BENEFICIARY REQUIREMENTS

The Medicaid beneficiary must meet all eligibility requirements in order to qualify for home health services. The home health agency (HHA) providing the service is required to verify beneficiary eligibility, other insurance coverage, and living arrangements before providing services.

General Beneficiary Criteria

The beneficiary cannot be in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID), or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

Exception: In accordance with 42 CFR Part 483, Subpart I, there are situations in which a beneficiary residing in an ICF-IID may receive home health services. For example, short-term home health services may be provided to a beneficiary in an ICF-IID during an acute illness to avoid a beneficiary's transfer to a nursing facility.

Medical Necessity Criteria

Medical necessity for home health services must be determined by medical documentation that supports the beneficiary's illness, injury and/or functional limitations. All home health services must be medically reasonable and appropriate. To be considered medically reasonable and appropriate, the care must be necessary to prevent further deterioration of a beneficiary's condition regardless of whether the illness/injury is acute, chronic, or terminal.

The services must be reasonably determined to:

1. Diagnose, cure, correct, or ameliorate defects, physical and mental illnesses, and diagnosed conditions of the effects of such conditions;

2. Prevent the worsening of conditions, or the effects of conditions, that endanger life or cause pain; results in illness or infirmity; or have caused, or threatened to cause a physical or mental dysfunctional impairment, disability or development delay;

3. Effectively reduce the level of direct medical supervision required or reduce the level of medical care or services received in an inpatient setting or ~~residential care setting~~provided by the home health program;

4. Restore or improve physical or mental functionality, including developmental functioning, lost or delayed as the result of an illness, injury, or other diagnosed condition or the effects of the illness, injury, or condition; or

5. Provide assistance in gaining access to needed medical, social, educational, and other services required to diagnose, treat, to support a diagnosed condition or the effects of the condition, in order that the beneficiary might attain or retain independence, self-care, dignity, self-determination, personal safety and integration into family, community, facility environments and activities.

Home health skilled nursing and aide services are considered medically reasonable and appropriate when the beneficiary's medical condition and records accurately justify the medical necessity for services to be provided ~~in the beneficiary's residential setting~~by the home health program rather than in a physician's office, clinic, or other outpatient setting.

Home health services are appropriate when a beneficiary's illness, injury, or disability causes significant medical hardship and will interfere with the effectiveness of the treatment if the beneficiary has to go to a physician's office, clinic, or other outpatient setting for the needed service. Any statement on the plan of care (POC) regarding this medical hardship must be supported by the totality of the beneficiary's medical records.

The following circumstances are not considerations when determining medical necessity for home health services:

1. Inconvenience to the beneficiary or the beneficiary's family;

2. Lack of personal transportation; and

3. Failure or lack of cooperation by the beneficiary or the beneficiary's legal guardians or caregivers to obtain the required medical services in an outpatient setting.