

### 310-I - HOME HEALTH SERVICES

EFFECTIVE DATES: 10/01/94, 10/01/17, 10/01/18, 06/01/20, [UPON PUBLISHING](#)<sup>1</sup>

APPROVAL DATES: 10/01/01, 10/01/06, 05/01/11, 11/16/17, 07/11/18, 01/16/20, [12/16/21](#)<sup>2</sup>

#### I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/~~CMDP (CMDP)~~[CHP \(CHP\)](#)<sup>3</sup>, DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements regarding Home Health Services.

#### II. DEFINITIONS

[For the purpose of this Policy:](#)

**FACE-TO-FACE ENCOUNTER** ~~For the purposes of this Policy, a~~ [A](#) Face-To-Face visit, in person or via telehealth, with a member's PCP or non-physician practitioner, related to the primary reason the member requires home health services [42 CFR 440.70].

**HOME HEALTH AGENCY (HHA)**<sup>4</sup> ~~A public or private agency or organization, or part of an agency or organization, which is licensed by the state, that meets requirements for participation in Medicare, including the capitalization requirements under 42 CFR 489.28 [42 CFR 440.70].~~

**HOME HEALTH SERVICES**<sup>5</sup> ~~Nursing services, home health aide services, therapy services, and medical supplies, equipment, and appliances as described in 42 CFR 440.70 when provided to a member at his place of residence and on his or her physician's orders, or beginning March 1, 2020, ordered by the member's nurse practitioner, physician assistant, or clinical nurse specialist, as a part of the plan of care and is reviewed by the practitioner annually as part of a written plan of care [42 CFR 440.70].~~

**INTERMITTENT NURSING SERVICES**<sup>6</sup> ~~For purposes of this Policy, skilled nursing services provided by either a RN or LPN, for visits of two hours or less in duration, up to a total of four hours per day~~

<sup>1</sup> [Date Policy is effective](#)

<sup>2</sup> [Date presented at APC Meeting](#)

<sup>3</sup> [Revised to apply name change for CMDP from Comprehensive Medical and Dental Program to Comprehensive Health Plan \(CHP\) effective April 1, 2021, due to CHP behavioral health integration.](#)

<sup>4</sup> [Removed for duplication; term located in AHCCCS Contract and Policy Dictionary](#)

<sup>5</sup> [Removed for duplication; term located in AHCCCS Contract and Policy Dictionary](#)

<sup>6</sup> [Removed for duplication; term located in AHCCCS Contract and Policy Dictionary](#)

**LICENSED HEALTH AID (LHA)<sup>7</sup>**

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:

1. Is the parent, guardian, or family member of the Arizona Long-Term Care System (ALTCS) member receiving services who may provide Licensed Health Aide (LHA) services only to that member and only consistent with that member’s plan of care.
2. 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.

~~**LICENSED NURSING ASSISTANT (LNA)<sup>8</sup>**~~
~~Pursuant to A.R.S. § 32-1601, a person who is licensed to provide or assist in the delivery of nursing or nursing-related services under the supervision and direction of a licensed nursing staff member. Licensed nursing assistant does not include a person who:~~

- ~~1. Is a licensed health care professional,
  2. Volunteers to provide nursing assistant services without monetary compensation, or
  3. Is a certified nursing assistant.~~

~~**SETTING IN WHICH NORMAL LIFE ACTIVITIES TAKE PLACE<sup>9</sup>**~~
~~A setting other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.~~
**III. POLICY**

AHCCCS covers medically necessary Home Health Services provided in settings in which normal life activities take place as a cost effective alternative to hospitalization. Covered services, within certain limits, include: Intermittent Nursing and home health aide services, medically necessary medical equipment, appliances and supplies, and therapy services for AHCCCS members. Home Health Services are covered when ordered by the member’s treating physician or beginning March 1, 2020, ordered by the member’s nurse practitioner, physician assistant, or clinical nurse specialist, as a part of the plan of care and is reviewed by the practitioner annually as part of a written plan of care [42 CFR 440.70]. These services shall be medically necessary and cost effective.

**A. HOME HEALTH AGENCIES**

Home Health Services shall be provided by a Medicare ~~C~~ertified Home Health Agency (HHA) licensed by the Arizona Department of Health Services (ADHS). Under limited circumstances when specific criteria are met, Home Health Services may be provided by either a ~~state~~

<sup>7</sup> Definition added for Licensed Health Aide

<sup>8</sup> Removed for duplication; term located in AHCCCS Contract and Policy Dictionary

<sup>9</sup> Removed for duplication; term located in AHCCCS Contract and Policy Dictionary

~~licensed~~State Certified HHA or by an AHCCCS-registered Independent Registered Nurse (RN), as specified in AMPM Policy 1240-G. All other requirements of 42 CFR 440.70 apply; however, Intermittent Nursing Services shall be provided by an RN or an LPN.

1. A non-Medicare ~~C~~ertified State ~~licensed~~State Certified HHA or an AHCCCS registered Independent RN is permitted 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 Contractor.
2. When a non-Medicare ~~C~~ertified State Certified HHA or AHCCCS-registered Independent RN is used for Home Health Services as specified above, the following apply:
  - a. Non-Medicare Certified HHAs:
    - i. Shall be licensed by the state,
    - ii. The Contractor or AHCCCS/DFSM shall maintain documentation supporting at least one of the three circumstances specified above,
    - iii. The state licensed HHA shall be an AHCCCS registered provider which employs the individuals providing Home Health Services, and
    - iv. Intermittent Nursing Services shall be provided by an RN who is employed by the state licensed HHA.
  - b. Independent RN:
    - i. The Contractor or AHCCCS/DFSM shall maintain documentation supporting at least one of the three circumstances specified above,
    - ii. The Independent RN shall be registered as an AHCCCS registered provider,
    - iii. Independent RNs shall receive written orders from the member's Primary Care Provider (PCP) or physician of record, are responsible for all documentation of member care, and are responsible for the transmission of said documentation to the member's PCP, and
    - iv. 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**

Home health nursing and home health aide services are provided on an intermittent basis as ordered by a treating physician (42 CFR 440.70).

For information on continuous skilled nursing services/private duty nursing [and LHA services<sup>10</sup>](#), refer to AMPM Policy 1240-G.

<sup>10</sup> [Added LHA reference to the policy](#)

For information on billing for intermittent, [continued skilled nursing, and licensed health aide home health nursing services or continuous/private duty nursing](#)<sup>11</sup> services, refer to AMPM Policy 1240-G, Attachment B.

1. Home health aides provide non-skilled services under the direction and supervision of an RN. The services include monitoring of a member’s medical condition, health maintenance or continued treatment services, and activities of daily living.
2. The unit of home health aide services is one visit. A visit is usually one hour, but may be greater or lesser depending on the time it takes to render the procedure(s). 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 RN or physician,
  - 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 and reporting to the HHA Provider and/or the ALTCS Case Manager 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.
3. Intermittent Nursing Services shall be provided by an RN, or an LPN under the supervision of an RN or physician as specified in A.A.C. R4-19-401. LPNs may only provide Intermittent Nursing Services if they are working for an HHA.
4. A unit of Intermittent Nursing Services is 15 minutes. The length of a single visit shall not exceed two hours (eight units). No more than four hours (16 units) may be provided per day. Examples include, but are not limited to:

VISITS PER DAY	MAXIMUM UNITS PER VISIT
ONE	Eight units
TWO	First visit/eight units, Second visit/eight units
THREE	First visit/eight units, Second visit/four units, Third visit/four units

<sup>11</sup> Revised to align with updated title of AMPM Policy 1240-G Attachment B

5. Intermittent Nursing Services may be provided to members residing in an Assisted Living Facility (ALF) when Skilled Nursing Services are not provided by the ALF, hence these services are not included in the facility's per diem rate.
6. It is permissible for a family member, including but not limited to parents and guardians of minor children or adult, to provide Home Health Aide services when the individual is a Licensed Nursing Assistant (LNA) and employed by a Medicare Certified HHA.

### **C. LICENSED HEALTH AIDE**

LHA services provided by an HHA are covered for members as specified in AMPM Policy 1240-G.<sup>12</sup>

1. The unit of LHA services is one visit. A visit is usually two hours, but may be greater or lesser depending on the time it takes to render the procedure(s). 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 RN or physician,
  - 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 and reporting to the HHA Provider and/or the ALTCS Case Manager 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.<sup>13</sup>

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

Physical therapy, occupational therapy, and speech therapy services provided by an HHA are covered for members as specified in AMPM Policy 310-X ~~and AMPM Policy 1250-E.~~

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

Medical equipment, appliances, and supplies provided by an HHA are covered for members as specified in AMPM Policy 310-P.

<sup>12</sup> Added reference to additional information related to LHA

<sup>13</sup> Post APC change: Added for clarity of tasks associated with LHA

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

1. Face-to-Face Encounter requirements apply to FFS members only.
2. For initiation of Home Health Services, a Face-to-Face Encounter between the member and practitioner that relates to the primary reason the member requires Home Health Services is required within no more than 90 days before or within 30 days after start of services.
3. The Face-to-Face Encounter shall be conducted by one of the following:
  - a. The ordering physician, or the ordering nonphysician practitioner as specified above, or
  - b. For members admitted to home health immediately after an acute or post-acute stay, the attending acute or post-acute physician.
4. The Face-to-Face Encounter may occur through telehealth.

**F.G. ALTCS MEMBER CONSIDERATIONS**

1. The ALTCS member's need for services is identified through the service assessment and planning process conducted by the ALTCS Case Manager 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 ALTCS member's Plan of Care developed by the HHA provider, shall be reviewed by a physician every 60 days in accordance with 42 CFR 424.22. The plan shall be authorized and monitored by the ALTCS member's Case Manager as specified in AMPM Policy 1620-E.
3. For ALTCS members, skilled nursing assessments required pursuant to criteria and guidelines specified in AMPM Policy 1620-K, shall be performed by skilled nursing staff of a Medicare certified and/or State licensed HHA or AHCCCS-registered Independent RN. The following are examples of conditions requiring a skilled nursing assessment:
  - a. pressure ulcers,
  - b. surgical wounds,
  - c. tube feedings,
  - d. pain management, and/or
  - e. tracheotomy.
4. The service provider is required to submit written monthly progress reports to the ALTCS member's Primary Care Provider (PCP) or attending physician regarding the care provided to each assigned ALTCS member. Refer to AMPM Policy 1620-E and 1620-L for case management quarterly discussion and documentation requirements.
5. Home Health services may not be provided on the same day that an ALTCS member receives adult day health services without special justification by the ALTCS member's Case Manager and approval by the Contractor or AHCCCS Tribal ALTCS Unit for Tribal ALTCS members. Authorized Home Health Aide services for personal care and/or homemaker services as a part of Home Health services, shall not be provided separately by a homemaker/personal care or attendant care provider on the same day.