

Ask NAHC:

Medicare Home Health 'Management and Evaluation'

Q: How are people using "Management and Evaluation" of a Medicare home health plan of care? We have a patient who is currently stable but frail, and has potential to decline; can we keep this individual "skilled" by using this benefit? Also, I would like to locate the regulation on Management and Evaluation of the care plan.

From National Association for Home Care & Hospice Regulatory Affairs:

"Management and Evaluation" of the care plan is not intended to be used to monitor a stable patient because the patient has potential to become unstable. It covers skilled visits necessary to ensure that caregivers are carrying out the plan of care adequately.

The Management and Evaluation benefit has existed since the inception of the Medicare program. Written under regulation [42 CFR \(Code of Federal Regulations\) 409.33](#), "Requirement for Coverage of Post-Hospital SNF (skilled nursing facility) Care," management and evaluation of the care plan eventually was extended to home health.

The regulatory language, however, is in the SNF section of the CFR and is as follows:

The development, management, and evaluation of a patient care plan based on the physician's orders constitute skilled services when, because of the patient's physical or mental condition, those activities require the involvement of technical or professional personnel in order to meet the patient's needs, promote recovery, and ensure medical safety. Those activities include the management of a plan involving a variety of personal care services only when, in light of the patient condition, the aggregate of those services requires the involvement of technical professional personnel.

The skilled services entail management of a complex care plan that involves unskilled services, and are intended to provide oversight and avoid complications in a patient's overall medical plan of care. The care plan in this case is unstable as a result of a caregiver's inability to carry out the plan of care, and therefore the plan requires skilled oversight. Once the treatment regimen under the care plan is stable, the patient should be discharged.

For this management and evaluation service to be covered, there must be evidence of a skilled professional managing the care plan and caregivers (rather than simply performing an evaluation). **This should include:**

- Skilled planning to meet the patient's needs;
- Promoting recovery and ensuring medical safety;
- Demonstrated coordination of all caregivers involved in the care;
- Preventing complications as a result of caregiver noncompliance to the care plan; and
- Determining the effectiveness of functions, interventions, assignments, and goals.

[Pub. 100-2, Chapter 7, Section 40.1.2.2 of the Medicare coverage manual](#) addresses "Management and Evaluation of the Care Plan" in home health.

Skilled nursing visits for management and evaluation of the patient's care plan are also reasonable and necessary where underlying conditions or complications require that only a registered nurse can ensure that essential nonskilled care is achieving its purpose. For skilled nursing care to be reasonable and necessary for management and evaluation of the patient's plan of care, the complexity of the necessary unskilled services that are a necessary part of the medical treatment must require the involvement of skilled nursing personnel to promote the patient's recovery and medical safety in view of the patient's overall condition.

The regulations include an example where skilled supervision management and evaluation would not be covered:

Where visits by a licensed nurse are not needed to observe and assess the effects of the nonskilled services being provided to treat the illness or injury, skilled nursing care would not be considered reasonable and necessary to treat the illness or injury.

Ex: A physician orders one skilled nursing visit every two weeks and three home health aide visits each week for bathing and washing hair for a patient whose recovery from a CVA has left him with residual weakness on the left side. The cardiovascular condition is stable and the patient has reached the maximum restoration potential. There are no underlying conditions that would necessitate the skilled supervision of a licensed nurse in assisting with bathing or hair washing. The skilled nursing visits are not necessary to manage and supervise the home health aide services and would not be covered.