

Home Health Care Public Meeting - October 2, 2012
Division of Workers' Compensation

Excerpts of Senate Bill 863

Labor Code section 4600 subdivision (h):

(h) Home health care services shall be provided as medical treatment only if reasonably required to cure or relieve the injured employee from the effects of his or her injury and prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, and subject to Section 5307.1 or 5703.8. The employer shall not be liable for home health care services that are provided more than 14 days prior to the date of the employer's receipt of the physician's prescription.

Labor Code section 5307.8:

Notwithstanding Section 5307.1, on or before July 1, 2013, the administrative director shall adopt, after public hearings, a schedule for payment of home health care services provided in accordance with Section 4600 that are not covered by a Medicare fee schedule and are not otherwise covered by the official medical fee schedule adopted pursuant to Section 5307.1. The schedule shall set forth fees and requirements for service providers, and shall be based on the maximum service hours and fees as set forth in regulations adopted pursuant to Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code. No fees shall be provided for any services, including any services provided by a member of the employee's household, to the extent the services had been regularly performed in the same manner and to the same degree prior to the date of injury. If appropriate, an attorney's fee for recovery of home health care fees under this section may be awarded in accordance with Section 4906 and any applicable rules or regulations.

Issues for Discussion

- Which home health care services/providers are not covered by a Medicare fee schedule and should be included in a home health care service fee schedule under Labor Code §5307.8?
- Should the Division adopt a mandatory time sheet for providers, and if so, how detailed should it be to document work performed?
- What should the Division include in "requirements for service providers" referenced in LC §5307.8?
- SB 863 requires the use of In Home Supportive Services rules for maximum hours of services. Under the In Home Supportive Services program, the needs assessment to determine the hours of service and type of service is conducted by a social worker. SB 863 requires that a physician *prescribe* the home health care services. The Division is considering the following procedure: The physician would refer the injured worker for a needs assessment by a nurse case manager or licensed clinical social worker. Based on the needs assessment using the IHSS criteria, the nurse case manager or licensed clinical social worker would recommend the type and quantity of services needed. The physician will review the recommendations and issue a prescription.