Neighborhood Health Plan OF RHODE ISLAND™

Clinical Medical Policy

Home Health Care Services- Skilled & Non-Skilled #020

Last reviewed: 04/08/26

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), Commercial (HBE), INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
Application Excluded for:
Extended Family Planning (EFP)

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 Health Care Services includes a wide range of services you can get in your home for an illness or injury when medically necessary.

Neighborhood covers medically necessary home health care services for homebound members or for members who are not homebound when Neighborhood determines that the member's home setting, or another location other than a medical office is the most appropriate setting to carry out

the plan of care in order to minimize the risk of deterioration in the member's health status or to prevent placement in a more costly and restrictive setting.

This policy provides coverage requirements for the following services:

1. Home Care Services (non-skilled)
2. Home Health Services (skilled)
3. Private Duty Nursing

Definitions

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.
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.
Homebound	If the member does leave the home, the absences must be infrequent and for short periods of time (i.e., attending a religious service, funeral, or other unique event) or are for health care treatments. The member does not have to be bedridden and can be considered confined to the home (homebound) if the following two criteria are met: **Criteria 1** • Due to illness or injury, the member must need either: i. The aide of supportive devices such as crutches, canes, wheelchairs, and walkers; **or** ii. The use of special transportation; **or**

iii. The assistance of another person in order to leave their place of residence
OR

- Have a condition such that leaving his or her home is medically contraindicated

Criteria 2

- There must exist a normal inability to leave home; **and**
- Leaving home must require a considerable and taxing effort (i.e. when medical conditions or symptoms like dyspnea, weakness, frailty, confusion, pain, use of crutches, a wheelchair or the need for assistance from another person make leaving home difficult).

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.

Home Care Services

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

Home Health Services

Home Health Services are those services as defined in 42 C.F.R. §440.70, include:

1. Part-time or intermittent skilled nursing
2. Skilled rehabilitative therapy including physical therapy, occupational therapy, and speech therapy
3. Qualified home health aide services, when determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the skilled need for nursing or therapy services

4. Medical social services only when determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the skilled need for nursing or therapy services
5. Durable medical equipment
6. Disposable medical supplies used in the course of an authorized home health care visit
7. Nutritional counseling, only when determined to be an essential part of an authorized skilled home care program directly related to the skilled plan of care that includes the skilled need for nursing or therapy services.

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.
- If it is determined that the assisted living facility (also called personal care homes, group homes, etc.) in which the individuals reside are not primarily engaged in providing the above services, then Neighborhood will cover reasonable and necessary home health care furnished to these members.

Intermittent and Part-Time Skilled Service

- Services are intermittent if up to eight (8) hours per day of medically necessary nursing visits and home health aide services, combined, are provided seven (7) days per calendar week for temporary periods of up to 21 days.
- Services are part-time if the combination of medically necessary nursing visits and home health aide services does not exceed 35 hours per calendar week, and those services are provided on a less-than daily basis.
- To receive intermittent or part-time nursing care, the member must have a medically predictable recurring need for skilled nursing services at least once every 60 days, or the member must meet the conditions listed under letter D.

- In certain circumstances, the member needs infrequent, yet intermittent, nursing services. The following are nonexclusive examples of such services:
    - The member has an indwelling silicone catheter and generally needs a catheter change only at 90- day intervals.
    - The member experiences a fecal impaction due to the normal aging process (that is, loss of bowel tone, restrictive mobility, and a breakdown in good health habits) and must be manually dis-impacted. Although these impactions are likely to recur, it is not possible to predict a specific time frame.
    - The member is diabetic and visually impaired. He or she self-injects insulin and has a medically predictable recurring need for a nursing visit at least every 90 days. These nursing visits, which supplement the physician's contacts with the member, are necessary to observe and determine the need for changes in the level and type of care that have been prescribed.

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.

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

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).
Private Duty Nursing Services	Individual and continuous skilled care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of state law and as identified in the member's plan of care. Coverage is provided on a "per hour" or "per block hours" basis, not on basis of unique or intermittent visits. This service is intended for members who have complex medical conditions or disabilities, which are being managed at home. The member's condition requires continuous skilled care greater than two (2) hours per day that can only be conducted by an RN or LPN according to practice standards. Private duty nursing is considered supportive to the care provided to a member by their caregiver(s) in maintaining the member at home. It is not intended to replicate the services of a nursing home. The caregiver(s) must be able to safely care for the member in the absence of the home health agency.
Skilled Services	A skilled service is a service that must be provided by a registered nurse, licensed practical nurse (under the supervision of a registered nurse), licensed physical therapist, occupational therapist, speech language pathologist or a licensed physical therapy assistant and licensed occupational therapy assistant (under the supervision of a licensed therapist) in order to be safe and effective. In determining whether a service meets the requirement of skilled care, the inherent complexity of the service, the condition of the patient, and generally accepted standards of clinical practice must be considered. Some services may be considered skilled on the basis of complexity alone. In other cases, a service that is ordinarily considered unskilled may be considered skilled on the basis of the patient's condition. A service is not considered skilled merely because it is performed by or under the direct supervision of a licensed nurse or therapist. When the service could be safely and effectively performed by the average non-medical person without direct supervision, the service would not be considered skilled.

HOME CARE SERVICES (NON-SKILLED)

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.

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.

An approved LTSS-HCBS waiver is required for a member to receive services above Preventive Services, as defined above.

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.

Criteria

Home Care Services are reasonable and necessary when the following 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, 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:
    - every ninety (90) days; and/or
    - with changes in member's condition; and/or
    - 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 – Home Care Services:

Applicable Lines of Business:		
☒ RIte Care (MED)	☒ Rhody Health Partners (RHP)	☐ Health Benefits Exchange (HBE)

☒ Substitute Care (SUB)	☒ Rhody Health Expansion (RHE)	☐ Extended Family Planning (EFP)
☒ Children with Special Health Care Needs (CSN)	☒ INTEGRITY for Duals (FIDE)	☐ Duals CONNECT (CO-DSNP)

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.

FIDE Members:

- Members without a LTSS waiver that are receiving home delivered meals (i.e. Meals on Wheels), are not eligible to also receive homemaking and/or Preventive services as defined above.

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 for members enrolled in the Personal Choice or Shared Living LTSS-HCBS waiver programs as this would be considered duplication of services.
   - 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.
2. Adult members without an approved LTSS-HCBS waiver from EOHHS are not eligible for more than Preventive Services, as defined above.
3. 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.
4. See the **General Exclusions and Limitations** section of this policy for additional coverage guidance.

HOME HEALTH SERVICES (SKILLED)

Coverage Determination

Home health care services are short-term services, prescribed by a treating practitioner or specialist (M.D., D.O., P.A., or N.P.), delivered within a member's residence and are designed to help a member recover after an illness, injury, hospital stay, or surgery or to help manage a chronic condition with the goal of preventing an unplanned hospitalization or prolonging a current hospitalization. Home health care services are provided intermittently to restore or maintain a member's maximal level of function and health in lieu of receiving the services in an outpatient setting or in an acute or sub-acute health care setting.

Skilled care services are medically necessary services provided in the member's home setting for Home Health Services by licensed health care professionals and may include services such as medical or psychological evaluation, wound care, medication teaching, pain management, disease education and management, physical therapy, speech therapy, or occupational therapy.

Criteria

Neighborhood utilizes Change Health Care InterQual® criteria in reviewing medical necessity for Home Health care. This criteria aligns with CMS Medicare Benefit Policy Manual Chapter 7- Home Health Services. InterQual® includes medical necessity criteria for the following home health services:

InterQual® LOC: Home Care Q&A
Home Care Services, Adult
Home Care Services, Pediatric

Neighborhood recognizes that the criteria can never address all the issues; criteria cannot apply to every patient in every situation. Use of the criteria never replaces clinical judgment. Home health services are reasonable, and necessary must be based on an assessment of each patient's individual care needs. Therefore, denial of services based on numerical utilization screens, diagnostic screens, diagnosis, or specific treatment norms is not appropriate.

- Duals CONNECT members are required to meet the definition of homebound (see above) to receive skilled home health services in accordance with CMS guidelines for these services.

Coding

CPT Code	Description	Line of Business
S9097	Home visit for wound care	All

T1030	Nursing care, in the home, by registered nurse, per diem	All
T1031	Nursing care, in the home, by licensed practical nurse, per diem	All
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	All
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	All
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	All
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Medicaid, INTEGRITY, & CONNECT
S5125	Attendant care services; per 15 minutes	Commercial (only when furnished under a skilled plan of care)

Exclusions and Limitations – Home Health Care:

Applicable Lines of Business:		
☒ RIte Care (MED)	☒ Rhody Health Partners (RHP)	☒Health Benefits Exchange (HBE)
☒Substitute Care (SUB)	☒ Rhody Health Expansion (RHE)	☐ Extended Family Planning (EFP)
☒ Children with Special Health Care Needs (CSN)	☒ INTEGRITY for Duals (FIDE)	☒ Duals CONNECT (CO-DSNP)

1. Must comply with all applicable requirements set forth in RI General Laws, 210-RICR-20-05-1, including but not limited to:
    a. Skilled Home Health providers must be certified by the Centers for Medicare and Medicaid Services (CMS) to participate in the Medicare program as a provider of home health services.
2. Are not covered:
    a. if provided in a hospital, nursing facility, intermediate care facility for the developmentally disabled, adult day center, or any other institutional facility providing medical, nursing, rehabilitative, or related care.
    b. for personal care when there is not also a skilled need.
    c. in the absence of a need for medically necessary skilled nursing services or skilled therapy services, such as but not limited to ADL and routine and age-appropriate

infants and childcare for the sole purposes of providing extra assistance to the caretaker.

d. When a family member or other caregiver is providing services that adequately meet the member's needs, it is not medically necessary for the home health agency to provide such services.
e. if services can be safely and effectively performed or self-administered by the average non-medical person without the direct supervision of a registered or licensed nurse are not considered nursing services and are excluded, unless there is no one able (for reasons other than convenience) to provide the services and the services are necessary to avoid institutionalization.
f. if services are related to activities for the general good and welfare of patients (for example, general exercises to promote overall fitness and flexibility, and activities to provide diversion or general motivation).
g. if venipuncture is the only purpose of the home health visit when there is comparable care available in the community.
h. if services are provided to anyone besides the member (i.e. family members, others residing in the home, etc.).

3. Home health aide services that are not an essential part of the skilled home care program. When a member is receiving intermittent skilled nursing services solely for purpose of medication administration, home-health aide services may not be considered medically necessary.
4. See the **General Exclusions and Limitations** section of this policy for additional coverage guidance.

PRIVATE DUTY NURSING (PDN)

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.

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.

An approved LTSS-HCBS waiver is required for adult members to receive PDN services.

Home care services may be considered an alternative for members with complex medical conditions, to support the plan of care, when there are insufficient skilled needs.

Criteria

1. Private Duty Nursing services are reasonable and necessary when ALL of the below are met:
    - There is a physician approved written plan of care with short and long-term goals specified that is renewed at least every sixty (60) days, **and**
    - The member can be safely maintained in the home in the absence of nursing care; **and**
    - The member's condition requires continuous skilled care greater than two (2) hours per day that can only be conducted by an RN or LPN according to practice standards; **and**
    - The services provided are reasonable and necessary to care for the member's condition and are in accordance with the scope of practice of a licensed nurse; **and**
    - Medical necessity criteria must be met within the most recent InterQual® Level of Care (LOC): Hom
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    - e Care Q&A: Private Duty Nursing (PDN) Assessment, which is used to determine a range of clinically appropriate PDN hours a member may receive when such care is medically necessary.

2. All regulatory nursing assessments and reassessments will be covered per regulatory requirements, which mandates an assessment when admitting to services, and with reassessments:
    - every sixty (60) days; and/or
    - with changes in member's condition; and/or
    - with resumption of care after an inpatient admission.

Coding:

CPT Code	Description
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1001	Nursing assessment/evaluation, per diem

Exclusions and Limitations – Private Duty Nursing:

Applicable Lines of Business:		
☒ RIte Care (MED)	☒ Rhody Health Partners (RHP)	☒Health Benefits Exchange (HBE)
☒Substitute Care (SUB)	☒ Rhody Health Expansion (RHE)	☐ Extended Family Planning (EFP)
☒ Children with Special Health Care Needs (CSN)	☒ INTEGRITY for Duals (FIDE)	☐ Duals CONNECT (CO-DSNP)

1. Private Duty Nursing Services are not covered when services are custodial in nature. PDN will not be authorized if services can be provided by a l ower-level professional. (e.g., CNA).
2. Adult members without an approved LTSS-HCBS waiver from EOHHS are not eligible for PDN services.
3. See the **General Exclusions and Limitations** section of this policy for additional coverage guidance.

General Exclusions and Limitations:

1. All services are not covered under the following circumstances:
    - If services are not provided in a home setting, as defined in this policy.
    - 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.
    - Parents or any individual with legal or financial responsibility for the member are not eligible to be reimbursed to provide home care services.
    - 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.
    - The following are excluded from coverage under this benefit:
        - Drugs and Biologics
        - Services covered under End-Stage Renal Disease programs;
        - Prosthetic Devices;
        - Respiratory Care Services;

- Dietary and Nutritional Personnel, when not incidental to services required by the care plan

2. Must comply with all applicable requirements set forth in RI General Laws, 210-RICR-20-05-1, including but not limited to:
    - 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

3. Care provided during travel:
    a. Nurses, 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.

4. 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 patients.
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.

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

Home Care Services and PDN

1. 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.
    - Private Duty Nursing services are not a covered benefit.
2. Are not covered:
    a. if the member is a resident of a nursing facility, hospital, or licensed residential care facility.
    b. for members receiving LTSS waiver services from the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).
    c. if services are provided to anyone besides the members (i.e. family members, others residing in the home, etc.)
3. 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.
4. Respite care or relief care are only covered for members in the:
    a. INTEGRITY for Duals line of business, and
    b. Children (20 and younger) in the MED, SUB, & CSN lines of business.
5. 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 services must not exceed the cost of care in an institutional setting.

7. Must meet all applicable requirements and guidelines within the RI Medicaid Provider Reference Manual Home & Community Based Services.

Home Health Services & PDN

1. Require a physician's order and physician approved written plan of care that is renewed at least every sixty (60) days.

Home Care 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 Agreement 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.

Home Health Care References:

- Centers for Medicare and Medicaid Services. Medicare Managed Care Manual. Chapter 4, Sections 90.1, 90.4.1, 90.4.2, 90.5
- Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual, Chapter 7 – Home Health Services.
- Executive Office of Health and Human Services (EOHHS) Home Health Provider Manual
- InterQual®
- 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.

Private Duty Nursing References:

- State of Rhode Island Executive Office of Health and Human Services. Pediatric Private Duty Nursing Policy Guidance Document.
- 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:	**This is an updated version of the Home Care Services Policy and combines the Private Duty Nursing (formerly CMP#22) and Skilled Home Care (formerly CMP#21) Policies.**
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, 4/8/26
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, 4/8/26
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, 4/8/26
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, 4/8/26
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, 4/8/26

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.