Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Pro se

Alliance (CCA): Cassandra Horne, Jeremiah Mancuso, Nayelis Guerrero, Kaley Emery (observing)



The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid Board of Hearings 100 Hancock Street, Quincy, Massachusetts 02171

APPEAL DECISION

| Appeal Decision: | Denied | lssue: | Managed Care Organization—Denial of an Internal Appeal |
|---------------------|---|-------------------|--|
| Decision Date: | 05/08/2025 | Hearing Date: | 03/13/2025 |
| Respondent's Reps.: | Cassandra Horne, Jeremiah Mancuso, Nayelis Guerrero | Appellant's Rep.: | |
| Hearing Location: | Quincy Harbor South (Telephone) | Aid Pending: | No |

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

By notice dated January 23, 2025, Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO), denied the Appellant's Level I appeal for prior authorization of heavy chore service for the time frame of January 1, 2025 to March 8, 2025, via Suburban Homemaking. Exhibit 1. The Appellant filed this appeal in a timely manner on January 30, 2025. Exhibit 2 and 130 CMR 610.015(B). Denial of assistance is a valid basis for appeal. 130 CMR 508.010, 130 CMR 610.032(B).

Action Taken by Respondent

CCA denied the Appellant's prior authorization request for heavy chore services.

lssue

The appeal issue is whether CCA was correct in denying the Appellant's prior authorization request.

Summary of Evidence

The Appellant is an adult between the ages of 21-64. As part of his fair hearing request, the Appellant included a letter from his primary care physician stating that he "needs to continue with his heavy chore services. [The Appellant] needs help with laundry service, cleaning his room, making his bed, and 21 meals per week due to his medical conditions." Exhibit 2 at 3.

Prior to the hearing, CCA submitted a 218-page review into the record. Exhibit 5. Exhibit 5 indicates that for the Appellant's activities of daily living, he requires assistance with "health maintenance activities"¹ and is dependent for "ambulation;" and with his instrumental activities of daily living, he requires assistance with cooking/meal preparation and shopping, and that he is dependent for laundry, housekeeping, and escort/transportation. *Id.* at 160-61. Specifically, in the category of housekeeping it states that the Appellant needs 0.5-1 hour per week and under "Comments," that "Blind member with chronic back, knee pain needs assistance [sic] requires heavy chore assistance with deep cleaning for bedroom & bathroom to clean & scrub the: toilet; sink; bathroom floor; and shower stall. Member needs assistance with making his bed and cleaning the carpet." *Id.*

The hearing was held by telephone. The CCA representative testified that the Appellant has been a CCA One Care member since July 1, 2022. Through his personal care management agency, , the Appellant submitted a request for prior authorization for heavy chore services for the time period of January 1, 2025 to March 8, 2025. The CCA representative testified that heavy chore services are only approved for unusual or rare tasks needed to keep a home safe and accessible, and that it is intended to be only a one-time service. The CCA representative explained that heavy chore services are not meant to be authorized continuously and that was why the Appellant was not allowed aid pending his appeal. The CCA representative testified that the Appellant's needs fit better into the category of cleaning and homemaking. The CCA representative cited regulation 130 CMR 630.413(A) for support of CCA's decision. CCA conceded that it had approved 6 hours of heavy chore services every 90 days for the Appellant throughout 2024², but stated that those requests should not necessarily have been approved. The CCA representative testified that the Appellant was authorized to have 4 hours per month of homemaking services, through the personal care management agency, from February 28, 2025 to February 27, 2026.

The Appellant verified his identity. The Appellant testified that he had been receiving heavy chore

¹ Reading medication labels.

 $^{^{\}rm 2}$ This is supported in the record. Exhibit 5 at 75-76, 86-88, 133-34, 140-42.

services in three-month intervals over the past year and a half. He testified that the time frame for the heavy chore services request should have been January 1, 2025 to March 31, 2025.³ The Appellant explained that he is assigned a "care partner," who is a CCA employee, who helps manage his care needs. The Appellant shared that he hoped he could discuss possible solutions with CCA. The Appellant testified that he is blind and that his housing situation entails just a bedroom and bathroom, so there is not much space to clean or many hours that are necessary. The Appellant explained that he thought his prior care partner, **or and CCA's** Long Term Support Coordinator may have settled on the heavy chore service because, due to the small number of hours needed, it was impossible to find an agency to provide homemaking services. The Appellant testified that prior to **or and the contract**.⁴ The Appellant testified that his home was last cleaned on December 20, 2024, based on his previous prior authorization for heavy chore services, and that he had not yet received any homemaking services through

The Appellant expressed frustration that he had waited over three months for services, and that CCA's Utilization Management had not explained to him before that there were these restrictions on the heavy chore service. The Appellant testified that he would be willing to accept one hour a month for cleaning services. The Appellant shared that his understanding was that the pay for heavy chore services was nearly double the rate of pay for homemaking services, and that that may be why it is an easier service to fill. The Appellant also explained that because he is completely blind, he has to be able to communicate with the worker, ideally in English, and that he cannot rely on gestures or visual communication from the homemaker. The Appellant explained that he will try his best, and his previous cleaner (through the heavy chore service) primarily spoke Spanish, but that the Appellant understood enough that they could communicate with one another. The Appellant explained that due to his multiple disabilities, he spends much of his time in bed, and that he has been without cleaning and changing of his sheets for three months. The Appellant testified that he felt that CCA's treatment of him was unjust. The Appellant reiterated his frustration with Utilization Management for approving the services in the past and not explaining to him the guidelines. The Appellant also explained that his preference is that he be telephoned with relevant information as opposed to receiving materials in braille. He also wanted to know why he had not received aid pending appeal.

During the hearing, the CCA representative also submitted CCA's Chore Services—Medical Necessity Guideline into the record. Exhibit 6. The Guideline states that:

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.

³ This is supported in the record. *See* Exhibit 5 at 64.

⁴ CCA did not dispute this but explained that personal care management agencies have to accept Medicaid's rates for services.

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.

. . 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....

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 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, and chores required to attain a sanitary and safe environment beyond the scope of homemaker services.

Heavy Chore services are often needed for tenancy preservation or to satisfy requirements outline in an inspection report and may include moving furniture, washing floors and walls, removing fire and health hazards, and clearing pathways for safe egress...

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.

...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.

Exhibit 6 at 1-2.

CCA's Chore Services—Medical Necessity Guideline also states:

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;
 - 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;
 - a. 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
 - b. The care team has identified the condition or syndrome that underlies the disability, as wells as the nature of the functional impairment; and
 - c. 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 or 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 Guidelines
 - j. Member is a resident or inpatient of a hospital, nursing facility, Intermediate Care

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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)
- I. Chore services are provided to any individual other than the participant who is eligible to receive such services 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

Id. at 3-4.

The Guideline also states:

The 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.

ld. at 5.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

- 1. The Appellant is a member of CCA One Plan, a MassHealth ICO. Testimony.
- 2. The Appellant is an adult between the ages of 21-64. Exhibit 4.
- 3. The Appellant is dependent for the instrumental activity of daily living of housekeeping, including cleaning his room, scrubbing the toilet, sink, shower stall and bathroom floor, and making his bed. Testimony, Exhibits 2 & 5.
- 4. Through **Construction**, CCA received the Appellant's request for a total of six hours of heavy chore service for the time period of January 1, 2025 to March 31, 2025. Testimony, Exhibit 5 at 64.

- 5. CCA had previously approved similar requests in 2024. Testimony, Exhibit 5.
- 6. CCA initially denied the request on December 23, 2024. Exhibit 5.
- 7. The Appellant filed an appeal with CCA on December 24, 2024. Exhibit 1.
- 8. On January 23, 2025, CCA denied the Appellant's Level I appeal. Exhibit 1.
- On January 30, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit
 1.
- 10. The Appellant has had challenges getting housekeeping services consistently delivered, and he did not receive services between the last heavy chore service date of December 20, 2024 and the date of hearing. Testimony.
- 11. I credit CCA's medical necessity guidelines for chore services, as quoted above. Exhibit 6.

Analysis and Conclusions of Law

MassHealth members younger than 65 years old, except those excluded under 130 CMR 508.004, must enroll in the Primary Care Clinician Plan or a MassHealth-contracted MCO available for their coverage type. 130 CMR 450.117(A) and 130 CMR 508.002. MassHealth managed care options include an integrated care organization (ICO) for MassHealth Standard and CommonHealth members who also meet the requirements for eligibility set forth under 130 CMR 508.007. Members who participate in an ICO obtain all covered services through the ICO. 130 CMR 450.117(K).

A member may enroll in an ICO if he or she meets the following criteria:

(A) Eligibility.

(1) In order to be eligible to enroll in an integrated care organization (ICO), a MassHealth member must meet all of the following criteria, and may not be enrolled or concurrently participate in any of the programs or plans listed in 130 CMR 508.007(F):

(a) be 21 through 64 years of age at the time of enrollment;

(b) be eligible for MassHealth Standard as defined in 130 CMR 450.105(A): *MassHealth Standard* or MassHealth CommonHealth as defined in 130 CMR 450.105(E): *MassHealth CommonHealth*;

(c) be enrolled in Medicare Parts A and B, be eligible for Medicare Part D, and have no other health insurance that meets the basicbenefit level as defined in 130 CMR 501.001: *Definition of Terms*; and (d) live in a designated service area of an ICO.

130 CMR 508.007.

The ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Upon enrollment, the ICO is required to provide evidence of its coverage, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral-health, and long-term services and supports. 130 CMR 508.007(C). ICO members may appeal a determination made by an ICO to the Board of Hearings pursuant to 130 CMR 508.010. CCA's One Care Plan is a MassHealth ICO.

MassHealth regulations provide the following:

130 CMR 630.402: Definitions

• • • •

<u>Chore</u>. An unusual or infrequent household maintenance task that is needed to maintain the participant's home in a clean, sanitary, and safe environment. Chores include heavy household work such as washing floors, windows, and walls; tacking down loose rugs and tiles; and moving heavy items of furniture to provide safe access and exit.

. . . .

<u>Homemaker</u>. A person who performs light housekeeping duties (for example, cooking, cleaning, laundry, and shopping) for the purpose of maintaining a participant's household.

130 CMR 630.402.5

130 CMR 630.413: Chore Services

(A) <u>Conditions of Payment</u>. Chore services are covered only on a one-time or infrequent basis and only when an unusual household task is required to be performed to maintain a participant's home in a clean, sanitary, and safe condition.

(B) <u>Nonpayable Services</u>. Chore services are not covered when the participant or someone else in the household is capable of performing the tasks or when a relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for provision of the tasks. 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.

130 CMR 630.413.

⁵ Section 630 details home- and community-based services waiver services.

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." <u>Andrews v. Division of Medical Assistance</u>, 68 Mass. App. Ct. 228, 231 (2007). <u>See also Fisch v. Board of Registration in Med.</u>, 437 Mass. 128, 131 (2002); <u>Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Comm'n.</u>, 11 Mass. App. Ct. 333, 334 (1981); <u>Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance</u>, 45 Mass. App. Ct. 386, 390 (1998).

The differences between "chore services" and "homemaking" within CCA's medical necessity guidelines are somewhat unclear, as "light chore" is defined to "include vacuuming, dusting, dry mopping, and cleaning bathrooms and kitchens and are more intensive than homemaking;" yet, these seem to be routine house cleaning tasks. Exhibit 6 at 2. Specifically, vacuuming and the cleaning of bathrooms also need to be performed on a routine basis. Elsewhere, the guidelines state that chore services are not to be used for routine cleaning or on an ongoing basis. *Id.* at 4. Furthermore, CCA's records state that the Appellant "requires heavy chore assistance with deep cleaning for bedroom & bathroom to clean & scrub the: toilet; sink; bathroom floor; and shower stall. Member needs assistance with making his bed and cleaning the carpet." Exhibit 5 at 160-61.

Based on the evidence before me, the Appellant is dependent for the instrumental activity of daily living of housekeeping, including cleaning his room, scrubbing the toilet, sink, shower stall and bathroom floor, and making his bed. Exhibits 2 & 5. Taken as a whole, these are activities that will need to be performed routinely and on an ongoing basis and so they are excluded from CCA's payment for chore services. Exhibit 6 at 3-4. There is no evidence in the record to suggest that the Appellant has problems with hoarding or other comorbid behaviors that would lead his home to pose a significant risk to his health, safety, or well-being. *Id.* at 3. Accordingly, I find that the Appellant has not met the burden to demonstrate the invalidity of CCA's denial for heavy chore services, and the appeal is denied.⁶

Order for Respondent

None.

Notification of Your Right to Appeal to Court

⁶ While outside the scope of this decision, I understand the concerns the Appellant raised about not receiving housekeeping services based on the inability of CCA to find a service provider. I also note that, based on the testimony provided, if fewer hours were needed for heavy chore services, it may not be a more costly form of comparable care relative to homemaking, and that the CCA Medical Necessity Guidelines specify that they are not "rigid." Exhibit 6 at 4-5.

If you disagree with this decision, you have the right to appeal to court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Emily Sabo Hearing Officer Board of Hearings

MassHealth Representative: Commonwealth Care Alliance SCO, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108