



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Chore Services		
MNG #: 061	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input checked="" type="checkbox"/> MAPD-RI Medicare Preferred <input checked="" type="checkbox"/> MAPD-RI Medicare Value <input checked="" type="checkbox"/> DSNP-RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 4/1/2021;	Effective Date: 06/19/2021;
Last Revised Date:	Next Annual Review Date: 4/1/2022;	Retire Date:

OVERVIEW:

Chore: An unusual or infrequent household maintenance task that is needed to make the member’s home a clean, sanitary, and safe environment. Chore is often used as a precursor to resolve a hazardous or unsanitary situation before Homemaker services are implemented.

Light Chore services include vacuuming, dusting, dry mopping, and cleaning bathrooms and kitchens and are more intensive than homemaking. Light Chore should be considered if there is an unusual circumstance that would create a messier environment for the aide to work in than would fall under homemaking.

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, defrosting freezers, cleaning ovens, cleaning attics and removing fire and health hazards, woodcutting, changing storm windows, yard work, and snow shoveling, as well as minor home repairs such as replacing window panes, replacing door and window locks, installing handrails and safety rails and weatherization. In the case of hoarding or comorbid Behavioral Health (BH) conditions, consultation with BH and/or Care Team should be sought prior to requesting services if Chore services are being considered.

Chore is authorized when the scope of work or the intensity of physical effort exceeds that of Homemaker services. For example, homemakers cannot move heavy furniture, lift heavy items, climb ladders, etc.

Both light and heavy Chore services are to be used only on a one-time-only or infrequent basis and only when an unusual household task is required to be performed to maintain a member’s home in a clean, sanitary, and safe condition. (COMMONWEALTH OF MA Provider Manual Subchapter Number and title 4. 130 CMR 630.000).

Please refer to the Homemaker DST for further information.



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Specialized Chore: 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 extermination¹, and removing human and animal waste.

DECISION GUIDELINES:

Clinical Eligibility: To be eligible to receive Chore, the member must have a medical, cognitive, or behavioral health related disability that impairs the member's ability to address or correct the environmental concerns independently. 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: To receive Chore, the authorizing clinician must determine that the condition of the home poses a significant risk to health or safety or well-being of the member, and that the guidelines for limitations and exclusions have been met.

LIMITATIONS/EXCLUSIONS:

- Chore 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.
- Chore is provided only when neither the member nor anyone else in the household can perform or provide for it, and where no other relative, caregiver, landlord, community/volunteer agency, or third-party agency, e.g., DMA Adult Community Clinical Services, Community Support Program worker, and Commission for the Blind, or third-party payer is capable of or responsible for its provision.
- Chore may not be provided if the member resides in a provider-operated dwelling, such as a Group Home or Assisted Living Residence, or if the member receives Adult Foster Care.
- Moving expenses are not covered.
- Chore services are limited to 12-hours per calendar year.
- Chore services are episodic and not intended to be used as an ongoing service.
- Chore is not to be used for routine cleaning.

KEY CARE PLANNING CONSIDERATIONS:

- Chore can be used for the removal of heavy and excessive items to make the member's home a clean, sanitary, and safe environment or to resolve a hazardous or unsanitary situation.
- If the member requires assistance with ongoing maintenance of the home, another service such as Homemaker should be authorized.



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- Care planning must address underlying causes of the need for Chore as appropriate. For example, hoarding. To prevent recurring hazardous conditions in the home the care team should consult with the Behavioral Health clinician and the Health Outreach Worker (HOW) on the Care team prior to requesting services.
- 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.

Process

In the case of hoarding or comorbid Behavioral Health conditions, consultation with BH and/or Care Team should be sought prior to requesting services if Chore services are being considered.

1. Case Conference Lead: The Case Conference Lead is the *Requestor* of the Case Conference. The person who is the Case Conference Lead is responsible for entering the Case Conference Activity. The Case Conference Lead is also tasked to present the case at the beginning of the Inter-disciplinary team Case Conference. Examples of team members who may act as a Case Conference Lead include Care Partner, Community RN, Community Advanced Practice Clinician, Clinical Manager, Medical Director, or any member of the interdisciplinary team. LTSCs and GSSCs must be included in the Case Conference.
2. To inform the Utilization Management team, a note must be included within the authorization indicating that a case conference occurred with the date, outcome and recommendation noted.

See Case Conference SOP for further information.

AUTHORIZATION:

Chore requires prior authorization. Authorization decisions must be made based on an in-person, in-home assessment of the member and his/her environment, as well as any other relevant information, e.g., medical diagnoses. (Assessments conducted by contract RNs may contribute information to the decision process, but do not meet the requirement for an in-home assessment.) Care team members, such as GSSCs, Health Outreach Workers and Long Term Supports Coordinators, may evaluate clinical eligibility for Chore, and should review a service plan with the Care Partner. The Care Partner/GSSC would then complete the authorization process reflecting the outcome of the case conference as appropriate.

S5120 Light Chore Services per 15 minutes

S5121 Heavy Chore Services per 15 minutes (Per Diem)

REGULATORY NOTES:

COMMONWEALTH OF MA Provider Manual Subchapter Number and title 4. 130 CMR 630.412



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RELATED REFERENCES:

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

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