

1240-H HOME HEALTH AIDE

REVISION DATE: 7/3/2015, 9/15/2014

EFFECTIVE DATE: June 30, 1994

Service Description and Goals (Home Health Aide)

This service provides intermittent medically necessary health maintenance, continued treatment or monitoring of a health condition, and supportive care for activities of daily living at the member's place of residence. A Home Health Aide serves as an assistant to the primary caregiver, under the supervision of a licensed, registered nurse following a plan of care based upon the member's medical condition as prescribed by the Primary Care Provider (PCP), and authorized by Health Care Services (HCS).

The goal of this service is to increase or maintain self-sufficiency of eligible members.

Service Settings (Home Health Aide)

Home Health Aide services are provided in the member's home, but are not provided in an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) Nursing Facility (NF) or hospital.

Service Requirements (Home Health Aide)

- A. This service shall be supervised by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse. The agency supervisor shall conduct home visits at least every 60 days.
- B. The service shall follow a plan of care developed by the supervisor, member and provider, in accordance with the PCP, which includes monitoring vital signs; changing dressings and/or bandages; care and prevention of bedsores; assistance with catheter (not to include insertion); assistance with bowel, bladder and/or ostomy program; assistance with self-medication; nail and skin care; assistance with personal hygiene; assistance with eating; assistance with ambulation, range of motion and exercise activities; assistance with special appliances and/or prosthetic devices; and transfers to and from wheelchair.
- C. The service may include teaching the primary caregiver how to perform the home health tasks contained in the plan of care.
- D. The service must be prescribed by a licensed physician as part of a written plan of care that shall be reviewed and recertified by the physician at least every 60 days.

Target Population (Home Health Aide)

This service is indicated for members who have a health condition that requires intermittent assistance, as ordered by a physician, which is documented in the Individual Support Plan/Individualized Family Service Plan/Person Centered Plan.

Exclusions (Home Health Aide)

Exclusions to the provision of Home Health Aide services include, but are not limited to:

- A. Home Health Aide service shall not be used in place of another, more appropriate service such as Personal Care or Habilitation; and,
- B. Home Health Aides shall not provide skilled nursing services.

Service Provision Guidelines (Home Health Aide)

In addition to requiring a physician's order, a nursing assessment must be completed prior to Home Health Aide service being provided. This assessment may be done by the District Utilization Review Nurse or by a nurse from HCS. Approval for this service must come from HCS.

Provider Types and Requirements (Home Health Aide)

Designated District staff will ensure all contractual requirements related to Home Health Aide providers are met before services can be provided. Additionally, all providers of Arizona Long Term Care Services (ALTCS) must be certified by the Division and registered with the Arizona Health Care Cost Containment System (AHCCCS) prior to service initiation.

Service Evaluation (Home Health Aide)

- A. The physician will review the plan of care at least every 60 days and prescribe continuation of the service.
- B. The agency nurse supervisor will review the plan of care at least every 60 days for appropriateness.
- C. The provider will submit progress notes on the plan of care on a monthly basis to the Support Coordinator.

Service Closure (Home Health Aide)

Service closure should occur in the following situations:

- A. Based on the plan of care, it is determined by the physician that the service is no longer needed;
- B. The member/responsible person decline the service;
- C. The member moves out of state;
- D. The member requires other, more appropriate services (e.g., home nursing or personal care); and,
- E. The member/responsible person has adequate resources or other support to provide the service.