



# SENIOR & LONG TERM CARE DIVISION

## COMMUNITY SERVICES BUREAU

### Home Health Policy Manual

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<b>Title:</b>	<b>Home Health Policy 405</b>
<b>Section:</b>	<b>ELIGIBILITY FOR SERVICES</b>
<b>Subject:</b>	<b>Physician Certification and Recertification</b>
<b>Reference:</b>	<b>ARM 37.40.702, 42 CFR 440.70</b>
<b>Supersedes:</b>	<b>Policy 405, Issued 05/01/1999</b>

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## PHYSICIAN CERTIFICATION

As a condition of Medicaid payment:

1. A physician must certify that a member is eligible for Medicaid Home Health services; and
2. The physician who establishes the plan of care must sign and date the certification.

No specific format is required as long as the physician certifies the following:

1. Services are furnished while the member is under the care of a physician; and
2. A face-to-face (FTF) encounter, for the initiation of Home Health services:
  - a. Occurred no more than 90 days prior to the Home Health start of care date or within 30 days of the start of Home Health care;
  - b. Was related to the primary reason the member requires Home Health services;
  - c. Was performed by a physician or allowed Non-Physician Practitioner (NPP); and
  - d. The physician must document the date of the FTF encounter.

The physician should complete the certification when the plan of care is established or as soon as possible thereafter. The certification must be complete **prior** to when a Home Health agency bills for Medicaid reimbursement.

**NOTE:** FTF member encounter may occur through telehealth.

**EXAMPLE OF  
CERTIFICATION STATEMENT**

*The member is under my care and I have authorized services on this plan of care and will periodically review the plan. The member had a face-to-face encounter with an allowed provider type on 01/01/0000 and the encounter was related to the primary reason for Home Health care.*

*Physician's Signature and Date*

*Signed: John Doe, MD/11/05/2016*

*Physician's Name and Address*

**SUPPORTING  
DOCUMENTATION  
REQUIREMENTS**

The certifying physician's medical records, and/or the acute/post-acute care facility's medical records (if the member directly admitted to Home Health) are used as the basis for determining the member's eligibility for the Medicaid Home Health services.

**If the documentation used as the basis for certification of eligibility is not sufficient to demonstrate that the member is eligible to receive services under the Medicaid Home Health benefit, payment will not be rendered for Home Health services.**

Documentation to substantiate the member's eligibility must be available to the Home Health agency, review entities and/or the Centers for Medicare and Medicaid Services.

The certifying physician and or acute/post-acute care facility medical records must include the physician certification statement.

Information from the Home Health agency can be incorporated into the certifying physician's medical record and used to support the need for skilled care. This information must be corroborated by other medical record entries in the certifying physician's and/or the acute/post-acute care facility's medical record for the member and signed and dated by the physician to indicate acceptance into their medical record.

**RECERTIFICATION**

Recertification is required at least every 60 days when there is a need for continuous Home Health care after an initial 60-day episode. Recertification should occur at the time the plan of care is reviewed, and must be signed and dated by the physician who

reviews the plan of care. Recertification is required at least every 60 days unless there is a:

1. Member elected transfer; or
2. Discharge with goals met and/or no expectation of a return to Home Health care.

## **CONTENT AND BASIS OF RECERTIFICATION**

The recertification statement must indicate the continuing need for services.

If a member's underlying condition or complication requires a registered nurse to ensure that essential non-skilled care is achieving its purpose, and necessitates a registered nurse be involved in the development, management, and evaluation of a member's care plan, the physician will include a brief narrative describing the clinical justification of this need.

If the narrative is part of the recertification form, then the narrative must be located immediately prior to the physician's signature on the recertification form. The physician must sign immediately following the narrative in the addendum.

Medicaid does not limit the number of continuous episode recertification for beneficiaries who continue to be eligible for the Home Health benefit. The physician certification may cover a period less than but not greater than 60 days.

## **LIMITATION OF THE PERFORMANCE OF PHYSICIAN CERTIFICATION AND PLAN OF CARE FUNCTIONS**

The need for Home Health services to be provided by a Home Health agency may not be certified or recertified, and a plan of care may not be established and reviewed, by any physician who has a financial relationship as defined in 42 CFR 411.354, with the Home Health agency.