

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Michelle Tyus

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Initial ☐

Public Comment ☒

Final ☐

Brief description of policy:

The purpose of this bulletin is to clarify prior authorization (PA) requirements for home health therapy services that are part of the Therapy Services chapter of the Medicaid Provider Manual.

Reason for policy (problem being addressed):

The intent of this policy is to provide additional clarity for home health providers and support efficient review and processing of home health therapy claims in accordance with PA requirements and service limitations as outlined in the Therapy Services chapter.

Budget implication:

- ☒ budget neutral
☐ will cost MDHHS \$, and (select one) budgeted in current appropriation
☐ will save MDHHS \$

Is this policy change mandated per federal requirements?

No.

Does policy have operational implications on other parts of MDHHS?

Yes, the Program Review Division and claims processing.

Does policy have operational implications on other departments?

No.

Summary of input:

- ☐ controversial
☐ acceptable to most/all groups
☐ limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied Date: Approval Date:	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Submission Date:
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DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 1914-Therapy	Date: June 6, 2019

Comments Due: July 11, 2019
Proposed Effective Date: September 1, 2019
Direct Comments To: Michelle Tyus
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Policy Subject: Clarification of Home Health Therapy Services Affected Programs: Medicaid Distribution: Home Health Agency Providers, Medicaid Health Plans, Integrated Care Organizations, Practitioners Summary: The purpose of this bulletin is to clarify prior authorization (PA) requirements for home health therapy services that are part of the Therapy Services chapter of the Medicaid Provider Manual. Purpose: The intent of this policy is to provide additional clarity for home health providers and support efficient review and processing of home health therapy claims in accordance with PA requirements and service limitations as outlined in the Therapy Services chapter. Cost Implications: Budget neutral Potential Hearings & Appeal Issues: N/A
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State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
Tribal Notification: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - Date:	
THIS SECTION COMPLETED BY RECEIVER	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> No Comments <input type="checkbox"/> See Comments Below <input type="checkbox"/> See Comments in Text
Signature:	Phone Number
Signature Printed:	
Bureau/Administration <i>(please print)</i>	Date

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Home Health Agency Providers, Medicaid Health Plans, Integrated Care Organizations, Practitioners

Issued: August 1, 2019 (Proposed)

Subject: Clarification of Home Health Therapy Services

Effective: September 1, 2019 (Proposed)

Programs Affected: Medicaid

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHP) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP, the provider must check with the beneficiary's health plan for prior authorization (PA) requirements.

On August 31, 2018, the Michigan Department of Health and Human Services (MDHHS) issued bulletin MSA 18-29, which implemented a new Therapy Services chapter for the Medicaid Provider Manual effective October 1, 2018. The purpose of this bulletin is to clarify PA requirements for home health therapy services that are part of the Therapy Services chapter.

PA is not required for the initiation of home health therapy services for up to a maximum of 24 visits within the first 60 consecutive days if:

- the beneficiary has not received home health therapy services within the calendar year, and
- services do not exceed the visit maximum.

PA is required for continuation of services beyond these limits. Form MSA-115 Occupational Therapy – Physical Therapy – Speech Therapy Prior Approval Request/Authorization must be submitted to the Program Review Division at least 15 business days prior to the dates of services being requested. The Therapy Services chapter of the Medicaid Provider Manual provides detailed guidance regarding documentation requirements for continuation of services beyond the maximum 24 visits within the first 60 consecutive days of service for each calendar year. The Medicaid Provider Manual can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

MDHHS will monitor the provision of home health therapy services to ensure payments to Medicaid providers are made in compliance with this policy. Payments made for claims that do not comply with Medicaid policies may be recovered by the State of Michigan.