Application

Application of this Medical Policy applies to:
RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), INTEGRITY for Duals (FIDE)
Application Excluded for:
Extended Family Planning (EFP), Commercial (HBE), Duals CONNECT (CO-DSNP)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

Home Care Services are defined as supportive services provided in the home. Care may be provided by licensed healthcare professionals who provide medical treatment needs or by professional caregivers who provide daily assistance to ensure the activities of daily living (ADLs) and instrumental activities of daily living (IADLs) are met. Services must be rendered by a licensed Home Health Aide/Certified Nursing Assistant (HHA/CNA) or Homemaker. These may include, but are not limited to:

1. Personal Care Services; and/or

2. Homemaker services; and/or
3. Combined Homemaker/Personal Care Services

Definitions

Personal Care Services: Direct support in the home or community to an individual in performing activities of daily living (ADL) tasks that he/she is functionally unable to complete independently due to disability. Personal care services may be provided by:

- A Certified Nursing Assistant who is registered and licensed by the Rhode Island Department of Health as a nursing assistant pursuant to the provisions of R.I. Gen. Laws § 23-17.9 and 216-RICR-40-05-22 and delivering services on behalf of a Medicaid home care and/or home health provider. Under this Title, the terms "nursing assistant," "Certified Nursing Assistant" or "CNA," and "home health aide" have the same meaning.
- A Personal Care Attendant via Employer Authority under the Self Direction option

Homemaker Services: Services that consist of the performance of general household tasks (e.g., meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for themself or others in the home. Homemakers shall meet such standards of education and training as established by the state for the provision of these activities as defined in 216-RICR-40-10-17.

Combined Homemaker/Personal Care Services (Combo Care): Consists of a combination of Homemaker and Personal Care Services rendered by the same home health aide during the same shift.

High Acuity Combo Care Services: Home Health Agencies (HHA) may receive a higher level of reimbursement for combination services if the member is assessed to be at a high acuity level of care. A RN from the servicing HHA must complete the Home Care Minimum Data Set (MDS) form and fax it to Neighborhood's Utilization Management department at 401-459-6023, for review.

Home setting: Any place where the member has established his/her place of residence for the time period when home care services are being provided. This may include his/her own dwelling, an apartment, the home of a friend or family member, a group home, a homeless shelter or other temporary place of residency or a community setting. Hospitals, skilled nursing facilities, intermediate care facility for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative, or related care, will not be considered "home setting." A day care setting, adult day care, or adult medical care does not meet the definition of a home setting.

Preventive Services: Homemaking and/or Personal Care Services up to 6 hours per week for individuals or 10 hours per week for a household with two or more eligible members who have not

been determined to meet Long Term Services and Supports (LTSS) eligibility criteria by the Rhode Island Executive Office of Health and Human Services (EOHHS).

Activities of Daily Living (ADL): Basic self-care tasks generally performed on a regular basis to maintain daily life involving functional mobility and personal care, such as bathing, dressing, eating, toileting, mobility and transfer.

Instrumental Activities of Daily Living (IADL): The activities often performed by a person necessary for living independently in a community setting during the course of a normal day, such as managing finances, shopping, doing laundry, telephone use, travel in community, housekeeping, preparing meals, and taking medications correctly.

Coverage Determination

Adult members may qualify for homecare services through a Home and Community Based Waiver program. Home and Community Based Services (HCBS) are types of person-centered care delivered in the home and community. HCBS addresses the needs of people with functional limitations who need assistance with everyday activities and enable people to stay in their homes, rather than moving to a facility for care. Rhode Island Medicaid covers an array of Long-Term Services and Supports (LTSS) for adults eligible for HCBS. To be eligible for LTSS-HCBS, an individual must meet Medicaid LTSS eligibility requirements for specific programs and have at least a high level of care need for these services. LTSS eligibility is determined by EOHHS, not Neighborhood.

Members who have not been deemed eligible for LTSS by EOHHS but are at risk for the nursing facility institutional level of care have access to Preventive Services.

Successful completion and approval of an LTSS-HCBS waiver application is required for a member to receive services above Preventive Services, as defined above, on a long-term basis.

For INTEGRITY for Duals members: Neighborhood medical management staff coordinate referrals and communicate as necessary with the waiver programs, and complete assessments to assist in determining the quantity of home care hours that are medically necessary to safely help the member with their ADLs and/or IADLs. Close collaboration between the Home Health Agencies and Neighborhood case management is strongly encouraged to reduce delays in the authorization process.

For Medicaid members: LTSS Services are an out-of-plan benefit that Neighborhood members must access directly from Medicaid Fee-for-Service (FFS). Once a member has been approved for a LTSS-HCBS waiver, all authorizations and claims for home care services are provided and reimbursed through FFS, not Neighborhood.

If for any reason a home care provider cannot fulfill all the hours they are authorized for, the agency must immediately notify Neighborhood within one business day, and coordinate with another Neighborhood contracted agency to meet the member's needs.

Criteria

Prior authorization and medical review are required.

Home Care Services are reasonable and necessary when the below are met:

1. Member's need for care services are due to a physical, intellectual and/or developmental disability that causes a barrier to the member completing their own ADLs and/or IADLs.
2. Based on documentation received from the member's physician, the home health agency, and/or any Neighborhood Care Manager Assessments or Service Calculator, the following categories are evaluated for care required and time required to complete the care:
    - Member's age, weight, and height
    - Level of assistance needed with ADLs
    - Level of assistance needed with IADLs
    - Availability of the member's primary caretaker
    - Hours per day member attends other programs, such as school, adult day care, etc.
    - Bowel & bladder continence status
    - Mobility

    In addition, individual consideration is given to:
    - Diagnosis and the impact on the primary caregiver's ability to care for the member.
    - Recent admission and/or potential for readmission.

3. All regulatory nursing assessments and re-assessments will be covered per regulatory requirements, which mandates for an assessment when admitting to services, and with reassessments:
    a. every ninety (90) days; and/or
    b. with changes in member's condition; and/or
    c. with resumption of care after inpatient admission.

Coding:

CPT Code & Modifiers	Description
S5125	Attendant care services; per 15 minutes
S5125 U1	Combination of personal care and homemaking performed by a nursing assistant, rendered at the same time, per 15 minutes.

S5125 U1 U9	High Acuity combination of personal care and homemaking, rendered at the same time, per 15 minutes when the Minimum Data Set (MDS) reflects high acuity.
S5130	Homemaker service, NOS; per 15 minutes
T1001	Nursing assessment/evaluation, per diem

Exclusions and Limitations:

Health Benefits Exchange (HBE), Extended Family Planning (EFP) Members, Duals CONNECT:

- Home Care Services, inclusive of personal care, homemaking, and/or combo care services, are not a covered benefit.

CSN, SUB, RHP, & RHE Members:

- Homemaking services are only covered if the member also needs personal care services.
- Personal care and homemaking services for Medicaid-only adult members with a LTSS-HCBS waiver are not billable to Neighborhood. Claims for these services should be submitted to Medicaid FFS for reimbursement.

All covered lines of business:

1. Home Care Services:
   - Require a physician's order in all lines of business, except when the services are part of a Long Term Supports & Services Plan of Care.
   - Are not covered:
     - if the member is a resident of a nursing facility, hospital, or licensed residential care facility.
     - if not provided in a home setting, as defined above.
     - for respite, companionship, general supervision, infant/child sitting, age-appropriate infant and childcare to provide extra assistance to the caregiver(s), solely to allow the caregiver to work or attend school, or for the member or caregiver's convenience. Lack of an available caregiver does not justify the medical necessity of home care services.
     - when the member is not present in the home.
     - for members enrolled in the Personal Choice or Shared Living LTSS-HCBS waiver programs as this would be considered duplication of services.
     - for members receiving LTSS waiver services from the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).
     - if services are provided to anyone besides the members (i.e. family members, others residing in the home, etc.)
   - Should be delivered and billed as one-on-one care only. This does not preclude the same provider from delivering services to two people in the same household.

- Must comply with all applicable requirements set forth in RI General Laws, 210-RICR-20-05-1, including but not limited to:
    - All non-LTSS home care services must be furnished under a written plan of care according to 216-RICR-40-10-17
    - All LTSS home care services must be furnished under a written person-centered plan that meets the requirements of 42 C.F.R. § 441.301(c)(2) (2023) and a written plan of care according to 216-RICR-40-10-17.
    - The provider may not assign direct care staff to provide services to a member with whom the direct care staff resides.
    - The provider may not assign direct care staff to provide services to a member to whom the direct care staff has a family relationship. A family relationship is defined as:
        - Parent-child (including stepparent/stepchild) regardless of whether the member is the parent or child of the direct care staff and regardless of the age of the child;
        - Grandparent-grandchild (including step-grandparent/step-grandchild) regardless of whether the member is the grandparent or grandchild of the direct care staff and regardless of the age of the grandchild;
        - Sibling (including stepsiblings); and
        - Spouse
    - The provider may not assign direct care staff to provide services to a member for whom the direct care staff:
        - Has any type of guardianship;
        - Has any type of power of attorney;
        - Is the authorized representative designated on the individual member's application for Medicaid benefits

2. Parents or any individual with legal or financial responsibility for the member are not eligible to be reimbursed to provide home care services.
3. Respite care or relief care are only covered for members in the:
    - INTEGRITY for Duals line of business, and
    - Children (20 and younger) in the MED, SUB, & CSN lines of business.
4. Adult members without an LTSS-HCBS waiver from EOHHS are not eligible for more than Preventive Services, as defined above.
5. Personal Care Services identified in a child's Individual Education Plan (IEP) as a necessary service for the child to receive a Free and Appropriate Education (FAPE) will be covered by the Local Education Agency (LEA)/school district, not by Neighborhood.
6. The cost of Home Care Services must not exceed the cost of care in an institutional setting.
7. Duplication and/or overlap of same/similar services is not allowed. When there is duplication or overlap of services, the lowest level of care needed to safely meet the members' needs may be covered.

8. Personal care, including when combined with homemaker services, may only be billed when delivered by a nursing assistant and cannot be billed when delivered by a homemaker.
9. The following are excluded from coverage under this benefit:
    a. Drugs and Biologics
    b. Services covered under End-Stage Renal Disease programs;
    c. Prosthetic Devices;
    d. Respiratory Care Services;
    e. Dietary and Nutritional Personnel, when not incidental to services required by the care plan
10. Care provided during travel:
    a. Nursing assistants and homemakers must be applicably licensed and/or certified in the state they are performing the services in accordance with the applicable state's laws.
    b. No additional hours may be requested, authorized, or billed specifically for this purpose.
    c. Neighborhood is approving only the provision of home care services and accepts no liability or responsibility for travel.
    d. Neighborhood will not approve 2:1 coverage during travel.
11. Agencies may provide transportation when incidental to providing services as approved in the plan of care; however, it is excluded from home health coverage. Costs of transportation of equipment, materials, supplies, or staff may be allowable as administrative costs, but no separate payment will be made, and no additional hours may be requested or billed specifically for this purpose. Neighborhood is approving only the provision of home care services and accepts no liability or responsibility for transportation. The inclusion of transportation as part of a Treatment Plan must relate to facilitating the accomplishment of defined and previously approved treatment objectives. Transportation can only relate to the member receiving home care services and is not to be included in a treatment plan solely for convenience. The provider/agency must demonstrate that it has procedures in place to protect the safety of child being transported by staff and vehicles engaged in transportation:
    a. Current and adequate vehicle insurance that allows for transporting children.
    b. Current vehicle registration and valid State inspection.
    c. The driver's history must be free of accidents for the past year, with no history of DWI. Parents have signed a waiver for each driver releasing any Neighborhood liability and responsibility for anything that occurs as a result of transportation activities.
    d. Neighborhood will not approve 2:1 coverage during transportation.
    e. Seat belts and/or child restraints must be utilized as required by State law.
12. Must meet all applicable requirements and guidelines within the RI Medicaid Provider Reference Manual Home & Community Based Services.

13. Home care and home health providers must remain in compliance with all applicable Rhode Island General Laws and Rhode Island Department of Health regulations.

References:

- State of Rhode Island Executive Office of Health and Human Services. RI Medicaid Provider Reference Manual Home & Community Based Services
- Rhode Island General Laws, Title 210 – Executive Office of Health and Human Services, Chapter 20 - Medicaid Payments and Providers, Subchapter 05 - Requirements and Limits Applicable to Specific Providers, Part 1 – Home Care and Home Health Providers.
- Contract between The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2025.
- Contract- Agreement between the State of Rhode Island Executive Office of Health and Human Services and Neighborhood Health Plan of Rhode Island Medicaid Managed Care Fully Integrated Dual Special Needs Plan, Effective January 1, 2026.

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on Providers
2. Click on Provider Resources
3. Click on Forms
4. Click on "Click here for a list of prior authorization request forms" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the Authorization Quick Reference Guide.

CMP Number	**020**
CMP Cross Reference:	**#021 – Skilled Home Health**
	#022 – Private Duty Skilled Nursing
Created	**12/06**
Annual Review Month	**December**

Review Dates	11/09, 1/10/12, 2/26/13, 3/1/13, 7/1/13, 2/26/14, 11/18/2014, 9/1/15, 10/18/16, 11/7/17, 11/9/18, 12/4/19, 1/24/20, 12/9/20, 12/8/21, 8/17/22, 12/7/22, 7/5/23, 12/11/24, 8/20/25
Revision Dates	11/10/09, 1/10/12, 3/12/13, 7/16/13, 2/26/14, 6/30/16, 10/24/17, 11/7/17, 11/9/18, 1/24/20, 12/8/21, 8/17/22, 12/7/22,7/5/23, 8/20/25
CMC Review Dates	12/14/06, 1/12/09, 1/12/10, 1/11/11, 1/10/12, 3/12/13, 7/16/13, 11/18/2014, 9/1/15, 11/1/16, 11/14/17, 11/14/18, 12/4/19, 12/9/20, 12/8/21, 12/7/22, 12/11/24, 8/20/25
Medical Director Approval Dates	12/14/06, 1/12/09, 1/12/10, 2/14/11, 4/05/12, 3/26/13, 7/18/13, 12/29/2014, 9/30/15, 11/14/16, 12/28/17, 11/14/18, 12/4/19, 12/9/20, 12/8/21, 12/7/22, 7/5/23, 12/11/24, 8/20/25
Effective Dates	12/29/2014, 9/30/15, 7/01/2016, 11/21/2016, 12/29/17, 11/14/18, 12/4/19, 4/1/20, 12/9/20, 12/8/21, 12/7/22, 7/5/23, 12/11/24, 8/20/25

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.