

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

REVISION DATE: 12/07/2022, 7/3/2015, 9/15/2014

EFFECTIVE DATE: June 30, 1994

REFERENCES: A.R.S. § 32-1601, A.R.S. §36-2939, 42 CFR 440.70, AMPM  
310-I, AMPM Policy 1240-G

### **PURPOSE**

This policy describes and establishes requirements for covered Home Health Services for Division of Developmental Disabilities (Division) members who are eligible for Arizona Long Term Care System (ALTCS).

### **DEFINITIONS**

1. "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 (42 CFR 440.70).
2. "Home Health Agency (HHA)" 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).

3. “Home Health Services” means nursing services, home health aide services, therapy services, and medical supplies, equipment, and appliances provided to a member at their place of residence and on the member’s physician's orders, or ordered by the member’s nurse practitioner, physician assistant, or clinical nurse specialist, as a part of the plan of care and reviewed by the practitioner annually as part of a written plan of care.
4. “Licensed Health Aide (LHA)” means a person who is licensed to provide or assist in providing nursing-related services and:
  - 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 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.

## **POLICY**

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

1. The Division 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 Division. All other requirements of 42 CFR 440.70 apply; however, intermittent nursing services shall be provided by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN).
2. The Division shall permit a non-Medicare certified, State certified HHA or an Arizona Health Care Cost Containment System (AHCCCS) registered Independent RN to provide Home Health Services only under the following circumstances:
  - a. Intermittent nursing services are needed in a geographic service area not currently served by a Medicare certified HHA;

- b. The Medicare certified HHA in the applicable geographic service area lacks adequate staff to provide the necessary services for the member(s); or
    - c. The Medicare certified HHA is not willing to provide services to, or contract with the Division .
- 3. The Division shall permit Home Health Services provided by a non-Medicare State certified HHA or AHCCCS registered Independent RN when the following apply:
  - a. Non-Medicare certified HHAs shall be licensed by the State and:
    - i. The Division shall maintain documentation supporting at least one of the three circumstances specified in subsections (2)(a), (b) and (c) above;
    - ii. The State licensed HHA shall be an AHCCCS registered provider which employs the individuals providing Home Health Services; and
    - iii. Intermittent nursing services shall be provided by an RN who is employed by the State licensed HHA.

- b. Independent RNs shall be registered as an AHCCCS registered provider and:
  - i. Shall receive written orders from the member's PCP or physician of record, are responsible for all documentation of member care;
  - ii. Are responsible for the transmission of said documentation to the member's PCP or physician of record; and
  - iii. Sub-contractors who contract with Independent RNs to provide home health skilled nursing shall develop oversight activities to monitor service delivery and quality of care provided by the Independent RN.

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

- 1. The Division shall cover nursing services that are provided on an intermittent basis as ordered by a treating physician.
- 2. The Division shall require that home health aides provide non-skilled services under the direction and supervision of an RN.
- 3. The Division shall cover home health aide services in units of one

visit. 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 HHA RN, PCP or physician of record;
- c. Providing members with personal care;
- d. Assisting members with bowel, bladder and/or ostomy programs, as well as catheter hygiene (does not include catheter insertion);
- e. 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 and/or prosthetic devices, range of

- motion activities or simple exercise programs;
- h. Assisting members in activities of daily living to increase member independence;
  - i. Teaching members and families how to perform home health tasks; and
  - j. Observation of and reporting to the HHA Provider or the support coordinator for members who exhibit the need for additional medical or psychosocial support, or a change (decline or improvement) in condition during the course of service delivery.
- 4. The Division shall cover intermittent nursing services only when provided by an RN or LPN under the supervision of an RN or PCP or physician of record as specified in A.A.C. R4-19-401.
  - 5. The Division shall cover intermittent nursing services provided by an LPN only if they are working for an HHA.
  - 6. The Division shall cover intermittent nursing services in 15 minute units, not to exceed two hours (eight units) per single visit.

7. The Division shall not cover more than four hours (16 units) per calendar day.
8. The Division 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.
9. The Division 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.

**C. LICENSED HEALTH AIDE**

1. The Division shall cover LHA services in units of one visit that include one or more of the following:
  - 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, PCP or physician of record;
- c. Providing members with personal care;
  - d. Assisting members with bowel, bladder and/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 and/or prosthetic devices, range of motion activities or simple exercise programs;
  - h. Assisting members in activities of daily living to increase member independence;
  - i. Teaching members and families how to perform home health tasks; and

- j. Observation and reporting to the HHA Provider and/or the support coordinator of members who exhibit the need for additional medical or psychosocial support or a change (decline or improvement) in condition during the course of service delivery.

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

1. The Division shall cover physical therapy, occupational therapy, and speech therapy services provided by an HHA for members as specified in AMPM Policy 310-X.

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

1. The Division shall cover medical equipment, appliances, and supplies provided by an HHA as specified in AMPM Policy 310-P.

**F. FACE-TO-FACE ENCOUNTER REQUIREMENTS**

1. The Division shall require the practitioner to complete a

Face-to-Face encounter with Tribal Health Program 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.

2. The Division shall require the Face-to-Face encounter for Tribal Health Program members be conducted by one of the following:
  - a. The ordering PCP or physician of record or
  - b. For members admitted to home health immediately after an acute or post-acute stay, the attending acute or post-acute physician.
3. The Division shall allow the practitioner to perform the Face-to-Face encounter for Tribal Health Program members to occur through telehealth.

Signature of Chief Medical Officer:   
[Anthony Dekker \(Nov 29, 2022 09:27 MST\)](#)  
Anthony Dekker, D.O.