

**BAYCARE HOME CARE**  
**HOME HEALTH CARE COVERED SERVICES**

The Home Health Care Covered Services are intended to be a dynamic listing of services that may be supplemented, amended, or reduced based on medical needs and the funding availability. These services will be reviewed and updated from time-to-time at the discretion of Pinellas County Human Services in coordination with the Pinellas County Health Program and Health Care for the Homeless.

**Section 1-Current Services**

The following services are currently being provided as of XX/XX/XXXX:

Skilled Nursing Visits	Infusion Therapy
Nurse Hourly Visit	DME, Medical and Ostomy Supplies
Physical Therapy Visits	
Ancillary Medical Supplies	

**Section 2-Restricted Use Services**

The following are restricted use services if directly requested/authorized by Pinellas County Department of Health (DOH) in advance:

Speech Therapy Visit	xx/xx/xxxx
Home Health Aide	
Home Health Social Worker	
Home Health Occupational Therapy	
Mastectomy Supplies	
Rehabilitation	

**Section 3-Service Level Standards**

- a. Skilled nursing visits restricted to 2 weeks or six visits pending reauthorization by DOH. Mobile clients must be evaluated in DOH medical home for requested reauthorization.
- b. Service levels will be reviewed each month to determine ongoing availability and scope. Service levels may be adjusted or capped to ensure balanced budget. Restrictions and caps will be enforced by BCHC at the point of referral, prior to accepting into service.

