

- The procedures for payment for services furnished under the agreement or contract.

2180E – Application of Home Health Agency Conditions of Participation to Patients Receiving Chore Services Exclusively
(Rev. 125, Issued: 10-31-14, Effective: 10-31-14, Implementation: 10-31-14)

In addition to the home health services listed in §1861(m) of the Act, and Medicaid State Plan services identified in §1905(a) of the Act, some HHAs choose to offer additional services which are clearly non-medical in nature. Such services are typically comprised of housekeeping, chore, or companion services. The HHA makes these services available to individuals who choose to pay for them privately, and/or individuals who are provided these services from other programs, such as a State Medicaid Home and Community-Based Services (HCBS) Waiver Program under §1915(c) of the Social Security Act. The HHA may offer these services to current patients of the HHA (to supplement the skilled services available), to previous patients who have been discharged from skilled care, and to other individuals in the community who request them.

Many individuals who receive these non-medical services are frail, elderly or disabled and request these services because they are unable to perform them independently and need this kind of assistance to remain in the home environment.

In addition to promoting the health and safety of individuals, §1891(b) of the Social Security Act also directs the Secretary to ensure that requirements “promote the effective and efficient use of public moneys.” This statutory direction is especially pertinent in the question of whether expenses ought always to be incurred for a comprehensive assessment and care plan when the only service requested from an HHA by an individual is a chore or other clearly non-medical service. When this is the case, we will not consider the individual to be a patient of the HHA in the traditional sense of the term, and requirements that must apply to patients will not be required in such limited situations (e.g., the requirement for a comprehensive assessment under §484.55 will not apply).

The Medicare HHA CoPs do not apply to those individuals who receive only chore services or other clearly non-medical services from the HHA. Non-medical services include chore services, companion services, household maintenance and repair services, lawn and tree services, and clearing walkways. To the extent that there is ambiguity as to whether a service is non-medical or medical, we will incline towards the medical interpretation and consider the CoPs to apply.

CMS considers as a medical service any hands-on service, personal care service, cueing, or activity that is in any way involved in monitoring the patient’s health condition. As soon as the HHA provides any Medicare service to an individual, or any standard service permitted by Federal law under the Medicaid State Plan (such as personal care), we will consider the individual to be receiving medical care. The CoPs will apply for all services rendered to such an individual. For example, the CoPs would apply in the case of an individual who received both chore services and personal care (regardless of funding

source), but would not apply in the case of an individual receiving only chore services from the HHA.

HHAs are required as a part of the patient rights CoP to advise the patient of the extent to which payment for HHA services may be expected from Medicare or other sources and the extent to which payment may be required from the patient. The HHA should explain to a beneficiary who is ending a Medicare episode and continuing to receive chore services that Medicare does not pay for those services.

HHAs may develop their own comprehensive assessment for each required time point under the regulations at §484.55 for those patients receiving personal care services only regardless of payer source. The assessment may be performed any time up to and including the 60th day from the most recently completed assessment.

The HHA must continue to meet all State licensure and State practice regulations governing the provision of service to this population. Where state law is more restrictive than Medicare, (e.g., State law or State Medicaid HCBS requires the HHA to comply with CoPs when providing only chore services) the provider needs to apply the State law standard as well.

Note that this instruction does not supersede any current policy related to Medicare coverage and eligibility rules or instructions from the Medicare Administrative Contractors (MACs). The HHAs that provide non-medical services must also ensure that fiscal accounts are structured and maintained in conformance with CMS regulations and generally accepted accounting standards.

2182 - Organization of HHA

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It is permissible for an HHA to be located at a single site or have a parent site with services available at other approved locations, unless prohibited by State law or regulation. If there is more than one site, there must be a designated parent site with any other designated sites (branches and/or subunits) being part of that agency as described in more detail below. The parent, branch or subunit must be operational during normal business hours as defined by the parent or subunit.

Subdivisions

A subdivision is a component of a multi-function health agency, such as a hospital-based HHA or the nursing division of a health department, which independently meets the CoPs for HHAs. A subdivision would need to meet all requirements for the initial survey including completing the CMS Form-855A and having this form verified by the assigned MAC. A subdivision may have subunits and/or branch offices and, if so, is regarded as a parent agency.

Parent HHA