

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

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EFFECTIVE DATE: June 30, 1994

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

### **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. "Activities of Daily Living" 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. "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).
3. "Home Health Agency" or "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].

4. "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 Member's PCP or non-physician practitioner annually as part of a written plan of care.
5. "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.
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 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. "Service Provider" means an agency or individual operating under a contract or service agreement with the Department to provide services to Division Members.
  9. "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 an RN or an LPN).

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

## **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.
2. The Division shall require Intermittent Nursing Services to be provided by an RN or an LPN.
3. The Division shall permit a non Medicare-certified, State licensed HHA or an Arizona Health Care Cost Containment System (AHCCCS) registered Independent RN to provide Home Health Services only if the Medicare-certified HHA is not willing to provide services to, or contract with the Division.

4. The Division shall permit Home Health Services provided by a non Medicare-certified, State licensed HHA or AHCCCS registered Independent RN when the following apply:
  - a. Non Medicare-certified HHAs are licensed by the State and:
    - i. The Division maintains documentation supporting at least one of the three circumstances specified in subsection (3) above;
    - ii. The State licensed HHA is an AHCCCS registered Service Provider that employs the individuals providing Home Health Services; and
    - iii. Intermittent Nursing Services are provided by an RN who is employed by the State-licensed HHA.
  - b. Independent RNs are an AHCCCS registered Service Provider and:
    - i. Receive written orders from the Member's PCP or physician of record;
    - ii. Are responsible for all documentation of Member care; and
    - iii. Are responsible for the transmission of said

documentation to the Member's PCP or physician of record.

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

**B. INTERMITTENT NURSING AND HOME HEALTH 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 Services in units of one visit, a visit is usually one hour but may be greater or lesser depending on the time it takes to render the procedure.
4. The Division shall require the visit 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 the Member's 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 or ostomy programs, and catheter hygiene, excluding catheter insertion;
- e. Assisting Members with self-administration of medications;
- f. Assisting Members with eating, if required, to maintain sufficient nutritional intake;
- g. Providing information about nutrition;
- h. Assisting Members with routine ambulation, transfer, use of special appliances or prosthetic devices, range of motion activities, or simple exercise programs;
- i. Assisting Members in Activities of Daily Living to increase Member independence;
- j. Teaching Members and families how to perform home health tasks; and
- k. Observing of and reporting to the HHA Service Provider, The District Nurse, and the Support Coordinator Members

who exhibit the need for additional medical or psychosocial support, or a change in condition during the course of service delivery.

5. The Division shall cover Intermittent Nursing Services only when provided by an RN or LPN under the supervision of a RN or PCP or physician of record as specified in A.A.C. R4-19-401.
6. The Division shall cover Intermittent Nursing Services provided by an LPN only if they are working for an HHA.
7. The Division shall cover Intermittent Nursing Services in 15 minute units, not to exceed two hours (eight units) per single visit.
8. The Division shall not cover more than four hours (16 units) per calendar day.
9. 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.
10. The Division shall cover Home Health 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) 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 the Member's 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, or ostomy programs, and catheter hygiene excluding 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. Providing information about nutrition;
- h. Assisting Members with routine ambulation, transfer, use of special appliances or prosthetic devices, range of motion activities or simple exercise programs;
- i. Assisting Members in Activities of Daily Living to increase Member independence;
- j. Teaching Members and families how to perform home health tasks; and
- k. Observing and reporting to the HHA Service Provider, The District Nurse, and the Support Coordinator, Members who exhibit the need for additional medical or psychosocial support, or a change in condition during the course of service delivery.

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

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**

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 apply Face-to-Face encounter requirements to Fee-For-Service (FFS) Members only.
2. The Division shall require the Member's PCP or non-physician 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.
3. The Division shall require the Face-to-Face encounter for Tribal Health Program Members to be conducted by 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 Division 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.
5. The Division shall incorporate the clinical findings into a written or electronic document in the Member's record.
6. The Division shall require the physician responsible for ordering the services to document the practitioner who conducted the encounter, the date of the encounter, and that the Face-to-Face encounter occurred within the required timeframes, regardless of which practitioner performs the Face-to-Face encounter related to the primary reason that the individual requires Home Health Services.
7. The Division shall allow the Member's PCP or non-physician of record to perform the Face-to-Face encounter for Tribal Health Program Members to occur through telehealth.

**G. ALTCS MEMBER CONSIDERATIONS**

1. The Division shall identify the ALTCS Member's need for service through the service assessment and planning process conducted by the ALTCS Support Coordinator or identified by a physician and authorized based on the orders (type, number, and frequency of services) of a physician and documented in the ALTCS Member's service 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 monitor and authorize the ALTCS Member's plan of care.
4. 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.
5. The Division shall require the following conditions for a skilled nursing assessment:
  - a. Pressure ulcers,
  - b. Surgical wounds,

- c. Tube feedings,
  - d. Pain management, or
  - e. Tracheotomy.
6. The Division shall monitor Member and caregiver training for Members with gastrostomy tubes.
7. The Division shall ensure that when the treatment plan includes gastrostomy tube feedings, the task will be delegated to the caregiver or LHA after the Home Health Nurse has successfully trained and attested that the caregiver or LHA can safely administer this form of tube feeding.
8. The Division shall require the Service Provider to submit written monthly progress reports to the ALTCS Member's PCP or attending physician regarding the care provided to each ALTCS Member.
9. The Division shall not allow Home Health Services to be provided on the same day that an ALTCS Member receives adult day health services without special justification by the ALTCS Member's Support Coordinator and approval by the Division or AHCCCS Tribal ALTCS Unit for Tribal ALTCS Members.

10. The Division shall not allow Home Health Services for personal care or homemaker services as a part of Home Health Services to be provided separately by a homemaker, personal care or attendant care Service Provider on the same day.

Signature of Chief Medical Officer:   
Anthony Dekker (Feb 10, 2025 17:56 MST)