



Homemaker Services – Agency-Delivered Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Homemaker Services – Agency-Delivered		
MNG #: 076	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 7/1/2021;	Effective Date: 9/28/2021; 1/1/2025
Last Revised Date: 5/30/2022; 11/14/2024; 3/18/2025	Next Annual Review Date: 7/1/2022; 5/30/2023; 11/14/2025	Retire Date:

OVERVIEW:

Agency-delivered Homemaker Services (HM) are provided to members when their disability/ies result/s in a need for HM in order that the member may live independently and prevent the unnecessary need for hospitalization or institutionalization. HM may include the performance of general household tasks (see Clinical Coverage Criteria #1 below).

It is important to support and maintain the involvement of informal supports in the member's care. If the member lives with a spouse or legally responsible individual, it is expected that when routine housekeeping, laundry, shopping, and meal preparation are performed by the spouse or legally responsible individual, the IADL needs of the member will be included. HM may be temporary when an individual who regularly performs these tasks for the member is absent or otherwise unable to perform the tasks. HM does not include heavy chore type services. Assistance with Activities of Daily Living and medication reminders are not permitted.

DEFINITIONS:

Activities of Daily Living (ADLs) - Tasks, including the ability to bathe, dress/undress, eat, toilet, transfer in and out of bed or chair, move while in bed, and ambulate inside the home, and management of incontinence.

Activity Time - The actual amount of necessary to complete Instrumental Activities of Daily Living [IADL(s)].

Clinical Assessment - The comprehensive screening process of documenting a member's need using the Minimum Data Set (MDS) tool to form the basis for prior authorization (PA).

Comprehensive Assessment - A review of a member's medical history and current condition. It is used to determine the member's health and how it might change in the future.



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Family Member - A spouse or any legally responsible relative of the member.

Frail Elder Home and Community Based Waiver - A Home- and Community-Based Services (HCBS) waiver designed to make supports available to eligible elders aged 60 and older who meet the level of care for a nursing facility but prefer to remain in the community.

Functional Assessment Tool - A set of questions about a member's health condition and functional needs used in development of member's individualized care plan. Time for each activity is based on guidelines for determining the amount of one:one Activity Time required to perform activities of daily living (ADLs), instrumental activities of daily living (IADLS). These time periods are based on the standard of time it takes a staff person to provide individualized support to a member to perform a specific activity, depending on the level of assistance and behavioral support required by the member. It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less time.

Geriatric Support Services Coordinator (GSSC) - A member of a senior care organization's primary care team who is responsible for arranging and coordinating long-term care and social support services for MassHealth members.

Individualized Care Plan (ICP) – A detailed document outlining a member's specific healthcare needs, goals and preferences. It is developed through collaboration between the member and an interdisciplinary care team, and includes a description of how services and care will be integrated and coordinated among providers.

Instrumental Activities of Daily Living (IADLs) - Basic tasks, including the ability to prepare meals, do housework, do laundry, go shopping, manage medication, ambulate outside the home, use transportation, manage money, and use the telephone.

Legally Responsible Individual – As defined in 130 CMR 630.402, and for the purposes herein, any person who has a duty under state law to care for another person, including but not limited to, a legal guardian or a spouse of a participant.

Long Term Support Coordinator (LTSC) - Independent community organization experts who work with patients as part of their One Care care team.

Member: a person who is enrolled in the CCA One Care (ICO) or CCA Senior Care Options (SCO) plan.

Minimum Data Set (MDS) - A standardized primary screening and assessment tool that serves as the foundation of the comprehensive assessment. Also referred to as the Clinical Assessment.

Time for Task Tool - An assessment based on the standard of time for determining the amount of one:one Activity Time required to perform activities of daily living (ADLs), instrumental activities of daily living (IADLS). These time periods are based on established guidelines for the standard of time it takes a staff person to provide individualized support to a member to perform a specific activity, depending on the level of assistance and behavioral support required by the



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member. It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less time.

DECISION GUIDELINES:

Commonwealth Care Alliance (CCA) may cover activity time performed by a Homemaker worker for assisting or completing instrumental activities of daily living (IADLs). Less costly alternatives to HM services that promote the member's greatest degree of independence in performing IADLs, such as use of durable medical equipment (assistive devices), should be considered.

HM requests for permanent and chronic conditions may be authorized up to 1 year.

HM requests for **acute** conditions may be authorized up to 3-6 months.

A new request for change to member's current HM authorization **must** be submitted when a change in the member's status impacts member's ability to perform IADLs and the member requires less or additional hours than currently authorized.

Clinical Coverage Criteria:

CCA may cover HM if all of the following criteria are met:

1. The member must have a physical, cognitive, or behavioral- related condition that impairs the member's ability to perform at least two of the following IADLs:
 - Meal preparation
 - Light Housework
 - Grocery shopping
 - Laundryand
2. The care team must identify the condition or syndrome that underlies the disability, as well as the nature of the functional impairment; and
3. An MDS, or GSSC/LTSC Assessment has been completed no more than 6 months before the date of the PA request; an in person assessment may be required; and
4. A Time for Task Tool or Functional Assessment has been completed no more than 6 months before the date of the PA request based on the aforementioned assessment (#3); an in person assessment may be required; and
5. HM must be provided in accordance with the member goals as stated in the individualized care plan; and
6. A review of other existing supports has been done, and documented in the care plan, before initiating HM to prevent duplication of services; and
7. Having such services will support the member's health status and their ability to maintain integrated living in the community.
8. The care team should assess whether the member could be independent with assistive/adaptive devices or a home modification.



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9. Significant Change request must include:

- a. The change in the member's medical condition, functional status, or living situation; and
- b. How change in member's condition affects the member's ability to perform IADLs; and
- c. If the change is expected to be permanent or temporary
- d. Any other documentation requested by CCA to support the medical necessity review such as, but not limited to, clinical documentation, evaluations or assessments that support the signs and symptoms pertinent to the chronic or post-acute medical, cognitive, or behavioral health condition.

LIMITATIONS/EXCLUSIONS:

1. HM may not be provided when a spouse or legally responsible individual residing with the member is capable and willing to offer IADL support to the member.
2. 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.
3. HM is not provided if the member is a resident or inpatient of a hospital, nursing facility or intermediate care facility for the developmentally disabled or any other medical facility.
4. 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 duplicates the requested IADL assistance, including but not limited to other HM, Adult Foster Care, Group Adult Foster Care, Home Health Aide (HHA), Supportive Home Care Aid, Personal Care Agency, Personal Care Attendant Program, Laundry, Grocery and Shopping and Delivery Service, Home Delivered Meals or other agency personal assistance services (if the authorized hours include time for IADL tasks).
5. Authorizations must not exceed the standard of time of the CCA Functional Assessment Tool or the CCA Time for Task Tool Guidelines for the IADL tasks.
6. Less costly alternatives should be explored to meet the need.
7. SCO members on the 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.

NOTE: 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.

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT/HCPCS CODE	CODE DESCRIPTION
S5130	Homemaker service, NOS; per 15 minutes



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REFERENCES:

1. 107 CMR 11.00 Massachusetts Rehabilitation Commission Homemaker Assistance Program (2/17/2023). Retrieved from <https://www.mass.gov/doc/107-cmr-11-home-care-assistance-program/download>
2. 651 CMR 3.00 Elder Affairs Home Care Program (1/13/2017). Retrieved from <https://www.mass.gov/doc/651-cmr-3-home-care-program/download>
3. 130 CMR 630: HOME- AND COMMUNITY-BASED SERVICES WAIVER SERVICES, 630.418 (5/27/2022). Retrieved from <https://www.mass.gov/doc/130-cmr-630-home-and-community-based-services-waiver-services/download>
4. Time-for-Tasks Guidelines for the MassHealth PCA Program (11/16/2011). Retrieved from <https://www.masslegalservices.org/system/files/library/Time-for-Tasks%20Guidelines%20for%20the%20MassHealth%20PCA%20Program.pdf>
5. Program Instruction for ASAP Executive Directors PI-09-13 (08/21/2009)

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred) should be attached to the request], or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

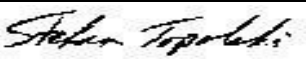



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REVISION LOG:

REVISION DATE	DESCRIPTION
3/18/2025	Template update
12/17/2024	Utilization Management Committee approval
11/14/2024	Annual review; Title change to add Agency-Delivered; References added; Update to current template.
5/30/2022	Template change

APPROVALS:

Stefan Topolski	Medical Director
CCA Clinical Lead	Title
	3/18/2025
Signature	Date
CCA Senior Operational Lead	Title
Signature	Date
Nazlim Hagmann	Chief Medical Officer
CCA CMO or Designee	Title
	3/18/2025
Signature	Date