



## PROVIDER POLICIES & PROCEDURES

### HOMEMAKER-HOME HEALTH AIDE MEDICATION ADMINISTRATION SERVICES

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for Homemaker-Home Health Aide Medication Administration Services. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Per Connecticut General Statute 19a-492e – Delegation of medication administration by registered nurse to homemaker-home health aide, a registered nurse may delegate the administration of certain non-injectable medications to homemaker-home health aides who have obtained certification to administer medications in accordance with subsection (b) of the above referenced statute. Administration may not be delegated when the prescribing practitioner specifies that medication administration may only be performed by a licensed nurse.

The State of Connecticut Department of Public Health requires each home health care agency or homemaker-home health aide agency that serves individuals requiring assistance with medication administration to:

- Adopt practices that increase and encourage individual choice, dignity and independence;
- Establish policies and procedures to ensure that a registered nurse determines that allowing homemaker-home health aides to administer medications is in the best interest of the individual;
- Designate which homemaker-home health aides will obtain certification for the administration of medication; and
- Ensure that such homemaker-home health aides are certified to provide these services.

For the purposes of this policy, the agency requesting prior authorization will:

- Ensure that the homemaker-home health aide providing these services has received the necessary education and skill training (including ongoing training) and certification to provide these services as defined by the Connecticut Department of Public Health; and
- Implement policies and procedures which address:
  1. the assessment of the individual by the registered nurse for the purposes of determining the appropriateness and safety of medication administration by a homemaker-home health aide;
  2. the delegation to and supervision of a homemaker-home health aide who is administering medications;
  3. the protocol for the safe and accurate administration of medications by a homemaker-home health aide; and
  4. any additional requirements deemed necessary by the Connecticut Department of Public Health.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

## CLINICAL GUIDELINE

This policy limits nurse delegation to the administration of non-injectable medications.

Coverage guidelines for homemaker-home health aide medication administration services will be made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

The assigned, certified homemaker-home health aide shall not administer medications that have been pre-poured or placed in a medication box. All medications must be poured at the time of administration.

The administration of oral medications by a homemaker-home health aide may be considered medically necessary when:

1. The individual's clinical condition is stable; and
2. Medical or nursing orders are not changing frequently and do not contain complex modifications; and
3. The individual's clinical condition requires only basic nursing care.

The administration of oral medications by a homemaker-home health aide is typically not considered medically necessary and/or effective for the individual's illness, injury or disease when:

1. The individual's clinical condition is not stable; or
2. Medical or nursing orders are likely to involve frequent changes or complex modifications; or
3. The individual's clinical condition indicates care that is likely to require modifications of nursing procedures in which the responses of the individual to the nursing care are not stable.

**Note: these services may be considered medically necessary based on an assessment of the individual and his or her unique clinical needs. Additional documentation should be submitted to support medical necessity in situations that do not meet the criteria listed above.**

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

## PROCEDURE

Prior authorization of medication administration services is required. Requests for coverage of Homemaker – Home Health Aide medication administration will be reviewed in accordance with procedures in place for reviewing requests for home health services. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

Requests for homemaker-home health aide medication administration visits should be made in conjunction with a request for skilled nursing visits for the purpose of assessment, monitoring progress

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

2

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

towards treatment goals.

**Initial Authorization Requests:**

Authorization requests are identified as initial when the agency RN has ensured that the individual is appropriate for HHA medication administration and the individual is initially referred for home health aide medication administration. These authorizations are reviewed for medical necessity and subject to a two business day turn-around from the date when all necessary documentation has been received.

The initial authorization period will be granted for 30 days in order to assess the effectiveness of the service in maintaining and/or improving medication compliance and safety.

**The following information is needed to review requests for HHA medication administration services:**

1. Original start of care assessment and Form CMS-485, "Home Health Certification and Plan of Care" signed by a physician which clearly states that the task of medication administration is not limited to licensed nurses;
2. Fully completed State of Connecticut, Department of Social Services Outpatient Prior Authorization Request Form or fully completed authorization request via on-line web portal;
3. Clinical information supporting the appropriateness of the requested services;
4. An assessment completed by a registered nurse employed by the agency documenting that medication administration can be accurately and safely performed by a homemaker-home health aide; and
5. Other pertinent information as requested by CHNCT.

**Re-authorization Requests:**

Authorization requests are identified as re-authorization when the individual is being recertified through the agency for continued care (after the initial authorization has expired). These authorization requests are reviewed for medical necessity and subject to a fourteen calendar day turn-around from the date when all necessary documentation has been received.

Re-authorization will be granted for a period of time not to exceed 6 months.

**Information Required For Review:**

1. Current nursing re-certification assessment;
2. Current Form CMS-485, "Home Health Certification and Plan of Care";
3. Medication administration record notes; and
4. Most recent supervisory nursing visit notes.

**EFFECTIVE DATE**

This Policy is effective for prior authorization requests for homemaker- home health aide medication administration services for individuals covered under the HUSKY Health Program on or after December 1, 2013.

**LIMITATIONS**

Not Applicable

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

**CODE:**

| Code  | Description                                              |
|-------|----------------------------------------------------------|
| T1021 | Home health aide or certified nurse assistant, per visit |

**DEFINITIONS**

1. **Healthcare Common Procedure Coding System (HCPCS):** A system of national health care codes that includes the following: Level I is the American Medical Association Physician's Common Procedural Terminology (CPT codes). Level II covers services and supplies not covered in CPT. Level III includes local codes used by state Medicare carriers.
2. **Home Health Agency:** A home health agency means any agency licensed as a home health care agency or a homemaker-home health aide agency.
3. **Home Health Care Agency:** A Home Health Care Agency, pursuant to Connecticut General Statutes 19a-490d, means a public or private organization, or a subdivision thereof, engaged in providing professional nursing services and the following services, available twenty-four hours per day, in the client's home or a substantially equivalent environment: Homemaker-home health aide services as defined in this section, physical therapy, speech therapy, occupational therapy or medical social services. The agency shall provide professional nursing services and at least one additional service directly and all others directly or through contract. An agency shall be available to enroll new clients seven days a week, twenty-four hours per day.
4. **Homemaker-Home Health Aide Agency:** A homemaker-home home health aide agency, pursuant to Connecticut General Statutes 19a-490e, means a public or private organization, except a home health care agency, which provides in the client's home or a substantially equivalent environment supportive services which may include, but are not limited to, assistance with personal hygiene, dressing, feeding and incidental household tasks essential to achieving adequate household and family management. Such supportive services shall be provided under the supervision of a registered nurse and, if such nurse determines appropriate, shall be provided by a social worker, physical therapist, speech therapist or occupational therapist. Such supervision may be provided directly or through contract.
5. **Homemaker-Home Health Aide Services:** Homemaker-home health aide services, pursuant to Connecticut General Statutes 19a-490f, shall not include services provided to assist individuals with activities of daily living when such individuals have a disease or condition that is chronic and stable as determined by a physician licensed in the state of Connecticut.
6. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
7. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
8. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
9. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
10. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

11. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut’s implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
12. **HUSKY Plus Physical Program (or HUSKY Plus Program):** A supplemental physical health program pursuant to Conn. Gen. Stat. § 17b-294, for medically eligible members of HUSKY B in Income Bands 1 and 2, whose intensive physical health needs cannot be accommodated within the HUSKY Plan, Part B.
13. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
14. **Medication Administration:** Medication administration, pursuant to the Regulations of Connecticut State Agencies 17b-262-725(30), means the administration of oral, intramuscular or subcutaneous medication and also those procedures used to assess the client’s medical or behavioral health status as ordered by the prescribing practitioner. Such procedures include, but are not limited to, glucometer readings, pulse rate checks, blood pressure checks or brief mental health assessments.
15. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.
16. **Registered Nurse:** A registered nurse means “registered nurse” as defined in chapter 378 of the Connecticut General Statutes.

**ADDITIONAL RESOURCES AND REFERENCES:**

- Connecticut General Statutes: 19a-490(d-f) – Licensing of Institutions, Definitions
- Connecticut General Statutes: 19a-492e – Delegation of Medication Administration by Registered Nurse to Homemaker-home health aide
- Connecticut General Statutes: 19-13-D66 – Licensure of Home Health Care Agencies, Definitions
- Regulations of Connecticut State Agencies: 17b-262-725(30) – Requirements for Payment of Home Health Services, Definitions

**PUBLICATION HISTORY**

| Status               | Date          | Action Taken                                                                   |
|----------------------|---------------|--------------------------------------------------------------------------------|
| Original publication | December 2013 | Original publication                                                           |
| Reviewed             | December 2014 | Clinical Quality Subcommittee Review. Reference added (CMS HCPCS Manual 2014). |

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on “For Providers” followed by “Benefit Grids”. For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

|          |               |                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |               | This change approved at the December 15, 2014 Clinical Quality Sub-Committee meeting.                                                                                                                                                                                                                                                                                                                 |
| Updated  | August 2015   | Updated definitions for HUSKY A, B, C and D programs at request of DSS.                                                                                                                                                                                                                                                                                                                               |
| Updated  | March 2016    | Updates to language in introductory paragraph pertaining to purpose of policy. Updates to Clinical Guideline section pertaining to definition of Medical Necessity. Updates throughout policy to reflect importance of person-centeredness when reviewing requests for this service. Changes approved by the Clinical Quality Subcommittee on March 21, 2016. Changes approved by DSS on May 5, 2016. |
| Updated  | February 2017 | Update to reference section. This change approved at the February 22, 2017 Medical Policy Review Committee meeting. Approved by Clinical Quality Subcommittee on March 20, 2017. Approved by DSS on March 27, 2017.                                                                                                                                                                                   |
| Updated  | April 2018    | Medical Policy Committee review. Reference update. Approved by CHNCT Medical Policy Review Committee on February 14, 2018. Approved by CHNCT Clinical Quality Subcommittee on March 19, 2018. Approved by DSS on April 5, 2018.                                                                                                                                                                       |
| Updated  | February 2019 | Reference update.<br><br>Change approved at the February 13, 2019 Medical Reviewer meeting.<br><br>Change approved by the CHNCT Clinical Quality Subcommittee on March 18, 2019.<br><br>Approved by DSS on March 27, 2019.                                                                                                                                                                            |
| Updated  | April 2020    | Reference update. Change approved at the February 12, 2020 Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 16, 2020. Approved by DSS on April 16, 2020.                                                                                                                                                                                                        |
| Reviewed | March 2021    | Reviewed and approved without changes at the January 13, 2021 CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 15, 2021. Approved by DSS on March 22, 2021.                                                                                                                                                                                               |
| Reviewed | March 2022    | Reviewed and approved without changes at the February 9, 2022 CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 21, 2022. Approved by DSS on March 24, 2022.                                                                                                                                                                                               |

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).