

A home health agency must obtain a physician's written or verbal order(s) for home health services, *prior* to initiating or providing home health services.

- Physician's verbal orders must be transcribed, signed and dated by the registered nurse or the qualified skilled therapist who received the order.
- Verbal orders must be signed by the ordering physician within 21 days of receipt of the verbal order.
- Physician's written and verbal orders must be kept in the member's medical record.
- The ordering physician must sign the member's plan of care.
- Services ordered by the physician must be included in the signed plan of care.
- Physician's referrals are acceptable only if the documentation meets the criteria for physician's verbal or written orders and are included in the signed plan of care.

A home health *episode of care* (60-day period) and a *supply only* certification are two distinct services provided through the home health program.

- Home health episode of care (the plan of care)
 - Medicaid home health policy mandates that a physician's order(s) (verbal or written) is required to initiate home health services – *prior* to assessment and *prior* to the development of the plan of care (POC/CMS 485)
 - A *current* physician's order represents the *current* plan of care.
 - Plans of care represent a 60-day (or less) episode of care.
 - A new plan of care shall be signed and kept in the member's medical record for every episode of care.
- Generally, an episode of care will require medical supplies.
- Medical supplies are often integral to the services being provided.
 - EXAMPLE: A plan of care that requires skilled nursing services to tend a wound would require wound care supplies.
- Home health services are intended to be intermittent, short term care (60-day) episodes of care; however, some Medicaid members require multiple 60-day episodes of care.
 - EXAMPLE: Medication management (which requires a new physician's order for each 60-day episode of care).
- There should be a physician's order for every 60-day episode of care and or modifications made to an existing plan of care.

Supply Only is not an episode of care.

- Supply only is a certification of need for waiver and dual eligible members that are enrolled in a HCB waiver who require nutritional supplements and paper incontinence supplies, i.e., chuxs, diapers/briefs and pads.
- A plan of care is not required for *supply only* members.

- The MAP-248 is considered to be a physician's order and is required for a supply only member and may be signed by the physician up to 21-days *prior* to the certification begin date.
 - A physician's verbal order shall be transcribed verbatim onto the MAP-248.
 - The MAP-248 shall be signed and dated by the registered nurse receiving the verbal order.
 - The MAP 248 must be signed and dated by the physician within 21 days of receiving the verbal order.