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7. Home Health

Home health services are provided by Medicare certified Home Health Agencies under a plan of care authorized by the patient's physician and in accordance with 42 CFR 440.70. Covered home health services include nursing services, services of home health aides, specialized therapies (speech therapy, physical therapy, occupational therapy) and medical supplies.

a. Intermittent or Part-Time Nursing Services Furnished by a Medicare certified Home Health Agency.

(1) Care which is furnished only to assist the patient in meeting personal care needs is not covered.

(2) Intermittent or part-time nursing service by a registered nurse when no home health agency exists in the area is limited to a registered nurse employed by or under contractual arrangement with a local health department.

7. Home Health ***(continued)***

b. Home Health Aide Services

The home health aide provides assistance to maintain health and to facilitate treatment of the illness or injury, under the supervision of a registered nurse and in accordance with 42 CFR 440.70.

A terminally ill beneficiary who elects hospice care waives Medicaid coverage of services by a home health aide under home health services.

7. Home Health ***(continued)***

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

1) Medical Supplies

Medical supplies are covered when medically necessary and suitable for use in the home in accordance with 42 CFR 440.70(a)(3). Medical supplies must be prescribed by a practitioner licensed according to North Carolina General Statute Chapter 90 under approved plan of care. These items will be covered when furnished by a Medicare Certified Home Health Agency, or by one of the following: an ME supplier; a PDN provider when providing PDN services (for supplies needed by a Division of Medical Assistance approved PDN patient) or by the PDN provider for medically necessary incontinent, ostomy and urological supplies (when no home health provider is available); a local lead agency for the Community Alternatives Program (CAP) for adults with disabilities and persons with mental retardation or developmental disabilities; or a local lead agency that provides case management for the Community Alternative Program for children.

The "local lead agency" is the agency/facility in the county or counties that coordinates and manages the CAP program.

7. Home Health ***(continued)***

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

2) Medical Equipment

Medically necessary medical equipment (ME) is covered by the Medicaid program when prescribed by a licensed healthcare practitioner and supplied by a qualified ME provider in accordance with 42 CFR 440.70(c)(3). Prior approval must be obtained from the Division of Medical Assistance, or its designated agent.

To be a qualified provider, an entity must possess a state business license and a Board of Pharmacy permit, and be certified to participate in Medicare as a ME supplier, or be a Medicaid enrolled home health agency, a state agency, a local health department, a local lead agency for the Community Alternatives Program (CAP) for adults with disabilities and persons with mental retardation or developmental disabilities, or a local lead agency that provides case management for the Community Alternative Program for children.
The "local lead agency" is the agency/facility in the county or counties that coordinates and manages the CAP program.

Payment for medical equipment is limited to the official, approved ME list established by the Division of Medical Assistance. Additions, deletions or revisions to the ME list are approved by the Director of the Division of Medical Assistance upon recommendation of DMA staff. Only items determined to be medically necessary, effective and efficient are covered.

7. Home Health ***(continued)***

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

3) Home Infusion Therapy

Self –administered Home Infusion Therapy (HIT) is covered when it is medically necessary and provided through a Medicaid enrolled HIT agency as prescribed by a physician. "Self-administered" means that the patient and/or an unpaid primary caregiver is capable, able, and willing to administer the therapy following teaching and with monitoring. An agency must be a home care agency licensed in North Carolina for the provision of infusion nursing services to qualify for enrollment as a Home Infusion Therapy Provider.

The following therapies are included in this coverage when self-administered:

i. Total parenteral nutrition

ii. Enteral nutrition

iii. Intravenous chemotherapy

iv. Intravenous antibiotic therapy

v. Pain management therapy, including subcutaneous, epidural, intrathecal, and intravenous pain management therapy

vi. Low dose subcutaneous tocolytic therapy

In addition to enrolled HIT providers, agencies enrolled to provide durable medical equipment may provide the supplies, equipment, and nutrient solutions/formulae for parenteral infusion therapy and nutrient solutions/formulae for enteral infusion therapy.

7. Home Health ***(continued)***

d. Specialized Therapies provided by a Medicare Certified Home Agency.

1) Speech therapy, physical therapy and occupational therapy when ordered by the physician as a medically necessary part of the patient's care.

2) Services are provided within accepted national standards and best practice guidelines for each type of therapy. Qualifications for therapy staff are in accordance with those outlined in 42 CFR 440.110.

3) Services are provided only in the patient's home.

8. Private Duty Nursing Services

Medically necessary private duty nursing (PDN) services are provided under the direction of the recipient's physician in accordance with 42 CFR 440.80 and prior approval by the Division of Medical Assistance, or its designee.

Residents who are in adult care homes are not eligible for this service. This exclusion does not violate comparability requirements as adult care home residents do not have the medical necessity for continuous nursing care. According to State regulations for adult care homes, people are not to be admitted for professional nursing care under continuous medical supervision and residents who develop a need for such care are to be placed elsewhere. In addition, recipients in hospitals, nursing facilities, intermediate care facilities for the mentally retarded, rehabilitation centers, and other institutional settings are not eligible for this service. PDN services are not covered while an individual is being observed or treated in a hospital emergency room or similar environment.

This service is only approvable based on the need for PDN services in the patient's private residence. An individual with a medical condition that necessitates this service normally is unable to leave the home without being accompanied by a licensed nurse and leaving the home requires considerable and taxing effort. An individual may utilize the approved hours of coverage outside of his/her residence during those hours when the individual's normal life activities take the patient out of the home. The need for nursing care to participate in activities outside of the home is not a basis for authorizing PDN services or expanding the hours needed for PDN services.

Medicaid will not reimburse for Personal Care Services, Skilled Nursing Visits, or Home Health Aide Services provided during the same hours of the day as PDN services.

Medicaid Payments for PDN are made only to agencies enrolled with the Division of Medical Assistance as providers for the service. An enrolled provider must be a State licensed home care agency within North Carolina that is approved in its license to provide nursing services within the State. PDN services shall be rendered by a licensed registered nurse (RN) or licensed practical nurse (LPN) who is licensed by the North Carolina Board of Nursing and employed by a licensed home care agency.

A member of the patient's immediate family (spouse, child, parent, grandparent, grandchild, or sibling, including corresponding step and in-law relationship) or a legally responsible person who maintains their primary residence with the recipient may not be employed by the provider agency to provide PDN services reimbursed by Medicaid.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

18. Hospice Care (in accordance with section 1905(o) of the Act).

Hospice services are paid using the annual, federal Medicaid hospice payment rates. These federal rates are based on the methodology used in setting Medicare reimbursement rates adjusted to remove offsets for the Medicare co-insurance amounts, and with the following exceptions:

- There is no limit on overall aggregate payments made to a hospice agency by Medicaid.
- Payments to a hospice for inpatient care are limited in relation to all Medicaid payments to the agency for Hospice care. During the twelve month period beginning November 1 of each year and ending October 31, the aggregate number of inpatient days, inpatient respite and general inpatient, may not exceed 20 percent of the aggregate total number of days of Hospice care provided during the same time period for all the hospice's Medicaid patients. Hospice care provided for patients with acquired immune deficiency syndrome (AIDS) is excluded in calculating the inpatient care limit. The hospice refunds any overpayments to Medicaid.
- A hospice may be paid 95 percent of the long term care (SNF/ICF) room and board rate, in addition to the home care rate, for a nursing facility resident's Hospice care. The nursing facility may not bill Medicaid for the individual's care that duplicates Hospice Services.
- Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 2, Page 1 of the State Plan.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

Payment for Home Health and Private Duty Nursing Services:

FY 2003 – 5% reduction to Private Duty Nursing; No adjustment for other services.

FY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for these programs (Home Health, and Private Duty Nursing) for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005.

FY 2007 - Effective 1/1/2007 inflationary increases were applied to the following programs:

Home Health received an increase of 2.98%, and
Private Duty Nursing received an increase of 4.25%.

FY 2009-2010 – No inflationary adjustment and 5.73% rate reduction (annualized over nine months) for Home Health and Private Duty Nursing.

FY 2010-2011- No inflationary or rate adjustments for Home Health and Private Duty Nursing.

Reference: Attachment 4.19-B, Section 7, Pages 1- 5 & Attachment 4.19-B, Section8, Page 1

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
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Payments for Medical and Remedial Care and Services

Payment for Personal Care (Community Based) Services:

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Personal Care for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of February 1, 2005.

FY 2007 - Effective January 1, 2007 inflationary increases were applied to the following program:

The fee schedule in effect February 1, 2005 for Personal Care (Community Based) services shall receive an increase of 1.50%.

FY 2008-2009 - No Adjustment for Personal Care (Community Based), rates shall remain at fee schedule effective January 1, 2007 rates.

FY 2009-2010 – The fee schedule with the effective date of January 1, 2007 for community based personal care services shall have an overall rate reduction of 4.20% (annualized over nine months) applied effective October 1, 2009.

FY 2010-2011- As of July 1, 2010, rates will be frozen at the fee schedule in effect as of June 30, 2010.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

Payment for Hospice:

Reference: Attachment 4.19-B, Section 18, Page 1