

**310-R - NURSING FACILITY SERVICES**

EFFECTIVE DATES: 10/01/94, 01/25/19, 10/01/21

APPROVAL DATES: 07/01/99, 10/01/01, 04/01/04, 10/01/06, 05/01/11, 10/01/11, 10/01/13,  
01/17/19, 07/01/21

**I. PURPOSE**

This Policy applies to ACC, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements for AHCCCS to cover medically necessary services provided in nursing facilities for members who have not been determined eligible for ALTCS and who need nursing care 24 hours a day, but who do not require hospital care, under the daily direction of a physician.

**II. DEFINITIONS**

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

**III. POLICY**

Nursing Facility service providers shall be State licensed, and Medicare certified. Religious nonmedical health care institutions are exempt from licensure or certification requirements. On tribal land, nursing facilities are not required to have a license but must meet licensure requirements.

Refer to AMPM Policy 1210 for information regarding institutional services for ALTCS members. In lieu of nursing facility services, the member may be placed in an alternative Home and Community Based Services (HCBS) setting, or may receive HCBS in their home, as specified in A.A.C. R9-22 Article 2 and A.A.C. R9-28 Article 2.

**A. NURSING FACILITY SERVICES**

AHCCCS covers up to 90 days of nursing facility services per Contract Year for members who have not been determined eligible for ALTCS as specified in A.R.S. § 36-2939. Providers should contact the member's Contractor or FFS for verification of contract dates and any discussion needed regarding the member's stay. The following criteria apply:

1. The medical condition of the member shall be such that if nursing facility services are not provided; hospitalization of the individual will result, or the treatment is such that it cannot be administered safely in a less restrictive setting (i.e. home with home health services).

2. The 90 days of coverage is per member, per Contract Year, and does not begin again if the member transfers to a different nursing facility. Members residing in a nursing facility at the beginning of a new Contract Year begin a new 90-day coverage period. Unused days do not carry over. See the table below for examples.
3. The 90 days of coverage begins on the day of admission regardless of whether the member is insured by a third party insurance carrier, including Medicare. Refer to ACOM Policy 201 regarding member cost sharing.
4. If the member residing in an nursing facility has applied for ALTCS and a decision is still pending when the member has used a cumulative total of 45 nursing facility days during that Contract Year, the ACC Contractor or the nursing facility for AIHP members, shall notify AHCCCS/Division of Member and Provider Services (DMPS), by email at:  
HealthPlan45DayNotice@azahcccs.gov. This will allow AHCCCS time to follow-up on the status of the ALTCS application and to consider potential Fee-For-Service coverage if the stay goes beyond the 90 day per Contract year maximum.

AHCCCS/DMPS notifications shall include:

- a. Member name,
  - b. AHCCCS ID,
  - c. Date of birth,
  - d. Name of facility,
  - e. Admission date to the facility,
  - f. ALTCS application submission date
  - g. Date the member will exhaust 90 nursing facility days for the current Contract Year, and
  - h. Name of Contractor of enrollment.
5. The ACC Contractor or AIHP is only responsible for nursing facility coverage during the time the member is enrolled with the ACC Contractor or AIHP. The nursing facility shall coordinate with the member or representative on alternative methods of payment for continuation of services beyond the 90 days covered by the Contractor or AIHP until the member is enrolled in the ALTCS program, or until the beginning of the new Contract Year if the member is determined to be ineligible for ALTCS enrollment.

<b>MEMBER A</b>	Admitted January 15	Discharged April 3	79 days used; 11 days of nursing facility services remain available through end of the Contract year.
<b>MEMBER B</b>	Admitted January 15	Still in nursing facility April 14	90 days used; Contractor shall notify AHCCCS by Day 45 regarding ALTCS application. For AIHP, the nursing facility will contact at the 45-day time frame. Refer to section A #4 for contact information.
<b>MEMBER C</b>	Admitted July 3	Still in nursing facility September 30	89 days used; October 1 is the beginning of the new Contract Year, 90-day benefit begins.

**B. SCOPE OF SERVICES**

Per Diem services, as specified in A.R.S. § 36-2939, provided in the nursing facility include, but are not limited to:

1. Nursing services:
  - a. Administrating medication,
  - b. Tube feedings,
  - c. Personal care services, including but not limited, to assistance with bathing and grooming,
  - d. Routine testing of vital signs,
  - e. Maintenance of catheters,
  - f. Blood glucose monitoring, and
  - g. Assistance with eating.
2. Basic patient care equipment and sickroom supplies such as bedpans, urinals, diapers, bathing and grooming supplies, walkers and wound dressings or bandages.
3. Dietary services including, but not limited to, preparation and administration of special diets, and adaptive tools for eating.
4. Administrative physician visits made solely for meeting State certification requirements.
5. Non-customized medical equipment and supplies such as manual wheelchairs, geriatric chairs, and bedside commodes.

6. Rehabilitation therapies ordered as a maintenance regimen.
7. Administration, medical director services, plant operations, and capital.
8. Over-the-counter medications and laxatives.
9. Social activity, recreational and spiritual services.
10. Any other services, supplies, or equipment that are State or County regulatory requirements, or are included in the nursing facility room and board charge.

**C. ACUTE BEHAVIORAL HEALTH SITUATIONS**

In the event there is a member residing within a non-behavioral health unit who presents with behaviors that may be a danger to self or others, the nursing facility shall provide prompt notification of changes in member behaviors or member acuity to the Contractor or FFS case management at [Casemanagers@azahcccs.gov](mailto:Casemanagers@azahcccs.gov), as applicable. The Contractor or FFS will coordinate with the nursing facility to ensure processes are in place to ensure the member is safe and is able to remain in the nursing facility while behaviors are occurring. Refer to AMPM Policy 320-O for additional information on crisis and safety planning.

This may include the use of an outside resources, such as:

1. Contacting the 24-hour crisis hot-line.
2. Contacting the Tribal Regional Behavioral Health Authority (TRBHA) for coordination of behavioral health needs for all TRBHA-enrolled members, and
3. Contacting the identified behavioral health provider if the member is presently receiving behavioral health services. If the member is not currently receiving behavioral health services, contact the Contractor or FFS case management.
4. Obtaining a copy of an existing crisis plan or, in conjunction with an identified behavioral health provider, develop a crisis plan as applicable and as specified in AMPM Policy 320-O.
5. Having Primary Care Provider (PCP) involvement.
6. Having a change in roommates.
7. Moving temporarily to a private room.
8. Having the services of a specialist.
9. Having the services of a one-to-one monitoring process.

The goal of the options is to promptly provide additional supports and services that may allow the member to remain in their current environment and avoid moving to an alternative setting while ensuring the safety of the member, staff, and other residents. Additional information related to crisis safety planning is specified in AMPM Policy 320-O.

Refer to AMPM Policy 820 for prior authorization requirements for FFS providers.