

When regulations lack sufficient specificity to ensure consistent medical review and coverage decisions, Mass General Brigham Health Plan applies additional coverage criteria to clarify medical necessity of the requested service. Mass General Brigham Health Plan coverage criteria align with the latest clinical evidence and accepted standards of practice, without contradicting existing determinations, and enhance the clarity of medical necessity criteria, documentation requirements, and clinical indications without being more restrictive than MassHealth’s requirements. Because 130 CMR 630.000: Home- and Community-Based Waiver Services and 651 CMR 3.00: Home Care Program lack sufficient specificity to ensure consistent medical review and coverage determinations, Mass General Brigham Health Plan uses the criteria described in this policy to review requests for HCBS services.

Mass General Brigham Health Plan covers long-term services and supports for its SCO members when the member meets general eligibility criteria and the eligibility criteria for the requested service.

Mass General Brigham Health Plan utilizes a time tasking tool to determine the level of services necessary on a per-patient basis.

## General Eligibility Criteria

1. The member has a documented medical, cognitive, or physical condition that impairs their ability to undertake activities of daily living (ADLs, see Definitions below), instrumental activities of daily living (IADLs, see Definitions below), or other tasks independently; and
2. The member has completed a comprehensive in-home assessment within 90 days of requesting the service; and



3. The member needs assistance with two or more IADLs; and
4. The requested service is included in the member's individualized plan of care

## Chore Services

Chore services are covered on only a one-time basis. Routine housekeeping tasks, such as regular cleaning of the member's bedroom, kitchen, or living spaces, are included in the homemaker benefit. Chores may include heavy household work, such as washing floors, windows, and walls; tacking down loose rugs and tiles; and moving heavy items of furniture to provide safe access and exit. To be eligible for chore services, the member must meet all of the [general eligibility criteria](#) and all criteria specified below. Services are authorized for up to six months.

1. An unusual household task, such as moving furniture, remediating a severely unsanitary home environment, performing minor home maintenance, or preparing a home for extermination of pests, is required to make a member's home clean, sanitary, and safe, or to permit safe ingress/egress; and
2. The member does not have a spouse or legally responsible individual residing in the home who can perform the necessary tasks; and
3. The tasks are not the responsibility of the member's property management company, housing authority, homeowners' association, or landlord as stated in the member's housing agreement, and (for a rental property) the housing agreement is examined before chore services are authorized; and
4. The number of hours approved is appropriate for the task(s) required, not to exceed 20 hours per authorization.

## Chore Services Exclusions

1. Routine cleaning or ongoing services.
2. Home modifications, home improvements, or physical modifications of the home (see the [medical necessity guidelines for Home Accessibility Adaptations](#)).
3. Tasks that require a skilled tradesperson (including, but not limited to, a plumber, electrician, carpenter, or mason).
4. Member receives adult foster care.
5. Tasks that are duplicative of homemaker services or other covered services.
6. Tasks that benefit other members of the household (e.g., cleaning areas used by other home residents).
7. Maintenance or modifications of group homes or other therapeutic residential settings.
8. Tasks related to moving.
9. Services while the member is in a hospital, nursing facility, or other supervised or therapeutic setting.

## Companion Services

Companion services are covered when the companion enables the member to function with greater independence within the member's home or community. These services exceed the scope of work, or the intensity of physical effort provided by homemaker services and are not duplicative of or a substitute for homemaker services. They are for non-medical care, such as assisting or supervising the member in light household tasks. To be eligible for companion services, the member must meet all of the [general eligibility criteria](#) and all of the specified criteria below. Services are authorized for up to six months.



1. The member's individual plan of care includes specific therapeutic goals for which the companion is provided, such as assistance with or supervision of ADLs, IADLs, or other tasks necessary for independent living; and
2. A skilled therapist or clinician has determined that the member cannot complete the ADLs, IADLs, or other tasks without supervision or assistance of a companion; and
3. Documentation supports the hours requested.

**Companion Services Exclusions:**

1. The services are purely recreational or diversionary.
2. Companion services while the member is in a hospital, nursing facility, Day Habilitation center, Adult Day Health center, or other supervised or therapeutic setting.
3. Companion services to provide assistance or supervision of tasks that are covered by a Personal Care Assistant, Homemaker, or that otherwise duplicate any other covered service.
4. Constant supervision is required.

**Complex Care Training and Oversight**

Complex Care Training and Oversight is a periodic, episodic service that includes medication management, filling medication cassettes, as well as development and ongoing management and evaluation of the member's Home Health Aide Plan of Care, for purposes of monitoring the member's underlying conditions or complications to ensure the unskilled care is successfully addressing the member's needs. Complex Care Training and Oversight is performed by a skilled nurse. Mass General Brigham Health Plan determines medical necessity for Complex Care Training and Oversight services using the InterQual subset "Home Care Services, Adult".

**Grocery Services**

Members are responsible for paying for any groceries ordered or purchased and might not be able to utilize supplemental nutrition assistance program benefits. To be eligible for grocery services, the member must meet all of the [general eligibility criteria](#) and all of the specified criteria below. Services are authorized for up to six months.

1. The member is homebound due to their documented medical, cognitive, or physical condition, or requires assistance with IADLs such as meal preparation, laundry, or light housework; and
2. The member does not have a spouse or other legally responsible adult who can assist with shopping for groceries; and
3. The member agrees to utilize the grocery store linked to the contracted grocery shopping service and understands they might not get access to their preferred stores.

**Grocery Services Exclusions**

1. Grocery services that duplicate other services available to the member, including home delivered meals, adult foster care, PCA, homemaker, assisted living facility, or group home.
2. The member is admitted to a skilled nursing facility, hospital inpatient, or other therapeutic environment in which food is provided to the member.
3. There is a free grocery shopping or delivery service offered by a local supermarket or an app that the member could use.



4. The member is capable of shopping independently but lacks transportation to a grocery store. The [nonmedical transportation benefit](#) should be used in these circumstances.

### Home Delivered Meals and Medically Tailored Meals

Home delivered meals include the preparation, packaging, and delivery of well-balanced meals by trained and supervised staff. Members who meet all of the [general eligibility criteria](#) and either criterion A or B are eligible for an adequate number of meals per week to meet the member's need (after accounting for meals obtained from other sources), up to 14 home delivered meals per week. Services are authorized for up to one year.

- A. The member does not have access to kitchen facilities adequate for meal preparation; or
- B. The member is unable to prepare their own meals due to their documented medical, cognitive, or physical condition; and the member does not have a spouse or legally responsible adult residing in the home who can assist with meal preparation.

Members who meet the all of the [general eligibility criteria](#) and either criterion A or B above, and also meet criterion C below, are eligible for an adequate number of meals per week to meet the member's need (after accounting for meals obtained from other sources), up to 21 home delivered meals per week. Services are authorized for up to 1 year if related to chronic and irreversible conditions, or up to 3 months if related to an acute illness or condition.

- C. The member has malnutrition that meets Global Leadership Initiative on Malnutrition (GLIM) criteria, defined as both criteria 1 and 2 below:
  1. Low BMI (less than 20 if under 70 years of age or less than 22 if over 70 years of age), or a weight loss of greater than 5% within the past 6 months, or a weight loss of greater than 10% beyond 6 months, or reduced muscle mass by a validated body composition measuring technique.
  2. A chronic inflammatory disease (such as cancer, chronic obstructive pulmonary disease, congestive heart failure, chronic renal disease, or any disease with chronic or recurrent inflammation), or an acute injury/disease (such as major infection, burns, or trauma), or reduced food intake (up to 50% of energy requirements for more than 1 week, or any reduced food intake for more than 2 weeks), or any chronic GI condition that adversely impacts food assimilation or absorption (such as short gut syndrome, inflammatory bowel disease, esophageal strictures, pancreatic insufficiency, or chronic diarrhea).

Members who meet the all of the [general eligibility criteria](#) and either criterion A or B above, and also meet criterion D below, are eligible for medically tailored meals. Services are authorized for up to 1 year.

- D. The member has an advanced chronic disease or condition with specific nutritional requirements, defined as both 1 and 2 below:
  1. A specific advanced chronic disease or condition, including (but not limited to) diabetes, heart failure, atherosclerotic cardiovascular disease (including coronary artery disease, peripheral vascular disease, and stroke), poorly controlled hypertension, stage 4-5 chronic kidney disease, Celiac disease, oral/periodontal disease, dysphagia; and
  2. A specific therapeutic diet has been recommended by a nutritionist, PCP, or other clinician to manage the disease or condition above, including (but not limited to) low sodium, low potassium, low phosphate, low fat, low fiber, high fiber, controlled carbohydrate, low protein, high protein, gluten-free, calorie-restricted, or specific textures (mechanical soft or puree).



When a member of the Individualized Care Team has assessed that the member has access to nutritionally appropriate food from other community services such as brown bag programs, food banks, or congregate meals, the number of home delivered meals for which the member is eligible must be adjusted accordingly.

#### **Home Delivered Meals and Medically Tailored Meals Exclusions**

1. Duplicative services, such as meals already covered by grocery shopping services and/or homemaker assistance with meal preparation and/or other community resources
2. Meals for individuals other than the member
3. A spouse or other legally responsible person who is capable of obtaining and preparing adequate meals

#### **Homemaker Services**

Homemaker services include IADLs such as routine housekeeping, meal preparation, laundry and shopping. They may be provided on a short-term basis (e.g., when a spouse is away or otherwise temporarily unable to perform these tasks) or on a long-term basis when provision of these tasks is needed to prevent admission to a hospital, nursing facility, or other institutional setting. To be eligible for homemaker services, the member must meet all of the [general eligibility criteria](#) and all of the specified criteria below. Services are authorized for up to one year.

1. The member does not have support nor someone residing in the home who can undertake or is responsible for housekeeping duties. These duties may include:
  - a. Preparing meals for the member;
  - b. Shopping for groceries for the member;
  - c. Doing the member's laundry;
  - d. Light housekeeping of the member's primary living areas, such as the kitchen, bathroom, living room, and member's bedroom; and
2. The service is provided in accordance with the member's goals as stated in their individualized care plan; and
3. The member will be present in the home while services are being delivered; and
4. The service will support the member's health status and ability to maintain integrated living in the community; and
5. There is no assistive or adaptive device or home modification that could allow the member to perform these services independently; and
6. Documentation supports the hours requested.

#### **Homemaker Services Exclusions**

1. Duplicative services, such as homemaker services for the same tasks already covered by grocery services, laundry services, PCA, adult foster care, or home delivered meals
2. Homemaker services that benefit other household members, such as cleaning common areas or preparing meals for other members of the household
3. Homemaker services while a member is admitted to the hospital or a skilled nursing facility, or residing in an assisted living, group home, or other supervised setting



## Laundry Services

Laundry services are provided once per week for one bag of clothing up to 20 pounds. To be eligible for laundry services, the member must meet all of the [general eligibility criteria](#) and all of the specified criteria below.

Services are authorized for up to six months.

1. The member has a documented medical, cognitive, or physical condition that impairs their ability to do their own laundry, and
2. The member does not have support nor someone residing in the home who can do the member's laundry, and
3. If the member requires more frequent services or items beyond 20 pounds or needing more than one bag, documentation must support the request.

### Laundry Services Exclusions

1. Duplicative services, such as laundry services when laundry is covered by a homemaker, PCA, or other service
2. Laundry services that benefit other household members
3. Laundry services while a member is admitted to a hospital or skilled nursing facility, or residing in an assisted living, group home, or other supervised setting
4. Laundry services for members who are capable of performing this IADL independently but who lack access to laundry facilities. For such members, the [nonmedical transportation benefit](#) may be used to access a laundromat.

## Respite Services

Respite services are covered when members require assistance with activities related to independent living, and their non-paid caregiver requires temporary relief. To be eligible for respite services, the member must meet all of the [general eligibility criteria](#), except that the comprehensive in-home assessment must be completed within the past year (rather than 90 days). Additionally, the request must meet all of the specified criteria below.

Services are authorized for up to one year.

1. The member does not have support nor someone residing in the home who can temporarily relieve their regular non-paid caregiver; and
2. Respite services will be provided by a qualified individual or organization that meets the requirements of 130 CMR 630.000, provides waiver services to participants, and has signed a provider agreement. The respite provider must be in accordance with all standards, requirements, policies, and procedures established by Massachusetts Rehabilitation Commission (MRC) for the provision of such services to participants of a Home- and Community-Based Services (HCBS) waiver, and be
  - a. Licensed as a hospital;
  - b. Certified as an assisted living residence;
  - c. Licensed as a nursing facility;
  - d. Licensed as a respite care facility;
  - e. Licensed as a rest home;
  - f. Enrolled in MassHealth as a participating adult foster care provider;



- g. Able to meet site-based respite requirements established by the Massachusetts Department of Developmental Services under 115 CMR 7.00: Standards for All Services and Supports.

### **Respite Services Exclusions**

1. The member is requesting respite services to temporarily relieve a paid caregiver.
2. The member is requesting respite services for beyond 360 hours within one calendar year.
3. Respite services began before the member's service plan was developed.
4. Respite services are being provided to an individual other than the eligible member.
5. The member is receiving duplicative services paid for by MassHealth or a third-party organization.
6. The member has reached their maximum allowable hours for the requested service and additional hours have not been approved.

### **Supportive Home Care Aide Services**

A supportive home care aide provides services of a Personal Care Assistant, Home Health Aide, or Homemaker, and additionally has completed coursework in caring for individuals with Alzheimer's dementia and related disorders or for individuals with serious mental illness. Supportive home care aide services are covered when a member has dementia or a serious mental illness, needs assistance with ADLs and IADLs, and requires emotional support, socialization, and/or accompaniment to community locations. To be eligible for supportive home care aide services, the member must meet all of the criteria for authorization of Personal Care Assistant, or for Home Health Aide, or for Homemaker, and all of the specified criteria below. Services are authorized up to six months.

1. The member has a diagnosis of Alzheimer's Disease or other dementia-related condition or a documented emotional or behavioral health condition; and
2. The member would benefit from emotional support, socialization, and/or accompaniment to community locations, and
3. Documentation supports the hours requested.

### **Supportive Home Care Aide Exclusions**

1. The member is admitted to a hospital or skilled nursing facility, or residing in an assisted living, group home, or other supervised setting
2. The service duplicates services provided by a personal care assistant, home health aide, or homemaker.

### **General Exclusions**

1. The member does not meet all of the [general eligibility criteria](#) nor all of the eligibility criteria described for the requested service.
2. The services began before the member's service plan was developed.
3. The services are being provided to an individual other than the eligible member.
4. The member is a resident or inpatient of a hospital, nursing facility, Intermediate Care Facility for Individuals with Intellectual Disability, or any other medical facility subject to state licensure or certification with the exception of respite services and transitional assistance.
5. The member is receiving duplicative services paid for by MassHealth or a third-party organization.



- The member has reached their maximum allowable hours for the requested service and additional hours have not been approved.

## Commercial and Qualified Health Plans

This is not a covered service for Commercial and Qualified Health Plan members.

### Definitions

Activities of Daily Living (ADLs): Activities that are related to personal care, specifically bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.

Homemaker: A person who performs light housekeeping duties such as cooking, cleaning, laundry, and shopping for the purpose of maintaining a household.

Instrumental Activities of Daily Living (IADLs): Per MassHealth, these are activities instrumental to the care of the member’s health and include tasks such as:

- Household services: physically assisting with household management tasks incidental to the member’s care, including laundry, shopping, and housekeeping;
- Meal preparation and clean-up: physically assisting a member to prepare meals;
- Transportation: accompanying the member to medical providers; and
- Special needs: assisting the member with:
  - The care and maintenance of wheelchairs and adaptive devices;
  - Completing the paperwork required for receiving IADL services; and
  - Other special needs approved by the MassHealth agency as being instrumental to the health care of the member.

### Related Policies

- [Adult Day Health](#)
- [Adult and Group Adult Foster Care](#)
- [Community-Based Services Payment Policy](#)
- [Day Habilitation](#)
- [Day Habilitation Payment Policy](#)
- [Home Accessibility Adaptations](#)
- [Home Health Care](#)
- [Home Health Care Agency Payment Policy](#)
- [Non-Emergency Transportation](#)
- [Personal Care Attendant and Personal Care Management Agency Services](#)
- [Supportive Day Program](#)
- [Transitional Assistance Services](#)

### Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Authorized Code	Code Description
H0045	Respite care services, not in the home; per diem



H2021	Community-based wrap-around services, per 15 minutes
S5120	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Attendant care services; per 15 minutes
S5126	Attendant care services; per diem
S5130	Homemaker service, not otherwise specified; per 15 minutes
S5131	Homemaker service, not otherwise specified; per diem
S5135	Companion care, adult; per 15 minutes
S5136	Companion care, adult; per diem
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S5165	Home modifications; per service
S5170	Home delivered meals, including preparation; per meal
S5175	Laundry service, external, professional; per order
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
T1004	Services of a qualified nursing aide, up to 15 minutes
T1005	Respite care services, up to 15 minutes

## Effective Dates

June 2026: Annual review. Reformatted policy. Added paragraph clarifying creation of medical necessity criteria. Updated general eligibility criteria, list of related policies, and code list. Added live links where appropriate. Changed name of policy.

January 2026: Effective date.

## References

101 CMR 359.000: Rates for Home and Community-Based Services Waivers. <https://www.mass.gov/doc/rates-for-home-and-community-based-services-waivers-effective-july-1-2023-0/download>.

107 CMR 11.00: Home Care Assistance Program. <https://www.mass.gov/doc/107-cmr-11-home-care-assistance-program/download>.

115 CMR 7.00: Standards for All Services and Supports. <https://www.mass.gov/doc/115-cmr-7-standards-for-all-services-and-supports/download>.

130 CMR 403.000 Home Health Agency. <https://www.mass.gov/doc/home-health-agency-regulations/download>.

