



# General Health Evaluation (GHE) Authorization Quick Guide

GHEs should be completed for all HCBS participants receiving agency model personal care or advanced personal care tasks. Participants that do not require GHE authorizations include those authorized for:

- Personal Care Services (Agency Model) in a Residential Care Facility (RCF) or Assisted Living Facility (ALF);
- Aged and Disabled Waiver services **only**;
- Personal Care Assistance (Consumer-Directed Model) **only**;
- Independent Living Waiver **only**; and
- Adult Day Care Waiver **only**

GHEs are authorized for the 4th and 10th months of the authorization period. These months are selected by counting from the **month the assessment was completed**. This chart below provides a quick reference for calculating the 4th and 10th month and can also be found in HCBS Policy 3.15.

Month of Assessment	4th Month	10th Month
January	April	October
February	May	November
March	June	December
April	July	January
May	August	February
June	September	March
July	October	April
August	November	May
September	December	June
October	January	July
November	February	August
December	March	September

### How to Authorize Participants with No Other Nurse Visits:

- When a participant is authorized for agency model personal care but no other RN services are authorized for the participant, 2 annual GHEs must be authorized as their own tasks.
- A separate authorized nurse visit should be added for the entirety of each GHE month. See the screen shot below for an example of how the authorization should appear in Web Tool.

Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month
1	Authorized Nurse Visit (per visit)	MD	11/01/2021	11/30/2021		1
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month	
1	Gen Health Evaluation		1			
2	Authorized Nurse Visit (per visit)	MD	05/01/2021	05/31/2021		1
Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month	
1	Gen Health Evaluation		1			

- For participants who receive RN visits for GHE only, the cost of two RN visits shall be excluded from the calculation of a care plan’s cost.

### How to Authorize Participants with Other Nurse Visits:

**Prior Authorization Line Item**

Service Type: Authorized Nurse Visit (per visit)

Funding Code: MD - Medicaid

Effective Date: 2/3/2021

End Date: 3/31/2021

Provider:

Total Units/Month: 5

Status: Approved

Service Delivery Comment: GHEs due March/September

Participants with a documented need for regular authorized nurse visits shall not be authorized for separate GHEs, but instead have GHEs completed as a part of a regularly scheduled visit during the 4th and 10th months following the (re)assessment. This shall be documented on the care plan by noting when GHEs are to be completed in the Service Delivery Comment when adding the regularly scheduled authorized nurse visits to the care plan.

When entered correctly, a comment bubble will display on the Prior Authorization line of the Participant Case Summary Screen:

Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month
1	Authorized Nurse Visit (per visit)	MD	02/01/2021	12/31/2021		5

  

Line #	Task	# Min/Day	# Units/Day	# Days/Week	# Units/Month
1	Med Setup		1	1	

The GHE month's entered in the Service Delivery Comment will appear on the print view of the care plan for the provider and participant to reference as shown below.

Line #	Service Type	Effective Date	End Date	Total Units/Month	Provider	Service Delivery Comment
2	Authorized Nurse Visit (per visit)	2/1/2021	11/30/2021	5		Ghe's due March/September

  

Line #	Task	#Min/Day	#Units/Day	#Days/Week	#Units/Month
1	Med Setup		1	1	