

Benefit Guideline: Homemaker Services

Service: Homemaker Services (HM)

Effective: 5/1/13

Review Date: 12/8/2020, 12/03/2021, 12/16/2022, 7/11/2023, 12/28/23

Products: Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO), Medica Choice CareSM (Minnesota Senior Care Plus, or MSC+)

Definition of Service: Homemaker services are available when a member is unable to manage general cleaning and household activities or when the member's primary caregiver (a primary caregiver does not need to reside at the same address as the member receiving services) regularly responsible for these activities is temporarily absent or unable to manage the household activities. Homemaker services range from light household cleaning to household cleaning with minor help with home management and activities of daily living. All homemakers may help monitor the member's well-being in the home, including home safety.

Covered: Homemaker services may include:

- Laundry
- Meal prep (see considerations)
- Shopping for food, clothing, and supplies
- Simple household repairs
- Arranging for transportation
- Activities of daily living (bathing, toileting, grooming, eating, and ambulating)

Not Covered:

- Services the member refuses to do but is physically able.
- Services that are not solely for the member or services duplicated in a household.
- Tasks that do not meet the basic needs for a healthy and safe environment.
- Homemaking when a member resides in a licensed setting such as adult foster care, customized living or 24-hr customized living.
- When homemaker services duplicate state plan services such as Personal Care Assistance (PCA)
- When there are other services or supports in place that could meet this need such as chore services, Independent Community Living Skills (ICLS), Extended PCA, etc.

Process:

- Member will be open to Elderly waiver.
- Homemaker services require an authorization.
- Homemaker (HM) Cleaning (S5130), HM/Home Management (S5130 TF), HM/Assistance with Activities of Daily Living (S5130 TG).
- All member needs are unique and professional judgment must be used when determining service authorizations.
- Authorizations exceeding the recommended hours per the guideline needs supervisor consultation and documented reasoning in the member record.
- See guide below for **suggested** times.

	Cleaning Only	Cleaning with meal prep	Cleaning Plus shopping	Cleaning, Shopping, and laundry onsite	Cleaning, shopping, and laundry not onsite	Cleaning, shopping, laundry, meal prep
Living Independently	1 -2 hr/wk	1.5 – 2.5 hr/wk	2.5 – 3.5 hr/wk	3.5 – 4.5 hr/wk	4 – 5 hr/wk	4 – 6 hr/wk
Living with Family or Friends	.5 -1 hr/wk	NA	NA	NA	NA	NA
Has additional services (PCA, ICLS, HHA, Chore Services, Informal Support)	<p>*Consideration*</p> <p>What is the care planned need of the services member is receiving? Can the need be met with these services or are additional services needed? Did you assess for duplication?</p>					

Considerations:

Homemaker services are to provide the member a safe and clean environment. Care Coordinators (CC) should **consider** the following questions before authorizing HM services:

- Members must first access Medical Assistance (MA) home care services to the highest extent (such as PCA and HHA) and informal supports before adding an EW service to the community support plan.
- Avoid duplication of services. It may be considered duplication of services if member is receiving homemaker ADL’s and PCA services.
- The member with the Care Coordinator determines the appropriate service to meet the member’s assessed need as part of the collaborative care planning process. The CC needs to assure there is no duplication of services. The care plan determines the services provided to the member and it is not the decision of the provider what service to provide.
- Cleaning and home management may be provided in addition to PCA if assessed needs are not met by PCA, or other formal and/or informal supports.
- Homemaker with assistance with ADLs provides cleaning service and incidental assistance with ADLs.
- Are there cultural considerations with meal preparation? Is the diet what the Primary Care Provider has recommended?
- Is this service necessary for the health, welfare, and safety of the member?
- Does the service enable the member to function with greater independence?
- Is the service of direct and specific benefit to the member (sole utility of the member)?
- Is this the most cost-effective solution?
- What can the member still do for self? Is the member requesting assistance with Homemaking tasks that they are still physically able to do?
- Are there other formal or informal services, which can meet the identified need?
- The member has the right to appeal if they disagree with the Care Coordinators decision.

When to Submit a Request for Benefit Exception:

- When item is outside of the benefit set (i.e., Member not on Waiver)
- Amount of item exceeds Elderly Waiver (EW) Monthly Service Cap

References:

Minnesota Health Care Programs (MHCP) Provider Manual
DHS Community-Based Services Manual (CBSM)
DHS MSHO/MSO+ Contract

This Medica Benefit Guideline for Care Coordination Products is intended to guide service plan development. This reflects current interpretation of the product benefit set and/or parameters for obtaining services. Medica staff should be consulted for further guidance or to vary from these recommendations.

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