KAISER PERMANENTE® Mid-Atlantic States	**Skilled Home Care Services and In-Home Case Management** **Medical Coverage Policy**

Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage MUST be verified in the member's EOC or benefit document.
- For Medicare members, please refer to CMS guidelines through Medicare Coverage Database requirements.
- Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines

I. Service: Licensed and skilled, nursing, social work, and rehabilitation therapies, or other clinical services provided by licensed practitioners within a member's home or residence. Home care services are appropriate for the following purposes:

A. Licensed home care agency staff, to provide skilled services, including physical assessments.

B. Adjunct to a telephonic or in office home safety assessment that does not successfully resolve or identify all issues for surgery, other complex medical care, or discharge planning.

C. In person case management and care coordination services, as required for members who have been lost to follow up after inpatient discharge through all other modes of communication with Kaiser Permanente Mid-Atlantic State (KPMAS) clinical staff

II. Criteria

Hourly or intermittent services must meet A **AND** B, or C, or D below.

A. The services are ordered by a physician and are directly related to an active treatment plan of care established by the physician; *and*

1. The home care services must be provided on an intermittent[1] or hourly[2] basis; *and*

2. The home care services are not custodial (defined in section III) in nature; *and*

3. The home care services are not primarily for the comfort or convenience of the member or the member's caregivers/family; *and*

4. The treatment provided is appropriate for the member's condition including the amount of time spent providing the service as well as the frequency and duration of the services; *and*

5. The duration of services is planned, documented, and progresses towards either completion of the therapies, or, the member or caregiver is willing and able to learn and safely provide the services.

[1] Intermittent or part time skilled home care nursing is defined as a visit of up to 4 hours in duration.

[2] Hourly Home health skilled nursing care is defined as a consecutive 4 hour period of time (i.e., an 8 hour shift equals 2 visits); also referred to as "private duty" or 24/7 care.

AND

- **B.** The member is homebound[3] because of illness or injury; **or,**
- **C.** The nature of the therapy is generally that of an outpatient service, however the frequency, duration, or other complexities of the care make the provision of the services optimal for skilled home care even if the patient does not meet the definition of homebound; **or,**
- **D.** The nature of the services is such that home care is optimal to assess the member's home, family, self-care functioning, or safety; **or,**
- **E.** Services are provided in the home in lieu of Skilled Care in another setting and are clinically appropriate and not more costly than an alternative health service.

III. Exclusions/Restrictions

- **A.** Custodial care is not a covered home care service for most members with the exception of Medicaid, when authorized by the state program.
- **B.** Custodial care is defined as services and supplies furnished to a person mainly to help him or her with activities of daily life. Custodial care includes services and supplies and is:
  1. Furnished mainly to train or assist the member or caregivers in activities of daily living rather than to provide therapeutic treatment; or,
  2. Services that can be safely and adequately provided by persons without the technical skills of a licensed health care provider; or,
  3. For long term or lifelong services, therapies that can eventually be learned and safely provided by the member or caregiver.

[3] Homebound: the member leaves home only with considerable and taxing effort and absences from home are infrequent, or of short duration, or to receive medical care

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17. MCG Ambulatory Care 287th edition, Copyright © 2024 MCG Health, LLC. GRG-GER-HC Geriatric Admission Home Care, BG-BHG-HC Behavioral Health Home Care, GRG-SUR-HC Surgical Admission Home Care. PG-AS-HC Ambulatory Surgery Home Care, GRG-MED-HC Medical Admission Home Care, Home Care Clinical Assessment. Accessed 12/07/2023
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Approval History

Date approved by RUMC*	Date filed with the State of Maryland	Date of Implementation (Ten days after filing)
04/26/2016	04/28/2016	05/11/2016

Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill HB 798 – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
04/25/2017	04/26/2017
04/27/2018	04/27/2018
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*****The Regional Utilization Management Committee received **delegated authority** to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.