



**Covered Benefit: Home Health Care Services**

CMP Published: Yes <sup>1</sup> No

CMP Link: [Extended Home Care-HHA](#)  
[Extended Home Care - Skilled](#)

CPG Published: Yes  No

Definitions: Home Health Care (HHC) services involve part-time or intermittent skilled nursing care and homemaking/personal care services when medically necessary; as well as other skilled care services like physical and occupational therapy, and speech-language pathology therapy. Services may also include medical social services, and assistance from a home health aide as well as durable medical equipment and medical supplies for use at home. DME (Durable Medical Equipment) items and medical supplies are billed through Neighborhood's DME providers.

Neighborhood also offers a unique home care program, Early Maternity Discharge (EMD), to qualifying members see details below.

Benefit Packages: RItE Care, Substitute Care, Children with Special Health Care Needs, and Rhody Health Partners.

Coverage Limitations:

HHC services are covered if ordered by a Health Plan physician in accordance with Clinical Medical Policies (CMP); authorization required.

Extended Home Care – Skilled hours are intended for members who have chronic medical conditions or disabilities. Medical review and prior authorization required.

Extended Home Care – Home Health Aide (HHA ) hours allowed for personal care services to be performed by a licensed HHA to assist the member and/or caregiver in obtaining a certain level of independence with their Activities of Daily Living (ADL). Medical review and prior authorization required.

Homemaking services are only covered when the RItE Care member also needs personal care services.

Early Maternity Discharge (EMD) is limited to no more than 4 days post discharge after delivery (no authorization is required).

RHP members may qualify for a Medicaid waiver program which offers home health aide hours. Neighborhood's Medical Management department coordinates these services with DHS (Medicaid FFS-fee for service) on a case by case basis.

Exclusions:

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<sup>1</sup> CMP for Extended Home Care-HHA and Extended Home Care – Skilled, [www.nhpri.org](http://www.nhpri.org)



Extended Family Planning (EFP) members are not eligible for HHC services, EFP is not a comprehensive benefit package.

HHC Services do not include respite care, relief care, or day care.

Coverage Includes:

- Skilled nursing care such as dressing changes, tracheostomy care, etc.
- Feeding
- Transfers
- Ambulatory needs
- Personal hygiene assistance
- Homemaking tasks
- Clinical Social Worker Services
- Home Rehabilitative Services including Physical Therapy, Occupational Therapy and Speech Therapy.
- Home IV Infusions
- Early Maternity Discharge Services - members may receive up to one (1) home visit from a RN or pediatric nurse practitioner and up to four (4) hours each day for four (4) days of Home Health Assistance (HHA) following discharge from the hospital within forty-eight (48) hours of vaginal delivery and ninety-six (96) hours of Caesarean delivery. No medical review or prior authorization required.

Episodes of care can occur in the following settings which are included in the detailed benefit service category criteria:

Homeless Shelter (POS 04)

Home (POS 12)

Notes:

See Physician Services Benefit Coverage Summary for Care Plan Oversight, codes “99374”, “99375”

See Hospice Benefit Coverage Summary for covered Hospice Services.

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