

1240-G SKILLED NURSING AND LICENSED HEALTH AIDE SERVICES

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EFFECTIVE DATE: June 30, 1994

REFERENCES: 42 C.F.R. 440.80, A.R.S. § 32-1601, A.R.S. §36- 2939, AMPM 1020, AMPM 1620-D, AMPM 1240-G, AMPM 1250-D, AMPM 310-I, AMPM 520.

PURPOSE

The purpose of this policy is to establish the requirements regarding medically necessary Home Nursing and Licensed Health Aide Services for Division Members who are eligible for Arizona Long Term Care System (ALTCS) services.

DEFINITIONS

1. "Activities of Daily Living" or "ADLs" 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. "H-NAT" means the Hourly Nursing Assessment Tool that is used to analyze and display the relationship between the Skilled

Nursing task and the necessary time to complete the task.

3. "Home" means the Member's place of residence, that is not a medical setting, which may include: a private home, group home, Adult Developmental Home (ADH), and a Child Development Home (CDH).
4. "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.
5. "Inter-rater Reliability" or "IRR" means the process of ensuring that multiple observers are able to consistently define a situation or occurrence in the same manner, which is then recorded.
6. "Licensed Health Aide" or "LHA" means pursuant to A.R.S. § 32-1601, a person who is licensed to provide or assist in providing nursing-related services pursuant to A.R.S. § 36-2939 or:
 - a. Is the parent, guardian, or family member of the Arizona

Long Term Care System (ALTCS) Member who is under 21 years of age and eligible to receive receiving Skilled Nursing or Skilled Nursing respite care services who may provide Licensed Health Aide (LHA) services only to that Member and only consistent with that Member's plan of care; and

- b. Has a scope of practice that is the same as a Licensed Nursing Assistant (LNA) and may also provide medication administration, tracheostomy care, enteral care and therapy, and any other tasks approved by the State Board of Nursing in rule.
7. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
8. "Planning Team" means a defined group of individuals comprised of the Member, the Responsible Person if other than the Member, and, with the Responsible Person's consent, any individuals important in the Member's life, including extended family members, friends, service providers, community resource

providers, representatives from religious/spiritual organizations, and agents from other service systems.

9. "Pro Re Nata" or "PRN" means medications that are provided as needed and not on a regular basis.
10. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a member or an applicant for whom no guardian has been appointed.
11. "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 Licensed Practical Nurse).
12. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.
13. "Visit" means one unit of LHA services. One unit is 15 minutes long. A Visit is usually two hours but may be greater or lesser

depending on the time it takes to render the procedure.

POLICY

A. SKILLED NURSING SERVICES

1. The Division shall cover medically necessary Skilled Nursing Services provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in the Member's Home.
2. The Division shall ensure that if the Skilled Nursing Services are furnished by an LPN, the services are:
 - a. Provided under the supervision and direction of an RN or Physician, and
 - b. Provided by a LPN that is employed by a Home Health Agency (HHA).
3. The Division shall provide Skilled Nursing Services as an alternative to hospitalization or institutionalization when care cannot be safely managed within the scope and standards of Intermittent Nursing Services and when the Division determines the services to be cost-effective.

4. The Division shall ensure that Skilled Nursing Services are provided by a:
 - a. Medicare certified HHA; or
 - b. State licensed HHA if a Medicare certified HHA is not available per AMPM 310-I.

5. Support Coordinators shall identify Members who potentially need Skilled Nursing Services through the Person Centered Service Plan and shall submit a referral to Health Care Services for an assessment by the District Nurse when skilled nursing needs are identified.

6. The District Nurse, upon receipt of the referral from the Support Coordinator, shall complete a nursing assessment, which contains:
 - a. A review of the current medical files, including all pertinent health-related information, to identify potential health needs of the Member related to the Division nursing assessment and;

- b. Assessment of the health status of the Member by a review of the current medical data, communication with the Member, team members and families, and assessment of the Member in relation to physical, developmental, and behavioral dimensions.
7. The District Nurse shall determine allocation of Skilled Nursing Care hours based on the nursing needs identified on the Division nursing assessment and the H-NAT.
8. The District Nurse shall complete each section of the H-NAT to evaluate the needs of the Member requiring Skilled Nursing Services.
9. The Division shall not cover Skilled Nursing Services for the sole purpose of helping with ADLs.
10. The Division shall cover ADLs when nursing providers assist Members while they are on duty and providing authorized Skilled Nursing Services.
11. When PRN Skilled Nursing Services are assessed, the District

Nurse shall describe in detail the medical need in the nursing assessment.

12. The District Nurse shall ensure that assessed services are provided to the Member within 14 calendar days for an existing ALTCS Member or 30 days for a newly enrolled ALTCS Member.
13. The Division shall ensure Skilled Nursing Services are ordered by a Physician.
14. The District Nurse shall ensure the HHA obtains an order from the Physician to perform duties related to Skilled Nursing Care if an order is not already in place.
15. The Division shall require the HHA to ensure that the Physician reviews and recertifies the plan of care at least every 60 days and that it is reviewed at every Person Centered Service Plan meeting.
16. The Division shall require the HHA to ensure that a Physician prescribes the services and the Skilled Nursing Services follow a written nursing plan of care developed by the Division contracted

Home Health provider, in conjunction with the Division's Support Coordinator, the Member or Responsible Person, and the District Nurse that includes:

- a. Specific services to be provided,
 - b. Anticipated frequency and duration of each specific service;
 - c. Expected outcome of services;
 - d. Coordination of these services with other services being received or needed by the Member;
 - e. Input of the Member or Responsible Person; and
 - f. Assisting the Member in increasing independence.
17. District Nurses shall ensure care is delivered by the Member's Skilled Nursing Service providers.
18. District Nurses shall conduct ongoing assessment and monitoring of the nursing needs and Skilled Nursing Services of each Member assigned to their caseload every 90 days.

19. The Support Coordinator shall invite the District Nurse to all Planning Team meetings if a Member is receiving Skilled Nursing Services, unless otherwise requested by the Responsible Person.
20. District Nurses shall work in collaboration with the Member's Planning Team to ensure that all Skilled Nursing needs are met and all services are medically necessary and cost-effective.
21. The District Nurse shall document any contact made on behalf of the Member related to Skilled Nursing Services in the Member's progress notes.
22. At least annually, the Division shall train District Nurses and nurse managers on the H-NAT.
23. At least annually, Nurse Managers will conduct IRR testing to ensure consistent application of review criteria in making medical necessity decisions.

B. LICENSED HEALTH AIDE (LHA)

1. The Division shall cover medically necessary LHA services in the

setting where the Member's normal life activities take place when provided by an HHA.

2. The Division shall provide LHA services as an alternative to hospitalization or institutionalization when care cannot be safely managed within the scope and standards of Intermittent Nursing Services and when determined to be cost-effective.
3. The Division shall require Visits 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 of Member vital signs, as well as reporting results to the supervising RN or Physician;
 - c. Providing Members with personal care;
 - d. Assisting Members with bowel, bladder or ostomy programs, as well as catheter hygiene (does not include catheter insertion);

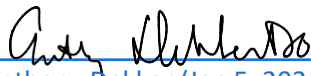
- e. Administering, or assisting Members with self-administration of, medications;
 - f. Assisting Members with eating, if required, to maintain sufficient nutritional intake, and providing information about nutrition;
 - g. Assisting Members with routine ambulation, transfer, use of special appliances or prosthetic devices, range of motion activities or simple exercise programs;
 - h. Assisting Members in ADLs to increase Member independence;
 - i. Teaching Members and families how to perform home health tasks; and
 - j. Observing and reporting to the HHA Provider or the Support Coordinator of Members who exhibit the need for additional medical or psychosocial support, or a change in condition during the course of service delivery.
4. The District Nurse shall determine allocation of LHA services

based on the nursing needs identified on the Division nursing assessment and the H-NAT.

5. The District Nurse shall allocate LHA services in lieu of Skilled Nursing hours when skilled services fall within the scope of the LHA.
6. The Division shall ensure that Skilled Nursing Services, respite services provided by a RN or LPN, and LHA services are not provided concurrently.
7. The Division shall ensure that when LHA services are authorized for respite, the LHA is not the same individual for whom the respite is intended.
8. The Division shall ensure LHA services are provided under the supervision and direction of a RN or Physician.
9. The Division shall ensure the supervision of LHAs includes observing the LHA's competency in performing the necessary duties as required by the individual patient.
10. The Division shall ensure supervisory Visits occur within the

LHAs first week and:

- a. Within the first 30 days,
 - b. Within the first 60 days, and
 - c. At least every 60 days thereafter.
11. The Division shall ensure that LHAs are employed by an HHA and licensed by the State Board of Nursing.
 12. The Division shall ensure that LHA Services are provided through a Medicare Certified HHA.
 13. The Division shall ensure that the Division rate book and claims manual reflect information on billing for LHA services.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Jan 5, 2024 12:54 MST\)](#)
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