



**Louisiana Department of Health
Informational Bulletin 18-16
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Home Health Program: Federal and State Changes

Louisiana Medicaid has implemented changes required by the Centers for Medicare and Medicaid Services (CMS), in accordance with 42 CFR 440.70 for home health services and in line with Medicaid State Plan updates.

Effective Dec. 1, 2018, Louisiana Medicaid Fee for Service beneficiaries aged 21 and over will now require prior authorization (PA) for skilled nursing and home health aide services.

In addition, the following requirements must be followed:

- A face-to-face encounter between the patient and the physician or an allowed non-physician provider (NPP) must occur no more than 90 days prior to, or 30 days after, admission to the home health agency.
- The orders for home health services must be written by the recipient's physician or the attending physician if the recipient is prescribed home health services for a post-acute or post sub-acute stay. See 42 CFR 440.70(f).
- Medicaid recipients do not have to be homebound in order to receive home health services, in accordance with 440.70(c) (1). Such services can be provided in a recipient's residential setting, which is defined as any non-institutional setting in which normal life activities take place.
 - Services cannot be provided in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID), except as allowed in 42 CFR 440.70(c).
- Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place are provided in accordance with physician review and other requirements as specified in 42 CFR 440.70(b)(3). A face-to-face encounter must be documented as occurring no more than six months prior to the start of service.

Physical, occupational and speech therapy, and medical supplies, equipment and appliances under the durable medical equipment program continue to be covered services in the home health program. The process for prior authorization for these services has not changed.

Documentation of a face-to-face encounter as detailed above must be kept in the recipient's record for ALL home health service requests.

Providers for fee-for-service Medicaid recipients must submit all initial and reconsideration requests for prior authorization using the electronic-PA (e-PA) process. The e-PA is a web application that provides a secure, web-based tool for providers to submit prior authorization requests and to view the status of previously submitted requests. The PA type for "Home Health Skilled Nursing and Home Health Aide Services for Ages 21 or Older" is PA type 18 (PA-18). For more information regarding e-PA, visit www.lamedicaid.com or call the Molina Prior Authorization Home Health Unit at 1-800-807-1320, then press Option 1.

Guidance on the new prior authorization process and the physician requirements for ordering home health services will be located [here](#).

Specific information on the face-to-face requirement from CMS can be found in their final rule [here](#).

Questions regarding this message and fee for service claims should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040. Questions regarding prior authorizations should be directed to Molina Prior Authorization Home Health Unit at (800) 807-1320, then press Option 1.

Questions related to managed care should be directed to the appropriate managed care organization (MCO).