AMOUNT, DURATION, ANI) SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

7. Home Health Services

Home health services must be provided by a home health agency that is Medicare and Medicaid certified. The service must be medically necessary, ordered by a physician, prior authorized, provided in accordance with approved plan of care and provided in the individual's residence. A hospital, nursing facility or intermediate care facility for mentally retarded shall not be considered as an individual's place or residence. Prior authorization must be conducted by the Department and is based on medical necessity; physician's orders; the recipient's needs, diagnosis, condition; the plan of care; and cost-effectiveness when compared with other care options.

a. Intermittent or Part-time Nursing Service

Intermittent or part-time nursing services must be ordered by a physician, be prior authorized, provided in accordance with an approved plan of care and provided in the individual's residence. Home health agencies may provide disposable medical supplies necessary for, or related to, the provision of intermittent or part-time nursing service as specified for coverage by the Medicaid Program.

b. Home health Aide Services

Home health aide services must be ordered by a physician, be prior authorized, provided in accordance with an approved plan of care and provided in the individual's residence.

c. Medical Supplies Suitable for Use in the Home.

Each provider desiring to participate as a medical supply provider must be a participating Medicare Provider and sign a provider agreement with the Department for Medicaid Services.

1. The provider submits a certificate of medical necessity (CMN) and, if required, a prior authorization form and any other documentation to support medical necessity.

2. Coverage of medical supplies for use by patients in the home, are based on medical necessity.

   Coverage criteria established by the Medicare program will be used as a guide in determining medical necessity but will he subject to a medical necessity override.

3. The criteria used in the determination of medical necessity Includes an assessment of whether the item is:
   a. Provided in accordance with 42 CFR 440.230;
   b. Reasonable and required to identify, diagnose, treat, correct, cure, ameliorate, palliate, or prevent a disease, illness, injury, disability or other medical condition;
   c. Clinically appropriate in terms of amount, scope, and duration based on generally accepted standards of good medical practice;
   d. Provided for medical reasons rather than primarily for the convenience of the recipient, caregiver or the provider;
   e. Provided in the recipient's residence, in accordance with generally accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;
   f. Needed, if used in reference to an emergency medical service, to evaluate or stabilize an emergency medical condition that is found to exist using the prudent lay person standard; and,
   g. Provided in accordance with early and periodic screening, diagnosis, and treatment (EPSDT) requirements for recipients under twenty-one (21) years of age.

4. Coverage of an item of medical supply shall be in accordance with the following: shall serve a medical purpose; shall not generally be useful to a person in the absence of illness or injury; shall be appropriate for use in the home; and shall be medically necessary and reasonable.

7. D. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility

Physical therapy, occupational therapy, speech pathology services, or speech/hearing/language therapy services provided by a home health agency must be ordered by a physician, physician assistant or advanced registered nurse practitioner, be prior authorized, provided in accordance with an approved plan of treatment, which shall be developed by the appropriate qualified therapist and physician.

Occupational therapy, physical therapy and speech pathology services and speech/hearing/language therapy are limited to twenty visits per calendar year. Rehabilitative and habilitative services have a combined twenty visit limit per type of therapy. Additional visits may be granted based on medical necessity.

Audiology services are not provided under this component. Physical therapy, occupational therapy, speech pathology, or speech/hearing/language therapy services provided by a medical rehabilitation facility are not provided under this component.

Qualification of Providers

Providers performing physical, occupational or speech therapy must meet requirements defined in 42 C.F.R. 484.4. A qualified physical therapist assistant, occupational therapist assistant or speech therapy assistant must be under the direct supervision of a qualified physical, occupational or speech therapist.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

7. Home Health Services

Home health services must be provided by a home health agency that is Medicare and Medicaid certified. The service must be medically necessary, ordered by a physician, prior authorized, provided in accordance with approved plan of care and provided in the individual's residence. A hospital, nursing facility or intermediate care facility for mentally retarded shall not be considered as an individual's place of residence. Prior authorization must be conducted by the Department and is based on medical necessity; physician's orders; the recipient's needs, diagnosis, condition; the plan of care; and cost- effectiveness when compared with other care options.

7a. Intermittent or Part-time Nursing Service

Intermittent or part-time nursing services must be ordered by a physician, be prior authorized, provided in accordance with an approved plan of care and provided in the individual's residence. Home health agencies may provide disposable medical supplies necessary for, or related to, the provision of intermittent or part-time nursing service as specified for coverage by the Medicaid Program.

7b. Home Health Aide Services

Home health aide services must be ordered by a physician, prior authorized, provided in accordance with an approved plan of care and provided in the individual's residence.

7c. Medical Supplies Suitable for Use in the Home

Each provider desiring to participate as a medical supplier provider must be a participating Medicare provider and sign a provider agreement with the Department for Medicaid Services.

1. Coverage of medical supplies for use by patients in the home, is based on medical necessity.

2. Coverage criteria established by the Medicare program will be used as a guide in determining medical necessity but will be subject to a medical necessity override.

3. The criteria used in the determination of medical necessity includes an assessment of whether the item is:

   a. Provided in accordance with 42 CFR 440.230;

   b. Reasonable and required to identify, diagnose, treat, correct, cure, ameliorate, palliate, or prevent a disease, illness, injury, disability, or other medical condition;

   c. Clinically appropriate in terms of amount, scope, and duration based on generally accepted standards of good medical practice;

   d. Provided for medical reasons rather than primarily for the convenience of the recipient, caregiver, or the provider;

   e. Provided in the recipient's place of residence, with regard to generally accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;

4. Coverage of an item of medical supply shall be in accordance with the following: shall serve a medical purpose; shall not generally be useful to a person in the absence of illness or injury; shall be appropriate for use in the home; and shall be medically necessary, and reasonable.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

7. D. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility

Physical therapy, occupational therapy, speech pathology services, or speech/hearing/language therapy services provided by a home health agency must be ordered by a physician, physician assistant or advanced registered nurse practitioner, be prior authorized, provided in accordance with an approved plan of treatment, which shall be developed by the appropriate qualified therapist and physician.

Occupational therapy, physical therapy and speech pathology services and speech/hearing/language therapy are limited to twenty visits per calendar year. Rehabilitative and habilitative services have a combined twenty visit limit per type of therapy. Additional visits may be granted based on medical necessity.

Audiology services are not provided under this component. Physical therapy, occupational therapy, speech pathology, or speech/hearing/language therapy services provided by a medical rehabilitation facility are not provided under this component.

Qualification of Providers

Providers performing physical, occupational or speech therapy must meet requirements defined in 42 C.F.R. 484.4. A qualified physical therapist assistant, occupational therapist assistant or speech therapy assistant must be under the direct supervision of a qualified physical, occupational or speech therapist.