

# Clinical Policy: Home Delivered Meals Program– Post Facility Discharge, Disaster Relief, and General Meals (Expanded Benefit)

Reference Number: FL.CP.MP.16

Date of Last Revision: 01/26

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description

This policy outlines the medical necessity requirements for post facility discharge home delivered meals as an expanded benefit for members discharged from a physical health facility, skilled nursing facility, or acute rehab facility for Sunshine Health's Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children's Medical Services (FL CMS), Child Welfare Specialty Plan, HIV/AIDS and Long-Term Care (LTC) members.

Note: 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 ten meals per qualifying event, and Disaster Relief meals are available once per year.

## Policy/Criteria

- I. It is the policy of Sunshine Health that *post discharge* home delivered meals as an expanded benefit are **medically necessary** for any of the following indications:
  - A. Two or more unplanned inpatient admissions within the past month for which the member's nutritional status contributed to the need for acute care;
  - B. 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;
  - C. Additional nutritional needs for women post-delivery who had a Caesarean Section or who are breastfeeding;
  - D. Inability to manage activities of daily living (ADLs) or independent activities of daily living (IADLs) related to obtaining or preparing food;
  - E. Inability to access nutritional food that impacts the member's ability to improve the condition(s) for which they were admitted;
  - F. Unstable housing that impacts the member's ability to store or prepare food;
  - G. Geriatric syndrome which impacts the member's ability to prepare food;
  - H. Lives alone and has inadequate caregiver support at home post discharge;
  - I. Has someone in the home but has inadequate caregiver support for shopping or preparing meals at home post discharge;
  - J. Inability to prepare meals during the post discharge period;
  - K. Unable to access food during the post discharge period;
  - L. Lack of understanding of either the member or the caregiver related to the nutritional needs of the member during the post discharge period;
  - M. Physically unable to leave home upon initial discharge due to weakness or debilitation.
  
- II. It is the policy of Sunshine Health that *general* home delivered meals as an expanded benefit are **medically necessary** when both of the following criteria are met:

## CLINICAL POLICY

### Home Delivered Meals (Expanded benefit)

- A. Member would benefit from home delivered meals as evidenced by one or more of the following:
1. Caregiver is temporarily unable to provide meals that meet the member's nutritional needs;
  2. Member is temporarily subjected to unstable housing or caregiving services;
  3. 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 for themselves.
- B. All of the following:
1. Has a legitimate delivery address;
  2. Has a working refrigerator at the address the food is to be delivered;
  3. Has a working microwave or oven to be able to re-heat food;
  4. Has the ability to get to the door and bring the cooler containing the food into the home.

*Note:* Please see the following for number of meals per authorization according to type of meal (e. g. general home delivered, or post facility discharge, etc.) and line of business (e. g. MMA, SMI, Child Welfare, or CMS, etc.):

#### **MMA/Comprehensive/SMI/HIV/AIDS:**

- General home delivered meals – ten meals per authorization
- Post facility discharge (hospital or nursing facility) – unlimited with prior authorization
- Disaster preparedness/relief – one annually prior authorization

#### **Child Welfare:**

- Post facility discharge (hospital or nursing facility) – unlimited with prior authorization
- Disaster preparedness/relief – one annually prior authorization

#### **FL CMS:**

- General home delivered meals – ten meals per authorization
- Post facility discharge (hospital or nursing facility) – ten per authorization
- Disaster preparedness/relief – one annually prior authorization

### **Background**

Home delivered meals and special home delivered meals are designed to provide meals to members who experience difficulty shopping for or preparing food without assistance.<sup>2</sup> 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, difficulties chewing, taking two or more medications, and/or being bed or chair bound leading to more frequent readmissions. Studies have shown that readmissions linked to social problems and lack of access to community resources are significantly higher with increased lengths of stay.<sup>2-5</sup> 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), HIV/AIDS and Child Welfare Specialty Plan members discharged from a physical health facility, inpatient acute care, skilled nursing facility, acute

## CLINICAL POLICY

### Home Delivered Meals (Expanded benefit)

rehab hospital or hospital to home ten meals for post-acute nutritional support. In addition, unforeseen natural disasters and/or temporary barriers to adequate nutrition may arise. These conditions will be evaluated for the purposes of extending this benefit whenever applicable.<sup>1</sup>

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		01/15
Annual review; no criteria changes		01/16
Annual review; adjusted process and workflow; removed attachment		01/17
Policy update; Deleted need to be in transitional care program; modified medical and social criteria for meal eligibility		08/17
Annual review; updated for comprehensive; added additional code		07/18
Annual review; removed statement of noncoverage for LTC members		07/20
Integration review; policy expanded; added Wellcare's Meals Program HS 224 policy language		09/20
Annual review; changes to purpose, procedure and limitations/exclusions		11/21
Policy update; added post discharge meals process and general meals process		05/22
Policy update; added child welfare		09/22
Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.36.00 to FL.CP.MP.16. References reviewed and updated.	06/23	
Annual review; minor grammatical changes with no impact to criteria.	09/23	2/24
Annual review. Minor rewording with no impact on criteria. Background updated; References reviewed and updated.	02/25	
Annual review. HIV/AIDS added to description section. Background updated with no impact to criteria. HCPCS code S5170 added. References reviewed and updated.	01/26	

## References

1. Agency for Health Care Administration. Statewide Medicaid Managed Care Expanded Benefits.  
<https://ahca.myflorida.com/content/download/25560/file/Health%20Plan%20Expanded%20Benefits%20Grid%202025%20-%202011-7-2024.xlsx.pdf>. Published February 1, 2025.  
Accessed January 5, 2026.
2. Agency for Health Care Administration. 59G-13.080 Home and community-based services waivers; sections (3)(n), and (10)(b)17.  
[https://ahca.myflorida.com/content/download/7020/file/59G-13.080\\_HCBS\\_Waivers.pdf](https://ahca.myflorida.com/content/download/7020/file/59G-13.080_HCBS_Waivers.pdf).  
Published April 20, 1982 (Revised December 3, 2008). Accessed January 5, 2026.
3. Blondal BS, Geirsdottir OG, Beck AM, et al. Homefood randomized trial-beneficial effects of 6-month nutrition therapy on body weight and physical function in older adults at risk for malnutrition after hospital discharge. *Eur J Clin Nutr.* 2023;77(1):45-54.  
doi:10.1038/s41430-022-01195-2
4. Munk T, Svendsen JA, Knudsen AW, et al. A multimodal nutritional intervention after discharge improves quality of life and physical function in older patients - a randomized controlled trial. *Clin Nutr.* 2021;40(11):5500-5510. doi:10.1016/j.clnu.2021.09.029
5. Obuobi S, Chua RFM, Besser SA, Tabit CE. Social determinants of health and hospital readmissions: can the HOSPITAL risk score be improved by the inclusion of social factors? *BMC Health Serv Res.* 2021;21(1):5. Published 2021 Jan 4. doi:10.1186/s12913-020-05989-7

## **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to

## CLINICAL POLICY

### Home Delivered Meals (Expanded benefit)

applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.