**256B.0625 COVERED SERVICES.**

Subd. 6a.**Home health services.**

Home health services are those services specified in Minnesota Rules, part 9505.0295 and sections 256B.0651 and 256B.0653. Medical assistance covers home health services at a recipient's home residence or in the community where normal life activities take the recipient. Medical assistance does not cover home health services for residents of a hospital, nursing facility, or intermediate care facility, unless the commissioner of human services has authorized skilled nurse visits for less than 90 days for a resident at an intermediate care facility for persons with developmental disabilities, to prevent an admission to a hospital or nursing facility or unless a resident who is otherwise eligible is on leave from the facility and the facility either pays for the home health services or forgoes the facility per diem for the leave days that home health services are used. Home health services must be provided by a Medicare certified home health agency. All nursing and home health aide services must be provided according to sections 256B.0651 to 256B.0653.

**256B.0653 HOME HEALTH AGENCY SERVICES**

Subd. 2.**Definitions.**

For the purposes of this section, the following terms have the meanings given.

(c) "Home health agency services" means services delivered by a home health agency ~~in the recipient's home residence, except as specified in section 256B.0625, by a home health agency~~ to a recipient with medical needs due to illness, disability, or physical conditions in the settings permitted by section 256B.0625.

Subd. 3.**Home health aide visits.**

1. Home health aide visits must be provided by a certified home health aide using a written plan of care that is updated in compliance with Medicare regulations. A home health aide shall provide hands-on personal care, perform simple procedures as an extension of therapy or nursing services, and assist in instrumental activities of daily living as defined in section 256B.0659, including assuring that the person gets to medical appointments if identified in the written plan of care. Home health aide visits can be ~~must~~ be provided in the recipient's home or in the community where normal life activities take the recipient.

Subd. 4.**Skilled nurse visit services.**

(a) Skilled nurse visit services must be provided by a registered nurse or a licensed practical nurse under the supervision of a registered nurse, according to the written plan of care and accepted standards of medical and nursing practice according to chapter 148. Skilled nurse visit services must be ordered by a physician and documented in a plan of care that is reviewed and approved by the ordering physician at least once every 60 days. All skilled nurse visits must be medically necessary and provided in the recipient's home residence or in the community where normal life activities take the recipient, except as allowed under section 256B.0625, subdivision 6a.

Subd. 5.**Home care therapies.**

(a) Home care therapies include the following: physical therapy, occupational therapy, respiratory therapy, and speech and language pathology therapy services.

(b) Home care therapies must be:

(1) provided in the recipient's residence or in the community where normal life activities take the recipient after it has been determined the recipient is unable to access outpatient therapy;

Subd. 6.**Noncovered home health agency services.**

The following are not eligible for payment under medical assistance as a home health agency service:

4) home care therapies provided in other settings such as a clinic~~, day program,~~ or as an inpatient or when the recipient can access therapy outside of the recipient's residence.

5) Home health agency services initiated without qualifying documentation of a face-to-face encounter as specified in subdivision 7.

Subd. 7. **Face-to-face encounter**

(a) A face-to-face encounter by a qualifying provider must be completed ~~prior to the initiation of~~ for all home health services, regardless of the need for prior authorization. The face-to-face encounter may occur through telemedicine as defined in 256B.0625, subdivision 3b. The encounter must be related to the primary reason the recipient requires home health services and must occur within the 90 day before or within the 30 days after the start of services. The face to face encounter may be conducted by one of the following practitioners, licensed in Minnesota to practice those professions described in section 214.01, subdivision 2;

(1) A physician;

(2) A nurse practitioner or clinical nurse specialist,

(3) A certified nurse midwife; or

(4) A physician assistant~~; or~~

~~(5) For recipients admitted to home health immediately after an acute or post-acute stay, the attending acute or post-acute physician.~~

 (b) The allowed non-physician practitioner, as described in this subdivision, performing the face-to-face encounter

must communicate the clinical findings of that face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into a written or electronic document included in the recipient’s medical record. To assure clinical correlation between the face-to-face encounter and the associated home health services, the

physician responsible for ordering the services must:

(1) Document that the face-to-face encounter which is related to the primary reason the recipient requires home health services, occurred within the required timeframes ~~prior to the start of home health services~~.

(2) Must indicate the practitioner who conducted the encounter, and the date of the encounter.

(c) For home health services requiring prior authorization, home health agencies ~~must~~ need not submit the qualifying documentation to the Commissioner or the Commissioner’s designee prior to the authorization of home health services.

(d) The requirements of this subdivision only apply to fee-for-service medical assistance. Managed care plans must not require face-to-face encounter requirements for home health services provided under medical assistance managed care.

**256B.0652 AUTHORIZATION AND REVIEW OF HOME CARE SERVICES.**

 **Subd. 4. Home health services.**

Home health services including skilled nurse visits and home health aide visits must be authorized by the commissioner or the commissioner's designee. Authorization must be based on medical necessity and cost-effectiveness when compared with other care options. The commissioner must receive the request for authorization of skilled nurse visits and home health aide visits, ~~including qualifying documentation of the face-to-face encounter as specified in 256B.0653, subdivision 7~~, within 20 working days of the start of service. When home health services are used in combination with personal care and home care nursing, the cost of all home care services shall be considered for cost-effectiveness.