PART II – Chapter 1300

POLICIES AND PROCEDURES
for
EDWP (CCSP and SOURCE)
HOME DELIVERED SERVICES



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

Revised: October 1, 2022

PART II - POLICIES AND PROCEDURES
FOR
HOME DELIVERED SERVICES (HDS)

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PREFACE
HOME DELIVERED SERVICES

Policies and procedures in this Chapter apply to all Home Delivered Services providers. This Chapter must be used along with the manuals listed below.

Part I - Policies and Procedures for Medicaid/PeachCare for Kids, Chapters 100 through 500

Part II - Chapters 600 – 1000 Policies and Procedures for CCSP and SOURCE General Services Manual

Part II - Policies and Procedures for Home Health Services

PART II - CHAPTER 1300

1300. General Rev 1/2012

Home Delivered Services (HDS) are home health services delivered as a part of the member's CCSP/SOURCE care plan and are billed under the provider's CCSP/SOURCE home delivered services provider number. They include the following services:

- skilled nursing

NOTE: Nursing visits billed under procedure code T1030 TD can be provided by an RN or an LPN. If the visit is by an LPN, the supervisory RN must sign of on the visit. (Rev 7/2011)

- occupational, physical, and speech therapies
- home health aide services
- medical social work.

A licensed home health agency may provide HDS to CCSP/SOURCE members after they are enrolled as a CCSP/SOURCE HDS provider. A CCSP/SOURCE HDS provider renders services in type and frequency as ordered by the CCSP/SOURCE care coordinator on the care plan and under the direction of a physician. HDS providers must adhere to the same standards related to record keeping, staff training and general procedures outlined by the Division of Medicaid in the Policies and Procedures for Home Health Services manual.

1301. Home Delivered Services Guidelines Rev 1/2012

A) All Georgia Medicaid members, including those participating in CCSP/SOURCE, can receive up to 50 home health visits per calendar year under the Georgia Medicaid State Plan. These 50 visits may be delivered by any Georgia Medicaid participating home health agency. If the home health agency providing these state plan visits is not enrolled in CCSP/SOURCE as a home delivered services provider, the agency and care coordinator must collaborate to determine if the member will need more than 50 home health visits.

B) If the member does require additional home health services after the first 50 visits, the care coordinator must refer the member to home health agencies enrolled as CCSP/SOURCE HDS providers.

C) The care coordinator requests the specific service and frequency for home health services under the direction of the physician.

D) When the HDS provider accepts the CCSP/SOURCE member, the care coordinator sends the referral packet to the agency.

E) The HDS provider sends a EDWP Notification Form to notify the CCSP/SOURCE care coordinator of the date services began. The care coordinator then generates a Service Authorization Form (SAF) to authorize the services.

F) The care coordinator generates and forwards a Service Authorization Form(s) (SAF) to authorize visits beyond the first 50.

G) When the CCSP/SOURCE member receives Medicaid home health services or HDS under the waiver, the home health agency must report significant changes in the member condition to the CCSP/SOURCE care coordinator, using the EDWP Notification Form to report changes. If a member begins to receive Medicare service, the home health agency must notify the care coordinator.

> NOTE: For CCSP/SOURCE members, the HDS provider must use the Level of Care and Placement Instrument, Appendix E.

H) As outlined in Section 904 of the Policies and Procedures for Home Health Services manual, the provider updates the member's Plan of Treatment for home health services at least every 62 calendar days or every two months. After the 50th home health visit, the care coordinator authorizes additional Home Delivered Services units. The RN care coordinator determines the member's need for home health services at assessment and reassessment.

1302. Member Profile

A) The member requires rehabilitative services or health monitoring in the form of:

1) skilled nursing care

2) supervision of medication

3) physical therapy

4) occupational therapy

5) speech therapy

6) home health aide

B) The member may need:

1) nutritional counseling or assistance with a special diet not available through Home Delivered Meal Services

2) professional supervision less than 24 hours a day/7 days a week

3) maintenance to prevent regression

C) Any of the following member conditions may exist:

1) unstable medical status

2) recovering from an acute or chronic illness

3) needs can be met by intermittent professional monitoring

1303. Requirements Related to Member Services

1303.1 Description of Member Services

Home Delivered Services provided through the EDWP (CCSP/SOURCE) Service Program are the same as those defined in Section 901 of the Division of Medical Assistance Policies and Procedures for Home Health Services, with the addition of Medical Social Services. This manual outlines tasks which may be performed within the scope of each service as well as the frequency of supervisory visits required.

1303.2 Qualifications of Staff

Qualifications for the registered nurse, licensed practical nurse, occupational therapist, physical therapist, speech therapist, home health aide, and the duties they perform comply with the federal Conditions of Participation for Medicare certification.

1303.3 Medication Instruction

The RN or LPN provides instruction to the member, member's representative and caregiver(s) in medication administration, according to the physician's order. The RN or LPN supervise self administration and teaches methods of administration, when appropriate, possible side effects of the medications, and any side effects/reactions that should be reported to the member's physician.

1303.4 HDS Service Records

A) The home health aide (HHA) completes a Home Delivered Services record form which notes all services provided by date.

B) The HHA enters the tasks performed in the appropriate service column.

C) The member signs and dates the appropriate agency form to indicate that services were provided.

D) The home health agency providing Home Delivered Services maintains the member's record which serves as documentation of services rendered. The home health provider must label CCSP/SOURCE member records to identify CCSP/SOURCE members.

E) The HHA or supervisor explains any task not listed on the Service Record or which requires further explanation in the "Notes" section of the form with a date of service.

1304. General Requirements

The sources listed below contain information on the general requirements related to member services:

Division of Medical Assistance Policies and Procedures for Home Health Services:	**Department of Community Health Services EDWP (CCSP/SOURCE) Services Program General Provider Manual:**
Home Health Agency Licensure (Section 601.1of the CCSP/SOURCE General Manual)	Medication: Assistance with Self-Administered Medications (Section 606.9 of the CCSP/SOURCE General Manual) Emergency Procedures (Section 606.12 of the CCSP/SOURCE General Manual) Food and Nutrition (Section 1403.4 of the Personal Support Services Manual)
Clinical Records (Section 904 of the Home Health Services Manual)	Clinical Records (Section 606.4 of the CCSP/SOURCE General Manual)
Non-Covered Services (Section 906 of the Home Health Services Manual)	Infection Control (Appendix R of the CCSP/SOURCE General Manual)

1305. Reimbursement

The state plan for Medicaid home health funds the first 50 home health visits in each calendar year. The first 50 visits are reimbursed in accordance with Chapter 1000 of the Division of Medical Assistance Policies and Procedures for Home Health Services manual. The first 50 home health visits are billed to regular Medicaid, category of service (COS) 200.

After the first 50 visits, the provider bills DMA under the CCSP/SOURCE Waiver, COS 590.

Procedures related to reimbursement are as follows:

A) When the home health agency receives a referral for services from the CCSP/SOURCE care coordinator, the agency uses the EDWP Notification Form to notify the care coordinator of the beginning service date.

B) The provider bills for the first 50 visits under the home health agency provider number using the home health procedure codes.

Listed below are the Medicaid home health services and procedure codes for the 1st through 50th unit/visit:

Service	Procedure Code	Unit
Nursing Care	S9123 & S9124	One visit
Physical Therapy	97001, 97002 & G0151	One visit
Speech Therapy	92506 & 92507	One visit
Occupational Therapy	97003, 97004 & G0152	One visit
Home Health Aide	S9122	One visit

Co-Pay - all CCSP/SOURCE members are liable for co-pay for the first 50 home health visits that are reimbursed under the State Medicaid Plan.

Cost Share - CCSP/SOURCE MAO members <u>do not</u> pay cost share for the first 50 home health visits. If applicable, the Home Delivered Services provider collects cost share after the 50th visit according to Sections 606.22, 606.23 and 804 in the CCSP/SOURCE General Manual.

C) When the member has received 50 Medicaid home health visits, the CCSP/SOURCE care coordinator generates and forwards a new Service Authorization Form (SAF). **The SAF reflects the member's cost share, the provider's CCSP/SOURCE Medicaid number, and procedure codes.**

D) **The Home Delivered Services provider bills the 51st and subsequent visits under the CCSP/SOURCE Medicaid number and procedure codes.**

Listed below are the services and procedure codes for the 51st and subsequent unit/visit of home health services funded by CCSP/SOURCE Home Delivered Services:

Service	Procedure Code	Unit
Nursing Care	T1030 TD	One visit
Physical Therapy	S9131	One visit
Speech Therapy	S9128	One visit
Occupational Therapy	S9129	One visit

Service	Procedure Code	Unit
Medical Social Services	S9127	One visit
Home Health Aide	T1021	One visit

NOTE:

The Home Delivered Services provider collects the determined cost share from the MAO member for the 51st and subsequent visits.

1306. Medical Social Services

1306.1 General

Medical social services (MSS) provided by a medical social worker (MSW) are intended to ease social, environmental, and other situational factors that interfere with the member's ability to accept and/or benefit from other community-based services. Medical social services are available for CCSP/SOURCE members only through an approved CCSP/SOURCE home health provider. The State Plan Medicaid Home Health does not pay for medical social services. The care coordinator authorizes medical social services under CCSP/SOURCE.

NOTE:

Medical Social Services is not a stand-alone service. The member must receive at least one other CCSP/SOURCE service to receive medical social services.

Exception: If a member receives home delivered meals through the CCSP/SOURCE, the member must receive at least one other CCSP/SOURCE Service (excluding ALS) in addition to medical social services.

1306.2 Responsibilities of the Medical Social Worker

A) The medical social worker delivers medical social services as ordered on the Level of Care and Placement Instrument or Comprehensive Care Plan. Responsibilities of the medical social worker include, but are not limited to:

1) Assessing the social and emotional factors related to illness

2) Assisting in resolving problems and arranging for other non-CCSP/SOURCE/non-Medicaid services as needed

3) Assessing the relationship of medical and nursing requirements to the member's home situation and resources.

B) The Medical Social Worker:

1) Participates in the development of the member care plan

2) Prepares progress notes

3) Participates in discharge planning

4) Conducts in-service training programs

5) Acts as a consultant to provider staff and other professional staff involved in meeting the member's needs

6) Coordinates with the care coordinator, HDS provider-RN and any other professional staff necessary to assure compliance with the Level of Care and Placement Instrument, Comprehensive Care Plan, and member care plan.

1306.3 Qualifications of Medical Social Service Staff

A) Qualifications for the medical social worker and the duties he/she performs conform to the Federal Conditions of Participation for Medicare Certification.

B) In addition to the required Federal Conditions of Participation, CCSP/SOURCE requires that all HDS providers employ social workers who have a minimum of a Bachelor's Degree in social work, sociology, psychology, or a related field and one year of experience in a human service or health related field.

1306.4 Supervision of Medical Social Services

A social worker who holds a Master of Social Work Degree provides medical social services or supervises the social worker providing the service. The medical social worker renders services in accordance with the Level of Care and Placement Instrument, Comprehensive Care Plan, Member Care Plan and in consultation with the HDS provider-RN.

1306.5 Emergency Procedures/Information

The HDS provider has written procedures and ongoing training for dealing with medical emergencies for each member. Emergency procedures include the following:

- immediate care of the member

- ambulance service to be called
- name of primary physician
- emergency contact persons
- reports to be prepared.

(Refer to Section 606.12 **and Appendix V** of the CCSP/SOURCE General Manual for additional information.)

1306.6 Member Records

The clinical record for each member contains sufficient information to identify the member, plan of care and treatment, and a copy of the medical social worker's progress notes. Section 606.4 of the CCSP/SOURCE General Manual contains specific information regarding clinical records requirements.

1306.7 Infection Control

All personnel follow written procedures in aseptic and isolation techniques. Appendix R of the CCSP/SOURCE General Manual contains specific information regarding infection control.

1307. Program Evaluation and Customer Satisfaction

Program evaluations are conducted at least annually by a designated staff person. The provider maintains available evidence to demonstrate that the provider reviews, analyzes, and uses results of the program evaluation to improve the quality of services (See Section 609 of the CCSP/SOURCE General Manual). At a minimum, program evaluation includes, but is not limited to:

A. Customer Satisfaction as indicated by the measurement of:

1. staff responsiveness to members' needs
2. timeliness
3. sensitivity to cultural differences
4. staff respect for member's rights, choices, privacy, dignity, and property and protection from harm and exploitation
5. staff attitude and courtesy
6. staff competency in performing assigned tasks

B. Policies and procedures are reviewed by the provider at least annually and revised as needed. The provider indicates in policy how changes in agency policies and procedures are communicated to all staff.

C. Clinical records are monitored and reviewed at least annually to insure they contain current, required information.

1308. Reimbursement Methodology

Reimbursement methodology for Home Delivered Service providers is based on an aggregate cost per visit based on the Medicaid home health cost reports.