MDHHS Michigan Department of Health & Human Services

Medical Services Administration

BULLETIN MSA

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Distribution: Home Health Agencies, Medicaid Health Plans, Integrated Care Organizations, Practitioners

Issued: November 1, 2018

Subject: Home Health Policy Changes and Clarifications

Effective: As Indicated

Programs Affected: Medicaid

The purpose of this bulletin is to notify Home Health Agencies (HHAs) of policy changes effective January 13, 2018, to bring the Michigan Department of Health and Human Services (MDHHS) into compliance with the Centers for Medicare & Medicaid Services (CMS) rule on Home Health Medicare Conditions of Participation (CoP), as outlined under Title 42 CFR §484. Medicare's CoP rule now includes components necessary to develop a more integrated process based on a person-centered assessment. This bulletin also provides clarification to ensure consistent administration of the Medicaid home health benefit.

Plan of Care (POC) Elements

The Medicaid Provider Manual will be updated to reflect the mandatory elements required under Medicare CoP regulations at 42 CFR § 484.60. The Medicare CoP Plan of Care (POC) elements represent the minimum information that must be included in each Home Health beneficiary's POC.

In accordance with current Medicaid policy, home health providers must also include the following in the POC:

- **Date of First Visit** the HHA made for the new admission.
- **Start Date of Care** when the HHA began providing home care and the certification period.
- **Other Identified Resources** used by the beneficiary (e.g., Area Agency on Aging, Protective Services, Home Help Services, MI Choice Waiver).
- **Name**, **Address**, and **Provider NPI** number of the HHA, as well as the Home Health beneficiary's name, date of birth, and Medicaid ID number.
- **Attending Physician's Signature** and date of signature.
- **Specific circumstances, conditions, or situations** that require services to be provided in the home and not in a physician's office or outpatient clinic.

Effective December 1, 2018, the following Medicaid policy POC requirement will be updated:

- Date of most recent hospitalization, if applicable.

Also, effective December 1, 2018, the following POC requirements will be removed from Medicaid policy:

- Date of physician's last contact.

Coordination of Services

The HHA must ensure coordination in the delivery of services through an integrated process across all aspects of home health services. Integrated services encompass communications from all physicians and disciplines (e.g., skilled nursing and therapy services) as well as other entities (e.g., Home Help, MI Choice Waiver). The HHA must also provide ongoing training and education for the beneficiary and caregiver with respect to the care and services identified in the POC, as well as for the safe transfer into or discharge from other community services.

Throughout the care planning process, it is the responsibility of the HHA to ensure coordination of care and to avoid duplication of services (e.g., Home Help, MI Choice Waiver).

Transfers and Discharge Planning

The HHA must develop a transfer or discharge plan at the time of admission to home health services. As identified in the Medicare CoP (42 CFR §484.50), the beneficiary shall be discharged from the Home Health program by the admitting HHA under the following conditions:

- The beneficiary's acuity exceeds the HHA's capabilities;
- The beneficiary or payer will no longer pay for home health services;
- The beneficiary no longer meets the criteria for medical necessity because the measurable outcomes and goals identified in the POC have been achieved;
- The beneficiary refuses services or elects to be transferred or discharged; OR
- The HHA provider cannot safely serve the beneficiary in accordance with 42 CFR §484.50(d)(5).

It is the responsibility of the HHA to ensure continuity of care during transition or discharge to another HHA or entity (e.g., Home Help, MI Choice Waiver). The HHA's strategies for a safe transition or discharge must be documented in the beneficiary's medical record. The beneficiary's medical record must also identify the HHA or other entity from which the transition or discharge occurred.

In some cases, the beneficiary may receive home health aide services and start receiving services concurrently from other entities (e.g., Home Help, MI Choice Waiver). In such instances, the HHA must document in the medical record other resources used by the beneficiary in the POC.

Supervision and Training of the Home Health Aide

Current Medicaid policy requires supervision of a home health aide by a registered nurse (RN) every two weeks. To comply with the new Medicare CoP rules, supervision of the home health aide has been changed effective January 13, 2018. The supervisory visit of the home health aide must be completed every 14 days to provide a more reliable and frequent supervision schedule with documentation of the supervisory visit in the beneficiary's medical record. The HHA RN must assign a home health aide to each beneficiary. It is the responsibility of the RN or other appropriate skilled professional (e.g., physical therapist [PT], occupational therapist [OT], speech therapist [ST]) to prepare written instructions for the beneficiary's care and to conduct home health aide supervisory visits every 14 days as follows:

- If the beneficiary is receiving skilled nursing services, the RN must complete the supervisory visit; OR
- If the beneficiary is receiving only therapy services, the supervisory visit must be completed by the appropriate skilled professional (e.g., PT, OT, ST).

In some cases, the beneficiary may not be receiving skilled nursing or therapy services. In such cases, the RN must complete the supervisory visit of the home health aide no less than every 60 days. Each supervisory visit by the RN or other appropriate skilled professional must be documented in the beneficiary's medical record.

In accordance with 42 CFR §484.80, the HHA must ensure that the qualifications and training of the home health aide are sufficient to meet the individual needs of the beneficiary.

Receipt of Medicaid Policy Updates

HHA providers are responsible for being informed of all Medicaid policy updates and maintaining current contact information in the Community Health Automated Medicaid Processing System (CHAMPS). MDHHS notifies providers of Medicaid policy changes and updates based on contact information entered by providers into CHAMPS.

MDHHS encourages home health providers to subscribe to the Medicaid ListServ to receive e-mail announcements regarding the Michigan Medicaid program. Subscription instructions are available on the MDHHS website at www.michigan.gov/medicaidproviders >> Click "ListServ Instructions" under Resources.

Home health providers may also access policy updates on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Manual Maintenance

Providers should retain this bulletin until applicable information has been incorporated into the Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

Kathy Stiffler, Acting Director
Medical Services Administration