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**CHAPTER 23: HOME HEALTH**

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### **OVERVIEW**

A Home Health Agency (HHA) enrolled in Louisiana Medicaid provides patient care services in the beneficiary's residential setting under the order of a physician that are necessary for the diagnosis and treatment of the recipient's illness or injury. Such services include part-time skilled nursing services, extended skilled nursing services (for recipients under 21 years of age), home health aide services, physical therapy (PT), speech therapy (ST), occupational therapy (OT) and medical supplies recommended by the physician as required in the care of the recipient and suitable for use in any setting in which normal life activities take place.

Medicaid recipients do not have to be homebound in order to receive home health services. Home health services can be provided in a recipient's residential setting, which is any non-institutional setting in which a recipient's normal life activities take place. The recipient's place of residence cannot be a hospital, nursing home, or intermediate care facility for individuals with intellectual disabilities (ICF-IID) (with limited exceptions). The attending physician must certify that the recipient meets the medical criteria to receive the service in the home and is in need of the home health service on an intermittent basis. This certification and physician's plan of care must be maintained in the recipient's record and on file at the HHA. The physician must review the plan of care (POC) every 60 days.

A face-to-face encounter is required and it must be related to the primary reason the recipient requires home health services. A face-to-face encounter may be conducted by the recipient's physician or a Medicaid-allowed non-physician practitioner (NPP).

(Refer to Section 23.4 for details regarding face-to-face encounter requirements).

(Refer to Section 23.5 for prior authorization requirements).

(Refer to the Minimum Standards for Licensing Home Health Agencies (LAC 48:1, Chapter 91) for details regarding HHA requirements).