



HOME HEALTHCARE

Supplementary Guidelines

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Administrative Guidelines

Definitions and abbreviations

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- **Non-skilled Maintenance Care** —
Services not requiring assistance of a licensed nurse or therapist
- **Skilled Maintenance Care** — Services required to maintain the individual's current condition or to prevent or slow deterioration of the individual's condition
- **Palliative Care** — Care typically performed to manage or alleviate symptoms and does not provide corrective benefit to the condition

Clinical Use Guidelines

Home Health Aide Visits

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- When non-skilled (not requiring assistance of licensed nurse or therapist) assistance is needed for personal care or other health-related services to maintain the individual's health or facilitate treatment, a Home Health Aide (HHA) referral is indicated if **all** of the following apply:
 - Non-skilled services will support a skilled treatment plan
 - There is documentation of significant functional limitations and **both**:
 - The individual is unable to perform the service independently
 - There is no caregiver available to provide supportive care or the individual will not allow the available caregiver to perform the needed care
 - There is an expectation that the individual's condition will improve significantly in a reasonable period of time

Initial services

Once criteria for home health aide referral has been satisfied, visit timing and frequency for initial services is guided based on the level of functional impairment.

- For **initial services** the following visits can be approved over a 2-week period:
 - 6 visits (12 hours) for an individual with minimal functional impairment documented by one or more of the following conditions:
 - Individual requires assistance with ADLs or IADLs
 - Individual ambulates with assistance of a person or device
 - Individual requires cognitive or communication assistance from a person or device
 - Incontinence of bowel or bladder one or more times per week
 - Individual requires some assistance with transfers
 - 10 visits (20 hours) for an individual with moderate functional impairment documented by two or more of the following conditions:
 - Individual requires assistance with ADLs or IADLs
 - Individual ambulates with assistance of a person or device
 - Individual requires cognitive or communication assistance from a person or device
 - Incontinence of bowel or bladder one or more times per week
 - Individual requires some assistance with transfers
 - 14 visits (28 hours) for an individual with maximal functional impairment documented by three or more of the following conditions:
 - Individual requires total assistance with ADLs or IADLs
 - Bowel or bladder incontinence
 - Individual is non-ambulatory

- Individual is non-communicating or unable to follow safety measures
- Individual requires 1 or 2 people to assist with transfers
- 28 visits (56 hours) for an individual without available caregiver support when there is maximal functional impairment documented by three or more of the following conditions:
 - Individual requires total assistance with ADLs or IADLs
 - Bowel or bladder incontinence
 - Individual is non-ambulatory
 - Individual is non-communicating or unable to follow safety measures
 - Individual requires 1 or 2 people to assist with transfers

Continued services

- Once criteria for home health aide referral has been satisfied, visit timing and frequency for continuing services is guided based on the level of functional impairment.
 - For **continued services** the following visits can be approved over a two-week period:
 - 5 visits (10 hours) for an individual with minimal functional impairment documented by one or more of the following conditions:
 - Individual requires assistance with ADLs or IADLs
 - Individual ambulates with assistance of a person or device
 - Individual requires cognitive or communication assistance from a person or device
 - Incontinence of bowel or bladder one or more times per week
 - Individual requires some assistance with transfers
 - 10 visits (20 hours) for an individual with moderate functional impairment documented by two or more of the following conditions:
 - Individual requires assistance with ADLs or IADLs
 - Individual ambulates with assistance of a person or device
 - Individual requires cognitive or communication assistance from a person or device
 - Incontinence of bowel or bladder one or more times per week
 - Individual requires some assistance with transfers
 - 14 visits (28 hours) for an individual with maximal functional impairment documented by three or more of the following conditions:
 - Individual requires total assistance with ADLs or IADLs
 - Bowel or bladder incontinence
 - Individual is non-ambulatory
 - Individual is non-communicating or unable to follow safety measures
 - Individual requires 1 or 2 people to assist with transfers

- 28 visits (56 hours) for an individual without available caregiver support when there is maximal functional impairment documented by three or more of the following conditions:
 - Individual requires total assistance with ADLs or IADLs
 - Bowel or bladder incontinence
 - Individual is non-ambulatory
 - Individual is non-communicating or unable to follow safety measures
 - Individual requires 1 or 2 people to assist with transfers

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Social Worker Visits

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For the purpose of this guideline, social service visits are considered to be medically necessary when there are social or emotional barriers to the effective medical treatment or rate of recovery of an individual and there is a plan of care defining intervention that requires services of a social worker in order to be performed safely and effectively.

Social Worker Visits

- An individual qualifies for two visits with a licensed social worker during a two-week period when both of the following apply
 - To qualify for home health care, the patient must be:
 - Confined to the home
 - Under the care of a physician
 - Receiving services with an established plan of care that is periodically reviewed by a physician
 - In need of skilled care on an intermittent basis by a nurse, physical therapist, or speech-language pathologist
 - In need of continued treatment by occupational therapy
 - There is a care plan establishing the required services for:
 - Evaluation of barriers to the individual's medical treatment or recovery due to:
 - home environment
 - financial resources
 - community resource needs
 - Assistance with obtaining community services
 - Assistance with long-term planning, durable power of attorney, or legal guardian
- Two visits with a licensed social worker during a two-week period can be approved for patient, family, or caregiver evaluation and intervention when
 - Previously established caregiver is no longer available
 - There is suspected or identified abuse or neglect
 - There is increased interpersonal conflict or other evidence of ineffective coping

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