

## **310-I HOME HEALTH SERVICES**

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EFFECTIVE DATE: October 1, 2019

REFERENCES: 42 CFR 424.22; 42 CFR 440.70; 42 CFR 489.28; A.R.S. § 32-1601; A.R.S. § 36-551; A.R.S. § 36-2939; A.A.C. R9-10-1201 et seq.; AMPM 310-I; AMPM 310-P; AMPM 310-X; AMPM 520; AMPM Policy 1240-G; AMPM Policy 1620-E; AMPM Policy 1620-K; AMPM Policy 1620-L.

### **PURPOSE**

This policy describes and establishes requirements for Home Health Services covered by the Administrative Services Subcontractors for Members who are eligible for Arizona Long Term Care System (ALTCS) Home Health Services.

### **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.
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.

3. "Home Health Agency" means a public or private agency or organization, or part of an agency or organization, that is licensed by the State and meets requirements for participation in Medicare, including the capitalization requirements under 42 CFR 489.28 [42 CFR 440.70].
4. "Home Health Services" means nursing services, home health aide services, therapy services, and medical supplies, equipment, and appliances as described in 42 CFR 440.70, when provided to a Member at their Place of Residence and on their physician's orders as part of a written plan of care.
5. "Intermittent Nursing Services" means Skilled Nursing Services provided by either a Registered Nurse (RN) or Licensed Practical Nurse (LPN), for visits of two hours or less in duration, up to a total of four hours per day.
6. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
7. "Place of Residence" means a Member's Place of Residence, for

Home Health Services, it does not include a hospital, nursing facility, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), except for Home Health Services in an ICF/IID facility that are not required to be provided by the facility under subpart I of part 483.

8. "Provider" means any individual or entity contracted with the AdSS that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State.
9. "Skilled Nursing Care" or "Skilled Nursing Services" means a level of care that includes services that can only be performed safely and correctly by a licensed nurse (either a Registered Nurse or a LPN).
10. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.

## **POLICY**

### **A. HOME HEALTH AGENCIES**

1. The AdSS shall cover Home Health Services that are medically

necessary and provided by a Medicare-certified Home Health Agency (HHA) licensed by the Arizona Department of Health Services (ADHS) that is contracted by the AdSS. All other requirements of 42 CFR 440.70 apply.

2. The AdSS shall require Intermittent Nursing Services are to be provided by an RN or an LPN.
3. The AdSS shall permit a non Medicare-certified, State licensed HHA or an Arizona Health Care Cost Containment System (AHCCCS) registered Independent RN to provide Home Health Services only if the Medicare-certified HHA is not willing to provide services to, or contract with the AdSS.
4. The AdSS shall permit Home Health Services provided by a non-Medicare-certified, State licensed HHA or AHCCCS registered Independent RN when the following apply:
  - a. Non Medicare-certified HHAs are licensed by the State and:
    - i. The AdSS maintains documentation supporting at least one of the three circumstances specified in subsection (3) above;

- ii. The State licensed HHA is an AHCCCS registered Provider that employs the individuals providing Home Health Services; and
  - iii. Intermittent Nursing Services are provided by an RN who is employed by the State-licensed HHA.
- b. Independent RNs are an AHCCCS registered Provider and:
- i. Receive written orders from the Member's PCP or physician of record;
  - ii. Are responsible for all documentation of Member care; and
  - iii. Are responsible for the transmission of said documentation to the Member's PCP or physician of record.
5. The AdSS shall develop oversight activities to monitor service delivery and quality of care provided by the Independent RN.

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

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

2. The AdSS shall cover medically necessary Home Health Services provided in the Member's Place of Residence as a cost-effective alternative to hospitalization.
3. The AdSS shall require that home health aides provide non-skilled services under the direction and supervision of an RN.
4. The AdSS shall cover Home Health Services in units of one visit, a visit is usually one hour but may be greater or lesser depending on the time it takes to render the procedure.
5. The AdSS shall require the visit include at least one of the following components:
  - a. Monitoring the health and functional level, and assistance with the development of the HHA plan of care for the Member;
  - b. Monitoring and documenting the Member's vital signs, as well as reporting results to the supervising HHA RN, PCP, or physician of record;
  - c. Providing Members with personal care;

- d. Assisting Members with bowel, bladder, or ostomy programs, and catheter hygiene, excluding catheter insertion;
- e. Assisting Members with self-administration of medications;
- f. Assisting Members with eating, if required to maintain sufficient nutritional intake;
- g. Providing information about nutrition;
- h. Assisting Members with routine ambulation, transfer, use of special appliances or prosthetic devices, range of motion activities, or simple exercise programs;
- i. Assisting Members in Activities of Daily Living to increase Member independence;
- j. Teaching Members and families how to perform home health tasks; and
- k. Observing and reporting to the HHA provider, The District Nurse, and the Support Coordinator, Members who exhibit the need for additional medical or psychosocial support, or a change in condition during the course of service delivery.

6. The AdSS shall cover Intermittent Nursing Services only when provided by an RN or LPN under the supervision of a RN or PCP or physician of record as specified in A.A.C. R4-19-401.
7. The AdSS shall cover Intermittent Nursing Services provided by an LPN only if they are working for an HHA.
8. The AdSS shall cover Intermittent Nursing Services in 15 minute units, not to exceed two hours (eight units) per single Visit.
9. The AdSS shall not cover more than four hours (16 units) per calendar day.
10. The AdSS shall cover Intermittent Nursing Services to Members residing in an Assisted Living Facility (ALF) when Skilled Nursing Services are not included in the facility's per diem rate.
11. The AdSS shall cover Home Health Services provided by a family member, including but not limited to parents and guardians of minor children or adults, when the individual is a Licensed Nursing Assistant (LNA) employed by a Medicare-certified HHA.

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

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

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

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

**E. ALTCS MEMBER CONSIDERATIONS**

1. The AdSS shall identify the ALTCS Member's need for service through the service assessment and planning process conducted by the ALTCS Support Coordinator or identified by a physician and authorized based on the orders (type, number, and frequency of services) of a physician and documented in the ALTCS Member's service plan.
2. The AdSS shall have the ALTCS Member's plan of care developed by the HHA provider and reviewed by a physician every 60 days.
3. The AdSS shall monitor and authorize the ALTCS Member's plan of care.
4. The AdSS shall require skilled nursing assessments be performed

by skilled nursing staff of a Medicare-certified or State licensed HHA or AHCCCS-registered Independent RN.

5. The AdSS shall require the following conditions for a skilled nursing assessment:
  - a. Pressure ulcers,
  - b. Surgical wounds,
  - c. Tube feedings,
  - d. Pain management, or
  - e. Tracheotomy.
6. The AdSS shall monitor training for Members and caregivers for Members with newly placed gastrostomy tubes.
7. The AdSS shall ensure that when the treatment plan includes gastrostomy tube feedings, the task will be delegated to the caregiver after the Home Health Nurse has successfully trained and attested that the caregiver can safely administer this form of tube feeding.
8. The AdSS shall identify, track, report, and transition Division Members with newly placed gastrostomy tubes to the Division for

ongoing monitoring and oversight upon completion of the initial acute gastrostomy tube training phase.

9. The AdSS shall require the Provider to submit written monthly progress reports to the ALTCS Member's PCP or attending physician regarding the care provided to each ALTCS Member.
10. The AdSS shall not allow Home Health Services to be provided on the same day that an ALTCS Member receives adult day health services without special justification by the ALTCS Member's Support Coordinator and approval by the Division.
11. The AdSS shall not allow Home Health Services for personal care or homemaker services as a part of Home Health Services to be provided separately by a homemaker, personal care or attendant care Provider on the same day.

Signature of Chief Medical Officer:   
Anthony Dekker (Feb 10, 2025 17:55 MST)