



Home Health Care (HHC)

Application Guidelines & Checklist

Home Health Care is limited to Groups: **30100: Civil Servants & Pensioners, 30101: Seafarers & Veterans & 30102: Indigents.**

Home Health Care Plans must meet these four(4) tests: **1.** It must be a formal written plan made by the patient's attending Physician **and** approved by the Chief Medical Officer (CMO) **and** must be reviewed at **least** every **180** Days; **2.** It must state the diagnosis (including relevant medical information, special requirements etc.); **3.** It must certify that the HHC **is in place of Hospital confinement**; and **4.** It must specify the type and extent of HHC required for the treatment of the patient. **All HHC Applications** are reviewed and authorized by the **CINICO Risk & Appeals (R&A) Committee**. Please note, all HHC contain some quantity of convalescent care. As convalescent care is not a covered benefit, the R&A Committee will examine the application and the specific percentage of time utilized exclusively for medical care versus convalescent care. Based on this analysis, the R&A Committee reserves the right to vary the requested reimbursement and/or period, to an amount less than the defined maximum per each level. All HHC Benefits become effective the **earlier of** the date of CINICO Risk and Appeals approval or the CMO stamp.

Please ensure all required documents listed below are submitted at the time of the application or renewal. CINICO will not accept, nor process, any incomplete applications or renewals.

New Application Checklist

<u>Members who employ Care Giver directly</u>	<u>Members who contract HHC Vendor company</u>
(Items 1 thru 8 are required)	(Items 1 thru 4 Plus Items A. thru D. are required)
<input type="checkbox"/> 1. Completed 'CINICO HHC Application & Renewal Form'	
<input type="checkbox"/> 2. Physician Completed 'HHC Care Level & Plan Form' (Level 1, 2 or 3)	
<input type="checkbox"/> 3. Physician HHC Plan/Letter from the CIHSA Physician with a current CMO Stamp	
<input type="checkbox"/> 4. Professional Qualifications (Level 1 only) & Proof of CPR & First Aid training (Level 1, 2 or 3)	
<input type="checkbox"/> 5. Employment Agreement with wage or salary between Member/Employer and Caregiver	<input type="checkbox"/> A. Proof of current T&B Licence of Vendor
<input type="checkbox"/> 6. Work Permit approval letter (If expatriate)	<input type="checkbox"/> B. Vendor must present proof of employee qualifications (See #4)
<input type="checkbox"/> 7. Proof of Medical Insurance for Caregiver	<input type="checkbox"/> C. Invoices must be signed by CINICO policy holder or designated guardian
<input type="checkbox"/> 8. Proof of Pension for Caregiver (If applicable)	<input type="checkbox"/> D. All contracts between CINICO policy holder & HHC Vendor must be presented.

Renewal Checklist (180 Days)

<u>Members who employ Care Giver directly</u>	<u>Members who contract HHC Vendor company</u>
(Items 1 thru 3 are required.) Plus: Updated information must also be supplied for Items 5 thru 8, <u>if</u> there are any changes.	(Items 1 thru 3 are required) Plus: Updated information must also be supplied for Items A thru D , <u>if</u> there are any changes.
<input type="checkbox"/> 1. New Completed 'CINICO HHC Application & Renewal Form'	
<input type="checkbox"/> 2. New Physician Completed 'HHC Care Level & Plan Form' (Level 1, 2 or 3)	
<input type="checkbox"/> 3. New Physician Letter from the CIHSA Physician with a current CMO Stamp	

Claims Submission Checklist

<input type="checkbox"/> 1. Completed 'CINICO Claim Form'	<input type="checkbox"/> 3. Signed receipt by Caregiver for funds received OR Signed HHC Vendor Invoice by CINICO policy holder or designated guardian.
<input type="checkbox"/> 2. Copy of R&A Committee Approval Letter	



Home Health Care (HHC)

Application & Renewal Form

(This form is to be completed by our CINICO Member or their Legal Guardian*)

(Please refer to the HHC Application Guideline & Checklist or contact CINICO if you have any questions)

This form must be accompanied with a signed and dated "Home Health Care Service Levels and Selection Form" by the Member's attending Physician and the Chief Medical Officer.

MEMBER INFORMATION:			MEMBER NUMBER: _____	
1. Last Name:		First Name:	Middle Name:	
2. Street Address:		District:	P.O. Box #:	Postal Code:
3. Gender: Male	Female	4. Birth Date (dd/mm/yy):	5. Proposed reimbursement for cost for services:	
6. Home Telephone:		7. Work Telephone:	8. Cell Phone:	

SELECT EITHER TYPE A. OR TYPE B.

A. CARE PROVIDER EMPLOYED DIRECTLY BY CINICO MEMBER:

1. Last Name:		First Name:	Middle Name:	
2. Street Address:		District:	P.O. Box #:	Postal Code:
3. Gender: Male	Female	4. Birth Date (dd/mm/yy):		
5. Home Telephone:		6. Work Telephone:	7. Cell Phone:	

B. HOME HEALTH CARE VENDOR:

1. Company Name:				
2. Last Name:		First Name:	Middle Name:	
3. Street Address:		District:	P.O. Box #:	Postal Code:
4. Gender: Male	Female	5. Birth Date (dd/mm/yy):		
6. Home Telephone:		7. Work Telephone:	8. Cell Phone:	

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

*Signature: _____ Date: _____

* Note: If you are the Legal Guardian of our CINICO member, please also provide proof of your capacity.



Home Health Care (HHC)

Service Levels and Selection Form

HHC Benefit Parameter:

- Prices below are the maximum allowed per Caregiver per month.
- Maximum Caregivers permitted per month is 2.
- Category and exact amount is defined by the Risk and Appeals on a case by case basis.

Attention Physician: Please select 1 (ONE) Level only and complete the HHC-Plan of Care document. Please also contact the CINICO MCMU in the event the member needs change.

Level 1 - CI\$3,000.00 for a Registered Nurse or a License Practical Nurse - must hold and maintain a valid license to practice issued by the Cayman Islands Health Practice Commission. Plus up to date CPR certification. Care required in a home setting for patients recovering post-operatively to enable them to leave the hospital setting sooner, or for patients receiving treatment such as chemotherapy, pain management. Caregiver is expected to administer prescribed drugs in the home setting and perform dressing and wound management in association with the GP or Physician prescribed plan structure. (Also Level 2 & 3 care).

Level 2 - CI\$2,000.00 for a Nursing Assistant - must have a background in health care, evidence of some formal training although it is not essential to hold a professional qualification, NVQ training level 1 or equivalent. CPR and First Aid is essential. Care provider is capable of delivering basic nursing care, such as turning, changing, bathing and feeding a patient. They are permitted to take and record BP and other vital signs and recognising changes outside the normal range. They are also capable of observing changes in a patient's condition and alerting medical assistance and works closely with the Physician. Written reports of care are maintained. (Also Level 3 care)

Level 3 - CI\$1,200.00 for a Care Assistant - No formal training or qualification, but have experience with caring for an individual in the home setting with supporting references of such. Must complete a basic Home Nursing course, and work under the supervision of a Registered or Licensed Practical Nurse for a minimum period of 6 weeks plus hold an up to date CPR and First Aid certification. Care provider must be able to provide basic care and supervision, assist with light housework and meal preparation. However, they must know how to respond in an emergency until a medical team or ambulance arrives.

Note: If they are required only when non-medical care is needed, i.e. mainly provide companionship and supervision, this care would be deemed convalescence, which is not a covered benefit.

Physician Signature

CMO Signature and Seal

(The CMO approval is an indication of Medical Necessity, it is NOT FINANCIAL APPROVAL. Please contact CINICO to determine your benefits. All HHC Benefits must be approved by the CINICO Risk and Appeals Committee).