



Comprehensive Medical and Dental Program Authorization Guideline

TITLE Skilled Home Health Care
RESPONSIBLE AREA Health Services
Effective Date: 01/30/2020

DESCRIPTION

Coverage determinations are based on an assessment of the child and his or her unique healthcare needs. Eligible CMDP members may receive home health services with the proper order and documentation of medical necessity reflecting the need of skilled interventions in the home setting.

DEFINITIONS

Home Health Services: Nursing services, home health aide services, therapy services, and medical supplies, equipment, and appliances as described in 42 CFR 440.70 when provided to a member at his or her place of residence and on his or her physician's orders as part of a written plan of care [42 CFR 440.70].

COVERAGE DETERMINATION GUIDELINE

1. Member has an order by a licensed practitioner or specialist (M.D, D.O., P.A. or N.P.) for home health services, with a plan of care; AND
2. Member has had a change in health status or health care needs:
 - a. Illness/Exacerbation/Injury/Surgery in last 30 days; OR,
 - b. Discharged from inpatient facility within 5 days; OR,
 - c. Member requires skilled care by a licensed health professional and intermittent home health is in lieu of hospitalization, or that they cannot receive the skilled care in another setting other than the member's place of residence.

AND

3. Member requires skilled care delivered or supervised by a **licensed healthcare professional** with clinical training to complete:
 - a. Adjustments in treatment/care regimen; OR,
 - b. Treatment or medication adherence assessments; OR,
 - c. Management and frequent evaluation of current health status; OR,
 - d. Education and training on a new or existing diagnosis/symptoms.

Alternative option to home health is follow up care in an outpatient setting i.e. provider office.

REFERENCES



Legal:

Government Agency, Medical Society and Other Authoritative Publications:

AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310-1 Home Health Services

Peer Reviewed Publications:

N/A

PLEASE NOTE: State and Federal law take precedence over prior authorization guidelines. CMDP reserves the right to review and update guidelines periodically. Providers are responsible for the treatment and recommendations provided to members.

APPROVAL HISTORY/REVISIONS

DATE	ACTION
01/30/2020	Approved