



UTILIZATION MANAGEMENT POLICY

TITLE: HOME HEALTH AIDE

EFFECTIVE DATE: November 20, 2023

FOR MEDICAID PRODUCTS, SEE RELATED MEDICA UTILIZATION MANAGEMENT POLICY, MEDICAID HOME HEALTH AIDE.

This policy was developed with input from specialists in internal medicine and family practice and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica utilization management policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

BACKGROUND

I. Definitions

- A. **Custodial/supportive care** are services to assist in activities of daily living that do not seek to cure, are performed regularly as a part of a routine or schedule, and due to the physical stability of the condition, do not need to be provided or directed by a skilled medical professional. These services include help in walking, getting in or out of bed, bathing, dressing, feeding, using the toilet, preparation of special diets, and supervision of medication that can usually be self-administered.
- B. **Home** is a place a member makes his/her residence, other than a skilled nursing facility or a hospital.
- C. **Home Health Aide (HHA) services** provide hands-on personal care in conjunction with medical services that are needed to maintain the member's health or to facilitate treatment of the member's illness or injury.
- D. **Home health services** include, but are not limited to, the following:
 1. Skilled Nursing
 2. Physical Therapy
 3. Occupational Therapy
 4. Speech Therapy
 5. Medical Social Worker
 6. Respiratory Therapy
 7. Registered Dietitian
 8. Home Health Aide
 9. Home Infusion Therapy (Note: Homebound status is not required for this service.)
- E. **Homebound** (confined to the home): A person is **homebound** when leaving the home would directly and negatively affect the member's physical health. Refer to the member's plan document for a specific definition.
- F. **Medically complex home care** means care of a member, in the home setting, who would otherwise be cared for in a hospital or other inpatient setting. Reasons for medically complex home care are high severity or life-threatening nature of illness or technology dependence.

- G. **Respite or rest care** is short-term patient care provided to the member only when necessary to relieve the family member or other persons caring for the individual.
- H. **Skilled care:** Refer to the member's plan document for a specific definition of skilled care.
 - 1. A **skilled nursing service** is a service that must be provided by an RN or an LPN under the supervision of an RN.
 - 2. Examples of **skilled treatments and procedures** include, but are not limited to: administering medications that cannot be self-administered, complex wound care, and catheter insertion.
 - 3. **Teaching and training** includes teaching about administration of injectable medications or a medication regimen, management of a newly diagnosed or changing condition, wound care, self-catheterization, or ostomy care. Teaching and training should be appropriate for the patient's functional loss, illness, or injury. Teaching and training are no longer appropriate if, after a reasonable period of time, the patient, family, or caregiver will not or is not able to be trained.

II. Comments

A home health aide is a provider who assists a member with non-skilled care to meet activities of daily living, thereby maintaining the individual in his or her home environment. The services of a home health aide are rendered in conjunction with intermittent skilled home health care services provided by a registered or licensed practical nurse, physical therapist, occupational therapist, or speech therapist. Examples of covered HHA services include:

- A. Assistance with activities of daily living (ADL) such as bathing, dressing, grooming, feeding, toileting, ambulation, position changes, and transfers
- B. Simple dressing changes that do not require the skills of a licensed nurse
- C. Assistance with medications which are ordinarily self-administered and do not require the skills of a licensed nurse to be provided safely and effectively
- D. Assistance with activities which are directly supportive of skilled therapy services but do not require the skills of a therapist to be safely and effectively performed, such as routine maintenance exercise and repetitive practice of functional communication skills to support speech-language pathology services
- E. Provision of services incidental to ADLs, such as routine care of orthotics and prosthetics, light cleaning, preparation of a meal, taking out the trash, shopping, etc.

BENEFIT CONSIDERATIONS

- 1. Prior authorization **is required** for home health aide services. Please see the prior authorization list for product specific prior authorization requirements.
- 2. Coverage may vary according to the terms of the member's plan document. The number of services and/or covered hours of care may be limited per the member's plan document. In addition, if more than one type of home health service occurs in a day, a separate copayment/coinsurance applies to each service.
- 3. Care must be needed only on a part-time, intermittent basis as per the member's plan document.
- 4. The request must comply with the requirements related to the member's homebound (or confined to the home) status, as per the member's plan document.
- 5. The following home health services do not require prior authorization: (Refer to member's plan document for information on covered services and any limitations or restrictions).
 - A. Initial assessment visits
 - B. Skilled nursing visits
 - C. Physical therapy visits
 - D. Occupational therapy visits
 - E. Speech therapy visits
 - F. Respiratory therapy services
 - G. Medical social worker
 - H. Home infusion therapy
 - I. Registered dietitian.
- 6. The following services are generally excluded from coverage. Refer to member's plan document for details.
 - A. HHA services for the sole purpose of providing household tasks, transportation, companionship or socialization.
 - B. Personal care assistance services, other than for members who are covered by Minnesota Senior Care Plus (MSC+) and Dual Solution (Minnesota Senior Health Options – MSHO) (refer to UM policy III-HOM.03 *Personal Care Assistance*).
 - C. Custodial/supportive care and other nonskilled services.

- D. Services provided by a member of the family, other than as described in the UM policy III-HOM.03 *Personal Care Assistance* [for members who are covered by Minnesota Senior Care Plus (MSC+) and Dual Solution (Minnesota Senior Health Options (MSHO))].
 - E. Respite care or rest care except as otherwise covered in Hospice Services.
 - F. Services provided in an inpatient facility, outpatient facility, hospital, physician's office or other medical care setting.
7. If the Medical Necessity Criteria and Benefit Considerations are met, Medica will authorize benefits within the limits in the member's plan document.
 8. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the case will be reviewed by the medical director or an external reviewer. Practitioners are advised of the appeal process in their Medica Provider Administrative Manual.

MEDICAL NECESSITY CRITERIA

- I. Indications for home health aide services
Home health aide services may be considered medically necessary when documentation in the medical records indicates that **all of the following** criteria are met:
 - A. The member has a skilled nursing or rehabilitation need (physical therapy, occupational therapy, speech therapy, or respiratory therapy) that requires the skills of a medical professional to develop a care plan, provide skilled care, and assess the member's changing condition.
 - B. The HHA services are related to the medical condition under treatment in the home care plan of service.
 - C. The required services are medically necessary and appropriate for the treatment of the illness or injury.
 - D. The member is homebound as defined in the benefit document.
 - E. The need for HHA services is intermittent, finite and predictable. Even though the member may be eligible for a skilled nursing visit on an ongoing basis, it does not necessarily make the member eligible for ongoing HHA visits.
 - F. The plan of care is approved by a physician.
- II. Ongoing Authorization
For continued home health aide services, the documentation in the medical record indicates that **all of the following** criteria are met:
 - A. All of the criteria in Section I continue to be met.
 - B. At least each 60 days, documentation that the home care nurse, in consultation with the physician, has completed follow-up and outcome reassessments.
- III. Termination of Services
Home health aide services are no longer medically necessary when the documentation in the medical record indicates that **one of the following** are met:
 - A. The goals of treatment have been reached and the member and/or caregiver are independent.
 - B. Care becomes custodial/supportive care, as defined in the member's plan document.
 - C. Due to changes in the member's condition, home care is no longer appropriate (e.g., care is more appropriate in another facility such as a hospital, skilled nursing facility (SNF), hospice, or long-term acute care hospital).
 - D. Due to changes in the member's condition, home care is no longer required (e.g., care can be provided at a medical day care, medical foster care or on an outpatient basis).
- IV. Written documentation from the medical record specifying the medical necessity, according to the criteria above, **is required**. Requested documentation may include, but is not limited to:
 - A. A completed Form CMS-485 – Home Health Certification and Plan of Care (See Appendix 1)
 - B. Home care records
 - C. A current physician's order
 - D. A current physician's letter of medical necessity.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable:
Centers for Medicare and Medicaid Services (CMS). Chapter 7: Home Health Services. Medicare Benefit Policy Manual. Available at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>. Last revised June 06, 2022. Accessed August 10, 2022.

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

- For MHCP members, refer to Home Care Services Manual Section – Home Health Aide Services at:
https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_137980

DOCUMENT HISTORY

Original Effective Date	September 2003
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Administrative Update(s)	05/01/2017

References

Pre 09/2015 Medical Policy Committee (MPC):

- American Medical Association. *Medical Management of the Home Care Patient*. Second edition. Chicago IL. American Medical Association. 1998.
- Centers for Medicare and Medicaid Services (CMS). *Medicare Benefit Policy Manual*. Chapter 7: Home Health Services. Rev 179. <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>. Last revised January 14, 2014. Accessed August 6, 2014.

09/2015 MPC:

No new references

09/2016 MPC:

- Centers for Medicare and Medicaid Services (CMS). *Medicare Benefit Policy Manual*. Chapter 7: Home Health Services. Rev 208. <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>. Last revised May 11, 2015. Accessed July 26, 2016.

09/2017 MPC:

- Centers for Medicare and Medicaid Services (CMS). *Medicare Benefit Policy Manual*. Chapter 7: Home Health Services. Rev 208. <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>. Last revised February 24, 2017. Accessed August 28, 2017.

09/2018 MPC:

No new references

09/2019 MPC:

- Centers for Medicare and Medicaid Services (CMS). *Medicare Benefit Policy Manual*. Chapter 7: Home Health Services. Rev 258. <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>. Last revised March 22, 2019. Accessed July 22, 2019.

09/2020 MPC:

No new references (CMS reference noted above is now listed in the CMS box in the policy)

09/2021 MPC:

No new references

09/2022 MPC:

No new references

09/2023 MPC:

No new references

Appendix 1

Form CMS-485 (3) - Home Health Certification and Plan of Care

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0357

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No.		2. Start Of Care Date		3. Certification Period From: _____ To: _____		4. Medical Record No.		5. Provider No.				
6. Patient's Name and Address						7. Provider's Name, Address and Telephone Number						
8. Date of Birth			9. Sex <input type="checkbox"/> M <input type="checkbox"/> F			10. Medications: Dose/Frequency/Route (N)ew (C)hanged						
11. ICD		Principal Diagnosis			Date							
12. ICD		Surgical Procedure			Date							
13. ICD		Other Pertinent Diagnoses			Date							
14. DME and Supplies						15. Safety Measures						
16. Nutritional Req.						17. Allergies						
18.A. Functional Limitations						18.B. Activities Permitted						
1 <input type="checkbox"/> Amputation		5 <input type="checkbox"/> Paralysis		9 <input type="checkbox"/> Legally Blind		1 <input type="checkbox"/> Complete Bedrest		6 <input type="checkbox"/> Partial Weight Bearing		A <input type="checkbox"/> Wheelchair		
2 <input type="checkbox"/> Bowel/Bladder (Incontinence)		6 <input type="checkbox"/> Endurance		A <input type="checkbox"/> Dyspnea With Minimal Exertion		2 <input type="checkbox"/> Bedrest BRP		7 <input type="checkbox"/> Independent At Home		B <input type="checkbox"/> Walker		
3 <input type="checkbox"/> Contracture		7 <input type="checkbox"/> Ambulation		B <input type="checkbox"/> Other (Specify)		3 <input type="checkbox"/> Up As Tolerated		8 <input type="checkbox"/> Crutches		C <input type="checkbox"/> No Restrictions		
4 <input type="checkbox"/> Hearing		8 <input type="checkbox"/> Speech				4 <input type="checkbox"/> Transfer Bed/Chair		9 <input type="checkbox"/> Cane		D <input type="checkbox"/> Other (Specify)		
						5 <input type="checkbox"/> Exercises Prescribed						
19. Mental Status			1 <input type="checkbox"/> Oriented		3 <input type="checkbox"/> Forgetful		5 <input type="checkbox"/> Disoriented		7 <input type="checkbox"/> Agitated			
			2 <input type="checkbox"/> Comatose		4 <input type="checkbox"/> Depressed		6 <input type="checkbox"/> Lethargic		8 <input type="checkbox"/> Other			
20. Prognosis			1 <input type="checkbox"/> Poor		2 <input type="checkbox"/> Guarded		3 <input type="checkbox"/> Fair		4 <input type="checkbox"/> Good		5 <input type="checkbox"/> Excellent	
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)												
22. Goals/Rehabilitation Potential/Discharge Plans												
23. Nurse's Signature and Date of Verbal SOC Where Applicable:								25. Date of HHA Received Signed POT				
24. Physician's Name and Address						26. I certify/re-certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized services on this plan of care and will periodically review the plan.						
27. Attending Physician's Signature and Date Signed						28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.						

Form CMS-485 (C-3) (12-14) (Formerly HCFA-485) (Print Aligned)

Source: <https://www.cdc.gov/wtc/pdfs/policies/CMS-485-P.pdf>