



**Louisiana Department of Health
Informational Bulletin 18-9
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Home Health Program: Federal and State Changes

Louisiana Medicaid is updating the Home Health Services program requirements in accordance with federal regulations that are found at 42 CFR 440.70. Although the changes mandated by the Centers for Medicare and Medicaid Services (CMS) apply to all Medicaid managed care organizations (MCO), changes to MCO systems and claims processing requirements for Home Health Services are MCO- specific. For questions regarding MCO updates, please contact the appropriate MCO.

Effective Sept. 1, 2018, the following requirements apply to services provided to all Medicaid recipients, whether enrolled in an MCO or receiving services through fee-for-service (FFS) Medicaid:

- Recipients ages 21 and older are no longer restricted to an annual limit of 50 visits.
- A face-to-face visit between the patient and the physician or an allowed non-physician provider (NPP) must occur no more than 90 days prior to admission to the home health agency. Specific information on the face-to-face requirement from CMS can be found in the final rule [here](#).
- The orders for home health services must be written by the recipient's physician.
- 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 (ICF) for individuals with intellectual disabilities, 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).

Effective Sept. 1, 2018, the following processes must be followed by providers rendering services to FFS Medicaid recipients:

- All home health skilled nursing and nursing aide services for FFS Medicaid recipients ages 21 and older will require prior authorization by Molina before services can begin.
 - All initial and reconsideration requests for prior authorization (PA) must be submitted 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.
- The Face-to-Face Encounter (F2F) form must be submitted with the prior authorization request for FFS Medicaid adult home health recipients.
 - A face-to-face encounter must be documented in the beneficiary’s file for recipients aged 0-20 years.
- The Home Health Policy/Guidelines for Skilled Nursing and Nursing Aide Services for Over 21 Years of Age and the prior authorization process will be located [here](#).
- The Face-to-Face (F2F) Encounter form will be located [here](#).

Physical, occupational and speech therapy, including audiology services, continue to be covered services in the home health program.

For questions regarding this advisory and/or FFS Medicaid home health prior authorizations, please contact Michelle Renée at (225) 342-6888.