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**CHAPTER 23: HOME HEALTH**

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**RECIPIENT REQUIREMENTS**

The Medicaid recipient must meet all eligibility requirements in order to qualify for home health services. Recipients are subject to service restrictions and limitations. The home health agency (HHA) providing the service is required to verify recipient eligibility, other insurance coverage and living arrangements before providing services.

**Medical Necessity Criteria**

Medical necessity for home health services must be determined by medical documentation that supports the recipient's illness, injury and/or functional limitations. All home health services must be medically reasonable and appropriate. To be considered medically reasonable and appropriate, the care must be necessary to prevent further deterioration of a recipient's condition regardless of whether the illness/injury is acute, chronic or terminal.

The services must be reasonably determined to:

- Diagnose, cure, correct or ameliorate defects, physical and mental illnesses, and diagnosed conditions or the effects of such conditions;
- Prevent the worsening of conditions or the effects of conditions, that endanger life or cause pain; results in illness or infirmity; or have caused, or threatened to cause a physical or mental dysfunctional impairment, disability or development delay;
- Effectively reduce the level of direct medical supervision required or reduce the level of medical care or services received in an inpatient or residential care setting;
- Restore or improve physical or mental functionality, including developmental functioning, lost or delayed as the result of an illness, injury, or other diagnosed condition or the effects of the illness, injury or condition;
- Provide assistance in gaining access to needed medical, social, educational and other services required to diagnose, treat, to support a diagnosed condition or the effects of the condition, in order that the recipient might attain or retain independence, self care, dignity, self-determination, personal safety and integration into family, community, facility environments and activities.

Home health skilled nursing and aide services are considered medically reasonable and appropriate when the recipient's medical condition and records accurately justify the medical necessity for services to be provided in the recipient's home rather than in a physician's office, clinic, or other outpatient setting.

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Home health services are appropriate when a recipient's illness, injury, or disability causes significant medical hardship and will interfere with the effectiveness of the treatment if he/she has to go to a physician's office, clinic, or other outpatient setting for the needed service. Any statement on the plan of care regarding this medical hardship must be supported by the totality of the recipient's medical records.

The following circumstances are not considerations when determining medical necessity for home health services:

- Inconvenience to the recipient or the recipient's family;
- Lack of personal transportation;
- Failure or lack of cooperation by a recipient or a recipient's legal guardians or caretakers to obtain the required medical services in an outpatient setting.

Refer to Appendix C for a chart of home health procedure codes.