
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

7. HOME HEALTH SERVICES

Limitations

- a. Services are provided by Medicare certified home health agencies which have met all conditions of participation.
- b. Nursing visits (as defined in the State Nurse Practice Act), home health aide, physical, occupational and speech therapies are provided up to 50 visits per recipient per calendar year. Visits in excess of 50 may be provided for eligible recipients if medically necessary and prior approval is obtained. Certain skilled nursing services may be provided by an LPN, under the direction and supervision of the registered nurse. An LPN, when appropriately trained, may participate in the assessment, planning, implementation and evaluation of the delivery of health care services. Home Health Aides must also be closely supervised by a registered nurse. Written instructions for patient care *shall* be prepared by a registered nurse or therapist as appropriate. The duties of the aide shall be limited to the performance of simple procedures such as an extension of therapy services, personal care, ambulation and exercise, household services essential to health care at home, assistance with medications that are ordinarily self-administered, reporting changes in the patient's condition and needs, and completing appropriate records. A registered nurse shall make a supervisory visit to the patient's residence at least every two weeks, to observe, assist and assess the relationships and determine whether goals are being met. Aides shall be closely supervised to assure their competence in providing care. (Rules and Regulations for Home Health Agencies; Rule 290-5-38-.07 (6) (a) - (g). Authority Ga. L. 1980, pp. 1790 - 1793.

Home health provides the medical supplies and equipment for use in the home referred to under the Scope of Services in Part II Policies and Procedures for Home Health Services, located on the fiscal agent's website.

- c. Any appliance needs are provided by the Durable Medical Equipment Program (DME) or through the Pharmacy program, as referred to under the Scope of Services in Part II Policy and Procedures for DME. Examples of supplies and equipment include but may not be limited to:
- Syringes, enemas, dressings, rubbing alcohol, tape, gloves,
 - Catheters, catheter sets, drainage apparatus, saline solutions, venipuncture supplies
 - Laboratory procedures not requiring laboratory personnel,
 - Phototherapy service (bilirubin level), lancets and strips for glucose monitoring

DME supplies and services are provided by enrolled DME suppliers that have met all conditions of participation and certification requirements as outlined in the Part I Policy and Procedure Manual for Medicaid and PeachCare for Kids and Part II Policy and Procedure Manual for DME Services.

DME supplies and services are provided in accordance with the scope of services as outlined in Part II Policy and Procedure Manual for DME Services. The items must be prescribed by the attending

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physician, is medically necessary and reasonable and generally do not have value to patients in the absence of illness or injury.

The DME program reimburses for the purchase or rental of certain medical equipment and accessories and the purchase of certain medical supplies for a patient's use in a non-institutional setting. The equipment must be appropriate for home use. Home is defined as a member's own residence or a relative's home. And, it may not be considered a member's home if it functions primarily a hospital or nursing facility for inpatients. The Division does not reimburse under this program for equipment that is rented, purchased or repaired for members in institutional settings.

Durable Medical Equipment is covered for members in a hospice for non-hospice related conditions.

Non-Covered Services

Devices and equipment that are primarily and customarily used for non-medical purposes are not covered. A partial list of non-covered items is listed below:

- a. Environmental control equipment (e.g., air conditioners, dehumidifiers, air filters or purifiers);
 - b. Comfort or convenience equipment (e.g., vibrating beds, over-the-bed trays, chair lifts, or bathtub lifts);
 - c. Institutional-type equipment (e.g., cardiac or breathing monitors except infant apnea monitors and ventilators);
 - d. Equipment designed specifically for use by a physician and trained medical personnel (e.g., EKG monitor, oscillating bed and laboratory testing equipment);
 - e. Physical fitness equipment (e.g., exercycle, Moore Wheel and exercise treadmill);
 - f. Most self-help devices (e.g., Braille teaching texts);
 - g. Training equipment;
 - h. Precautionary-type equipment (e.g., preset portable oxygen units);
 - i. Furnishing-type equipment (e.g., infant cribs);
 - j. Incontinence items (e.g., diapers, pads and adult briefs);
 - k. Nutritional supplements and formula for members who eat by mouth (see exceptions under Section 806.11);
 - l. Reimbursement for delivery or delivery mileage of medical supplies;
 - m. Equipment considered experimental or under investigation by Public Health Service;
 - n. Infant and child car seats; and
 - o. Blood pressure monitors and weight scales;
 - p. Safety alarms and alert systems
- d. All therapy services provided by a home health agency shall be provided by a qualified therapist in accordance with the plan of treatment. Examples of physical, speech, and occupational therapy are provided below:

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7. HOME HEALTH SERVICES

Limitations (continued)

Physical Therapy Services include: Therapeutic exercise programs including muscle strengthening, neuromuscular facilitation, sitting and standing balance and endurance and range of motion, gait evaluation and training and transfer training and instructions in care and use of wheelchair, braces, prostheses, etc.

Speech Therapy Services include: Evaluating and recommending appropriate Speech and hearing services, providing necessary rehabilitative services for patients with speech, hearing or language disabilities; and providing instructions for the patient and family to develop and follow a speech pathology program

Occupational Therapy Services include Teaching skills that will assist the patient in the management of personal care, including bathing, dressing and cooking/meal preparation, assisting in improving the individual's functional abilities, teaching adaptive techniques for activities of daily living and working with upper extremity exercises.

- e. Patient admission to the Home Health Program shall be based on the Department's expectation that the care and services are medically reasonable and necessary for the treatment of an illness or injury as indicated by the physician's orders.
- f. Georgia Medicaid recipients that meet the requirement for a nursing facility level of care will receive the first 50 home health visits through the home health stale plan benefit. The 51st visit will be covered under the skilled home health provisions for the waiver.

Non-Covered Services:

Social Services (medical social consultation)

Chore services (Homemakers)

Meals on Wheels

Audiology Services

Visits in excess of 50 per recipient per calendar year Visits in excess of 50 may be provided for EPSDT eligible recipients if medically necessary and prior approval is obtained.

- 8. Private Duty Nursing (PDN) is provided to EPSDT individuals only. See Section 4 of the State Plan.

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POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES
OF CARE AND SERVICES

E. Durable Medical Equipment Services

The maximum reimbursement for providers of medical equipment to Medicaid and PeachCare members is limited to the lower of:

- (a) the usual and customary charges for the item; or
- (b) 80% of the 2007 Medicare DME rate for the Atlanta area.

Reimbursement for delivery mileage is limited to 100 miles, one way.

Effective for dates of service July 1, 1994 and after, a \$3.00 recipient co-payment is required on all Durable Medical Equipment and a \$1.00 co-payment for all Durable Medical Equipment Supplies and Rentals.

Pregnant women, recipients under twenty-one years of age, nursing home residents, and hospice care recipients are exempt from the co-payment. Emergency services and family planning services are also exempt from a co-payment.

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