
CHAPTER 23: HOME HEALTH

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SERVICE LIMITATIONS**Service Limitations**

Home health services include part-time skilled nursing services, home health aide services, physical therapy, speech and occupational therapy, and medical supplies and equipment ordered by an physician-authorized healthcare provider (AHP) as required in the care of the beneficiary and suitable for use in any setting in which normal life activities take place the beneficiary's place of residence. The beneficiary cannot receive services in a hospital, nursing home, or intermediate care facility for individuals with intellectual disabilities (ICF-IID) (with limited exceptions). The AHP must certify that the beneficiary meets the medical criteria to receive the service and is in need of the home health service on an intermittent basis.

NOTE: Medicaid prohibits multiple professional disciplines in a beneficiary's residential setting at the same time. This includes but is not limited to nurses, home health aides, and therapists. However, multiple professionals may provide services to multiple beneficiaries in the same residential setting when it is medically necessary. The Bureau of Health Services Financing (BHSF) will determine medical necessity for fee-for-service beneficiaries. Medical necessity will be determined by a beneficiary's managed care organization (MCO) if the beneficiary is enrolled in an MCO.

Service limits for home health services are as follows:

Birth through age 20:

1. No annual service limits;
2. Prior authorization (PA) is required for multiple visits on the same day when medically necessary; and
3. PA is required for extended home health services.

Ages 21 or older:

1. Medicaid will reimburse only one visit per profession, per day; and
2. PA is required for all nursing and rehabilitation services in a residential setting:
 - a. Skilled nursing and home health aide services;
 - b. Physical therapy;

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- c. Occupational therapy; and
- d. Audiology services.