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2 **310-I HOME HEALTH SERVICES**

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

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12 **PURPOSE**

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

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17 **DEFINITIONS**

18 1. "Activities of Daily Living" means activities a Member shall
19 perform daily for the Member's regular day-to-day necessities,
20 including but not limited to mobility, transferring, bathing,
21 dressing, grooming, eating, and toileting.

22 2. "Face-to-Face Encounter" means a Face-to-Face Visit, in person
23 or via telehealth, with a Member's Primary Care Physician (PCP)
24 or physician of record, related to the primary reason the Member

- 25
26 requires Home Health Services (42 CFR 440.70).
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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 PCP or non-physician practitioner
40 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

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45 total of four hours per day.
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47 6. "Licensed Health Aide" or "LHA" means pursuant to A.R.S. §
48 32-1601, a person who is licensed to provide or assist in
49 providing nursing-related services pursuant to A.R.S. § 36-2939
50 or:
- 51 a. Is the parent, guardian, or family member of the Arizona
52 Long Term Care System (ALTCS) Member who is under 21
53 years of age and eligible to receive Skilled Nursing or
54 Skilled Nursing respite care services who may provide
55 Licensed Health Aide (LHA) services only to that Member
56 and only consistent with that Member's plan of care; and
- 57 b. Has a scope of practice that is the same as a Licensed
58 Nursing Assistant (LNA) and may also provide medication
59 administration, tracheostomy care, enteral care and
60 therapy, and any other tasks approved by the State Board
61 of Nursing in rule.
- 62 7. "Member" means the same as "Client" as defined in A.R.S. §
63 36-551.

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65 8. "Service Provider" means an agency or individual operating
66 under a contract or service agreement with the Department to
67 provide services to Division Members.
- 68 9. "Skilled Nursing Care" or "Skilled Nursing Services" means a
69 level of care that includes services that can only be performed
70 safely and correctly by a licensed nurse (either an Registered
71 Nurse RN or a Licensed Practical Nurse LPN).
- 72 9. "Support Coordinator" means the same as "Case Manager" under
73 A.R.S. § 36-551.
- 74
75 10. ~~"Visit" means one unit of LHA services. One unit is 15 minutes~~
76 ~~long. A Visit is usually two hours (8 units) but may be greater~~
77 ~~than or lesser than depending on the time it takes to render the~~
78 ~~procedure.~~

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81 **POLICY**

82 **A. HOME HEALTH AGENCIES**

- 83 1. The Division shall cover Home Health Services that are medically
84 necessary and provided by a Medicare Certified Home Health

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86 Agency (HHA) licensed by the Arizona Department of Health
87 Services (ADHS) that is contracted by the Division. All other
88 requirements of 42 CFR 440.70 apply.

89 2. The Division shall require Intermittent Nursing Services are
90 provided by an RN or a Licensed Practical Nurse LPN.

91 3. The Division shall permit a non-Medicare certified, State certified
92 licensed HHA or an Arizona Health Care Cost Containment
93 System (AHCCCS) registered Independent RN to provide Home
94 Health Services if the Medicare certified HHA is not willing or
95 unable to provide services to, or contract with the Division.

96 ~~under the following circumstances:~~

97 a. ~~Intermittent Nursing Services are needed in a geographic~~
98 ~~service area not currently served by a Medicare certified~~
99 ~~HHA;~~

100 b. ~~The Medicare certified HHA in the applicable geographic~~
101 ~~service area lacks adequate staff to provide the necessary~~
102 ~~services for the Member; or~~

103 c. ~~The Medicare certified HHA is not willing to provide~~

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105 ~~services to, or contract with the Division.~~
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107 4. The Division shall permit Home Health Services provided by a
108 non-Medicare State certified HHA or AHCCCS registered
109 Independent RN when the following apply:
- 110 a. Non-Medicare certified HHAs are licensed by the State and:
- 111 i. The Division maintains documentation supporting ~~at~~
112 ~~least one of the three~~ the circumstances specified in
113 ~~subsections (2)(a), (b) and (c)~~ (3) above;
- 114 ii. The State licensed HHA is an AHCCCS registered
115 Service Provider which employs the individuals
116 providing Home Health Services; and
- 117 iii. Intermittent Nursing Services are provided by an RN
118 who is employed by the State licensed HHA.
- 119 b. Independent RNs are an AHCCCS registered Service
120 Provider and:
- 121 i. Receive written orders from the Member's PCP
122 or physician of record;

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124 ii. Are responsible for all documentation of Member
125 care; and
- 126 iii. Are responsible for the transmission of said
127 documentation to the Member's PCP or physician of
128 record.
- 129 5. The Division shall develop oversight activities to monitor service
130 delivery and quality of care provided by the Independent RN.

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

- 133 1. The Division shall cover nursing services that are provided on an
134 intermittent basis as ordered by a treating physician.
- 135 2. The Division shall require that home health aides provide
136 non-skilled services under the direction and supervision of an
137 RN.
- 138 3. The Division shall cover Home Health Aide Services in units of
139 one visit, a visit is usually one hour but may be greater or lesser
140 depending on the time it takes to render the procedure.

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142 4. The Division shall require the visit include at least one of the
143 following components:
- 144 a. Monitoring the health and functional level, and assistance
145 with the development of the HHA plan of care for the
146 Member;
 - 147 b. Monitoring and documenting of the Member's vital signs,
148 as well as reporting results to the supervising HHA RN, PCP
149 or physician of record;
 - 150 c. Providing Members with personal care;
 - 151 d. Assisting Members with bowel, bladder or ostomy
152 programs, and catheter hygiene, excluding catheter
153 insertion;
 - 154 e. Assisting Members with self-administration of medications;
 - 155 f. Assisting Members with eating, if required, to maintain
156 sufficient nutritional intake;
 - 157 g. Providing information about nutrition;
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- 162 h. Assisting Members with routine ambulation, transfer, use
- 163 of special appliances or prosthetic devices, range of motion
- 164 activities, or simple exercise programs;
- 165 i. Assisting Members in Activities of Daily Living to increase
- 166 Member independence;
- 167 j. Teaching Members and families how to perform home
- 168 health tasks; and
- 169 k. Observing of and reporting to the HHA Service Provider or
- 170 the Support Coordinator for Members who exhibit the need
- 171 for additional medical or psychosocial support, or a change
- 172 in condition during the course of service delivery.
- 173 5. The Division shall cover Intermittent Nursing Services only when
- 174 provided by a RN or LPN under the supervision of a RN or PCP or
- 175 physician of record as specified in A.A.C. R4-19-401.
- 176 6. The Division shall cover Intermittent Nursing Services provided
- 177 by an LPN only if they are working for an HHA.
- 178 7. The Division shall cover Intermittent Nursing Services in 15

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180 minute units, not to exceed two hours (eight units) per single
181 visit.

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

184 9. The Division shall cover Intermittent Nursing Services to
185 Members residing in an assisted living facility (ALF) when Skilled
186 Nursing Services are not included in the facility's per diem rate.

187 10. The Division shall cover Home Health Aide Services provided by
188 a family member, including but not limited to parents and
189 guardians of minor children or adults when the individual is a
190 Licensed Nursing Assistant (LNA) and employed by a Medicare
191 Certified HHA.

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194 **C. LICENSED HEALTH AIDE**

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

197 a. Monitoring the health and functional level, and assistance
198 with the development of the HHA plan of care for the

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200 Member;
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202 b. Monitoring and documenting of the Member's vital signs,
203 as well as reporting results to the supervising RN, PCP or
204 physician of record;
- 205 c. Providing Members with personal care;
- 206 d. Assisting Members with bowel, bladder or ostomy
207 programs, and catheter hygiene excluding catheter
208 insertion;
- 209 e. Administering or assisting Members with
210 self-administration of medications;
- 211 f. Assisting Members with eating if required, to maintain
212 sufficient nutritional intake and providing information
213 about nutrition;
- 214 g. Assisting Members with routine ambulation, transfer, use
215 of special appliances or prosthetic devices, range of motion
216 activities or simple exercise programs;
- 217 h. Assisting Members in Activities of Daily Living to increase

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219 Member independence;
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221 i. Teaching Members and families how to perform home
222 health tasks; and
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224 j. Observing and reporting to the HHA Service Provider or the
225 Support Coordinator of Members who exhibit the need for
226 additional medical or psychosocial support or a change in
condition during the course of service delivery.

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

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

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

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

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F. FACE-TO-FACE ENCOUNTER REQUIREMENTS

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1. The Division shall apply Face-to-Face encounter requirements to Fee-For-Service (FFS) Members only.

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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.

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

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a. The ordering physician or the ordering non-physician practitioner; or

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

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4. The Division shall require the non-physician practitioner who performs the Face-to-Face encounter to communicate the clinical

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257 findings of the Face-to-Face encounter to the ordering physician.
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259 5. The Division shall incorporate the clinical findings into a written
260 or electronic document in the Member's record.
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262 6. The Division shall require the physician responsible for ordering
263 the services to document the practitioner who conducted the
264 encounter, the date of the encounter, and that the Face-to-Face
265 encounter occurred within the required timeframes, regardless of
266 which practitioner performs the Face-to-Face encounter related
267 to the primary reason that the individual requires home health
services.
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269 7. The Division shall allow the Member's PCP or non-physician of
270 record to perform the Face-to-Face encounter for Tribal Health
Program Members to occur through telehealth.

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273 **G. ALTCS MEMBER CONSIDERATIONS**

- 274 1. The Division shall identify the ALTCS Member's need for service
275 through the service assessment and planning process conducted

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277 by the ALTCS Support Coordinator or identified by a physician
278 and authorized based on the orders (type, number, and
279 frequency of services) of a physician and documented in the
280 ALTCS Member's service plan.
- 281 2. The Division shall have the ALTCS Member's plan of care
282 developed by the HHA Service Provider and reviewed by a
283 physician every 60 days.
- 284 3. The Division shall monitor and authorize the ALTCS Member's
285 plan of care.
- 286 4. The Division shall require skilled nursing assessments be
287 performed by skilled nursing staff of a Medicare-certified or State
288 licensed HHA or AHCCCS-registered Independent RN.
- 289 5. The Division shall require the following conditions require a
290 skilled nursing assessment:
- 291 a. Pressure ulcers,
292 b. Surgical wounds,
293 c. Tube feedings,

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295 d. Pain management, or
- 296 e. Tracheotomy.
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298 6. The Division shall have safeguards in place to monitor processes
299 for gastrostomy tube feedings.
- 300 7. The Division shall delegate the task of gastrostomy tube feeding
301 to the caregiver after the Home Health Nurse has successfully
302 trained and attested that the caregiver is safe to administer this
303 form of tube feeding when the treatment plan includes
304 gastrostomy tube feeding.
- 305 8. The Division shall require the Service Provider to submit written
306 monthly progress reports to the ALTCS Member's PCP or
307 attending physician regarding the care provided to each ALTCS
308 Member.
- 309 9. The Division shall not allow home health services to be provided
310 on the same day that an ALTCS Member receives adult day
311 health services without special justification by the ALTCS
312 Member's Support Coordinator and approval by the Division or

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314 AHCCCS Tribal ALTCS Unit for Tribal ALTCS Members.

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316 10. The Division shall not allow home health aide services for
317 personal care or homemaker services as a part of home health
318 services to be provided separately by a homemaker, personal
319 care or attendant care Service Provider on the same day.

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328 Signature of Chief Medical Officer:

Draft Policy for Public Comment