

CRITERIA OVERVIEW

1. CRITERIA FOR PRECERTIFICATION, CONCURRENT AND RETROSPECTIVE CERTIFICATION OF HOME HEALTH CARE (SKILLED NURSING, PHYSICAL THERAPY AND SPEECH THERAPY, AND HOME HEALTH AIDE)

HealthSystems of Mississippi (HSM) has a license agreement and utilizes InterQual's criteria to evaluate the proposed admission for medical necessity and appropriateness of the setting and services by screening the information contained in the certification request against the following:

- A. InterQual's ISD-HC (Home Care) Adult and Pediatric Severity of Illness (SI) and Intensity of Service (IS) criteria, and Discharge Screens (DS) for medical/surgical and psychiatric home care admissions.

Note: Home Health Agencies and others interested in obtaining a copy of InterQual's ISD-HC criteria may do so by contacting InterQual's web site at <http://www.interqual.com/>.

- B. Medicare coverage criteria for home health services

2. CRITERIA FOR ASSIGNING THE NUMBER OF VISITS AND THE TIME SPAN.

HSM utilizes clinical knowledge, experience, and any current local and national practice/utilization guidelines to make a determination regarding the appropriate number of visits required and the time span for visits to be authorized.

3. CRITERIA FOR CERTIFICATION OF HOME HEALTH CARE FOR CASES IN WHICH THE PATIENT'S PRIMARY DIAGNOSIS IS PSYCHIATRIC.

HSM utilizes Medicaid coverage criteria for approval of psychiatric home care nursing visits. See the Division of Medicaid (DOM) "Psychiatric Home Health Care Admission and Continued Care Criteria" policy.

4. HOME HEALTH QUALITY INDICATORS

HSM utilizes the Home Health Quality Indicators, which were adopted from the Health Care Financing Administration's quality indicators to determine if home health services/care rendered met professionally recognized standards of care.

These indicators are applied to the following cases:

- all cases selected for the 5% quarterly quality sample,
- all quality concerns/issues identified from the provider/beneficiary hot-line, and
- for any case in which the Utilization Review Coordinator (URC) identifies a potential quality concern/issue during the certification process.

In applying the indicators, if any indicator fails (e.g. an inadequate assessment of patient to determine if he/she meets the requisites for home care), the case is referred to a Physician Advisor for determination as to whether the issue is a confirmed quality problem. Refer to the *Quality Review* Section of this manual for additional information on the indicators.

Home Health Care Admission and Continued Care Criteria

SKILLED NURSING SERVICES

There are **four (4)** services, which can be considered skilled nursing services:

1. **Observation and Assessment** of a patient's condition when only the specialized skills of a medical professional can determine a patient's status.
2. **Skilled Procedures**
3. **Teaching and Training Activities**
4. **Management and Evaluation of a Care Plan**

A patient may have underlying conditions/complications, which require that only a registered nurse can ensure that essential non-skilled care is achieved. Although any of the services could be performed by a properly instructed caregiver, that person would not have the capability to understand the relationship among the services/their effect on each other. Since the nature of the patient's condition, age, and immobility create a high potential for serious complications such an understanding is essential to ensure the patient's recovery and safety.

The management of the plan of care (POC) in these situations requires skilled nursing personnel until treatment is essentially stabilized.

A. **Purpose:**

- To observe and assess the patient's condition;
- To identify and evaluate the need for possible modification of treatment;
- To initiate additional medical procedures;
- To ensure proper implementation of the care plan for patient safety;
- To monitor complex, unskilled services which are a necessary part of the POC.

B. **Role of the nurse:**

- Evaluation of the caregiver's (including volunteer/unpaid, privately paid or separately funded) services, their role in the treatment plan, and their effect on the patient;
- Identification of factors which may promote or jeopardize the patient's recovery and safety;
- Coordination of all services.

Example: An elderly female (a former nurse) recovering from pneumonia complicated by a recent bout of cryptosporidium-induced diarrhea. She complains of malaise and fatigue, chest congestion, and inability to perform her activities of daily living. She also requires careful skin care, oral medications, diet instruction, exercise program, and observation.

The following applies the **five (5)** levels/concepts referred to in the above example:

1. Observe and assess the patient's condition for:
 - Improvement of mobility, especially ADLs;
 - Recovery from hospitalization;
 - Stabilization of pneumonia and GI disturbances.

2. As the recovery of the pneumonia and GI disturbances progresses, the care plan must be modified accordingly.
3. Initiate additional medical procedures - as needed.
4. Insure proper implementation of the care plan for patient safety - as needed.
5. Monitor complex, unskilled services being carried out:
 - skin care;
 - oral medication administration
 - therapeutic diet to decrease risks for dehydration;
 - actions to maintain bladder and bowel function to promote comfort and further GI dysfunction

NOTE: DOM will not pay for duplication of services. If the patient has a nurse provided through private sources, in order for home health nursing to not be a duplication of service, documentation must clearly show that the home health nurse is providing a skilled service that adds value to the plan of care.

PHYSICAL THERAPY SERVICE

The following types of physical therapy services can be provided:

1. Evaluations which include:
 - range of motion
 - flexibility
 - balance
 - strength
 - coordination
 - overall functional abilities
2. Therapeutic exercises, including range of motion exercises
3. Gait training
4. Treatments, including: Ultrasound, short-wave and microwave diathermy treatments
5. Hot packs/Infra-red treatments/Paraffin and whirlpool baths in certain situations where the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fractures or other complications.

NOTE: MEDICAID DOES NOT PROVIDE COVERAGE FOR PHYSICAL THERAPY SERVICES FOR ADULTS (PERSONS TWENTY-ONE (21) YEARS OR OLDER) IN THE HOME HEALTH SETTING, EFFECTIVE 07/01/05. HSM will not issue certification of these services provided after 6/30/05.

SPEECH-LANGUAGE THERAPY SERVICES

Speech pathology is defined as:

1. Those services which are necessary for the diagnosis and treatment of speech and language disorders which result in communication disabilities; and
2. Those services which support diagnosis and treatment of swallowing disorders, regardless of the presence of a communication disability, including:

- Services where the skills of a speech language pathologist are required for the assessment of the patient's rehabilitation needs (including the causal factors and the severity of the speech and language disorders), and rehabilitation potential.
- Services needed as a result of an illness, or injury and are directed towards speech/voice production.
- Services where it is reasonably expected that the service will materially improve the patient's ability to independently carry out any one or combination of communicative activities of daily living in a manner that is measurably at a higher level of attainment than that prior to the initiation of the therapy.
- Services to establish the hierarchy of speech-voice-language communication tasks and cueing that directs a patient toward speech-language communication goals in the plan of care.
- Training the patient, family or other caregivers to augment the speech-language communication, treatment or to establish an effective maintenance program.
- Assisting individuals with voice disorders to develop proper control of the vocal and respiratory systems for correct voice production.

NOTE: MEDICAID DOES NOT PROVIDE COVERAGE FOR SPEECH THERAPY SERVICES FOR ADULTS (PERSONS TWENTY-ONE (21) YEARS OF AGE OR OVER) IN THE HOME HEALTH SETTING – EFFECTIVE 07/01/05. HSM will not issue certification of these services provided after 6/30/05.

HOME HEALTH AIDE SERVICES

The initial assessment visit must be conducted by a registered nurse. Home Health Aide services are covered when the patient meets the qualifying criteria::

1. When the services of the home health aide are part-time or intermittent, **and:**
2. When the services are reasonable and necessary to the treatment of the beneficiary's illness or injury.
3. The reasons for the visits must be to provide "hands on" service to the patient, which are defined to include the following:
 - Personal care
 - bathing, dressing, grooming, caring for hair, nail and oral hygiene; changing the bed linens of an incontinent patient; shaving, deodorant application, skin care, foot care (except trimming the toenails of a diabetic patient, which requires a physician's order and requires the skills of a nurse), and ear care
 - feeding and assistance with elimination
 - assistance with ambulation, changing position in bed and assistance with transfers
 - Assistance with medications which are ordinarily self-administered and which do not require the skills of a licensed nurse to be provided safely and

effectively.

- Assistance with activities which are directly supportive of skilled therapy services but do not require the skills of a therapist to be safely and effectively performed, such as routine maintenance exercises, and repetitive speech routines to support speech therapy.
- Routine care of prosthetic and orthotic devices.

NOTE: DOM will not pay for duplication of services, i.e., if the patient has a private-pay sitter and that sitter could be providing bathing services, DOM will not pay for the home health aide to bathe the patient.

Psychiatric Home Health Care Admission and Continued Care Criteria

PSYCHIATRIC NURSING IN HOME CARE

1. When the skilled nursing care required by the patient involves evaluation of a psychiatric

problem and psychotherapy (i.e., the primary diagnosis is psychiatric), the care must be rendered by a qualified psychiatric nurse.

2. Qualifications of Psychiatric Nurse: The nurse must possess one of the following credentials and be professionally competent to execute the skilled nursing care for both the medical and psychiatric needs of the patient:

- A. A RN with a Master's degree with specialty in psychiatry or mental health nursing and licensed in the state of practice. Nursing experience (recommended within the last three years) in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program, psychiatric residential treatment facility or other outpatient psychiatric services.
- B. A RN with a Bachelor's degree in nursing and licensed in the state of practice. Nursing experience (recommended within the last three years) in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program, psychiatric residential treatment facility or other outpatient psychiatric services.
- C. A RN with a Diploma or Associate degree in nursing and licensed in the state of practice. Must have two years of recent nursing experience (recommended within the last three years) in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program, psychiatric residential treatment facility or other outpatient psychiatric services.

3. Acceptable Primary Diagnoses (but not limited to) and ICD-9CM Codes:

- Severe Depressive Disorders 296.2, 296.3 or 296.82
- Bipolar Disorders 296.0, 296.1, 296.4, 296.5 or 296.6
- Schizophrenic Disorders 295.0-295.1 and 295.3-295.9
- Psychotic Disorders 297.0-297.9, 298.0-298.9
- Anxiety Disorders 300.0-300.9
- Chemical Dependency Disorders (withdrawal syndrome) 291.0, 292.0, 292.1, 292.2, 292.8 or 292.9
- Dementia of the Alzheimer Type, with Delusions, Delirium, or Depressed Mood 290.2, 290.3, 290.21

4. Unacceptable Primary Diagnoses:

- Active Substance Abuse
- Personality Disorders
- Dementia
- Dementia of the Alzheimer Type, Uncomplicated

5. The patient's diagnosis must match that which the ordering physician is treating.
6. Any physician who is qualified to sign the physician's certification and re-certify the Plan of Care can order psychiatric nursing services. Recertification must be done at least every 62 days (two months) unless otherwise specified by the PRO.
7. Homebound determination can be due to concurrent non-psychiatric illness or condition or due to a patient's psychiatric problem(s) and/or their treatment, i.e. severe phobia producing paralyzing anxiety whenever the patient attempts to leave home.

Examples of psychiatric conditions that may cause the patient to refuse to leave the home environment or that it would not be considered safe for him/her to leave home unattended, even if there are no physical limitations include:

- Agoraphobia, paranoia or acute anxiety
- Psychiatric problems associated with impaired safety due to disorientation with impaired thoughts/cognition, confusion and agitation
- Psychiatric problems associated with medical problems that make the patient "homebound"
- Acute depression with severe vegetative symptoms.

8. Examples of covered skilled psychiatric home care services:

- Teaching and training of the beneficiary/family to give injections, i.e., Prolixin (may not require skills of a qualified psychiatric nurse).
- Instruction in medications and diet (may not require the skills of a qualified psychiatric nurse).
- Therapeutic counseling.
- Psychiatric evaluation of beneficiary and the development of the treatment plan.