
CHAPTER 23: HOME HEALTH

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OVERVIEW

A home health agency (HHA) enrolled in Louisiana Medicaid provides patient care services ~~that are necessary for the diagnosis and treatment of the beneficiary's illness or injury, in the beneficiary's residential setting~~ under the order of an authorized healthcare provider (AHP) physician. An AHP includes a physician, nurse practitioner, clinical nurse specialist, or physician assistant licensed, certified, registered, or otherwise authorized to order home healthcare services consistent with Sstate law~~that are necessary for the diagnosis and treatment of the beneficiary's illness or injury.~~

~~Services may be provided in the beneficiary's place of residence, which is defined as the place where normal life activities take place, but cannot include a hospital, intermediate care facility for individuals with intellectual disabilities or any setting in which payment is or could be made by Medicaid for inpatient services that include room and board.~~

Such services include part-time skilled nursing services, extended skilled nursing services (for beneficiaries under 21 years of age), home health aide services, physical therapy (PT), speech therapy (ST), occupational therapy (OT) and medical supplies recommended by the physician AHP as required in the care of the beneficiary and suitable for use in the beneficiary's place of residence. ~~any setting in which normal life activities take place.~~

Medicaid beneficiaries do not have to be homebound in order to receive home health services. ~~Home health services can be provided in a beneficiary's residential setting, which is any non-institutional setting in which a beneficiary's normal life activities take place.~~ The beneficiary's ~~place of residence~~ cannot receive services in ~~be~~ a hospital, nursing home, or intermediate care facility for individuals with intellectual disabilities (ICF-IID) (with limited exceptions). The ~~attending physician~~AHP must certify that the beneficiary meets the medical criteria to receive the service in their place of residence ~~home~~ and is in need of the home health service on an intermittent basis. This certification and ~~physician's~~ AHP plan of care must be maintained in the beneficiary's record and on file at the HHA. The ~~physician~~ AHP must review the plan of care (POC) every 60 days.

A face-to-face encounter is required and it must be related to the primary reason the beneficiary requires home health services. A face-to-face encounter may be conducted by the beneficiary's ~~physician or a Medicaid allowed non-physician practitioner (NPP)~~AHP.

(Refer to Section 23.4 for details regarding face-to-face encounter requirements).

(Refer to Section 23.5 for prior authorization requirements).

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(Refer to the Minimum Standards for Licensing Home Health Agencies (LAC 48:1, Chapter 91) for details regarding HHA requirements).