9-002.04 Plan of Care and Treatment Record: The home health agency shall maintain a clinical record that includes the plan of care signed by the physician responsible for the client's care. The attending physician and home health agency personnel shall review the total plan of treatment at least every 60 days.

The home health agency shall maintain these records on all ~~NMAP~~ Medicaid clients and make them readily available upon the Department's request.

9-002.05 Home Health Aides: A home health aide may provide services to a client in the client's home to meet personal care needs resulting from the client's illness or disability if the care is not available to the client without payment by ~~NMAP~~ Medicaid. The services must be -

1. Necessary to continuing a medical treatment plan;
2. Prescribed by a licensed physician;
3. Recertified by the licensed physician at least every 60 days; and
4. Supervised by a registered nurse.

9-002.05A Services: Home health aide services may include -

1. Helping the client to assume recommended responsibility and to follow other medical recommendations;
2. Preparing and serving special food;
3. Helping the patient with the care of the mouth, skin, and hair; and
4. Assisting the patient with eating, dressing, getting in and out of bed, bathing, etc.

Skilled nursing visits are not a prerequisite for the provision of home health aide services.

9-002.06 Limitations

Brief Services are performed by a home health or private-duty nursing service provider to complete the client's daily care in a duration of 15 minutes to two hours per day, when medically necessary. The services may be divided into two or more trips. The service shall not exceed two hours per day and providers shall bill for brief services once daily.

Extended Services are performed by a home health or private-duty nursing service provider when the client's needs cannot be appropriately met within the Brief Service limitation of two hours or less.

~~For extended-hour aide services, the Department generally limits aide services to 56 hours/week (8 hrs/day x 7 days/wk). Central Office approval must be obtained for services in excess of 56 hours per week.~~

~~The client's needs must be assessed to determine whether the needs can best be met by an aide visit or a minimum block of 4 hours of extended-hour aide services.~~
These services shall be prior authorized by the Department or its designee.

9-002.07 Prefilling Insulin Syringes: The Department reimburses home health agencies for prefilling insulin syringes for blind or disabled diabetic clients who are unable to perform this task themselves and there is no one else available. The Department considers this a professional nursing service which may be provided only through a professional nurse visit.

9-002.09 Durable Medical Equipment: Durable medical equipment and medical supplies provided by a home health agency must meet all requirements outlined in 471 NAC 7-000.

9-002.10 HEALTH CHECK (EPSDT) Treatment Services: Services not covered under the Nebraska Medical Assistance Program (~~NMAP~~ Medicaid) but defined in Section 1905(a) of the Social Security Act must meet the conditions of items 1 through 8 listed in the definition of "Treatment Services" in 471 NAC 33-001.04. These services must be prior authorized by the Division of Medicaid ~~Division~~ and Long-Term Care of the Department of Health and Human Services ~~Finance and Support~~.

9-002.11 Extended-Home Nursing Services: Provision of extended-home nursing services (RN or LPN) must be authorized by Central Office staff. These services are authorized for eligible adults or children when:

1. Night hours are necessary so the caregiver/parents may sleep;
2. Day hours to cover work/school for the caregiver/parents; and/or
3. Respite hours to cover relief time for caregiver/parents.

Extended-home nursing services are authorized only when the client's care needs must be provided by skilled nursing personnel in the absence of the caregiver/parents. Children must have documented medical needs that cannot be met by the regular child care provider system. Extended hour services codes must be used when the combined total of skilled nursing services is expected to be over two hours per day.

Any change in the client's condition or schedule of the caregiver/parents require a reevaluation of the approved nursing hours.

Written verification of the caregiver/parents' work/school schedule must be submitted initially, annually and anytime there is a change in those hours.

Nursing care hours approved specifically for sleep and/or work/school must be used as authorized, i.e., night hours, are to be used at night, work hours are to be used only when the caregiver/parents are both actually working.

Nursing hours are approved for the client when the caregiver/parent attends education classes working toward a degree. Hours are not covered for any additional degrees beyond an initial college degree.

~~9-003.06 Second Visit on Same Day: The medical necessity of a second visit on the same date of service must be well documented. Substantiating documentation must be submitted with Form CMS-1450, or the request for prior authorization with the standard Health Care Claim: Institutional transaction (ASC X12N 837).~~

9-003.06 (Reserved)

9-003.07 Enterostomal Therapy: ~~NMAP~~ Medicaid recognizes enterostomal therapy visits as a skilled nursing service.

9-003.08 Nursing Services (RN and LPN) for Adults Age 21 and Older: ~~NMAP~~ Medicaid applies the following limitations to nursing services (RN and LPN) for adults age 21 and older (this includes Nursing Services, 471 NAC 13-000):

1. Per diem reimbursement for nursing services for the care of ventilator-dependent clients shall not exceed the average ventilator per diem of all Nebraska nursing facilities which are providing that service. This average shall be computed using nursing facility's ventilator interim rates which are effective January 1 of each year, and are applicable for that calendar year period.
2. Per diem reimbursement for all other in-home nursing service shall not exceed the average case-mix per diem for the Extensive Special Care 2 case-mix reimbursement level. This average shall be computed using the Extensive Special Care 2 case-mix nursing facility interim rates which are effective January 1 of each year, and applicable for that calendar year period.

Under special circumstances, the per diem reimbursement may exceed this maximum for a short period of time - for example, a recent return from a hospital stay. However, in these cases, the 30-day average of the in-home nursing per diems shall not exceed the maximum above. (The 30 days are defined to include the days which are paid in excess of the maximum plus those days immediately following, totaling 30.)

9-003.09 Supervisory Visits: Skilled nursing visits required for the supervision of LPN or aide services may not be billed as a skilled nursing visit. The cost of supervision is included in the payment for the LPN or aide service.

9-003.10 Extended-Home Health-Tech Rates: High-tech hourly rates are approved when clients require:

1. Ventilator care;
2. Tracheostomy care which involves frequent suctioning and monitoring; and/or
3. Care/observation of unstable, complex medical conditions requiring advanced nursing knowledge/skills.

9-003.11 Advance Directives: Medicaid-participating home health agencies shall comply with these regulations (see 471 NAC 2-005).