

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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LIMITATIONS ON SERVICES (Cont.)

7. a. Home Health Services

Coverage and provider qualifications are in accordance with 42 CFR 440.70. Home health services are provided to eligible clients according to a written plan of treatment, in 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. Home health services must be ordered by a physician, nurse practitioner, clinical nurse specialist or physician assistant, working within their scope of practice and State licensing regulations. The signed order must be on file at the Home Health Agency. The plan of care must be reviewed and signed by the ordering practitioner every 60 days to continue services.

For the initiation of home health services, a face-to-face encounter related to the primary reason the client requires home health services must occur not more than ninety (90) days before or thirty (30) days after the start of services. The face-to-face encounter must be conducted by a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife or physician assistant.

Prior authorization is required for home health services. Home Health services are provided by a registered nurse when no home health agency is available. Services are provided by home health agencies that meet conditions for participation in Medicare. Services are not covered if not medically appropriate, Medical Social Worker services, Registered Dietician counseling. Services requiring prior authorization are: Skilled nursing services and all therapy services. Some services are limited; skilled nursing visits are limited to two visits per day; therapy services are limited to one visit or evaluation per day. The limits for skilled nursing visits and therapy services can be exceeded by prior authorization and medical necessity.

7. b. Services of Home Health Aide

Services of a home health aide, employed by a Home Health Agency, giving personal care are provided according to a plan of treatment. All requirements listed for Home Health Services above apply to Home Health Aide services.

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LIMITATIONS ON SERVICES (Cont.)

7. c. Medical Supplies, Equipment, and Appliances

Coverage and provider qualifications are in accordance with 42 CFR 440.70. Medical supplies, equipment and appliances must be medically appropriate and suitable for use in 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.

Medical supplies, equipment and appliances may be ordered by a treating physician, nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician assistant working within their scope of practice and State licensing regulations. For the initial ordering of certain medical equipment, a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician assistant must conduct a face-to-face encounter that is related to the primary reason the client requires medical equipment no more than 6 months prior to the start of services.

Medical supplies, equipment or appliance must be approved for marketing and registered or listed as a medical device by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended. Medical supplies are health care related items that are consumable or disposable or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury. Equipment and appliances are items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable.

Medicaid coverage of equipment and appliances is not restricted to items covered as durable medical equipment in the Medicare program.

A request for an individual medical appropriateness review may be made for any medical equipment, related supplies or services that are not identified as covered by the Division. If the request is denied, the client will be informed of their right to a fair hearing.