Benefit Guideline: Homemaking

Service: Homemaking (HMKR)
Effective: 5/1/13
Review Date: 12/10/2018

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 recipient is unable to manage general cleaning and household activities or when the person 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 client’s well-being in the home, including home safety.

Covered: Homemaking 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 24hr Customized Living (CL) setting
- When there are other services or supports in place that could meet this need

Process:
- Member will be open to Elderly waiver
- Homemaking services require an authorization
- Cleaning (S5130), HM/Home Management (S5130 TF), HM/Assist with (S5130TG)
- Every members needs are unique and professional judgment must be used when determining service authorizations
- See guide below for suggested times
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.

### Living Arrangement

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>Time per week</th>
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<tbody>
<tr>
<td></td>
<td>Cleaning Only</td>
</tr>
<tr>
<td>1 Bedroom Apt.</td>
<td>1.25-1.5 hours</td>
</tr>
<tr>
<td>1 Bedroom Apt., Laundry needs, continent</td>
<td>1.25-1.5 hours</td>
</tr>
<tr>
<td>1 Bedroom Apt., Laundry needs, incontinent</td>
<td>1.25-1.5 hours</td>
</tr>
<tr>
<td>1 Bedroom Apt., Shopping</td>
<td>1.25-1.5 hours</td>
</tr>
<tr>
<td>1 Bedroom Apt., Shopping, Laundry needs, continent</td>
<td>1.25-1.5 hours</td>
</tr>
<tr>
<td>Large Apt/House</td>
<td>1.5-2.25 hours</td>
</tr>
<tr>
<td>Large Apt/House, Laundry needs, incontinent</td>
<td>1.5-2.25 hours</td>
</tr>
<tr>
<td>Large Apt/House, Shopping</td>
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</tbody>
</table>

### 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

### Considerations:
HMKR services are to provide the member a safe and clean environment. CC’s should consider the following questions before authorizing HMKR services:
- Avoid duplication of services (homemaking/ADL’s for members receiving PCA,
- Cleaning and home management can be provided in addition to PCA if assessed needs are not met by PCA, or other formal and/or informal supports.
- Are there cultural considerations with meal preparation? Is the diet what the Primary Care Provider has recommended?
- Homemaking ADL’s may not be appropriate for a member also receiving PCA as it could be considered a duplication of services. The member with the Care Coordinator determine 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.
- 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 recipient still do for self? Is the member requesting assistance with HMKR tasks they are still physically able to do?
- Are there other formal, informal or quasi-formal services, which can meet the identified need?