



# SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU Community First Choice Policy Manual

**Title:** Home Health Policy 502  
**Section:** ELIGIBLE SERVICES  
**Subject:** Service Limitations and Exclusions  
**Reference:** ARM 37.40.705, 42 CFR 440.70  
**Supersedes:** Policy 502, Issued 07/01/2000

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## HOME HEALTH VISITS

Home Health services are provided to a member at his or her place of residence. A place of residence, for Home Health services, does not include: a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities, except for Home Health services in an intermediate care facility for individuals with intellectual disabilities that are not required to be provided by the facility.

Beneficiaries may receive Home Health services in any setting in which normal life activities take place other than a hospital, nursing facility; intermediate care facility for individuals with intellectual disabilities; or any setting in which payment is or could be made under Medicaid for member services that include room and board.

**NOTE:** Home Health services cannot be limited to services furnished to beneficiaries who are homebound.

Home Health visits consist of any combination of skilled nursing, therapy and/or Home Health aide services. These services have a combined limit of 180 visits annually (from the initial visit up to and including the 365th day).

Request for additional Home Health services after the annual limit of 180 visits has been reached, will be reviewed by the Department and/or the Utilization Review Contractor.

Extended authorizations for Home Health services are issued for 60 day service periods. A new authorization is required for each 60 day period over the 180 day limit.

All Home Health services must be prior authorized through the Department or the Department's Utilization Review Contractor.