

1240-G - HOME HEALTH SERVICES

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I. PURPOSE

This Policy applies to ALTCS/EPD, ~~and~~ DES/DDD (DDD) Contractors, ~~and Fee-For-Service (FFS) and Tribal ALTCS Program~~ as delineated within this Policy. This Policy establishes guidelines-requirements³ regarding medically necessary home health services for ALTCS ~~member~~ members.

II. DEFINITIONS

CONTINUOUS SKILLED NURSING SERVICES

For purposes of this Policy, skilled nursing services provided by an RN or LPN through either a Medicare Certified Home Health Agency (HHA) or an AHCCCS registered⁴ independent RN, billed in hourly units for visits of more than two hours in duration or services exceeding four hours in a single day.

FACE-TO-FACE ENCOUNTER

For the purpose of this Policy⁵, 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)

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].

¹ Date changes are effective

² Date of APC

³ Updated to requirements

⁴ POST APC CHANGE: added 'AHCCCS Registered' for clarification

⁵ POST APC change: added "for purposes of this policy"

HOME HEALTH SERVICES

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 as part of a written plan of care [42 CFR 440.70].

INTERMITTENT SKILLED NURSING SERVICES

For purposes of this Policy, skilled nursing services provided through a Medicare certified Home Health Agency (HHA) by either a RN or LPN, billed in 15 minute units for visits of two hours or less in duration, up to a total of four hours per day.

PLACE OF RESIDENCE

A member's place of residence, for home health services, does not include a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities, except for home health services in an intermediate care facility for Individuals with Intellectual Disabilities that are not required to be provided by the facility under subpart I of part 483. For example, a registered nurse may provide short-term care for a beneficiary in an intermediate care facility for Individuals with Intellectual Disabilities during an acute illness to avoid the beneficiary's transfer to a nursing facility.

SERVICE PLAN

For purposes of this Policy, a uniform system of tracking ALTCS member services, date ranges and units of service authorized by the ALTCS Contractor. It does not specifically refer to the CA165 screen in the Client Assessment and Tracking System (CATS), except for ALTCS Tribal Contractors.⁶

SETTING IN WHICH NORMAL LIFE ACTIVITIES TAKE PLACE

A setting in which normal life activities take place 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

A. HOME HEALTH AGENCY⁷-SERVICES

Home health services may include ~~home health~~ skilled nursing visits, private duty nursing, home health aide services, medically necessary medical equipment, appliances, and

⁶ Included definition for Service Plan

⁷ Per workgroup, decided to remove agency after all as this section speaks to services other than provided through home health agency.

supplies, and certain therapy services. Therapy services (Physical, Occupational, Speech and Audiology) services are covered as home health services when provided by a home health agency or facility licensed by the state to provide medical rehabilitative services in an ALTCS member's place of residence^{8 9}. Home health services are covered in any setting in which normal life activities take place, other than in a hospital, nursing facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)¹⁰.

Home health services ~~must~~shall be provided by a Medicare certified Home Health Agency licensed by the Arizona Department of Health Services (ADHS) except as otherwise specified in this Policy. Under limited circumstances as described below, home health services may be provided by either a state licensed Home Health Agency or by an Independent Registered Nurse (RN) when specific criteria are met. ¹¹~~With the exception of Independent RNs who are AHCCCS registered providers are~~ permitted to provide home health skilled nursing services when registered as AHCCCS registered providers as described within Section D of¹² this Policy. Otherwise, RNs, LPNs and CNAs who provide home health services to ALTCS members ~~must~~shall be employed by or /contracted with by an HHA. —The need for services is identified through the service assessment and planning process conducted by the Cease Mmanager or identified by a physician and authorized based on the orders (type, number and frequency of services) of a physician ~~or a primary care practitioner¹³~~ and documented in the ~~member~~ALTCS member's Sservice pPlan. These services ~~must~~shall be medically necessary and cost effective.

~~ALTCS member s who reside in their own home or a Behavioral Health Residential Facility may receive HHA services¹⁴.~~

Home health skilled nursing services may be provided to ALTCS 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 rate¹⁵ Home health skilled nursing services may be provided to members residing in an Assisted Living Facility when skilled nursing services are not included in the facility per diem rate. The Contractor or AHCCCS Administration may negotiate rates that include skilled nursing services with the facility¹⁶.

Refer to Attachment A of this policy for a listing of ~~the more common~~ medical supplies that are included in FFS home health skilled nursing visits rate. Refer to Attachment B of this policy for a matrix of services that may be provided by a home health nurse.

⁸ Added for clarity

⁹ Aligned with ARS 36-2939(2)(a)

¹⁰ Aligned with 42 CFR 440.70(c)(1)

¹¹ Language clarified

¹² Clarification

¹³ Modified to comply with Medicaid regulations at 42 CFR 440.70(a)(2); HH services must be ordered by a physician.

¹⁴ Removed.

¹⁵ Revised sentence for clarity

¹⁶ Removed, unnecessary to discuss rate negotiation here.

HHA services may not be provided on the same day that an ~~an member~~ALTCS member receives~~member receives~~ adult day health services without special justification by the ~~member~~ALTCS member's Case Manager and approval by the Contractor or the AHCCCS Administration for FFS ~~member~~ALTCS members. Authorized Home Health Aide services for personal care and/or homemaker services as a part of HHA services, ~~must~~shall not be provided separately by a homemaker/personal care or attendant care provider on the same day.

HHA services for ALTCS ~~member~~members ~~must~~shall be provided by a Medicare certified HHA licensed by ADHS except in the circumstances delineated below. In these limited circumstances, services may be provided by a non-Medicare certified/State licensed HHA or by an Independent RN. All other requirements of 42 CFR 440.70 apply, however, home health skilled nursing services ~~must~~shall be provided by an RN.

A non-Medicare certified/State licensed HHA or an AHCCCS registered¹⁷ Independent RN is permitted to provide home health services only under the following circumstances:

1. Home health skilled nursing services are needed in a geographic service area not currently served by a Medicare certified HHA, ~~or~~
2. The Medicare certified HHA in the applicable geographic service area lacks adequate staff to provide the necessary services for the ALTCS ~~member~~member(s), or
3. The Medicare certified HHA is not willing to provide services to, or contract with, the Contractor.

When a non-Medicare certified HHA or Independent RN is used for home health services as specified above, the following apply:

1. 18Non-Medicare Ceertified Hhome Hhealth Aagencies
 - ~~— Mmust be licensed by the state., and~~
 - ~~a. Non-Medicare/State Licensed Home Health Agency~~
 - ~~b. The Contractor must contract with a state licensed HHA,~~
 - ~~a.~~
 - ~~e.~~b. The Contractor or Tribal ALTCS¹⁹ ~~must~~shall maintain documentation supporting at least one of the three circumstances specified above,
 - ~~d.~~c. The state licensed HHA ~~must~~shall be an AHCCCS registered provider which employs the individuals providing home health services, ~~and~~and
 - d. Skilled nursing services ~~must~~shall be provided by an RN who is employed by the state licensed HHA.

¹⁷ Adding to include FFS providers for Tribal ALTCS and EPSDT members.

¹⁸ Restated for clarity

¹⁹ Clarification

1. —

2. Independent RN

- a. The Contractor or the DFSM Tribal ALTCS unit²⁰ mustshall maintain documentation supporting at least one of the three circumstances specified above,
- b. Independent RNs mustshalls submit, in writing, a minimum of three²¹ references from persons recent employment²² who are not family members to the Managed Care Contractor, or, for services to FFS member_s, to the AHCCCS Administration²³ or, for services to FFS members, to the DFSM Tribal ALTCS unit.²⁴ All references mustshall be contacted and the results documented in the employee's personnel record²⁵ prior to the Contractor or the DFSM Tribal ALTCS unit²⁶ approving the provision of home health services from the Independent RN,
- c. The Independent RN mustshall be registered as an AHCCCS registered provider,
- d. The Independent RN mustshall have completed an orientation to clinical and administrative record keeping provided by a nurse approved by, or contracted with, a Managed Care Contractor prior to providing home health skilled home health nursing, or for FFS Tribal ALTCS providers, training will be specified by the DFSM Tribal ALTCS unit,²⁷
- e. Independent RNs mustshall receive written orders from the memberALTCS member's Primary Care Provider (PCP) or physician of record, and are responsible for all documentation of memberALTCS member -care, and are responsible for the transmission of said documentation to the ALTCS member's PCP.²⁸;
- f. Managed Care Contractors and Tribal ALTCS programs²⁹ who contract with Independent RNs to provide home health skilled nursing must shall develop oversight activities to monitor service delivery and quality of care provided by the Independent RN, and
For FFS member_s, the attending physician must monitor the Independent RN.³⁰

B. —³¹FACE-TO-FACE ENCOUNTER REQUIREMENTS - APPLICABLE TO FFS ONLY

The following face-to-face requirements apply to all home health services other than medical equipment, appliances and supplies. The face-to-face requirements for medical

²⁰ Adding to incorporate FFS

²¹ Removed minimum as some RN's may not have multiple employment references

²² Clarification: updated to prior employment.

²³ Removed; AHCCCS administration does not collect references. Independent RN's to submit to Contractor

²⁴ Clarified where documentation will be submitted for FFS members.

²⁵ Clarification. independent RN is not an employee of AHCCCS

²⁶ Added to incorporate FFS and clarify who will be approving the provision of HH services from the independent RN.

²⁷ Added to specify where training will occur for independent RNs providing HH service to Tribal ALTCS members.

²⁸ Adding to incorporate FFS

²⁹ Including since the provider participation agreement is a contract.

³⁰ Removed; for clarity

³¹ This section inserted to comply with Medicaid regulations at 42 CFR 440.70

equipment, appliances and supplies are found in AMPM Policy 310-P. Face-to-face requirements apply to FFS only, and do not apply to ~~M~~managed ~~C~~care ~~C~~ontractors.

1. For initiation of home health services a face-to-face encounter between the ~~member~~ALTCs member and practitioner that relates to the primary reason the individual requires home health services is required within the 90 days before or within 30 days after prior to the start of services.
2. The face-to-face encounter ~~must~~shall be conducted by one of the following:
 - a. The ordering physician.
 - b. A nurse practitioner or clinical nurse specialist working in collaboration with the physician in accordance with state law.
 - c. A physician assistant under the supervision of the ordering physician.
 - d. A certified nurse midwife in accordance with state law, or
 - e. For ~~member~~ALTCs members admitted to home health immediately after an acute or post-acute stay, the attending acute or post-acute physician.
3. The non-physician practitioner specified above who performs the face--to--face encounter ~~must~~shall communicate the clinical findings of the face--to--face encounter to the ordering physician.
4. The clinical findings ~~must~~shall be incorporated into a written or electronic document in the ~~member~~ALTCs member's² record.
5. Regardless of which practitioner performs the face--to--face encounter related to the primary reason that the individual requires home health services, the physician responsible for ordering the services ~~must~~shall document the practitioner who conducted the encounter, the date of the encounter, and that the face--to--face encounter occurred within the required timeframes.

The face-to-face encounter may occur through telehealth.

B. HOME HEALTH ~~INTERMITTENT~~SKILLED NURSING SERVICES – INTERMITTENT

C.

1. Home health intermittent ~~skilled~~ nursing services ~~must~~shall be ordered by a physician. Services ~~must~~shall be provided by a RN, or a LPN under the supervision of an RN or physician. LPNs may only provide intermittent nursing services if they are working for a Medicare-certified HHA.

2.1.

- 3.2. Skilled nursing assessments required pursuant to criteria and guidelines specified under service plan monitoring functions included in AMPM Policy 1620-E, ~~must~~shall be performed by skilled nursing staff of a Medicare certified and/or State licensed HHA or independent RN. The following are examples of conditions requiring a skilled nursing assessment: pressure ulcers, surgical wounds, tube feedings, pain management and/or tracheotomy.

4.3. Home health intermittent skilled nursing services are implemented through the ~~member~~ALTCS member's individualized care service plan developed by the HHA provider. The plan ~~must~~shall be reviewed by a physician every 60³² days (~~bimonthly~~) and ~~must~~shall be authorized and monitored by the ~~member~~ALTCS member's ~~Ce~~ase ~~M~~anager as specified in AMPM Policy 1620-~~BE~~.

5.4. The service provider is required to submit written monthly progress reports to the ~~member~~ALTCS member's PCP or attending physician regarding the care provided to each assigned ~~member~~ALTCS member. Refer to AMPM ~~Section~~³³-Policy 1620-L, for case management quarterly ~~consultation~~discussion³⁴ and documentation requirements.

6.5. A unit of home health intermittent skilled nursing is 15 minutes. The length of a single visit should not exceed two hours (~~8-eight~~³⁵ units). No more than four hours (16 units) may be provided per day. Examples include:

VISITS PER DAY	UNITS PER VISIT
1 <u>One</u>	4 <u>Four</u> units
2 <u>Two</u>	1 st - <u>First</u> visit / 8-eight units; 2 nd - <u>Second</u> visit / 8-eight units
3 <u>Three</u>	1 st - <u>First</u> visit / 8-eight units; 2 nd - <u>Second</u> visit / 4-four units; 3 rd - <u>Third</u> visit / 4-four units

D. HOME HEALTH PRIVATE DUTY SKILLED³⁶ CONTINUOUS NURSING SERVICES - PRIVATE DUTY-/CONTINUOUS

~~1. Home health P~~private duty skilled nursing services under the home health benefit may shall be provided for ALTCS ~~member~~members on a continuous basis. ALTCS members may receive private duty skilled nursing services who reside in their own home or in an alternative HCBS setting. To be considered continuous, private duty skilled nursing services shall be provided for a minimum of two hours in duration.³⁷ ~~Home health P~~private duty skilled nursing services are provided ~~on a continuous basis (more than two hours in duration)~~ as an alternative to hospitalization or institutionalization when care cannot be safely managed within the timeframe of intermittent nursing care and when determined to be cost-effective.

2.1.

³² Aligned with 42 CFR 440.70

³³ Correction; policy not section

³⁴ Aligned with most recent revision of 1620-L

³⁵ Continuity of formatting throughout AHCCCS policies

³⁶ Added for clarity, updated throughout section

³⁷ Re-worded for clarity

2. Home health private duty skilled nursing services ~~must~~shall be ordered by a physician and provided by an RN or a LPN in accordance with 42 C.F.R. 440.80. If the services are furnished by an LPN, ~~the he/she must~~services ~~must~~shall be provided ~~the services~~ under the supervision and direction of an RN or physician, and the LPN must~~shall~~ be employed by a HHA³⁸. Services may be provided through a State licensed/Medicare certified HHA, a State licensed HHA (if a Medicare certified HHA is not available, per criteria previously noted in this Policy) or by an independent RN/LPN³⁹.
3. An Independent RN/~~LPN~~ providing home health private duty skilled nursing service ~~must~~shall receive written orders from the ~~member~~ALTCS member's PCP or physician of record and is responsible for all documentation of ~~the member~~ALTCS member's care. Contractors who contract with independent nurses to provide home health private duty skilled nursing ~~must~~shall develop oversight activities to monitor service delivery and quality of care provided by the independent ~~RN/LPN~~. Contractors ~~must also~~shall provide a mechanism for ensuring a backup is available for the independent RN/private duty nurse.
4. The unit of home health private duty skilled nursing service is ~~one hour~~billed in hourly increments~~hourly increments~~.

~~A visit must be, at a minimum, two hours in duration to be considered continuous.~~

E. HOME HEALTH AIDE SERVICES

1. Home health aide services ~~must~~shall be ordered by a physician and are implemented through the ~~member~~ALTCS member's ~~individualized care~~Service Plan developed by the HHA provider and may only be provided on an intermittent basis. The Service Plan ~~must~~shall be reviewed by a physician every 620⁴⁰ days (~~bimonthly~~) and authorized/monitored by the ~~member~~ALTCS member's case manager as specified in AMPM Section 1620-D Chapter 1600⁴¹.
2. Home health aides provide ~~nursing and nursing-related non-skilled~~⁴² services under the direction and supervision of an RN. The services include monitoring of an ~~member~~ALTCS member's medical condition, health maintenance or continued treatment services and activities of daily living.
3. 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

³⁸ Clarification

³⁹ LPNs do not function independently.

⁴⁰ Aligned with 42 CFR 440.70

⁴¹ Corrected reference

⁴² Clarified, aides do not provide nursing or nursing related services.

include at least one of the following components, ~~but are not limited to providing services to the member as follows~~⁴³:

- a. ~~Assessing~~ Monitoring⁴⁴ the health and functional level, and assistance with the development of the HHA plan of care for the ~~member~~ALTCS member,
- b. Monitoring and documenting of ~~member~~ALTCS member vital signs, as well as reporting results to the supervising RN or physician,
- c. Providing ~~member~~ALTCS members with personal care,
- d. Assisting ~~member~~ALTCS members with bowel, bladder and/or ostomy programs, as well as catheter hygiene (does not include catheter insertion),
- e. Assisting ~~member~~ALTCS members with self-administration of medications,
- f. Assisting ~~member~~ALTCS members with eating, if required, to maintain sufficient nutritional intake, and providing information about nutrition,
- g. Assisting ~~member~~ALTCS members with routine ambulation, transfer, use of special appliances and/or prosthetic devices, range of motion activities or simple exercise programs,;
- h. Assisting ~~member~~ALTCS members in activities of daily living to increase ~~physical mobility~~ member~~ALTCS member~~ independence⁴⁵,
- i. Teaching ~~member~~ALTCS members and families how to perform home health tasks, and
- j. Observation and reporting to the HHA Provider and/or the Cease ~~M~~anager of ~~member~~ALTCS 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.

E. HOME HEALTH THERAPY SERVICES

Therapy services provided under the home health benefit include physical, occupational, speech and audiology. These therapy services shall be provided by a home health agency or facility licensed by the state to provide medical rehabilitative services in an ALTCS member's place of residence⁴⁶.

Refer to AMPM Policy 1250-E ~~entitled "Rehabilitative Therapies" that addresses for detailed information regarding medically necessary~~⁴⁷ ~~physical therapy, occupational therapy, respiratory therapy and speech therapy~~ therapies for detailed information regarding these services. The Face-To-Face encounter requirements in Section B apply to any outpatient therapy service performed ~~provided under the home health umbrella benefit~~⁴⁸.

⁴³ ~~Removed; doesn't make sense~~

⁴⁴ Clarified, aides do not assess.

⁴⁵ Clarified, ADLs consist of more than physical activity/mobility

⁴⁶ Added for clarity ALTCS member's place of residence

⁴⁷ Reworded for clarity, and to align with AHCCCS formatting.

⁴⁸ Clarified sentence