



## HOME HEALTH SERVICES ATTACHMENT

### Scope of Services

The PROVIDER shall provide home health services in conformance with, as described in Title 17, Subtitle 12, §17-1737-45, Hawaii Administrative Rules, and the applicable sections under C.F.R. 42 Part 484.

### Reimbursement

- (a) DHS shall reimburse the PROVIDER for authorized home health services provided to Medicaid eligible recipients. Reimbursements shall be limited to services provided by the PROVIDER licensed by the State Department of Health as a Home Health Agency under C.F.R. 42 Part 484.
- (b) DHS shall make payments through its fiscal agent in accordance with time limits specified in §17-1739-15, Hawaii Administrative Rules. DHS reserves the right not to make payments for claims which are submitted more than twelve (12) months after the month in which service was rendered.

### Penalties

The DHS shall allocate to the PROVIDER any and all Federal financial penalties assessed by the Centers for Medicare and Medicaid Services (CMS) formerly the Health Care Financing Administration (HCFA) for the PROVIDER's failure to meet requirements set forth in this Agreement. The penalties shall be assumed and paid by the PROVIDER upon notification from DHS.

I/We have read all of the above and fully understand and agree to its terms.

\_\_\_\_\_  
Print Name of Provider/Authorized Business Agent

\_\_\_\_\_  
Signature of Provider/Authorized Business Agent

\_\_\_\_\_  
Date Signed