

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Colorado

Supplement to
Attachment 3 I-A

LIMITATIONS TO CARE AND SERVICES

7 Home Health Services

A Service Limitations

- 1 Acute Home Health shall be assessed for medical necessity and is provided during a 60 calendar day episode
- 2 Long Term Home Health is provided for 61 calendar days or longer for chronic conditions Medicaid clients receiving Long Term Home Health shall be assessed for medical necessity and services shall be prior authorized by the State designated agency
- 3 All services provided by a home care agency must be medically necessary and under a physician's order as part of a written plan of care, reviewed every 60 days, indicating the amount, duration and scope of the home care services the client can receive
- 4 Sample post-pay review applies to all Home Health services
- 5 Effective January 1, 2000, maximum daily reimbursement limits are set for long term home health and for acute home health These maximum reimbursement limits are based upon type and cost of long term home health services (primarily aide visits) and acute home health services (primarily nursing visits) These maximums will be adjusted in accordance with rate changes

B Services

a Skilled nursing services provided by a home health agency	Provided to Medicaid clients who receive Acute or Long Term Home Health
b Home health aide services provided by a home health agency	Provided to Medicaid clients who receive Acute or Long Term Home Health
c Physical therapy services provided by a home health agency	Provided to adults in Acute Home Health and children in both Long Term Home Health and Acute Home Health
d Occupational therapy services provided by a home health agency	Provided to adults in Acute Home Health and children in both Long Term Home Health and Acute Home

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e Speech/language pathology services provided by a home health agency	Provided to adults in Acute Home Health and children in both Long Term Home Health and Acute Home
f Home health telehealth services provided by a home health agency	Provided to Medicaid clients who receive Acute or Long Term Home Health
g Medical supplies, equipment and appliances suitable for use in the home	Provided to Medicaid clients for use in the home

C Provider Qualifications

- 1 Physical therapists and Speech therapists are licensed by the State of Colorado
 - i Physical therapists must meet the provider qualifications for Medicaid found at 42 CFR 440 110
 - ii Speech therapists must meet the provider qualifications for Medicaid found at 42 CFR 440 110
- 2 Occupational therapists are not licensed in Colorado but must be registered at the Colorado Department of Regulatory Agencies (DORA)
 - i Occupational therapists must meet the provider qualifications for Medicaid found at 42 CFR 440 110

D All Home Care agencies are required to meet the conditions of participation in Medicare found at 42 CFR 484

E Provider Choice

- I Clients are free to choose from any qualified Colorado Medicaid provider

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TITLE XIX OF THE SOCIAL SECURITY ACT
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42 CFR 440 70

State of Colorado

Attachment 4 19-B
Page 1 of 2

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER
TYPES OF CARE
7 HOME HEALTH CARE SERVICES

- A Payment rates for the home health services are established as follows
- 1 The unit of reimbursement for skilled nursing, physical therapy, occupational therapy, and speech/language pathology home health services is one visit up to two and one half hours in length
 - 2 Home health aide services are billed in basic and extended units. A basic unit is the first part of a visit up to one hour. The extended units are additional increments up to one-half hour each for visits lasting more than one hour. All basic units and all extended units must be at least 15 minutes in length to be reimbursable.
 - 3 The unit of reimbursement for Home Health Telehealth services is one calendar day. The Home Health Agency is reimbursed for one initial visit per client each time the monitoring equipment is installed in the home, and is reimbursed a daily rate for each day the telehealth monitoring equipment is used to monitor and manage the client's care.
 - 4 The cost of supplies used during visits by home health agency staff for the practice of universal precautions, excluding gloves used for bowel programs and catheter care, is included in the maximum unit rate.
- B For dates of service on or after July 1, 2010, and for dates of service on or after July , 2011, home health care services provided by home health providers are reimbursed at the lower of the following
- 1 Submitted charges, or
 - 2 Home health fee schedule determined by the Department of Health Care Policy and Financing

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State of Colorado

Attachment 4 19-B
Page 2 of 2

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER
TYPES OF CARE
7 HOME HEALTH CARE SERVICES

- C For dates of service on or after August 11, 2010 and for dates of service on or after July 1, 2011, durable medical equipment and supplies are reimbursed at the lower of the following
- 1 Submitted charges or
 - 2 Fee schedule for durable medical equipment and supplies as determined by the Department of Health Care Policy and Financing
- D For dates of service on or after August 11, 2010 and for dates of service on or after July 1, 2011, durable medical equipment and supplies that require manual pricing are reimbursed at the lower of the following
- 1 Submitted charges,
 - 2 Manufacturer's suggested retail price (MSRP) less 22.97 percent,
 - 3 Actual invoiced acquisition cost plus 12.71 percent when no MSRP is available
- E Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers, and may be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf

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