

1620-K SKILLED NURSING NEED STANDARD

REVISION DATE: 3/12/2025

REVIEW DATES: 8/20/2024, 11/17/2023

EFFECTIVE DATE: February 2, 2022

REFERENCES: AMPM 1620-K, Medical Policy Manual 1240-G, Medical Policy Manual Exhibit 1240G-1

PURPOSE

This policy establishes support coordination standards for Members with skilled nursing needs.

DEFINITIONS

1. "Division Contracted Nursing Agency" means a Medicare Certified Home Health Agency (HHA) that is licensed by the Arizona Department of Health Services (ADHS), registered with AHCCCS, and contracted with the Division of Developmental Disabilities.
2. "Institutional Settings" means a long-term care arrangement in which skilled nursing services can be provided. Institutional Settings include:
 - a. Nursing facility (NF), including religious non-Medical Health Care Institution

- b. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID),
 - c. Behavioral Health Inpatient Facility (BHIF),
 - d. Institutions for Mental Disease (IMD), and
 - e. Inpatient Behavioral Health Residential Treatment Facility.
3. "Member" means the same as "Client" as defined in A.R.S. §36-551
4. "Non-Institutional Settings" means a long-term care arrangement in which skilled home health nursing services can be provided. Non-Institutional Settings settings include:
- a. A Member's "own home", as defined in A.A.C. R9-28-101(B),
 - b. Assisted Living Facility,
 - c. DDD Group Home,
 - d. DDD Adult & Child Developmental Home, and
 - e. Behavioral Health Residential Facility (BHRF).
5. "Planning Document" means a written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important

to the Member in meeting the identified needs and preferences for the delivery of such services and supports.

6. "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.
7. "Responsible Person" means an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed, the parent or guardian of a minor with a developmental disability, or the guardian of an adult with a developmental disability.

POLICY

A. NON-INSTITUTIONAL/HCBS SETTINGS

1. The Division's Health Care Services (HCS) shall refer a Member who has the following skilled nursing need to a Home Health

Agency (HHA) for the initial assessment and the ongoing provision of skilled nursing care as well as monitoring determined necessary by the assessment:

- a. Pressure ulcers,
 - b. Surgical wounds,
 - c. Tube feedings with medication,
 - d. Nasogastric tube feeding,
 - e. Gastrostomy-jejunostomy tube feeding,
 - f. Pain management, and
 - g. Tracheotomy.
2. The Division's HCS shall refer to the Division's Medical Policy Manual, Exhibit 1240G-1 for a list of medical conditions and needs that require skilled nursing tasks.
 3. The Division's HCS shall require the HHA to make recommendations to the Primary Care Provider (PCP) for continued monitoring based on the assessment.
 4. The District Nurse shall make recommendations as needed to the Primary Care Provider (PCP) and to the Planning Team for continued monitoring.

5. The Division's HCS shall require a Member's initial needs assessment to be conducted by an AHCCCS registered HHA or an independent RN, if an AHCCCS registered home health provider is not available, if the Member:
 - a. Is at risk of compromised skin integrity; or
 - b. Has a history of medical instability.
6. The Division HCS shall require the Member be monitored for skilled nursing needs by the HHA or independent RN, within established timeframes and as otherwise necessary.
7. The Division shall allow District Nurses to be utilized in performing skilled nursing assessments and making recommendations to the PCP for continued monitoring.
8. The Division shall not allow District Nurses to provide hands on direct nursing.
9. The Division shall require District Nurses be available to assist Support Coordinators as needed with assessing and coordinating care related to the Member's overall physical health.
10. Assigned Division nurses and Support Coordination shall ensure the Member's case file contains:

- a. Documentation of the initial nursing assessment;
 - b. Evidence of quarterly consultations with the provider of the skilled nursing care; and
 - c. Documentation of the Member's condition and progress until the Member no longer requires skilled nursing care.
11. The District Nurse and Support Coordinator shall ensure the following occurs if the Responsible Person refuses skilled nursing care:
- a. The Responsible Person is informed of the possible risks of refusing skilled nursing care;
 - b. There is documentation on a managed risk assessment (MRA) of the reason given for refusing the recommended care;
 - c. The Responsible Person has signed the MRA;
 - d. The MRA is maintained in the Member's case file; and
 - e. The Member's PCP is informed of the refusal.
12. The Support Coordinator shall ensure that a Member who has skilled nursing needs is provided with the monitoring and care necessary to meet the Member's individual needs.

13. The District Nurse and Support Coordinator shall document in the MRA the Responsible Person's acknowledgement that when the Attendant Care or other alternative service is utilized, skilled tasks are not provided and will not be paid for by the Division if the Member is requesting an alternative service be provided in lieu of skilled nursing.

B. INSTITUTIONAL SETTINGS

1. The Division shall require the Institutional Setting to provide appropriate care to meet the needs of each Member who is at risk of the following compromised skin integrity:
 - a. Being bedridden,
 - b. Quadriplegia,
 - c. Having a history of medical instability such as frequent seizures,
 - d. Unstable diabetes, or
 - e. COPD.
2. The Division shall require the Institutional Setting be responsible for providing appropriate care to meet the needs of each Member who requires skilled nursing for the following conditions:

- a. Pressure ulcers,
 - b. Surgical wounds, or
 - c. Pain management.
3. The District Nurse shall consult with the Institutional Setting every 90 days and review treatment records and other levels of care documentation related to the specific skilled nursing needs, including compliance with prescribed treatments, and documented in the Member's case file.

C. DOCUMENTATION

1. The Support Coordinator shall ensure the initial referral for a nursing assessment is included as part of the Member's case file.
2. The Support Coordinator shall ensure the date the referral was sent to HCS along with any communication regarding the referral is documented in the Member's Focus progress notes.
3. The District Nurse shall send all assessments and monitoring re-assessments to the Support Coordinator and include the assessments as part of the Member's case file.
4. The District Nurse and Support Coordinator shall ensure any documents or Member updates provided by the Institutional

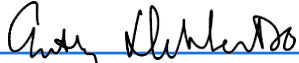
Setting are included in the Member's case file and documented in the Focus progress notes.

5. The District Nurse shall include the SNF Uniform Assessment Tool in the Member's case file if the Member is residing in a Skilled Nursing Facility (SNF).
6. The District Nurse and Support Coordinator shall document the Member's progress related to specific skilled nursing needs, including compliance related to prescribed treatments, in the Member's Planning Document if the Member is residing in an institutional setting.

SUPPLEMENTAL INFORMATION

- A. Refer to AMPM Policy 310-I for additional ALTCS considerations related to gastrostomy tube feedings.
- B. Refer to AMPM Policy 1240-G for:
 1. Circumstances in which an independent RN or a Licensed Health Aide (LHA) is permitted to provide home health services,
 2. Guidelines regarding medically necessary home health services, and

3. Information regarding the details included in a nursing plan of care.
- C. Refer to the Division’s Medical Policy Chapter 1210, for additional information regarding services provided in institutional service and settings.


Anthony Dekker (Mar 12, 2025 14:33 PDT)

Signature of Chief Medical Officer

Anthony Dekker

Name

Mar 12, 2025

Date