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PROVIDER REQUIREMENTS

To participate in the Home Health Program the providing agency must be Medicare-certified for Medicare/Medicaid by the Licensing and Certification Unit of the Health Standards Section of the Louisiana Medicaid Bureau of Health Services Financing (BHSF). All providers enrolled in the Louisiana Medicaid Program must adhere to the conditions of participation as outlined in the provider agreement.

All home health services must be provided by staff employed by or under contract with the home health agency (HHA) (see LAC 48, Chapter 91). (Also refer to 42 CFR 417.416 and Sec 2194 of the State Operations Manual CMS Pub. 7 for specific requirements).

All staff must meet all required licensure requirements in accordance with Medicaid policies, federal, state and other applicable laws.

Provision of Services

Home health services include medically necessary skilled nursing, rehabilitation (physical, occupational and speech therapies), home health aide and medical supplies provided to recipients only if the service is provided in the recipient's home or place of residence.

NOTE: The recipient's place of residence cannot be a hospital or nursing home.

Plan of Care

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 services on an intermittent basis. The attending physician must order all home health services and sign a plan of care (POC) submitted by the HHA on the CMS-485 form. For more information on the Form CMS-485 visit the Centers for Medicare and Medicaid Services (CMS) website (see Appendix D). This certification and the physician's POC must be maintained in the recipient's record and on file at the HHA.

Periodic Review of Plan of Care

The physician must reauthorize the POC every 60 days.

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Required Assistance to Recipients

In an effort to assist recipients locating a provider to submit a prior authorization request for medically necessary home health and personal care services, the BHSF has implemented a new procedure whereby the recipient may contact Medicaid for assistance (see Contact/Referral Information, Appendix D).

In addition, the BHSF will begin conducting regular surveys with all recipients who have been authorized to receive extended home health services. The purpose of these surveys is to ensure that these prior authorized services are being received. If the services are not being provided, the Bureau will contact the appropriate provider to determine what additional assistance may be required to ensure access to the authorized services.

Emergency Preparedness Plan

The HHA must have an emergency preparedness plan that conforms to the current Louisiana Office of Emergency Preparedness (OEP) model plan. The plan is designed to manage the consequences of declared disasters or other emergencies that disrupt the HHAs ability to provide care and treatment or threaten the lives or safety of its clients.

The home health agency is responsible for obtaining a copy of the current Home Health Emergency Preparedness Model Plan from OEP (see Contact/Referral Information, Appendix D)

At a minimum, the home health agency must have a written plan that includes:

- The evacuation procedures for agency clients who require community assistance as well as for those with available caregivers to evacuate to another location;
- The delivery of essential care and services to agency clients whether they are in a shelter or other locations;
- The provisions for the management of staff, including distribution and assignment of responsibilities and functions;
- A plan for coordinating transportation services required for evacuating agency clients to another location; and
- A declaration that the agency will notify the client's family or caregiver if the client is evacuated to another location.

The HHA must submit the plan to the parish OEP for review. Refer to LAC 48:I.9121 for details regarding the minimum standards for HHA emergency preparedness.