

PART He-W 553 HOME HEALTH SERVICES

He-W 553.01 Definitions.

- (a) “Department” means the New Hampshire department of health and human services.
- (b) “Direct care time” means the time a caregiver spends with one recipient during which home health care is provided only to that individual recipient.
- (c) “Home health aide” means a nursing assistant, licensed in accordance with RSA 326-B.
- (d) “Home health aide services” means services provided to a recipient which constitute hands-on care and are required to maintain the recipient’s health, facilitate treatment of the recipient’s medical condition, illness or injury, and are provided under the supervision of a registered nurse or licensed practical nurse.
- (e) “Low Utilization Payment Adjustment (LUPA) rate” means the national per visit amount by discipline established for Medicare home health services and published annually in the Federal Register by the Centers for Medicare and Medicaid Services.
- (f) “Medicaid” means the Title XIX and Title XXI programs administered by the department, which makes medical assistance available to eligible individuals.
- (g) “Non-routine supplies” means those supplies necessary to complete specific medical treatments ordered by a physician, such as ostomy supplies, IV supplies, catheters and catheter supplies, syringes and needles, sterile dressings, and wound care supplies, and does not include routine supplies.
- (h) “Recipient” means an individual who is eligible for and receiving medical assistance under the medicaid program.

(i) “Routine supplies” means those supplies used incidentally in the course of a visit and include gloves, alcohol wipes, blood drawing supplies, adhesive and paper tape, and non-sterile dressings.

(j) “Skilled nursing service” means a service that must be provided by a registered nurse or a licensed practical nurse because the nature of the service is inherently complex or the recipient’s condition is such that the service can be safely and effectively provided only by a skilled nurse.

(k) “Title XIX” means the joint federal-state program described in Title XIX of the Social Security Act and administered in New Hampshire by the department under the medicaid program.

(l) “Title XXI” means the joint federal-state program described in Title XXI of the Social Security Act and administered in New Hampshire by the department under the medicaid program.

(m) “Unit” means 15 minutes.

(n) “Visit” means a personal encounter with the recipient by staff of a home health services provider for the purpose of providing a covered service(s).

Source. (See Revision Note at chapter heading He-W 500); ss by #5342, eff 3-3-92, EXPIRED: 3-3-98

New. #8972, eff 9-11-07; amd by #9105, eff 3-18-08; amd by #10139, eff 7-1-12

He-W 553.02 Recipient Eligibility. A recipient shall be eligible to receive home health services if all of the following criteria are met:

(a) The recipient is under the care of a physician;

(b) The recipient requires home health services as ordered by his or her physician and documented in a written plan of care; and

(c) The recipient resides in his or her primary or temporary residence, excluding a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF-MR).

[Source.](#) #8972, eff 9-11-07

He-W 553.03 Provider Participation.

(a) All participating home health services providers shall:

(1) Hold a current New Hampshire state license as a home health care provider, in accordance with RSA 151;

(2) Be certified to participate in the medicare program; and

(3) Be a New Hampshire enrolled Title XIX provider.

(b) When there is no licensed and certified home health services provider in the area, a registered nurse may provide home health services if the registered nurse:

(1) Is currently licensed to practice in the state in which he/she practices;

(2) Receives written orders from the recipient's physician;

(3) Documents the care and services provided in accordance with He-W 553.04;

(4) Has had orientation to acceptable clinical and administrative record keeping from a health department nurse; and

(5) Is a NH enrolled Title XIX provider of home health services.

Source. #8972, eff 9-11-07

He-W 553.04 Required Documentation.

(a) Home health services providers shall maintain complete and timely records for each recipient receiving services.

(b) Recipient records shall include all of the following:

(1) Written orders for initial home health services and certification of the need for home health services signed by the recipient's physician specifying:

a. The frequency of medication and treatment to be administered; and

b. The period of time to be covered by the orders;

(2) A recipient history and health assessment completed upon admission by the home health services provider's registered nurse or appropriate rehabilitation skilled professional in accordance with 42 CFR 484.55(a);

(3) Documentation at least every 60 days to indicate review of the recipient's health assessment by the registered nurse or appropriate rehabilitation skilled professional in accordance with 42 CFR 484.55(a);

(4) A plan of care including:

- a. The diagnosis related to the recipient's need for home health services;
- b. Other diagnoses;
- c. An assessment of the recipient's mental alertness and cognitive level;
- d. Measurable recipient goals;
- e. Types of services and equipment required;
- f. Frequency of home health services;
- g. Anticipated length of treatment;
- h. Prognosis;
- i. Rehabilitation potential;
- j. Functional limitations;
- k. Activities permitted;
- l. Nutritional requirements;
- m. Medications;

n. Treatments;

o. Safety measures required to protect the recipient from potential injury;

p. Services being provided by non-paid caregivers involved in the recipient's treatment and any related education or training needs of the caregivers; and

q. Discharge plans;

(5) Documentation at least every 60 days, to indicate review of the plan of care by the registered nurse or licensed physical therapist in accordance with the recipient's physician's orders;

(6) Auditable, paper, or electronic service notes for each service provided to the recipient identifying:

a. Name of recipient;

b. Date of service;

c. Location where service was provided, if other than the recipient's primary residence;

d. Primary purpose of the home health service;

e. Description of service provided;

f. Amount of direct care time spent providing each home health service;

g. Condition of the recipient at the time the service was provided, including the recipient's ability to participate in the activity;

h. Any progress the recipient has made towards goals identified on the plan of care;

i. An explanation of any variation from the prescribed plan of care; and

j. Name, title, and written or electronic signature of the individual providing the care;
and

(7) Documentation of any consults or meetings regarding the recipient's care, which also indicates the results of the consult or meeting.

(c) Verbal orders shall be signed by the physician who issues the order within 30 days of the date the verbal order is issued.

(d) Home health services providers shall make recipient records available for review by the department upon the request of the department.

[Source.](#) #8972, eff 9-11-07

He-W 553.05 Covered Services.

(a) Covered services shall be those home health services, the need for which is consistent with the nature of the recipient's condition and accepted standards of medical and nursing practice, and provided in the recipient's place of residence, as defined in 42 CFR 440.70 (4) (c) and 42 CFR 441.15(c).

(b) Home health covered services shall include:

(1) Skilled nursing services including:

- a. Skilled observation and assessment of the recipient's status, including available support system and physical environment;
- b. Administration of medications, including intramuscular and intravenous medications;
- c. Insertion and irrigation of indwelling urinary catheters;
- d. Administration of enemas, providing ostomy care, and other related procedures to provide assistance with bowel evacuation;
- e. Skilled respiratory care including suctioning, tracheostomy care, administration of inhalation therapies, and chest physiotherapy;
- f. Wound care, care of decubitus ulcers, and treatment of other extensive skin disorders;
- g. Administration of enteral feedings;
- h. Rehabilitative nursing procedures such as the initiation and supervision of bowel and bladder training programs;
- i. Education, specific to the recipient's condition, provided to the recipient and significant others involved with the recipient; and
- j. Pre-filling of medication administration devices such as pill planners;

(2) Home health aide services including assistance provided to a recipient for the following:

- a. Personal hygiene, including bathing, grooming, dressing, and changing bed linens;

- b. Ambulation and movement, including range of motion exercises, turning, positioning, and transferring;

- c. Nutritional care, including feeding and hydration;

- d. Elimination, including toileting and bowel/bladder training;

- e. Assistance with the use of adaptive prosthetic and orthotic devices;

- f. Assistance with self-administering medications, when the assistance provided by the aide does not require the skill of a licensed nurse;

- g. Administration of medications by a medication licensed nursing assistant in accordance with RSA 326-B;

- h. Activities that are directly supportive of skilled therapy services;

- i. Other medically related activities which can safely and effectively be provided by a licensed home health aide, including simple dressing changes;

- j. Services such as light housekeeping and meal preparation only when there is documentation that no other support in the home exists, and only when such services are directly related to the recipient's medical condition and care needs; and

- k. Tasks properly delegated to the home health aide by the supervising licensed nurse pursuant to RSA 326-B:28.

(3) Physical therapy, speech therapy, and occupational therapy subject to the limits specified in He-W 530;

(4) Durable medical equipment, medical supplies, prosthetics and orthotics, when prescribed by the attending physician; and

(5) Office visits, when the recipient receives services provided by an advanced registered nurse practitioner at the location of the home health services provider as an alternative to visiting a physician's office for treatment.

Source. #8972, eff 9-11-07

He-W 553.06 Non-Covered Services. Non-covered home health services shall include:

(a) Physician services;

(b) Social worker services;

(c) Nutritionist services;

(d) Visits provided solely for the purpose of supervising the home health aide;

(e) Services provided by a home health aide which are not medically related and which constitute routine household activities, day care, or recreational services, except for those services described in He-W 553.05(2)(j);

(f) Services rendered without a physician's signed order;

(g) Any service whose primary purpose is providing emotional support;

(h) Any service whose primary purpose is the care or supervision that would be required by any individual of the recipient's chronological age;

(i) Any service whose purpose is to implement follow-through on a behavioral treatment plan;

(j) Drugs and biologicals;

(k) Meals delivered to the home; and

(l) Homemaker services considered to be general household activities, including:

(1) Preparing meals;

(2) Keeping a safe environment in areas of the home used by the individual needing the service;

(3) Changing bed linens;

(4) Performing house cleaning;

(5) Rearranging furniture to assure that the recipient can safely reach necessary supplies or medication;

(6) Completing laundry tasks essential to the recipient's comfort and cleanliness; and

(7) Assisting the recipient with purchasing food and helping with the preparation of meals and special diets.

[Source.](#) #8972, eff 9-11-07

He-W 553.07 Payment for Services.

(a) Reimbursement for home health services shall be based on the type of service delivered, and not on the credentials of the person providing the service.

(b) To receive reimbursement for home health services, the provider shall:

(1) Verify that the recipient is eligible on the date the service is provided; and

(2) Submit claims for payment to the department's fiscal agent.

(c) Skilled nursing services shall be reimbursed:

(1) A flat rate per unit of direct care time, prior to July 1, 2009;

(2) A flat rate per visit, on and after July 1, 2009; and

(3) At rates set by the department in accordance with RSA 161:4, VI(a), RSA 126-A:18-a, and He-W 553.08.

(d) Home health aide services shall be reimbursed as follows:

(1) Home health aide visits composed of fewer than 8 units of direct care time shall be reimbursed:

- a. A flat rate per unit of direct care time, prior to July 1, 2009;
- b. A flat rate per visit, on and after July 1, 2009; and
- c. At rates set by the department in accordance with RSA 161:4, VI(a), RSA 126-A:18-a, and He-W 553.08; and

(2) Home health aide visits composed of 8 or more units of direct care time shall be reimbursed a flat rate per unit of direct care time at a rate set by the department in accordance with RSA 161:4, VI(a), RSA 126-A:18-a, and He-W 553.08.

(e) Physical therapy, speech therapy, and occupational therapy shall be reimbursed in accordance with He-W 568.10.

(f) Durable medical equipment, non-routine medical supplies, prosthetics, and orthotics shall be reimbursed in accordance with He-W 571.

(g) Office visits shall be reimbursed at rates set by the department in accordance with RSA 161:4, VI(a).

(h) Home health services shall be reimbursed at the lesser of the department's payment rate or the provider's usual and customary charge as defined at RSA 126-A:3, III(b) and (c).

Source. #8972, eff 9-11-07; ss by #9102, eff 3-18-08

He-W 553.08 Rate Setting Methodology. The rate setting methodology for skilled nursing and home health aide services shall be as follows:

(a) The rate setting methodology shall comply with the provisions of RSA 126-A:18-a and 126-A:18-b;

(b) The rates determined in accordance with the rate setting methodology shall be reduced in accordance with He-W 553.08(h), if such reduction is necessary in order to bring aggregated, estimated expenditures to the amount of the legislative appropriation;

(c) The payment rates for skilled nursing services and home health aide services shall be as shown in Table 553-1 for services performed on or after August 1, 2007 and prior to July 1, 2009;

Table 553-1 Payment Rates for Skilled Nursing and Home Health Aide Services

Service	Time Period and Rate	Time Period and Rate
	Aug 1, 2007 – Dec 31, 2008	Jan 1, 2009 – June 30, 2009
Skilled Nursing	\$21.50/unit	\$22.18/unit
Home Health Aide visit of fewer than 8 units of direct care time	\$ 5.96/unit	\$ 6.14/unit
Home Health Aide visit of 8 or more units of direct care time	\$ 5.74/unit	\$ 5.74/unit

(d) On and after July 1, 2009, the per visit rates established for skilled nursing services, and for home health aide visits comprised of fewer than 8 units of direct care time, shall be calculated as follows:

(1) For each New England state, statewide Low Utilization Payment Adjustment (LUPA) rates for skilled nursing and home health aide visits shall be computed as follows:

a. The Medicare LUPA rates for the services in each county as of April 1 preceding the state fiscal year to which it applies shall be identified;

b. The county LUPA rates in (d)(1)a. above shall be multiplied by the percent of the population in the applicable county to arrive at weighted LUPA rates; and

c. The weighted LUPA rates for each county in (d)(1)b. above shall be added together to arrive at the statewide LUPA rates for each New England state;

(2) For each New England state, excluding New Hampshire, the state Medicaid rate for each service shall be identified by:

a. Taking the per visit payment rate in effect on April 1 of the preceding state fiscal year;
or

b. Taking the per unit payment rate in effect on April 1 of the preceding state fiscal year and converting units to visits based on New Hampshire's use patterns of units per visit;

(3) For each New England state, excluding New Hampshire, the Medicaid rate in (d)(2) above shall be divided by the LUPA rate in (d)(1) above to arrive at the Medicaid rate as a percent of the LUPA rate for each service;

(4) The percents in (d)(3) above for each New England state, excluding New Hampshire, shall be used to calculate the following measures of central tendency:

a. Mean (average);

b. Median; and

c. Mean (average) excluding the states with the highest and lowest percents;

(5) The 3 measures calculated in (d)(4) above shall be averaged and multiplied by New Hampshire LUPA rates as determined in (d)(1) above to create benchmark rates for skilled nursing and home health aide visits;

(6) Payment for skilled nursing visits shall be made at 105 percent of the benchmark rate in (d)(5) above; and

(7) Payment for home health aide visits shall be made at 105 percent of the benchmark rate in (d)(5) above;

(e) In interim years, when payment rates are not established according to the methodology in He-W 553.08(d), payment rates shall be established annually by increasing the base year payment rate by the most recent annual percentage increase in the home health market basket index published by the Centers for Medicare and Medicaid Services, at <http://www.cms.hhs.gov/MedicareProgramRatesStats/downloads/mktbskt-hha.pdf> as of April 1 preceding the state fiscal year to which it will be applied;

(f) The base year in (e) above for each service shall be the most recent state fiscal year for which rates were established in accordance with He-W 553.08(d);

(g) On a biennial basis beginning with state fiscal year 2010, if the New Hampshire Legislature specifies payment rate increases for skilled nursing and home health aide services, those rates of increase, rather than the rates set in accordance with (d) or (e) above, or (i) below, shall be applied as directed by the Legislature;

(h) On a biennial basis beginning with state fiscal year 2010, if the Legislature does not specify a payment rate increase for skilled nursing and home health aide services, the department shall take the following steps:

(1) The department shall project the estimated visits and units of skilled nursing and all home health aide services to be provided to the Home and Community Based Care for the Elderly and Chronically Ill (HCBC-ECI) population;

(2) The ratesetting methodology in (d) above and (i) below shall be applied to the estimated visits and units in (h)(1) above to arrive at a total estimated expenditure for those services;

(3) The amount in (h)(2) above shall be added to the estimated expenditures for homemaker services to be provided to the HCBC-ECI population to arrive at a total estimated expenditure;

(4) If the amount in (h)(3) above exceeds the legislative appropriation in the HCBC-ECI home health budget line for the Bureau of Elderly and Adult Services, a proportionate discount factor

shall be uniformly applied to skilled nursing and all home health aide services to bring the aggregate estimated expenditure to the amount of the appropriation;

(5) The rates calculated in accordance with (h)(4) above for each year of the biennium shall not be less than the rates in effect for the prior state fiscal year; and

(6) If the amount in (h)(3) above does not exceed the legislative appropriation in the HCBC-ECI home health budget line for the Bureau of Elderly and Adult Services, rates shall be those calculated in accordance with He-W 553.08(d) above and (i) below; and

(i) On and after July 1, 2009, the payment for home health aide visits of 8 or more units of direct care time shall be at rates set by the department in accordance with RSA 161:4, VI(a), RSA 126-A:18-a, and RSA 126-A:18-b.

Source. #9105, eff 3-18-08

He-W 553.09 Third Party Liability. All third party obligations shall be exhausted before claims shall be submitted to the department or its fiscal agent, in accordance with 42 CFR 433.139.

Source. #8972, eff 9-11-07; ss by #9105, eff 3-18-08
(from He-W 553.08)

He-W 553.10 Utilization Review and Control. The department's surveillance and utilization and review of subsystems unit (SURS) shall monitor utilization of home health services, in accordance with 42 CFR 455 and 42 CFR 456

Source. #8972, eff 9-11-07; ss by #9105, eff 3-18-08
(from He-W 553.09)