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2 **310-I HOME HEALTH SERVICES**

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6 EFFECTIVE DATE: October 1, 2019

7 REFERENCES: 42 CFR 424.22; 42 CFR 440.70; 42 CFR 489.28; A.R.S. §
8 32-1601; A.R.S. § 36-551; A.R.S. § 36-2939; A.A.C. R9-10-1201 et seq.;
9 AMPM 310-I; AMPM 310-P; AMPM 310-X; AMPM 520; AMPM Policy 1240-G;
10 AMPM Policy 1620-E; AMPM Policy 1620-K; AMPM Policy 1620-L.

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12 **PURPOSE**

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

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18 **DEFINITIONS**

- 19 1. "Activities of Daily Living" means activities a Member shall
20 perform daily for the Member's regular day-to-day necessities,
21 including but not limited to mobility, transferring, bathing,
22 dressing, grooming, eating, and toileting.
- 23 2. "Face-to-Face Encounter" means a Face-to-Face visit, in person

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25 or via telehealth, with a Member's Primary Care Physician (PCP)
26 or physician of record, related to the primary reason the Member
27 requires Home Health Services.

28 3. "Home Health Agency" means a public or private agency or
29 organization, or part of an agency or organization, that is
30 licensed by the State and meets requirements for participation in
31 Medicare, including the capitalization requirements under 42 CFR
32 489.28 [42 CFR 440.70].

33 4. "Home Health Services" means nursing services, home health
34 aide services, therapy services, and medical supplies,
35 equipment, and appliances as described in 42 CFR 440.70, when
36 provided to a Member at their Place of Residence and on their
37 physician's orders as part of a written plan of care.
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39 5. "Intermittent Nursing Services" means Skilled Nursing Services
40 provided by either a Registered Nurse (RN) or Licensed Practical
41 Nurse (LPN), for visits of two hours or less in duration, up to a
42 total of four hours per day.

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44 6. ~~“Licensed Health Aide” or “LHA” means pursuant to A.R.S. §~~
45 ~~32-1601, a person who is licensed to provide or assist in~~
46 ~~providing nursing-related services pursuant to A.R.S. § 36-2939~~
47 ~~or:~~
- 48 a. ~~Is the parent, guardian, or family member of the Arizona~~
49 ~~Long Term Care System (ALTCS) Member who is under 21~~
50 ~~years of age and eligible to receive Skilled Nursing or~~
51 ~~Skilled Nursing respite care services who may provide~~
52 ~~Licensed Health Aide (LHA) services only to that Member~~
53 ~~and only consistent with that Member’s plan of care; and~~
- 54 b. ~~Has a scope of practice that is the same as a Licensed~~
55 ~~Nursing Assistant (LNA) and may also provide medication~~
56 ~~administration, tracheostomy care, enteral care and~~
57 ~~therapy, and any other tasks approved by the State Board~~
58 ~~of Nursing in rule.~~
- 59 6. “Member” means the same as “Client” as defined in A.R.S. §
60 36-551.
- 61 7. “Place of Residence” means a Member’s Place of Residence, for

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63 Home Health Services, it does not include a hospital, nursing
64 facility, or Intermediate Care Facility for Individuals with
65 Intellectual Disabilities (ICF/IID), except for Home Health
66 Services in an ICF/IID facility that are not required to be
67 provided by the facility under subpart I of part 483.
- 68 8. "Provider" means any individual or entity contracted with the
69 AdSS that is engaged in the delivery of services, or ordering or
70 referring for those services, and is legally authorized to do so by
71 the State.
- 72 9. "Skilled Nursing Care" or "Skilled Nursing Services" means a
73 level of care that includes services that can only be performed
74 safely and correctly by a licensed nurse (either a Registered
75 Nurse or a ~~Licensed Practical Nurse~~ LPN).
- 76 10. "Support Coordinator" means the same as "Case Manager" under
77 A.R.S. § 36-551.
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79 ~~11. "Visit" means one unit of LHA services. One unit is 15 minutes~~
80 ~~long. A Visit is usually two hours (8 units) but may be greater~~

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82 ~~than or lesser than depending on the time it takes to render the~~
83 ~~procedure.~~

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86 **POLICY**

87 **A. HOME HEALTH AGENCIES**

88 1. The AdSS shall cover Home Health Services that are medically
89 necessary and provided by a Medicare certified Home Health
90 Agency (HHA) licensed by the Arizona Department of Health
91 Services (ADHS) that is contracted by the AdSS. All other
92 requirements of 42 CFR 440.70 apply.

93 2. The AdSS shall require Intermittent Nursing Services are
94 provided by an RN or a ~~Licensed Practical Nurse LPN.~~

95 3. The AdSS shall permit a non-Medicare certified, State ~~certified~~
96 licensed HHA or an Arizona Health Care Cost Containment
97 System (AHCCCS) registered Independent RN to provide Home
98 Health Services if the Medicare certified HHA is not willing or
99 unable to provide services to, or contract with the AdSS.

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101 under the following circumstances:
- 102 a. ~~Intermittent Nursing Services are needed in a geographic~~
103 ~~service area not currently served by a Medicare certified~~
104 ~~HHA;~~
- 105 b. ~~The Medicare certified HHA in the applicable geographic~~
106 ~~service area lacks adequate staff to provide the necessary~~
107 ~~services for the Member; or~~
- 108 c. ~~The Medicare certified HHA is not willing to provide~~
109 ~~services to, or contract with the AdSS.~~
- 110 4. The AdSS shall permit Home Health Services provided by a
111 non-Medicare State certified HHA or AHCCCS registered
112 Independent RN when the following apply:
- 113 a. Non-Medicare certified HHAs are licensed by the State and:
- 114 i. The AdSS maintains documentation supporting at
115 least one of the three the circumstances specified in
116 subsections ~~(2)(a), (b) and (c)~~ (3) above;
- 117 ii. The State licensed HHA is an AHCCCS registered
118 Provider which employs the individuals providing

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120 Home Health Services; and
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122 iii. Intermittent Nursing Services are provided by an RN
123 who is employed by the State licensed HHA.
- 124 b. Independent RNs are an AHCCCS registered Provider and:
- 125 i. Receive written orders from the Member's PCP
126 or physician of record;
- 127 ii. Are responsible for all documentation of Member
128 care; and
- 129 iii. Are responsible for the transmission of said
130 documentation to the Member's PCP or physician of
131 record.
- 132 5. The AdSS shall develop oversight activities to monitor service
133 delivery and quality of care provided by the Independent RN.

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

- 138 1. The AdSS shall cover nursing services that are provided on an

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140 intermittent basis as ordered by a treating physician.
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142 2. The AdSS shall cover medically necessary Home Health Aide
143 Services provided in the Member's Place of Residence as a
144 cost-effective alternative to hospitalization.
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146 3. The AdSS shall require that home health aides provide
147 non-skilled services under the direction and supervision of an
148 RN.
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150 4. The AdSS shall cover Home Health Aide Services in units of one
151 visit, a visit is usually one hour but may be greater or lesser
152 depending on the time it takes to render the procedure.
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154 5. The AdSS shall require the visit include at least one of the
155 following components:
- 156 a. Monitoring the health and functional level, and assistance
157 with the development of the HHA plan of care for the
Member;
- b. Monitoring and documenting of the Member's vital signs,
as well as reporting results to the supervising HHA RN, PCP

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

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

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11. The AdSS shall cover Home Health Aide 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) and employed by a Medicare certified HHA.

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C. PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH THERAPY SERVICES

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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.

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D. MEDICAL EQUIPMENT, APPLIANCES AND SUPPLIES

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The AdSS shall cover medical equipment, appliances, and

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supplies that are provided by a licensed Home Health Agency.

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E. FACE-TO-FACE ENCOUNTER REQUIREMENTS

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1. The AdSS shall apply Face-to-Face encounter requirements to Fee-For-Service (FFS) Members only.
 2. The AdSS shall require the Member's PCP or non-physician practitioner to complete a Face-to-Face encounter with Members for initiation of Home Health Services, that relates to the primary reason the Member requires Home Health Services no more than 90 days before or within 30 days after start of services.
 3. The AdSS shall ensure the Face-to-Face encounter is conducted by any one of the following:
 - a. The ordering physician, or the ordering non-physician practitioner; or
 - b. The attending acute or post-acute physician, for Members admitted to home health immediately after an acute or post-acute stay.
 4. The AdSS shall require the non-physician practitioner who performs the Face-to-Face encounter to communicate the clinical findings of the Face-to-Face encounter to the ordering physician.

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235 5. The AdSS shall incorporate the clinical findings into a written or
236 electronic document in the Member's record.
- 237 6. The AdSS shall require the physician responsible for ordering the
238 services to document the practitioner who conducted the
239 encounter, the date of the encounter, and that the Face-to-Face
240 encounter occurred within the required timeframes, regardless of
241 which practitioner performs the Face-to-Face encounter related
242 to the primary reason that the individual requires home health
243 services.
- 244 7. The AdSS shall allow the Member's PCP or non-physician
245 practitioner to perform the Face-to-Face encounter for Members
246 to occur through telehealth.

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249 **F. ALTCS MEMBER CONSIDERATIONS**

- 250 1. The AdSS shall identify the ALTCS Member's need for service
251 through the service assessment and planning process conducted
252 by the ALTCS Support Coordinator or identified by a physician

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254 and authorized based on the orders (type, number, and
255 frequency of services) of a physician and documented in the
256 ALTCS Member's service plan.
- 257 2. The AdSS shall have the ALTCS Member's plan of care developed
258 by the HHA Provider and reviewed by a physician every 60 days.
- 259 3. The AdSS shall monitor and authorize the ALTCS Member's plan
260 of care.
- 261 4. The AdSS shall require skilled nursing assessments be performed
262 by skilled nursing staff of a Medicare-certified or State licensed
263 HHA or AHCCCS-registered Independent RN.
- 264 5. The AdSS shall require the following conditions require a skilled
265 nursing assessment:
- 266 a. Pressure ulcers,
267 b. Surgical wounds,
268 c. Tube feedings,
269 d. Pain management, or
270 e. Tracheotomy.

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272 6. The AdSS shall have safeguards in place to monitor processes for
273 gastrostomy tube feedings.
- 274 7. The AdSS shall delegate the task of gastrostomy tube feeding to
275 the caregiver after the Home Health Nurse has successfully
276 trained and attested that the caregiver is safe to administer this
277 form of tube feeding when the treatment plan includes
278 gastrostomy tube feeding.
- 279 8. The AdSS shall require the service Provider to submit written
280 monthly progress reports to the ALTCS Member's PCP or
281 attending physician regarding the care provided to each ALTCS
282 Member.
- 283 9. The AdSS shall not allow home health services to be provided on
284 the same day that an ALTCS Member receives adult day health
285 services without special justification by the ALTCS Member's
286 Support Coordinator and approval by the Division or AHCCCS
287 Tribal ALTCS Unit for Tribal ALTCS Members.
- 288 10. The AdSS shall not allow home health aide services for personal

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

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Signature of Chief Medical Officer:

Draft Policy for Public Comment