



## WCAB issues important decision regarding In-Home Healthcare

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In the case of **Roque Neri Hernandez vs. Geneva Staffing, Inc. dba Workforce Outsourcing, Inc.; Tower Point National Insurance Company, administered by Tower Select Insurance, Case Number ADJ7995806**, the Workers Compensation Appeals Board ruled, en banc, With regard to the SB 863 additions and amendments to the Labor Code regarding home health care services, which became effective January 1, 2013, the Appeals Board determined that in-home health care expenses are subject to new regulations regardless of the date of injury.

The Board determined that the new laws, Labor Code Sections 4600(h), 4603.2(b)(1), and 5307.8 apply to requests for home health care services in all cases which are not final regardless of the of injury or dates of service. Under the new law, in order to be reimbursed for in-home medical expenses, an injured worker (or his family) must show that the in-home care was prescribed by a doctor. According to the decision, the prescription required by section 4600(h) is either an oral referral, recommendation or order for home health care services for an injured worker communicated directly by a physician to an employer and/or its agent; or, a signed and dated written referral, recommendation or order by a physician for home health care services for an injured worker.

When determining how much the injured worker or his family can be reimbursed for the cost of the care the Board determined that under Labor Code Section 4600(h) home health care services are subject to either section 5307.1 or section 5307.8; section 5307.1 applies where an official medical fee schedule or Medicare schedule covers the type of home health care services sought; and otherwise, section 5307.8 applies. This generally means the cost of these services (or the reimbursement rates) are subject to regulation.

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