

310-I - HOME HEALTH SERVICES

EFFECTIVE DATES: 10/01/94, 10/01/17

REVISION DATES: 10/01/01, 10/01/06, 05/01/11, 11/16/17

I. PURPOSE

This Policy applies to Acute Care, ALTCS/EPD, CRS, DCS/CMDP, DES/DDD, and RBHA Contractors; Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements regarding Home Health Services.

II. DEFINITIONS

HOME HEALTH AGENCY 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].

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.

III. POLICY

AHCCCS covers medically necessary home health services provided in the member's place of residence as a cost effective alternative to hospitalization. Covered services, within certain limits, include: home health nursing visits, 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.

ALTCS covers home health services for members who are either Elderly and/or have Physical Disabilities (E/PD) and/or members with intellectual disabilities receiving home and community based services. Refer to AMPM Policy 1240-G for additional information.

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

A. HOME HEALTH 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.

B. PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AND AUDIOLOGY SERVICES

Physical therapy, occupational therapy, speech therapy, and audiology services provided by a licensed home health agency are covered for members as specified in AMPM Policy 310-X.

C. MEDICAL EQUIPMENT, APPLIANCES AND SUPPLIES

Medical equipment, appliances, and supplies provided by a licensed home health agency are covered for members as specified in AMPM Policy 310-P.

D. FACE-TO-FACE ENCOUNTER REQUIREMENTS

1. Face-to-Face encounter requirements apply to FFS 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 individual 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 must 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 certified nurse midwife as authorized by state law,
 - d. A physician assistant under the supervision of the ordering physician, or
 - e. For members admitted to home health immediately after an acute or post-acute stay, the attending acute or post-acute physician.
4. The non-physician practitioner specified above who performs the face-to-face encounter must communicate the clinical findings of the face-to-face encounter to the ordering physician.
5. The clinical findings must be incorporated into a written or electronic document in the member's record.

6. 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 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.