

ITEM 7. HOME HEALTH SERVICES

Home health services are listed to those required on an intermittent basis. Covered home health services under this Plan are those that are provided by the staff of a Medicare certified and Medicare participating home health agency or visiting nurse association.

- A. Intermittent or part-time nursing ordered by and included in the Plan of treatment established by the physician.

An initial visit by a registered nurse or appropriate therapist for the assessment of the need for home health services by observation and evaluation of function may be covered either in the community or the hospital. If nursing care is ordered and provided during the visit, only one service (either the initial visit or the care) will be covered.

- B. Home health aide services must be documented in the Plan of treatment and supervised by the appropriate therapist or the registered nurse. Personal care services may be performed by the aide when they are incidental to the medical care being provided.

- C. Medical supplies are limited to those required to perform the services ordered by the physician. Routine small cost items (eg. cotton balls, tongue depressors, etc.) are covered in the visit or hourly rate paid to the agency. Agencies owning equipment may be reimbursed a rental fee for the loan of such equipment as meets the needs of the beneficiary as documented in the plan of treatment. Medicaid will not pay the agency for the purchase of equipment.

- D. Therapy services whether occupational therapy, physical therapy or speech pathology services, are limited to four months, after which prior authorization must be requested of and granted by the Medicaid Division for reimbursement to be made. Unless, the service may not be reasonably provided by the patient's support person(s) and the patient undergoes another acute care episode or injury, or experiences increased loss of function, or deterioration of the patient's condition requiring therapy is imminent and predictable, authorization will not be granted for more than one year from the start of treatment. Services requiring treatment which cannot be brought into the home, will be covered provided the agency has met the certifying standards for that service under their participation agreement with Medicare.

ITEM 7. HOME HEALTH SERVICES (Continued)

Home health services are listed to those required on an intermittent basis. Covered home health services under this Plan are those that are provided by the staff of a Medicare certified and Medicare participating home health agency or visiting nurse association.

- E. Medical Social Worker services are covered when provided within the scope and under the rules established by the federal Medicare program.

ITEM 8. PRIVATE DUTY NURSING SERVICES

Private duty nursing services are provided to EPSDT eligible recipients only. Some services may require medical necessity review.