

POLICY AND PROCEDURE

POLICY NAME: Home Delivered Meals Program– Post Facility Discharge, Disaster Relief, and General Meals (Expanded Benefit)	POLICY ID: FL.UM.36.00
BUSINESS UNIT: Sunshine	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 10/1/2021	PRODUCT(S): Managed Medical Assistance (MMA), Child Welfare (CW), Serious Mental Illness (SMI), Florida Children’s Medical Service (FL CMS) and Long-Term Care (LTC)
REVIEWED/REVISED DATE: 01/16, 1/17, 8/17, 7/18, 05/19, 7/20, 9/20, 11/21, 05/222, 9/22	
REGULATOR MOST RECENT APPROVAL DATE(S): 11/22/2021	

POLICY STATEMENT:

Understanding the importance of nutrition, Sunshine Health offers an expanded benefit of meals for members discharged from a physical health facility, skilled nursing facility, or acute rehab hospital. There is no limit to the number of times the meals can be ordered during the year as long as the member is hospitalized and meets the mentioned criteria. General meals are provided at 10 meals per qualifying event, and Disaster Relief meals are available once per year. This expanded benefit must be prior authorized by Sunshine Health.

PURPOSE:

To establish a process to implement post facility discharge home delivered meals as an expanded benefit for Sunshine Health Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children’s Medical Services (FL CMS), and Child Welfare Specialty Plan members. These will be home delivered meals for members who are discharged from a physical health facility, inpatient acute care, skilled nursing facility, acute rehab hospital or hospital to home. Meals For home delivered meals (general): Ten (10). For home delivered meals – disaster preparedness/relief: one (1) annually with prior authorization.

SCOPE: Sunshine Health Utilization and Case Management Departments. Managed Medical Assistance (MMA), Child Welfare (CW), Serious Mental Illness (SMI), Florida Children’s Medical Service (CMS) and Long Term Care (LTC). This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the “Company”).

DEFINITIONS: The transition from a hospital setting to a member’s home is often presented with various challenges. Particularly senior adults and individuals with special needs often require additional support related to an underlying illness, recent surgery, wound healing, or symptoms such as loss of appetite, digestive problems, problems chewing, taking two or more medications, and/or being bed or chair bound. As a result, they often times end up returning to the hospital. Studies have shown that nearly half of the readmissions are linked to social problems and lack of access to community resources To address barriers associated with post discharge transition, Sunshine will offer Managed Medical Assistance (MMA),), Serious Mental Illness (SMI), Children’s Medical Services (FL CMS), and Child Welfare Specialty Plan discharged from a physical health facility, inpatient acute care, skilled nursing facility, acute rehab hospital or hospital to home 10 meals for post-acute nutritional support. In addition, unforeseen natural disasters and/or temporary barriers to adequate nutrition may arise. These conditions shall be evaluated for the purposes of extending this benefit whenever applicable.

POLICY:

Understanding the importance of nutrition, Sunshine Health offers an expanded benefit of meals for members discharged from a physical health facility, skilled nursing facility, or acute rehab hospital. There is no limit to the number of times the meals can be ordered during the year as long as the member is hospitalized and meets the mentioned criteria. This expanded benefit must be prior authorized by Sunshine Health. General meals not associated with post-facility discharge will follow the guidelines below.

PROCEDURE:

Identification Process: (Post Discharge Meals)

While members are hospitalized, the concurrent review nurse (CR) or complex discharge planning (CDP) nurse will determine the member’s needs post discharge and coordinate the post discharge care with the applicable care management staff. The criteria used to determine that the member would be approved to receive post discharge meals is any of the following:

- Two or more unplanned inpatient admissions within the past month for which the member's nutritional status contributed to the need for acute care
- Complex or catastrophic illness or injury, for which nutrition is critical to the healing process post discharge, which may include but is not limited to new brain or spinal cord injury; stage III, IV or unstageable wounds; burns over 50 percent or greater; or a new tracheostomy
- Additional nutritional needs for women post-delivery who had a Caesarean Section or who are breastfeeding
- Inability to manage activities of daily living (ADLs) or independent activities of daily living (IADLs) related to obtaining or preparing food
- Inability to access nutritional food that impacts the member's ability to improve the condition(s) for which they were admitted.
- Unstable housing that impacts the member's ability to store or prepare food
- Geriatric syndrome which impacts the member's ability to prepare food
- Lives alone and has inadequate caregiver support at home post discharge
- Has someone in the home but has inadequate caregiver support for shopping or preparing meals at home post discharge
- Inability to prepare meals during the post discharge period
- Unable to access food during the post discharge period
- Lack of understanding of either the member or the caregiver related to the nutritional needs of the member during the post discharge period
- Physically unable to leave home upon initial discharge due to weakness or debilitation

Identification Process: (General Meals)

Members that would benefit from home delivered meals will be identified by the member's case manager, provider, or requested through member services by the member. The criteria used to determine that the member would be approved to receive home delivered meals is any of the following:

- Caregiver is temporarily unable to provide meals that meet the member's nutritional needs
- Member is temporarily subjected to unstable housing or caregiving services
- Member is newly diagnosed with a condition that will require specific dietary needs- meals will fill the gap until member or caregiver are educated and able to provide themselves

Once it is determined that the member may benefit from delivery of meals, the below additional criteria must be met in order to receive the meals. The criteria include the following:

- Have a legitimate delivery address
- Have a working refrigerator at the address the food is to be delivered
- Have a working microwave or oven to be able to re-heat food
- Ability to get to the door and bring the cooler containing the food in the house

Referral and Authorization Process:

Sunshine Health has timeframes in place for practitioners and providers to notify Sunshine Health of a service request and for Sunshine Health to make utilization management (UM) decisions and notifications to the enrollee, practitioner, and provider in a timely manner. See Policy FL.UM.05.00 – Timeliness of UM Decisions and Notifications. A member or their authorized representation may also request this benefit through his/her care manager or through a call to the member services department.

The Sunshine Health UM staff will process requests for authorizations regarding the administration of Post Discharge and General Meals and make decisions following a standardized process and time period. See Policy FL.UM.05.00 -Timeliness of UM Decisions and Notifications.

The utilization management nurse will review the request against criteria listed above. If services meet the outlined criteria an authorization will be approved and approval will be communicated back to the requesting provider. If the request does not meet the criteria, the nurse will send the request to a Sunshine Health Medical Director for review. If services are denied by the Medical Director, communication of the denial will be sent to the requesting provider. See Policy FL UM.05.00-Timeliness of UM Decisions.

The time and date of any request for UM review is documented in the Sunshine Health clinical management system. For fax requests, the receipt date and time of authorization request in the clinical management system is reconciled to the request date and time shown in the Document Management System

Post Discharge Meals Process

Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children' Medical Services and Child Welfare Specialty Plan Members

1. The concurrent review or complex discharge planning nurse reviews the inpatient medical record, speaks with the member about his/her needs and discusses the member's needs with the applicable care management staff to help develop an effective discharge plan, including any specific dietary needs that the member requires.
2. The concurrent review or complex discharge planning nurse is responsible to verify the address of where the member will be residing post discharge and any physical limitations that the member may have that will impede member's ability to move a cooler to the refrigerator.
3. Once it has been decided that the member qualifies for post discharge meals, as outlined in this policy, an authorization will be entered in the system.
4. The assigned utilization management nurse or referral specialist will enter an authorization in the system.
5. The applicable care management staff will then coordinate the member selection of the meals and coordinate the delivery with the vendor. The case management staff will:
 - Either contact member telephonically or perform a face-face interview with the member and fill out the form with the requested meals.
 - Confirm the dates of delivery and fax the form with the requested meals to the participating vendor.
 - Communicate to the member the delivery information.
 - Document in TruCare that the meals have been ordered and that the member has been informed.
 - Follow up with the member after discharge to verify that meals were received and to address any issues with the delivery.

General Meals Process

Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children' Medical Services and Child Welfare Specialty Plan Members

1. The care coordinator or case manager speaks with the member, caregiver, and or provider to identify needs and discusses the member's needs with the applicable care management staff, including any specific dietary needs that the member requires.
2. The care coordinator or case manager is responsible to verify the address of where the member will be residing during meal distribution and any physical limitations that the member may have that will impede member's ability to move a cooler to the refrigerator.
3. Once it has been decided that the member qualifies for general meals as outlined in this policy, an authorization will need to be entered in the system.
4. The applicable care management staff member will complete the meal vendor's request form and enter the task in the authorization management system and send for prior authorization review.
5. The assigned prior authorization team member will build the authorization and ensure documentation supports approval.
6. After approval in the authorization system, the applicable care management staff will coordinate the member selection of the meals and coordinate the delivery with the vendor. The case management staff will:
 - Either contact member telephonically or perform a face-face interview with the member and fill out the form with the requested meals.

- Confirm the dates of delivery and fax the form with the requested meals to the participating vendor.
- Communicate to the member the delivery information.
- Document in TruCare that the meals have been ordered and that the member has been informed.
- Follow up with the member after discharge to verify that meals were received and to address any issues with the delivery.

Members with Long Term Care (LTC) and MMA coverage:

1. When a member has both Sunshine LTC and MMA coverage, the payment for the meals post discharge will be through the LTC product.
2. When the concurrent review or complex discharge planning nurse identifies the member is enrolled in the Sunshine MMA and LTC products, he/she will discuss case with the applicable LTC and MMA case management staff.
3. The concurrent review or complex discharge planning nurse will contact the assigned LTC case manager to discuss the member's current status and the possible need for the member to have meals based on the criteria established in this policy.
4. If the criteria is met, the LTC case manager will arrange the meals with the vendor and enter an authorization under the member's LTC record in TruCare.
5. The MMA case management staff will determine if he/she or the LTC case manager will follow up with member upon discharge to verify that meals were received and to address any issues with the delivery.

Limitations/Exclusions

The following limitations or exclusions apply:

- **MMA/Comprehensive/SMI:**

1. For home delivered meals (general): ten (10) meals per authorization
2. For home delivered meals – post-facility discharge (hospital or nursing facility): Unlimited with prior authorization
3. For home delivered meals - disaster preparedness/relief: one (1) annually prior authorization

- **Child Welfare:**

1. Unlimited with prior authorization for post-facility discharge (hospital or nursing facility)
2. For home delivered meals - disaster preparedness/relief: one (1) annually prior authorization

FL CMS:

1. For home delivered meals (general): ten (10) meals per authorization
2. For home delivered meals – post-facility discharge (hospital or nursing facility): ten (10) per authorization
3. For home delivered meals - disaster preparedness/relief: one (1) annually prior authorization

REFERENCES: MMA Expanded Benefits Workflow Process for Supplemental Post Discharge Meals
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ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Added reference number to policy; embedded updated work process	01/28/2015

Annual Review	Added Policy FL.UM.05.00 Timeliness of UM Decisions and Notifications	01/08/2016
Annual Review	Added complex discharge planning nurse as individual assessing the need for post discharge meals for inpatient; removed embedded attachment for Workflow Process for Supplemental Post Discharge Meals and added as a reference document	01/23/2017
Policy Update	Deleted need to be in transitional care program; clarified role of UM staff (CRN and RS) in processing the authorization; modified medical and social criteria for meal eligibility	08/03/2017
Annual Review	Specified benefit as "expanded" not enhanced. Updated for Comprehensive. Added additional code.	07/21/2018
Archer reload to fix system issue	No content reviewed or revised	05/16/2019
Annual Review	Updated policy approvers. Removed the following from the policy statement: "This does not apply to those members covered under Long Term Care (LTC)."	07/16/2020
Integration review	Added Wellcare's Meals Program - HS224 policy language under Procedure section as Definition. Updated product type in Header to add FL CMS and SMI, added "Program" to policy title and a definition for FL CMS in DEFINITION section.	09/03/2020
Annual Review	Made changes to "Purpose", "Procedure", and "Limitations/Exclusions"	11/22/2021
Policy Update	Added Post Discharge Meals Process And General Meals Process	05/05/2022
Policy Update	Added Child Welfare	09/16/2022

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SVP Compliance _____

Senior Dir. Compliance _____