Q1: Is everyone required to take the CALOCUS training through Deerfield, even if they have previously been trained on CASII Administration?

Q1: What is the purpose of the Licensed Health Aide Service?

Q2: Who can become a Licensed Health Aide?

Q3: Who is considered a parent, guardian or family member?

Q4: Do family members include cousins, aunts and uncles?

Q5: Can an ALTCS member who is over 21 years of age receive LHA services if the member meets the skilled continuous nursing requirement?

Q6: To whom can an LHA provide care?

Q7: Does an LHA have to be licensed?

Q8: How many hours must an LHA work each day, and which hours would remain Private Duty Nursing (PDN)? Who do I talk to about this?

## Hours and Authorization

Q9: Do ALL members who qualify to receive PDN also qualify to receive LHA hours or only those at a certain risk category? How will a parent, guardian, or family caregiver know if a member qualifies?

Q10: Are PDN and LHA a combined benefit?

Q11: Can LHA only be used when nursing hours cannot be filled (staffed)?

Q12: If a member has PDN and LHA, will there be two separate authorizations and two separate "buckets" of hours (not to exceed the existing PDN benefit/hours)?

Q13: Who is responsible for calculating or placing the hours in the authorization "buckets" as appropriate to the member?

Q14: Could a parent or guardian "trade" all PDN hours for LHA hours or must they keep some PDN hours authorized on the service plan?

Q15: If my child qualifies for 10 hours per day of PDN, and I want to provide half of the hours (5 hours) as their LHA- would that equal 2 units of 3 units of LHA?

Q16: If a member already has 40 hours of PDN authorized per week and the parent or guardian would like to have LHA, then the parent or guardian would have a choice of 40 hours of PDN or a mix of LHA and PDN? For example, the family could choose 40 hours of PDN or 32 hours of PDN in combination with 4 units of LHA. Is that correct?

Q17: What if a parent or guardian wants to adjust their PDN-LHA ratio, would they need a new authorization or just let the provider know?

Q18: Do providers need to monitor the combined services of PDN and LHA to ensure the combined total hours for services is not exceeded?

Q19: Is reimbursement of LHA services based on a per unit model or a per hour model?

Q20: If reimbursement is per unit, can a provider bill multiple units in a single day? Is reimbursement the same per unit no matter how many hours the unit is?

Q21: What is the maximum number of hours an LHA can work each day? Is it the same that each member qualifies for under PDN since federal EPSDT laws prohibit a state Medicaid program from instituting blanket hourly or monetary caps for services for the pediatric population?

Q22: Can respite services be provided by an LHA?

## Supervision and Documentation Requirements

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Q25: If a family member goes on vacation out of state, can the family member LHA still be paid while in another state?

Q26: Can LHA services be provided in the school setting?

Q27: Can an LHA provide services to more than one eligible child in a family?

Q28: How much will an LHA be paid to provide the service?

Q29: How is the determination made for which Home Health Agency provides the service?

Q30: Will an LHA be required to use the Electronic Visit Verification (EVV) system?

Q31: Will an LHA be exempt from vaccine mandate requirements since they are caring for one person who is a family member in their own home?

Q32: Does AHCCCS plan to implement a tool to calculate the LHA hours?

Q33: Where can I find more information on the LHA service requirements?

Q34: How can I indicate in my AHCCCS application that caregiver income should be disregarded?

Q35: "Will the income I receive as an LHA be counted towards my eligibility for Medicaid coverage?"

Q36. When are wages considered "difficulty of care" payments?

Q37. If I apply for AHCCCS, which programs exclude these payments?

Q38. What if I provide these ALTCS services for someone that lives with me, but also for an ALTCS member who does not?

### Q1: What is the purpose of the Licensed Health Aide Service?

**A1:** The purpose of the service is to provide a way to support families with children who have skilled care needs. The program provides a path for qualified family caregivers, once licensed, to be paid to provide some skilled care to their minor children and improve access to care.

### Q2: Who can become a Licensed Health Aide?

**A2:** Any parent, guardian, or family member of an ALTCS member may become a Licensed Health Aide (LHA) in order to provide services only to that member and consistent with that member's plan of care.

**Q3: Who is considered a parent, guardian, or family member?**

**A3:** For the purpose of LHA services, family members include the following relationships with the member receiving LHA services:

1. spouse,
2. children/stepchildren,
3. son/daughter-in-law,
4. grandchildren,
5. siblings/step siblings,
6. parents /stepparents/adoptive parents,
7. grandparents,
8. mother/father-in-law,
9. brother/sister-in-law, and
10. guardian.

AHCCCS Medical Policy Manual (AMPM) 1240-A and AMPM 1240-G definitions apply. Since the member receiving LHA services is under age 21, certain relationships from the AMPM 1240-A definition may not be applicable.

**Q4: Do family members include cousins, aunts, and uncles?**

**A4:** No, family members who can provide LHA services do not include cousins, aunts or uncles.

**Q5: Can an ALTCS member who is over 21 years of age receive LHA services if the member meets the skilled continuous nursing requirement?**

**A5:** No, the LHA service is limited to an ALTCS member under the age of 21 years old, as defined in Arizona Revised Statute.

**Q6: To whom can an LHA provide care?**

**A6:** An LHA may only provide care to an ALTCS member who is under 21 years of age and for whom they are a parent, guardian, or family member and only consistent with that member's plan of care.

**Q7: Does an LHA have to be licensed?**

**A7:** Yes. The Arizona Board of Nursing issues licenses to qualified family members.

**Q8: How many hours must an LHA work each day, and which hours would remain Private Duty Nursing (PDN)? Who do I talk to about this?**

**A8:** For the ALTCS-Developmental Disabilities (DD) program, the Arizona Department of Economic Security, Division of Developmental Disabilities (DES/DDD) District nurses assess members to determine care needs and authorize PDN. For additional information about LHA authorization, please contact the member's assigned District Nurse.

For the ALTCS-Elderly and Physical Disabilities (EPD) program and Tribal ALTCS, contact the member's Case Manager.

**Q9: Do ALL members who qualify to receive PDN also qualify to receive LHA hours, or only those at a certain risk category? How will a parent, guardian, or family caregiver know if a member qualifies?**

**A9:** Yes, all members who qualify for PDN qualify for LHA as long as the needs of the member fall under the scope of the LHA licensure.

For the ALTCS-DD program, the member's DES/DDD District Nurse and Support Coordinator can provide information about the PDN and LHA services.

For the ALTCS-EPD program and Tribal ALTCS, the member's Case Manager can provide information about PDN and LHA.

**Q10: Are PDN and LHA a combined benefit?**

**A10:** Yes. PDN and LHA are a combined benefit and a member must qualify for PDN to use the LHA benefit.

**Q11: Can LHA only be used when nursing hours cannot be filled (staffed)?**

**A11:** No. LHA services may be used to fill hours that cannot be staffed, but are not limited to only covering unstaffed hours. Members can choose to use LHA services to cover approved PDN as long as the care needs fall within the scope of the LHA license.

**Q12: If a member has PDN and LHA, will there be two separate authorizations and two separate "buckets" of hours (not to exceed the existing PDN benefit/hours)?**

**A12:** Yes. PDN and LHA services will be authorized separately not to exceed the member's total assessed need for PDN.

**Q13: Who is responsible for calculating or placing the hours in the authorization "buckets" as appropriate to the member?**

**A13:** The member's ALTCS Health Plan will be responsible for calculating and authorizing the PDN and any LHA hours.

**Q14: Could a parent or guardian "trade" all PDN hours for LHA hours or must they keep some PDN hours authorized on the service plan?**

**A14:** A parent or guardian could utilize LHA services for all assessed PDN hours as long as the assessed needs do not require an LPN or RN level of care. Note: The monitoring and supervision of the LHA by the RN is included in the LHA rate.

**Q15: If my child qualifies for 10 hours per day of PDN, and I want to provide half of the hours (5 hours) as their LHA, would that equal 2 units of 3 units of LHA?**

**A15:** LHA is authorized by visit and cannot exceed 4 visits per day. A visit is approximately two (2) hours; therefore, five (5) hours of LHA service equals three (3) units. (Care that is completed within two hours and 29 minutes equals one unit of authorized services. Care rendered that lasts 2 hours and 30 minutes, equals 2 units of authorized service.)

**Q16: If a member already has 40 hours of PDN authorized per week and the parent or guardian would like to have LHA, then the parent or guardian would have a choice of 40 hours of PDN or a mix of LHA and PDN? For example, the family could choose 40 hours of PDN or 32 hours of PDN in combination with 4 units of LHA. Is that correct?**

**A16:** Yes, that is correct, providing that the assessed needs of the member fall under the scope of LHA services.

**Q17: What if a parent or guardian wants to adjust their PDN-LHA ratio, would they need a new authorization or just let the provider know?**

**A17:** A new authorization is required because PDN and LHA are two distinct services with two distinct rates.

For the ALTCS-DD program, the parent or guardian should notify the member's DES/DDD District Nurse and the service provider.

For the ALTCS-EPD program and Tribal ALTCS, the parent or guardian should notify the member's Case Manager.

**Q18: Do providers need to monitor the combined services of PDN and LHA to ensure the combined total hours for services is not exceeded?**

**A18:** Yes. Service providers are required to monitor the combined services of PDN and LHA services to ensure the combined total units/visits do not exceed the total assessed units/visits and to make sure they have current authorizations for each service. PDN and LHA services require separate authorizations.

**Q19: Is reimbursement of LHA services based on a per unit model or a per hour model?**

**A19:** Reimbursement is based on a Per Visit model. One visit equals up to 2 hours and 29 minutes of service.

**Q20: If reimbursement is per unit, can a provider bill multiple units in a single day? Is reimbursement the same per unit no matter how many hours the unit is?**

**A20:** Multiple LHA visits (up to 4 visits per day) can be billed in a single day. Reimbursement is on a per visit basis.

**Q21: What is the maximum number of hours an LHA can work each day? Is it the same that each member qualifies for under PDN since federal EPSDT laws prohibit a state Medicaid program from instituting blanket hourly or monetary caps for services for the pediatric population?**

**A21:** LHA hours will be determined based on medical necessity and the tasks permitted under the scope of an LHA. Contact the member's ALTCS Health Plan to see if there are any other restrictions on work hours in a day.

## Q22: Can respite services be provided by an LHA?

**A22:** An LHA can provide respite for a non-paid caregiver or another LHA providing service for the same member as long as the needs of the member falls under the scope of an LHA. Respite is defined as "an interval of rest and/or relief to a family member or other individual caring for an ALTCS member."

## Q23: What are the AHCCCS requirements for supervision of the LHA?

**A23:** AHCCCS AMPM Policy 1240-G - PRIVATE DUTY NURSING AND LICENSED HEALTH AIDE SERVICES Section III. B. 3. requires the following:

LHA services shall be provided under the supervision and direction of an RN or physician. Supervision of LHAs includes observing the LHA's competency in performing the necessary duties as required by the individual patient; and supervisory visits shall occur within the LHA's first week, again within the first 30 days, again within the first 60 days, and at least every 60 days thereafter.

AHCCCS requirements for supervision do not supersede or negate supervision and monitoring requirements by state licensure and Medicare Conditions of Participation.

## Q24: What are the AHCCCS requirements for documentation?

**A24:** AHCCCS AMPM Policy 310-I HOME HEALTH SERVICES III.G. requires the following:

The service provider is required to submit written monthly progress reports to the ALTCS member's PCP or attending physician regarding the care provided to each assigned ALTCS member.

Refer to AHCCCS AMPM Policies 1620-E and 1620-L for case management quarterly discussion and documentation requirements.

Medicare Home Health Agencies must also comply with Medicare Conditions of Participation and state licensure requirements.

## Q25: If a family member goes on vacation out of state, can the family member LHA still be paid while in another state?

**A25:** LHA licensure is specific only to Arizona. There is no authority within another state. Therefore, AHCCCS cannot reimburse for this service out of the state of Arizona. Medicare Home Health Agencies must also comply with Medicare Conditions of Participation and state licensure requirements.

## Q26: Can LHA services be provided in the school setting?

**A26:** No, LHA services cannot be provided in the school setting.

## Q27: Can an LHA provide services to more than one eligible child in a family?

**A27:** AHCCCS is currently reviewing this question.

## Q28: How much will an LHA be paid to provide the service?

**A28:** Wages for an LHA are determined by the Home Health Agency that employs the LHA.

**Q29: How is the determination made for which Home Health Agency provides the service?**

**A29:** ALTCS members and families have a choice of contracted Home Health Agencies and should work with their assigned Support Coordinator or Case Manager to choose the agency that best meets their needs.

**A30: Will an LHA be required to use the Electronic Visit Verification (EVV) system?**

**A30:** Yes, if the service meets the requirements for EVV, the LHA will be required to use the EVV system. Please note the live-in caregiver FAQ.

**Q31: Will an LHA be exempt from vaccine mandate requirements since they are caring for one person who is a family member in their own home?**

**A31:** Medicare Certified Home Health Agencies are required to comply with the Centers for Medicare and Medicaid Services mandate. This means that an LHA will have to comply with vaccine mandates because they will be employed by a Medicare Certified Home Health Agency.

**Q32: Does AHCCCS plan to implement a tool to calculate the LHA hours?**

**A32:** Implementation of a tool to calculate the LHA hours is under consideration by AHCCCS.

**Q33: Does AHCCCS plan to implement a tool to calculate the LHA hours?**

**A33:** The member's Support Coordinator for DES/DDD, or Case Manager for ALTCS-EPD and Tribal ALTCS, can provide additional information.

For more LHA resources, including licensing and training information, refer to the AHCCCS LHA webpage.

**Q34. How can I indicate in my AHCCCS application that caregiver income should be disregarded?**

A34: If, when applying for AHCCCS, some or all earnings may be "difficulty of care payments" and disregarded as income, you can take steps to override the automatic process and alert AHCCCS of this situation.

When applying in HEAplus online, on the page with income from electronic sources that lists the employer issuing the "difficulty of care" payments, select "No" to the question that asks if the information is accurate. That will prompt the question, "Why not?" Select the response "Income is higher/lower than what is shown" or select "Other." If possible, upload a written statement explaining that the income is for personal care services provided to a person or persons living in the home (see Eligibility Policy Manual Chapter 606UUU). Include the name of the person(s) in the home receiving services. If earnings also include amounts for providing care to someone outside the home, the statement should include a breakdown of the hourly rate and hours worked for the person in the home.

**Q35: "Will the income I receive as an LHA be counted towards my eligibility for Medicaid coverage?"**

A35: "For individuals who receive income because they provide personal care, attendant care, rehabilitation or licensed health aide (LHA) services to an ALTCS (Arizona Long Term Care Services) member who resides in the same home, may have this income excluded for some AHCCCS eligibility programs."

**Q36. When are wages considered "difficulty of care" payments?**

A36: Wages earned for providing Personal Care or Attendant Care services may be excluded when they meet both of the following:

1. The services are being paid for through the ALTCS program; and
2. The caregiver lives with the ALTCS customer receiving the services.

**Q37. If I apply for AHCCCS, which programs exclude these payments?**

A37: These payments are excluded for the AHCCCS programs that count income using Modified Adjusted Gross Income (MAGI) rules. MAGI is based on federal income tax rules with some exceptions. For more information regarding MAGI rules, please see Section 614 of the AHCCCS Medical Assistance Eligibility Policy Manual.

**Q38. What if I provide these ALTCS services for someone that lives with me, but also for an ALTCS member who does not?**

A38: The wages earned for caregiving services provided to the ALTCS member living with you may be excluded for AHCCCS MAGI programs. The wages for services provided to the other ALTCS members are not considered "difficulty of care" payments, and count as income.