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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 4@ Scope and Duration of Benefits

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Section 51337@ Home Health Agency Services

51337 Home Health Agency Services

(a)

Home health agency services are covered as specified below when prescribed by a physician and provided at the home of the beneficiary in accordance with a written treatment plan which the physician reviews every 60 days. The plan shall indicate a need for one or more of the following: (1) Part-time or intermittent skilled nursing services by licensed nursing personnel. (2) In-home medical care services as provided in Section 14132(t) of the Welfare and Institutions Code. (3) Physical, occupational, or speech therapy. (4) Medical social services. (5) The services of a home health aide. (6) Provision of medical supplies, other than drugs and biologicals. (7) The use of medical appliances, provided for under an approved treatment plan.

(1)

Part-time or intermittent skilled nursing services by licensed nursing personnel.

(2)

In-home medical care services as provided in Section 14132(t) of the Welfare and Institutions Code.

(3)

Physical, occupational, or speech therapy.

(4)

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(5)

The services of a home health aide.

(6)

Provision of medical supplies, other than drugs and biologicals.

(7)

The use of medical appliances, provided for under an approved treatment plan.

(b)

One visit in a six-month period for evaluation of the patient is covered without prior authorization. More than one visit in a six-month period is subject to prior authorization. The request for prior authorization for additional visits shall be accompanied by a written treatment plan approved and signed by the physician. This shall include the following: (1) The principal diagnosis and significant associated diagnoses. (2) Prognosis. (3) Date of onset of the illness. (4) Specific types of services to be rendered by each discipline. (5) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals. (6) The extent to which home health agency care has been previously provided, and benefits or improvements demonstrated by prior care. (7) A description of the home situation, to include whether assistance is available from household members, homemakers, attendants, or others. (8) A reauthorization request shall include a statement describing the patient's progress toward achieving the therapeutic goals.

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Specific types of services to be rendered by each discipline.

(5)

The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals.

(6)

The extent to which home health agency care has been previously provided, and benefits or improvements demonstrated by prior care.

(7)

A description of the home situation, to include whether assistance is available from household members, homemakers, attendants, or others.

(8)

A reauthorization request shall include a statement describing the patient's progress toward achieving the therapeutic goals.

(c)

One early discharge visit is covered without prior authorization when the requirements of Section 51327(b) are met.

(d)

Authorizations may be granted for home health agency services only when the beneficiary's medical condition requires either home nursing care or other covered service, exclusive of physician services.

(e)

A maximum of 30 visits may be authorized at any one time and authorizations shall be valid for up to 120 days. When the Department contracts with an agency to provide in-home medical services, the scope, duration, and cost of services will

be defined in a written agreement between the provider agency and the Department of Health Services.

(f)

In areas serviced by a home health agency, all home health agency services shall be limited to those provided by approved home health agencies as defined in Sections 51125, 51145 and 51217.

(g)

In areas determined by the Director not to be serviced by a home health agency, part-time or intermittent skilled nursing care may be furnished by any qualified provider using the services of a registered nurse. These services shall be subject to the same limitations as described in this section and to the same requirements for prior authorization and reimbursement as home health agency services.