

1 **310-I HOME HEALTH SERVICES**
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5 EFFECTIVE DATE: June 30, 1994

6 REFERENCES: **42 CFR 424.22.**; A.R.S. § 32-1601; A.R.S. §36-2939; 42
7 CFR 440.70; 42 CFR 489.28; AMPM 310-I; AMPM 310-P; AMPM 310-X;
8 AMPM 520; AMPM Policy 1240-G; **AMPM Policy 1620-E**; **AMPM Policy 1620-K**;
9 **AMPM Policy 1620-L**.

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12 **PURPOSE**
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14 This policy describes and establishes requirements for covered Home Health
15 Services for Division of Developmental Disabilities (Division) Members who
16 are eligible for Arizona Long Term Care System (ALTCS).

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18 **DEFINITIONS**
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- 20 1. "Activities of Daily Living" means activities a Member shall
21 perform daily for the Member's regular day-to-day necessities,
22 including but not limited to mobility, transferring, bathing,
23 dressing, grooming, eating, and toileting.
- 24 2. "Face-to-Face Encounter" means a Face-to-Face Visit, in person
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 (42 CFR 440.70).
- 28 3. "Home Health Agency" or "HHA" means a public or private
29 agency or organization, or part of an agency or organization,
30 that is licensed by the State and meets requirements for
31 participation in Medicare, including the capitalization
32 requirements under 42 CFR 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 provided to a Member at their place
36 of residence and on the Member's physician's orders, or ordered
37 by the Member's nurse practitioner, physician assistant, or
38 clinical nurse specialist, as a part of the plan of care and
39 reviewed by the Member's ~~Primary Care Physician (PCP)~~ or non-
40 physician practitioner annually as part of a written plan of care.
- 41 5. "Intermittent Nursing Services" means Skilled Nursing Services
42 provided by either a Registered Nurse (RN) or Licensed Practical
43 Nurse (LPN), for Visits of two hours or less in duration, up to a
44 total of four hours per day.

- 45 6. “Licensed Health Aide” or “LHA” means pursuant to A.R.S. § 32-
46 1601, a person who is licensed to provide or assist in providing
47 nursing-related services pursuant to A.R.S. § 36-2939 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 receiving-Skilled
51 Nursing or Skilled Nursing respite care services who may
52 provide Licensed Health Aide (LHA) services only to that
53 Member and only consistent with that Member’s plan of
54 care; and
- 55 b. Has a scope of practice that is the same as a Licensed
56 Nursing Assistant (LNA) and may also provide medication
57 administration, tracheostomy care, enteral care and
58 therapy, and any other tasks approved by the State Board
59 of Nursing in rule.
- 60 7. “Member” means the same as “Client” as defined in A.R.S. § 36-
61 551.
- 62 8. “Service Provider” means an agency or individual operating

63 under a contract or service agreement with the Department to
64 provide services to Division Members.

65 9. "Skilled Nursing Care" or "Skilled Nursing Services" means a
66 level of care that includes services that can only be performed
67 safely and correctly by a licensed nurse (either a Registered
68 Nurse or a Licensed Practical Nurse).

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70 9. "Support Coordinator" means the same as "Case Manager" under
71 A.R.S. § 36-551.

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

76 **POLICY**

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78 **A. HOME HEALTH AGENCIES**

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80 1. The Division shall cover Home Health Services that are medically
81 necessary and provided by a Medicare Certified Home Health
82 Agency (HHA) licensed by the Arizona Department of Health

- 83 Services (ADHS) that is contracted by the Division. All other
84 requirements of 42 CFR 440.70 apply.
- 85 2. The Division shall ~~require ensure~~ Intermittent Nursing Services
86 are provided by an RN or a Licensed Practical Nurse (LPN).
- 87 3. The Division shall permit a non-Medicare certified, State certified
88 HHA or an Arizona Health Care Cost Containment System
89 (AHCCCS) registered Independent RN to provide Home Health
90 Services only under the following circumstances:
- 91 a. Intermittent Nursing Services are needed in a geographic
92 service area not currently served by a Medicare certified
93 HHA;
- 94 b. The Medicare certified HHA in the applicable geographic
95 service area lacks adequate staff to provide the necessary
96 services for the Member; or
- 97 c. The Medicare certified HHA is not willing to provide
98 services to, or contract with the Division.
- 99 4. The Division shall permit Home Health Services provided by a

- 100 non-Medicare State certified HHA or AHCCCS registered
- 101 Independent RN when the following apply:
- 102 a. Non-Medicare certified HHAs are licensed by the State and:
- 103 i. The Division maintains documentation supporting at
- 104 least one of the three circumstances specified in
- 105 subsections (2)(a), (b) and (c) above;
- 106 ii. The State licensed HHA is an AHCCCS registered
- 107 Service Provider which employs the individuals
- 108 providing Home Health Services; and
- 109 iii. Intermittent Nursing Services are provided by an RN
- 110 who is employed by the State licensed HHA.
- 111 b. Independent RNs are an AHCCCS registered Service
- 112 Provider and:
- 113 i. Receive written orders from the Member's PCP
- 114 or physician of record;
- 115 ii. Are responsible for all documentation of Member
- 116 care; and

117 iii. Are responsible for the transmission of said
118 documentation to the Member's PCP or physician of
119 record.

120 5. The Division shall develop oversight activities to monitor service
121 delivery and quality of care provided by the Independent RN.

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

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

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129 2. The Division shall require that home health aides provide
130 non-skilled services under the direction and supervision of an
131 RN.

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133 3. The Division shall cover Home Health Aide Services in units of
134 one Visit, that include at least one of the following components:

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136 a. Monitoring the health and functional level, and assistance
137 with the development of the HHA plan of care for the
138 Member;

- 136 b. Monitoring and documenting of the Member’s vital signs,
137 as well as reporting results to the supervising HHA RN, PCP
138 or physician of record;
- 139 c. Providing Members with personal care;
- 140 d. Assisting Members with bowel, bladder or ostomy
141 programs, and catheter hygiene, excluding catheter
142 insertion;
- 143 e. Assisting Members with self-administration of medications;
- 144 f. Assisting Members with eating, if required, to maintain
145 sufficient nutritional intake;
- 146 g. Providing information about nutrition;
- 147 h. Assisting Members with routine ambulation, transfer, use
148 of special appliances or prosthetic devices, range of motion
149 activities, or simple exercise programs;
- 150 i. Assisting Members in Activities of Daily Living to increase
151 Member independence;

- 152 j. Teaching Members and families how to perform home
153 health tasks; and
- 154 k. Observing of and reporting to the HHA Service Provider or
155 the Support Coordinator for Members who exhibit the need
156 for additional medical or psychosocial support, or a change
157 in condition during the course of service delivery.
- 158 4. The Division shall cover Intermittent Nursing Services only when
159 provided by a RN or LPN under the supervision of a RN or PCP or
160 physician of record as specified in A.A.C. R4-19-401.
- 161 5. The Division shall cover Intermittent Nursing Services provided
162 by an LPN only if they are working for an HHA.
- 163 6. The Division shall cover Intermittent Nursing Services in 15
164 minute units, not to exceed two hours (eight units) per single
165 Visit.
- 166 7. The Division shall not cover more than four hours (16 units) per
167 calendar day.
- 168 8. The Division shall cover Intermittent Nursing Services to

169 Members residing in an assisted living facility (~~ALF~~) when Skilled
170 Nursing Services are not included in the facility's per diem rate.

171 9. The Division shall cover Home Health [Aide](#) Services provided by
172 a family member, including but not limited to parents and
173 guardians of minor children or adults when the individual is a
174 Licensed Nursing Assistant (LNA) and employed by a Medicare
175 Certified HHA.

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177 **C. LICENSED HEALTH AIDE**

178 1. The Division shall cover LHA services in units of one Visit that
179 include one or more of the following:

180 a. Monitoring the health and functional level, and assistance
181 with the development of the HHA plan of care for the
182 Member;

183 b. Monitoring and documenting of the Member's vital signs,
184 as well as reporting results to the supervising RN, PCP or
185 physician of record;

186 c. Providing Members with personal care;

- 187 d. Assisting Members with bowel, bladder or ostomy
188 programs, and catheter hygiene excluding catheter
189 insertion;
- 190 e. Administering or assisting Members with self-
191 administration of medications;
- 192 f. Assisting Members with eating if required, to maintain
193 sufficient nutritional intake and providing information
194 about nutrition;
- 195 g. Assisting Members with routine ambulation, transfer, use
196 of special appliances or prosthetic devices, range of motion
197 activities or simple exercise programs;
- 198 h. Assisting Members in Activities of Daily Living to increase
199 Member independence;
- 200 i. Teaching Members and families how to perform home
201 health tasks; and
- 202 j. Observing and reporting to the HHA Service Provider or
203 the Support Coordinator of Members who exhibit the need

204 for additional medical or psychosocial support or a change
205 in condition during the course of service delivery.

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

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

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

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

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

- 219 1. The Division shall apply Face-to-Face encounter
220 requirements to Fee-For-Service (FFS) Members only.
- 221 2. The Division shall require the Member's ~~Primary Care Physician~~
222 ~~(PCP)~~ or non-physician practitioner to complete a Face-to-Face

223 encounter with Tribal Health Program Members for initiation of
224 Home Health Services, that relates to the primary reason the
225 Member requires Home Health Services no more than 90 days
226 before or within 30 days after start of services.

227 3. The Division shall require the Face-to-Face encounter for Tribal
228 Health Program Members be conducted by one of the following:

229 a. The ordering physician PCP or physician of record the
230 ordering non-physician practitioner; or

231 b. The attending acute or post-acute physician, for Members
232 admitted to home health immediately after an acute or
233 post-acute stay.

234 4. The Division shall require the non-physician practitioner who
235 performs the Face-to-Face encounter to communicate the clinical
236 findings of the Face-to-Face encounter to the ordering physician.

237 5. The Division shall incorporate the clinical findings into a written
238 or electronic document in the Member's record.

239 6. The Division shall require the physician responsible for ordering

240 the services to document the practitioner who conducted the
241 encounter, the date of the encounter, and that the Face-to-Face
242 encounter occurred within the required timeframes, regardless of
243 which practitioner performs the Face-to-Face encounter related
244 to the primary reason that the individual requires home health
245 services.

246 4.7. The Division shall allow the Member's ~~Primary Care Physician~~
247 ~~(PCP)~~ or ~~non-physician practitioner~~ non-physician of record to
248 perform the Face-to-Face encounter for Tribal Health Program
249 Members to occur through telehealth.

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251 **G. ALTCS MEMBER CONSIDERATIONS**

252 **1. The Division shall identify the ALTCS Member's need for**
253 **service through the service assessment and planning**
254 **process conducted by the ALTCS Support Coordinator or**
255 **identified by a physician and authorized based on the**
256 **orders (type, number, and frequency of services) of a**
257 **physician and documented in the ALTCS Member's service**

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plan.

2. The Division shall have the ALTCS Member's plan of care developed by the HHA Service Provider and reviewed by a physician every 60 days.

3. The Division shall have the ALTCS Member's plan of care authorized and monitored by the ALTCS Member's Support Coordinator.

1.4. The Division shall monitor and authorize the ALTCS Member's plan of care.

3. The Division shall require skilled nursing assessments be performed by skilled nursing staff of a Medicare-certified or State licensed HHA or AHCCCS-registered Independent RN.

4. The Division shall require the following conditions require a skilled nursing assessment:

a. Pressure ulcers,

b. Surgical wounds,

- 275 c. **Tube feedings,**
- 276 d. **Pain management, or**
- 277 a-e. **Tracheotomy.**
- 278 5. **The Division shall require the Service Provider to submit**
- 279 **written monthly progress reports to the ALTCS Member's**
- 280 **PCP or attending physician regarding the care provided to**
- 281 **each ALTCS Member.**
- 282 6. **The Division shall not allow home health services to be**
- 283 **provided on the same day that an ALTCS Member receives**
- 284 **adult day health services without special justification by**
- 285 **the ALTCS Member's Support Coordinator and approval by**
- 286 **the Division or AHCCCS Tribal ALTCS Unit for Tribal ALTCS**
- 287 **Members.**
- 288 7. **The Division shall not allow personal care or homemaker**
- 289 **services to be provided separately by a homemaker,**
- 290 **personal care or attendant care Service Provider on the**
- 291 **same day.**
- 292 8. **The Division shall not allow home health aide services for**

293 **personal care or homemaker services as a part of home**
294 **health services to be provided separately by a**
295 **homemaker, personal care or attendant care Service**
296 **Provider on the same day.**

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Signature of Chief Medical Officer:

Draft Policy for Public Comment