

**DEPARTMENT OF HEALTH CARE SERVICES
NOTICE OF GENERAL PUBLIC INTEREST
RELEASE DATE: SEPTEMBER 1, 2020**

**PROPOSED STATE PLAN AMENDMENT TO ALLOW PHYSICIAN ASSISTANTS,
NURSE PRACTITIONERS, AND CLINICAL NURSE SPECIALISTS TO ORDER
HOME HEALTH SERVICES**

This notice provides information of public interest regarding a proposed State Plan Amendment (SPA) by the Department of Health Care Services (DHCS). The proposed SPA #20-0035 and corresponding Alternative Benefit Plan (ABP) SPA #20-0036 will allow physician assistants (PA), nurse practitioners (NP), and clinical nurse specialists (CNS), in addition to physicians, to order home health services, including durable medical equipment and medical supplies. DHCS requests input from beneficiaries, providers, and other interested stakeholders concerning SPA #20-0035 and SPA #20-0036, which are attached.

DHCS estimates there will be no change in annual aggregate Medi-Cal expenditures for home health services.

The effective date for SPAs #20-0035 and #20-0036 will be October 1, 2020. All proposed SPAs are subject to approval by the federal Centers for Medicare and Medicaid Services (CMS).

Additionally, this notice provides information of public interest with respect to Section 440.386 of Title 42 of the Code of Federal Regulations (CFR), which requires Medicaid states to publish a public notice to solicit public input regarding the amendment to the Medi-Cal ABP. DHCS provides a comprehensive set of services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for individuals under 21 years of age, as described by 42 CFR 440.345.

DHCS will submit SPAs #20-0035 and #20-0036 to CMS to seek the necessary approval to allow physicians, PAs, CNPs, and CNSs to order home health services in the State Plan and Other 1937 Benefits Provided portion of the ABP. DHCS complied with the provisions of Section 5006 (e) of the American Recovery and Reinvestment Act of 2009 and will publish a tribal notice on August 25, 2020 and hold a tribal webinar on August 31, 2020.

PUBLIC REVIEW AND COMMENT

The proposed changes included in draft SPA #20-0035 and SPA #20-0036 are attached with this notice for public comment. DHCS is requesting stakeholder input on the impact, if any, on access to services as a result of the proposed action.

Upon submission to CMS, a copy of the proposed SPA #20-0035 and SPA #20-0036 will be published at the following internet address:

<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/PendingStatePlanAmendments.aspx>.

If you would like to view either SPA in person once they become available, please visit your local county welfare department. You may also request a copy of proposed SPA #20-0035 and SPA #20-0036 or a copy of submitted public comments related to SPA #20-0035 and SPA #20-0036 by requesting it in writing to the mailing or email addresses listed below. Please indicate SPA #20-0035 and/or SPA #20-0036 in the subject line or message.

Written comments may be sent to the following address:

Department of Health Care Services
Benefits Division
Attn: Jim Elliott
P.O. Box 997413, MS 4601
Sacramento, California 95899-7417

Comments may also be emailed to PublicInput@dhcs.ca.gov. Please indicate SPA #20-0035 and SPA #20-0036 in the subject line or message.

To be assured consideration prior to submission of the SPA to CMS, comments must be received no later than September 15, 2020. Please note that comments will continue to be accepted after September 15, 2020, but DHCS may not be able to consider those comments prior to the initial submission of SPA #20-0035 and SPA #20-0036 to CMS.

(Note: This chart is an overview only)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>7. Home Health Services</p> <p>Home health agency services, including nursing services which may be provided by a registered nurse when no home health agency exists in the area, home health aide services, medical supplies and equipment, and therapies.</p>	<p>Home health services are covered after a face-to-face encounter with a physician, nurse practitioner (NP), clinical nurse specialist (CNS), physician assistant (PA) or a certified nurse midwife, in accordance with 42 CFR 440.70, when furnished by a home health agency that meets the conditions of participation for Medicare. Services are ordered by a physician, NP, CNS, or PA as part of a written plan of care that the ordering practitioner reviews every 60 days. Home health services include the following services:</p> <ol style="list-style-type: none"> 1. Skilled nursing services as provided by a nurse licensed by the state. 2. Physical therapy services as provided by a physical therapist licensed by the state in accordance with 42 CFR 440.110. 3. Occupational therapy services as provided by an occupational therapist licensed by the state and in accordance with 42 CFR 440.110. 4. Speech therapy services as provided by a speech therapist or speech pathologist licensed by the state and in accordance with 42 CFR 440.110. 5. Home health aide services provided by a Home Health Agency. 	

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

(Note: This chart is an overview only)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
7a. Home health nursing and 7b. Home health aide services	<p>Medical supplies, equipment, and appliances suitable for use in any setting in which normal activities take place.</p> <p>Services are provided at a participant's residence, which does not include a hospital, nursing facility or ICF/IID. Services must be medically necessary.</p>	<p>One visit in a six-month period for initial case evaluation is covered without prior authorization. Monthly reevaluations are covered without prior authorization. All additional services and evaluations require prior authorization.</p>
7c.1 Medical supplies	<p>As prescribed by a physician, nurse practitioner, clinical nurse specialist, or a physician assistant within the scope of his/her practice.</p> <p>Common household items, supplies not primarily medical in nature, and articles of clothing are not covered.</p> <p>Medical supplies provided in renal dialysis centers are included in the all-inclusive rate and are not separately billable.</p> <p>Medical supplies commonly used in providing SNF and ICF level of care are not separately billable.</p>	<p>Prior authorization is required for certain items and for items not used for the conditions specified in the Medical Supplies Formulary.</p>

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TN No. 20-0035

Supersedes

TN No. 19-0046

Approval Date:

Effective Date: October 1, 2020

(Note: This chart is an overview only)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
7c.1 Medical supplies (cont.)	Blood and blood derivatives are covered when ordered by a physician or dentist.	Prior authorization is not required. Certification that voluntary blood donations cannot be obtained is required from blood banks supplying the blood or facility where transfusion is given.
7c.2 Durable medical equipment	Covered after a face-to-face encounter with a physician, nurse practitioner (NP), clinical nurse specialist (CNS), or a physician assistant (PA) when prescribed by a physician, NP, CNS, or PA and reviewed annually by the prescribing practitioner, in accordance with 42 CFR 440.70. DME commonly used in providing SNF and ICF level of care is not separately billable, Common household items are not covered.	Prior authorization is required when the purchase exceeds \$100. Prior authorization is required when price, repairs, maintenance, or cumulative rental of listed items exceeds \$250, except that the provision of more than two "H" oxygen tanks in any one month requires prior authorization. Purchase of rental of "By Report" (unlisted) items are subject to prior authorization regardless of purchase price. Authorization shall be granted only for the lowest cost item that meets medical needs of the patient.
7c.3 Hearing aids	Refer to Type of Service "12c Prosthetic and orthotic appliances, and hearing aids."	Refer to Type of Service "12c Prosthetic and orthotic appliances, and hearing aids."

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
7c.3 Enteral Formulae	<p>Covered only when supplied by a pharmacy provider upon the prescription of a physician within the scope of his or her practice.</p> <p>Enteral Formulae commonly used in providing SNF and ICF level of care is not separately billable.</p> <p>Common household items (food) are not covered.</p>	<p>Prior authorization is required for all products. Authorization is given when the enteral formulae is used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food.</p> <p>Dietary supplements or products that cannot be used as a complete source of nutrition are considered non-benefits, except that the program may deem such a product a benefit when it determines that the use of the product is neither investigational nor experimental when used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions.</p>

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TN No. 20-0035
Supersedes
TN No. NONE

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<p>7. Home Health Services</p> <p>Home health agency services, including nursing services which may be provided by a registered nurse when no home health agency exists in the area, home health aide services, medical supplies and equipment, and therapies.</p>	<p>Home health services are covered after a face-to-face encounter with a physician, nurse practitioner (NP), clinical nurse specialist (CNS), physician assistant (PA) or a certified nurse midwife, in accordance with 42 CFR 440.70, when furnished by a home health agency that meets the conditions of participation for Medicare. Services are ordered by a physician, NP, CNS, or PA as part of a written plan of care that the ordering practitioner reviews every 60 days. Home health services include the following services:</p> <ol style="list-style-type: none"> 1. Skilled nursing services as provided by a nurse licensed by the state. 2. Physical therapy services as provided by a physical therapist licensed by the state in accordance with 42 CFR 440.110. 3. Occupational therapy services as provided by an occupational therapist licensed by the state and in accordance with 42 CFR 440.110. 4. Speech therapy services as provided by a speech therapist or speech pathologist licensed by the state and in accordance with 42 CFR 440.110. 5. Home health aide services provided by a Home Health Agency. 	

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7c.1 Medical supplies	<p>As prescribed by a physician, nurse practitioner, clinical nurse specialist, or a physician assistant within the scope of his/her practice.</p> <p>Common household items, supplies not primarily medical in nature, and articles of clothing are not covered.</p> <p>Medical supplies provided in renal dialysis centers are included in the all-inclusive rate and are not separately billable.</p> <p>Medical supplies commonly used in providing SNF and ICF level of care are not separately billable.</p>	<p>Prior authorization is required for certain items and for items not used for the conditions specified in the Medical Supplies Formulary.</p>

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Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 6 duplication: Prescribed Drugs -- TAR required for more than six prescriptions per month.

Base Benchmark Benefit that was Substituted:

Physical Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Physical therapy -- Authorizations for physical therapy is valid for up to 120 days and must include a treatment plan. Prior authorization is not granted for more than 30 treatments at any one time.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Home Health Services, Durable Medical Equipment -- durable medical equipment prescribed by physician, nurse practitioner, clinical nurse specialist, or physician assistant.

Base Benchmark Benefit that was Substituted:

Hearing Aids

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Home Health Services, Hearing Aids -- \$1,510 annual cap for hearing aid benefits may be exceeded for medical necessity.

Base Benchmark Benefit that was Substituted:

Speech Therapy/Audiology

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Physical Therapy and Related Services, Speech Therapy/Audiology -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Occupational Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Physical Therapy and Related Services, Occupational Therapy -- Outpatient services