DESCRIPTION OF SERVICES

Home health services are reimbursable only when ordered by a licensed physician who certifies that the recipient meets the medical necessity criteria (section 23.3) to receive services in the home on an intermittent basis. Home Health Services are reimbursable by Medicaid if the service is provided in the recipient's home or place of residence. The recipient's place of residence **cannot** be a hospital, nursing home, or intermediate care facility for individuals with intellectual disabilities. The certification and physician's plan of care must be maintained in the recipient's record and on file at the Home Health Agency (HHA). The physician must review the plan of care every 60 days.

Covered Home Health Services

Covered home health services include the following:

- **Skilled Nursing** (Intermittent or part-time)
- **Home Health Aide** is provided in accordance with the plan of care as recommended by the attending physician.
- **Extended Nursing** under the Early & Periodic Screening Diagnosis and Treatment (EPSDT) Program is extended nursing care by a registered nurse (RN) or a licensed practical nurse (LPN) and may be provided to children under age 21 who are considered "medically fragile." These services must be prior authorized.
- **Rehabilitation Services** are physical, occupational and speech therapies.
- **Medical Supplies** as recommended by the physician, required in the plan of care for the recipient and suitable for use in the home are covered under the Durable Medical Equipment (DME) program when approved by the Prior Authorization Unit (PAU).

NOTE: Home health agencies that enroll as DME providers may bill the program for supplies used under that service designation using the DME claim form.

Skilled Nursing Services

Nursing services provided on a part-time or intermittent basis by a registered nurse or licensed practical nurse that are necessary for the diagnosis and treatment of a patient's illness or injury.

These services shall be consistent with:

- Established Medicaid policy;
- The nature and severity of the recipient's illness or injury;
- The particular medical needs of the patient; and
- The accepted standards of medical and nursing practice.

Psychiatric Services

Home health services provided to recipients whose primary diagnosis is psychiatric must be provided in accordance with state requirements as published in the Minimum Standards for HHAs. One requirement stipulates that only registered nurses (RNs) shall make psychiatric nurse visits.

RN qualifications for psychiatric home health visits are taken from the Minimum Standards for Licensing Home Health Agencies (LAC 48: 1, Chapter 91). Only RNs who have these credentials shall make psychiatric nurse visits.

Additionally, experience must have been within the last five years or documentation must show psychiatric re-training, classes, or continued education units (CEUs) to update psychiatric knowledge.

RN requirements include:

- RN with a Master's Degree in Psychiatric or Mental Health Nursing;

- RN with a Bachelor's Degree in Nursing with one year of experience in an active treatment unit in a psychiatric or mental health hospital or outpatient clinic; or

- RN with a diploma or Associate Degree with two years of experience in an active treatment unit in a psychiatric or mental health hospital or outpatient clinic.

Furthermore, the services must be medically necessary and provided only to recipients who meet Medicaid's Medical Necessity criteria for Home Health services.

Home Health Aide Services Only

In some situations, a dually eligible (one who has coverage from both Medicare and Medicaid) recipient requires only home health aide visits. Medicare will not pay for this service unless skilled services (skilled nursing service, physical therapy, or speech pathology) are also required. However, Medicaid will reimburse for aide visits if only aide visits are required. Claims of this

nature must either have a cover letter attached explaining the reasons for the lack of Medicare coverage or include this explanation in the remarks section of the claim.

Supervision of Home Health Aides

Periodic on-site supervision with the home health aide present is part of the Minimum Standards for HHAs.

It is required that if the recipient is receiving a skilled service (nursing, physical therapy, occupational therapy, or speech-language therapy), the recipient shall have a RN or appropriate therapist supervisory visit made **randomly every 14 days.**

Recipients not receiving skilled services must have an RN supervisory visit at the recipient's home at least **once every 62 days** while the aide is present and providing care. Supervisory visits are not billable services

Extended Home Health

Extended skilled nursing services (three or more hours of nursing services per day) may be provided to individuals under the age of 21 by the HHA if determined to be medically necessary, ordered by a physician, and prior authorized by the PAU. The recipient must require skilled nursing care which exceeds the caregiver's ability to care for the recipient without the extended home health services.

NOTE: Skilled nursing services are to be conducted in the recipient's home or place of residence. Home health services may be provided outside of the home when the nurse accompanies the recipient for medical reasons such as doctor appointments, treatments or emergency room visit. Medicaid cannot reimburse for skilled nurse services performed outside of state boundaries.

Rehabilitation Services

Physical, occupational and speech therapy services are covered when provided by the HHA. These services are covered with prior authorization.

Physical Therapy

Physical Therapy Services are rehabilitative services necessary for the treatment of the patient's illness or injury or restoration and maintenance of function affected by the patient's illness or injury. These services are provided with the expectation, based on the physician's assessment of the patient's rehabilitative potential, that:

- The patient's condition will improve materially within a reasonable and generally predictable period of time; or
- The services are necessary for the establishment of a safe and effective maintenance program.

Physical Therapy Assistants

The use of Physical Therapy Assistants (PTA) is regulated in the minimum standards for Home Health Agencies. The PTA must be currently licensed by the Louisiana State Board of Physical Therapy Examiners and must be supervised by a licensed physical therapist. The PTA must have, at a minimum, one year of experience as a licensed PTA before assuming responsibility for a home health caseload.

The PTA's duties must not include interpretation and implementation of referrals or prescriptions, performance evaluations, or the determination of major modifications of treatment programs.

Occupational Therapy

Occupational therapy is a medically prescribed treatment to improve or restore a function which has been impaired by illness, injury or, when the function has been permanently lost or reduced, to improve the individual's ability to perform those tasks required for independent functioning.

Speech Therapy

Speech-Language Therapy Services are those services necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of a communication disability.

Medical Supplies

Medical Supplies recommended by the physician, required in the care of the recipient and suitable for use in the home are covered under the Durable Medical Equipment (DME) program when approved by the Prior Authorization Unit (PAU).

Chronic Needs Cases

Chronic needs cases pertain to DME, Home Health, Personal Care Services (PCS), and Rehabilitation Services. The prior authorization process has been altered to allow designation of some recipients as a Chronic Needs Case Recipient. Prior authorized services are continuous and expected to remain at current levels based on their medical condition for these recipients. Once a recipient is deemed a Chronic Needs Case, providers must only submit a PA request form accompanied by a statement from a physician documenting that the recipient's condition has not improved and the services currently approved must be continued at the approved level.

Request for an increase in these services will be treated as a traditional PA request and is subject to full review.

Recipients meeting the chronic needs case status will be notified of the designation and the PAU will send a copy of the letter to the provider of services.