

Clinical Policy: Pediatric Hourly Home Health Aide

Reference Number: DE.CP.MP.04

Date of Last Revision: 03/26

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for initial and ongoing requests for pediatric hourly home health aide services for Delaware First Health Medicaid members.

Policy/Criteria

- I. It is the policy of Delaware First Health that *initial* pediatric hourly home health aide services are **medically necessary** when both of the following indications are met:
 - A. One of the following:
 1. Member is 20 years of age or younger;
 2. Member is less than 3 years of age and has a skilled need.
 - B. All of the following:
 1. Member is engaged with care coordination services;
 2. A letter of medical necessity (LOMN) from the member's treating practitioner is included in the medical record and is signed and dated within one year prior to the requested date of service;
 3. Member meets medical necessity criteria based on scoring assignments from the Iowa Functional Needs Acuity Scoring Tool FNAST form and Social Needs Acuity Scoring Tool SNAST form;
 4. Caregiver availability must be documented through work verification, school verification, or documentation of medical need and submitted to the health plan. This information must be updated at least annually, or when there are changes in the member's health condition or needs (including medical, coverage, or social needs) and is maintained in the member's medical record;
 5. Services are directly related to the prevention, diagnosis, and treatment of the member's disease, condition, and/or disorder that results in health impairments and/or disability (the physical or mental functional deficits that characterize the member's condition) and are provided to the member only;
 6. Services are appropriate and effective to the comprehensive profile (e.g., needs, aptitudes abilities, and environment) of the member and the member's family;
 7. Services are primarily directed to the diagnosed medical condition or the effects of the condition of the member, in all settings for normal activities of daily living (ADLs) but will not be solely for the convenience of the member, the member's family, or the member's provider;
 8. Services are timely, considering the nature and current state of the member's diagnosed condition and its effects, and will be expected to achieve the intended outcomes in a reasonable time;
 9. Services are the least costly, appropriate, available health service alternative, and will represent an effective and appropriate use of funds;

CLINICAL POLICY

Pediatric Hourly Home Health Aide

10. The most appropriate care or service is safely and effectively provided to the member with no duplication of other services provided to the member;
11. Services are sufficient in amount, scope, and duration to reasonably achieve its purpose;
12. Services are recognized as either the treatment of choice (i.e., prevailing community or Statewide standard) or common medical practice by the practitioner's peer group, or the functional equivalent of other care and services that are commonly provided;
13. Services are rendered in response to a life-threatening condition or pain, or to treat an injury, illness, or other diagnosed condition, or to treat the effects of a diagnosed condition that has resulted in or could result in a physical or mental limitation, including loss of physical or mental functionality or developmental delay.

II. It is the policy of Delaware First Health that *ongoing* pediatric hourly home health aide services are **medically necessary** when both of the following indications are met:

A. One of the following:

1. Member is 20 years of age or younger;
2. Member is less than 3 years of age and has a skilled need.

B. All of the following:

1. Member is engaged with care coordination services;
2. Member progress notes and recent Plan of Care signed by treating practitioner within 60 days prior to the date of the service are received by the health plan and include a new LOMN from the member's physician at least annually or sooner if there are any significant changes in the member's health condition or needs (including medical, coverage, and social needs).
3. Member meets medical necessity criteria based on scoring assignments from the Iowa Functional Needs Acuity Scoring Tool FNAST form and Social Needs Acuity Scoring Tool SNAST form.
4. Caregiver availability must be documented through work verification, school verification, or documentation of medical need and submitted to the health plan. This information must be updated at least annually, or when there are changes in the member's health condition or needs (including medical, coverage, or social needs) and is maintained in the member's medical record.

III. It is the policy of Delaware First Health that pediatric hourly home health aide services are **not medically necessary** for pediatric members when services are related to age appropriate needs.

Note: Members must show a skilled need that exceeds normal development for the child's age. The IOWA FNAST tool does not allot points for ADL's for children under the age of 5 years of age.^{1,2}

Background

Pediatric hourly home health aide services are provided by a home health aide or certified nurse's assistant and delegated/supervised by a registered nurse under the direction of the child's

CLINICAL POLICY

Pediatric Hourly Home Health Aide

treating practitioner. Services may be provided in the child's home or at an alternative location when performing normal life activities. However, some of the care must be provided in the child's home.

All requests for Private Duty Nursing, hourly home health aide and/or Self-Directed Attendant Care (SDAC) must be accompanied by a letter of medical necessity (LOMN) from the member's treating physician. The LOMN should include the member's diagnosis, level of care being requested with specific care needs, plan of care, goals of the treatment plan, and number of hours, and duration for the requested services. If member attends school and has an IEP – the IEP should be submitted with the request for services. Additionally, the LOMN should specify the days and number of hours the member attends school, and caregiver availability.

If a sibling group (two or more children residing in the same household) is requesting services:

- Each child needs own LOMN stating shared services request with member names;
- Each child's request is approved or denied based on individual medical necessity.

Requests for services are reviewed and points are assigned based on the Functional Needs Acuity Scoring Tool (FNAST) and the Social Needs Acuity Scoring Tool (SNAST). Points from each tool are combined, and the total number of points is used to determine the number of home health aide hours to meet members' needs.^{1,2}

0-4 points = 0 hours

5-9 points - intermittent services

10-29 points = up to 4 hours

30-54 points = up to 5 hours

55-69 points = up to 7 hours

70 points or more - subject to individual consideration.

Self-Directed Attendant Care (SDAC)

Self-Directed Attendant Care – is a member-directed option which allows members to have more control over how attendant care services are provided. Services include help with activities of daily living (ADLs) such as bathing, dressing, personal hygiene, transferring, toileting, skin care, eating, and assisting with mobility. Self-direction allows a parent/guardian or other representative designated by the parent/guardian to direct the services on behalf of their child. A child must have a complex medical condition, Intellectual/Developmental Disability (ID/D), or a behavioral health condition to qualify for self-directed attendant care services (SDAC).³

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage.

CLINICAL POLICY

Pediatric Hourly Home Health Aide

Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy created.	03/26	

References

1. Iowa Department of Health and Human Services. Personal care services for children HH-001. *Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Functional Needs Acuity Scoring Tool (FNAST)*. Form 470-4816. Iowa Department of Health and Human Services. <https://hhs.iowa.gov/media/5686/download?inline>. Accessed March 11, 2026.
2. Iowa Department of Health and Human Services. Personal care services for children HH-001. *Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Social Needs Acuity Scoring Tool (SNAST)*. Form 470-4817. Iowa Department of Health and Human Services; <https://hhs.iowa.gov/media/5687/download?inline>. Accessed March 11, 2026.
3. Division of Medicaid and Medical Assistance, Delaware Department of Health and Social Services. *Self-Directed Attendant Care for Children*. Delaware Department of Health and Social Services. <https://dhss.delaware.gov/wp-content/uploads/sites/9/2025/06/SDAC-FAQ-122024.pdf>. Published December 2024. Accessed March 12, 2026.
4. Division of Medicaid & Medical Assistance (DMMA); Department of Health and Social Services. Town Hall: Self-directed attendant care for children; Medicaid respite for children. https://dhss.delaware.gov/wp-content/uploads/sites/9/dmma/pdf/cmc_202403_sdac_respite_town_hall.pdf. Published March 6, 2024. Accessed March 12, 2026.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health

CLINICAL POLICY

Pediatric Hourly Home Health Aide

plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria

CLINICAL POLICY

Pediatric Hourly Home Health Aide

set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.