

	<p>Home Health Skilled Nursing (SN) and Home Health Aid (HHA)</p>	
<p>Guideline # 10946</p>	<p>Categories Clinical →Nursing - Special Care</p>	<p>This Guideline Applies To: Texas Children's Health Plan</p>
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all skilled nursing services in the home.

DEFINITIONS

Home Health Skilled Nursing (SN) visits are nursing services ordered by a physician, included in the Texas Medicaid home health services Plan of Care (POC), and provided by an RN or a licensed vocational nurse (LVN) currently licensed by the Board of Nurse Examiners of the State of Texas (BNE). SN visits may be considered when a member requires nursing services for an acute condition or an acute exacerbation of a chronic condition that can be met on an intermittent or part-time basis and typically has an end-point. SN visits may be provided on consecutive days.

Home Health Aid (HHA) visits are services ordered by the physician and are services the HHA is permitted to perform under State law. HHA visits are intended to provide personal care services under the supervision of an RN, PT, or OT employed by the home health agency to promote independence and support the member living at home. HHA visits may be considered when a member requires services for an acute condition or an acute exacerbation of a chronic condition that can be met on an intermittent or part-time basis and typically has an end-point. HHA visits will not be considered unless the member also requires SN or therapy services. HHA visits may be provided on consecutive days.

Acute is defined as a condition or exacerbation that is anticipated to improve and **reach resolution within 60 days.**

Part-time is defined as Skilled Nursing (SN) or Home Health Aid (HHA) visits provided **less than eight hours per day** for any number of days per week. Part-time visits may be continuous up to 7.5 hours per day (not to exceed a combined total of three 2.5 hour visits)

Intermittent is defined as SN or HHA visits provided for less than eight hours per visit and less frequently than daily. Intermittent visits may be delivered in interval visits up to 2.5 hours per visit, not to exceed a combined total of three visits per day.

PRIOR AUTHORIZATION GUIDELINES

1. Home Health Skilled Nursing services require prior authorization. SN and HHA visits will be prior authorized for **no more than 180 days at a time**.
2. **Submission:** All requests for prior authorization for SN must be submitted via fax, phone, online submission, or postal service. The requests are received by the Utilization Management Department and processed during normal business hours.
3. **Receipt:** The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports Home Health Skilled Nursing Services as an eligible service.
 - 3.1. Providers must obtain authorization within three business days of the start of care date for an initial authorization.
 - 3.2. For recertification, providers must obtain authorization within seven business days of the new start of care date.
 - 3.3. During the authorization process, providers are required to deliver the requested services from the start of care date.
 - 3.4. The start of care date must be documented on the plan of care.

4. Requirements

- 4.1. The documentation submitted with the request is consistent and complete.
- 4.2. The requested SN services are nursing services as defined by the Texas Nursing Practice Act and its implementing regulations and may include the following:
 - 4.2.1. Direct SN care, and parent, guardian, or caregiver training and education
 - 4.2.2. SN observation, assessment, and evaluation by an RN, provided a physician specifically requests that a nurse visit the member for this purpose, and the physician's order reflects the medical necessity for the visit
 - 4.2.3. Supervision of delegated services provided by an HHA or others over whom the RN is administratively or professionally responsible
- 4.3. Medical Necessity for requested services is clearly documented including specifics of member's condition and skilled nursing needs.
- 4.4. The explanation of the member's current medical needs is sufficient to support a determination by TCHP's Medical Director/Physician Reviewer that the requested services are medically necessary for an acute condition or an acute exacerbation of a chronic condition with **resolution anticipated within 60 days** and needs that can be met on an intermittent or part-time basis.
- 4.5. **Documentation:** To request prior authorization for SN and/or HHA, the following documentation must be provided:

- 4.5.1. A Physician's order identifying that the prescribed SN and/or HHA visits are medically necessary
- 4.5.2. Physician's Medical Records documenting the medical necessity of the prescribed SN and/or HHA visits
- 4.5.3. Signed documentation of physician review and approval of the home health services plan of care at least every 60 days
- 4.5.4. The member must be seen by a physician within 30 days of the initial start of care
- 4.5.5. The physician must certify he or she has provided continuing care and medical supervision including examination or treatment of the member within six months or when the member's condition has changed.
- 4.5.6. An assessment that includes, but is not limited to, the following:
 - 4.5.6.1 A nursing assessment of medical necessity for the requested visits
 - 4.5.6.2 Complexity and intensity of the member's care
 - 4.5.6.3 Stability and predictability of the member's condition
 - 4.5.6.4 Frequency of the member's need for SN care
 - 4.5.6.5 Identified medical needs and goals
 - 4.5.6.6 Description of wounds, if present
 - 4.5.6.7 Cardiac status
 - 4.5.6.8 Whether the setting can support the health and safety needs of the member and is adequate to accommodate the use, maintenance, and cleaning of all medical devices, equipment, and supplies required by the member.
 - 4.5.6.9 Comprehension level of parent, guardian, caregiver, or member.
 - 4.5.6.10 Receptivity to training and ability level of the parent, guardian, caregiver or member
- 4.5.7. Home Health Plan of Care (POC)
 - 4.5.7.1 A new POC is required with every request for recertification. The new POC must include all continuing and new orders. The new POC must document all changes in the member's condition or diagnosis and reflect the need for continued SN or HHA services in relation to the original need for care.
 - 4.5.7.2 The physician must certify he or she has provided continuing care and medical supervision including, but not limited to, examination or treatment of the member within six months or when the member's condition has changed.

4.5.7.3 The Plan of Care must be initiated and written in a clear and legible format by the RN and include the following:

4.5.7.4 The member's Medicaid number, the physician's license number, and the provider's Medicaid number

4.5.7.5 Date the member was last seen by the physician

4.5.7.6 Start of care (SOC) date for home health services, all pertinent diagnoses, the member's mental status and prognosis

4.5.7.7 The types of service requested, including the number of visits and amount, duration, and frequency

4.5.7.8 The equipment or supplies required

4.5.7.9 Rehabilitation potential

4.5.7.10 Prior and current functional limitations

4.5.7.11 Activities permitted

4.5.7.12 Nutritional requirements

4.5.7.13 Medications, including the dose, route and frequency

4.5.7.14 Treatments, including amount and frequency

4.5.7.15 Wound care orders and measurements

4.5.7.16 Safety measures to protect against injury

4.5.7.17 Available caregiver

4.5.7.18 List all community or state agency services the member receives in the home including, but not limited to, primary home care (PHC), community based alternative (CBA), medically dependent children's program (MDCP)

4.5.7.19 Instructions for timely discharge or referral

4.5.7.20. Documentation of coordination with PPECC, when a member receives ongoing skilled nursing in a PPECC setting.

4.5.7.20.1. When a member receives PPECC, the SN and/or HHA provider must provide a medical rationale to support the need for SN and/or HHA services, when PPECC services are provided on the same day

4.5.7.21 A revised POC is required for every request for any change in SN or HHA visits.

4.5.7.21.1 The revised POC must include all continuing and new orders.

4.5.7.21.2 The revised POC must be updated to document any changes in the member's condition or diagnosis.

4.5.8. DME and Medical Supplies Submitted with a Plan of Care (POC)

4.5.8.1 When the home health services POC is used to submit a prior authorization for DME or medical supplies that will be used in conjunction with the professional services provided by the agency, such as SN, HHA, OT, or PT, the home health agency's DME provider identifier must be submitted on the POC, and all of the requested DME and medical supplies must be listed in the "Supplies" section of the POC.

4.5.8.2 If the home health agency uses the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form, the agency must complete Section A. A primary physician familiar with the member must complete, sign, and date Section B

4.5.8.3 The following information is required to consider these medical supplies for prior authorization: item description, procedure code, quantity of each medical supply requested, and Manufacturer's suggested retail price (MSRP) for items that do not have a maximum fee assigned.

5. Medical Necessity

5.1. Home health skilled nursing (SN) and Home Health Aid (HHA) services are considered medically necessary when a member requires home nursing services for an acute condition or an acute exacerbation of a chronic condition that can be met on an intermittent or part-time basis.

5.2. HHA visits are intended to provide personal care services under the supervision of an RN, PT, or OT employed by the home health agency to promote independence and support the member living at home.

5.3. Some services are classified as SN on the basis of complexity alone (e.g., intravenous and intramuscular injections or insertion of catheters), and if reasonable and necessary to the treatment of the member's illness or injury, would be a benefit on that basis of care consists of those services that must under State law, be performed by an RN or LVN, and meet the criteria for SN services specified in the Code of Federal Regulations [42 CFR §§ 409.32, 409.33, and 409.44]

5.3.1. In determining whether a service requires the skill of a licensed nurse, consideration must be given to the inherent complexity of the service, the condition of the member, and the accepted standards of medical and nursing practice.

5.3.1.1. Some services are classified as SN services on the basis of complexity alone (e.g., intravenous and intramuscular injections or insertion of catheters), and if reasonable and necessary to the treatment of the member's illness or injury, would be a benefit on that basis.

5.3.1.2. In some cases, the member's condition may cause a service that would ordinarily be considered unskilled to be considered an SN service. This would occur when the member's condition is such that the service can be safely and effectively provided only by a nurse.

5.3.2. The fact that the SN service can be, or is, taught to the member or to the member's family or friends does not negate the skilled aspect of the service when the service is performed by a nurse.

5.3.3. If the service could be performed by the average nonmedical person, the absence of a competent person to perform it does not cause it to be a SN service.

5.3.4. If the nature of a service is such that it can safely and effectively be performed by the average nonmedical person without direct supervision of a licensed nurse, the service cannot be regarded as a SN service.

5.3.5. The SN services must be reasonable and necessary to the diagnosis and treatment of the member's illness or injury within the context of the member's unique medical condition.

5.3.6. The SN care must be provided on a part-time or intermittent basis.

5.4 SN visits are considered medically necessary for a member who:

5.4.1. Requires skillful observations and judgement to improve health status, skilled assessment, or skilled treatments or procedures.

5.4.2. Requires individualized, intermittent, acute skilled care.

5.4.3. Requires skilled interventions to improve health status, and if skilled intervention is delayed, it is expected to result in:

5.4.3.1. Deterioration of a chronic condition

5.4.3.2. Loss of function

5.4.3.3. Imminent risk to health status due to medical fragility or risk of death

5.4.3.4. SN visits to obtain routine laboratory specimens may be considered when the only other alternative to obtain the specimen is to transport the member by ambulance.

5.5 SN visits requested primarily to provide the following will not be prior authorized:

5.5.1. Respite care

5.5.2. Child care

5.5.3. Activities of daily living for the member

5.5.4. Housekeeping services

5.5.5. Routine post-operative disease, treatment, or medication teaching after a physician visit

5.5.6. Routine disease, treatment, or medication teaching after a physician visit

5.5.7. Individualized, comprehensive case management beyond the service coordination required by the Texas Nursing Practice Act

5.6 Home Health Aid (HHA) Visits

5.6.1. HHA visits are intended to provide hands-on personal care, performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self-administered.

5.6.2. Any HHA services offered by a home health agency must be provided by a qualified HHA under the supervision of a qualified licensed individual employed by the home health agency.

5.7 HHA services will not be prior authorized if:

5.7.1. HHA services are primarily to perform housekeeping services

5.8 SN or HHA visits will not be authorized for members receiving care in any of the following facilities:

5.8.1. Hospitals

5.8.2. Skilled Nursing facilities

5.8.3. Intermediate care facilities for the individuals with intellectual disability (ICF-IID)

5.8.4. Special care facilities, including but not limited to, sub-acute units or facilities for the treatment of acquired immune deficiency syndrome (AIDS)

5.8.5. Prescribed pediatric extended care centers (PPECC), unless the SN and/or HHA services are provided before or after PPECC services, when rendered on the same day

5.8.5.1. The SN service provider must coordinate services with the PPECC provider to prevent duplication of services. *(Note: It is anticipated that the provision of SN services in addition to PPECC would be uncommon).*

5.9 A nurse or HHA may be authorized to provide services to more than one member over the span of the day as long as:

5.9.1. Each member's care is based on an individualized POC

5.9.2. Each member's needs and POC do not overlap with another member's needs and POC.

5.9.3. Settings in which a nurse or HHA provider may provide services in a provider-member ratio greater than 1:1 include, but are not limited to, homes with more

than one member receiving home health services, foster homes, and independent living arrangements.

5.10 SN visits will not be authorized for the set-up or teaching of the Prothrombin Time/Internationalized Normalized Ration (TP/INR) home testing device.

SN visits will not be approved for the sole purpose of instructing the member on the use of the subcutaneous injection port device. Any necessary instruction must be performed as part of the encounter with the prescribing physician.

5.11 SN visits to address hyperbilirubinemia will not be considered for prior authorization if the member has an open authorization for home phototherapy. Home phototherapy is reimbursed as a daily global fee and includes coverage of SN visits for member, parent, or caregiver teaching and monitoring, and customary and routine laboratory work.

5.12 Instruction in the Self-administration of Prescribed Injections

5.12.1. For members receiving SN visits, instruction to the member or caregiver in the self-administration of prescribed injections (IM, SQ, or IV), including but not limited to Factor 8 and IVIg are considered part of the existing authorized skilled nursing home visits. Additional nursing visits for teaching and (initial) supervision to the member or caregiver will not be allowed.

5.12.1.1 The member or caregiver administering the injectable medication (IM, SQ, or IV), including but not limited to Factor 8 product or IVIg, must:

5.12.1.1.1 Be medically stable.

5.12.1.1.2 Have a history of compliance with other medications.

5.12.1.1.3 Have a simple drug regimen.

5.12.1.1.4 Have the ability to read and understand directions on the medication label.

5.12.1.1.5 Demonstrate knowledge of the administration technique, maintenance of the required supplies and equipment, and storage requirements.

5.13 Medication Administration Limitations

5.13.1 Nursing visits for the purpose of administering medications are not a benefit if one of the following conditions exists:

5.13.1.1 The medication is not considered medically necessary to the treatment of the individual's illness or is not approved by the Food and Drug Administration (FDA) or is being used for indications not approved by the FDA.

5.13.1.2 The administration of medication exceeds the therapeutic frequency or duration by accepted standards of medical practice.

- 5.13.1.3 A medical reason does not prohibit the administration of the medication by mouth.
- 5.13.1.4 The member, a primary caregiver, a family member, or neighbor have been taught or can be taught to administer subcutaneous (SQ/SC), intramuscular (IM), and intravenous (IV) injections and has demonstrated competency.
- 5.13.1.5 The medication is a chemotherapeutic agent or blood product SQ/SC, IM, and IV injections.

5.14 Total Parenteral Nutrition (TPN)

5.15 SN visits to address total parenteral nutrition (TPN) must be provided by an RN appropriately trained in the administration of TPN. If the SN is to administered TPN the follow documentation submitted must be submitted:

- 5.15.1. Documentation of current training of the RN(s) who will administer the TPN in the administration of TPN and in the prevention of Central Line Associated Blood Stream Infections (CLABSI).
- 5.15.2. Documentation that member or caregiver has been educated regarding in-home administration of TPN.
- 5.15.3. Intermittent SN visits for member who receive PDN and who require TPN administration education may be considered for separate prior authorization if [TMPPM 4.1.5.2]
- 5.15.4. The PDN provider is not an RN who has been appropriately trained in the administration of TPN, and the PDN provider is not able to perform the function.
- 5.15.5. There is documentation that supports the medical need for an additional skilled nurse to perform TPN.
- 5.15.6. PDN and SN should not be routinely performed on the same date during the same time period.
 - 5.15.6.1. PDN and SN will not be considered for reimbursement when the services are performed on the same date during the same time period without prior authorization approval.
 - 5.15.6.2. If the SN visit for TPN education occurs during a time period when the PDN provider is caring for the member, both the PDN provider and the nurse educator must document in the member's medical record the skilled services individually provided, including but not limited to:
 - 5.15.6.2.1. The start and stop time of each nursing provider's specialized task(s)
 - 5.15.6.2.2. The member condition that requires the performance of skilled PDN tasks during the SN visit for education

5.15.6.2.3. The skilled services that each provided during that time period

6. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.

7. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment

REFERENCES:

Peer Reviewed Publications:

Government Agency, Medical Society, and Other Publications:

- Texas Medicaid Provider Procedures Manual, Home Health Nursing and Private Duty Nursing Services Handbook. Accessed November 12, 2022
<https://www.tmhp.com/resources/provider-manuals/tmppm>
- Agency for Healthcare Research and Quality (AHRQ) Guidelines to Prevent Central Line-Associated Blood Stream Infections. Updated March 2018. Accessed November 12, 2022.
<https://www.ahrq.gov/hai/clabsi-tools/appendix-3.html>

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