

**NEW YORK STATE  
MEDICAID PROGRAM**

**HOME HEALTH MANUAL  
POLICY GUIDELINES**

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## Section I - Requirements for Participation in Medicaid

A Certified Home Health Agency (CHHA) must maintain a confidential clinical record for each patient accepted for service which includes:

- Identifying data;
- Original plan for nursing regimens and medical regimens, where applicable, signed by the authorized practitioner responsible for the treatment plan;
- A comprehensive initial assessment that includes evaluations of the patient's medical, social and environmental needs, on forms prescribed by the Commissioner of the New York State Department of Health (DOH). The assessment must be completed with the cooperation of the patient's physician, local service representative, and if the patient has been institutionalized, the discharge planner;
- Source of patient referral to the CHHA including, where applicable, name, and type of institution from which discharged and date(s) of discharge;
- Medical or nursing diagnosis, therapeutic goals, prognosis and all of the patient's health related conditions which are relevant to the plan of treatment;
- Therapist or Pathologist plan of care when individual medical regimens include orders for treatment by a physical or occupational therapist or a speech pathologist and/or the services of a nutritionist, a social worker or other professional health care provider or when such consultation is needed to augment a nursing regimen.

When the service for which the patient is accepted is continuous, the clinical record must also include:

- Progress notes following each patient contact by personnel;
- Bi-monthly notation that the patient's total plan of care including standard medical regimens, was reviewed by the agency staff with evidence of revision of the plan of care, where indicated;
- A comprehensive assessment of medical, social and environmental needs every 120 days;
- All changes in the patient's medical regimen signed by the responsible practitioner and reviewed by the practitioner at least every 60 days, except where a more frequent review is necessary;

- A discharge summary prepared by a responsible member of the professional nursing staff or physician including the patient's progress, current conditions, data and reason for termination of certified home health agency service.

Each patient's clinical record shall be kept on file in the agency office for at least a six-year period after discharge from the CHHA services. In the case of minors, records are to be kept until the individual is twenty-four years of age. When a child's record is an integral part of a family record, the entire family record must be kept until he or she reaches the age of twenty-four.

In the event that a CHHA discontinues operation, the governing authority, immediately preceding the discontinuance of the operation of the agency, shall maintain, store and service all patient clinical records in the city in which the agency is located for at least six years, and in the case of children's records, until he or she reaches the age of twenty-four. The governing authority shall notify the DOH, in writing, where the clinical records will be stored and serviced.

### Records and Reports

The following documents must be retained on file by the certified home health agency:

- The certificate of incorporation and the certificate of approval;
- The rules and by-laws of the governing authority;
- The by-laws and regulations of the physician advisory committee and the professional advisory committee;
- The minutes of all meetings of the governing authority and committees thereof;
- The reports of CHHA surveys by outside agencies with statements attached thereto specifying the steps taken to correct any deficiencies or to carry out the recommendations contained therein;
- The record of all actions and determinations relative to procedures and interpretation of policies;
- All contracts and other agreements entered into by the governing authority pertaining to the ownership and operation of a CHHA and pertaining to gross or net income of the agency;
- All licenses, permits and certificates required by law for the operation of the CHHA and also for those departments and personnel thereof, where required;

- A patient roster, or provision of patient rosters in sub-offices of the parent agency when it is so organized;
- The statistical summaries of all services rendered by each category of health care providers;
- The personnel records of all employees, including records of professional licenses and registrations, verifications of the qualifications of the employee, records of pre-employment and periodic physical examinations, time and payroll records, dates of employment, resignations, dismissals and other pertinent data.

## Section II – Certified Home Health Services

The provision of all CHHA services shall be based upon a comprehensive assessment that includes an evaluation of the medical, social and environmental needs of each patient and written physician orders for care for that patient on forms approved by the DOH.

### Requirements for Provision of Home Health Aide Services and Personal Care Services

Requests for personal care or home health aide services may be received initially by either the local department of social services or a CHHA. When a home health agency receives the initial request for care on behalf of a person who is a Medicaid Recipient or who may be eligible for Medicaid it must immediately notify the local department of social services. The local department of social services will process the request and obtain a copy of the physician's order through the home health agency.

The CHHA must perform the initial nursing assessment. For personal care services, that assessment must be completed and returned to the local department of social services within 15 working days of referral. The nursing assessment must include:

- A review and interpretation of the physician's orders;
- Evaluation of the specific needs of the patient;
- Development of a plan of health care; and
- Recommendations for the summary of service requirements.

While the nursing assessment is being completed, the local department of social services will perform a social assessment.

Whenever possible, it is highly recommended that staff from the CHHA and from the local department of social services perform assessments together.

Following review of the physician's recommendations and the nursing and social assessments, the local department of social services will compile a summary of service requirements, including personal care services and any other needed assistance or service. In the event that there is a disagreement between the physician's orders and/or the nursing and social assessments, the case will be brought to the attention of the Local Professional Director or a physician designated by the Local Professional Director for review and final determination.

## Home Assessment Requirement for Prior Approval of Private Duty Nursing Services

When a Medicaid beneficiary is in need of Private Duty Nursing services, a home assessment is necessary as part of the prior approval process, particularly when being discharged from a Skilled Nursing Facility or an acute care setting. Such assessments are usually performed by a CHHA. The assessment is necessary to ensure the health and safety of the beneficiary upon discharge to the community setting, and does not result in the beneficiary being added to the patient roster of the CHHA.

Effective May 1, 2012, for patients 18 and older, all CHHAs must use one of the episodic rate codes when billing Medicaid for such assessments. If the CHHA has completed an OASIS assessment for the patient, not more than 60 days prior to the assessment being billed, rate codes 4810 through 4917 should be utilized. If there is not a current OASIS assessment, the CHHA should bill rate code 4919.

Rate code 4919 should be used only when the total "service cost" of the services being billed (e.g., one nursing visit times the statewide weighted average rate for nursing visits) is less than \$500.00.

The following rate codes are to be utilized when the patient is under age 18:

CHHA Description	Category of Service	Code
Community Based CHHA	0260	2620 - Nursing
Hospital Based CHHA	0284	2842 - Nursing and Therapy
Nursing Home Based CHHA	0386	3877 - Nursing

If the assessment, including write-up but not travel time, requires two or more hours to complete, the CHHA can bill two units of nursing service.

## Requirements for Immediate Provision of Care

In extraordinary circumstances and for valid reasons which must be documented, nursing services and rehabilitative service in the home may be initiated by the CHHA before the physician sees the patient. Physician's written orders are required for all nursing services in excess of the initial two visits and for rehabilitative services in excess of the initial visit.

When there is a need for immediate provision of personal care and the CHHA is unable to make a timely nursing assessment, the local department of social services shall make the needed interim arrangements, limited to 30 calendar days, for the provision of

personal care services pending receipt of a report of the nursing assessment from the CHHA.



## Section III - Basis of Payment for Services Provided

Reimbursement under the Medicaid Program is available for the services of a CHHA which provides at a minimum, directly or through contractual arrangement, the following services to Recipients at home:

- Therapeutic and preventive nursing services as defined in Article 139 of the Education Law;
- Home health aide services;
- Medical supplies, equipment and appliances suitable for use in the home. Certain costs for supplies/equipment are included in an agency's all inclusive rate, while other costs may be billed directly if the agency is enrolled with the local department of social services as a vendor of medical supplies, appliances and durable medical equipment. Reimbursement for these items provided by a CHHA and not included in its rate will be made at the CHHA's actual acquisition cost for the item. An invoice documenting acquisition cost for the item must be retained by the CHHA. Such documentation may be requested by the Office of Health Systems Management (OHSM), DOH, upon review of the claim.

Items included in the CHHA rates which **may not** be billed separately are:

thermometers	nail clippers
thermometer sheaths	tape measure
thermometer holders	percussion hammer
blood pressure cuff	goniometer
stethoscope	sterile gloves
flashlight	paper towels/napkins
airway	soap
scissors	paper/plastic bags
forceps	apron
hemostat	mask
tongue depressors	automatic spirits of ammonia
ampul of adrenalin	alcohol wipes
3cc disposable syringe	unsterile cotton balls
unsterile applicators	2" x 2" sterile gauze pads
2" roll gauze	adhesive bandages (band-aids)
1" standard adhesive tape	

- At least one additional service which may include, but is not limited to, the provisions of physical and occupational therapy, and speech pathology.

- A CHHA may provide physician home visits where appropriate and Medicaid may be billed directly if the following criteria are met: prior to the direct provision of physician home visits, the CHHA must enroll with the DOH a "Physician-Group Practice". The enrollment requests must include the names of all physicians providing services for the CHHA. Each of these physicians must be eligible to serve Medicaid patients and possess an individual provider number.

Any such service provided to a Recipient must be ordered by his/her physician as part of a written plan of care which must be reviewed by the Recipient's physician at least every 60 days. New written physician's orders are required at least every 60 days.

### Plan of Care

A written plan of care describing supervision of the care provided to the patient and delivery of other health services must be followed and maintained by the CHHA. The plan should follow the format adopted by that agency.

### Required Supervision for Personal Care Services

All persons providing personal care services must be subject to a program of supervision by a registered nurse (RN) from a CHHA, local department of social services or the agency under contractual agreement to provide personal care services. That program must comply with the following requirements:

- Supervisory visits are to be made according to the needs of the person receiving personal care service as determined by the RN;
- Account must be taken of the patient's needs, the abilities and experiences of the person providing personal care service and the ability of family members to provide care to the patient in determining the frequency of supervisory visits;
- The RN must orient each person providing personal care services to the needs of each patient within the first week after assignment to the patient's home. Orientation shall include a description of the goal for health care for that patient and any instruction or training necessary for the delivery of authorized services;
- The RN must continue to evaluate the person's ability to carry out assigned duties, to relate well to patients and their families and to work effectively with other providers of care in the service team;
- Records of supervisory visits must be maintained by the RN with a copy forwarded to the case manager in the local department of social services. The local

department of social services must share this information with (1) the CHHA if the home health agency does not hold the contract to provide supervision of personal care services and/or (2) the Provider agency if the agency does not hold the contract to provide such supervision;

- The RN is responsible for reporting to the case manager for appropriate action, any change in the patient's condition, any action which is inappropriate, or which might jeopardize the Recipient's safety.

### Required Supervision for Home Health Aide Services

All persons providing home health aide services must be subject to a program of supervision by a public health nurse in the CHHA. That program must comply with the following requirements:

- The decision to assign a person providing home health aide service to a particular patient must be made in accordance with a physician's plan of treatment and assessment of need by a RN;
- After reviewing a patient's needs, a RN must decide which service a home health aide can render for that patient. Persons providing these services must not be permitted to decide which services will be given;
- Account must be taken of the patient's needs, the abilities and experiences of the home health aide, the amount of supervision available and the abilities of family members to provide care to the patient;
- Direct supervision must be provided by a RN. When the home health aide performs simple procedures as an extension of physical or occupational therapy or speech pathology, supervision must also be provided by an appropriate professional therapist or pathologist from the CHHA;
- The RN assigned responsibility for the supervision of the home health aide must continue to evaluate the aide's ability to carry out assigned duties, to relate well to patients, and to work effectively as a member of the health care team.

### Prior Authorization - Home Health Aide and Personal Care Services

Prior authorization of the local department of social services official is required for the provision of home health aide or personal care services. No authorization for personal care services shall exceed six months unless the local department of social services has applied for and been granted an exception by the DOH. This exception will allow

for authorization periods of up to twelve months. The requirements for prior authorization of home health aide services will be added at a later date. Following authorization of personal care services, the local department of social services will provide the agency or person providing the services, the patient receiving the services, and the agency or individual supervising the services, written information about the services authorized including the functions required and the frequency and duration of the services.

When there is an immediate need for personal care services and the CHHA is unable to make a timely nursing assessment, services may be authorized for only 30 calendar days.

All personal care services provided must be in accord with the authorization. Changes in Provider, functions or hours of service delivered must not be made without notification to and approval of the local department of social services.

## Section IV - Definitions

For purposes of the Medicaid Program and as used in this Manual, the following terms are defined to mean:

### Certified Home Health Agency

A certified home health agency (CHHA) is a public or voluntary non-profit home care services agency, which possesses a valid certificate of approval, issued pursuant to the provisions of Article 36 of the Public Health Law.

### Home Care Services Agency

A home care services agency is an organization primarily engaged in arranging one or more of the following: nursing services, home health aide services, medical supplies, equipment and appliances, and other therapeutic and related services which may include, but are not limited to, physical and occupational therapy, speech pathology, personal care services, homemaker services, and housekeeper services which may be of a preventive, therapeutic, rehabilitative, health guidance and/or supportive nature to persons at home.

### Home Health Agency Patient

A home health agency patient is:

- A person who is in need of preventive, supportive or restorative nursing regimens or who is in need of the execution of an approved standard medical regimen or prescribed medical regimen; and
- A person whose assessed health care needs in the judgment of a professional nurse or the responsible physician, or pursuant to a discharge plan, can best be met in the person's own home or home substitute (any place of residence, either permanent or temporary, other than a hospital, skilled nursing home, or health related facility) by a certified home health agency.

### Home Health Aide

A home health aide is a person who has completed a basic training program approved by the DOH. An aide provides selected aspects of patient care under nursing

supervision, and other professional supervision when required by the type of care provided, to patients receiving certified home health agency services.

### Home Health Aide Services

Home health aide services are simple health care tasks, personal hygiene services, housekeeping tasks essential to the patient's health, and other related supportive services. Such services must be prescribed by a physician in accordance with a plan of treatment for the Recipient. They must be provided under the supervision of a RN from a CHHA or under the supervision of the appropriate professional therapist from the CHHA when the aide carries out simple procedures as an extension of physical, or occupational therapy or speech pathology.

### Home Nursing Service

A home nursing service consist of:

- The necessary intermittent or part-time nursing care provided for in the patient's home or home substitute on a per visit basis;
- The nursing instructions given to members of the patient's family in procedures necessary for the care of the patient;
- Maintaining liaison between hospitals and community facilities to integrate plans for continuity of patient care and to identify changing patient needs; and
- The provision of adequate supervision to ancillary personnel to assure appropriateness and quality of services.

### Long Term Home Health Care Program

A long term home health care program (LTHHCP) is a coordinated plan of care and services provided at home to invalid, infirm or disabled persons who are medically eligible for placement in a hospital or residential health care facility for an extended period of time if such program was unavailable. Such program shall be provided in the person's home or in the home of a responsible relative or other responsible adult but not in a private proprietary home for adults, private proprietary convalescent home, residence for adults or public home. A CHHA with an Article 36 LTHHCP should enroll separately as a provider of a LTHHCP.

- Providers must be qualified to participate as a home health agency under the provisions of Title XVIII of the Federal Social Security Act.

## Personal Care Service

A personal care service is assistance with personal hygiene, dressing, feeding and household tasks essential to the patient's health. Such services shall be prescribed by a physician in accordance with a plan of home care supervised by a RN.

## Personal Care Worker

A personal care worker is a person who meets the minimum qualifications as defined by the DOH, who has completed a training program approved by the DOH, and who assists a patient at home, under the supervision of a RN, with personal hygiene, dressing, feeding, and household tasks which are essential to the patient's health.

## Rehabilitation Service

A rehabilitation service is care, under the written order of a physician, in fields of physical therapy, occupational therapy and speech pathology or other therapies for the purpose of maximum reduction of physical or mental disability and restoration of the patient to his best possible functional level.