

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS

CITATION Medical and Remedial Care and Services  
42 CFR Item 7.  
440.70

Home Health Services

Home Health services must be provided by licensed Home Health agencies that meet all of the requirements of participation in Medicare at 42 CFR Part 484.

- A. Home health services are patient care services provided in the patient's home under the order of a physician that are necessary for the diagnosis and treatment of the patient's illness or injury, including one or more of the following services: nursing as defined in the State's nurse practice act, physical therapy; speech pathology and audiology services; occupational therapy, home health aide services; or medical supplies, equipment, and appliances suitable for use in the home. Residence does not include a hospital or a nursing facility.
- B. Home health services shall be based on an expectation that the care and services are medically reasonable and appropriate for the treatment of an illness or injury, and that the services can be performed in the recipient's place of residence. A written plan of care for services shall be evaluated and signed by the physician every 60 days. This plan of care shall be maintained in the recipient's medical records by the home health agency.
- C. **Reserved**

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DATE APPV'D <u>2-28-11</u>	
DATE EFF. <u>1-1-11</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 3.1-A  
Item 7, Page 2

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PROVIDED

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D. **Reserved**

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E. Limitations on Home Health services are as follows:

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1. Home health services are limited to 50 skilled nursing and/or aide visits, one service per day for recipients who are 21 years of age and older.
2. The service limitation in E.1. above is not applicable for recipients who are from birth up to the age of 21. However, home health services provided to recipients up to the age of 21 are subject to post-payment review in order to determine if the recipient's condition warrants high utilization.
3. the service limitation of 50 home health visits per year is not applicable for physical therapy, occupational therapy, or speech pathology and audiology services.
4. For Title XVIII/Title XIX (Medicare/Medicaid recipients), the Bureau of Health Services Financing will make payment for aide visits if only aide visits are required, subject to the 50 visits per calendar year limitation.

EPSDT RECIPIENTS ARE EXCLUDED FROM SERVICE LIMITATIONS

Item 7.a. Intermittent or part-time nursing services provided by a Home Health Agency.

Skilled nursing services are 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:

1. established Medicaid policy;
2. the nature and severity of the recipient's illness or injury;
3. the particular medical needs of the patient; and
4. the accepted standards of medical and nursing practice.

Item 7.b. Home Health Aide Services provided by a Home Health Agency.

Home health aide services are direct care services to assist in the treatment of the patient's illness or injury provided under the supervision of a registered nurse and in compliance with the standards of nursing practice governing delegation, including assistance with the activities of daily living such as

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mobility, transferring, walking, grooming, bathing, dressing or undressing, eating, or toileting

Item 7.c.

Medical supplies, equipment, and appliances suitable for use in the home.

Prior authorization is required for the purchase of supplies and the rental, purchase, or repair of medical equipment and appliances before payment can be issued. Providers of medical equipment, appliances and supplies shall submit requests for approval of all repairs, rentals, and purchases of items to the Prior Authorization Unit (PAU) by whom authorization is made.

Supplies and equipment are not rented or purchased for an individual in a hospital; upon discharge, if the discharge plan includes the items, they are provided by Medicaid in the outpatient setting.

For Medicaid beneficiaries enrolled in Medicare Part B and for whom medical equipment, appliances and supplies are covered by Medicare, no prior authorization is required. Medicare is billed prior to Medicaid. EXCEPT: For dual eligibles (Medicare/Medicaid beneficiaries), a few items which are not covered by Medicare may be covered by Medicaid if prior authorization is obtained. If the item is not covered by Medicare, the request will be processed as if it were being processed for non-Medicare beneficiaries.

Requests

The purchase of supplies and the rental, purchase or repair of medical equipment and appliances shall be considered when:

- the item is medically necessary because it is needed by a beneficiary who has a serious impairment to:
  - enhance well-being;
  - prevent further impairment; or
  - increase self-care or reduce care provided by others;
- the item is not available through another agency at no cost (i.e. Vocational Rehabilitation);

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- the item is covered by Medicaid;
- no equally effective and less costly course of treatment is available or suitable; and
- the item is primarily medical in nature and is not a convenience item.

Requirements for Approval

A request for purchase of supplies or rental/purchase of medical equipment and appliances will be considered for approval when the request includes:

- medical information from a physician, including:
  - a written prescription from a licensed physician;
  - the diagnosis related to the request;
  - the length of time that the supplies, equipment, or appliance will be needed; and
  - other medical information to support the need for the requested item.
- a statement as to whether the beneficiary's age and circumstances indicate that he can adapt to or be trained to use the item effectively;
- a medical care plan which includes a training program for any appliance which requires skill and knowledge to use;
- any other pertinent information, such as measurements to assure correct size of appliance; and
- a written price quotation including any cost for an initial adjustment, freight charges, delivery and/or set up of the item.

A	
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Purchase vs. Rental

If equipment is needed temporarily, it may be more cost effective for Medicaid to pay for rental of the item. Consideration is given to the length of time the equipment is needed and the total rental for that period of time and the purchase price of the item. Equipment is purchased, not rented, if the total cost of rental exceeds the purchase price.

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Item 7.d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a Home Health Agency.

1. 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 that the services are necessary for the establishment of a safe and effective maintenance program. Providers must meet the qualifications at 42 CFR 440.110.
2. Occupational therapy services are medically prescribed treatment to improve or restore a function which has been impaired by illness or injury, or to improve the individual's ability to perform those tasks required for independent functioning when the function has been permanently lost or reduced by illness or injury. Providers must meet the qualifications at 42 CFR 440.110.
3. Speech pathology and audiology 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. Providers must meet the qualifications at 42 CFR 440.110.

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