

HOME HEALTH SERVICES

- 5/1/02
(7a) Home health visits are limited to no more than three visits per day per recipient for non-pregnant adults. The three visits may be any combination of licensed nurse and home health aide visits. Consistent with EPSDT requirements, this limit does not apply to recipients under the age of 21.
- Home health services are authorized by a physician's orders and must accompany a written plan of care that the physician reviews every 60 days except for medical supplies, equipment, and appliances suitable for use in the home.
- 3/14/95
(7b) Home health aide services are provided under the direction and supervision of a registered nurse.
- 1/1/93
(7c) Diabetic supplies, that is, disposable needle/syringe combinations and blood glucose test strips are available without limitation. For non-EPSDT recipients 21 years of age or older, medical supplies, appliances, and durable medical equipment (DME) furnished through a home health agency and/or medical supply/appliance/DME supplier are limited to those items listed in the agency's provider handbook. Refer to EPSDT section for EPSDT limitations.
- 1/1/2003
(7d) Therapy services are not provided for non-EPSDT recipients 21 years of age and older except with the following exception: physical therapist and occupational therapist initial evaluation for the need for a wheelchair, one follow-up evaluation when the wheelchair is delivered to make adjustments and to fit the wheelchair to the recipient, one follow-up evaluation six (6) months after the wheelchair is delivered to recommend any additional adjustments, and additional re-evaluations that are deemed medically necessary by the primary care provider. Service limitations for EPSDT recipients are listed in the EPSDT section.
- 11/1/09 All home health service visits require prior authorization by the state agency or agency designee, based on medical necessity.

Amendment TN: 2012-013
Effective: 08/01/2012
Supersedes: 2009-024
Approved: 11-30-12

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METHODS USED IN ESTABLISHING PAYMENT RATES

8/1/12

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Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of home health services. The agency's rates for home health visits are in effect as of August 1, 2012 and are effective for services provided on or after that date. The fee schedule is subject to annual/periodic adjustment. All rates, including current and prior rates, are published and maintained on the agency's fiscal agent website. Specifically, the fee schedule and any annual/periodic adjustments to the fee schedule are published at www.MyMedicaid-Florida.com.

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Effective 8/1/12
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