

OPERATIONAL MEMO

Title: Acute Home Health Services- 60 Calendar Days Guidance	Topic: Benefits
Audience: Home Health Providers	Sub-Topic: Provider Guidance
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Purpose and Audience:

The purpose of this Operational Memo is to remind home health providers about existing policies regarding the Acute Home Health period for members.

Information:

Home Health providers are reminded that acute home health services may only be provided for 60 or fewer calendar days or until the acute medical condition is resolved, whichever comes first. A member may receive additional periods of acute home health services when at least 10 days have elapsed since the member's discharge from an acute home health episode, and one of the following circumstances occurs: The member has a change in medical condition that necessitates acute home health services; new onset of a chronic medical condition; or treatment needed for a new acute medical condition or episode.

If the acute home health member is hospitalized for planned or unplanned services for 10 or more calendar days, the home health agency may close the members acute

home health episode and start a new acute home health episode when the member is discharged.

Acute Home Health Limitations:

A new period of acute home health services may not be used for continuation of treatment from a prior acute home health episode. A new acute episode must be utilized for a new or worsening condition. Please reference 10 CCR 2505-10.8.520.4.C.1.i for additional information on acute home health limitations.

Action To Be Taken:

Providers must cease any continuation of treatment from a prior acute home health episode. If a provider believes a member will need more than 60 days of Acute Home Health services, the provider should transition the member to Long Term Home Health services.

Attachment(s):

None

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