

Medical Policy

Homeless Medical Respite Services

Policy Number: 103

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	One Care	Senior Care Options (SCO)
Authorization Required		X		X	X
No Prior Authorization					
Not covered	X		X		

Overview

This policy describes the criteria Mass General Brigham Health Plan uses to determine medical necessity for homeless medical respite services (see Definitions below).

Criteria

Medical necessity for homeless medical respite services is determined through MassHealth's [Regulation 130 CMR 458.403: Homeless Medical Respite Services, Eligible Members](#). See the MassHealth variation below for more information.

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (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, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, CMS did not have criteria for homeless medical respite services relevant to Medicare Advantage members.**

Mass General Brigham ACO Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, MassHealth described eligibility criteria in:**

- [130 CMR 458.000: Homeless Medical Respite Services](#)

One Care and SCO Variation

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its OneCare 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, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no Mass General Brigham Health Plan 3 guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health**

Plan’s most recent policy review, CMS did not have criteria for homeless medical respite services. MassHealth described eligibility criteria in:

- [130 CMR 458.000: Homeless Medical Respite 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
H0043	Supported housing, per diem

Related Policies

- [Homeless Medical Respite Services Payment Policy](#)

Definitions

Homeless Medical Respite or Medical Respite: Post-hospital or pre-procedure services delivered by a medical respite provider in accordance with 130 CMR 458.410 to eligible MassHealth members as set forth in 130 CMR 458.403.

Homeless Medical Respite Provider or Medical Respite Provider: An entity that meets all conditions of participation of the MassHealth Medical Respite program described in 130 CMR 458.404 is enrolled as a provider in the MassHealth Medical Respite program.

Effective Dates

January 2026: Effective date.

References

101 CMR 321.00: Rates for Homeless Medical Respite Services. <https://www.mass.gov/regulations/101-CMR-32100-rates-for-homeless-medical-respite-services>.

130 CMR 458.000: Homeless Medical Respite Services. <https://www.mass.gov/regulations/130-CMR-458000-homeless-medical-respite-services>.

Frail Elder Waiver: information for applicants and participants. <https://www.mass.gov/info-details/frail-elder-waiver-information-for-applicants-and-participants#ii-eligibility-criteria-for-the-frail-elder-waiver>.

MA Frail Elder Waiver (0059.R08.00). <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82036>.

