

# Important Update

## Medicaid Home Health

The Department has received concerns from clients providers and advocates regarding perceived home health cuts.

- Home Health services have not been cut.
- There have been no changes to the Home Health policies or rules. The Department is enforcing existing policy, which is consistent with federal requirements.
- Medicaid is required to complete reviews on all long term home health requests to ensure that the services are medically necessary and appropriate in amount, duration and frequency.
- Reviews are completed by one of four Medicaid contracted reviewing agencies: ACS, The Colorado PAR Program or the Single Entry Point or Community Centered Board of the client's county of residence.
- These reviews may result in an approval of all requested services, a partial approval for services that are deemed medically necessary and appropriate, or a denial for all services if the request does not support medical necessity.
- The document below provides some helpful tips for providers to ensure that the minimum information necessary is provided to the review agency so that a medical necessity determination can be made.

Please contact the Home Health Policy Specialist, Guinevere Blodgett at (303)866-5927 with any questions.



*Improving access to cost-effective, quality health care services for all Coloradans*  
*Colorado.gov/hcpf*

November 2011

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## Submitting a Long Term Home Health Prior Authorization Request (PAR)

### What documentation do I need to include when I submit a Home Health PAR?

When you submit a home health PAR for medical review, you must include the following documentation:

- The Department designated PAR form.
- The Plan of Care (also referred to as the HCFA-485 or “485”). If the Plan of Care is not complete and accurate, the PAR may be denied or pended for additional information. Below are tips to avoid common errors:
  - Fields 1 to 22 on the 485 must be completed, and clearly illustrate the need for home health services.
  - The Primary Diagnosis (field 11) must reflect the current primary diagnosis for which home health services are required.
  - The Treatment and Orders for Disciplines (field 21) must include the number of visits requested, what discipline will provide the services, and the specific tasks or services that will be completed at each requested visit. For CNA visits, the documentation must also include the duration of each requested visit.
  - Documentation must include a client summary that describes the client’s natural supports, such as family members, caregivers and parents.
    - If a client requires a CNA to complete tasks that would normally be provided by a natural support (such as meal preparation), the documentation must support the reason that the client’s natural supports are unable to provide the service.

### To what review organization should I submit a Home Health PAR?

There are three different review agencies that review Home Health PARs, depending on the client’s age and needs.

1. Submit to ACS if the client is
  - Not eligible for Home and Community Based Services; AND
  - Under the age of 18; AND
  - Does not need Therapy Services.

PARs

P.O. Box 30  
Denver, CO 80201-0030

2. Submit to the Colorado PAR Program if the client is
  - Not eligible for Home and Community Based Services AND
  - Aged 18, 19, or 20 years, or under the age of 18 and needs Therapy Services

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ColoradoPAR Program  
4545 N. Lincoln Blvd., Suite 103  
Oklahoma City, OK 73105  
Fax: 866-492-3176

3. Submit to the Single Entry Point (SEP) or Community Centered Board (CCB) if the client is
- Eligible for Home and Community Based Services OR
  - Aged 18 years or older

Address varies by county. See [colorado.gov/hcpf](http://colorado.gov/hcpf)

PAR Submissions:

