Guidance: Home Health Agencies – Admission and Treatment Orders by Advanced Nurse Practitioners, Physician Assistants, Physicians, and Podiatrists

Purpose

This guidance provides updated recommendations from the Illinois Department of Public Health for flexibility for the enrollment, continued care, and management of Home Health Care patients by advanced practice nurses and physician assistants in addition to physicians and podiatrists.

Information

Illinois reviewed the Medicare waiver issued on March 30, 2020 providing flexibility for the enrollment, continued care, and management of Home Health Care patients by advanced practice nurses and physician assistants in addition to physicians and podiatrists.

The applicable statute related to this issue is as follows:

210 ILCS 55/2.05 Home health Services

“Home health services” means services provided to a person at his residence according to a plan of treatment for illness or infirmity prescribed by a physician licensed to practice medicine in all its branches, a licensed physician assistant, or a licensed advanced practice registered nurse. Such services include part time and intermittent nursing services and other therapeutic services such as physical therapy, occupational therapy, speech therapy, medical social services, or services provided by a home health aide.

The relevant section of the administrative rule is as follows:

77 IL ADC 245.200 Services – Home Health

a) Each home health agency shall provide skilled nursing service and at least one other home health service on a part-time or intermittent basis. The agency staff shall directly provide basic skilled nursing service. The agency staff may provide other home health services directly or through a contractual purchase of services. Additional skilled specialty nursing services and use of additional nursing staff to meet changes in caseload may be provided by contract. All services shall be provided in accordance with the orders of the patient’s physician or podiatrist, under a plan of treatment established by the physician or podiatrist, and under the supervision of agency staff.

Although the applicable statute is more permissive, the administrative rule, in keeping with the Medicare Condition of Participation, allows for services for patients “in accordance with the orders of
the patient’s physician or podiatrist” and “under a plan of treatment established by the physician or podiatrist” and “under the supervision of agency staff.”

The following is the Medicare waiver:

**Plans of Care and Certifying/Recertifying Patient Eligibility:** HHS is utilizing enforcement discretion with regards to the requirements at §§ 409.43 and 424.22 in order to allow a patient to be under the care of a nurse practitioner or clinical nurse specialist (as such terms are defined in section 1861(aa) (5)) who is working in accordance with State law, or a physician assistant (as defined in section 1861(aa)(5)) who is working in accordance with State law, and for such physician/practitioner: (1) order home health services; (2) establish and periodically review a plan of care for home health services (e.g., sign the plan of care), (3) certify and re-certify that the patient is eligible for Medicare home health services. This will provide the flexibility needed for more timely initiation of services for home health patients, while allowing providers and patients to practice social distancing. HHS will not conduct audits to ensure that only physicians provided orders, signed and dated the plans of care, and certified/recertified patient eligibility for claims with “claim through dates” of March 1 or later submitted during this public health emergency.

**Guidance**

Based on its review of the statute, rule, and the Medicare waiver, the State will allow and accept all home health patient clinical orders for enrollment and management of continued care under the direction of an advanced nurse practitioner, physician assistant, physician, and or podiatrist. This allowance shall remain in place during the duration of the public health emergency.