



MEDICAL POLICY STATEMENT

TrueCare

Policy Name & Number	Date Effective
Home Health Services-TrueCare-MM-1753	03/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject**Home Health Services****B. Background**

Home health services are skilled and supportive care services provided in the member's home to meet skilled care needs and associated activities of daily living (ADLs) to allow the member to safely stay in the home. Home health services incorporate a wide variety of skilled healthcare and supportive services provided by licensed and unlicensed professionals. These services are designed to meet the needs of members with acute, chronic, and terminal illnesses or disabilities, who without this support might otherwise require services in an acute care or residential facility.

These guidelines for medical necessity determinations identify clinical information that TrueCare uses to determine medical necessity for home health services. These guidelines are based on generally accepted standards of practice, review of medical literature, as well as federal and state policies and laws applicable to Medicaid programs.

Providers should consult Title: 23, Part 215 of the Mississippi Administrative Code for details about coverage, limitations, service conditions, and prior-authorization requirements.

C. Definitions

- **Allowed Non-Physician Practitioner** – Nurse practitioner or clinical nurse specialist working in collaboration with the beneficiary's physician, or physician assistant under the supervision of the beneficiary's physician.
- **Home Health Services** – Skilled nursing visits, home health aide visits, and durable medical equipment, supplies and appliances provided to a beneficiary at the beneficiary's place of residence and ordered by the beneficiary's physician or non-physician practitioner (NPP) as part of a written plan of care reviewed by the physician or NPP every 60 days.
- **Residence** – Any setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

D. Policy

- I. TrueCare follows the Mississippi Administrative Code for Home Health Services and Personal Care Services. Refer to the Administrative Code before utilization of this policy. TrueCare covers the following home health services when medically necessary and used to treat a beneficiary's disability, illness, or injury:
 - A. Skilled nursing visits
 1. Intermittent or part-time skilled nursing services must be provided during the visit by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of a RN employed by a home health agency in accordance with Mississippi State Department of Health, Division of Health Facilities Licensure

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

- and Certification standards or an RN when no home health agency exists in the area.
 - 2. The RN must be a graduate of an approved school of professional nursing, who is licensed as an RN by the State in which they practice.
 - 3. TrueCare utilizes MCG criteria for Home Care skilled nursing.
 - B. Home health aide visits for home health aide services
 - 1. Home health aide services must be provided directly by an aide employed by a home health agency and in accordance with MSDH-DHFLC standards.
 - 2. The home health aide must be an individual who has successfully completed a state-established or other home health aide training program approved by the MSDH-DHFLC.
 - 3. A supervisory visit must be made every 60 days by an RN.
 - 4. Home health aide services may be provided without the requirement of receiving skilled nursing services.
 - 5. Refer to Section II.D.V for general guidelines on tasks typically performed.
 - C. Durable medical equipment, medical supplies, and appliances as described in Miss Admin. Code Title 23, Part 209.
- II. TrueCare covers up to 36 home health visits per state fiscal year, except for members who qualify for EPSDT, which will evaluate all requests on a case-by-case basis.
- III. In order to qualify for home health services, members must meet the following:
- A. Be unable to travel to an outpatient setting for the needed services or have a condition that is so fragile or unstable that the member cannot receive the services in an outpatient setting.
 - B. Be seen by a physician or allowed non-physician practitioner (NPP) no more than 90 days before or 30 days after the start of home health services. For the purpose of recertification, a face-to-face encounter with the member's physician or NPP must occur at least every 60 days.
- IV. TrueCare does not cover (note: the below may not apply to EPSDT, as all requests are reviewed for medical necessity.)
- A. duplicative services (eg, personal care services, respite care, and/or home health aide services provided at the same time)
 - B. home health services provided to a member who can receive the services in an outpatient setting including, but not limited to:
 - 1. outpatient hospital
 - 2. free-standing clinic
 - 3. nursing facility
 - C. services that are not medically necessary
 - D. services that are not part of a written plan of care reviewed and recertified every 60 days by a physician or NPP
 - E. services provided by a home health agency that has not met the requirements for participation in Medicare
 - F. services that have not been ordered by a physician or NPP

- G. services provided in another state where the beneficiary has been a resident for more than 30 days
- H. The following services under the home health benefit:
 1. physical therapy
 2. occupational therapy
 3. speech-language pathology and audiology services

V. General guidelines for care based on the Aide Norms Tool

Task Type	General Guideline
Mobility (bed, transfer, locomotion)	5min/ADL inside and 15min outside. Positioning Q2 hr
Bathing	30 min/day – includes prep/clean up; transfers
Grooming	15 min/day – includes all hair care, oral care, nails – general hygiene care
Medication	5 min/dose time regardless of number of medications
Toileting	Bladder: 10 min/2 hr awake; 2x/night; add 5 min if incontinent. Bowel: 10 min/BM, add 10 min if incontinent
Dressing	15 min/day; plus 5 min/device (prosthetic)
Eating	30 min/meal with 3 meals and 2 snacks per day
Linen Changes	30 min/week

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

DATE		ACTION
Date Issued	06/18/2025	New policy, approved at Committee.
Date Revised	12/03/2025	Reviewed: Added LPN based on regulatory update. Updated references. Approved at Committee.
Date Effective	03/01/2026	
Date Archived		

H. References

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This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

DOM approved 02/20/2026