

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

7. Home Health Services

After January 1, 1998, all Home Health Agencies requesting an initial Medicaid provider agreement with this agency must meet the capitalization requirements as set forth in 42 CFR 489.28 and 42 CFR 440.70(d).

The home health agency providing home health services must be certified to participate as a home health agency under Title XVIII (Medicare) of the Social Security Act, and comply with all applicable state and federal laws and requirements.

Home health services are provided in accordance with 42 CFR 440.70 and include nursing services, home health aide services provided by a home health agency, and medical supplies, equipment and appliances.

Home health services must be provided ~~in accordance with the beneficiary's physician's orders to a beneficiary on orders written by a physician, nurse practitioner, clinical nurse specialist, or physician assistant~~ as part of a written plan of care, which must be reviewed every sixty (60) days, as specified in 42 CFR 440.70(a)(2). The beneficiary's physician, nurse practitioner, clinical nurse specialist, or physician assistant must document that a face-to-face encounter, in accordance with 42 CFR 440.70(f), occurred no more than ninety (90) days before or thirty (30) days after the start of home health services.

Recipients do not have to be homebound in order to receive home health services. In accordance with 42 CFR 440.70(c)(1), home health services can be provided in any non-institutional setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID), or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

Medical supplies, equipment, and appliances are covered when prescribed by a physician and are prior authorized; prior authorizations are reviewed by the Oklahoma Health Care Authority or its contractor or designee. Medical supplies, equipment, and appliances may be provided regardless of whether a beneficiary is receiving services from a home health agency. Services must meet medical necessity criteria.

For the initial ordering of certain medical equipment, the prescribing physician or allowed non-physician practitioner must document that a face-to-face encounter occurred no more than six (6) months prior to the start of services. The face-to-face encounter must be related to the primary reason the beneficiary requires the medical equipment. An allowed non-physician practitioner that performs the face-to-face encounter must communicate the clinical findings of the face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into a written/electronic document included in the beneficiary's medical record.

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