

- A) The following are non-covered services:
- a. Travel time.
 - b. Mileage.
 - c. Services related to hospital-acquired conditions or complications resulting from treatment provided in a hospital.
 - d. Emergency response; for recipients requiring emergency response, the EMS transport will be billed under the ambulance medical emergency code.
 - e. Duplication of services.
 - f. Personal care services.

7. Home health care services

Services: As regulated under 42 CFR 484, 42 CFR 440.70 and other applicable state and federal law or regulation.

Home health services are ~~provided to a recipient at his place of residence~~, certified by a physician and provided under a physician approved Plan of Care. ~~These services may be provided in the recipient's home and other settings where normal life activities occur.~~ The provider must be enrolled as a Medicare Certified Home Health Agency licensed and authorized by state and federal laws to provide health care services in the home. Home health services include the following services and items:

- a. Physical therapy.
(Reference section 11 "a" of Attachment 3.1-A)
- b. Occupational therapy.
(Reference section 11 "b" of Attachment 3.1-A)
- c. Speech therapy.
(Reference section 11 "c" of Attachment 3.1-A)
- d. Family planning education.

Home health agencies employ registered nurses to provide postpartum home visiting services to Medicaid eligible women.

Provider Qualifications:

(Reference Section 7 "e" of Attachment 3.1-A)

- e. Skilled nursing services (RN/LPN visits)