



Connecticut Medical Assistance Program
Policy Transmittal 2014-02

Provider Bulletin 2014-44
July 2014

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2014
Contact: Dawn Lambert @ (860) 424-4897

TO: Home Health Services Providers

RE: Implementation of Connecticut General Statute 19a-492 Permitting Registered Nurses to Delegate Administration of Medication to Home Health Aides who have Obtained Certification for Medication Administration.

This Policy Transmittal issues the Department of Social Services' requirements for payments to home health providers for the purpose of medication administration, other than injectables, by medication-certified home health aides. Connecticut General Statute 19a-492e allows registered nurses to delegate the administration of medication, other than injectables, to home health aides who have obtained certification for medication administration in accordance with regulations adopted by the Department of Public Health (DPH), unless the prescribing practitioner specifies that the medication must be administered by a licensed nurse.

DEFINITION OF MEDICATION-CERTIFIED HOME HEALTH AIDE

Medication-certified home health aides are home health aides working for a licensed home health care agency who have successfully completed medication certification requirements in accordance with regulations adopted by the DPH. Successful completion of these requirements is evidenced by receipt of a Certificate of Completion issued by Value Options or other institution identified by the Department responsible for implementing the DPH approved certification requirements.

MEDICATION-CERTIFIED HOME HEALTH AIDE CLAIMS

The Department has added Healthcare Common Procedure Coding System (HCPCS)

code T1021 to its home health fee schedule. Code T1021 is used for claiming medication administration services provided by a certified home health aide. T1021 must be used per visit. T1021 with modifier TT (individualized service for more than one member) must be used when billing for a medication-certified home health aide medication administration visit to a subsequent patient. Reimbursement for T1021 in conjunction with modifier TT will pay 50% of the rate on file for T1021.

PRIOR AUTHORIZATION

Delegation of medication administration visits T1021 are considered extensions of skilled nursing services, however, all claims submitted using the T1021 code require prior authorization beginning with the first visit.

Providers should follow existing guidelines for contacting Community Health Network, Value Options, Access Agency Care Manager or Money Follows the Person (MFP) Unit for obtaining prior authorization. If the member receives medication administration services only, the Department will authorize a minimum of one (1) skilled nursing visit per 60-day interval for the purpose of reviewing the individualized plan of care as well as the number of medication administration visits requested through any individualized combination of visits administered by a nurse or delegated to a medication-certified home health aide based on medical necessity. If more than one skilled nursing visit is required during a 60-day interval, the Department will

authorize based on documentation of need on a case by case basis.

Prior authorization for services provided by a medication-certified home health aide will be made in accordance with the DSS definition of medical necessity. Coverage determinations will be based upon a review of requested and/or submitted member's case-specific information.

WHEN AUTHORIZATION OF MEDICATION ADMINISTRATION DELEGATED TO A MEDICATION-CERTIFIED HOME HEALTH AIDE BECOMES MEDICATION ADMINISTRATION BY A NURSE

If the medication-certified home health aide cannot successfully administer the medication as delegated or if the certified home health aide is not available, the visit may become medication administration by a nurse. If this situation occurs, the home health service provider is required to contact Community Health Network, Value Options, Access Agency Care Manager or MFP to request modification of the prior authorization. Documentation must clearly identify why the medication-certified home health aide could not administer the medication.

WHEN AUTHORIZATION OF MEDICATION ADMINISTRATION DELEGATED TO A MEDICATION-CERTIFIED HOME HEALTH AIDE BECOMES A SKILLED NURSING VISIT

If during the course of a scheduled medication administration visit delegated to a home health aide, there is a change in the member's condition, the home health aide is required to notify the supervising nurse and the supervising nurse must visit the member to complete an assessment of the member's status. After assessment, the supervising nurse must notify the member's prescribing practitioner and the medication administration visit is permitted to become a skilled nursing

visit. This may occur even if a revision to the member's plan of care is not required.

If this situation occurs and the services have been prior authorized as medication administration delegated to a home health aide, the home health service provider is required to contact the Community Health Network or Value Options to request modification of the prior authorization as necessary.

WHEN THE MEDICATION-CERTIFIED HOME HEALTH AIDE IS AUTHORIZED TO ADMINISTER MEDICATION AND TO PROVIDE HOME HEALTH AIDE SERVICES

If the home health aide providing authorized personal care services to the member is also a medication-certified home health aide administering medication to the member, the T1021 should be used for the medication visit. Home health aide personal care duties will be authorized according to existing guidelines under T1004 and may be authorized in coordination with a certified home health aide medication administration visit. Time associated with conducting medication administration visit claimed under T1021 must be documented as an activity separate and apart from time documented on personal care activities.

WHEN AUTHORIZATION OF AUTOMATED MEDICATION DISPENSERS IS ACCOMPANIED BY A REQUEST FOR A MEDICATION-CERTIFIED HOME HEALTH AIDE TO ADMINISTER MEDICATION

If an automated medication dispenser fails to effectively dispense medication or if the member does not adhere to the medication dispenser process, the home health agency may request that a certified home health aide for the purpose of administering medication (T1021) administer medication per the medication schedule from the original

medication bottles or pharmacy packaging. If this situation occurs, the home health service provider is required to contact the authorizing Administrative Services Organization, Community Health Network or Value Options, to request modification of the prior authorization. The change in the prior authorization is necessary if any change in combination of S5185 and T1021 occurs. If the member evidences inability to benefit from the automated medication dispenser, as documented by more than 2 prior authorizations for T1021 during a month, the home health agency is required to reassess the member to determine strategies to increase compliance with the automated medication dispenser in successive months.

**WHEN CHANGES TO
ADMINISTRATION OF MEDICATION
IMPACT 1915(c) WAIVER
MEMBERS, 1915(i) MEMBERS OR MFP
MEMBERS**

When changes are required to the 1915(c), 1915(i) or MFP member's individualized plan of care for medication administration, providers are required to follow existing guidelines for notifying Access Agency Care Manager or MFP.

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Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

Responsible Unit: DSS, Division of Health Services, Money Follows the Person Unit, Dawn Lambert (860) 424-4897.

Date Issued: June 2014