Minnesota Health Care Programs

Coverage Guidelines for Home Care Services

Minnesota Department of **Human Services**

MHCP Programs of Services	Covered Services	Service Agreement Required	Contact for Prior Authorization
Medical Assistance (MA)	Skilled Nurse Visit (SNV) Private Duty Nurse (PDN) Home Health Aide (HHA) Physical Therapy (PT) Occupational Therapy (OT) Speech Therapy (ST) Respiratory Therapy (RT)	Y* Y Y N N N N	Submit the request to DHS using MN–ITS Interactive Authorization Request Service Agreement (278) transaction and submit appropriate documentation per instructions in the Service Agreement Quick Reference Guide to (651) 431-6132.
	Personal Care Assistant (PCA)	Y	Submit PCA Request to the County Public Health Nurse (PHN)
General Assistance Medical Care (GAMC)	Home care services are not covered	N/A	N/A
Prepaid MA	SNV, PCA, PDN, HHA, PT, OT, ST, RT	+	Prepaid Health Plan
MinnesotaCare Expanded Benefit Set (pregnant women & children)	SNV, PCA, PDN, HHA, PT, OT, ST, RT	+	Prepaid Health Plan
MinnesotaCare Basic MinnesotaCare Basic Plus MinnesotaCare Basic Plus One MinnesotaCare Basic Plus Two	SNV, HHA, PT, OT, ST, RT (PDN & PCA services are not covered)	+	Prepaid Health Plan
Alternative Care (AC)	AC recipients are not eligible for MA; only specific services listed on the recipient's service agreement are covered.	Y	County Case Manager
Waiver Programs: Elderly Waiver (EW) & MA; Developmental Disability Waiver (DD) & MA; Community Alternative Care (CAC) & MA; Community Alternatives for Disabled Individuals (CADI) & MA; Traumatic Brain Injury (TBI) & MA	All MA covered SNV, PCA, PDN, HHA, PT, OT, ST, RT, in addition to the expanded services covered under each waiver program. Refer to Ch. 26 of the MHCP Provider Manual for an explanation of each waiver program and a list of covered waiver services.	Y	County Case Manager

* The first 9 skilled nurse visits, per calendar year, do not require a service agreement.

+ All MinnesotaCare enrollees and some MA & GAMC recipients are enrolled in prepaid health plans. Contact the health plan for authorization requirements.