Home Health Services

4.231 Home Health Services (08/01/2021, GCR 21-016)

4.231.1 Definitions

(a) **"Home health agency"** means a public or private agency or organization, or part of either, that meets the requirements for participation in Medicare, and complies with the Vermont regulations for the designation and operation of home health agencies.

(b) **"Home health services"** for the purposes of this rule, means the services described at 4.231.2(a), when provided by a home health agency according to a plan of care described at 4.231.4(b)**.** This definition is in accordance with the federal Medicaid definition of home health services found at 42 CFR §440.70.

4.231.2 Covered Services

(a) Home health services are covered when medically necessary. Services that are covered include:

(1) Nursing services provided on a part time or intermittent basis,
(2) Home health aide services,
(3) Physical therapy, occupational therapy, or speech language pathology services, and
(4) Medical social work services.

4.231.3 Qualified Providers

(a) Home health agency providers must be Medicare certified and enrolled in Vermont Medicaid.

(b) Home health services must be ordered by a physician, nurse practitioner, clinical nurse specialist, or physician assistant who is enrolled in Vermont Medicaid and working within the scope of their practice.

(c) The following providers may perform the face-to-face encounter as required in 4.231.4(c) of this rule:

(1) A physician,
(2) A nurse practitioner, clinical nurse specialist, or certified nurse midwife, or
(3) A physician assistant.

(d) For beneficiaries admitted to home health services immediately after an acute or post-acute stay, the attending acute or post-acute physician may perform the face-to-face encounter.

4.231.4 Conditions for Coverage

(a) General Conditions

(1) Home health services are not limited to services furnished to beneficiaries who are homebound.

(2) Coverage of home health services are not contingent upon the beneficiary needing nursing or therapy services.

(b) Plan of Care Requirements

(1) Items and services shall be ordered under a written plan of care approved by the ordering provider. The plan of care shall include the following:

(A) The diagnosis, and a description of the patient's functional limitation resulting from illness, injury, or condition,
(B) The type and frequency of medically necessary home health services,
(C) Long term prognosis as a result of the services,
(D) The ordering provider's certification that the services and items specified in the plan of care can be provided through a home health agency.

(2) Initial orders for home health services shall include documentation that the face-to-face visit occurred, as required in 4.231.4(c).

(3) Any changes in a plan of care shall be signed by the ordering provider. A nurse or qualified therapist responsible for furnishing or supervising the ordered services may accept and document a provider's oral orders. All oral orders must be authenticated and dated by the ordering provider.

(4) The plan of care shall be reviewed by the ordering provider, in consultation with home health agency personnel, at least every 60 days.

(c) Face-to-Face Visit Requirements

(1) For the initiation of home health services, a qualified provider must conduct a face-to-face encounter with the beneficiary no more than 90 days prior to, or 30 days after, the start of services.

(2) The face-to-face encounter must be related to the primary reason the beneficiary requires home health services.

(3) The face-to-face encounter may be conducted in person or through telemedicine.

(4) The provider who is ordering home health services must document:

(A) That the face-to-face encounter is related to the primary reason the beneficiary requires home health services,
(B) That the face-to-face encounter occurred within the required timeframe,
(C) The provider who conducted the encounter, and
(D) The date of the encounter.

(5) If a non-physician provider's scope of practice does not allow the provider to perform the face-to-face encounter independently, the non-physician provider performing the face-to-face

encounter must communicate the clinical findings of that face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into a written or electronic document included in the beneficiary's medical record.

(d) Location Where Service is Provided

(1) Home health services may be received in any setting in which normal life activities take place other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities (unless such services are not otherwise required to be provided by the facility), or any setting in which payment could be made under Medicaid for inpatient services that include room and board.

(2) An initial assessment visit to determine the need for home health services may be performed by a registered nurse or appropriate therapist in a hospital, nursing home, or community setting.

(e) Requirements Specific to Home Health Aide Services

(1) Services of a home health aide are covered in accordance with a written plan of care and must be supervised by a registered nurse, physical therapist, occupational therapist, or speech language pathologist.

(2) The home health aide may provide medical assistance, personal care, assistance in activities of daily living, assistance with a home exercise program, and training the beneficiary in self-help skills.

(3) The home health aide may perform household chores that are incidental to the visit, and specific to the beneficiary.

(4) Supervisory visits by a registered nurse or appropriate therapist must be performed at least every 60 days.

(f) Requirements Specific to Therapy Services

(1) Physical therapy, occupational therapy, and speech language pathology services are covered for up to four months per medical condition. Provision of these services beyond this initial four-month period requires medical necessity review by Vermont Medicaid. Therapy services must be:

(A) Directly related to an active treatment regimen designed or approved by the ordering provider, and require a level of complexity such that the judgment, knowledge, and skills of a qualified therapist are required, and

(B) Reasonable and necessary under accepted standards of medical practice for the treatment of the patient's condition.

(2) The physical therapy, occupational therapy, and speech language pathology services described elsewhere in rule apply to therapy services provided by a home health agency.