

## Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Rite Care (MED), Substitute Care (SUB), Children with Special Health Care Needs (CSN), Rhody Health Partners (RHP), Medicare-Medicaid Plan (MMP) Integrity, Rhody Health Expansion (RHE)
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP)

Approval is based on review of the medical necessity documentation.

## Description

Home Care Services include those services provided under a home care plan authorized by a physician including full-time, part-time, or intermittent care by a licensed nurse or home health aide (certified nursing assistant) for patient care. Home Care Services are defined as Home Health Aide (HHA) or Certified Nurse Assistant (CNA) providing care in the home, per hour and is scheduled as “block hours” as opposed to intermittent “visits,” and is utilized to deliver medically necessary care, which cannot be performed in a standard home care visit.

Home Care Services also include homemaking services that are incidental to the client’s health needs such as making the client’s bed, cleaning the client’s living area, such as bedroom and bathroom, and doing the client’s laundry and shopping.

Health Benefits Exchange (HBE) - Homemaking Services and Combination Services are not covered for this line of business.

## Coverage Determination

Prior authorization and medical review is required.

The criteria used to approve home care services is based on medical necessity, which allows 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 (ADLs).

Upon receiving request from a physician, the contracted Neighborhood Home Health Agency submits the “*Neighborhood Home Care Services Prior Authorization Request*” form and any required assessments and Plan of Care, indicating required services for the specific member.

Medicare-Medicaid Plan (MMP) INTEGRITY and members may qualify for home care services through a waiver program. Medical Management staff coordinate referrals and communicate as necessary with the waiver programs.

## Criteria

Based on documentation received from the home health agency and/or any NHP Care Manager Assessments or NHP Service Calculator, the following categories are evaluated for care required and time required to complete the care, with points being assigned based on amount of assistance required to complete the activity:

- Member’s age, weight, and height

- Activities of Daily Living (bathing, grooming, dressing, eating)
- Hours primary caretaker available
- Hours a day member attends school
- 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.

### **Authorization Requirements**

- A signed NHP Home Care Services Form and all supporting documentation must be submitted.
- The Home Health Agency before the end date of the certification period and/or no later than 60 days from the first date of service must complete all required assessments.
- An RN assessment is required before submitting the request for a HHA and/or combination services.
- All regulatory nursing assessments and re-assessments will be covered per any CMS, EOHHS and Medicaid Fee
- For Service requirements, which allows for a reassessment every sixty (60) days.
- Re-assessments due to resumption of care will also be covered. (Example: recent hospitalization or acute change in level of care)
- If services need to be continued after the initial certification period, a new prior authorization request form needs to be submitted prior to the end of the certification period. Refer to the following link for information related to prior authorizations and retrospective authorizations:  
<https://www.nhpri.org/wp-content/uploads/2019/08/08-2019-Provider-Manual.pdf>
- If for any reason a Home Health Agency cannot fulfill their authorized hours as requested, it is the responsibility of the home health care provider to coordinate care with another Neighborhood contracted agency and notify Neighborhood immediately of the change.
- Combination code is to be used when there is a need for the Certified Nurse Assistant (CNA) to provide both personal care and homemaker services.
- Enhanced Reimbursement- Home Health Agencies can receive a higher level of reimbursement for Combination services, if the member is assessed to be at a high acuity level of care. The home Health agency RN must complete the *Minimum Data Set (MDS) for Homecare* form and submit to the Utilization Management department at fax number: 401-459-6023, for review.

For billing information, please review the following document: Home Health Care Services Payment Policy, which can be found at the following link:

<https://www.nhpri.org/wp-content/uploads/2019/04/HHAv1.pdf>

### **Exclusions**

Homemaking Services and Combination Services are not covered for Health Benefits Exchange (HBE)

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org)

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060. Fax authorization forms to 401-459-6023.

**Covered Codes:** For information on Coding please reference the [Authorization Quick Reference](#)

<b>CMP Number</b>	CMP-020
<b>CMP Cross Reference:</b>	
<b>Created:</b>	12/06
<b>Annual Review Month:</b>	November
<b>Review Dates:</b>	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
<b>Revision Date:</b>	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
<b>CMC Review Dates:</b>	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
<b>Medical Director Approval Dates:</b>	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, 1/24/20
<b>Effective Dates:</b>	12/29/2014, 9/30/15, 7/01/2016, 11/21/2016, 12/29/17, 11/14/18, 12/4/19, 4/1/20

Neighborhood reviews clinical medical policies on an annual base.

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. 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.