**Section 140.471 Description of Home Health Care Services**

a) Home health services are services provided for participants in their places of residence and are aimed at facilitating the transition from a more acute level of care to the home.

b) Services provided shall be of a curative or rehabilitative nature and demonstrate progress toward goals outlined in a plan of care. Services shall be provided for individuals upon direct order of a physician and in accordance with a plan of care established by the physician and reviewed at least every 60 days.

c) For purposes of this Section, "residence" includes any setting in which normal life activities take place and does not include a hospital, a skilled nursing facility, an intermediate care facility, a specialized mental health rehabilitation facility,or any setting in which payment is or could be made under Medical Assistance programs for inpatient services that include room and board. The term "residence" includes an intermediate care facility for the mentally retarded only to the extent that home health services are not required to be provided under 89 Ill. Adm. Code 144.

d) Effective July 1, 2012, to be eligible for reimbursement by the Department, initial certification of intermittent skilled nursing services, home health aide or therapy services must have documentation that a face-to-face encounter was conducted by the practitioner requesting services. The following conditions must be met for the face-to-face encounter:

1) The physician responsible for performing the initial certification must document that the face-to-face patient encounter, which is related to the primary reason the patient requires home health services, has occurred no more than 90 days prior to the home health start of care date or within 30 days after the start of the home health care by including the date of the encounter and including an explanation of why the clinical findings of the encounter support that the patient is in need of either intermittent skilled nursing, home health aide or therapy services as defined in Section 140.472.

2) The face-to-face encounter must be performed by the certifying physician, a nurse practitioner, a clinical nurse specialist who is working in collaboration with the physician in accordance with State law, a certified nurse midwife as authorized by State law, a physician assistant under the supervision of the physician, or, for patients admitted to home health immediately after an acute or post-acute stay, the physician who cared for the patient in an acute or post-acute facility and who has privileges at the facility.

A) If the certifying physician does not perform the face-to-face encounter personally, the non-physician practitioner or the physician who cared for the patient in an acute or post-acute facility performing the face-to-face encounter must communicate the clinical findings of that face-to-face patient encounter to the certifying physician. The clinical findings must be incorporated into a written or electronic document in the patient's medical record.

B) If a face-to-face patient encounter occurred within 90 days prior to the start of care but is not related to the primary reason the patient requires home health services, or the patient has not seen the certifying physician or allowed non-physician practitioner within the 90 days prior to the start of the home health episode, the certifying physician or non-physician practitioner must have a face-to-face encounter with the patient within 30 days after the start of the home health care.

C) The face-to-face patient encounter may occur through telehealth, in compliance with Section 140.403.

D) The physician responsible for certifying the patient for home care must document that the face-to-face encounter is related to the primary reason the patient requires home health services, and occurred within the timeframes described in subsection (d)(1). The documentation must indicate the practitioner who conducted the encounter and the date of the encounter.

(Source: Amended at 42 Ill. Reg. 4829, effective March 1, 2018)