

## HOME HEALTH GUIDELINE

Home health care is skilled care delivered by a licensed agency to an individual in their place of residence. Home health care can include skilled nursing, physical therapy, occupational therapy, or speech therapy.

### Medical Necessity

Home health services are considered medically necessary when ALL of the following criteria (1 through 4) are met:

1. Members are eligible for home health services if ANY ONE of the following (1a – 1c) apply:
  - a. The individual's overall condition should pose a serious and significant barrier to receiving skilled services outside the home setting. In general, the individual should be unable to leave home under normal circumstances and leaving home would require a significant effort.
  - b. If the individual leaves the home, he or she may be considered homebound if the absences from the home are infrequent and for short duration, or occur to receive health care.
    - i. Medical Absences - examples of acceptable medical absences include but are not limited to dialysis, chemotherapy, radiation therapy, participated in a licensed community-based adult service (CBAS)
    - ii. Non-medical Absences – examples of acceptable non-medical absences include, but are not limited to, attending a funeral, religious service, or graduation, or other infrequent or unique events
  - c. In certain circumstances, GCHP may elect to authorize home health services such as IV antibiotics, wound care, or physical or occupational therapy regardless of home bound status, if these services will contribute to an improved health outcome and reduced use of other services, such as emergency room visits or readmission. One example of this type of authorization would be approval of home health after discharge from inpatient services.
2. The home health service must be prescribed by an attending physician as part of a written plan of care.
3. The home health service must be sufficiently complex that it requires performance by qualified health professionals such as registered nurses, licensed vocational nurses, physical therapists or speech therapists.
4. The primary care physician should review the treatment plan at least once every 30 days to assess the continued need for skilled intervention.

Certain extended home infusion treatments are considered medically necessary because they are more appropriately performed in the home setting, even if the member is not homebound.

The optimal location for these treatments is dependent upon a number of factors including the toxicity of the medication, the individual's previous response to the treatment, the monitoring required for safe administration, and the individual's underlying medical condition.

Examples of infusion treatments sometimes performed in the home setting include, but are not limited to, the following:

- intravenous gamma globulin;
- intravenous hydration for a variety of conditions;
- infusions for pain control; and
- some chemotherapy regimens.

Other conditions for which intermittent intravenous infusions of medications provided in the home setting are considered medically necessary either because of the complexity of the underlying condition, or the infusion itself include, but are not limited to, the following:

- infections requiring a prolonged treatment course;
- coagulation disorders;
- enzyme deficiency states; and
- pain management.



**Not Medically Necessary**

Home health services are considered not medically necessary when the treatment plan provided by the primary care physician does not demonstrate the continued need for skilled intervention or the goals have been met.

**References**

Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 7. Home Health Services. Rev.144, 05-06-11. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf>. Accessed October 13, 2015.

Medi-Cal Home Health Agencies. Available at: [https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/homehlth\\_o07.doc](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/homehlth_o07.doc). Accessed October 13, 2015.

| MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY |                  |                |         |
|--|------------------|----------------|---------|
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