

## CLINICAL POLICY

<b>DEPARTMENT:</b> Utilization Management	<b>DOCUMENT NAME:</b> Home Health Criteria for Habilitative Services, Private Duty Nursing, and Personal Care Attendant Services
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**SCOPE:**

New Hampshire Healthy Families Medical Management, Utilization Management

**PURPOSE:**

To ensure consistency in the application of medical necessity criteria for members who require home health care including Habilitative, Rehabilitative, Private Duty Nursing, Home Health Aide and Personal Care Attendant Services. This document addresses:

- Acute Skilled Home Nursing Care p 1
  - Skilled Nursing and Home Health Services for an Acute Episode p 1
  - Skilled Nursing – Intermittent Services p 1
- Home Care for Maintenance Services p 3
- Private Duty Nursing p 9
- Habilitative and Rehabilitative Services p 17
- Home Health Aid p 18
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**POLICY:**

**Clinical Guidelines**

**A. Home Health Services for an Acute Episode of Care**

- a. For acute episodes of care Interqual (IQ) criteria will be applied, using the most current version. IQ is updated at least annually, or per health plan process.

**b. Description:**

- i. **Skilled Nursing and Home Health Services for an Acute Episode of Care:** Medically necessary skilled nursing, or skilled rehabilitative services within the

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home setting. These services are initiated to treat or rehabilitate a member for whom there is a reasonable expectation that the member will fully recover. This would include a return to the member's premorbid status from an acute medical condition or acute exacerbation of a chronic condition. Home health care services for an acute episode of care can include, skilled nursing visits, skilled intermittent nursing visits, physical therapy visits, occupational therapy visits, speech language therapy visits, and/or home health aide services.

- ii. **Skilled Nursing – Intermittent Services:** Services of short duration, **typically not more than two (2) hours per visit**, provided on an episodic basis. These visits are often less frequent than daily but may be daily for a short period of time. This may include additional home-based skilled nursing services provided by an RN, which may include a certified nurse midwife or nurse practitioner, and/or LPN.

### c. Initial Evaluation

- i. Prior authorization is NOT required for an initial evaluation to determine a member's need for **Home Health Services for an Acute Episode of Care**. Up to one (1) unit (per diem) per member per benefit/Plan year per treating qualified provider group (categorized by tax identification number) is provided when the service is billed with the applicable code appended with a U4 modifier in the first modifier position.
- ii. Evaluation for skilled intermittent nursing services, including registered nurse (RN) and/or licensed practical nurse (LPN) services, in the home setting must also meet items (1) through (3):
  - 1. The initial evaluation is billed on the first visit/date of service. With each unit 15 minutes in duration and includes both RN and LPN services

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per member, per benefit plan year, per treating qualified provider group (categorized by tax identification number); AND

2. The initial evaluation is billed with the applicable HCPCS code appended with a U4 modifier in the first modifier position (as specified in the Applicable Coding section).

**iii. Prior Authorization is Needed for All Subsequent Evaluations for Home Care for Acute Episodes of Care Services**

**d. Timeframe of Authorizations:**

- i. The initial authorization shall be determined by the decision tool InterQual (IQ), and in no case will it exceed 90 days.

**e. Prior Authorization Criteria**

- i. The services are ordered by a physician or a licensed independent practitioner, practicing within the scope of the practitioner's license (i.e., nurse practitioner or physician assistant). This can be accomplished either through a written order, or signed plan of care which notes the service type requested, including, an order for the initial period of treatment and an order for all continued services; AND
- ii. **Skilled Nursing – Intermittent Services** REQUIRE Plan prior authorization; this includes additional postpartum home visits after the one allowed (1) postpartum newborn home care visit. Prior authorization is required for other skilled intermittent nursing home care services, and all re-evaluations.

**B. Home Care for Maintenance Services:**

- a. **Description:** Home health care services that are medically necessary to maintain current functional status or prevent or slow further deterioration of a member's chronic medical condition, progressive illness, or disability in the home setting.

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In a home health care maintenance program, the specialized skill, knowledge, and judgment of a qualified, licensed healthcare professional (i.e., registered nurse, licensed practical nurse under the supervision of a registered nurse, physical therapist, occupational therapist, or speech therapist) is required to design or establish a treatment plan (which may include habilitative services and/or rehabilitative services) and to educate the member, family member/caregiver, and/or paraprofessional personnel on the implementation of that plan of care.

**b. Initial Evaluation:**

i. Authorization is NOT required for an initial evaluation to determine a member's need for **Home Care for Maintenance Services**. Up to one (1) unit (per diem) per member per benefit/Plan year per treating qualified provider group (categorized by tax identification number) is provided when the service is billed with the applicable code appended with a U4 modifier in the first modifier position.

1. The initial evaluation must be conducted by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN, according to the service-specific guidelines in the Period of Service Criteria of this policy and the Applicable Coding section.

ii. Additional skilled nursing home care services (beyond the one [1] visit will require prior authorization.

**c. All Subsequent Evaluations for Home Care for Maintenance Services Are Subject to Authorization Audit.**

i. All requirements in section **b. Initial Evaluation** and **e. Authorization Criteria** apply.

**d. Timeframe of approvals:**

i. The initial authorization (after the initial evaluation) and first re-authorization will be for no more than 90 days each.

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ii. Subsequent re-authorizations may be for no more than 6 months.

**e. Authorization Criteria for Initial Care, Reauthorization of Care, Reassessment or Change in Care Plan (must meet all):**

- i. An initial evaluation has been conducted by a qualified, licensed healthcare professional; AND
  - 1. Requests for home health care services meet ONE (1) of the following guidelines, as specified below in items (a) through (d):
    - a. Requests for home health care services meet ONE (1) of the following guidelines, as specified below in items (1) through (3):
    - b. A valid physician (i.e., medical doctor, or doctor of osteopathy,) or a licensed independent practitioner practicing within the scope of the practitioner’s license (i.e., nurse practitioner or physician assistant) has provided certification that the present home health plan of care for the member is medically necessary; OR
    - c. A valid physician (i.e., medical doctor, doctor of osteopathy) or a licensed independent practitioner practicing within the scope of the practitioner’s license (i.e., nurse practitioner or physician assistant) has ordered additional home health care services for the member; OR
    - d. Documentation from the member’s home care paraprofessional indicates a change in the member’s present status that impacts home health care services and the member has been reassessed by the supervising professional.

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2. The plan of care includes the requested number and duration of visits for each service type. Including the changes to the previous plan of care with the concomitant, revised goals submitted, if applicable.
3. The member's proposed treatment plan is submitted to the Plan. This must document the evaluation of the member's needs to support the design of a home care maintenance treatment plan that includes ALL of the following information, as specified below in items (a) through (k):
  - a. History of the member's medical condition, impairment(s), dysfunction(s) or delay(s) including date(s) of initial onset, date(s) of initial diagnosis, previous level of functioning, including results of diagnostic or objective test measurements, date(s) of any prior treatment and the result(s) of the prior treatment, and the date(s) and nature of any subsequent exacerbation(s) of symptoms; AND
  - b. Physical assessment and relevant review of systems within the provider's scope of practice; AND
  - c. The identification of any health conditions or other barriers which could impede the member's ability to benefit from treatment and the steps that will be taken to mitigate any identified barriers; AND
  - d. Specific short-term and long-term goals and the treatment time periods associated with each; AND
  - e. The anticipated number of visits that are needed to meet goals; AND

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- f.** The frequency at which the member's progress will be evaluated; AND
- g.** The specific tests and measures that will be used to evaluate the member's status or document an effective maintenance program; AND
- h.** Specific interventions are identified to engage a caregiver or family member in extending the treatment plan into the daily life of the member; AND
- i.** Identification of any other similar services the member may be receiving through other programs and a plan to coordinate services, as appropriate; AND
- j.** Type of home care provider required to render the maintenance services; if a qualified, licensed health care professional rather than a paraprofessional is required, documentation clearly identifies the medical necessity of using the qualified, licensed health care professional with a transition plan to utilize a paraprofessional, when clinically appropriate; AND
- k.** Specific criteria to be met to discharge the member from the maintenance program. AND
- l.** The home health care service is necessary to maintain the member's current functional status or prevent or slow further deterioration due to a chronic medical condition, progressive illness, or disability (and may include habilitative services and/or rehabilitative services), as described in this policy; AND

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4. The member's home environment is safe, accessible, or can be modified to accommodate the home care plan; AND
  - a. Home health maintenance services **after the initial evaluation**, including the initial period of care and subsequent periods of care (including reassessments by a qualified, independent home health care professional), are medically necessary when the member requires services from ANY of the following types of health care professionals (as defined by the applicable New Hampshire licensing requirements), as specified below in items i through v:
    - i. Home health aide (as defined in the Definitions section of this policy for Home Health Aide, Services Provided by Licensed Nursing Assistant/Licensed Home Health Aide); OR
    - ii. Occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist, as required by applicable New Hampshire licensing and supervisory requirements); OR
    - iii. Physical therapist or physical therapy assistant (under the supervision of a physical therapist, as required by applicable New Hampshire licensing and supervisory requirements); OR
    - iv. Speech therapist/speech-language pathologist or speech-language assistant (under the supervision of a speech therapist/speech-language



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pathologist, as required by applicable New Hampshire licensing and supervisory requirements).

- b.** When a change in the care plan is needed to maintain the member's health and safety there must be a reassessment initiated by a qualified, independent, home health care professional. Qualified, independent home health care professionals include ANY of the following, as specified below in items (1) through (5):
  - 1.** Registered nurse (which may include a certified nurse midwife or nurse practitioner); OR
  - 2.** Licensed practical nurse under the supervision of a registered nurse; OR
  - 3.** Occupational therapist; OR
  - 4.** Physical therapist; OR
  - 5.** Speech therapist/speech-language pathologist.

### **C. Private Duty Nursing (PDN) Services:**

- a. Description:** Private Duty Nursing encompasses skilled nursing services for members who require more individual and continuous skillful observation, judgment, assessment, and interventions than is available from a visiting nurse and is similar or equivalent to that provided by the nursing staff of the hospital or skilled nursing facility. Private duty nursing is provided in the member's place of residence on a continuous, typically hourly, basis by registered nurses (RNs) or licensed practical nurses (LPNs). In addition to ongoing assessment

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and monitoring of the recipient and the provision of direct care, private duty nursing care involves training and/or educating the primary family caregiver on relevant competencies. Private duty nursing is distinct from intermittent skilled nursing care provided through home health agencies and from non-clinical caregivers who provide non-skilled care such as assistance with activities of daily living.

- i. The Plan considers private duty nursing (PDN) services **medically necessary** when Plan medical criteria are met for a member who requires skilled nursing services that EXCEED services provided through intermittent skilled nursing home health care, as specified in this document.
- b. Initial Assessment:**
- i. Prior authorization is NOT required for an initial evaluation by a registered nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN to determine a member's need for private duty nursing services with the initial evaluation up to one (1) unit (with each unit no greater than one [1] hour in duration) per member per calendar year per treating, qualified provider group (categorized by tax identification number) when the service is billed with the applicable code appended with a U4 modifier (according to guidelines in the Applicable Coding section).
    1. The initial evaluation must be conducted by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN according to the service-specific guidelines in the Period of Service Criteria of the Home Health Care Payment Policy and the Applicable Coding section.
    2. Additional skilled nursing home care services (beyond the one [1] visit) will require prior authorization.
- c. All Subsequent Evaluations for Home PDN Services Are Subject to Authorization Audit.**

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- i. All requirements in section **b. Initial Evaluation** and **e. Authorization Requirements** apply.
- d. Timeframe of approvals:**
  - i. The initial authorization (after the initial evaluation) will be for no less than 2 weeks and no more than 90 days each.
  - ii. Subsequent re-authorizations shall be for 6 months.
- e. Authorization Criteria for Initial Care, Reauthorization of Care, Reassessment or Change in Care Plan (must meet all):**
  - i. The member is under the care of a physician (i.e., medical doctor [MD], doctor of osteopathy [DO], ) or a licensed practitioner (such as an advanced practitioner registered nurse or physician assistant when operating within the scope of the practitioner's license) who documents a written order for PDN, including and as part of a written plan of care, which describes why PDN services are medically necessary for the member; AND
  - ii. The member requires skilled nursing observation, judgment, and interventions and ALL of the following criteria are met, as specified below in items (1) through (3):
    - 1. Service is required for more than a two (2)-hour duration per daily visit; AND
    - 2. Service can only be provided by a registered nurse (RN) or licensed practical nurse (LPN) to maintain or improve the recipient's health status; AND
    - 3. Service shall not exceed 12 hours per day unless Plan criteria are met, as specified in the Limitations section; AND
  - iii. PDN is provided in ONE (1) of the following locations, as specified below in item 1 or item 2:
    - 1. The member's place of residence (as specified in the Definitions section of this policy); OR

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2. In locations other than the member's home when routine life activities take the recipient outside of the home if services would have otherwise been provided in the recipient's home; AND
  - iv. PDN neither replaces parents or guardians as the primary caregiver nor provides all the care that a member requires to live at home; AND
  - v. The following applicable criteria must be met, as specified below as EITHER initial period of PDN or continuing PDN services.
    1. **Initial Period of PDN**
      - a. The member is receiving nursing care under a written treatment plan established and/or approved by the treating physician (i.e., medical doctor [MD], doctor of osteopathy [DO], ) or a licensed practitioner such as an advanced practitioner registered nurse or physician assistant when operating within the scope of the practitioner's license; the written treatment plan includes ALL of the following, as specified below in items (i) through (iv):
        - i. The member's written treatment plan is developed following an evaluation of the member's needs that includes a nursing assessment (provided by the agency delivering the PDN service) demonstrating the care skill level required and includes documentation to support the member's continued need for PDN services; AND
        - ii. The member's written treatment plan includes information regarding the member's participation in any Medicaid program, including Medicaid

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- to schools, waiver programs, and licensed nursing assistant (LNA) services, or participation in special medical services program or eligibility for services (regardless of payer or reimbursement arrangement); AND
- iii.** The member's written treatment plan includes short and long-term goals for BOTH of the following, as specified below in item (1) and item (2):
    - 1.** For the member; AND
    - 2.** For the member's caregivers, specifically those assuming the member's care; AND
  - iv.** The member's written treatment plan includes a signed and dated physician statement (i.e., statement from a medical doctor [MD], doctor of osteopathy [DO], or a statement by a licensed practitioner such as an advanced practitioner registered nurse or physician assistant when operating within the scope of the practitioner's license); the member's written, signed and dated treatment plan includes ALL of the following, as specified below in items (1) through (5):
    - 1.** Member's diagnosis; AND
    - 2.** Stability and predictability of the member's health condition; AND
    - 3.** A rationale for medical necessity which documents complexity and intensity of care; AND

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4. Specific medical complications necessitating PDN (if any); AND
5. The type, amount, frequency, and duration of services and the medical justification for each; OR

**2. Continuing PDN Services (After the Initial Plan Authorization for PDN Services):**

a. BOTH of the following criteria must be met, as specified below as item (i) and item (ii):

i. The member's written treatment plan includes a nursing assessment (provided by the agency delivering the PDN service) demonstrating the care skill level required and includes documentation to support the member's continued need for PDN services. The following criteria will be documented and updated throughout treatment, as specified below in items (1) through (5):

1. Member's current condition; AND
2. Member's progress toward goals within the member's anticipated rehabilitation potential; AND
3. Caregiver's progress toward goals and any barriers that have or will impact the member's ability to meet the unmet goals (e.g., member's mental alertness, cognitive level, and/or functional limitations); AND

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- 4. Medical necessity for continued services; AND
- 5. Information regarding the member's participation in any Medicaid program, including Medicaid to schools, waiver programs, and licensed nursing assistant (LNA) services, or participation in special medical services program; AND
- ii. The member remains under the care of a physician (i.e., medical doctor [MD], doctor of osteopathy [DO], or a licensed practitioner such as an advanced practitioner registered nurse or physician assistant when operating within the scope of the practitioner's license) who approves the written treatment plan.

### **f. Limitations**

- i. Private duty nursing services (PDN) provided through other state-funded department programs are NOT covered (reimbursed) by the Plan. Participation in another Medicaid program, including Medicaid to schools, waiver programs, and licensed nursing assistant (LNA) services, or participation in special medical services program may or may not impact coverage determination for PDN services.
- ii. The Plan considers private duty nursing (PDN) services in the following circumstances to NOT be medically necessary for ANY applicable Plan product, as specified below in items (1) through (10):
  - 1. In excess of 12 hours PDN per day unless ANY of the following criteria are met, as specified below in items (a) through (c):

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- a. PDN will support the member's transition to home; OR
  - b. PDN is in lieu of hospitalization in the setting of acute illness; OR
  - c. PDN provides temporary support prior to an approved skilled nursing facility admission; OR
2. Member resides in ONE (1) of the following settings, as specified below in items (a) through (f), rather than the member's residence, as defined in the Definitions section of this policy:
  - a. A nursing facility; OR
  - b. An acute care hospital; OR
  - c. A supported residential care facility; OR
  - d. A private, non-medical institution; OR
  - e. An intermediate care facility for members with intellectual disabilities; OR
  - f. An institution for behavior health services; OR
3. Documentation indicates the member's condition has become stable and/or predictable and therefore does NOT meet criteria for medically necessary PDN services; OR
4. PDN when the services consist only of assistance with activities of daily living or other non-skilled services needed to live at home that do NOT require a nurse, including but not limited to assistance with grooming, toileting, eating, dressing, getting into or out of a bed or chair, and walking. The services requested do NOT typically require the expertise of a licensed nurse, including but not limited to ANY of the following, as specified below in items (a) through (g):
  - a. Administration or set up of oral medications;
  - b. Custodial care;



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- c. Duplication of care provided by supply or infusion providers;
  - d. Routine administration of maintenance medications;
  - e. Routine enteral feedings;
  - f. Routine ostomy care; AND/OR
  - g. Suctioning of nasopharynx or nasotrachea; OR
5. The treatment plan does NOT require a licensed nurse to be in continuous attendance for a minimum of greater than two (2) hours per daily visit; OR
  6. The member or other family caregiver has been taught and demonstrate the skills and ability to carry out the treatment plan; OR
  7. PDN is solely for the convenience of the member or other caregiver; OR
  8. PDN is solely to allow the member's caregiver to work or to provide respite for the caregiver; OR
  9. PDN visits provided solely for the purpose of supervising a home health care paraprofessional (including a home health aide); OR
  10. PDN services rendered without a signed order by a physician or a licensed independent practitioner practicing within the scope of the practitioner's license (i.e., nurse practitioner or physician assistant).

### **D. Habilitative or Rehabilitative Services**

- a. **Description:** Health care services that help a person keep, restore or improve skills and functioning for daily living and skills related to communication that have been lost or impaired because a person was sick, injured or disabled. These services include physical therapy, occupational therapy, speech-

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language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

**b. Initial Evaluation**

- i. Determined by plan vendor for these services

**c. All Subsequent Evaluations**

- i. Determined by plan vendor for these services

**d. Timeframe of Authorizations**

- i. Determined by plan vendor for these services

**e. Prior Authorization Criteria**

- i. Determined by plan vendor for these services

**E. Home Health Aide Services**

- a. Description:** Services provided to a member that constitute hands-on care and are required to maintain the recipient's health, facilitate treatment of the member's medical condition, illness or injury, and are provided by a licensed nursing assistant under the supervision of a registered nurse or licensed practical nurse (and employed by the same home health agency as the supervising licensed nurse). A licensed home health aide/licensed certified nursing assistant is a licensed nursing assistant according to He-W 553.02(c) in the New Hampshire Department of Health and Human Services Code of Administrative Rules for Home Health Services. The services provided by the licensed nursing assistant (who is functioning as a home health aide) must be consistent with the scope of practice documented in the New Hampshire Nurse Practice Act RSA 326-B:14 (Scope of Practice for Licensed Nursing Assistant). A licensed home health aide/licensed nursing assistant will provide ONE (1) or more of the following home health aide skilled services, as specified below in items (1) through (11):

- 1. Activities that are directly supportive of skilled therapy services; OR

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2. Ambulation and movement, including range of motion exercises, turning, positioning, and transferring; OR
3. Administration of medications by a medication licensed nursing assistant; OR
4. Assistance with self-administering medications, when the assistance provided by the aide does not require the skill of a licensed nurse; OR
5. Assistance with the use of adaptive prosthetic and orthotic devices; OR
6. Elimination assistance, including toileting and bowel/bladder training; OR
7. Nutritional care, including feeding and hydration; OR
8. Other medically related activities which can safely and effectively be provided by a licensed home health aide, including simple dressing changes; OR
9. Personal hygiene, including bathing, grooming, dressing, and changing bed linens; OR
10. Services such as light housekeeping and meal preparation ONLY when there is documentation that BOTH of the following criteria are met, as specified below in item (a) and (b):
  - a. No other support in the home exists; AND
  - b. Such services are directly related to the recipient's medical condition and care needs; OR
11. Tasks properly delegated to the home health aide by the supervising licensed nurse.

**b. Prior Authorization Criteria**

- i. All home health aide services REQUIRE prior authorization. Authorization is according to applicable Plan guidelines (including the initial evaluation) with

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confirmation that the member is eligible for skilled home care services provided by a registered nurse (RN), licensed practical nurse (LPN) working under the supervision of an RN, occupational therapist, physical therapist, or speech therapist in conjunction with home health aide skilled services (as defined in the Definitions section of the policy).

### **F. Personal Care Attendant Services**

**a. Description:** Assistance provided in the home, the workplace, or other non-institutional settings, which is designed to allow chronically wheelchair mobile members to maintain themselves in their homes in accordance with the New Hampshire Revised Statutes Annotated (RSA) Chapter 161-E: Personal Care for the Severely Physically Disabled. Personal care attendant services are provided to assist, not replace, the help available from family members and community resources.

**i.** Home health aide skilled services are NOT a replacement for personal care attendant services. Plan criteria for home health aide skilled services and the definition of those services are based on the New Hampshire Department of Health and Human Services Code of Administrative Rules He-W 553.

**ii.** The Plan considers personal care attendant services to be **medically necessary** when Plan criteria are met for chronically wheelchair mobile members with permanent or chronic disabilities, and who require assistance in order to keep their independence and stay in the community. Plan prior authorization is required.

#### **b. Initial Evaluation**

**i.** Provided by Granite State Independent Living (GSIL)

#### **c. Prior Authorization**

**i.** Personal care attendant (PCA) services are considered medically necessary when Plan criteria are met and

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documented in the member's medical record (in accordance with the New Hampshire Revised Statutes Annotated [RSA] Chapter 161-E: Personal Care for the Severely Physically Disabled). ALL of the following criteria must be met, as specified below in items (1) through (3).

1. The member meets eligibility criteria, including ALL of the following, as specified below in items (a) through (h):
  - a. The member is **age 18 years or older** or the member is his/her own legal guardian on the date of service; AND
  - b. The member is **chronically wheelchair mobile** (which means the member, due to physical disability, must use a wheelchair for mobility); AND
  - c. The member is **medically stable** and able to participate fully in the activities of daily living; AND
  - d. The member is able to select and **self-direct** care provided by a personal care assistant in the implementation of the personal care plan, including ALL of the following activities, as specified below in items (i) through (v):
    - i. Recruiting; AND
    - ii. Hiring; AND
    - iii. Scheduling; AND
    - iv. Training; AND
    - v. If necessary, firing; AND
  - e. The member is able to live in a non-institutional environment without the need for 24 hour care but requires **at least 2 hours of medically-oriented assistance per day AND assistance with at least 2 of the**

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**7 following activities of daily living (ADLs)**, as specified below in items (i) through (ix):

- i.** Bathing/grooming and other personal hygiene activities;
  - ii.** Dressing/undressing;
  - iii.** Eating;
  - iv.** Laundry and light housekeeping ONLY when there is no other support in the member's home, services are directly related to the member's medical condition and care needs, and tasks are properly delegated to the home health aide by the supervising licensed nurse;
  - v.** Meal preparation ONLY when there is no other support in the member's home, the service is directly related to the member's medical condition and care needs, and the task is properly delegated to the home health aide by the supervising licensed nurse;
  - vi.** Mobility and transfers;
  - vii.** Passive range-of-motion exercises;
  - viii.** Medication administration and management; AND/OR
  - ix.** Toileting and related tasks; AND
- f.** The member's care is provided by a New Hampshire Medicaid provider (agency) credentialed (or delegated) by the Plan and the provider meets BOTH of the following criteria, as specified below in item (i) and item (ii):

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- i. Meets all applicable New Hampshire state requirements as a New Hampshire Medicaid provider; AND
- ii. Maintains a list of PCA staff and conducts BOTH of the following types of education for PCA staff, as specified below in items (1) and (2):
  - 1. Educates PCA staff about appropriate services performed in support of the plan of care (e.g., assistance with ADLs, household management, meal preparation); AND
  - 2. Educates PCA staff about inappropriate services (e.g., assistance with homework, pet care); AND
- g. The request for service is made by the agency after ALL of the following criteria are met, as specified below in items (i) through (iv):
  - i. Evaluation of the member's need for PCA services; AND
  - ii. A registered nurse (RN) develops an individualized, specific plan of care, including type, frequency, duration, and volume of services consistent with the member's needs that meet BOTH of the following criteria, as specified below in item (1) and item (2):
    - 1. Services can be safely furnished, and no equally effective or less costly treatment is available within the member's community; AND

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- 2. Services are not intended primarily for the convenience of the member, the member's caretaker, or a provider; AND
  - h.** An order for the member's plan of care is obtained from the member's physician (i.e., medical doctor [MD], doctor of osteopathy [DO], ) or a licensed practitioner such as an advanced practitioner registered nurse or physician assistant when operating within the scope of his/her license; AND
  - 2. An agency RN reviews the plan of care every 60 days and obtains physician approval (i.e., medical doctor [MD], doctor of osteopathy [DO]) of any changes; approval may also be obtained from another licensed practitioner such as an advanced practitioner registered nurse or physician assistant when operating within the scope of the practitioner's license; AND
  - 3. The agency maintains records of the PCA services provided to the member and the time required to provide those services; those records will be available for review by the Plan upon request.
- d. Timeframe of Authorizations**
  - i.** Initial authorizations for Members new to the PCA benefit shall be three (3) months.
  - ii.** Personal Care Attendant (PCA) authorizations shall be issued for one (1) year unless the Member is new to the PCA benefit.
- e. Limitations**
  - i.** ANY of the following limitations applies to personal care attendant services, as specified below in items (1) and (2):
    - 1. For a member enrolled in the NH Health Protection Program, benefit coverage for personal



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care attendant services is limited to a member age 19 or age 20 (i.e., age 20 until the member's 21<sup>st</sup> birthday) on the date of service; NH Health Protect Program members age 21 or older are not covered for this service by the Plan.

2. The Plan considers personal care attendant (PCA) services to NOT be medically necessary for ANY of the following circumstances, as specified below in items (a) through (h):
  - a. Services are provided while the member is a resident of a nursing facility or other inpatient facility; OR
  - b. Services are provided while the member is participating in a community program funded by the Plan or New Hampshire Department of Health and Human Services (DHHS) in which personal care services are already provided, including adult medical day care, day habilitation, adult foster care, etc.; OR
  - c. Services are provided by a family member, legal guardian, and/or designated power of attorney; OR
  - d. Medical services are included in the member's plan of care and are available from other Plan providers, such as pharmacies, community health centers, physicians (i.e., medical doctor [MD], doctor of osteopathy [DO]), or another licensed practitioner such as an advanced practitioner registered nurse or physician assistant when operating within the scope of the practitioner's license; OR
  - e. The services constitute strictly social services such as recreational services, vocational rehabilitations, etc.; OR

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- f. Chore services, which are tasks that exceed light housekeeping; OR
- g. Services provided outside the member's home for the convenience of the personal care attendant, such as care provided at the personal care attendant's home, or any other location where the recipient would not normally go within the community; OR
- h. Services performed for the convenience of the member, or the member's family member(s), or intended to otherwise replace assistance available through the member's natural supports system, time spent with the member when no actual hands-on care or other covered services are being provided, including, but not limited to supervision, companion care, baby-sitting the recipient's dependents, or social visits.

### f. Definitions

- i. **Chronically Wheelchair Mobile:** A member, due to a physical disability, must use a wheelchair for mobility.
- ii. **Home Health Aide Skilled Services:** Services provided to a member that constitute hands-on care and are required to maintain the recipient's health, facilitate treatment of the member's medical condition, illness or injury, and are provided by a nursing assistant under the supervision of a registered nurse or licensed practical nurse. A nursing assistant will provide ONE (1) or more of the following home health aide skilled services, as specified below in items 1 through 11:
  - 1. Activities that are directly supportive of skilled therapy services;

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2. Ambulation and movement, including range of motion exercises, turning, positioning, and transferring;
  3. Administration of medications by a medication licensed nursing assistant;
  4. Assistance with self-administering medications, when the assistance provided by the aide does not require the skill of a licensed nurse;
  5. Assistance with the use of adaptive prosthetic and orthotic devices;
  6. Elimination assistance, including toileting and bowel/bladder training;
  7. Nutritional care, including feeding and hydration;
  8. Other medically related activities which can safely and effectively be provided by a licensed home health aide, including simple dressing changes;
  9. Personal hygiene, including bathing, grooming, dressing, and changing bed linens;
  10. Services such as light housekeeping and meal preparation ONLY when there is documentation that BOTH of the following criteria are met, as specified below in item a and item b:
    - a. No other support in the home exists; AND
    - b. Such services are directly related to the recipient's medical condition and care needs; AND/OR
  11. Tasks properly delegated to the home health aide by the supervising licensed nurse.
- c. Medically Oriented Care:** Services delivered in accordance with the member's care plan which are essential to the health and well-being of the recipient and include but are not limited to basic personal care and grooming, assistance with bowel and

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bladder care, assistance with medications, meal preparation and nutrition, and performance of essential household tasks.

- d. Medically Stable:** The member does not need frequent and substantial acute medical intervention, as certified by a licensed physician (i.e., medical doctor [MD], doctor of osteopathy [DO],) or another licensed practitioner such as an advanced practitioner registered nurse or physician assistant when operating within the scope of the practitioner's license.

### **G. Miscellaneous Home Care Services**

- a.** Any home care services not otherwise addressed in this policy require prior authorization.

### **H. General Limitations:** Limitation if not elsewhere specified.

- a.** ALL home health care services provided to Plan members must be within the scope of practice of the treating home health care professional(s) and/or paraprofessional(s) and must follow all applicable New Hampshire licensing and supervisory requirements. Limitations related to home health care services are specified below in items 1 and 2.
- b.** Plan Medical Director review is required for home health care maintenance services when Plan criteria in this policy are NOT met. ANY of the following services is NOT a covered (reimbursed) home health care service, as specified below in items i through xiv:
- i.** Any service whose primary purpose is the care or supervision that would be required by any individual of the member's chronological age;\* OR
  - ii.** Any service whose primary purpose is providing emotional support;\* OR
  - iii.** Any service whose purpose is to implement follow-through on a behavioral treatment plan;\* OR
  - iv.** Home care services provided in a hospital, nursing facility, intermediate care facility, or any other institutional facility providing medical, nursing,

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- rehabilitative, or related care including a licensed/certified day care center;\* OR
- v. Home care services that are provided through other state-funded department programs; OR
  - vi. Home delivery of meals;\* OR
  - vii. Homemaker services considered to be general household activities, day care, or recreational services;\* OR
  - viii. Nutritional services, including those services provided by a nutritionist, registered dietician, nutrition therapy, and/or diet expert;\* OR
  - ix. Physician services;\* OR
  - x. Services rendered without a signed order by a physician or a licensed independent practitioner practicing within the scope of the practitioner's license (i.e., nurse practitioner or physician assistant)\* OR
  - xi. Services that can be safely and effectively performed (or self-administered) by the average non-medical person without the direct supervision of a registered or licensed nurse unless there is no one able to provide it; OR
  - xii. Services provided by a home health aide which are not medically related and which constitute routine household activities, day care, or recreational services, (except as specified in the Plan's medical criteria in the this policy)\* OR
  - xiii. Social worker services; OR
  - xiv. Home care visits may be necessary to supervise a home health care paraprofessional (according to the state of New Hampshire regulatory guidelines), but any visit provided solely for the purpose of supervising a home health care paraprofessional (including a home health aide) is NOT reimbursed by the Plan.\*

\*Note: Policy language based on New Hampshire Department of Health and Human Services Code of Administrative Rules He-W 553 for home health services.

### I. Additional Definitions

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- a. **Activities of Daily Living (ADLs):** Basic self-care activities; examples of ADLs include feeding, dressing, bathing, grooming, toileting, and functional mobility. The ability or inability to perform ADLs can be used as a measure of ability or disability in assessing rehabilitation outcomes.
- b. **Chronic Condition:** A physical or mental impairment or ailment of indefinite duration or frequent recurrence and includes, but is not limited to: a mental health condition; a substance use disorder; asthma; diabetes; heart disease; or obesity.
- c. **Cognitive Dysfunction:** Age appropriate deficits in orientation, memory, attention, concentration, organization, sequencing, problem solving, reasoning, and thinking that affect the patient's ability to perform daily activities, play, and complete vocational tasks, including deficits in the patient's affect and pragmatic skills.
- d. **Custodial Care:** Care that is provided mainly to assist in the activities of daily living, by individuals who do not require specialized medical training or professional skills, or mainly to help maintain a member's safety when there is no other reason for the member to receive medically necessary skilled level of care. Also, routine maintenance of colostomies, urinary catheters, and/or ileostomies is considered custodial care.
- e. **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services:** The EPSDT benefit is a comprehensive health benefit that helps meet children's health and developmental needs. Covered benefits include age-appropriate medical, dental, vision, and hearing screening services at specified times, commonly referred to as well-child checkups, and when health problems arise or are suspected. In addition to screening, EPSDT services include all medically necessary diagnostic and treatment services to correct or improve a child's physical or mental illness or condition. This is particularly important for children with special health care needs and disabilities. The Plan covers EPSDT services for members

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under the age of 21 years, except for applied behavioral analysis (ABA) services which are covered by New Hampshire Medicaid. Prior authorization from the Plan is NOT required for EPSDT screenings. However, some treatment services do require a prior authorization from the Plan by the requesting provider.

- i. EPSDT means a program, pursuant to 42 CFR 440.40, designed to provide preventative health care, diagnostic services, and early detection and treatment of disease or abnormalities to Title XIX eligible individuals under age 21, as specified below in items 1 through 5:
  1. EPSDT screening services: Comprehensive and age-appropriate medical assessments and screenings of the child’s physical and mental status provided according to the current version of the periodicity schedule entitled “Recommendations for Preventive Pediatric Health Care” of the American Academy of Pediatrics including the following applicable services, as specified below in items a through l:
    - a. Comprehensive health and developmental history;
    - b. Comprehensive unclothed physical examination;
    - c. Developmental and behavioral assessment;
    - d. Measurements of the child’s height and weight, head circumference, and blood pressure;
    - e. Appropriate immunizations;
    - f. Appropriate laboratory tests will include the following, as specified below in item 1 and item 2:
      - i. Testing for lead toxicity for EPSDT eligible children at 12 and 24 months of age; AND

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- ii. Testing for lead toxicity for EPSDT eligible children between 36 and 72 months of age, if not previously screened for lead poisoning;
      - g. Appropriate vision testing;
      - h. Appropriate hearing testing;
      - i. Assessment of nutritional status;
      - j. Dental screening services furnished by direct referral to a dentist for diagnosis and treatment, and according to the periodicity schedule contained in "Clinical Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance, and Oral Treatment for Children," of the American Academy of Pediatric Dentistry; Reference: Manual 2005-2006, Originating Committee-Clinical Affairs Committee, Review Council on Clinical Affairs, adopted 1991, revised, 1992, 1996, 2000, 2003;
      - k. Health education about the benefits of healthy lifestyles and practices; AND/OR
      - l. Anticipatory guidance about child safety and injury prevention.
  - 2. EPSDT diagnostic and treatment services, if medically necessary as a result of assessment and screening, include any of the following screening/testing specified below in items a through f:
    - a. Urinalysis;
    - b. Sickle cell screening;
    - c. Tuberculosis screening/testing;
    - d. Blood testing for hematocrit and/or hemoglobin levels;
    - e. Immunizations provided according to the 2006 issue of the "Recommended Childhood



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and Adolescent Immunization Schedule, United States 2006” jointly approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians; AND/OR

- f. Any other Title XIX services as specified in He-W 522 through He-W 589, to treat conditions discovered during a screen.
  3. Any services not listed in He-W 522 through He-W 589 as covered services shall be given independent review by the department for coverage based on medical necessity in accordance with He-W 546.06.
  4. Transportation services, pursuant to He-W 574, 42 CFR 43.153, and 42 CFR 441.62, shall be covered for EPSDT-eligible children.
  5. Services in excess of the service limits in He-W 530 shall be covered for EPSDT- eligible children, if medically necessary, in accordance with the requirements in He-W 546. (Source: General Court of New Hampshire Chapter He-W 500 Medical Assistance Section 546 Early and Periodic Screening, Diagnosis and Treatment Services.)
- f. Habilitation Services:** Habilitation refers to health care services that help a person acquire, keep or improve, partially or fully, and at different points in life, skills related to communication and activities of daily living. These services address the competencies and abilities needed for optimal functioning in interaction with their environments. Examples include therapy for a child who isn’t walking or talking at the expected age. Adults, particularly those with intellectual disabilities or disorders such as cerebral palsy, can also benefit from habilitative services. Habilitative services include physical therapy, occupational therapy, speech-language pathology,

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audiology and other services for people with disabilities in a variety of inpatient and/or outpatient settings. These services are assessed and pre-authorized by our vendor for that service.

- g. Home Health Aide:** A paraprofessional who is employed by a home health agency and qualified to perform certain personal-care and home health aide services, as defined below (i.e., Home Health Aide Services Provided by Licensed Nursing Assistant/Licensed Home Health Aide and Home Health Aide Services Provided by Home Health Aide/Certified Nursing Assistant). The home health aide providing the home care services must be supervised by a licensed nurse providing the skilled home care services to the member and be employed by the same home health agency as the supervising licensed nurse. A home health aide may be one (1) of the following types of paraprofessionals: (1) A home health aide/certified nursing assistant who works only in private home settings under the supervision of a licensed nurse and provides home care services only related to companionship, personal care, and homemaking; or (2) a licensed nursing assistant (i.e., licensed/registered home health aide or licensed/registered certified nursing assistant) who provides care according to guidelines in He-W 553.02(c) in the New Hampshire Department of Health and Human Services Code of Administrative Rules for Home Health Services and the New Hampshire Nurse Practice Act RSA 326-B:14 (Scope of Practice for Licensed Nursing Assistant).
- h. Home Health Aide Services Provided by Licensed Nursing Assistant/Licensed Home Health Aide:** Services provided to a member that constitute hands-on care and are required to maintain the recipient's health, facilitate treatment of the member's medical condition, illness or injury, and are provided by a licensed nursing assistant under the supervision of a registered nurse or licensed practical nurse (and employed by the same home health agency as the supervising licensed nurse). A licensed home health aide/licensed certified nursing

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assistant is a licensed nursing assistant according to He-W 553.02(c) in the New Hampshire Department of Health and Human Services Code of Administrative Rules for Home Health Services. The services provided by the licensed nursing assistant (who is functioning as a home health aide) must be consistent with the scope of practice documented in the New Hampshire Nurse Practice Act RSA 326-B:14 (Scope of Practice for Licensed Nursing Assistant). A licensed home health aide/licensed nursing assistant will provide ONE (1) or more of the following home health aide skilled services, as specified below in items i through xi:

- i.** Activities that are directly supportive of skilled therapy services;\*
- ii.** Ambulation and movement, including range of motion exercises, turning, positioning, and transferring;\*
- iii.** Administration of medications by a medication licensed nursing assistant;\*
- iv.** Assistance with self-administering medications, when the assistance provided by the aide does not require the skill of a licensed nurse;\*
- v.** Assistance with the use of adaptive prosthetic and orthotic devices;
- vi.** Elimination assistance, including toileting and bowel/bladder training;\*
- vii.** Nutritional care, including feeding and hydration;\*
- viii.** Other medically related activities which can safely and effectively be provided by a licensed home health aide, including simple dressing changes;\*
- ix.** Personal hygiene, including bathing, grooming, dressing, and changing bed linens;\*
- x.** Services such as light housekeeping and meal preparation ONLY when there is documentation that BOTH of the following criteria are met, as specified below in item 1 and item 2:\*

  - 1.** No other support in the home exists; AND

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- 2.** Such services are directly related to the recipient's medical condition and care needs; AND/OR
- xi.** Tasks properly delegated to the home health aide by the supervising licensed nurse\*
- \* Note: Policy language based on New Hampshire Department of Health and Human Services Code of Administrative Rules He-W 553 for home health services.
- i. Home Health Aide Services Provided by Home Health Aide/Certified Nursing Assistant:** A paraprofessional who provides targeted home health care services (more limited than licensed home health aide/licensed nursing assistant) in a private home under the supervision of a licensed nurse (and employed by the same home health agency as the supervising licensed nurse). A home health aide may provide ONE (1) or more of the following home health aide skilled services ONLY in a private home setting and limited to services directly related to companionship, personal care and/or homemaking, as specified below in items i through v:
- i.** Elimination assistance, including toileting and bowel/bladder training;
  - ii.** Nutritional care, including feeding and hydration;
  - iii.** Personal hygiene, including bathing, grooming, dressing, and changing bed linens;
  - iv.** Services such as light housekeeping and meal preparation ONLY when there is documentation that BOTH of the following criteria are met, as specified below in item 1 and item 2:
    - 1.** No other support in the home exists; AND
    - 2.** Such services are directly related to the recipient's medical condition and care needs; AND/OR
  - v.** Tasks properly delegated to the home health aide by the supervising licensed nurse.
- j. Home Health Care for Maintenance Services**  
Home health care services are medically necessary to maintain current functional status or prevent or slow further

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deterioration of a member’s chronic medical condition, progressive illness, or disability in the home setting. In a home health care maintenance program, the specialized skill, knowledge, and judgment of a qualified, licensed healthcare professional (i.e., registered nurse, licensed practical nurse under the supervision of a registered nurse, physical therapist, occupational therapist, or speech therapist) is required to design or establish a treatment plan (which may include habilitative services and/or rehabilitative services) and to educate the member, family member/caregiver, and/or paraprofessional personnel on the implementation of that plan of care.

Maintenance nursing services are defined and evaluated against this policy. See below.

Habilitative and rehabilitative services are evaluated by our vendor for that service.

**k. Home Health Care Services for an Acute Episode of Care:**

Medically necessary skilled habilitative services and/or skilled rehabilitative services within the home setting, initiated to treat or rehabilitate a member for whom there is a reasonable expectation that the member will fully recover/return to the member’s premorbid status from an acute medical condition or acute exacerbation of a chronic condition. Home health care services for an acute episode of care include skilled intermittent nursing visits, physical therapy visits, occupational therapy visits, speech language therapy visits, and/or home health aide services. Eligibility for home health aide services is dependent upon the member’s need for a skilled habilitative service and/or rehabilitative service.

Acute episodes of nursing care are defined by and evaluated against the appropriate sections of the latest version of InterQual.

Habilitative and rehabilitative services are evaluated by our vendor for that service.

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- 1. Personal Care Assistant Services:** Assistance provided in the home, the workplace, or other noninstitutional settings, which is designed to allow chronically wheelchair mobile members to maintain themselves in their homes in accordance with the New Hampshire Revised Statutes Annotated (RSA) Chapter 161-E: Personal Care for the Severely Physically Disabled. Personal care assistant services are provided to assist, not replace, the help available from family members and community resources. Home health aide skilled services are NOT a replacement for personal care assistant services.

Personal Care Assistant Services are defined and evaluated against this policy. See below.
- m. Hospice Care Services**

Routine hospice home care is care provided in the member's home and is related to the terminal diagnosis and plan of care written for the member.

Hospice Care Services are defined by and evaluated against our hospice care policy CP.MP.45
- n. Home Setting:** Member's primary or temporary residence, excluding a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, any day care center or any other institutional facility providing medical, nursing, rehabilitative, or related care. (A residence may include a homeless shelter or a shelter for victims of domestic violence.)
- o. Intermittent Skilled Nursing Services:** Services of short duration, **typically of not more than two (2) hours per visit**, provided on an episodic basis, often less frequently than daily but may include daily for a period of time
- p. Licensed Nursing Assistant Scope of Practice:** A licensed nursing assistant (LNA) shall, with or without compensation or personal profit, practice under the supervision of a registered nurse (RN), advanced practice registered nurse (APRN), or licensed practical nurse (LPN) who is licensed to practice in the state of New Hampshire. An LNA may work in different healthcare settings such as a hospital, clinic, residential center,

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adult day care center, independent practitioner office, or home health agency; **see the definition above for Home Health Aide Services by Licensed Nursing Assistants for a list of home care services provided by an LNA (rather than this definition).** An LNA shall form a relationship, communicate, and interact effectively with individuals and groups; as well as demonstrate comprehension related to individuals' emotional, mental, physical, and social health needs through skillful, direct nursing-related activities. Such LNA practice is guided by nursing assistant standards and competency in nursing assistant curriculum established by the National Council of State Boards of Nursing and approved by the New Hampshire Board of Nursing, and shall be limited to ONE (1) or more of the following services, as specified below in items i through vi:

- i.** Assist individuals to attain and maintain functional independence through skillful, direct nursing-related activities;
- ii.** Exhibit behaviors supporting and promoting care recipients' rights through skillful, direct nursing-related activities;
- iii.** Demonstrate observational and documenting skills required for reporting of people's health, safety, welfare, physical and mental condition, and general well-being through skillful, direct nursing-related activities;
- iv.** Provide safe nursing-related activities under the supervision of an APN, RN, or an LPN;
- v.** Administer medication **ONLY** when ONE (1) of the following criteria is met, as specified below in item 1 or item 2:
  - 1.** The LNA holds a currently valid certificate of medication administration for the state of New Hampshire (as a Medication Nursing Assistant);  
OR
  - 2.** A New Hampshire licensed nurse delegates the task of medication administration to the LNA who

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is employed in the same home care, hospice, residential care, or adult day care setting as the supervising licensed nurse and all applicable requirements for the delegation of medication administration are met according to standards established by the state of New Hampshire (including but not limited to the New Hampshire Board of Nursing scope of practice guidelines, mandates in the New Hampshire Administrative Procedure Act RSA 541-A, and in consultation with the commissioner of health and human services or a designee), with standards for the delegation of medication administration related to the limitations on the number of delegations per assistive personnel, training and competency requirements, documentation requirements, and medication administration error reporting requirements;

- vi. May perform tasks not addressed in the basic curriculum required for licensure if the LNA obtains additional training in the performance of such tasks through programs approved by the National Council of State Boards of Nursing. Additional tasks may be delegated provided that ALL of the following criteria are met, as specified below in items 1 through 3:
  1. The task has been properly delegated to the nursing assistant by the supervising licensed nurse pursuant to the Nurse Practice Act RSA 326-B (Delegation of Nursing Activities and Tasks for Licensed Nursing Assistants); AND
  2. The task has not been made exempt from nursing assistant practice; AND
  3. The policies of the employing health care facility allow the delegation of the task to an LNA. Each



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LNA is accountable to clients, the nursing assistant profession, and the New Hampshire Board of Nursing for complying with professional requirements, rendering high-quality care, and for recognizing limits of knowledge and experience and planning for management of situations beyond the LNA's expertise. Any expansion of the scope of practice for an LNA shall be adopted by New Hampshire legislation in accordance with RSA 332-G:6 (General Administration of Regulatory Boards and Commissions).

- q. Licensed Practical Nurse Scope of Practice:** A licensed practical nurse (LPN) shall, with or without compensation or personal profit, practice under the supervision of a registered nurse (RN), advanced practice registered nurse (APRN), licensed physician, or dentist. Such practice is guided by nursing standards established by the National Council of State Boards of Nursing and approved by the New Hampshire Board of Nursing, and shall be limited to ONE (1) or more of the following services, as specified below in items i through xiii:
- i.** Collecting data and conducting focused nursing assessments of the health status of clients;
  - ii.** Planning nursing care for clients with stable conditions;
  - iii.** Participating in the development and modification of the comprehensive plan of care for all types of clients;
  - iv.** Implementing appropriate aspects of the strategy of care within the LPN scope of practice;
  - v.** Participating in nursing care management through delegating, assigning, and directing nursing interventions that may be performed by others, including other LPNs, that do not conflict with these guidelines;
  - vi.** Maintaining safe and effective nursing care rendered directly or indirectly;
  - vii.** Promoting a safe and therapeutic environment;

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- viii.** Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of clients;
- ix.** Serving as an advocate for the client by communicating and collaborating with other health service personnel;
- x.** Participating in the evaluation of client responses to interventions;
- xi.** Communicating and collaborating with other health care professionals;
- xii.** Providing input into the development of policies and procedures; AND/OR
- xiii.** Other nursing services that require education and training prescribed by the board and in conformance with national nursing standards. Additional nursing services shall be commensurate with the LPN's experience, continuing education, and demonstrated LPN competencies.

Each nurse is accountable to clients, the nursing profession, and the New Hampshire Board of Nursing for complying with the requirements of the New Hampshire Nurse Practice Act and the quality of nursing care rendered and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse's expertise. LPNs who have successfully completed the curriculum of a board- approved LPN intravenous therapy course may administer intravenous solutions under the direction of a physician or dentist, or as delegated by an RN. Any expansion of the scope of practice shall be adopted by legislation in accordance with RSA 332-G:6 Scope of Practice. (Source: New Hampshire Revised Statutes Annotated Index. Chapter 326-B: 13. Nurse Practice Act. Scope of Practice. Licensed Practical Nurse.)

- s. Occupational Therapist:** Independent health care professional licensed to render a service for the therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and treat individuals who have a disease or disorder, impairment,

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activity limitation, or participation restriction which interferes with their ability to function independently in daily life roles, and to promote health and wellness. Occupational therapy may include but are not limited to any of the following interventions: Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes; adaptation of task, process, or the environment, or the teaching of compensatory techniques, in order to enhance performance; disability prevention methods and techniques which facilitate the development or safe application of performance skills; and/or health promotion strategies and practices which enhance performance abilities. Occupational therapy includes but is not limited to one (1) or more of the following services, as specified below in items i through viii:

- i.** Evaluating, developing, improving, sustaining or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities;
- ii.** Evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance;
- iii.** Designing, fabricating, applying, or training in the use of assistive technology or orthotic devices, and training in the use of prosthetic devices;
- iv.** Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;
- v.** Application of physical agent modalities as an adjunct to, or in preparation for, engagement in purposeful activities and occupations;
- vi.** Evaluating and providing intervention in collaboration with the client, family, caregiver, or others;

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- vii. Educating the client, family, caregiver, or others in carrying out appropriate non-skilled interventions; AND/OR
- viii. Consulting with groups, programs, organizations, or communities to provide population-based services. (Source: New Hampshire Revised Statutes Annotated Index. Chapter 326-C: Occupational Therapist.)
- t. **Occupational Therapy Assistant:** Paraprofessional licensed to assist in the practice of occupational therapy. The occupational therapy assistant does not act independently but works under the direction and supervision of a licensed occupational therapist. (Source: New Hampshire Revised Statutes Annotated Index. Chapter 326-C: Occupational Therapist.)
- u. **Personal Care Assistant Services:** Assistance provided in the home, the workplace, or other noninstitutional settings, which is designed to allow chronically wheelchair mobile members to maintain themselves in their homes in accordance with the New Hampshire Revised Statutes Annotated (RSA) Chapter 161-E: Personal Care for the Severely Physically Disabled. Personal care assistant services are provided to assist, not replace, the help available from family members and community resources. Home health aide skilled services are NOT a replacement for personal care assistant services; see the Plan's *Personal Care Assistant Services* medical policy, policy number OCA 3.721, rather than this policy for medical necessity criteria for personal care assistant services.
- v. **Physical Therapist/Physiotherapist:** Independent health care professional licensed to render a service within the practice of physical therapy, which includes but is not limited to one (1) or more of the following services, as specified below in items i through iv:
  - i. Testing, examining and evaluating impairments, movement dysfunctions, and disabilities or other health and movement-related conditions in order to determine a

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diagnosis, prognosis, and plan of intervention, and to assess the outcomes of intervention;

- ii.** Alleviating impairments, movement dysfunctions, and disabilities by designing and implementing, and modifying interventions that include, but are not limited to therapeutic exercise; training related to movement dysfunctions in self-care and in home, community or work integration or reintegration; manual therapy including soft tissue and joint mobilization; therapeutic massage; assistive and adaptive orthotic, prosthetic, protective and supportive devices and equipment related to movement dysfunctions; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; and patient-related instruction;
  - iii.** Reducing the risk of injury, impairment, movement dysfunctions and disability, including the promotion and maintenance of health, wellness, and fitness in populations of all ages; AND/OR
  - iv.** Engaging in administration, consultation, education and research. (Source: New Hampshire Revised Statutes Annotated Index. Chapter 328-A: Physical Therapy Practice Act.)
- w. Physical Therapist Assistant:** Paraprofessional licensed to assist in the practice of physical therapy. The physical therapy assistant assists the physical therapist in selected components of physical therapy intervention. (Source: New Hampshire Revised Statutes Annotated Index. Chapter 328-A: Physical Therapy Practice Act.)
- x. Registered Nurse Scope of Practice:** A registered nurse (RN) shall, with or without compensation or personal profit, practice nursing that incorporates caring for all clients in all settings, is

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guided by nursing standards consistent with standards established by the National Council of State Boards of Nursing and approved by the board, and shall be limited to one (1) or more of the following services, as specified below in items i through xv:

- i.** Providing comprehensive nursing assessment of the health status of clients, families, groups, and communities;
- ii.** Collaborating with a health care team to develop an integrated client-centered plan of health care;
- iii.** Developing a plan of nursing strategies to be integrated within the client-centered health care plan that establishes nursing diagnoses, setting goals to meet identified health care needs, prescribing nursing interventions, and implementing nursing care through the execution of independent nursing strategies and prescribed medical regimen;
- iv.** Delegating and assigning nursing interventions to implement the plan of care;
- v.** Providing for the maintenance of safe and effective nursing care rendered directly or indirectly;
- vi.** Promoting a safe and therapeutic environment;
- vii.** Providing health teaching and counseling to promote, attain, and maintain the optimum health level of clients, families, groups, and communities;
- viii.** Advocating for clients, families, groups, and communities by attaining and maintaining what is in the best interest of the client or group;
- ix.** Evaluating responses to interventions and the effectiveness of the plan of care;
- x.** Communicating and collaborating with other health care professionals in the management of health care and the implementation of the total health care regimen within and across care settings;

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- xi.** Acquiring and applying critical new knowledge and technologies to the practice of nursing;
- xii.** Managing, supervising, and evaluating the practice of nursing;
- xiii.** Teaching the theory and practice of nursing;
- xiv.** Participating in the development of policies, procedures, and systems to support the client; AND/OR
- xv.** Other nursing services that require education and training prescribed by the board and in conformance with national nursing standards. Additional nursing services shall be commensurate with the RN's experience, continuing education, and demonstrated competencies.

Each RN is accountable to clients, the nursing profession, and the board for complying with the requirements of this act and the quality of nursing care rendered, and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse's experience.

Any expansion of the scope of practice shall be adopted by legislation in accordance with New Hampshire Revised Statutes Annotated Index Chapter 332-G:6 Scope of Practice. (Source: New Hampshire Revised Statutes Annotated Index. Chapter 326-B:12. Nurse Practice Act. Scope of Practice. Registered Nurse.)

- y. Rehabilitation Services:** Rehabilitation refers to health care services that help a person keep, restore or improve skills and functioning for daily living and skills related to communication that have been lost or impaired because a person was sick, injured or disabled. These services include physical therapy, occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.
- z. Skilled Nursing Services:** The planning, provision, and evaluation of goal-oriented nursing care that requires specialized knowledge and skills acquired under the established curriculum

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of a school of nursing approved by a board of registration in nursing

- aa. Speech Therapist/Speech-Language Pathologist:** Independent health care professional licensed to render any service involving the application of principles, methods, and procedures for the measurement of testing, identification, appraisal, consultation, counseling, instruction and research related to the development and disorders of speech, voice, or language for the purpose of diagnosing, designing, and implementing programs for the amelioration of such disorders and conditions. The practice of speech-language pathology includes, but is not limited to one (1) or more of the following services, as specified below in items i through vii:
- i.** Screening, identifying, assessing, interpreting, diagnosing, rehabilitating, and preventing disorders of speech and language;
  - ii.** Screening, identifying, assessing, interpreting, diagnosing, and rehabilitating disorders of oralpharyngeal function and related disorders;
  - iii.** Screening, identifying, assessing, interpreting, diagnosing, and rehabilitating cognitive communication disorders.
  - iv.** Assessing, selecting, and developing augmentative and alternative communication systems and providing training in their use;
  - v.** Providing aural rehabilitation and related counseling services to hearing-impaired individuals and their families;
  - vi.** Enhancing speech-language proficiency and communication effectiveness; AND/OR
  - vii.** Screening of hearing and other factors for the purpose of speech-language evaluation or the initial identification of individuals with other communication disorders.
- (Source: New Hampshire Revised Statutes Annotated



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Index. Chapter 326-F: Speech-Language Pathology Practice.)

- bb. Speech-Language Assistant:** Paraprofessional licensed to assist in the practice of speech-language therapy. The speech-language assistant does not act independently but works under the direction and supervision of a licensed speech-language pathologist. (Source: New Hampshire Revised Statutes Annotated Index. Chapter 326-F: Speech-Language Pathology Practice.)

### Coding Implications

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Newborn and Post-Partum Home Visits			
CPT® Codes	Description	Modifier	Comments
99501	Home visit for postnatal assessment and follow-up care		1 unit per birth event
99502	Home visit for newborn care and assessment		4 units per birth event
Therapy Services Home Visits			
CPT® Codes	Description	Modifier	Comments
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	GN, GO, or GP	Report modifier GN, GO, or GP per Medicaid guidelines in the first position
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	GN, GO, or GP	Report modifier GN, GO, or GP per Medicaid guidelines in the first position

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G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	GN, GO, or GP	Report modifier GN, GO, or GP per Medicaid guidelines in the first position
<b>Home Health Aide Services</b>			
<b>CPT® Codes</b>	<b>Description</b>	<b>Modifier</b>	<b>Comments</b>
G0156	Services of home health/hospice aide in home health settings, each 15 minutes		Report when the visit duration is more than two hours; less than two hours report T1021
T1021	Home health aide or certified nurse assistant, per visit		Report when the visit duration is less than two hours; more than two hours report G0156
<b>Personal Care Attendant</b>			
<b>CPT® Codes</b>	<b>Description</b>	<b>Modifier</b>	<b>Comments</b>
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)		
<b>Nursing Care in the Home</b>			
<b>CPT® Codes</b>	<b>Description</b>	<b>Modifier</b>	<b>Comments</b>
T1030	Nursing care, in the home, by registered nurse, per diem		1 unit per day; utilize time of day modifiers for multiple visits
T1030	Nursing care, in the home, by registered nurse, per diem	U4	Report modifier U4 for initial evaluation; 1 unit per day; utilize time of day modifiers for multiple visits; if time of day modifier applies, report modifier U4 in the second position.
<b>Private Duty Nursing</b>			
<b>CPT® Codes</b>	<b>Description</b>	<b>Modifier</b>	<b>Comments</b>
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)		
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	U1	Report modifier U1 in the first position for night (10 p.m. to 6 a.m.) or weekend (Saturday 6 a.m. to Monday 6 a.m.)
S9123	Nursing care, in the home; by registered nurse, per	U2	Report modifier U2 in the first

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	hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)		position for intensive (individual on ventilator for 12 hours/or more per day)
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	U4	Report modifier U4 when it is in initial evaluation. If a payment modifier (U1, U2) is also applicable, they payment modifier must be in the first position and the U4 modifier must be in the second position.
S9124	Nursing care, in the home; by licensed practical nurse, per hour		
S9124	Nursing care, in the home; by licensed practical nurse, per hour	U1	Report modifier U1 in the first position for night (10 p.m. to 6 a.m.) or weekend (Saturday 6 a.m. to Monday 6 a.m.)
S9124	Nursing care, in the home; by licensed practical nurse, per hour	U3	Report modifier U3 in the first position for intensive (individual on ventilator for 12 hours/or more per day)
S9124	Nursing care, in the home; by licensed practical nurse, per hour	U4	Report modifier U4 when it is in initial evaluation. If a payment modifier (U1, U3) is also applicable, they payment modifier must be in the first position and the U4 modifier must be in the second position.

### **REFERENCES:**

42 CFR 484.36. Code of Federal Regulations. Title 42-Public Health. Chapter IV –Centers for Medicare & Medicaid Services, Department of Health and Human Services. Subchapter G-Standards and Certification. Part 484-Home Health Services.

42 U.S.C. §1395c. United States Code. Title 42-The Public Health and Welfare. Chapter 7–Social Security. Subchapter XVIII–Health Insurance for Aged and Disabled. Part A-Hospital Insurance Benefits for Aged and Disabled. Section 1395c-Description of Program.

42 U.S.C. §1395f. United States Code. Title 42-The Public Health and Welfare. Chapter 7–Social Security. Subchapter XVIII–Health Insurance for Aged and Disabled. Part A-Hospital Insurance Benefits for Aged and Disabled. Section 1395f-Conditions of and Limitations on Payment for Services.

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42 U.S.C. §1396. United States Code. Title 42-The Public Health and Welfare. Chapter 7-Social Security. Subchapter XIX – Grants to States for Medical Assistance Programs. Section 1396-Medicaid and CHIP Payment and Access Commission.

New Hampshire Board of Speech-Language Pathologists. Chapter Spe 100 Organizational Rules. Statutory Authority: RSA 541-A:16, I(a).

New Hampshire Code of Administrative Rules. Chapter He-W 500 Medical Assistance. Part He-W 546. Early and Periodic Screening, Diagnosis and Treatment Services.

New Hampshire Code of Administrative Rules. Chapter He-W 500 Medical Assistance. Part He-W 552 Personal Care Attendant Services.

New Hampshire Medicaid. Department of Health and Human Services (DHHS). Personal Care Attendant (PCA) Provider Manual. Volume II. April 1, 2013.

New Hampshire Revised Statutes Annotated (RSA) Index. Chapter 161-E: Personal Care for the Severely Physically Disabled.

New Hampshire Revised Statutes Annotated (RSA) Index. Chapter 326-B:12. Nurse Practice Act. Scope of Practice. Registered Nurse.

New Hampshire Revised Statutes Annotated (RSA) Index. Chapter 326-B: 13. Nurse Practice Act. Scope of Practice. Licensed Practical Nurse.

New Hampshire Revised Statutes Annotated (RSA) Index. Chapter 326-C. Occupational Therapist.

New Hampshire Revised Statutes Annotated (RSA) Index. Chapter 326-F. Speech-Language Pathology Practice.

New Hampshire Revised Statutes Annotated (RSA) Index. Chapter 328-A. Physical Therapy Practice Act.

New Hampshire Revised Statutes Annotated (RSA) Index. Chapter 328-F. Allied Health Professionals.

New Hampshire Revised Statutes Annotated (RSA) Index. Chapter 332-G:6. Scope of Practice.

Social Security Act §1861. Definitions of Services, Institutions, Etc. Home Health Services.

### **ATTACHMENTS:**

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<b>REVISION LOG:</b>	
New Policy Created	

### **POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in the Corporate SharePoint site is considered equivalent to a physical signature.

Director of Utilization Management: \_\_\_\_\_

Vice President of Medical Management: \_\_\_\_\_

Chief Medical Director: \_\_\_\_\_