

1 **310-I HOME HEALTH SERVICES**
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6 REFERENCES: 42 CFR 424.22; 42 CFR 440.70; 42 CFR 489.28; A.R.S. §
7 32-1601; A.R.S. § 36-551; A.R.S. § 36-2939; A.A.C. R9-10-1201 et
8 seq.; AMPM 310-I; AMPM 310-P; AMPM 310-X; AMPM 520; AMPM Policy
9 1240-G; AMPM Policy 1620-E; AMPM Policy 1620-K; AMPM Policy 1620-L.
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11 **PURPOSE**
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13 This policy describes and establishes requirements for covered Home

14 Health

15 Services for Members who are eligible for Arizona Long Term Care

16 System (ALTCS) Home Health Services. This policy applies to:

17 • ~~The Division of Developmental Disabilities (Division) and its Administrative~~
18 ~~Services Subcontractors (AdSS) and Qualified Vendors~~

19 • ~~Fee For Services (FFS) Programs, including Tribal Arizona Long Term Care~~
20 ~~System (ALTCS), the DDD Tribal Health Program (THP), and all FFS~~
21 ~~populations.~~

22 ~~This policy does not apply to Federal Emergency Services (FES); for~~

23 ~~information regarding FES, see Division Medical Manual Chapter 1100. This~~

24 ~~policy establishes requirements regarding Home Health Services.~~

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DEFINITIONS

1. "Activities of Daily Living" means activities a Member shall perform daily for the Member's regular day-to-day necessities, including but not limited to mobility, transferring, bathing, dressing, grooming, eating, and toileting.

1.2. "Face-to-Face Encounter" means a Face-to-Face Visit, in person or via telehealth, with a Member's Primary Care Physician (PCP) or physician of record, related to the primary reason the Member requires Home Health Services.

2.3. "Home Health Agency" means a public or private agency or organization, or part of an agency or organization, that is licensed by the sState and meets requirements for participation in Medicare, including the capitalization requirements under 42 CFR 489.28 [42 CFR 440.70].

45 3.4. “Home Health Services” means nursing services, home health
46 aide services, therapy services, and medical supplies,
47 equipment, and appliances as described in 42 CFR 440.70, when
48 provided to a ~~m~~Member at ~~his/her~~their ~~p~~Place of ~~r~~Residence and
49 on ~~his/her~~their physician's orders as part of a written plan of
50 care. ~~[42 CFR 440.70].~~

51 5. “Intermittent Nursing Services” means Skilled Nursing Services
52 provided by either a Registered Nurse (RN) or Licensed Practical
53 Nurse (LPN), for Visits of two hours or less in duration, up to a
54 total of four hours per day.

55 6. “Licensed Health Aide” or “LHA” means pursuant to A.R.S. § 32-
56 1601, a person who is licensed to provide or assist in providing
57 nursing-related services pursuant to A.R.S. § 36-2939 or:

58 a. Is the parent, guardian, or family member of the Arizona
59 Long Term Care System (ALTCS) Member who is under 21
60 years of age and eligible to receive receiving Skilled
61 Nursing or Skilled Nursing respite care services who may
62 provide Licensed Health Aide (LHA) services only to that

63 Member and only consistent with that Member’s plan of
64 care; and

65 b. Has a scope of practice that is the same as a Licensed
66 Nursing Assistant (LNA) and may also provide medication
67 administration, tracheostomy care, enteral care and
68 therapy, and any other tasks approved by the State Board
69 of Nursing in rule.

70 7. “Member” means the same as “Client” as defined in A.R.S. § 36-
71 551.

72 8. “Place of Residence” means a Member’s Place of Residence,
73 for Home Health Services, it does not include a hospital,
74 nursing facility, or Intermediate Care Facility for Individuals
75 with Intellectual Disabilities (ICF/IID), except for Home
76 Health Services in an ICF/IID facility that are not required to
77 be provided by the facility under subpart I of part 483. For
78 example, a registered nurse may provide short term care for a
79 beneficiary in an intermediate care facility for Individuals with

80 ~~Intellectual Disabilities during an acute illness to avoid the~~
81 ~~beneficiary's transfer to a nursing facility.~~

82 9. "Provider" means any individual or entity contracted with the
83 AdSS that is engaged in the delivery of services, or ordering or
84 referring for those services, and is legally authorized to do so by
85 the State.

86 10. "Skilled Nursing Care" or "Skilled Nursing Services" means a
87 level of care that includes services that can only be performed
88 safely and correctly by a licensed nurse (either a Registered
89 Nurse or a Licensed Practical Nurse).

90 11. "Support Coordinator" means the same as "Case Manager" under
91 A.R.S. § 36-551.

92 6.12. "Visit" means one unit of LHA services. One unit is 15 minutes
93 long. A Visit is usually two hours but may be greater or lesser
94 depending on the time it takes to render the procedure.

95 **POLICY**

96 ~~The Division covers medically necessary home health services provided in~~

97 ~~the mMember's place of residence as a cost-effective alternative to~~
98 ~~hospitalization. Covered services, within certain limits, include: home health~~
99 ~~nursing Visits, home health aide services, medically necessary medical~~
100 ~~equipment, appliances and supplies, and therapy services for Division~~
101 ~~mMembers. Home health services are covered when ordered by the~~
102 ~~mMember's treating physician.~~

103 ~~ALTCS covers home health services for mMembers receiving home and~~
104 ~~community based services. Refer to Division Medical Policy 1240-G for~~
105 ~~additional information.~~

106 **A. HOME HEALTH AGENCIES**

107 1. The AdSS shall cover Home Health Services that are medically
108 necessary and provided by a Medicare certified Home Health
109 Agency (HHA) licensed by the Arizona Department of Health
110 Services (ADHS) that is contracted by the AdSS. All other
111 requirements of 42 CFR 440.70 apply.

112 2. The AdSS shall require Intermittent Nursing Services are
113 provided by an RN or a Licensed Practical Nurse (LPN).

114 3. The AdSS shall permit a non-Medicare certified, State-certified
115 HHA or an Arizona Health Care Cost Containment System
116 (AHCCCS) registered Independent RN to provide Home Health
117 Services only under the following circumstances:

118 a. Intermittent Nursing Services are needed in a geographic
119 service area not currently served by a Medicare certified
120 HHA;

121 b. The Medicare certified HHA in the applicable geographic
122 service area lacks adequate staff to provide the necessary
123 services for the Member; or

124 c. The Medicare certified HHA is not willing to provide
125 services to, or contract with the AdSS.

126 4. The AdSS shall permit Home Health Services provided by a non-
127 Medicare State certified HHA or AHCCCS registered Independent
128 RN when the following apply:

129 a. Non-Medicare certified HHAs are licensed by the State and:

130 i. The AdSS maintains documentation supporting at

- 131 least one of the three circumstances specified in
132 subsections (2)(a), (b) and (c) above;
- 133 ii. The State licensed HHA is an AHCCCS registered
134 Provider which employs the individuals providing
135 Home Health Services; and
- 136 iii. Intermittent Nursing Services are provided by an RN
137 who is employed by the State licensed HHA.
- 138 b. Independent RNs are an AHCCCS registered Provider and:
- 139 i. Receive written orders from the Member's PCP
140 or physician of record;
- 141 ii. Are responsible for all documentation of Member
142 care; and
- 143 iii. Are responsible for the transmission of said
144 documentation to the Member's PCP or physician of
145 record.
- 146 5. The AdSS shall develop oversight activities to monitor service

147 delivery and quality of care provided by the Independent RN.

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149 **B. INTERMITTENT NURSING AND HOME HEALTH AIDE SERVICES**

150 1. The AdSS shall cover nursing services that are provided on an
151 intermittent basis as ordered by a treating physician.

152 2. The AdSS shall cover medically necessary Home Health Aide
153 Services provided in the Member's Place of Residence as a cost-
154 effective alternative to hospitalization.

155 3. The AdSS shall require that home health aides provide
156 non-skilled services under the direction and supervision of an
157 RN.

158 4. The AdSS shall cover Home Health Aide Services in units of one
159 Visit, that include at least one of the following components:

160 a. Monitoring the health and functional level, and assistance
161 with the development of the HHA plan of care for the
162 Member;

163 b. Monitoring and documenting of the Member's vital signs,

- 164 as well as reporting results to the supervising HHA RN, PCP
165 or physician of record;
- 166 c. Providing Members with personal care;
- 167 d. Assisting Members with bowel, bladder or ostomy
168 programs, and catheter hygiene, excluding catheter
169 insertion;
- 170 e. Assisting Members with self-administration of medications;
- 171 f. Assisting Members with eating, if required, to maintain
172 sufficient nutritional intake;
- 173 g. Providing information about nutrition;
- 174 h. Assisting Members with routine ambulation, transfer, use
175 of special appliances or prosthetic devices, range of motion
176 activities, or simple exercise programs;
- 177 i. Assisting Members in Activities of Daily Living to increase
178 Member independence;
- 179 j. Teaching Members and families how to perform home

- 180 health tasks; and
- 181 k. Observing of and reporting to the HHA Provider or the
- 182 Support Coordinator for Members who exhibit the need for
- 183 additional medical or psychosocial support, or a change in
- 184 condition during the course of service delivery.
- 185 5. The AdSS shall cover Intermittent Nursing Services only when
- 186 provided by a RN or LPN under the supervision of a RN or PCP or
- 187 physician of record as specified in A.A.C. R4-19-401.
- 188 6. The AdSS shall cover Intermittent Nursing Services provided by
- 189 an LPN only if they are working for an HHA.
- 190 7. The AdSS shall cover Intermittent Nursing Services in 15 minute
- 191 units, not to exceed two hours (eight units) per single Visit.
- 192 8. The AdSS shall not cover more than four hours (16 units) per
- 193 calendar day.
- 194 9. The AdSS shall cover Intermittent Nursing Services to Members
- 195 residing in an assisted living facility when Skilled Nursing
- 196 Services are not included in the facility's per diem rate.

197 10. The AdSS shall cover Home Health Aide Services provided by a
198 family member, including but not limited to parents and
199 guardians of minor children or adults when the individual is a
200 Licensed Nursing Assistant (LNA) and employed by a Medicare
201 certified HHA.

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204 **C. PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH THERAPY**
205 **SERVICES**

206 The AdSS shall cover physical therapy, occupational therapy and
207 speech therapy when provided by an HHA for Members as
208 specified in AMPM Policy 310-X.

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210 **D. MEDICAL EQUIPMENT, APPLIANCES AND SUPPLIES**

211 The AdSS shall cover medical equipment, appliances, and
212 supplies that are provided by a licensed Home Health Agency.

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214 **E. FACE-TO-FACE ENCOUNTER REQUIREMENTS**

215 1. The AdSS shall apply Face-to-Face encounter requirements to
216 Fee-For-Service (FFS) Members only.

217 2. The AdSS shall require the Member's PCP or non-physician
218 practitioner to complete a Face-to-Face encounter with Members
219 for initiation of Home Health Services, that relates to the primary
220 reason the Member requires Home Health Services no more than
221 90 days before or within 30 days after start of services.

222 3. The AdSS shall ensure the Face-to-Face encounter is conducted
223 by any one of the following:

224 a. The ordering physician, or the ordering non-physician
225 practitioner; or

226 b. The attending acute or post-acute physician, for Members
227 admitted to home health immediately after an acute or
228 post-acute stay.

229 4. The AdSS shall require the non-physician practitioner who
230 performs the Face-to-Face encounter to communicate the clinical

231 findings of the Face-to-Face encounter to the ordering physician.

232 5. The AdSS shall incorporate the clinical findings into a written or
233 electronic document in the Member's record.

234 6. The AdSS shall require the physician responsible for ordering the
235 services to document the practitioner who conducted the
236 encounter, the date of the encounter, and that the Face-to-Face
237 encounter occurred within the required timeframes, regardless of
238 which practitioner performs the Face-to-Face encounter related
239 to the primary reason that the individual requires home health
240 services.

241 7. The AdSS shall allow the Member's PCP or non-physician
242 practitioner to perform the Face-to-Face encounter for Members
243 to occur through telehealth.

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245 **F. ALTCS MEMBER CONSIDERATIONS**

246 1. The AdSS shall identify the ALTCS Member's need for service
247 through the service assessment and planning process conducted

- 248 by the ALTCS Support Coordinator or identified by a physician
249 and authorized based on the orders (type, number, and
250 frequency of services) of a physician and documented in the
251 ALTCS Member's service plan.
- 252 2. The AdSS shall have the ALTCS Member's plan of care developed
253 by the HHA Provider and reviewed by a physician every 60 days.
- 254 3. The AdSS shall have the ALTCS Member's plan of care
255 authorized and monitored by the ALTCS Member's Support
256 Coordinator.
- 257 3. The AdSS shall monitor and authorize the ALTCS Member's plan
258 of care.
- 259 4. The AdSS shall require skilled nursing assessments be performed
260 by skilled nursing staff of a Medicare-certified or State licensed
261 HHA or AHCCCS-registered Independent RN.
- 262 5. The AdSS shall require the following conditions require a skilled
263 nursing assessment:
- 264 a. Pressure ulcers,

- 265 b. Surgical wounds,
- 266 c. Tube feedings,
- 267 d. Pain management, or
- 268 e. Tracheotomy.
- 269 6. The AdSS shall require the service Provider to submit written
- 270 monthly progress reports to the ALTCS Member’s PCP or
- 271 attending physician regarding the care provided to each ALTCS
- 272 Member.
- 273 7. The AdSS shall not allow home health services to be provided on
- 274 the same day that an ALTCS Member receives adult day health
- 275 services without special justification by the ALTCS Member’s
- 276 Support Coordinator and approval by the Division or AHCCCS
- 277 Tribal ALTCS Unit for Tribal ALTCS Members.
- 278 8. The AdSS shall not allow personal care or homemaker services
- 279 to be provided separately by a homemaker, personal care or
- 280 attendant care Provider on the same day.
- 281 8. The AdSS shall not allow home health aide services for personal

282 care or homemaker services as a part of home health services to
283 be provided separately by a homemaker, personal care or
284 attendant care Service Provider on the same day.

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286 Signature of Chief Medical Officer:

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288 ~~**A. HOME HEALTH NURSING AND HOME HEALTH AIDE SERVICES**~~

289 ~~The AdSS shall cover medically necessary home health~~
290 ~~services provided in the Member's Place of Residence as a~~
291 ~~cost effective alternative to hospitalization.~~

292 ~~**1. The AdSS shall cover**~~ Home health nursing and home health
293 ~~aid services are provided on an intermittent basis when as~~
294 ~~ordered by a treating physician.~~

295 ~~**B. PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH**~~
296 ~~**THERAPY AND AUDIOLOGY SERVICES**~~

297 ~~**1. The AdSS shall cover**~~ Physical therapy, occupational therapy,
298 ~~speech therapy, and audiology services when provided by a~~
299 ~~licensed home health agency, are covered for mMembers as~~

300 specified in ~~Division Medical Policy 310-X.~~

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302 ~~C. MEDICAL EQUIPMENT, APPLIANCES AND SUPPLIES~~

303 ~~1. The AdSS shall cover~~ Mmedical equipment, appliances, and
304 supplies that are provided by a licensed home health agency, are
305 covered for mMembers.

306 ~~D. FACE TO FACE ENCOUNTER REQUIREMENTS~~

307 ~~1. Face to f~~Face encounter requirements apply to FFS only.

308 ~~2. The AdSS shall require~~ For initiation of home health services, a
309 fFace to fFace encounter between the mMember and practitioner
310 that relates to the primary reason the individual requires home
311 health services is required within no more than 90 days before
312 or within 30 days after start of services for initiation of home
313 health services.

314 ~~3. The AdSS shall ensure~~ The fFace to fFace encounter must be is
315 conducted by any one of the following:

316 ~~a. The ordering physician;~~

- 317 ~~b. A nurse practitioner or clinical nurse specialist working in~~
318 ~~collaboration with the physician in accordance with sState~~
319 ~~law;~~
- 320 ~~c. A certified nurse midwife as authorized by sState law;~~
- 321 ~~d. A physician assistant under the supervision of the ordering~~
322 ~~physician; or~~
- 323 ~~e. For mMembers admitted to home health immediately after~~
324 ~~an acute or post-acute stay, the attending acute or post-~~
325 ~~acute physician.~~
- 326 ~~4. The non-physician practitioner specified above who performs the~~
327 ~~fFace to fFace encounter must communicate the clinical findings~~
328 ~~of the fFace to fFace encounter to the ordering physician.~~
- 329 ~~5. The AdSS shall incorporate Tthe clinical findings must be~~
330 ~~incorporated into a written or electronic document in the~~
331 ~~mMember's record.~~
- 332 ~~6. Regardless of which practitioner performs the fFace to fFace~~

333 ~~encounter related to the primary reason that the individual~~
334 ~~requires home health services, the physician responsible for~~
335 ~~ordering the services must document the practitioner who~~
336 ~~conducted the encounter, the date of the encounter, and that~~
337 ~~the fFace to fFace encounter occurred within the required~~
338 ~~timeframes.~~

339 7.1. ~~The fFace to fFace encounter may occur through telehealth.~~

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Draft Policy for Public Comment