

**Ryan White Part B Program
Policy
Limited Home Health Care**
Revised 06/2013

Federal Policy References:-Ryan White CARE Act (PL 104-146), Sect. 2612(a)(1)(2)(B), Sect. 2614
-HRSA/HAB Policy Notice 97-02.21

The Nebraska Ryan White Program has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to Section 2617(c)(4)(A) of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Grantees (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS.
<https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of the Ryan White Part B policy on limited home health care is to ensure compliance with applicable Federal Policies for the appropriate use of Part B funding for limited home health care assistance for eligible clients. This policy identifies client eligibility, the appropriate uses of limited home health care, and limitations.

1. Ryan White Part B funds may be utilized for limited home health care services to include services for in home health care for eligible clients.
2. Clients eligible for limited home health care services must meet eligibility criteria per the Nebraska Ryan White Part B Policy “Client Eligibility” and per the HRSA National Monitoring Standards (see link above).
3. Home Health care services must be provided by a home health care provider licensed to provide home health care services in Nebraska.
4. The services authorized under the Home Health policy shall be limited to skilled nursing services and physical therapy services. All costs for these services must be billed at the Medicaid reimbursable rate, and must be negotiated and approved by RW Program administration prior to service provision and billing occurs.
5. Prior to requesting Ryan White Part B funding all other resources, public or private that provide home health care services, must be exhausted ensuring Ryan White Part B funding as payer of last resort.
6. Written pre-authorization of home health care services between the Ryan White Part B Program and the provider is required. A contract between the Ryan White Part B Program and the provider is required.

7. Funding for home health care services does not include inpatient hospital services, nursing homes, or long term care facilities.
8. In no case may CARE Act funds be used to make direct payments of cash to recipients of home health care assistance.