



Clinical Medical Policy Extended Home Care – Skilled Hours

Benefit Coverage:

Approval of skilled home care services is based upon review of medical necessity.

Description:

Extended home care is scheduled as “block hours” as opposed to “visits”, and is utilized to deliver medically necessary care which cannot be performed in a standard home care visit.

Coverage Determination:

Prior authorization and medical review is required.

The service is intended for children who have chronic medical conditions or disabilities and for very medically fragile children. Extended Home Care Services are used for the following purposes:

- additional teaching & demonstration in the home,
- evaluation and recommendations for care in the home, and
- supplemental support to provide the family with time off and thus maintain the stamina for the workload required.

Upon receiving orders from a physician, the contracted Neighborhood Home Care Agency submits the “Neighborhood Extended Home Care Authorization Request” form, indicating required services for the specific member.

Criteria:

Based on documentation received on the Neighborhood Extended Home Care Authorization Request form, the following categories are evaluated for care required and time required to complete the care, with points being assigned based on severity:

Respiratory/Cardiac Status	Personal/Skin Care
Meds/IVs	Blood Products/Blood draws
Nutrition	Mobility
Elimination	Neurological

In addition, the impact on care relative to the member’s social issues is evaluated.

All points are summarized to determine number of hours member is eligible to receive. The Neighborhood “Pediatric Extended Home Care Guidelines” are utilized to determine this information.

Covered Procedures:

Exclusions:

Neighborhood does not cover respite care, relief care or daycare for members.

CMP Number: CMP-022.00

CMP Cross Reference:



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References:

Tennessee Medicaid Program (TennCare) <http://state.tn.us/tenncare/members/TCbenefits1.htm>

Created:

Annual Review Month:

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