

## RESPIRATORY THERAPY

### Service Description

H052-KC

A service that provides treatment to restore, maintain or improve breathing.

### Service Requirements and Limitations

1. This service shall be performed by a qualified respiratory practitioner under Arizona Revised Statutes (“A.R.S.”) § 32-3501 (respiratory therapist or respiratory therapy technician) who is licensed by the Arizona State Board of Respiratory Care Examiners pursuant to A.R.S. § 32-3501 and a graduate of an accredited respiratory care education program curriculum that is accredited/approved by the American Medical Association's Committee on Allied Health Education and in collaboration with the Joint Review Committee for Respiratory Therapy Education.
2. This service shall be prescribed by a qualified and licensed physician as part of a written plan of care which must include the frequency, duration, and scope of the Respiratory Therapy.
  - 2.1 A qualified and licensed physician shall be a person who is qualified and licensed pursuant to A.R.S. Title 32, Chapter 13 or Chapter 17, and any other applicable state and federal laws.
3. If this service is provided to a Division member who is Arizona Long-Term Care (“ALTCS”) eligible, the therapist shall be registered with the Arizona Health Care Cost Containment System (“AHCCCS”).
4. If skilled nursing personnel are unavailable to provide ventilator dependent care in the Division member’s home or home and community-based approved alternative residential setting, the service may be provided by a licensed respiratory practitioner when the following conditions are met:
  - 4.1 The member’s Primary Care Provider (“PCP”) or physician of record must approve/order the care by the Respiratory Therapist,
  - 4.2 The member’s care requirements must fall within the scope of practice for the licensed Respiratory Therapist as defined in A.R.S. § 32-3501, and
  - 4.3 Orientation to the care needs unique to the member must be provided by the usual caregiver and/or the member.

### Service Goals and Objectives

#### Service Goals

1. To provide treatment to restore, maintain, or improve respiratory functions.
2. To improve the functional capabilities and physical well-being of the member.

### Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Based upon physician's orders and authorization by the Division's Health Care Services nurse, ensure that the Respiratory Therapist provides Respiratory Therapy to restore, maintain, or improve respiratory functions.
2. Ensure that the therapist:
  - 2.1 Conducts an assessment and/or reviews previous assessment(s) of the member, including the need for special equipment.
  - 2.2 Discusses assessment(s) with the PCP or physician of record and participates with the Division's Health Care Services nurse and the member's planning team [e.g., Individual Support Plan ("ISP") team] to develop the member's treatment plan.
  - 2.3 Implements respiratory therapy treatment for the member as indicated by the assessment(s) and the member's treatment plan.
  - 2.4 Monitors and reassesses the member's needs on a regular basis and upon request by the Division.
  - 2.5 Provides written reports to Division staff as requested.
  - 2.6 Attends planning team meetings as appropriate and/or if requested by Division staff.
  - 2.7 Provides training and technical assistance to the member, the member's family, caregivers, and other appropriate persons.
  - 2.8 Develops and teaches therapy objectives and/or techniques to be implemented by the member, the member's family, caregivers, and/or appropriate persons and provides instruction on the use and care of special equipment.
  - 2.9 Consults with the member, the member's representative, the member's Support Coordinator, medical supply representatives, and other professional and paraprofessional staff on the features and design of special equipment that the member may need.

## **Service Utilization Information**

1. Using the assessment and plan development processes, the therapist shall collaborate with the member's planning team to assess a member's needs based upon what is normally expected to be performed by a member and/or his/her natural supports, and gives consideration to age-appropriate expectations of the member and his/her natural supports (i.e., what can reasonably be expected of the member based on his/her age).
2. This service shall not supplant the care provided by the member's natural supports.
3. The member's assessment shall be documented in the member's planning document.
4. Prior to initiating the service, the Qualified Vendor shall obtain written orders from the member's PCP or physician of record. The written physician orders will be reviewed every sixty-two (62) days (bimonthly) by the PCP or physician of record and authorized/monitored by the Division's Health Care Services in conjunction with the member's Support Coordinator.

## **Rate Basis**

1. Published. The published rate is based on one (1) unit of direct service.
2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

## **Direct Service Staff and Agency Qualifications**

1. The direct service staff shall:
  - 1.1 Be a qualified respiratory practitioner under A.R.S. § 32-3501 (respiratory therapist or respiratory therapy technician),
  - 1.2 Be licensed by the Arizona State Board of Respiratory Care Examiners as pursuant to A.R.S. § 32-3501,
  - 1.3 Be a graduate of an accredited respiratory care education program curriculum that is accredited/approved by the American Medical Association's Committee on Allied Health Education and in collaboration with the Joint Review Committee for Respiratory Therapy Education, and
  - 1.4 Have a National Provider Identifier ("NPI").
2. The Qualified Vendor shall meet the following requirements:

- 2.1 Be a Home Health Agency (HHA) licensed by the Arizona Department of Health Services (“ADHS”) and certified by Medicare utilizing Registered Nurses (“RNs”), and Licensed Practical Nurses (“LPNs”) under the direction and supervision of an RN, for both intermittent or continuous nursing care; or
- 2.2 Under certain circumstances in accordance with AHCCCS, be a Home Health Agency licensed by the ADHS utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent and continuous nursing care.
- 2.3 Have a National Provider Identifier (“NPI”).

### **Recordkeeping and Reporting Requirements**

1. The Qualified Vendor shall provide written reports to the Division as requested.
2. The Qualified Vendor shall maintain files documenting the qualifications for each direct service staff as defined above.
3. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by each direct service staff providing direct service to members.
  - 3.1 Each time sheet, equivalent document, or data system shall contain the original signature or other independent verification (that complies with A.R.S. § 41-132) of the member/member’s representative after service delivery confirming the hours worked. Proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.
4. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.