

Home & Community-Based Health Services (HCBHS)

Health Resources and Services Administration Definition: Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment (DME)
- Home health aide services and personal care services in the home

Program Guidance: Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Eligibility: Clients shall meet eligibility requirements as defined in the System-Wide Service Standards.

Note: In the Orlando Service Area, only durable medical equipment is funded.

1.0 Treatment Guideline Standards and Measures

The agencies shall ensure compliance with the most current U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Guide for HIV/AIDS Clinical Care – 2014 Edition as cited in the following standards.

1.0 Treatment Guideline Standards and Measures

Standards		Measures	
1.1	Agencies must ensure clients have a written plan of care established by a licensed clinical provider. Initial plans of care shall be established within seven (7) calendar days of the initial visit. Re-evaluation of the plan of care should occur at least every thirty (30) calendar days with adaptations as necessary for temporary conditions requiring DME.	1.1	Documentation in client's electronic health record.
1.2	Agencies must ensure that the client's plan of care indicates	1.2	Documentation in client's electronic health record.

	whether the DME is temporary or permanent.	
1.3	Agencies must ensure that clients have a written prescription or referral for the requested service or durable medical equipment.	1.3 Documentation in client's electronic health record.
1.4	<p>Provider shall comply with the Home & Community Based Health Service Standard Exception Request process and guidelines when a client reaches the annual maximum for the fiscal year</p> <p>Note: The annual maximum is determined by the Recipient or Lead Agency.</p>	<p>1.4 Documentation in client's electronic health record should include the following:</p> <ul style="list-style-type: none"> • Exception request letter • Treatment plan • Medical history including medication list • Any other documentation requested by the Recipient or Lead Agency
1.5	Durable Medical Equipment (DME) is limited to the allowable Medicare items..	<p>1.5 Documentation in client's electronic health record of written prescription.</p> <p>Documentation that the client received the DME and the purchase price.</p>

2.0 Responsibility of Case Management Agencies

The purpose of this section is to establish the scope of work for the coordination of Home and Community-Based Health Services.

2.0 Responsibility of Case Management Agencies

Standards		Measures	
2.1	Agencies shall ensure that clients have exhausted access through other funding sources prior to providing DME.	2.1	<p>Documentation in the approved electronic database management system demonstrates Ryan White is the "Payor of Last Resort".</p> <p>Documentation of insurance denial for DME in client's file.</p>
2.2	Agencies providing Home and Community-Based Health	2.2	Policy and procedures

	services shall have policies and procedures in place to ensure compliance with utilization of funds, referral of clients, and linkage to DME services.		Documentation of need in client's file.
2.3	Agencies shall ensure that only DME on the Medicare allowable items list is distributed.	2.3	Documentation in the client's file.

3.0 Discharge

Clients who are no longer engaged in Home & Community Based Health Services or have achieved self-sufficiency should have their cases closed based on the criteria and protocol outlined in the Agency's Policies and Procedures Manual.

3.0 Discharge

Standards		Measures	
3.1	Cases may be closed when the client: <ul style="list-style-type: none"> Has achieved all goals listed on the plan of care Has become ineligible for services Is deceased Decides to discontinue services The agency is unable to contact the client <p>Is found to be improperly utilizing the service and/or is asked to leave the agency</p>	3.1	Documentation of case closure in the approved electronic database management system
3.2	<p>Clients who have successfully achieved all goals in the plan of care shall be graduated from HCBHS. Graduation criteria include:</p> <ul style="list-style-type: none"> Client completed all plan of care goals; or Client is no longer in need of HCBHS 	3.2	Client's graduation from HCBHS documented in the approved electronic database management system.

<p>3.3 All discharged or graduated clients shall be offered an exit interview by the case manager via one of the following:</p> <ul style="list-style-type: none"> • Face-to-face visit; • Telephone; or • Written communication <p>Note: When the HCBHS provider not able to conduct an exit interview, a reason must be documented in the record.</p>	<p>3.3 Documentation of an exit interview being offered shall be recorded in the approved electronic database management system.</p>
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