



Chore Services Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Chore Services		
MNG #: 061	<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	Original Approval Date: 04/01/2021	Effective Date: 06/19/2021; 10/10/24; 1/1/2025
Last Revised Date: 7/7/2022; 8/8/2024; 3/27/2025	Next Annual Review Date: 04/01/2022; 7/7/2023; 8/8/2025	Retire Date:

OVERVIEW:

Chore services are used when an unusual or infrequent household task(s) is required to attain/maintain an individual's home in a clean, sanitary, and safe condition and provide safe access and egress into/out of the home and within the home. Chore services are needed when member is unable to attain and/or maintain their home in this condition due to physical and/or cognitive impairments.

Lighter chore services, such as vacuuming and dusting, are used infrequently, for example, as a precursor to resolve a hazardous or unsanitary situation before homemaker services are implemented.

Heavier chore services require a greater intensity of physical effort (e.g. moving heavy furniture to allow access or egress, lifting heavy items, climbing ladders) and may include correction or prevention of minor environmental defects that are hazardous to a member's health and safety.

A limited number of Chore providers will clean homes in hazardous or severely unsanitary conditions, such as hoarding situations, preparing an infested home for pest extermination, and removing human and animal waste.

Chore services exceed the scope of work, or the intensity of physical effort provided by homemaker services and are not duplicative of or a substitute for homemaker services. Refer to **Homemaker Services Medical Necessity Guidelines**.

Physical modifications to a member's home may be considered home accessibility adaptations. Refer to **Home Accessibility Adaptations Medical Necessity Guidelines**.

DEFINITIONS:

Chore: Chore Services are unusual or infrequent household task(s) required to attain/maintain an individual's home in a clean, sanitary, and safe condition and provide safe access and egress into/out of the home and within the home.

Light Chore services include vacuuming, dusting, dry mopping, and cleaning bathrooms and kitchens and are more



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intensive than homemaking. Light Chore should be considered if there were an unusual circumstance that would create a messier environment for the aide to work in, and chores required to attain a sanitary and safe environment are beyond the scope of homemaker services.

Heavy Chore services are often needed for tenancy preservation or to satisfy requirements outlined in an inspection report and may include moving furniture, washing floors and walls, removing fire and health hazards, and clearing pathways for safe egress. In the case of hoarding or comorbid Behavioral Health (BH) conditions, consultation with BH and/or Care Team must be sought prior to requesting services if Chore services are being considered. A limited number of Chore providers will clean homes in hazardous or severely unsanitary conditions, such as hoarding situations, preparing an infested home for pest extermination, and removing human and animal waste.

Family Member: A spouse or any legally responsible relative of the participant

Frail Elder Waiver (FEW): A member who is certified by the MassHealth agency or its agent to be in need of nursing-facility services that meet age and financial eligibility requirements; is permanently and totally disabled, who receives one or more services, administered by the Executive Office of Elder Affairs, at home

Homemaker: A person who performs light housekeeping duties (for example, cooking, cleaning, laundry, and shopping) for the purpose of maintaining a participant's household. Services consist of the performance of general household tasks such as meal preparation, laundry, grocery shopping, and light housekeeping

Member (member of our plan, or plan member): A person who is enrolled in the CCA once care (ICO) or CCA Senior Care Options (SCO) plan

Service Plan: A written document that specifies the waiver and other services (regardless of funding source) along with any informal supports that are furnished to meet the participant's needs and goals, as assessed and identified through a person-centered planning process, and to assist a participant in remaining in the community. Service Plan is also known as the individual service plan and can include the waiver plan of care

DECISION GUIDELINES:

Chore services require prior authorization. Authorization decisions must be made based on an in-person, in-home assessment of the member and the member's environment. Chore services are to be used on a **one-time-only or infrequent basis** (e.g. every 3-4 months) and only when an unusual household task is required to be performed to attain/maintain a member's home in a clean, sanitary, and safe condition and/or provide safe access and egress into/out of the home and within the home.

Clinical Coverage Criteria:

Commonwealth Care Alliance may cover chore services when **all** of the following criteria are met:

1. One of the following in-home assessments (a-c) is performed within 90 days prior to request and documents how the condition of member's home poses a significant risk to the health, safety and/or well-being of the member:



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- a. GSSC/LTSC Assessment; or
 - b. Clinical Assessment; or
 - c. Care Team member in home visit note such as, but not limited to, activity, care plan note, progress note; and
2. An unusual household task is required to be performed to attain/maintain member's home in a clean, sanitary, and safe condition and provide safe access and egress into/out of the home and within the home; and
3. Chore service is authorized in member's service plan;
 - i. Member has a documented/confirmed medical, cognitive, or behavioral health related disability that impairs the member's ability to address or correct the environmental concerns independently; and
 - ii. The care team has identified the condition or syndrome that underlies the disability, as well as the nature of the functional impairment; and
 - iii. In the case of hoarding or comorbid Behavioral Health (BH) conditions, consultation with BH and/or Care Team must be sought prior to requesting services if Chore services are being considered; and
4. Chore services exceed the scope of work, or the intensity of physical effort provided by homemaker services and are not duplicative of or a substitute for homemaker services; and
5. Family member is not capable of performing the task(s); and
6. A landlord is not responsible for provision of the task(s); and
7. In the case of rental property, the responsibility of the landlord, pursuant to a lease agreement, is examined before authorizing any chore services in a service plan, such as pest extermination.

LIMITATIONS/EXCLUSIONS:

1. Chore services are limited to the benefit of the eligible member when the clinical coverage criteria are met.
2. Commonwealth Care Alliance will **not** cover chore services when:
 - a. Chore services are for the benefit of other member(s) living in the same household. For example, cleaning common areas or providing laundry services for other person(s) living in the same home will not be covered
 - b. Member or someone else living in the household is willing and is capable of performing the task(s)
 - c. Family member is willing and is capable of provision of the task(s)
 - d. Landlord is responsible for provision of the task(s)
 - e. Member receives Adult Foster Care
 - f. Chore services are provided as an ongoing service
 - g. Chore services are used for routine cleaning
 - h. Chore services are duplicative of homemaker services
 - i. Physical modifications to the participant's home are considered home accessibility adaptations. Refer to Home Accessibility Adaptations Medical Necessity Guidelines
 - j. Member is a resident or inpatient of a hospital, nursing facility, Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), or any other medical facility subject to state licensure or certification
 - k. Chore service is not least costly form of comparable care available in the community (e.g. homemaker)
 - l. Chore services are provided to any individual other than the participant who is eligible to receive such services



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and for whom such services are approved in the service plan

- m. Chore service is for the maintenance, upkeep, improvement, and/or home accessibility adaptation of a residential habilitation site, group home, or other provider-owned and -operated residential setting
- n. CCA does not cover chore services and/or expenses related to moving

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.

HCPSC Code	Description
S5120	Light Chore Services per 15 minutes
S5121	Heavy Chore Services per 15 minutes (Per Diem)

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 of 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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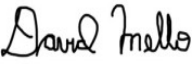

REFERENCES:

1. Commonwealth of Massachusetts MassHealth. . Division of medical assistance: 130 CMR 630.000: Home and community-based services waiver. Accessed May 9, 2024. [130-cmr-630-home-and-community-based-services-waiver-services/download](#)
2. Commonwealth of Massachusetts MassHealth. 1 Acquired Brain Injury–Residential Habilitation Waiver Program, Money Follows the Person–Residential Supports Waiver Program Policies and Procedures. Accessed May 9, 2024. <https://www.mass.gov/info-details/home-and-community-based-services-hcbs-waivers-abi-and-mfp-information-for-providers>

REVISION LOG:

REVISION DATE	DESCRIPTION
3/27/2025	Template update
10/15/2024	Utilization Management Committee approval
10/10/24	Limitations 2b. and 2c. updated to include is willing of provision of the task(s)
8/8/2024	Template update. Overview section and definitions updated. Requirement for BH/Team consult when BH or hoarding condition added to Clinical coverage criteria, limitations/exclusion sections updated to include home accessibility adaptations and homemaker services coverage/duplication limitation under chore services.
7/7/2022	Annual review, template update.

APPROVALS:

David Mello	Senior Medical Director Utilization Review and Medical Policy
CCA Clinical Lead	Title
	1/9/2025
Signature	Date
Nazlim Hagmann	Chief Medical Officer
CCA CMO or Designee	Title
	1/9/2025
Signature	Date