



UTILIZATION MANAGEMENT POLICY

TITLE: MEDICAID HOME HEALTH AIDE

EFFECTIVE DATE: November 15, 2023

This Policy Applies to members who are covered by Medica Choice CareSM MSC+ (Minnesota Senior Care Plus [MSC+], Medica Dual Solution[®] (Minnesota Senior Health Options [MSHO], Medica AccessAbility Solution[®] (Special Needs BasicCare [SNBC], Medica AccessAbility Solution[®] Enhanced [Special Needs BasicCare [SNBC SNP].

For Other Products: See related Medica Utilization Management Policy, *Home Health Aide*.

This policy was developed with input from specialists in family practice, internal medicine, and obstetrics and gynecology, 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. The **Elderly Waiver (EW)** program is a federal Medicaid waiver program that funds home and community-based services for people age 65 years and older who are eligible for Medical Assistance (MA) and require the level of care provided in a nursing home and choose to reside in the community.
- B. **Face-to-face encounter**
 1. A face-to-face encounter by a qualifying provider must be completed for all home health services regardless of the need for prior authorization, except when providing a onetime perinatal visit by skilled nursing. The face-to-face encounter may occur through telemedicine as defined in section 256B.0625, subdivision 3b. The encounter must be related to the primary reason the recipient requires home health services and must occur within the 90 days before or the 30 days after the start of services. The face-to-face encounter may be conducted by one of the following practitioners, licensed in Minnesota:
 - a. a physician;
 - b. a nurse practitioner or clinical nurse specialist;
 - c. a certified nurse midwife;
 - d. a physician assistant.
 2. The allowed nonphysician practitioner, as described in this subdivision, performing the face-to-face encounter must communicate the clinical findings of that face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into a written or electronic document included

- in the recipient's medical record. To assure clinical correlation between the face-to-face encounter and the associated home health services, the physician responsible for ordering the services must:
- a. document that the face-to-face encounter, which is related to the primary reason the recipient requires home health services, occurred within the required time period; and
 - b. indicate the practitioner who conducted the encounter and the date of the encounter.
3. For home health services requiring authorization, including prior authorization, home health agencies must retain the qualifying documentation of a face-to-face encounter as part of the recipient health service record, and submit the qualifying documentation to the commissioner or the commissioner's designee upon request.
- C. **Home health aide (HHA)** is an employee of a Medicare certified home health agency with a comprehensive homecare license, who is certified and is supervised by a registered nurse or an appropriate therapist (physical, occupational, speech-language pathology) and provides medically oriented task(s) written in the plan of care to maintain health or to facilitate treatment of an illness or injury provided in a person's place of residence or in the community where normal life activities take the recipient. A home health aide provides hands-on personal care, help with ambulating or doing exercises, help with medication administration, simple procedures as an extension of therapy or nursing services, and assists in instrumental activities of daily living, if identified in the written plan of care.
- D. **Home health aide visit** is one visit per day per recipient provided in the recipient's place of residence or in the community where normal life activities take the recipient.
- E. **Instrumental Activities of Daily Living (IADLs)** means activities to include meal planning and preparation; basic assistance with paying bills; shopping for food, clothing, and other essential items; performing household tasks integral to the personal care assistance services; communication by telephone and other media; and traveling, including to medical appointments and to participate in the community.
- F. Pursuant to Minnesota Rules, Part 9505.0175, subpart 25, **medically necessary** or **medical necessity** means, a health service that is consistent with the recipient's diagnosis or condition **and**:
1. Is recognized as the prevailing standard or current practice by the provider's peer group; **and**
 2. Is rendered:
 - a. In response to a life threatening condition or pain; or
 - b. To treat an injury, illness or infection; or
 - c. To treat a condition that could result in physical or mental disability; or
 - d. To care for the mother and child through the maternity period; or
 - e. To achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition; or
 - f. Is a preventive health service under Minnesota Rule, Part 9505.0355.
- G. **Skilled medical professional** includes, but is not limited to a physician, registered nurse (RN), licensed practical nurse (LPN), chiropractor, physical therapist, occupational therapist, speech therapist, respiratory therapist.
- H. **Residence** is the place a person uses as his/her primary dwelling place that is not a hospital, intermediate care facility or nursing facility.
- II. Comments
- Examples of covered HHA services, as set forth in the Community-Based Services Manual (CBSM) include:
- A. Simple dressing changes that do not require the skills of a licensed nurse
 - B. Assistance with medications that are ordinarily self-administered and do not require the skill of a licensed nurse for safe and effective provision
 - C. Assistance with activities that are directly supportive of skilled therapy services but do not require the skill of a therapist to be safely and effectively performed, such as routine maintenance exercises
 - D. Monitoring of the nutritional program written by a nutritionist or equally qualified provider
 - E. Assistance with the management of activities of daily living (ADLs), durable medical equipment, routine care of prosthetic and orthotic devices
 - F. Assuring that the recipient gets to medical appointments if identified in written plan of care
 - G. In addition to medically oriented tasks, HHAs may manage incidental household services including housekeeping, meal preparation and shopping. These services are available only if the recipient is unable to perform these activities due to illness, disability or physical condition.
 - H. In accordance with Title II of the Americans with Disabilities Act, Medica is obligated to administer services for public programs in the most integrated setting appropriate to the needs of qualified individuals with disabilities. "Integrated setting" means one that enables individuals with disabilities to interact with

nondisabled persons to the fullest extent possible. Integrated settings are those that provide individuals with disabilities opportunities to live, work, and receive services in the greater community, like individuals without disabilities.

1. In particular, Medica must provide community-based services to government program recipients with disabilities when: (i) such services are appropriate; (ii) the affected recipients do not oppose community-based treatment; and (iii) community-based services can be reasonably accommodated, taking into account the resources available and the needs of others who are receiving disability services.
2. People with disabilities have the right to experience meaningful, inclusive and integrated lives in their communities, supported by an array of services and supports appropriate to their needs that they choose (including HHA services).

BENEFIT CONSIDERATIONS

NOTE: Additional information regarding coverage requirements for HHA services is available in the Provider Manual on the Minnesota Department of Human Services (DHS) Web site:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_137980 and in the references listed below.

1. Prior authorization **is required** for HHA services. Please see the prior authorization list for product specific prior authorization requirements.
2. Coverage may vary according to the terms of the recipient's plan document and related statutes and rules. Non-covered services, as set forth in the CBSM and Minnesota Statute 256B.0625 and .0651-.0654, and Minnesota Department of Human Services (DHS) Provider Manual, include, but are not limited to:
 - A. HHA services for the sole purpose of providing household tasks, transportation, education, companionship or socialization
 - B. Services that are not medically necessary
 - C. Services provided in a hospital, nursing facility or intermediate care facility
 - D. More than one HHA visit per day
 - E. Skilled nurse visits for the sole purpose of supervision of the HHA
 - F. Skilled nurse visits solely to train other HHA workers
 - G. Services to other members of the recipient's household
 - H. Services that are not ordered by a physician
 - I. Services for the sole purpose of monitoring medication compliance with an established medication program for a recipient
 - J. Any home care service included in the daily rate of the community-based residential facility where the recipient is residing
 - K. Services that are the responsibility of the foster care provider under the terms of the foster care placement agreement and administrative rules.
3. HHA services must be cost effective. When using home health services in combination with Personal Care Assistance (PCA) services and private duty nursing, the cost of all services must be considered. If other services within the benefit set will meet identified needs, the recipient will be directed to the least costly service.
4. HHA services do not require an independent assessment; however these services must be ordered by a physician.
5. Medicaid HHA services requested by a government program member to support a move into a less restrictive community setting (from a hospital, skilled nursing facility, or other institution) cannot be denied because the cost exceeds that of the facility.
 - A. For MSHO and MSC+: The cost restriction on Medicaid HHA services are those found on the DHS Home Care Nursing Service Decision Tree DHS-4071-C. If a government program member is open to the Elderly Waiver, the cost of HHA services must fit within the Elderly Waiver Case Mix cap. Coordination of services that fit within the Case Mix cap is the responsibility of the assigned Medica Care Coordinator.
6. If the Medical Necessity Criteria and Benefit Considerations are met, Medica will authorize benefits within the limits of the recipient's plan document and related statutes and rules.
7. 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.

8. Recipients who are eligible for the Elderly Waiver (EW) program (MSHO and MSC+) may receive services in excess of the limits defined in this policy. The Care Coordinator will determine eligibility for the EW program and identify the amount, duration and scope of home health services.
9. Gross noncompliance of the care plan by the recipient and/or caregiver, which could lead to potential harm of the recipient, will result in a reduction or termination of services. Notification of gross noncompliance will be made by the home health agency to Medica, who will assist in recommending a more appropriate level of care. For HHA services to be eligible for reimbursement, HHA providers must comply with the requirements in Minnesota Statutes 256B.0625 Subd 6a, 256B.0651, Minnesota Rules 9505.0295 and other related statutes and rules.

MEDICAL NECESSITY CRITERIA

I. Indications for HHA services

HHA services are medically necessary when documentation in the medical record indicates that **all of the following** criteria are met:

- A. A registered nurse or appropriate therapist (i.e., physical, occupational, speech-language pathology) has completed an assessment to determine the recipient's need for service. This assessment identifies the recipient's needs, determines the outcome for the visit(s) and includes an individualized care or service plan.
- B. The recipient must require medically oriented tasks to maintain his/her health or to facilitate treatment of an illness or injury.
- C. The services must be ordered by a physician.
- D. The recipient must receive services in his/her residence or in the community where normal life activities take the recipient.
- E. The HHA services must be documented in a care plan, which resides with the home health care agency.
- F. The services must be provided by a HHA and have professional supervision provided by a registered nurse or appropriate therapist (i.e., physical, occupational, speech-language pathology) when providing services as an extension of therapy from a Medicare-certified agency with a comprehensive homecare license.
- G. The services must be medically necessary.

II. Discharge criteria

HHA 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 recipient and/or caregiver are independent.
- B. Medically oriented tasks are no longer necessary.
- C. Due to changes in the recipient's condition, home care is no longer appropriate (e.g., care is more appropriate in another facility such as a hospital, skilled nursing facility, hospice, intermediate or long-term acute care hospital).
- D. Due to changes in the recipient'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).

III. Written documentation specifying the medical necessity, according to the criteria above, **is required.**

Requested documentation may include, but not limited to:

- A. The current care plan (i.e. 485 form) signed by the physician. If the current care plan is not signed, then a current physician's order will be required in addition to the care plan.
- B. Home health agency must retain documentation of the face-to-face encounter (refer to definitions for more info).

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	May 1, 2009
MPC Endorsement Date(s)	09/2009, 09/2010, 09/2011, 09/2012, 09/2013, 09/2014, 09/2015, 09/2016, 09/2017, 02/2018, 09/2018, 09/2019, 09/2020, 09/2021, 09/2022, 09/2023
Administrative Updates	05/01/2017, 01/01/2019, 01/01/2022, 11/20/2023 - Medica Choice Care PMAP and Medica MinnesotaCare removed from product list

References

Pre-09/2015 MPC:

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4. Minnesota Department of Human Services. *Community Based Services Manual. Home Health Aide*. http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000823. Last updated August 2011. Accessed July 15, 2014.
5. Minnesota Statutes 2012. *256B.0653 Home Health Agency Services*. <https://www.revisor.mn.gov/statutes/?id=256B.0653&format=pdf>. Accessed July 15, 2014.
6. Minnesota Statutes 2012. *144A.43 Definitions*. <https://www.revisor.mn.gov/statutes/?id=144A.43&format=pdf>. Accessed July 15, 2014.
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10. Minnesota Statutes 2012. *256B.0652 Prior Authorization and Review of Home Care Services*. <https://www.revisor.mn.gov/statutes/?id=256B.0652&format=pdf>. Accessed July 15, 2014.
11. Minnesota Statutes 2012. *256B.0654 Private Duty Nursing*. <https://www.revisor.mn.gov/statutes/?id=256b.0654&format=pdf>. Accessed July 15, 2014.
12. U.S. Department of Justice Civil Rights Division. *Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C*. http://www.ada.gov/olmstead/q&a_olmstead.htm. Accessed September 15, 2014.

09/2015 MPC:

No new references

09/2016 MPC:

References 1-4 & 12 from above still current. References 5-11 updated – see below:

13. Minnesota Statutes 2015. *256B.0653 Home Health Agency Services*. <https://www.revisor.mn.gov/statutes/?id=256B.0653>. Accessed July 21, 2016.
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16. Minnesota Statutes 2015. *256B.0625 Covered Services*. <https://www.revisor.mn.gov/statutes/?id=256B.0625>. Accessed July 21, 2016.
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09/2017 MPC:

References 1-4, 12 & 20 from above still current. References 13-19 updated – see below:

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22. Minnesota Statutes 2016. 144A.43 *Definitions*. <https://www.revisor.mn.gov/statutes/?id=144A.43>. Accessed September 6, 2017.
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02/2018 MPC:

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09/2018 MPC:

Going forward, all current references will be listed for each MPC review.

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09/2020 MPC:

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09/2021 MPC:

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

09/2022 MPC:

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