MEDICA

UTILIZATION MANAGEMENT POLICY

TITLE: MEDICAID HOME CARE NURSING (HCN) SERVICES

EFFECTIVE DATE: November 18, 2019

THIS POLICY APPLIES TO MEMBERS WHO ARE COVERED BY MEDICA CHOICE CARESM MSC+ (MINNESOTA SENIOR CARE PLUS [MSC +] AND MEDICA DUAL SOLUTION® (MINNESOTA SENIOR HEALTH OPTIONS [MSHO])

FOR OTHER PRODUCTS, SEE RELATED MEDICA UTILIZATION MANAGEMENT POLICY, EXTENDED HOURS HOME CARE (SKILLED NURSING SERVICES).

This policy was developed with input from specialists in family practice, internal medicine, pediatrics and obstetrics and gynecology and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY
These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica utilization management policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica utilization management policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

PURPOSE
To promote consistency between reviewers in utilization management decision-making by providing the criteria that generally determine the medical necessity of Medicaid home care nursing services. The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

BACKGROUND
I. Definitions
A. Home health aide (HHA) is an employee of a Medicare certified home health agency with a comprehensive homecare license, who is certified and is supervised by a registered nurse or an appropriate therapist (physical, occupational, speech-language pathology) and provides medically oriented task(s) written in the plan of care to maintain health or to facilitate treatment of an illness or injury provided in a person’s place of residence. A home health aide provides hands-on personal care, simple procedures as an extension of therapy or nursing services, and instrumental activities of daily living, if identified in the written plan of care.

B. Face-to-face encounter
1. A face-to-face encounter by a qualifying provider must be completed for all home health services regardless of the need for prior authorization, except when providing a onetime perinatal visit by skilled nursing. The face-to-face encounter may occur through telemedicine as defined in section 256B.0625, subdivision 3b. The encounter must be related to the primary reason the recipient requires home health services and must occur within the 90 days before or the 30 days after the start of services. The face-to-face encounter may be conducted by one of the following practitioners, licensed in Minnesota:
a. a physician;
b. a nurse practitioner or clinical nurse specialist;
c. a certified nurse midwife;
d. a physician assistant;

2. The allowed nonphysician practitioner, as described in this subdivision, performing the face-to-face encounter must communicate the clinical findings of that face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into a written or electronic document included in the recipient's medical record. To assure clinical correlation between the face-to-face encounter and the associated home health services, the physician responsible for ordering the services must:
   a. document that the face-to-face encounter, which is related to the primary reason the recipient requires home health services, occurred within the required time period; and
   b. indicate the practitioner who conducted the encounter and the date of the encounter.

3. For home health services requiring authorization, including prior authorization, home health agencies must retain the qualifying documentation of a face-to-face encounter as part of the recipient health service record, and submit the qualifying documentation to the commissioner or the commissioner's designee upon request.

C. **Independent HCNs** may provide either regular or complex services.
   1. An **independent Registered Nurse (RN)** must be currently licensed as an RN by the Minnesota Board of Nursing with no restrictions and be enrolled as a Minnesota health Care Programs (MHCP) provider.
   2. An **independent Licensed Practical Nurse (LPN)** must be currently licensed as an LPN by the Minnesota Board of Nursing with no restrictions; be enrolled as an MCHP provider; and provide for their supervision by an RN. If the LPN cannot attest to all requirements, the LPN must obtain a comprehensive homecare license.

D. Pursuant to Minnesota Rules, Part 9505.0175, subpart 25, **medically necessary** or **medical necessity** means a health service that is consistent with the enrollee's diagnosis or condition and:
   1. Is recognized as the prevailing standard or current practice by the provider's peer group; and
   2. Is rendered:
      a. In response to a life threatening condition or pain; or
      b. To treat an injury, illness or infection; or
      c. To treat a condition that could result in physical or mental disability; or
      d. To care for the mother and child through the maternity period; or
      e. To achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition; or
   3. Is a preventive health service under Minnesota Rule, part 9505.0355.

E. **Personal Care Assistant (PCA)** is a trained individual providing assistance and support to persons with disabilities living independently in the community, including the elderly and others with special health care needs.

F. The **HCN Care Plan** is a written description of professional nursing services needed by the recipient to assess, maintain and/or restore optimal health. The orders or plan of care must:
   1. Specify the disciplines providing care
   2. Specify the frequency and duration of all services
   3. Demonstrate the need for the services and be supported by all pertinent diagnoses
   4. Include recipient's functional level, medications, treatments, and clinical summary
   5. Be individualized based on recipient needs
   6. Have realistic goals.
   7. Subsequent plans of care must show recipient response to services and progress since the previous plan was developed.
   8. Changes to the plan of care are expected if the recipient is not achieving expected care outcomes.

G. The **HCN Relative Hardship Waiver** allows certain relatives (parent of a minor child, spouse of the recipient, legal guardian or conservator, or family foster parent of a minor child) to receive reimbursement for providing services to a recipient. The relative must be currently licensed in the State of Minnesota as a Registered Nurse (RN) or Licensed Practical Nurse (LPN) and employed by a Class A or Medicare Certified Home Care Nursing Agency enrolled with Minnesota Health Care Program (MHCP). More information is available in the Provider Manual on the Minnesota Department of Human Services web site: [http://www.dhs.state.mn.us/main/idcpilg?idcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_137981#ep](http://www.dhs.state.mn.us/main/idcpilg?idcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_137981#ep).
H. **HCN Services**, also known as hourly nursing, are nursing services ordered by a physician, advanced practice registered nurse, or physician assistant and performed by a RN or LPN within the scope of practice as defined by the Minnesota Nurse Practice Act under section 148.171 to 148.285, in order to maintain or restore a recipient’s health. HCN services may be provided to a recipient in their home or outside the home when normal life activities take the recipient outside the home, including school. HCN services can be classified regular or complex.

1. **Regular HCN** care is provided to a recipient whose illness, injury, physical or mental condition requires more individual and continuous care than can be provided in a single or twice daily skilled nurse visit and whose cares are outside of the scope of services than can be provided by a home health aide or personal care assistant. Services include, but are not limited to:
   a. Assessments and interventions for recipients who are considered stable but have episodes of instability not immediately life threatening
   b. Nursing observation, monitoring, and assessment to determine appropriate interventions to maintain or improve the recipient’s health status.

2. **Complex HCN** care is provided to recipients who meet the criteria for regular home care nursing and require life-sustaining interventions to reduce the risk of long-term injury or death.

I. **Shared HCN** means the provision of nursing services by a HCN to two recipients at the same time and in the same setting.

J. A recipient is considered to be **ventilator dependent** when he/she is on mechanical ventilation for life support for at least six hours a day and is has been dependent for at least 30 consecutive days. Life-sustaining ventilation includes:
   1. Continuous positive airway pressure (CPAP), bilevel positive airway pressure (BiPAP), or ventilator application to a tracheostomy tube
   2. Non-invasive (nasal or full face mask) BiPAP is considered ventilation if it is life-sustaining for conditions such as central hypoventilation syndrome and neuromuscular disease processes (i.e., spinal muscular atrophy (SMA), muscular dystrophy, spina bifida, etc.). BiPAP to treat obstructive sleep apnea and other non-life threatening conditions do NOT qualify as life-sustaining.

II. **Comments**

A. **HCN services**:
   1. Are for recipients who need more individual and continuous skilled nursing care than provided in a skilled nurse visit
   2. Are for care outside the scope of services provided by a HHA or PCA
   3. Are provided under a plan of care or service plan approved by the physician, advanced practice registered nurse or physician assistant
   4. Specify the level of care the nurse is qualified to provide
   5. Are ordered by the recipient’s physician, advanced practice registered nurse or physician assistant
   6. May be used outside of the recipient’s home during hours when normal life activities take them outside of their home
   7. Must be provided by an RN or LPN
   8. May be provided by an RN or LPN with a hardship waiver who is one of the following: parent of a minor child, spouse of the recipient, legal guardian or conservator, or family foster parent of a minor child.

B. **HCN services** may be provided by the following MHCP-enrolled providers:
   1. RN or LPN employed by a Medicare-certified home health agency with a comprehensive homecare license
   2. Relative who is an RN or LPN employed by a Medicare-certified home health agency with a comprehensive homecare license and meets criteria to receive a HCN Hardship Waiver
   3. Independent RN
   4. Independent LPN.

C. In accordance with Title II of the Americans with Disabilities Act, Medica is obligated to administer services for public programs in the most integrated setting appropriate to the needs of qualified individuals with disabilities. “Integrated setting” means one that enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible. Integrated settings are those that provide individuals with disabilities opportunities to live, work, and receive services in the greater community, like individuals without disabilities.
   1. In particular, Medica must provide community-based services to government program recipients with disabilities when: (i) such services are appropriate; (ii) the affected recipients do not oppose
community-based treatment; and (iii) community-based services can be reasonably accommodated, taking into account the resources available and the needs of others who are receiving disability services.

2. People with disabilities have the right to experience meaningful, inclusive and integrated lives in their communities, supported by an array of services and supports appropriate to their needs that they choose (including HCN services).

**BENEFIT CONSIDERATIONS**

1. Prior authorization is required for HCN services. Please see the prior authorization list for product specific prior authorization requirements.

2. Coverage may vary according to the terms of the recipient’s plan document and/or as specified in related statutes and rules.

3. Authorization for HCN shall be based on medical necessity and cost-effectiveness when compared with alternative care options as required by MN Stat. 256B.0652, Subd. 5.

4. If the recipient is also covered by a Minnesota fully insured group or individual plan, the medical assistance benefit for HCN services must be covered under the Minnesota commercial plan (MN Stat 62Q.545) as covered under medical assistance. However, these services are subject to prior authorization, as well as the co-payment, coinsurance, deductible, or other enrollee cost-sharing requirements that apply under the commercial plan.

5. Non-covered services, as set forth in Minnesota Statute 256B.0625 and .0651-.0654 and Minnesota Department of Human Services (DHS) Provider Manual, include, but are not limited to:
   a. HCN visits for the sole purpose of providing household tasks, transportation, companionship, or socialization
   b. Services that are not medically necessary
   c. Services that are not ordered by a physician, advanced practice registered nurse or physician assistant
   d. Services provided in a hospital, nursing facility (NF), or intermediate care facility (ICF)
   e. Services to other members of the recipient’s household
   f. Services done for the sole purpose of supervision of the home health aide or personal care assistant
   g. Services done for the sole purpose to train other home health agency workers
   h. Services done for the sole purpose of blood samples or lab draw when the recipient is able to access these services outside the home
   i. Services for the sole purpose of monitoring medication compliance with an established medication program for a recipient
   j. Any home care service included in the daily rate of the community-based residential facility where the recipient is residing
   k. Nursing and rehabilitation therapy services that are reasonably accessible to a recipient outside the recipient’s place of residence, excluding the assessment, counseling and education, and personal assistance care
   l. Services that are the responsibility of the foster care provider under the terms of the foster care placement agreement and administrative rules.

6. Medicaid HCN services requested by a government program member to support a move into a less restrictive community setting (from a hospital, skilled nursing facility, or other institution) cannot be denied because the cost exceeds that of the facility.
   a. For MSHO and MSC+: The cost restriction on Medicaid HCN services are those found on the DHS HCN Service Decision Tree DHS-4071-C. If a government program member is open to the Elderly Waiver, the cost of HCN services must fit within the Elderly Waiver Case Mix cap. Coordination of services that fit within the Case Mix cap is the responsibility of the assigned Medica Care Coordinator.

7. If the Medical Necessity and Benefit Considerations are met, Medica will authorize benefits within the limits in the recipient’s plan document and related statutes and rules.

8. If it appears that the Medical Necessity and Benefit Considerations are not met, the individual’s case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.
MEDICAL NECESSITY CRITERIA

I. Indications for **regular HCN services**

Regular HCN services may be considered medically necessary when documentation in the medical record indicates that all of the following criteria are met:

A. The recipient must have a skilled nursing care need. HCN services are provided to meet the skilled needs of the recipient only; not for the convenience of the family and/or caregiver.

B. The recipient must have an illness, injury, physical or mental condition which requires more individual and continuous care by an RN or LPN than can be provided in a single or twice daily skilled nurse visit. Services include, but are not limited to:
   1. Regular HCN assessments and interventions for recipients who are considered stable but have episodes of instability not immediately life threatening
   2. Nursing observation, monitoring, and assessment to determine appropriate interventions to maintain or improve the recipient’s health status.

C. The complexity of the recipient’s treatment plan requires the skills of an RN or LPN.

D. The required services must be medically necessary and appropriate for the treatment of the illness, injury, physical or mental condition.

E. The plan of care must be approved by a physician, advanced practice registered nurse or physician assistant.

F. The services may be provided to a recipient in their home or outside the home when normal life activities take the recipient outside the home, not an inpatient or skilled nursing facility.

G. HCN services are for the care and benefit of the recipient with a skilled need and/or to provide education and training for the recipient’s family and/or caregiver.

II. Indications for **complex HCN services**

Complex HCN services may be considered medically necessary when documentation in the medical record indicates that all of the following criteria are met:

A. Recipient meets all of the regular HCN criteria in Section I

B. Recipient requires life-sustaining interventions to reduce the risk of long-term injury or death.

NOTE: Recipients who meet the definition of ventilator dependent and the EN home care rating and utilize a combination of home care services are limited up to a total of 24 hours of home care services per day. Additional hours may be authorized when a recipient's assessment indicates a need for two staff to perform activities (additional time is limited to four hours per day).

III. Ongoing Authorization

For continued HCN services, the documentation in the medical record indicates that all of the following criteria are met:

A. All the criteria in Section I or II continue to be met

B. Documentation that the HCN, in consultation with the physician, advanced practice registered nurse or physician assistant, have completed follow-up and outcome reassessments at least each 60 days, which include all of the following:
   1. A statement of goals and need for continuing HCN services
   2. The nursing and other adjunctive therapy progress notes indicating that necessary interventions or adjustments have been made
   3. A review of developmental progress for neonates and pediatric patients
   4. Reassessment and documentation of caregiver education/training and review of the family living environment and functionality, with the goal of making the recipient and the family/caregiver as independent as possible
   5. Expected course of the underlying disease and rehabilitation potential
   6. Identification of current and potential ongoing medically complex home care needs.

IV. HCN is no longer medically necessary when the documentation in the medical record indicates that one of the following are met:

A. The goals of treatment have been reached

B. The recipient and/or caregiver are independent

C. The recipient’s needs can be met with single or twice daily skilled nurse visits, home health aide or personal care assistant services
D. Due to changes in the recipient’s condition, home care is no longer required (e.g., care can be provided at a medical day care, medical foster care, or on an outpatient basis).

V. Written documentation specifying the medical necessity, according to the criteria above, is required. Requested documentation may include, but is not limited to:
   A. A completed form DHS-4071A - MA Home Care Nursing Assessment
   B. A DHS approved home health certification form and/or HCN plan of care
   C. Home care records
   D. A current physician, advanced practice registered nurse or physician assistant’s order, renewed at least annually or as required
   E. A current physician, advanced practice registered nurse or physician assistant’s letter of medical necessity.
   F. Home health agency must retain documentation of the face-to-face encounter (refer to definitions for more info).

DOCUMENT HISTORY

<table>
<thead>
<tr>
<th>Original Effective Date</th>
<th>December 1, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPC Endorsement Date(s)</td>
<td>09/2013, 09/2014, 09/2015, 09/2016, 09/2017, 02/2018, 09/2018, 09/2019</td>
</tr>
<tr>
<td>Administrative Updates</td>
<td>05/01/2017, 01/01/2019</td>
</tr>
</tbody>
</table>

References

Pre-09/2015 MPC:
1. Minnesota Department of Human Services. Home Care Overview. [link]
5. Minnesota Statutes 2012. 256B.0651 Home Care Services. [link]
8. U.S. Department of Justice Civil Rights Division. Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C. [link]

09/2015 MPC:
No new references

09/2016 MPC:
Reference 8 from above still current. References 1-7 updated – see below:
9. Minnesota Department of Human Services. Home Care Overview. [link]

09/2017 MPC:
Reference 8-10 & 16 from above still current. References 11-15 updated – see below:

02/2018 MPC:

09/2018 MPC:
Going forward all current references will be listed for each MPC review.
09/2019 MPC: