1240-G - HOME HEALTH SERVICES

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I. PURPOSE

This Policy applies to ALTCS E/PD, DES/DDD (DDD) Contractors, and Tribal ALTCS as delineated within this Policy. This Policy establishes requirements regarding medically necessary home health services for ALTCS members.

II. DEFINITIONS

**CONTINUOUS SKILLED NURSING SERVICES**

For purposes of this Policy, skilled nursing services provided by an RN through either a Medicare Certified Home Health Agency. A State Certified Home Health Agency, or an AHCCCS registered 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 Policy, 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].

**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.
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.

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.

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 SERVICES

Home Health Services may include skilled nursing visits, private duty nursing, home health aide services, medically necessary medical equipment, appliances, supplies, and certain therapy services. Therapy services (Physical, Occupational, Speech and Audiology) 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. 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).

Home health services 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. Independent RNs are permitted to provide home health skilled nursing services as described within this Policy. Otherwise, RNs, LPNs, and CNAs who provide Home Health Services to ALTCS members shall be employed by or contracted with an HHA. The need for services is identified through the service assessment and planning process conducted by the 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. These services shall be medically necessary and cost effective.

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

HHA 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 the AHCCCS Administration for FFS ALTCS members. Authorized Home Health Aide services for personal care and/or homemaker services as a part of HHA services, shall not be provided separately by a homemaker/personal care or attendant care provider on the same day.

HHA services for ALTCS members 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 shall be provided by an RN.

A non-Medicare certified/State licensed HHA or an AHCCCS registered 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,

2. The Medicare certified HHA in the applicable geographic service area lacks adequate staff to provide the necessary services for the ALTCS 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. Non-Medicare Certified Home Health Agencies
   a. Must be licensed by the state,
   b. The Contractor or Tribal ALTCS shall maintain documentation supporting at least one of the three circumstances specified above,
   c. The state licensed HHA shall be an AHCCCS registered provider which employs the individuals providing Home Health Services, and
d. Skilled nursing services shall be provided by an RN who is employed by the state licensed HHA.

2. Independent RN
   a. The Contractor or the DFSM Tribal ALTCS unit shall maintain documentation supporting at least one of the three circumstances specified above,
   b. Independent RNs shall submit, in writing, references from recent employment to the Contractor, or, for services to FFS members, to the DFSM Tribal ALTCS unit. All references shall be contacted and the results documented prior to the Contractor or the DFSM Tribal ALTCS unit approving the provision of Home Health Services from the Independent RN,
   c. The Independent RN shall be registered as an AHCCCS registered provider,
   d. The Independent RN shall have completed an orientation to clinical and administrative record keeping provided by a nurse approved by, or contracted with, a Contractor prior to providing home health skilled nursing, or for FFS Tribal ALTCS providers, training will be specified by the DFSM Tribal ALTCS unit,
   e. Independent RNs shall receive written orders from the ALTCS member’s Primary Care Provider (PCP) or physician of record, are responsible for all documentation of ALTCS member care, and are responsible for the transmission of said documentation to the ALTCS member’s PCP, and
   f. Contractors and Tribal ALTCS programs 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. Face-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 equipment, appliances and supplies are found in AMPM Policy 310-P. Face-to-face requirements apply to FFS only, and do not apply to Managed Care Contractors.

1. For initiation of Home Health Services a face-to-face encounter between the 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 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 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 shall communicate the clinical findings of the face-to-face encounter to the ordering physician.

4. The clinical findings shall be incorporated into a written or electronic document in the ALTCS member’s 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 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.

C. HOME HEALTH SKILLED NURSING SERVICES – INTERMITTENT

1. Home health Intermittent Skilled Nursing Services shall be ordered by a physician. Services 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. Skilled nursing assessments required pursuant to criteria and guidelines specified under Service Plan monitoring functions included in AMPM Policy 1620-E, 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.

3. Home health Intermittent Skilled Nursing Services are implemented through the ALTCS member’s Service Plan developed by the HHA provider. The plan shall be reviewed by a physician every 60 days and shall be authorized and monitored by the ALTCS member’s Case Manager as specified in AMPM Policy 1620-E.

4. 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 AMPM Policy 1620-L, for case management quarterly discussion and documentation requirements.

5. A unit of home health intermittent skilled nursing is 15 minutes. The length of a single visit should not exceed two hours (eight units). No more than four hours (16 units) may be provided per day. Examples include:
### D. PRIVATE DUTY/CONTINUOUS SKILLED NURSING SERVICES

1. Private duty skilled nursing services shall be provided for ALTCS members on a continuous basis. ALTCS members may receive private duty skilled nursing services in their own home or in an alternative HCBS setting. To be considered continuous, private duty skilled nursing services shall be provided for more than two hours in duration or services exceeding four hours in a single day. Private duty skilled nursing services are provided 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. Private duty skilled nursing services shall be ordered by a physician and provided by an RN or a LPN in accordance with 42 CFR 440.80. If the services are furnished by an LPN, the services shall be provided under the supervision and direction of an RN or physician, and the LPN shall be employed by a HHA. 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.

3. An Independent RN providing private duty skilled nursing service shall receive written orders from the ALTCS member’s PCP or physician of record and is responsible for all documentation of the ALTCS member’s care. Contractors who contract with independent nurses to provide private duty skilled nursing shall develop oversight activities to monitor service delivery and quality of care provided by the independent RN. Contractors shall provide a mechanism for ensuring a backup is available for the Independent RN/private duty nurse.

4. The unit of private duty skilled nursing service is billed in hourly increments.

### E. HOME HEALTH AIDE SERVICES

1. Home health aide services shall be ordered by a physician and are implemented through the ALTCS member’s Service Plan developed by the HHA provider and may only be provided on an intermittent basis. The Service Plan shall be reviewed by a physician every 60 days and authorized/monitored by the ALTCS member’s case manager as specified in AMPM Chapter 1600.
2. Home health aides provide non-skilled services under the direction and supervision of an RN. The services include monitoring of an 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 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 ALTCS member,
   b. Monitoring and documenting of ALTCS member vital signs, as well as reporting results to the supervising RN or physician,
   c. Providing ALTCS members with personal care,
   d. Assisting ALTCS members with bowel, bladder and/or ostomy programs, as well as catheter hygiene (does not include catheter insertion),
   e. Assisting ALTCS members with self-administration of medications,
   f. Assisting ALTCS members with eating, if required, to maintain sufficient nutritional intake, and providing information about nutrition,
   g. Assisting ALTCS members with routine ambulation, transfer, use of special appliances and/or prosthetic devices, range of motion activities or simple exercise programs,
   h. Assisting ALTCS members in activities of daily living to increase ALTCS member independence,
   i. Teaching ALTCS members and families how to perform home health tasks, and
   j. Observation and reporting to the HHA Provider and/or the Case Manager of 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 Residence.

Refer to AMPM Policy 1250-E for detailed information regarding medically necessary therapies. Face-To-Face encounter requirements apply to any therapy service provided under the home health benefit.