



STATE OF MARYLAND
DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Managed Care Organization Transmittal No. 23

TO: Managed Care Organizations (MCOs)

FROM: Joseph M. Millstone, Executive Director
Office of Health Services

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

RE: Home Health Services – Elimination of “Homebound” Requirement

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This transmittal serves to notify managed care organizations that, effective immediately, Maryland Medicaid has eliminated its “homebound” requirement as a condition of recipient eligibility for home health services reimbursed by Maryland Medicaid. Therefore, immediately, all the MCOs must eliminate the requirement of “homebound” in the provision of home health services. The immediate elimination of the “homebound” requirement is undertaken to conform to recent federal guidance that such a requirement is no longer permissible as it conflicts with other federal regulatory requirements. At the most practicable moment, the Maryland Medical Assistance Program will modify its Home Health Services Regulations (COMAR 10.09.04) and Health Choice Regulations (COMAR 10.09.67.05) to bring them into conformance with this new federal policy.

The elimination of the “homebound” requirement means that all covered home health services can be provided to Medicaid eligibles when “medically necessary” and “appropriate” and delivered on a “part time and intermittent” basis usually in the consumer’s home.

Services are considered “medically necessary” when:

- ordered by the attending physician and furnished under a current plan of treatment;
- consistent with the current diagnosis and treatment of the beneficiary’s condition;

- directly related to diagnostic, preventive, curative, palliative, or rehabilitative treatment; and
- considered under accepted standards of medical practice to be a specific and effective treatment of the beneficiary's condition.

Services are considered "appropriate" when:

- they are required to be delivered in the home because of the medical condition of the beneficiary as opposed to preference or convenience;
- the home is the most integrated setting appropriate to meet the needs of the consumer as defined in the Americans with Disabilities Act of 1990. "Most integrated setting" means a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible; and
- they are an effective service or services that can be provided taking into consideration the particular circumstance of the beneficiary and the relative cost of any alternative services which could be used for the same purpose.

Services are considered "part time and intermittent" when delivered for no more than four hours per day.

Services are considered rendered in the recipient's "home" when rendered in the recipient's place of residence, including an assisted living facility but excluding a hospital, nursing facility or other medical institution. Services otherwise appropriate to be delivered in the home may be provided to recipient in other settings (ex. school or work) to the extent to which the recipient would have been entitled if the service was provided at home.

Questions regarding this transmittal should be addressed to the Division of HealthChoice Management at (410) 767-1482.