**STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

**2024-2027**
**STATE HEALTH PLAN**
**ADMINISTRATIVE CODE**

**CHAPTER 410-2-4**
**FACILITIES**

## 410-2-4-.07 Home Health.

(1) Definitions

(a) Home Health Agency. A home health agency is an organization that is primarily engaged in providing skilled nursing services and other therapeutic services. Services are provided on an intermittent basis. Each visit must be less than four hours in duration. Any visit made to or procedures performed on a patient at their home must only be made upon a physician's written order. Home health providers shall provide at least the following services, including, but not limited to, skilled nursing care, personal care, physical therapy, speech therapy, medical social services, and medical supplies services.

(b) Home Health Care. Home health care is that component of a continuum of comprehensive health care whereby intermittent health services are provided to individuals and families in their places of residence for the purpose of promoting, maintaining or restoring health, or of maximizing the level of independence, while minimizing the effects of disability and illness, including terminal illness. Services appropriate to the needs of the individual patient and family are planned, coordinated, and made available by providers organized for the delivery of home health care through the use of employed staff, contractual arrangements, or a combination of employed staff and contractual arrangements. There is no licensure requirement for home health agencies in Alabama.

(c) Home Health Services. Home health services are made available based upon patient care needs as determined by an objective patient assessment administered by a multidisciplinary team or a single health professional. Centralized professional coordination and case management are included. These services are provided under a plan of treatment certified by a physician that may include, but are not limited to, appropriate service components, such as medical, nursing, social work, respiratory therapy, physical therapy, occupational therapy, speech therapy, nutrition, homemaker home health aide service, and provision of medical equipment and supplies.

(d) Section 22-21-265, Code of Alabama, 1975, allows an existing home health agency to accept referrals from a county which is contiguous to a county in which the agency holds CON authority. Additional restrictions are provided in statute.

(2) Inventory of Existing Resources. The State Health Planning and Development Agency annually compiles several home health agency reports and identifies counties which are in need of an additional provider. A current listing of home health agencies is located at http://www.shpda.alabama.gov or http://www.adph.org.

(3) Availability. Home health visits are scheduled on an intermittent basis and must be available seven days a week at such times as may be ordered by referring physicians. While availability must include provision for weekend and evening services, emergency services are not within the scope or purpose of home health providers.

(4) Accessibility

(a) Home health services must be obtainable by the general public in every county in the state.

(b) Because physicians and other referral sources are sometimes unfamiliar with the total scope of services offered by home health providers, patients' accessibility is also limited by failure to refer appropriately to home health services. Every agency should provide an active community information program to educate consumers and professionals to the availability, nature, and extent of home health services.

(c) Services are provided in patients' homes, and accessibility to services is not dependent upon physical or geographic accessibility to the home health provider's offices. The essential characteristics are location of home health visiting staff in proximity to patients' places of residence and accessibility of the provider to patients, physicians, and other referral sources.

(5) Acceptability and Continuity

(a) Acceptability is the willingness of consumers, physicians, discharge planners, and others to use home health services as a distinct component of the health care continuum.

(b) Continuity reflects a case management approach that allows patient entry into the health care continuum at the point that ensures delivery of appropriate services. Home health care provides a balanced program of clinical and social services and may serve as a transitional level of care between inpatient treatment and infrequent physician office visits. Home health also extends certain intensive, specialized treatments into the home setting.

(c) Planning Guides and Policies

1. Planning Guide. Home health providers shall maintain referral contacts with appropriate community providers of health and social services to facilitate continuity of care and to coordinate services not provided directly by the home health provider.

2. Planning Policy. Home health providers must furnish discharge-planning services for all patients.

(6) Quality

(a) Quality is that characteristic which reflects professionally appropriate and technically adequate patient services.

(b) The state home health industry, through development of ethical standards and a peer review process, can foster provision of quality home health care services. Each provider must establish mechanisms for quality assurance, including procedures for resolving concerns identified by patients, physicians, families or others involved in patient referral or patient care.

(c) Planning Policies

1. Planning Policy. The county is the geographic unit for need determination, based upon population.

2. Planning Policy – (New Providers). When a new provider is approved for a county, that provider will have eighteen (18) months from the date the Certificate of Need is issued to meet the identified need in the county before a new provider may apply for a Certificate of Need to serve a county.

3. Planning Policy – Favorable Consideration. Home health agencies that achieve or agree to achieve Charity Care plus Self Pay at the statewide average percent for all home health providers shall be given favorable CON consideration over home health applicants that do not achieve the statewide average for Charity Care plus Self Pay, but not less than one percent (1%). The latest published SHPDA data report HH-11 shall be used to determine the assets to governmental and non-profit organizations at the individual county level to be considered. See section 410-2-2-.06 for the definition of charity care.

4. Planning Policy – CON Intervention/Opposition

(i) Any CON application filed by a health care facility shall not be deemed complete until, and unless:

(I) The applicant has submitted all survey information requested by SHPDA prior to the application date; and

(ii) The SHPDA Executive Director determines that the survey information is substantially complete.

5. No Home Health Agency or Hospice Agency filing an intervention notice or statement in opposition in any CON proceeding may cite or otherwise seek consideration by SHPDA of such facility's utilization data until, and unless:

(i) the intervenor or opponent has submitted all survey information requested by SHPDA prior to the application date; and

(ii) the SHPDA Executive Director determines that the survey information is substantially complete.

(7) Home Health Need Methodology

(a) Purpose. The purpose of this home health need methodology is to identify, by county, the number of home health agencies needed to assure the continued availability, accessibility, and affordability of quality home health care for residents of Alabama.

(b) Basic Methodology. In order to perform the calculations for this methodology, population data from the Center for Business and Economic Research (CBER) is utilized. All time frames are based on the year of the latest reported data.

(c) Methodology Terms. The following methodology terms are defined for determining Home Health need by County.

1. Target Year (TY). The Target Year (TY) as used in this methodology refers to the most recent year of utilization data approved by the Health Care Information and Data Advisory Council and published by

SHPDA Numeric references following "TY" (-1, +1, etc.) refer to a specific number of years before or after the Target Year for either data or population projections.

This methodology shall be based on a three (3) year planning horizon, meaning that the need shall be projected three years ahead of the most recently published home health data, and this methodology shall

also use a weighted average of the three (3) most recent sets of annual reports published by SHPDA to determine need.

2. Persons Served (PS). Persons Served (PS) is defined as the number of patients receiving Home Health services during a reporting year.

3. Population. The ratio of persons served is divided into two (2) cohorts for determination of need as follows:

(i) Patients aged 65 and older (P65O)

(ii) Patients aged 64 and under (P64U)

4. Persons Served by County by Year (PSCY). The ratio of persons served by county by year (PSCY) is determined as follows:

PSCY TY+3 = [PS TY x 0.75 x (P65O TY+3 / P65O TY)] + [PS TY x 0.25 x (P64U TY+3 / P64U TY)]

PSCY TY+2 = [PS TY-1 x 0.75 x (P65O TY+2 / P65O TY-1)] + [PS TY-1 x 0.25 x (P64U TY+2 / P64U TY-1)]

PSCY TY+1 = [PS TY-2 x 0.75 x (P65O TY+1 / P65O TY-2)] + [PS TY-2 x 0.25 x (P64U TY+1 / P64U TY-2)]

5. Average Projected Persons Served per 1,000 Population per Year (APPS). The average projected persons served per 1,000 population per year (APPS) is determined as follows:

APPS TY+3 = [(SUM PSCY TY+3 x 0.75)/(Statewide TY+3 P65O/ 1,000)] + [(SUM PSCY TY+3 x 0.25)/(Statewide TY+3 P64U/ 1,000)]

APPS TY+2 = [(SUM PSCY TY+2 x 0.75)/(Statewide TY+2 P65O/ 1,000)] + [(SUM PSCY TY+2 x 0.25)/(Statewide TY+2 P64U/ 1,000)]

APPS TY+1 = [(SUM PSCY TY+1 x 0.75)/(Statewide TY+1 P65O/ 1,000)] + [(SUM PSCY TY+1 x 0.25)/(Statewide TY+1 P64U/ 1,000)]

6. Statewide Average Comparative Value (SACV). The Statewide Average Comparative Value (SACV) is determined as follows:

SACV = [((APPS TY+3 x 3) + (APPS TY+2 x 2) + APPS TY+1)/6)] x 0.85

7. Projected Total Persons Served per 1,000 Population by County (PJPS). The Projected Total Persons Served per 1,000 Population by County, three (3) years into the future (PJPS), is determined as follows:

PJPS = [(PSCY TY+3 x 0.75)/(P65O TY+3/1,000)] + [(PSCY TY+3 x 0.25)/(P64U TY+3/1,000)]

8. Additional Persons Projected to Need Service to meet SACV Value by County (APNS). The Additional Persons Projected to Need Service to meet SACV value by County, three (3) years into the future (APNS), is determined as follows:

APNS = (SACV - PJPS)/[(0.75 x (1,000/P65O TY+3)) + (0.25 x (1,000/P64U TY+3))]

(d) Need. Need, by County, based upon the above calculations, will be determined as follows:

If APNS ≥ 100, need for one (1) additional home health provider is shown in that county

If APNS ≤ 99, no need is shown for any additional home health providers in that county.

(e) Application Approval Limits. No more than one (1) application may be approved in any county showing a need for additional home health services during any approval cycle as defined by the Statewide Health Coordinating Council, or as implemented by SHPDA.

(f) SHPDA Review and Analysis of Utilization Data

During the effective time period of this Plan, SHPDA shall review and analyze existing utilization data to determine if the county should continue to be the planning area for Home Health services in the future or if a regional approach to planning for new Home Health services would be a more accurate means to determine need.

As part of such review, SHPDA shall also determine if a move to a regional planning model would present a detrimental impact on the delivery of services to patients and whether it would present a detrimental impact on existing providers.

Such review and analysis shall be made available to existing Home Health providers in the state, who shall be given an opportunity to provide testimony or written input to the SHCC based on upon the results.

(8) Criteria for Plan Adjustments

(a) The need, as determined by the methodology, is subject to adjustment by the SHCC as provided in Ala. Admin Code 410-2-5-.04, and the additional, specific criteria set forth below. An applicant seeking an adjustment has the burden of demonstrating extraordinary circumstances that result in the identified needs of a target population not being met by existing Home Health Providers, and not able to be met in a timely fashion through application of the methodology, based on each of the following:

1. Evidence that affected residents do not have access to necessary health services that can be met through application of the methodology. Accessibility refers to an individual's ability to make use of available health resources. Problems which might affect access to care include persons living in a county in which no Home Health provider has an existing office, lack of health manpower in certain counties, and individuals being without financial resources to obtain access to care;

2. Evidence of unique, area specific circumstances demonstrating that a plan adjustment would result in health care services being rendered in a more cost-effective manner. The SHCC, by adopting the need methodology herein, has determined that services in excess of those computed to be necessary are not cost-effective. Therefore, a party seeking a plan adjustment would have a high burden in establishing such circumstances; and

3. Evidence that a plan adjustment would result in improvements in the quality of health care delivered to residents in the proposed county.

(b) Applicants seeking an adjustment shall address, and the SHCC shall consider, the potential detrimental financial impact upon existing health care providers in the proposed county.

For a listing of Home Health Agencies or the most current statistical need projections in Alabama please contact the Data Division as follows:

MAILING ADDRESS
(U.S. Postal Service)
PO BOX 303025
MONTGOMERY AL 36130-3025

STREET ADDRESS
(Commercial Carrier)
100 NORTH UNION STREET SUITE 870
MONTGOMERY AL 36104

TELEPHONE:
(334) 242-4103

FAX:
(334) 242-4113

E-Mail:
data.submit@shpda.alabama.gov

Website:
http://www.shpda.alabama.gov

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