

Limitation of Services

7. **Home Health Services**

- a. **Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.**

Initial teaching activities will be limited to four months.

Effective Date: 06/01/11

In-Home Monitoring

In-home nursing services are utilized to place telemetric equipment in the home for the monitoring and reporting to the attending physician of the status of diabetes, hypertension, and congestive heart failure. Readings of blood pressure, pulse, glucose, and/or weight measurements are transmitted via telephone to a secure centralized database.

- b. **Home health aide services provided by a home health agency.**

Effective Date: 02/09/89

Home health care benefits are increased to entitle eligible recipients to receive up to 104 home health visits per calendar year. Skilled nurse and home health aide visits run concurrently.

Effective Date: 06/01/11

Additional skilled nursing visits and home health aide visits are limited to EPSDT and must be prior authorized once the recipient has exceeded 104 home health visits in a calendar year.

Effective Date: 01/01/88

Home health care services within the Alabama Medicaid program must meet requirements of Federal Regulations 42 CFR 440.70. All records of home health services provided are subject to review for approval based on medical necessity and services limitations.

Aide visits are limited to two per week. No additional visits will be authorized.

7. **Home Health Services - Continued**

c. Medical supplies, equipment, and appliances suitable for use in the home.

Effective Date: 10/01/90

Additional supplies, appliances, and medical equipment suitable for use in the home may be provided only after prior authorization by the Alabama Medicaid Agency is obtained. The attending physician must submit a written request for medical items that would provide appropriate non-experimental services as a cost-effective alternative to institutional care.

Effective Date: 11/23/76

Medical supplies, equipment, and appliances (suitable for use in the home) as prescribed by the attending physician are limited to those items listed in the Alabama Medicaid Home Health Care Manual.

Effective Date: 10/01/86

Items of durable medical equipment require prior authorization from the Alabama Medicaid Agency. Prior authorization will be based on medical necessity.

d. Physical therapy, occupational therapy, or speech audiology services provided by a home health agency or medical rehabilitation facility.

Effective Date: 06/01/11

Physical therapist and occupational therapist shall meet the licensing and certification requirements referenced in CFR 440.110.

Effective Date: 01/01/92

Physical therapy, occupational therapy, or speech pathology services provided by a home health agency are only for children under 21 through the EPSDT Program.

- j. Private Duty Nursing - the reimbursement methodology is based on an hourly rate for a registered nurse or licensed practical nurse. Rates are established using the lowest rates for agencies surveyed.
- k. Transplant (heart-lung, pancreas-kidney and lung) - the reimbursement methodology is the same as identified in Attachment 4.19-B, Number 18 of the State Plan.
- l. Air Ambulance - the reimbursement methodology is the same as identified in Attachment 4.19B, Number 11 of the State Plan.

Effective Date: 07/01/89

8. Dental Services (Clinics)

- a. Dental clinics administered by the Alabama Department of Public Health are paid a fee for service not to exceed their actual cost nor the reasonable charges established in the Medicaid statewide profile.
- b. Other dental clinics are reimbursed at their usual and customary fees not to exceed reasonable charges established in the Medicaid statewide profile.
- c. Orthodontic clinics administered by Alabama Crippled Children Service (CCS) are paid a fee for service not to exceed their actual cost nor the reasonable charges established in the Medicaid statewide profile.
- d. Other orthodontic clinics are reimbursed at their usual and customary fees not to exceed the reasonable charges established in the Medicaid statewide profile.

Effective Date: 06/01/11

9. Home Health Care

a. Nursing and Home Health Aide Services

Reimbursement for skilled nursing services and home health aide services will be at a per unit of service rate established by Medicaid. Payments to governmental providers will not exceed actual costs and will meet all requirements of Circular A-87.

Medicaid will reimburse governmental providers at interim rates for skilled nursing and home health aide services. Interim rates will be established based upon final costs per discipline according to the most recent home health cost report settled and approved by the provider's fiscal intermediary. At least annually, reimbursement at interim rates will be reconciled to actual costs per discipline when submitted costs are finalized and approved by the provider's fiscal intermediary. In order to find the Medicaid cost, the average cost per visit from the Medicare cost report will be applied to Medicaid visits per discipline to arrive at total Medicaid costs.

The agency's rates were set as of January 1, 1988, and are effective for services on or after that date. All rates will be published on www.medicaid.alabama.gov. Except as otherwise noted in 4.19-B of the plan, state developed fee schedule rates are the same for both governmental and private providers.

Effective Date: 06/01/11

Payment to home health agencies will be recouped if services are not covered by Medicaid, exceed program limitations, or are not consistent with diagnosis.

Effective Date: 01/01/92

Reimbursement for personal care services provided to recipients under age 21 will be at the established rate for home health aide services through the Home Health Program.

Effective Date: 01/01/92

Reimbursement for supplies, appliances, and durable medical equipment to participating suppliers will be established using the following methodology:

- (a) Apply the Medicare price as indicated on the current Medicare Fee Schedule.

Effective Date: 06/01/93

If no Medicare price is available, Medicaid will establish a price for supplies, appliances, and durable medical equipment using the manufacturer's generated invoice to determine provider's actual cost after all discounts are applied. Medicaid will reimburse provider at their actual cost after all discounts are applied, plus 20% markup. If documented invoices cannot be obtained, reimbursement will be based on the Manufacturer Suggested Retail Price (MSRP) minus 40%. Freight and delivery, evaluation and fitting charges are included in the markup percentage for specially constructed wheelchairs.

Effective Date: 08/12/94

If no Medicare price is available, reimbursement rates established by Medicaid for EPSDT-referred wheelchair systems will be based on a Discount from Manufacturer Suggested Retail Price (MSRP). Providers are required to submit available MSRPs from three manufacturers for equipment appropriate for the individual's medical needs. Provider must document nonavailability of required MSRPs to justify not sending in three prices. The established rate will be based on the MSRP minus the following discounts:

1. Manual Wheelchair Systems - 20% discount from MSRP.
2. Power Wheelchair Systems - 15% discount from MSRP.
3. Ancillary (add-on) products - 20% discount from MSRP.

Effective Date: 01/01/92

- (c) For orthotics and prosthetics, establish price at 75% of the usual and customary price.

Effective Date: 06/01/11

(d) In-Home Monitoring

Reimbursement for skilled nursing, licensed practical nurse services will be at a per unit of service rate established by Medicaid. Equipment, necessary to upload patient data and support the data base, will be based on a monthly service fee. Rates will be established by Medicaid and based on usual and customary charges.

The agency's rates were set as of April 1, 2005, and are effective for services on or after that date. All rates will be on the agency's website at www.medicaid.alabama.gov. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

Effective Date: 07/01/87

- (2) The Medicaid recipient shall pay the maximum allowable copayment for each prescribed item covered under the Medicaid Supplies, Appliances, and Durable Medical Equipment Program, except for eligible recipients under (18) years of age. The allowable copayment amount shall be collected by the dispensing supplier and credited against the Medicaid payment to the provider for items per copay as explained in Attachment 4.18-A.