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## *Indiana Family and Social Services Administration*

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## Home Health Services: What You Need to Know

Home Health Services include skilled nursing, skilled therapies (like physical therapy, occupational therapy and speech-language pathology) and home health aide services (like support for bathing, feeding and mobility). These services are available to anyone who receives Medicaid and has a medical need for these services.

While some Home Health Services are like services available through your Medicaid waiver, the process for getting these services is somewhat different. Waiver services can only be accessed once you have exhausted all other available support so it is important that as a Waiver participant you know how to request and access Home Health Services if they could be used to help meet your needs.

This fact sheet is intended to help you learn the basics of requesting Home Health Services. For more details on Home Health Services please see the [Home Health Services IHCP Provider Reference Module](#).

### **How Do I Request Home Health Services?**

You can start the home health services request process through your doctor or through a home health agency.

- If you start with your doctor, they may need to schedule a face-to-face visit with you to determine if you need home health services. If your doctor agrees with the need for home health services, they will write a prescription and may refer you to a Home Health Agency that may be able to provide your services.
- If you start with a home health agency, they can help you reach out to your doctor to request home health services. Your doctor's approval and a prescription for home health services will still be required.

Once you have a prescription for home health services and have identified a home health agency willing to provide your services, the home health agency will complete an in-person assessment within 48 hours to see what home health services you may qualify for.

The Home Health Agency will then submit a prior authorization request to the state for approval before your home health services begin.

### **How Do I Find a Home Health Agency in My Area?**

Your doctor's office may already have an existing relationship with a home health agency in your area and can connect you directly.

You can also search for home health agencies in your area using the [IHCP Provider Locator](#). Be sure to click the button next to "Other" and select "Home Health Agency." You can then narrow your search by county or zip code.



## **Who Can Help Me with This Process?**

**Your Doctor**—Your doctor’s office is who will provide you with the needed prescription for Home Health Services. They may also be able to connect you with a local Home Health Agency. If your doctor’s office has questions about how to support your request for Home Health Services refer them to the [Home Health Services IHCP Provider Reference Module](#), the [Prior Authorization IHCP Provider Reference Module](#), and the [Fee-for-Service Prior Authorization webpage](#) for more information.

**The Home Health Agency**—These agencies are responsible for conducting the required assessment for Home Health services and helping to collect any supporting documentation about your need for Home Health. They will then send the request for prior authorization, and let you know what type and amount of services have been approved.

It is possible a Home Health Agency may not accept the referral from your doctor if they do not have enough staff to provide your services. This doesn’t necessarily mean you don’t qualify! If this happens be sure to document the agency name, the person you spoke with, when you talked to them, and the exact reason they gave. If possible, get this information in writing to share with your care manager.

**Your Care Manager**—Your care manager is responsible for drafting your waiver service plan. If your plan includes Attendant Care (ATTC) they are also required to document your request for Home Health services, the status of the request, and show how those available supports were considered as part of the planning process. Your care manager can also help you connect to potential home health agencies, discuss how to apply for home health services, and help you collect documentation you may need.

Care Managers have received guidance about how to coordinate Home Health Services with Waiver Services.

## **Do I Really Have to Request Home Health Services?**

If you want to receive any waiver services that may also be covered by Home Health Services (e.g. ATTC), **Yes**.

Home Health Services are an additional benefit intended to help meet the needs of Medicaid recipients. If you are unable to access Home Health Services due to your location or a lack of available providers in your area, all that is needed is documentation of these factors.

## **Can My Primary Caregiver be both Paid Principal Caregiver and be Paid to Provide my Home Health Services?**

**No**. Home Health services are intended to provide relief to the primary caregiver (paid or unpaid). To be eligible for PA for Home Health services (both Nursing and Home Health Aide), an individual’s primary caregiver must be unavailable to provide care for one or more reasons ([IHCP Home Health Services module](#), pg. 3). The primary caregiver cannot be unavailable so that the individual is eligible for PA for Home Health services, while also being paid to deliver those same services