

**NEW YORK STATE  
MEDICAID PROGRAM**

**LIMITED LICENSED HOME CARE  
SERVICE AGENCY MANUAL**

**POLICY GUIDELINES**

## Table of Contents

<b>SECTION I - REQUIREMENTS FOR PARTICIPATION IN MEDICAID.....</b>	<b>2</b>
<b>SECTION II - LLHCSA SERVICES.....</b>	<b>3</b>
REQUEST FOR SERVICES PROVIDED THROUGH A LLHCSA.....	3
<b>SECTION III - BASIS OF PAYMENT FOR SERVICES PROVIDED.....</b>	<b>5</b>
PRIOR AUTHORIZATION FOR LLHCSA SERVICES .....	5
REAUTHORIZATION OF SERVICES .....	5
LLHCSA SERVICE RATES.....	6
<b>SECTION IV - DEFINITIONS.....</b>	<b>7</b>
ADULT HOME .....	7
ENRICHED HOUSING PROGRAM.....	7
LIMITED LICENSED HOME CARE SERVICES AGENCY .....	7

## Section I - Requirements for Participation in Medicaid

A Limited Licensed Home Care Service Agency (LLHCSA) is eligible to provide certain home services to Medicaid-eligible adult home residents who have been assessed and authorized to receive such services by the local department of social services (LDSS).

Federal Law and State Regulations require providers to maintain financial and health records necessary to fully disclose the extent of services, care, and supplies provided to Medicaid recipients. Providers must furnish information regarding any payment claimed to an authorized official upon the request of the State Department of Health (DOH) or the LDSS.

## Section II - LLHCSA Services

Medicaid residents of adult care facilities historically have been eligible to have their home care services needs met by a variety of sources, including, but not limited to:

- the Adult Care Facility,
- the Long Term Home Health Care Program (LTHHCP),
- a Certified Home Health Care Agency (CHHA),
- a Licensed Home Care Services Agency (LHCSA), or
- an Exempt Home Care Services Agency.

Social Services Law 367-p established a new home care services provider type, LLHCSA to provide certain home care services.

### Request for Services Provided Through a LLHCSA

If an Medicaid-eligible Adult Home (AH) or Enriched Housing Program (EHP) resident is identified as being appropriate for Personal Care Service (PCS) or requires application of sterile dressings, or requires subcutaneous and intramuscular medication injections, a referral should be sent to the local department of social services in which the LLHCSA is located. This referral may include a copy of a district-approved physician's order form.

#### **Responsibilities of the local department of social services**

When a Medicaid-eligible AH or EHP resident requests assistance with PCS and/or administration of subcutaneous and intramuscular medication injections and/or application of sterile dressings, and the AH or EHP in which the resident resides is licensed by the DOH as a LLHCSA, the LDSS in which the AH or EHP is located must assess the resident's medical needs and make a determination of service authorization.

In order to make such a determination, the LDSS must, in accordance with the assessment and authorization procedures in PCS regulation (18 NYCRR 505.14), take the following actions:

- Make arrangements for the completion of a physician's order if a current order was not submitted with the request for services. Upon receipt of the physician's order, the local department of social service will, within 30 days, complete or make arrangements for the completion of the following assessments: a social assessment; a nursing assessment; and an assessment of efficiencies;

- Review and compare the assessment information and the physician's orders for consistency;
- Determine the health care needs of the AH or EHP resident (as identified on the assessment and care plan completed by the nurse assessor) and how to most appropriately and cost effectively meet those needs.

The LDSS will make a determination of the individual's appropriateness for services delivered by a LLHCSA based upon a review of the assessment of need determined by the assessors.

## Section III - Basis of Payment for Services Provided

Services authorized by the LDSS and provided by a LLHCSA will be paid through the district's prior authorization system utilizing rates established by DOH.

Services included in the MA rate and for which no additional separate billing may be made include the following:

- PCS, including any related nursing supervision, which are not the responsibility of the facility; and,
- Administration of subcutaneous and intramuscular medication and/or application of sterile dressings, and related skilled tasks, by a nurse employed by the LLHCSA which the facility is not otherwise responsible for providing to its residents.

Payment for the MA home care services provided to an AH or EHP resident by a LLHCSA is authorized by the local department of social service on eMedNY. The LLHCSA home care services rate codes and corresponding reimbursement rates are available through the DOH.

Medicaid payment may only be made for services prior authorized by the district and rendered by the LLHCSA. Consequently, no MA payment for home care services, even when prior authorized by the local department of social service, may be made to the LLHCSA when the recipient is receiving residential health care facility services or inpatient hospital services or is otherwise absent from the facility.

### Prior Authorization for LLHCSA Services

If a district determines that the LLHCSA can appropriately and cost effectively meet the AH or EHP resident's medical need for assistance with the PCS, and/or application of sterile dressings, and/or with the administration of subcutaneous and intramuscular medications, the district will prior authorize the required home care services.

**Note: Unless the LDSS has DOH approval for annual prior authorizations, six months is the maximum prior authorization of services a district can approve.**

### Reauthorization of Services

Once authorized, the LDSS must reassess the individual's continued appropriateness for home care services provided by a LLHCSA at least every six months. If the LDSS is in receipt of an approval of annual authorization by the DOH the LDSS may do annual authorizations of LLHCSA services. If the individual's condition changes during the assessment period, a new assessment should be conducted by the nurse assessor and

forwarded to the LDSS in a timely manner. Upon review of the reassessment, the LDSS may either reauthorize, deny, discontinue, increase or decrease services.

**Note: Occasionally a LDSS may authorize a LLHCSA to provide a recipient solely with sterile dressing changes.**

**If the recipient's condition is expected to improve over a period of weeks, the LDSS may wish to complete a time limited prior authorization, i.e. 8 weeks, and then reassess the patient's continued need for service before prior authorizing additional services.**

**A LDSS may also prior authorize a LLHCSA's delivery of sterile dressing changes in combination with PCS and/or injection of subcutaneous and/or intramuscular medications.**

**When nursing services are prior authorized for the provisions of both sterile dressing changes and PCS and or subcutaneous and/or intramuscular injections, and only the recipient's condition requiring the provision of sterile dressing changes improves so that this nursing task is no longer indicated, the LDSS may adjust the LLHCSA's prior authorization of nursing services without conducting a complete new assessment. However, the LDSS must send a copy of the adjusted prior authorization of service to the LLHCSA and a notice to the MA recipient identifying that his/her service authorization has been decreased because the recipient no longer requires the nursing task be completed.**

**If the recipient's condition requiring the sterile dressing changes deteriorates so that an increase in services is required, a complete reassessment must be completed.**

## **LLHCSA Service Rates**

Rates for PCS and nursing tasks such as application of sterile dressings and administration of subcutaneous and intramuscular medication and associated nursing tasks will be in regional quarter hour increments. The rates will be transmitted to DOH on an annual basis.

## Section IV - Definitions

For the purpose of the Medicaid program and as used in this Manual, certain terms are defined as follows:

### Adult Home

An adult home (AH) is an adult care facility established and operated for the purpose of providing long-term residential care, room, board, housekeeping, personal care and supervision to five or more adults unrelated to the operator.

### Enriched Housing Program

An enriched housing program (EHP) is an entity established and operated for the purpose of providing long term residential care to five or more adults, primarily persons age sixty-five or older in community integrated settings resembling independent housing units. The program provides or arranges for the provision of room, and provides board, housekeeping, personal care and supervision.

### Limited Licensed Home Care Services Agency

A limited licensed home care service agency (LLHCSA) is a Department of Health (DOH) certified operator of an adult home or enriched housing program which the Department has also licensed to provide solely to its eligible residents: personal care services (PCS) (including nursing supervision), and; application of sterile dressings, and; intramuscular and subcutaneous injections by a registered professional nurse.