



Chore Services Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Chore Services		
MNG #: 061	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	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
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 04/01/2021;	Effective Date: 06/19/2021
Last Revised Date: 7/7/2022;	Next Annual Review Date: 04/01/2022; 7/7/2023;	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 were 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 windowpanes, 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 must 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 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).



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Please refer to the Homemaker MNG for further information.

DEFINITIONS:

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 extermination, and removing human and animal waste.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, 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.

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.

1. Commonwealth Care Alliance may cover chore services if the member meets **all** of the following criteria:
 - a. The member has a medical, cognitive, or behavioral health-related disability that impairs their ability to address or correct the environmental concerns independently; *and*
 - b. If there is no one in the household, relative, caregiver, landlord, community/volunteer agency, or third-party agency, e.g., Adult Community Clinical Services, Community Support Program worker, and Commission for the Blind, or third-party payer, who can perform, provide, or be responsible for the necessary household maintenance tasks to ensure that safety and cleanliness of the member's home; *and*
 - c. The care team must assess, identify, and document the condition or syndrome that underlies the disability, and the nature of the functional impairment; *and*
 - d. The authorizing clinician must determine and document that the condition of the home poses a significant risk to health and wellbeing, and/or safety of the member, and that the guidelines for the limitations and exclusions have been met.

LIMITATIONS/EXCLUSIONS:

1. Chore services are limited to the benefit of the eligible member when the criteria are met.
2. Commonwealth Care Alliance will **not** cover Chore services for any of the following situations:



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- a. For the benefit of other members living in the same household. For example, cleaning common areas or providing laundry services for other person living in the same home will not be covered;
- b. If the member resides in a provider-operated dwelling. This includes a group home or assisted living residence;
- c. If the member receives Adult Foster Care;
- d. For moving expenses;
- e. If the chore services are provided as an ongoing service; *or*
- f. If the chore services are 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.
- 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 must 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. If there is a suspicion of hoarding, consult with Behavioral Health experts immediately.
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.

AUTHORIZATION:

Chore requires prior authorization. Authorization decisions must be made based on an in-person, in-home assessment of the member and the member's environment, as well as any other relevant information, e.g., medical diagnoses by a physician, physician assistant, nurse practitioner, or registered nurse. (Assessments conducted by contract RNs may contribute information to the decision process, but do not meet the requirement



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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.

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. 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. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. 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).

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

REGULATORY NOTES:

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.

This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

1. MassHealth, 130 CMR 630.000: Home and Community-based Services Waiver Services

Disclaimer

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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RELATED REFERENCES:

1. Commonwealth of Massachusetts. (2022). *Division of medical assistance: 130 CMR 630.000: Home and community-based services waiver services*. Retrieved from <https://www.mass.gov/doc/130-cmr-630-home-and-community-based-services-waiver-services/download>

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION
7/7/2022	Annual review, template update.

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