

PERFORMANCE AUDIT OF THE  
HOME HEALTH SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

JULY 11, 2016

AUDIT RESPONSE

Approved: Farah Hanley  
Farah Hanley, Senior Deputy Director  
Department of Community Health

Date: 7/6/16



## AUDIT REPORT SUMMARY

DEPARTMENT: Health and Human Services  
AUDIT PERIOD: October 1, 2012 through April 30, 2015  
REPORT DATED: May 5, 2016

### DISPOSITION OF AUDIT RECOMMENDATIONS

<u>CITATIONS COMPLIED WITH</u>	<u>CITATIONS TO BE COMPLIED WITH</u>	<u>CITATIONS DCH DID NOT AGREE WITH</u>
	Finding 1 (9/30/16)	

**Audit Response**  
**Performance Audit**  
**Children's Special Health Care Services**  
**Department of Health & Human Services**  
**October 1, 2013 through June 30, 2015**

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Recommendation 1:      Monitoring of home health agencies needs improvement

The OAG recommended that MDHHS ensure that HHAs obtain the necessary approvals prior to providing services and that HHAs maintain appropriate documentation.

Response:

In June 2016, MDHHS created an L-letter reminding home health agencies of their contractual obligation to be informed of all Medicaid updates and to maintain current contact information in CHAMPS. The L-letter is being reviewed by MDHHS leadership for approval to be distributed to all HHAs.

Additionally, MDHHS staff reviewed the Medicaid Provider Manual - HHA chapter for areas that needed additional clarification on documentation requirements. Based on the review, an initial Medicaid policy bulletin was created and is currently being reviewed by MDHHS leadership for approval. The draft bulletin contains reminders to providers that home health services must be ordered (in writing) by the beneficiary's attending physician as part of a written Plan of Care (POC). Also, the POC must be signed and dated by the beneficiary's attending physician. HHA's are also reminded in the Medicaid policy bulletin that if there is no pre-existing written or verbal orders and if a service is rendered prior to the date the physician signed the POC, Medicaid will not cover the service(s) provided.

Additional clarifications in the initial policy bulletin also include: Content of the POC; Physician Orders for Home Health Services and Physician Signatures on the POC; Supervision of Home Health Agency Staff; Prior Authorization for Therapy Services; Receipt of Medicaid Policy Updates; and Advanced Directives. Finally, a separate policy on the face to face encounter requirement is currently being developed and will be sent at a later date as CMS has recently changed the regulatory requirements for this encounter.

MDHHS expects all policy bulletin to be reviewed, approved and implemented by September 2016.