

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Utilization Management	<b>DOCUMENT NAME:</b> Home Health Authorizations and Pediatric Palliative Care
<b>PAGE:</b> 1 of 3	<b>REPLACES:</b> N/A
<b>APPROVED DATE:</b>	<b>RETIRED:</b> N/A
<b>EFFECTIVE DATE:</b> 9/9/2015	<b>REVIEWED/REVISED:</b> 10/15, 5/16, 4/17, 3/18,4/18
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> WA.UM.18

### SCOPE:

Coordinated Care Medical Management Department

### PURPOSE:

The purpose of this policy is to allow Coordinated Care to approve, without clinical review, requests for home health following discharge from the inpatient setting, facilitating timely initiation of post discharge services for members requiring home health care. In addition, to allow nurses to approve without sending to medical director for review, the length of time for a Home Health authorization.

### POLICY:

- **Post discharge from inpatient setting:** Up to 6 skilled nursing visits and 4 home health aide visits may be approved, without clinical review, in the two weeks following discharge from the inpatient setting. Additional visits or extension of services beyond two weeks will require clinical review utilizing Mckesson InterQual© guidelines. If the member meets InterQual criteria for additional visits the authorization timeframe may be extended for up to 4 weeks.
- **Home Health initiated in the outpatient setting:** Initial home health authorizations, can be approved for up to 4 weeks, if review meets InterQual Criteria for medical necessity.
- All subsequent authorizations, whether directly following an inpatient stay or initiated in an outpatient setting, can be authorized for up to 4 weeks, if review meets InterQual Criteria for medical necessity.

### PROCEDURE:

#### A. Concurrent Review Department-

- a. CCR and Complex Discharge Planners (CDP) work closely with Discharge Planner at facility, and determine service(s) rendered in the home setting are appropriate and safely meet member's needs. The CCR/CDP nurse can authorize up to 6 skilled nursing visits and up to 4 home health aide visits without conducting a clinical review for the first two weeks following discharge from the inpatient setting.

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- b. If greater than 6 skilled nursing visits are needed in the first two weeks following discharge the CCR/CDP nurse will notify the Home Health Agency that 6 skilled nursing visits have been authorized and additional visits are being considered. A *nurse review* task will be created in Trucare and tasked to appropriate queue for review by Prior Authorization, PA will make a determination to approve or deny additional visits within two calendar days.
- c. If Home Health care will be needed beyond two weeks the CCR/CDP nurse will advise Home Health Agency to submit a PA request and Plan of Care following initial evaluation visit to the member's home.
- d. If CCR/CDP or the Transitional Care Unit identify a need for Home Health, and HH services have not been ordered they will discuss with the PCP or make a referral to Visiting Physicians Group for a needs assessment.

### B. Prior Authorization Department-

- a. When a home health authorization is received by the PA nurse the nurse will review the member's authorization history. If the member has been discharged within two weeks of the request the nurse may approve up to 6 skilled nursing visits and/or 4 home health aide visits without clinical review. If additional visits are requested a review will be conducted utilizing InterQual © criteria. All determination, notification, and documentation standards apply
- b. Each request for Home Health authorization receives medical necessity review, utilizing InterQual Criteria unless following discharge from an inpatient facility. If the medical necessity of the request is met, the PA nurse reviews length of authorization span:
  - If the number of visits requested are in agreement with InterQual, PA nurse approves in authorization system for up to 4 weeks span.
  - If the numbers of visits requested exceed the number of visits approved in InterQual the PA nurse documents clinical data and send to medical advisor for approval or denial of visits requested unless the Home Health agency agrees to the lower number of visits.

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<b>ATTACHMENTS:</b>
<ul style="list-style-type: none"> <li>• None</li> </ul>

<b>DEFINITIONS:</b>
<b>InterQual:</b> Nationally recognized criteria

### REVIEW/REVISION LOG

<b>REVISION</b>	<b>DATE</b>
New Policy	9/9/2015
Updated to allow PA nurses to approve home health requests for up to 4 weeks	10/19/2015
Included pediatric palliative care authorization spans	5/26/2016
Added reference to UM Discharge Planner	4/6/2017
Annual review. Changed UMDP to CDP	3/17/2018
Removed reference to Pediatric Palliative Care given new policy created for PPC.	4/16/2018

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.