



## Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Homemaker Services</b>		
<b>MNG #: 76</b>	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Medicare Benefit:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Approval Date:</b> 7/1/2021	<b>Effective Date:</b> 9/28/2021
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 7/1/2022	<b>Retire Date:</b>

### OVERVIEW:

Homemaker (HM): Homemaker services from an agency are provided to members where their disabilities result in a need for Homemaker services in order to live independently and prevent the unnecessary need for hospitalization or institutionalization. Homemaker Services may include the performance of general household tasks, (see list below). If the member lives with a relative or other caregiver, it is expected that when routine housekeeping, laundry, shopping, and meal preparation are performed, the IADL needs of the member will be included. Services may be temporary when an individual who regularly performs these tasks for the member is absent. Homemaker service does not include heavy chore type services. Assistance with Activities of Daily Living (ADLs) and medication reminders are not permitted.

### DECISION GUIDELINES:

**Clinical eligibility:** In order to be eligible to receive HM, the member must have a physical, cognitive, or behavioral-related disability that impairs the member's ability to perform at least 2 IADLs of the following Instrumental Activities of Daily Living (IADLs):

- Meal preparation
- Light Housework
- Grocery shopping
- Laundry

The care team must identify the condition or syndrome that underlies the disability, as well as the nature of the functional impairment.

**Determination of need:** In order to receive HM, the requestor (provider or clinical team member) and clinician must determine that HM is required for successful community living, to ensure the health and welfare of the member, and that the guidelines for limitations and exclusions have been met.



## Medical Necessity Guideline

### LIMITATIONS/EXCLUSIONS:

- HM is provided only when neither the member nor anyone else in the household is capable of performing essential household tasks.
- Homemaker services are not covered when the participant or someone else in the household is capable of performing the tasks or when a relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for Homemaker tasks.
- HM may not be provided to the benefit of non-disabled household members; for example, cleaning common areas or laundry for other persons living in the home.
- HM is not provided if the member is a resident or inpatient in a hospital, nursing facility or intermediate care facility for developmentally disabled or any other medical facility.
- HM may not be provided if the member resides in a provider-operated dwelling, such as Assisted Living Services, or if the member receives another service that includes IADL assistance: Adult Foster Care, Group Adult Foster Care, Home Health Aide (HHA) other agency personal assistance services (if the authorized hours include time for IADL tasks), or Personal Care Attendant.
- HM is not allowed with the PCA program

### Assessment criteria:

**SCO and One Care:** If member meets the min of 2 IADL needs based on a recent (within 90 days of the request) MDS or GSSC/ LTSC Assessment, a Time for Task Tool needs to be completed based on that assessment. If request for Homemaker is made after 90 days of last MDS or GSSC/ LTSC assessment an in-home assessment is required to complete the Time for Task. Documentation should support the hours identified on the Time for Task.

- In order to meet the unique IADL needs of a member a combination of services may be needed. Documentation of the medical necessity and unique member's needs must be provided when requesting multiple services.
- HM should be the first choice to consider when there is more than 1 IADL need. If a combination of services is requested, clinical rationale must be provided and eligibility for other services must be met.



## Medical Necessity Guideline

### KEY CARE PLANNING CONSIDERATIONS:

- The care team should review the member's care plan/ service plan to ensure that services are non-duplicative. If member is currently receiving or Personal Care services, Homemaker tasks can be completed by this level of service.
- It is important to support and maintain the involvement of informal supports in the member's care.
- Less costly alternatives should be explored to meet the need.
- The care team should assess whether the member could be independent with assistive/adaptive devices or a home modification.
- SCO members on the Frail Elder Waiver (FEW) may require this service in their care plan to remain eligible for the waiver. This service may be approved as an exception to existing limitations/exclusions in those instances. Consult with the GSSC for additional information.

### AUTHORIZATION:

HM requires prior authorization. Documentation should be included in the authorization request to support the need for service. This would include the member's functional, social and environmental status that affects the need for this service. Authorization requests are reviewed and determinations are made by the Authorization and Utilization Management Department or Delegated entity.

S5130 Homemaker service per 15 minutes

### REGULATORY NOTES:

N/A

### RELATED REFERENCES:

This DST guide is not a rigid rule. CCA has the mission to address all of our complicated members' health needs. Care partners can identify members with Behavioral Health and HOPE (\*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal DST's conditions and recommendations.

\*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

1. 107 CMR 11.00 Massachusetts Rehabilitation Commission Homemaker Assistance Program
2. 651 CMR 3.00 Elder Affairs Home Care Program
3. 130 CMR 630: HOME- AND COMMUNITY-BASED SERVICES WAIVER SERVICES, 630.416



## Medical Necessity Guideline

### ATTACHMENTS:

EXHIBIT A	n/a
EXHIBIT B	

### REVISION LOG:

REVISION DATE	DESCRIPTION

### APPROVALS:

Avideep Chawla  
 CCA Senior Clinical Lead [Print]

Signature

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7/1/2021

Date

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Date