Important Update: Home Health Requirements

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are sharing an important update for our provider partners requesting authorization for Home Health services and Home Health agencies.

The Alliance aims to process authorizations for medically necessary Home Health services routine and urgent requests following our regulatory prior authorization processing time.

The Alliance **Medi-Cal member** Home Health service request requirements are outlined in the California Department of Health Care Services (DHCS) Provider Manual. The DHCS Provider Manual Guidelines can be viewed online at **https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/784FE890-B415-496F-9A5E-07B49641CC86/homehlth.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO**.

In addition, the Alliance **Medi-Cal and Group Care member** Home Health services request follow the evidence-based MCG 27th edition for medical necessity criteria. We will share provider notification updates when the Alliance adopts the MCG 28th edition in 2024.

To help ensure these decisions are as timely as possible, we summarized the following Home Health documentation requirements to help support these requests.

Home Health Referral Elements	**Documentation Requirements** *(Please include all listed items for each Home Health Referral Element)*
Start of Care Only	• Documentation of a face-to-face encounter with the treating physician within 90 days prior to the start of care date or 30 days following the start of care date • Current OASIS/485 and frequency order
Start of Care Requests	• Written physician's order • Supporting documentation of the member's Home Health services • Current completed OASIS/485 and frequency order(s) • Date of last face-to-face encounter with treating physician • Clinical supporting documentation
Continuing Care Requests	• Written physician's order for continuing Home Health services from the treating physician • Frequency of order(s) • Date of last face-to-face encounter with treating physician if >60 days have elapsed since the last Home Health request. • Clinical supporting documentation
Clinical Documentation	• Primary diagnosis and significant comorbidities and/or other diagnosis • Current health status/prognosis • Date of onset of the illness • For requested Home Health nurse visits and units, indicate the specific skilled nursing need to support the request • Therapeutic goals to be achieved by each discipline and anticipated time for achievement of goals • The extent to which Home Health Aides or skilled care has been previously provided, and benefits or improvements demonstrated by such care • A description of the member's support system, including whether assistance is available from household members, homemakers, attendants, or others • If for a reauthorization, needs to include a statement as to the member's progress toward achieving the therapeutic goals.
Homebound status	• Defined California Code of Regulations (CCR), Title 22, Section 51146 • Must be full scope eligible for the month(s) that the service is rendered. • TARs address the requirements, restrictions, and limitations (including time limits and lowest cost factors) as referenced in CCR, Title 22, Section 51337; includes a written treatment plan which the physician reviews every 60 days; one (1) visit per six (6) months is allowed without prior authorization.

We appreciate and thank you for the high-quality care you give your patients and your continued partnership in helping build a healthier community for all.

Questions? Please call the Alliance Utilization Management Department
Phone Number: **1.510.747.4540**
Toll-free: **1.855.891.9161**
www.alamedaalliance.org