

Home Care - Home Health Aides (HHA)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Members recently discharged from the hospital and/or those diagnosed with certain medical conditions may require short-term skilled care in the home for rehabilitation. When medically necessary, such services can be used to restore or improve functional independence, and also to help train caregivers and family members in ongoing care of the member. Home health aides (HHAs) assist skilled providers by caring for members who cannot leave the home.

HHAs provide assistance with activities of daily living such as bathing and mobility. An HHA may also provide routine care of prosthetic/orthotic devices, record vital signs or other health monitoring values such as blood glucose, assist with a prescribed home exercise program, assist with elimination, or assist in feeding and providing a prescribed diet. The services of home health aides are typically covered only when they are part of a skilled treatment plan and when the services fall under many of the same criteria. This guideline provides clinical criteria regarding the indications, exclusions, and benefit details for home health aides.

Information about coverage and benefit limitations can be found in the member's plan contract at hioscar.com/forms.

Definitions

"Homebound" refers to the following:

- Members who cannot leave home due to a medical condition, chronic disease, or injury; *or*
- Members advised by a treating provider not to leave home for various reasons (e.g. safety, ongoing medical treatment needs, etc); *or*

- Members who have extreme difficulty leaving home without considerable and taxing effort (i.e. requires an assistive device or the assistance of another person to leave home).

“Home Health Aide (HHA)” is a provider who assists a homebound member with ADLs and other non-skilled needs to facilitate function in the home environment. HHAs are trained and certified professionals but do not fall under the realm of “skilled” professionals because their level of training is general.

“Activities of Daily Living (ADLs)” are defined as routine activities that most healthy persons perform daily without requiring assistance: These include, but are not limited to: bathing, communication, dressing, feeding, grooming, mobility, personal hygiene, self-maintenance, skin management, and toileting.

“Instrumental Activities of Daily Living (IADLs)” are defined as activities that may be performed daily but are not fundamental for daily functioning. These include, but are not limited to: the use of public transportation, balancing a checkbook, community living activities, meal preparation, laundry, leisure activities and sports, and motor vehicle operation.

Clinical Indications and Coverage

Home Health Aide services are covered when ALL of the following criteria are met:

1. The treatment plan is prescribed by a licensed prescriber (MD, DO, or NP) as per individual state law and must be provided by a licensed or certified HHA; *and*
2. The member meets the definition of homebound (see *Definitions* section); *and*
3. Medical necessity criteria in the appropriate MCG Home Care Optimal Recovery Guidelines or General Recovery Guideline is met; *and*
4. A licensed clinician assesses and documents the medical necessity for HHA services; *and*
5. HHA services are a necessary and reasonable component of a skilled care plan; *and*
6. The written plan of care is sufficiently detailed to determine the medical necessity of treatment and includes the following elements:
 - a. The diagnosis, the date of onset or exacerbation of the disorder/diagnosis, the duration, the severity, the anticipated course (stable, progressive or, improving), and the prognosis; *and*
 - b. Prior level of functioning; *and*
 - c. Long-term and short-term goals that are specific, quantitative, objective, and provide a reasonable estimate of when the goals will be reached; *and*
 - d. The frequency and duration of treatment; *and*
 - e. The specific treatment services to be provided; *and*
 - f. Discharge plan.
2. Documentation of medical necessity should be reviewed when ANY of the following occur:
 - a. The plan of care exceeds the expected duration and/or estimated frequency of care; *or*
 - b. There is a change in the member’s condition that may impact the plan of care; *or*

- c. The specific goals are no longer expected to be achieved in a reasonable or expected duration of time; *or*
- d. 30 days have passed since the most recent review.

Coverage Exclusions

Skilled care, and thus home health aide services, should be discontinued when **ONE** of the following is present:

- Homebound status is no longer met; *or*
- The member reaches the predetermined goals or skilled treatment is no longer required; *or*
- The member has reached maximum rehabilitation potential; *or*
- The goals will not be met and there is no expectation of meeting them in reasonable time; *or*
- The member can safely and effectively continue their rehabilitation independently; *or*
- The member's medical condition prevents further need; *or*
- The member refuses treatment.

Home health aide services are **NOT** covered for the following:

- The member does not meet the definition of homebound; *or*
- Skilled care is not medically necessary or is not provided for a specific illness or injury; *or*
- Chronic illness flare-ups or exacerbations; *or*
- Home health aide services ordered solely for IADL assistance; *or*
- Home health aide services for any of the following:
 - Babysitting or childcare services
 - Housekeeping, except for the member's immediate surrounding area
 - Transportation
- Long-term maintenance therapy, as it is aimed to preserve the present level of function or preventing regression below an acceptable level of functioning; *or*
- Custodial care or Long-term care services, which may include:
 - Personal Care Aides (PCAs) or Personal Care Workers (PCWs)
 - Long-term or non-skilled assistance with ADLs
 - Long-term or non-skilled assistance with IADLs
 - Turning or positioning
 - Application of skin creams or lotions
 - Routine care for incontinence
 - Routine administration of oral medications
 - General maintenance of colostomy and ileostomy
 - Routine indwelling bladder catheter care
 - Routine supervision of exercises that have already been taught to the member or caregiver

Applicable Billing Codes

Codes covered when clinical criteria are met:

<i>Code</i>	<i>Description</i>
99509	Home visit for assistance with activities of daily living and personal care
G0156	Services of home health aide in home health or hospice setting, each 15 minutes
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
T1004	Services of a qualified nursing aide, up to 15 minutes
T1021	Home health aide or certified nurse assistant, per visit

Codes not covered for indications listed in this Guideline:

<i>Code</i>	<i>Description</i>
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)

References

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Clinical Guideline Revision / History Information

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